

# NSQHS Standards Guide for Dental Practices and Services

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#### **Disclaimer**

This resource was developed as a general guide for healthcare professionals and is based on the best evidence available at the time of development. It incorporates or summarises guidance and is assembled in good faith, solely for the purpose of supporting dental practices, community health dental clinics and oral health services that are included in an accreditation assessment to the National Safety and Quality Health Service Standards. Users should independently analyse the completeness and relevance of this resource to their provision of healthcare services and consider the need to seek further professional advice, before relying on it.

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# Overview

## Background

The National Safety and Quality Health Service (NSQHS) Standards<sup>1</sup> are designed to drive improvements in safety and quality in health care across Australia. The NSQHS Standards were developed by the Australian Commission on Safety and Quality in Health Care (the Commission) in consultation and collaboration with: state, territory and Australian Government health departments; technical experts; and a wide range of stakeholders, including health professionals and patients.

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. The NSQHS Standards provide a quality assurance mechanism that:

- tests whether relevant systems are in place to ensure minimum standards of safety and quality are met
- allows health services to realise aspirational or developmental goals.

Accreditation is recognised as an important driver for safety and quality improvement and Australia's health accreditation processes are highly regarded internationally. The NSQHS Standards are integral to the accreditation process as they determine how and against what an organisation's performance will be assessed. Dental practices and services can use the NSQHS Standards as part of their internal quality assurance mechanisms or as part of an external accreditation process.

## Implementation

The national accreditation scheme commenced in January 2013, when accreditation to the NSQHS Standards became mandatory for the majority of public dental services and voluntary for private dental practices. All hospitals and day procedure services are also being assessed to the NSQHS Standards – so the same standards for safety and quality are being used across all health sectors in Australia.

The NSQHS Standards encompass 10 standards in areas where it is known that people have been harmed as a result of their health care and where there is good evidence of how to provide better care. **Of these, only Standards 1–6 apply in dental practices or services. The remaining four Standards need not be applied in dental settings.**

In implementing the NSQHS Standards, dental practices should put in place safety and quality systems to ensure minimum standards of care are met. Accreditation to the NSQHS Standards is a demonstration that a dental practice is committed to continually improving patient safety and quality of care in a focused and systematic way.

## Purpose of this guide

This guide aims to assist dental practices to improve the safety and quality of care using the NSQHS Standards as a framework for improvement. The same expectations with regard to the safety and quality of dental care apply to all dental settings. This means that patients can expect the same standards of safety and quality in dental care whether they seek treatment in a private practice, a community health dental clinic or a dental hospital.

## Audience

This guide on implementing the NSQHS Standards is aimed at all dental settings – from small private practices through to large corporate practices or private health insurance dental clinics; from community health dental clinics through to large oral health services and dental hospitals.

In a small practice the systems are of course less complex, and the strategies needed to implement the standards will be simpler. A larger practice or oral health service providing a wider range of services will have more complex systems in place and the strategies required to address the NSQHS Standards will be more comprehensive.

This guide has been written for all members of the dental team, including practice owners, practice managers, dental service executives and dental practitioners.

## Structure

This guide contains information on:

- preparations for accreditation
- approaches to improving quality and managing risk using the framework of the NSQHS Standards
- the national accreditation scheme
- NSQHS Standards 1–6, including:
  - reflective questions summarising the intent of each action
  - suggested strategies for implementing the Standards in dental settings
  - examples of evidence to support accreditation.

It also includes examples of real-life 'Clinical scenarios' to show implementation of the Standards in action, across a range of circumstances.

Please refer to the **References** section for details of the publications and resources mentioned in this guide.

## Other resources

The Commission has developed a suite of resources to help implement the NSQHS Standards. These are available on the Commission's web site:

<http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/>

The Commission's Advice Centre offers telephone and email support:

Telephone: 1800 304 056

Email: [accreditation@safetyandquality.gov.au](mailto:accreditation@safetyandquality.gov.au)

The Australian Dental Association and state and territory health departments also provide resources and ongoing support for implementing the NSQHS Standards. Contact details are on the Commission's web site:

<http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/#Contact-details>

# Accreditation to the NSQHS Standards

## The NSQHS Standards

The Commission is responsible for the national coordination of accreditation to the NSQHS Standards. The NSQHS Standards were endorsed by Australian Health Ministers in 2011 and provide a clear statement about the level of care consumers can expect from health services, including dental practices and services.

Under the Australian Health Service Safety and Quality Accreditation (AHSSQA) scheme, state and territory health departments have agreed that hospitals, day procedure services and the majority of public dental services are required to be accredited to the NSQHS Standards.

