

National Safety and Quality Health Service Standards

Second edition



National Safety and Quality Health Service Standards Second edition

OVERVIEW

Aim

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

Background

The first edition of the NSQHS Standards, which was released in 2011, has been used to assess health service organisations since January 2013. Using the NSQHS Standards, health service organisations have put in place safety and quality systems that have improved patient safety. For example, the rates of healthcare-associated infections have decreased, in-hospital cardiac arrests have decreased, adverse drug reactions and medication histories are better documented and less antibiotics are prescribed due to improvements in antibiotic stewardship.

Second edition

The second edition of the NSQHS Standards were released in November 2017, and health service organisations will be assessed against the new standards from January 2019. Health service organisations will be informed of the transition arrangements for accreditation well in advance of implementation.

The second edition was developed by the Commission in consultation with a wide range of stakeholders, including the Australian Government, state and territory partners, health service organisations, consumers, peak bodies and interest groups.

The second edition of the NSQHS Standards addresses gaps identified in the first edition, including mental health and cognitive impairment, health literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. It also updates the evidence for actions, consolidates and streamlines standards and actions to make them clearer and easier to implement, and reduces duplication.









There are eight standards and 148 actions, while the first edition had 10 standards and 256 actions. All the elements in the second edition must be implemented by health service organisations.

The NSQHS Standards

Safe and high-quality care requires the vigilance and cooperation of the whole healthcare workforce. It is based on a risk mitigation approach that focuses on implementing the NSQHS Standards as routine practice and identifies healthcare staff responsible for specific actions.

The second edition of the NSQHS Standards comprises eight standards.

Clinical Governance and Partnering with Consumers Standards combine to form the clinical governance framework for all health service organisations. They support and integrate with all the clinical standards, which cover specific areas of patient care. The eight are:

-  1. **Clinical Governance**, which aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.
-  2. **Partnering with Consumers**, which aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services, and that patients are given the opportunity to be partners in their own care.
-  3. **Preventing and Controlling Healthcare-Associated Infection**, which aims to reduce the risk of patients getting preventable healthcare-associated infections, manage infections effectively if they occur, and limit the development of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.
-  4. **Medication Safety**, which aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.
-  5. **Comprehensive Care**, which aims to ensure that patients receive comprehensive health care that meets their individual needs, and that considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks to patients during health care are prevented and managed through targeted strategies.
-  6. **Communicating for Safety**, which aims to ensure that there is effective communication between patients, carers and families, multi-disciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for patients.
-  7. **Blood Management**, which aims to ensure that patients' own blood is safely and appropriately managed, and that any blood and blood products that patients receive are safe and appropriate.
-  8. **Recognising and Responding to Acute Deterioration**, which aims to ensure that acute deterioration in a patient's physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

Further information

A full copy of the NSQHS Standards (second edition) is available on the Commission's website at www.safetyandquality.gov.au.

The Advice Centre provides support on implementing the NSQHS Standards for health service organisations, surveyors and accrediting agencies.

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1 CLINICAL GOVERNANCE

This standard aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care.

This standard, together with the Partnering with Consumers Standard, set the overarching requirements for the effective implementation of all other standards.

The revised standard recognises the importance of governance, leadership, culture, patient safety systems, clinical performance and the patient care environment in delivering high quality care.

Why the standard is important

Although most health care in Australia delivers good clinical outcomes, patients do not always receive the care that is recommended, and adverse events continue to occur.¹ Adverse events can be associated with pain, delays in care, short-term and permanent disabilities, and death. They can also be associated with increased healthcare costs because of longer hospital stays, additional treatments and readmissions.²

In recent years, health service organisations have used the National Safety and Quality Health Service (NSQHS) Standards as a framework to put in place safety and quality systems that have improved patient safety.

Clinical governance is the set of relationships and responsibilities established by a health service organisation between its governing body, executive, clinicians, patients and consumers, to deliver safe and quality health care. It ensures that the community and health service organisations can be confident that systems are in place to deliver safe and high-quality health care and continuously improve services.