Dental practices, whether large or small, need to meet six NSQHS Standards in order to be accredited. These are:



**Standard 1 Governance for Safety and Quality in Health Service Organisations**



**Standard 2 Partnering with Consumers**



**Standard 3 Preventing and Controlling Healthcare Associated Infections**



**Standard 4 Medication Safety**



**Standard 5 Patient Identification and Procedure Matching**



**Standard 6 Clinical Handover**

There are a total of 10 NSQHS Standards. NSQHS Standards 1 and 2 set the overarching requirements for the effective application of the other eight NSQHS Standards, which address specific clinical areas of patient care. NSQHS Standard 1 outlines the broad criteria to achieve the creation of an integrated governance system to maintain and improve the reliability and quality of patient care, and improve patient outcomes. NSQHS Standard 2 requires practice owners, senior dentists or the dental service executive to support partnering with patients, carers and other consumers to improve the safety and quality of care.

Standards 7–10 do not directly relate to dental care and generally do not need to be implemented by dental practices or services for accreditation. However, dental hospitals or day procedure services providing a wider range of services may be required to implement all 10 Standards. Contact your state or territory health department to clarify the accreditation requirements for your practice or service.

## Accreditation

Accreditation is the process of checking and ensuring that systems and processes are in place to improve the safety and quality of care for patients. Accreditation for a dental practice or service involves:

- self-assessment of performance against the NSQHS Standards 1–6
- an approved accrediting agency reviewing the dental practice, verifying the practice has successfully implemented the NSQHS Standards 1–6
- the dental practice making suggested changes as part of a continuous quality improvement approach, and monitoring ongoing performance.

Accreditation is one tool, in a range of strategies, that can be used to improve safety and quality in a dental practice. It provides a way of verifying:

- safety and quality systems are in place
- actions are being taken to improve these systems
- system data is being used to inform activity
- improvements are made in safety and quality
- the safety and quality of care is being monitored.

## Who needs to be accredited?

### Public dental services

For the majority of public dental services, accreditation to the NSQHS Standards is mandatory. To determine whether your dental clinic or oral health service needs to be accredited to the NSQHS Standards, contact your state or territory health department.

### Private dental practices

For private dental practices, accreditation to the NSQHS Standards is recommended but not mandated. In other words, it is voluntary. The Australian Dental Association national and state branches and other organisations support dental practices participating in accreditation to the NSQHS Standards by providing tools, resources and education programs.

Where private dental practices provide services on behalf of public health service organisations, you should confirm whether your practice needs to be accredited to the NSQHS Standards. To do this, contact the relevant health service organisation or your state or territory health department.

# Working towards accreditation

There are four steps involved in working towards accreditation:

## Step 1: Enrolling in an accreditation program

## Step 2: Getting to know the NSQHS Standards

## Step 3: Conducting a self-assessment

## Step 4: Your accreditation assessment

These steps are discussed in turn below.

### Step 1: Enrolling in an accreditation program

The first step is to enrol your dental practice or service in an accreditation program. For assessment to the NSQHS Standards, you can only use an accrediting agency approved by the Commission. A list of all approved accrediting agencies is available on the Commission's web site at: <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/#Contact-details>

Note that not all accrediting agencies will take the same approach. By selecting an approved accrediting agency, you will be selecting the style and timing of assessment against the NSQHS Standards.

Accreditation programs focus on continuous quality improvement strategies. They usually consist of a process that involves self-assessment, external review or assessment of performance against the NSQHS Standards, and ongoing monitoring by the accrediting agency.

### Step 2: Getting to know the NSQHS Standards

You should familiarise yourself with the NSQHS Standards. Each standard contains:

- a statement of intent, which describes the desired outcome of the standard
- a statement on the context in which the standard is to be applied
- a list of key criteria – each criterion has a series of items and actions that are required in order to meet the standard.

Assessment takes place at the action level.

To assist with your preparations for accreditation, a series of tables grouping similar actions can be found later in this section:

**Table 4: Summary of actions for policies, procedures and protocols**

**Table 5: Summary of training actions**

**Table 6: Summary of actions related to the patient dental record**

**Table 7: Summary of actions that require data collection for audit or review.**

### Core and developmental actions

Each action within a standard is either:

- **Core** – these actions are considered to be critical safety and quality requirements and 100 per cent of the core actions must be met to achieve accreditation.
- **Developmental** – these actions are important and you should be working towards implementing these actions. However, you do not need to have satisfactorily met the requirements to be awarded accreditation. Developmental actions may be a challenge for some dental practices or services to implement initially because they may require the introduction of new systems, structures, relationships or processes.

**Note** that developmental actions are shaded grey in the main section of the guide, so you can recognise them at a glance.

A list of core, developmental and non-applicable actions for dental practices and services can be found at Table 1.

## Non-applicable actions

In some circumstances actions may be classified as 'non-applicable'. Non-applicable actions are actions which are not appropriate in a specific service context or for which assessment would be meaningless.

There are two ways in which actions can be considered non-applicable:

- the Commission has designated non-applicable actions for dental practices and services (see Table 1)
- when planning for accreditation, there may be instances where you believe that an action is non-applicable in the context of your practice and the services you provide. Accrediting agencies will only grant non-applicable actions in exceptional circumstances and applications should provide evidence that there is little or no risk of patient harm in relation to actions. You can apply to your accrediting agency to have either core or developmental actions considered non-applicable.

## Process for applying to have an action considered non-applicable

### 1. Application

A dental practice or service provides evidence or arguments for an action to be rated as non-applicable by their accrediting agency.

### 2. Assessment

The accrediting agency assesses the application against the following criteria:

- the dental practice or service demonstrates that an action, criterion or standard is non-applicable because a particular service or product is not provided by the dental practice. For example Action 4.10.3 (the storage of temperature-sensitive medicines is monitored) is non-applicable if a practice does not store temperature-sensitive medicines
- the dental practice or service demonstrates an action, criterion or standard has limited applicability to the services it provides
- if a dental practice or service changes the types of services offered and an action, criterion or standard that was previously assessed is no longer applicable.

### 3. Confirmation

The accrediting agency confirms that an action is non-applicable for the purpose of accreditation of that practice or service, based on the evidence, context and precedence.

A dental practice or service can appeal any decision with its accrediting agency, which will have its own appeals process.

### 4. Notification

Details of all actions that are confirmed as non-applicable and the basis for the decision are provided to the Commission, as the national coordinator of the NSQHS Standards, where they are reviewed for consistency.

**Table 1: Core, developmental and non-applicable actions for dental practices and services**

STANDARD	CORE ACTIONS (C)					DEVELOPMENTAL ACTIONS (D) (SHADED GREY)		NON-APPLICABLE ACTIONS (N/A)
 <b>Standard 1:</b> Governance for Safety and Quality in Health Service Organisations	1.1.1	1.6.1	1.9.2	1.12.1	1.15.3	1.2.2	1.16.2	1.18.4
	1.1.2	1.6.2	1.10.1	1.14.1	1.15.4	1.4.1	1.17.3	
	1.2.1	1.7.1	1.10.2	1.14.2	1.17.1	1.4.2	1.18.3	
	1.3.1	1.7.2	1.10.3	1.14.3	1.17.2	1.4.3		
	1.3.2	1.8.1	1.10.4	1.14.4	1.18.1	1.4.4		
	1.3.3	1.8.2	1.10.5	1.14.5	1.18.2	1.13.1		
	1.5.1	1.8.3	1.11.1	1.15.1	1.19.1	1.13.2		
	1.5.2	1.9.1	1.11.2	1.15.2	1.19.2	1.16.1		
			1.20.1					
<b>Subtotal</b>	<b>41</b>					<b>11</b>		<b>1</b>
 <b>Standard 2:</b> Partnering with Consumers	2.4.1					2.1.1	2.6.1	
	2.4.2					2.1.2	2.6.2	
	2.7.1					2.2.1	2.8.1	
						2.2.2	2.8.2	
						2.3.1	2.9.1	
						2.5.1	2.9.2	
<b>Subtotal</b>	<b>3</b>					<b>12</b>		<b>0</b>
 <b>Standard 3:</b> Preventing and Controlling Healthcare Associated Infections	3.1.1	3.3.2	3.8.1	3.13.1	3.15.2	3.1.4	3.10.1	3.14.3
	3.1.2	3.5.1	3.11.1	3.13.2	3.15.3	3.4.1	3.10.2	
	3.1.3	3.5.2	3.11.2	3.14.1	3.16.1	3.4.2	3.10.3	
	3.2.1	3.5.3	3.11.3	3.14.2	3.17.1	3.4.3	3.12.1	
	3.2.2	3.6.1	3.11.4	3.14.4	3.19.1	3.9.1	3.18.1	
	3.3.1	3.7.1	3.11.5	3.15.1			3.19.2	
<b>Subtotal</b>	<b>29</b>					<b>11</b>		<b>1</b>