Clinical governance is an integrated component of corporate governance of health service organisations. It ensures that everyone - from frontline clinicians to managers and members of governing bodies, such as boards - is accountable to patients and the community for assuring the delivery of health services that are safe, effective, high quality and continuously improving.

If the standard is in place ...

- **Leaders** at all levels in the organisation set up and use clinical governance and safety and quality systems to improve the safety and quality of health care
- The **safety and quality systems** work effectively with management systems
- The **workforce** has the right qualifications, skills and supervision to provide safe, high-quality health care to patients
- The **environment** promotes safe and high-quality health care for patients.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Clinical Governance Standard builds on the existing Governance for Safety and Quality in Health Service Organisations Standard from the first edition. It continues its focus on risk, monitoring, quality improvement, training and performance management.

The main changes are that the new standard explicitly recognises the importance of leadership and culture in establishing clinical governance systems to maintain and improve the safety and quality of care, and describes the role of the governing body and clinical leaders. It incorporates new elements, such as e-health, and emergency and disaster management. It also recognises that organisations need to measure and act on differences in clinical practice, and to provide an environment that promotes safe and high-quality care.

Key steps you can take to prepare for the second edition

- Review and strengthen your current clinical governance arrangements
- Consider the high-risk times in your service context; it may be helpful to review existing structures and processes to determine whether they meet the organisation's needs
- Address gaps by collaborating with consumers and leaders throughout the organisation to develop or adapt structures and processes.

Further information

A full copy of the Clinical Governance Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

The National Model Clinical Governance Framework provides more information about clinical governance and is available on the Commission's website.

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2 PARTNERING WITH CONSUMERS

This standard aims to ensure that consumers are partners in the design, delivery and evaluation of healthcare systems and services; and that patients are given the opportunity to be partners in their own care.

This standard, together with the Clinical Governance Standard, underpins all the other standards.

The revised standard recognises the importance of involving patients in their own care and providing clear communication to patients.

Why the standard is important

Health care that is based on partnerships can benefit patients, consumers, clinicians, health service organisations and the health system. There is evidence that effective partnerships are linked to a positive experience for patients, as well as high-quality health care and improved safety.¹

The involvement of patients and consumers in healthcare design, delivery and evaluation can improve service planning and development, communication, and the attitudes of healthcare providers.² Studies in the United States have found that delivering health care that is based on partnerships can reduce hospital costs, the costs per patient and the length of hospital stays.³

Partnerships are effective when people are treated with dignity and respect, information is shared openly, and participation and collaboration in healthcare processes are encouraged and supported.

This standard sets out the expectations for partnerships at all levels. These include the interactions between clinicians and patients; the participation of patients, carers and families in the design of a healthcare service, department or program; and the involvement of consumers in overall health governance, policy and planning.

If the standard is in place ...

- There are **systems** to help patients, carers and families to be partners in healthcare design and evaluation
- Consumers are **partners in the design and governance** of the health service organisation
- The **delivery of care** is based on partnering with patients
- Patients are able to be **partners in their own care**
- The organisation **communicates** with patients in a way that supports effective partnerships.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Partnering with Consumers Standard builds on the existing standard from the first edition. The new standard recognises the importance of involving patients in decision-making about their own care. It combines some of the actions on engaging consumers in governance from the first edition and adds some new actions on engaging consumers in their own care. All actions are now essential – recognising the primary importance of partnership in safe and high-quality care.

The new standard also recognises the importance of providing clear communication to patients to support health literacy, and addressing the diverse needs of consumers who use the service

Key steps you can take to prepare for the second edition

- Review the involvement of consumers in the design, delivery and evaluation of systems and processes, and identify where these can be improved
- Consider your service context, and how consumers can be involved in the evaluation and redesign of structures and processes for improvement
- Address gaps by collaborating with consumers.

Further information

A full copy of the Partnering with Consumers Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

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3 PREVENTING AND CONTROLLING HEALTHCARE-ASSOCIATED INFECTION

This standard aims to improve infection prevention and control measures to help prevent infections and the spread of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.