STANDARD	CORE ACTIONS (C)					DEVELOPMENTAL ACTIONS (D) (SHADED GREY)		NON-APPLICABLE ACTIONS (N/A)
 <b>Standard 4:</b> Medication Safety	4.1.1	4.3.3	4.7.2	4.10.2		4.5.1		4.8.1
	4.1.2	4.4.1	4.7.3	4.10.4		4.5.2		4.10.3
	4.2.1	4.4.2	4.9.1	4.10.5		4.13.1		4.12.1
	4.2.2	4.6.1	4.9.2	4.10.6		4.13.2		4.12.2
	4.3.1	4.6.2	4.9.3	4.11.1				4.12.3
	4.3.2	4.7.1	4.10.1	4.11.2				4.12.4
								4.14.1
							4.15.1	
							4.15.2	
<b>Subtotal</b>	<b>24</b>					<b>4</b>		<b>9</b>
 <b>Standard 5:</b> Patient Identification and Procedure Matching	5.1.1	5.2.1	5.4.1	5.5.2				5.3.1
	5.1.2	5.2.2	5.5.1	5.5.3				
<b>Subtotal</b>	<b>8</b>					<b>0</b>		<b>1</b>
 <b>Standard 6:</b> Clinical Handover	6.1.1					6.2.1	6.4.1	6.3.2
	6.1.2					6.3.1	6.4.2	
	6.1.3					6.3.3	6.5.1	
						6.3.4		
<b>Subtotal</b>	<b>3</b>					<b>7</b>		<b>1</b>
<b>TOTAL</b>	<b>108</b>					<b>45</b>		<b>13</b>

### Step 3: Conducting a self-assessment

You will need to complete a self-assessment of your current systems and processes using the NSQHS Standards. Information gathered during this self-assessment process can be used to inform a plan or pathway to implement changes to comply with the NSQHS Standards.

The self-assessment process should include:

- identification of sources of evidence which can demonstrate actions have been met. Evidence required for accreditation should be generated through the everyday activities of your dental practice and should not be something created simply for the purposes of accreditation.
- identification of areas where actions are not met and where improvements are required.
- development of an action plan to cover any identified gaps. This may involve creating systems and process to implement and monitor new initiatives to meet the NSQHS Standards.

Self-assessments should be performed periodically to ensure quality improvement activities are targeted in the required areas.

You can use the decision support tool provided in the Appendix to assist with the self-assessment process. It lists common actions within and across the standards and describes satisfactory and unsatisfactory performance.

### Step 4: Your accreditation assessment

Your dental practice or service will undergo an external assessment by the approved accrediting agency you have selected, to verify that it has met each of the actions in the NSQHS Standards. It is up to you to determine the timing and requirements of the accreditation assessment, in consultation with your accrediting agency. The requirements will usually include:

- the submission of a self-assessment.
- a subsequent onsite survey or audit.

### Assessment and rating scale

Your accrediting agency will assess each action using a three-point rating scale:

- Not met – the actions required have not been achieved
- Satisfactorily met – the actions required have been achieved
- Met with merit – in addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This means that a culture of safety, evaluation and improvement is evident throughout the dental practice or service in relation to the action or standard under review.

This rating system is used to rate individual actions within a standard and to rate the standard overall.

In addition to the Commission's scale, accrediting agencies may elect to use their own rating scales. However, when accreditation outcomes are reported, the three-point rating scale is to be used.

### Met with merit

For an action to be assessed as 'Met with merit' it is expected that a dental practice or service will have demonstrated all of the following:

- all of the requirements of satisfactory performance were met
- this performance was reflected across all relevant areas of the organisation
- this level of performance was sustainable
- the programs, strategies or changes were built into day-to-day operations of the practice
- performance reflects the safety and quality culture in the organisation
- mechanisms were in place to evaluate the effectiveness of programs, strategies or changes implemented.

## Accreditation award

Dental practices and services that meet the requirements of the NSQHS Standards will be issued an award by their accrediting agency specifying they are:

'Accredited to the National Safety and Quality Health Service Standards 1–6'.

In addition, awards will include:

- the period of accreditation (date awarded and expiry date)
- the name of the facility
- a description of the services covered by the award.

Where an application for 'non-applicable' actions has been supported by the accrediting agency, the award will indicate that there are exclusions. These exclusions will also be detailed on the accrediting agency's web site, along with details of the accreditation status of the dental practice or service.

## When an action is not met

Following external assessment by an accrediting agency, you will receive a report within seven working days. This will detail the findings of the assessment and the ratings of each action and the standards overall.

Your accrediting agency will inform you if your dental practice or service does not meet all of the core actions in the NSQHS Standards. For public dental clinics or services, it will also notify the relevant state or territory health department.

You have 90 calendar days from the date you receive your first report to address any 'Not met' core actions before the final determination of accreditation is made. Where improvements are not made and patient risks are not addressed within this remediation period, accreditation is not awarded.

## Notification of significant risk in the public sector

When a significant risk to patient safety is identified, accrediting agencies are required to:

1. Bring this to the attention of the dental practice or service.
2. Ensure the practice or service develops a strategy to address the risk, outlining the timeframes in which the strategy will be implemented.

In the case of public dental services, your accrediting agency is required to notify the relevant state or territory health department within 48 hours. The health department will then verify the scope, scale and implications of the reported non-compliance and will take further action where necessary.

## Appeals process

All accrediting agencies have an appeals process by which dental practices and services can appeal assessment decisions. Your approved accrediting agency should be able to provide you with information on these processes.

You can also contact the Commission's Advice Centre for clarification of the NSQHS Standards, their intent or individual actions – or for any other support you may need. The Commission's Advice Centre offers telephone and email support:

Telephone: 1800 304 056

Email: [accreditation@safetyandquality.gov.au](mailto:accreditation@safetyandquality.gov.au)

## Data and reporting

The accreditation scheme allows the Commission to receive information from accrediting agencies on the accreditation outcomes of dental practices.

The Commission will use this information to review and maintain the NSQHS Standards and to report broadly to health ministers on issues and improvements in safety and quality.

The following data will be submitted to the Commission:

- the name and description of the dental practice or service undergoing assessment against the NSQHS Standards
- any non-applicable standards, criteria or actions excluded from the assessment process
- ratings for core and developmental actions: not met, satisfactorily met and met with merit.

## Risk management

Risk management involves identifying, assessing and prioritising risks – followed by systematically applying strategies and resources to either minimise, monitor and control the probability or impact of adverse events or to maximise the realisation of opportunities.<sup>8</sup>

Factors that influence the risk profile of an organisation include the location, size and complexity of care provided. The risks across dental practices and oral health services vary and not all actions in the NSQHS Standards will present the same level of risk. Each dental practice or service should identify the risks to their patients, dental team members and organisation. This will assist you in:

- identifying areas that should be targeted for improvement
- guiding the implementation of appropriate risk management strategies.

### Who is at risk?

- Patients – some patients are more at risk than others, for example the elderly or patients with indwelling devices
- Care providers – dental practitioners and other team members providing care are exposed to risks such as infections
- The practice – this could be corporate or clinical risk.

### What are the principles of risk management?

The five basic principles of risk management are to:

- Avoid risk** By identifying appropriate strategies that can be used to avoid the risk whenever possible; where a risk cannot be eliminated, then it must be managed.
- Identify risk** By assessing the risk, identifying the nature of the risk and whom it may affect.

**Analyse risk** By examining how a risk can occur; what the likelihood is of the risk occurring; and what the consequences of this risk are likely to be.

**Evaluate risk** By determining how the risk can be reduced or eliminated. Document the process and response/outcomes.

**Treat risks** By determining who is responsible for taking actions, when and how this will occur and be monitored.

Tools and resources are available to analyse risk, such as the *International Organisation for Standardisation Risk Management – Principles and Guidelines*<sup>8</sup> or you may use a general risk analysis matrix, such as the matrix shown in Table 7 below.

**Table 2: General risk analysis matrix**

	CONSEQUENCES				
LIKELIHOOD	Negligible	Minor	Moderate	Major	Extreme
Rare	Low	Low	Low	Medium	High
Unlikely	Low	Medium	Medium	High	Very high
Possible	Low	Medium	High	Very high	Very high
Likely	Medium	High	Very high	Very high	Extreme
Almost certain	Medium	Very high	Very high	Extreme	Extreme

Low risk	Manage by routine procedures.
Medium risk	Manage by specific monitoring or audit procedures.
High risk	This is serious and must be addressed immediately.
Very high risk	The magnitude of the consequences of an event, should it occur, and the likelihood of that event occurring, are assessed in the context of the effectiveness of existing strategies and controls.
Extreme risk	

Source: *Australian Guidelines for the Prevention and Control of Infection in Health Care*<sup>9</sup>

## How do you know if a risk is likely to happen?

A range of data sources may be used to determine if a risk is likely to be rare, possible or almost certain. These include:

- monitoring and auditing results to identify the frequency or scope of risk
- surveillance data
- complaints
- observations
- literature
- comparative analysis.