Why the standard is important

Healthcare-associated infections are the most common complication affecting patients in hospitals. In Australian healthcare settings, large numbers of patients are treated in close proximity to each other. They often undergo invasive procedures, have medical devices inserted and receive broad-spectrum antibiotics or immunosuppressive therapies. These conditions provide ideal opportunities for the adaption and spread of pathogenic, infectious organisms.

Healthcare-associated infections complicate patient recovery and increase healthcare costs by increasing the length of hospital stays, and the treatment and care required. In addition, there is the increasing problem of organisms that are resistant to current antimicrobial treatments.

Many healthcare-associated infections are preventable. Infection prevention and control practices, such as hand hygiene, the use of personal protective equipment, equipment disinfection, environmental cleaning and vaccination are recognised as an essential part of an effective response to infection control and antimicrobial resistance. It includes the use of surveillance data to identify resistant organisms, and appropriate prescribing of antimicrobials to reduce the development of resistant organisms.

Successful infection prevention and control requires a collaborative approach and a range of strategies across all levels of the health service organisation. This standard describes this approach and strategies.

If the standard is in place ...

- There are **systems** to support and promote the prevention and control of healthcare-associated infections
- There are systems for the safe and appropriate prescribing and use of antimicrobials, as part of an **antimicrobial stewardship** program
- Patients who have an **infection** or are at risk of infection with an organism of local, national or global significance are identified promptly, and receive appropriate management and treatment
- The health service organisation is **clean**
- Reprocessing of **re-usable medical devices**, equipment and instruments is consistent with relevant current national standards and manufacturer instructions.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Preventing and Controlling Healthcare-Associated Infection Standard in the second edition continues its focus on systems and processes that prevent and control healthcare-associated infection, which promote effective prescribing and use of antimicrobials as part of antimicrobial stewardship. Actions related to standard and transmission-based precautions have been brought together, and the wording across the standard has been revised to make the requirements clear.

Key steps you can take to prepare for the second edition

- Review and strengthen existing governance arrangements for infection prevention and control and antimicrobial stewardship
- Identify how information from the evaluation of infection prevention and control and antimicrobial stewardship programs is fed into the organisation's quality and safety systems
- Monitor and improve compliance with policies, procedures or protocols for infection prevention and control and antimicrobial stewardship
- Continue to expand staff understanding and skills in infection prevention and control and antimicrobial stewardship.

Further information

A full copy of the Preventing and Controlling Healthcare-Associated Infection Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

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4 MEDICATION SAFETY

This standard aims to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. It also aims to ensure that consumers are informed about medicines, and understand their own medicine needs and risks.

The standard in the second edition is largely the same as the standard in the first edition, with one addition for health service organisations to assess patients' ongoing medication management and review their medication.

Why the standard is important

Medicines are the most common treatment used in health care. Although appropriate use of medicines can improve health, medicines can also be associated with harm.¹ Harm may occur because the wrong medicine is prescribed, supplied or used, or because the right medicine is dosed or used incorrectly.

It is estimated that 2–3% of hospital admissions are related to medicines.² This means that at least 230,000 people were admitted to hospital because of a medicine incident in 2011–12. Some groups have even higher rates of hospital admission related to medicines – for example, for those aged 65 years and over, up to 30% of admissions are related to medicines.¹

The cost of such incidents to patients and the healthcare system is significant. A study published in 2009 estimated that medicine-related hospital admissions in Australia cost \$660 million.³ Estimates for 2011–12 place this figure closer to \$1.2 billion.¹

Up to 50% of medicine-related hospital admissions are potentially avoidable.³ Making processes systematic and standardised can improve medication safety. This standard sets out these processes, and the elements that are needed in governance and communication strategies to ensure medication safety.

If the standard is in place ...

- There are **systems, practices and processes** that support and promote safety when health service organisations procure, supply, store, compound, prescribe, dispense, administer and monitor the effects of medicines
- **Clinicians** are supported in safe medicine use
- Patients' **medication history**, including information relating to medicine allergies and adverse drug reactions, is recorded at the start of each episode of care, and is available to clinicians
- **Information** is provided to patients about their medicine needs and risks; and patients understand their treatment options and can make informed choices about their medicines
- A medicines list is provided to patients and receiving clinicians when **handing over care** (between healthcare personnel or areas).