## Risk register

A 'risk register' is a risk management tool which acts as a central repository for all risks identified by a dental practice or service, and for each risk, includes information such as risk probability, impact, counter-measures and risk owner. It is sometimes referred to as a 'risk log'.<sup>10</sup>

Risk management is specifically addressed in NSQHS Standard 1: Governance for Safety and Quality in Health Service Organisations. NSQHS Standards 3–6 also require dental practices or services to undertake an assessment of specific areas of risk and key risks will need to be collated in a risk management tool.

To assist with implementation of NSQHS Standard 3: Preventing and Controlling Healthcare Associated Infections, the Commission has developed specialised risk matrices for aseptic technique and workforce immunisation, which are available from the Commission's web site at: <http://www.safetyandquality.gov.au/our-work/accreditation-and-the-nsqhs-standards/resources-to-implement-the-nsqhs-standards/#Standard3>

# Quality improvement

## Defining 'quality'

'Quality' in health care reflects the extent to which a dental practice or service provides care that produces the desired outcome.<sup>2</sup> Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable.<sup>3</sup>

## A quality improvement approach

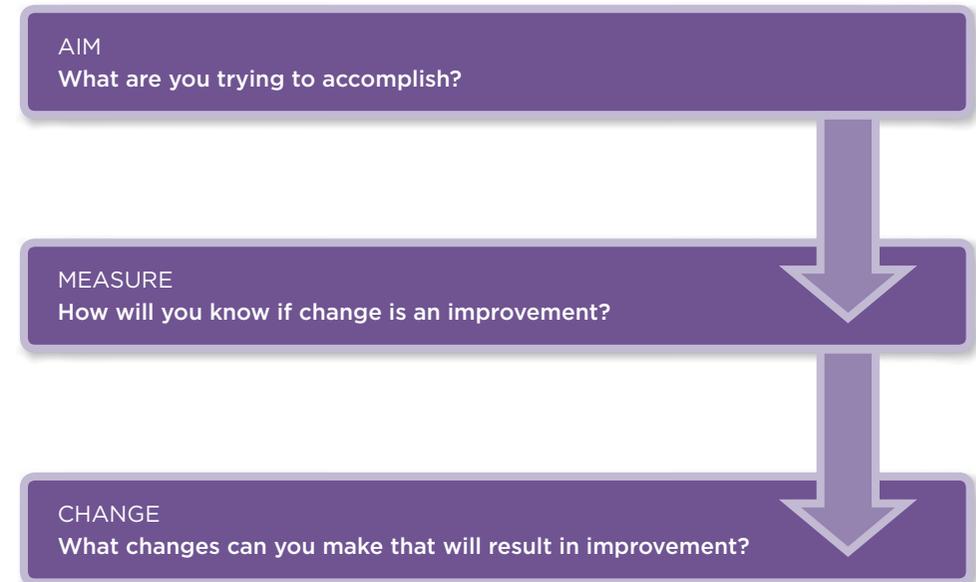
A 'quality improvement approach' aims to continually raise the quality of care that is provided to patients. This approach involves comparing the quality of care that is about to be provided, with the quality of care that has been provided in the past.<sup>4</sup> Adopting a quality improvement approach allows a dental practice or service to measure if improvements have been achieved. This is a continuous process and if the desired outcome has not been reached, the cycle can be repeated, adapting the approach to allow dental team members to continually improve the safety and quality of dental care.

It is crucial that quality improvement is a priority if practice owners, senior dentists or the dental service executive are to promote a culture of improvement. Quality improvement should be an integral part of everyone's work, regardless of role or position.<sup>5</sup>

A quality improvement approach involves two basic actions:

1. The first action is to determine what needs to change. Practices can use the model for improvement shown in Figure 1.

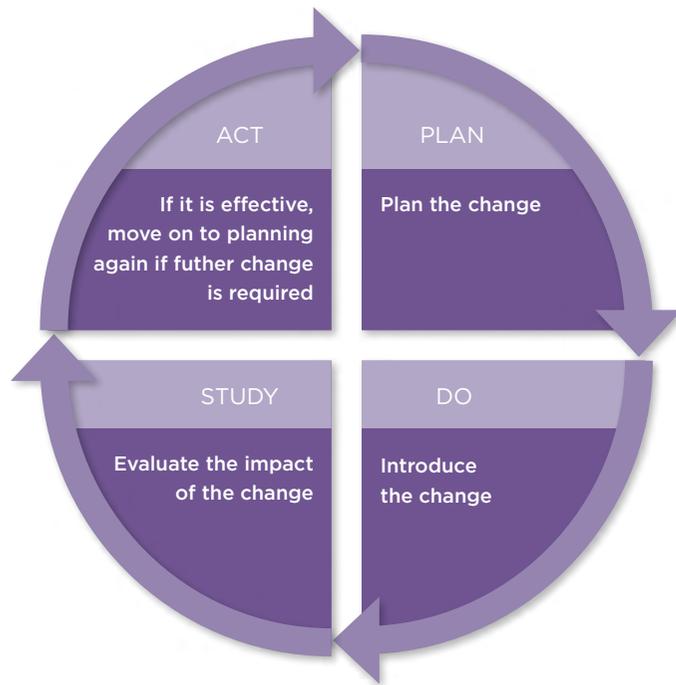
Figure 1: Model for improvement<sup>5</sup>



2. The second action is to test if the changes that have been made have improved the care provided, and assess any other impacts that may have occurred. One tool that can be used is a Plan–Do–Study–Act (PDSA) cycle.

Once you know what changes you want to make, you can test these using the PDSA cycle.<sup>6</sup> You can develop a plan to test the change (Plan); then carry it out (Do); and by observing and learning from the consequences of these actions (Study) you can determine what modifications, if any, should be made (Act).<sup>7</sup>

Figure 2: The Plan–Do–Study–Act cycle



The PDSA model enables you to make change by using a series of small-scale cycles, which successively build on the knowledge from the previous cycle. You can test changes on a small scale, for example with a single dental practitioner or with the next three patients. In this way, a change that works on a small scale and is improved in subsequent PDSA cycles can then be implemented on a larger scale.

The NSQHS Standards provide a framework for safety and quality improvement. Many of the actions in the NSQHS Standards require dental teams to have policies and procedures in place, to measure their performance, and then to take action to improve performance. Table 6 gives an example for NSQHS Standard 5, Item 5.5: Processes to match patients and their care.

Table 3: Processes to match patients and their care<sup>5</sup>

	NSQHS STANDARD	STEPS
PLAN	<b>5.5</b> Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols	<ul style="list-style-type: none"> <li>• What is the purpose of the PDSA:                             <ul style="list-style-type: none"> <li>• Are you developing a new process to match patients and their intended treatment?</li> <li>• Are you testing your process to review its effectiveness?</li> </ul> </li> <li>• What indicator of success will you measure?</li> <li>• How will you collect information on this indicator?</li> <li>• Will you test that the process is being used with your patients?</li> <li>• How many patients will be included in the test and over what time period?</li> <li>• What do you hypothesise will happen?</li> <li>• Develop a plan to test the change</li> </ul>
DO	<b>5.5.1</b> A documented process to match patients and their intended treatment is in use	<ul style="list-style-type: none"> <li>• Conduct the test</li> <li>• Document the results and any problems or unintended consequences</li> </ul>
STUDY	<b>5.5.2</b> The process to match patients to any intended procedure, treatment or investigation is regularly monitored	<ul style="list-style-type: none"> <li>• Analyse the information you have collected</li> <li>• Compare the results to your predictions – did the plan work?</li> <li>• Reflect on what was learned</li> </ul>
ACT	<b>5.5.3</b> Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation	<ul style="list-style-type: none"> <li>• Refine the change idea, based on lessons learned from the test</li> <li>• Prepare a plan for the next test</li> </ul>

**Table 4: Summary of actions for policies, procedures and protocols**

An overarching requirement of the NSQHS Standards is to establish a process for reviewing and updating policies, procedures and protocols. This table lists the criteria and actions relating to policies, protocols and procedures.

KEY: C= Core action D= Developmental action

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
<p><b>1.1</b> Implementing a governance system that sets out the policies, procedures and/or protocols for:</p> <ul style="list-style-type: none"> <li>• establishing and maintaining a clinical governance framework</li> <li>• identifying safety and quality risks</li> <li>• collecting and reviewing performance data</li> <li>• implementing prevention strategies based on data analysis</li> <li>• analysing reported incidents</li> <li>• implementing performance management procedures</li> <li>• ensuring compliance with legislative requirements and relevant industry standards</li> <li>• communicating with and informing the clinical and non-clinical workforce</li> <li>• undertaking regular clinical audits</li> </ul>	<p><b>1.1.1</b> An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols</p>	C
<p><b>1.17</b> Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights</p>	<p><b>1.17.1</b> The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights</p>	C
<p><b>2.2</b> Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:</p> <ul style="list-style-type: none"> <li>• strategic and operational/services planning</li> <li>• decision making about safety and quality initiatives</li> <li>• quality improvement activities</li> </ul>	<p><b>2.2.1</b> The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation</p>	D