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Medication Safety Standard in the second edition is largely the same as the standard in the first edition. It continues its focus on the safe and quality use of medicines, and engaging and informing patients so that they can be partners in their own care. The main change is that health service organisations are now required to identify patients at risk of experiencing medicine-related problems, and undertake a medication review for these patients.

Key steps you can take to prepare for the second edition

- Review and strengthen the governance of medication management
- Collaborate with the workforce to address gaps in communication about medicines
- Continue to embed structured medication reconciliation processes and practices into patient care
- Consider how patients who are most at risk of a medication-related problem are prioritised for medication review
- Ensure that shared decision making processes are in place so that patients can make informed choices about their medicines.

Further information

A full copy of the Medication Safety Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

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5 COMPREHENSIVE CARE

This standard aims to ensure that patients receive comprehensive health care that meets their individual needs, and considers the impact of their health issues on their life and wellbeing. It also aims to ensure that risks of harm for patients during health care are prevented and managed through targeted strategies.

The new standard is an important development in the second edition of the National Safety and Quality Health Service (NSQHS) Standards. It integrates patient care processes to identify patient needs and prevent harm.

Why the standard is important

Comprehensive care is the coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient's goals of care and healthcare needs, considers the impact of the patient's health issues on their life and wellbeing, and is clinically appropriate.

Comprehensive care means that the patient receives care that is planned and coordinated around their physical, mental and cognitive health needs. Patients should also continue to receive comprehensive and compassionate care at the end of their life.

The delivery of comprehensive care is based on partnering with patients, carers and families to identify, assess and manage patients' clinical risks, and determine their preferences for care; and on communication and teamwork between members of the healthcare team.

It is also important that patients at risk of specific harm are identified, and their risk of harm is prevented or minimised through specific strategies. This means that health service organisations should screen and monitor patients to assess their risk of pressure injuries, falls, poor nutrition or delirium, and harm arising from cognitive impairment or unpredictable behaviours. Organisations should also have in place systems and processes for care when risk is identified.

This standard describes the strategies and actions needed to deliver comprehensive care, and to prevent and minimise the risk of specific harms.

If the standard is in place ...

- There are **systems** to help clinicians deliver comprehensive care
- **Comprehensive care plans** that meet individual patient needs are developed using appropriate screening and assessment, and discussion of goals and preferences
- **Care is delivered** based on the comprehensive care plan, and in partnership with patients, carers and families
- Patients receive comprehensive care at the **end of their life**
- Patients at risk of **specific harm** are identified, and clinicians work to prevent and manage harm.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Comprehensive Care Standard is an important new development in the second edition of the NSQHS Standards. The new standard addresses cross-cutting issues underlying many adverse events, and recognises the need for care that is centred on patient goals and wellbeing. It also addresses important issues not included in the first edition: mental health and cognitive impairment, health literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. These have the potential for significant improvements in care.

The new standard aims to ensure that a patient's goals and risks of harm are identified so that comprehensive care plans can be developed and delivered to meet their needs. It also recognises the importance of teamwork and collaboration to provide comprehensive care. Along with new actions, the new standard includes actions from the Preventing and Managing Pressure Injuries Standard, and the Preventing Falls and Harm from Falls Standard from the first edition.

Key steps you can take to prepare for the second edition

- Review and strengthen the governance arrangements for providing comprehensive care
- Continue to embed effective multidisciplinary teamwork in all patient care
- Review structures and processes for screening and assessment and for planning, documenting and implementing care plans that have been developed with patients, carers and families to reflect their physical, mental and cognitive health care needs.

Further information

A full copy of the Comprehensive Care Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

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6 COMMUNICATING FOR SAFETY

This standard aims to ensure that there is effective communication between patients, carers and families, multidisciplinary teams and clinicians, and across the health service organisation, to support continuous, coordinated and safe care for patients.

The new standard recognises that effective communication is needed throughout patients' care and identifies high-risk times when effective communication is critical.

Why the standard is important

Communication is a key safety and quality issue. Health care involves a team of people: clinicians, nurses, other healthcare professionals, patients, carers and families. It is important that communication between these groups supports the delivery of continuous and safe care. Errors in communication and inadequate documentation of clinical information result in misdiagnosis, inappropriate treatment and poor care outcomes.¹

It is particularly important that systems and processes are in place at times when effective communication and documentation are critical to patient safety – for example, when care is transferred between healthcare personnel or areas. Breakdown in the transfer of information has been identified as one of the most important factors in serious adverse events and is a major preventable cause of patient harm.²

This standard outlines the high-risk times when health service organisations need systems and processes to support effective communication and documentation of essential information. These times include clinical handover at transitions of care, when critical information about a patient's care emerges or changes, and when a patient must be correctly identified and matched to their intended care.

If the standard is in place ...

- There are **systems** for effective and coordinated communication that support the delivery of continuous and safe care for the patient
- Structured communication processes are used when **care is transferred** (between healthcare personnel or areas) to ensure that all relevant patient information is passed on
- Essential information is documented in the patient's **healthcare record**
- Systems to communicate **critical information** and risks when they emerge or change are used to ensure safe patient care
- Systems that correctly **identify** the patient throughout their care are used to ensure that the patient receives the care intended for them.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Communicating for Safety Standard builds on the existing Clinical Handover Standard. It also draws on the Patient Identification and Procedure Matching Standard from the first edition.

The new standard recognises that communication is critical throughout a patient's care, not just when care is handed over between healthcare personnel or areas. Changes have therefore been made to this standard to address clinical communication more broadly. The second edition of the NSQHS Standards explicitly outlines the high-risk times when effective communication is essential for safe patient care. It describes the systems and processes to support effective communication at all transitions of care:

- when critical information emerges or changes
- to ensure correct patient identification and procedure matching
- to ensure essential information is documented in the patient's healthcare record.

Key steps you can take to prepare for the second edition

- Continue to embed structured clinical handover systems and processes into workflow
- Consider the high-risk times for communication in your service context; it may be helpful to review existing structures and processes to determine whether they meet the organisation's clinical communication needs
- Address gaps by collaborating with the workforce to develop or adapt structures and processes to support effective clinical communication.

Further information

A full copy of the Communicating for Safety Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

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7 BLOOD MANAGEMENT

This standard aims to improve outcomes for patients by using strategies that optimise and conserve their own blood, as well as ensuring that any blood and blood products that patients receive are safe and appropriate.

The revised standard focuses on patients who may need blood management as part of their care as well as blood and blood products.

Why the standard is important

Treatment with blood and blood products can be lifesaving, and Australia has one of the safest blood supplies in the world. Comprehensive national regulations cover all aspects of blood donation, and processing of blood and blood products.

Patient blood management is the means by which patients' own blood is optimised and conserved. However, because they are biological materials, blood and blood products are not without risk, and their use can lead to complications and adverse outcomes for patients. Risks generally fall into two main categories:

- procedural errors such as patient mis-identification, blood sampling errors, or transfusing the wrong blood component
- reactions such as acute transfusion reactions (for example, fever, chills and bacterial infections).¹

This standard aims to ensure that safe, appropriate, effective and efficient blood management systems are in place to minimise risk associated with the use of blood products. Patients' blood is a valuable and unique resource that should be conserved and managed well.

If the standard is in place ...

- There are **systems** that ensure the safe and high-quality care of patients' own blood
- There are systems to effectively manage the **availability and safety** of blood and blood products
- The **clinical use** of blood and blood products is safe and appropriate
- Strategies are used to reduce the risks associated with **transfusion**.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Blood Management Standard builds on the existing Blood and Blood Products Standard from the first edition.

The main changes are that the new standard focuses on improving outcomes for patients by improving their medical and surgical management in ways that optimise and conserve their own blood, and ensure that any blood and blood products they receive are appropriate and safe.

Key steps you can take to prepare for the second edition

- Review and strengthen the governance systems for management of blood and blood products
- Review your current patient blood management strategies and identify areas for improvement
- Review the strategies used to manage the availability and safety of blood products, and identify areas for improvement
- Consider whether the use of blood and blood products is appropriate, and what strategies are used to reduce the risks associated with transfusion.

Further information

A full copy of the Blood Management Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

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National Safety and Quality Health Service (NSQHS) Standards

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Australian Commission on Safety and Quality in Health Care with the Australian Government, state and territory partners, consumers and the private sector. The primary aim of the NSQHS Standards is to protect the public from harm and improve the quality of health care. They describe the level of care that should be provided by health service organisations and the systems that are needed to deliver such care.

The second edition of the NSQHS Standards were released in November 2017. Organisations will be assessed against the new standards from January 2019.



8 RECOGNISING AND RESPONDING TO ACUTE DETERIORATION

This standard aims to ensure that acute deterioration in a patient's physical, mental or cognitive condition is recognised promptly and appropriate action is taken.

The new standard recognises that deterioration can occur at any time when a patient is in health care. It considers potential physical, mental and cognitive deterioration.

Why the standard is important

Recognising that a patient's condition is deteriorating and responding to their needs in an appropriate and timely way is an essential component of safe and high-quality care. Serious adverse events such as unexpected death and cardiac arrest often follow observable deterioration in a patient's condition.¹

Early identification of deterioration may improve outcomes and reduce the intervention required to stabilise patients whose condition deteriorates.²

There is evidence that the warning signs of clinical deterioration are not always identified or acted on appropriately.³ Factors that can contribute to a failure to recognise and respond to a deteriorating patient include lack of understanding of the signs and symptoms of deterioration, and lack of systems to respond to deterioration.

Systems to recognise deterioration early and respond to it appropriately need to address these factors and apply across a health service organisation. This standard identifies the systems and skills needed to ensure that a patient's deterioration is recognised promptly and appropriate action is taken.

If the standard is in place ...

- There are **systems** to support and promote the detection and recognition of acute deterioration, and the response to patients whose condition deteriorates
- Acute deterioration is **detected** and recognised, and action is taken to escalate care
- **Appropriate and timely care** is provided to patients whose condition is acutely deteriorating.

Changes from the first edition

The second edition of the NSQHS Standards streamlines actions and addresses gaps identified in the first edition.

The Recognising and Responding to Acute Deterioration Standard builds on the existing Recognising and Responding to Clinical Deterioration in Acute Health Care Standard from the first edition. The main changes are that the new standard recognises that deterioration can be physiological, mental, or both. Therefore, systems need to be in place to recognise and respond to patients' physical and mental deterioration.

The new standard focuses on ensuring that the elements of the process are in place, rather than on the process tools. The inclusion of systems to respond to a patient's deterioration in mental state will require consideration of existing processes and systems, and may require workforce training and support.

Key steps you can take to prepare for the second edition

- Review and strengthen the governance arrangements for recognising and responding to acute deterioration
- Continue to embed systems and processes for recognising and responding to acute deterioration into patient care
- Consider the high-risk times in your service context, and how the effectiveness of systems for recognising deterioration and responding to it can be improved
- Address gaps by collaborating with patients to develop or adapt structures and processes to support effective communication when or before patients begin to deteriorate.

Further information

A full copy of the Recognising and Responding to Acute Deterioration Standard, including the criteria and actions required for health service organisations to meet it, is contained in the NSQHS Standards (second edition). The NSQHS Standards (second edition) is available on the website of the Australian Commission on Safety and Quality in Health Care at www.safetyandquality.gov.au.

The **Advice Centre** provides support on implementing the NSQHS Standards for health service organisations, surveyors and accrediting agencies.

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References

- 1 Buist M, Bernard S, Nguyen TV, Moore G, Anderson J. Association between clinical abnormal observations and subsequent in-hospital mortality: a prospective study. *Resuscitation* 2004;62:137–41.
- 2 Calzavacca P, Licari E, Tee A, Egi M, Downey A, Quach J, et al. The impact of Rapid Response System on delayed emergency team activation patient characteristics and outcomes: a follow-up study. *Resuscitation* 2010;81:31–5.
- 3 MERIT Study Investigators. Introduction of the medical emergency team (MET) system: a cluster-randomised controlled trial. *Lancet* 2005;365:2091–7.

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