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
<p><b>3.1</b> Developing and implementing governance systems for effective infection prevention and control to minimise the risks to patients of healthcare associated infections</p>	<p><b>3.1.1</b> A risk management approach is taken when implementing policies, procedures and/or protocols for:</p> <ul style="list-style-type: none"> <li>• standard infection control precautions</li> <li>• transmission-based precautions</li> <li>• aseptic technique</li> <li>• safe handling and disposal of sharps</li> <li>• prevention and management of occupational exposure to blood and body substances</li> <li>• environmental cleaning and disinfection</li> <li>• antimicrobial prescribing</li> <li>• outbreaks or unusual clusters of communicable infection</li> <li>• processing of reusable medical devices</li> <li>• single-use devices</li> <li>• surveillance and reporting of data where relevant</li> <li>• reporting of communicable and notifiable diseases</li> <li>• provision of risk assessment guidelines to workforce</li> <li>• exposure-prone procedures</li> </ul>	C
	<p><b>3.1.2</b> The use of policies, procedures and/or protocols is regularly monitored</p>	C
	<p><b>3.1.4</b> Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols</p>	D
<p><b>3.7</b> Promoting collaboration with occupational health and safety programs to decrease the risk of infection or injury to healthcare workers</p>	<p><b>3.7.1</b> Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are being implemented to address:</p> <ul style="list-style-type: none"> <li>• communicable disease status</li> <li>• occupational management and prophylaxis</li> <li>• work restrictions</li> <li>• personal protective equipment</li> <li>• assessment of risk to healthcare workers for occupational allergy</li> <li>• evaluation of new products and procedures</li> </ul>	C
<p><b>3.13</b> Developing and implementing protocols relating to the admission, receipt and transfer of patients with an infection</p>	<p><b>3.13.1</b> Mechanisms are in use to check for pre-existing healthcare associated infections or communicable disease on presentation for care</p>	C
<p><b>3.15</b> Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers</p>	<p><b>3.15.1</b> Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including:</p> <ul style="list-style-type: none"> <li>• maintenance of building facilities</li> <li>• cleaning resources and services</li> <li>• risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved</li> </ul>	C

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
	<ul style="list-style-type: none"> <li>waste management within the clinical environment</li> <li>laundry and linen transportation, cleaning and storage</li> <li>appropriate use of personal protective equipment</li> </ul>	
	<p><b>3.15.2</b> Policies, procedures and/or protocols for environmental cleaning are regularly reviewed</p>	C
<p><b>4.1</b> Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines</p>	<p><b>4.1.2</b> Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines</p>	C
<p><b>5.1</b> Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, procedures and/or protocols that:</p> <ul style="list-style-type: none"> <li>define approved patient identifiers</li> <li>require at least three approved patient identifiers on registration or admission</li> <li>require at least three approved patient identifiers when care, therapy or other services are provided</li> <li>require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated</li> </ul>	<p><b>5.1.1</b> Use of an organisation-wide patient identification system is regularly monitored</p>	C
<p><b>5.5</b> Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols</p>	<p><b>5.5.1</b> A documented process to match patients and their intended treatment is in use</p>	C
<p><b>6.1</b> Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialities, including:</p> <ul style="list-style-type: none"> <li>documented policy, procedures and/or protocols</li> <li>agreed tools and guides</li> </ul>	<p><b>6.1.1</b> Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored</p>	C
	<p><b>6.1.2</b> Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols</p>	C
<p><b>6.2</b> Establishing and maintaining structured and documented processes for clinical handover</p>	<p><b>6.2.1</b> The workforce has access to documented structured processes for clinical handover that include:</p> <ul style="list-style-type: none"> <li>preparing for handover, including setting the location and time whilst maintaining continuity of patient care</li> <li>organising relevant workforce members to participate</li> <li>being aware of the clinical context and patient needs</li> <li>participating in effective handover resulting in transfer of responsibility and accountability for care</li> </ul>	D

**Table 5: Summary of training actions**

This table lists the actions related to education and training.

KEY: C= Core action D= Developmental action

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
<b>1.4</b> Implementing training in the assigned safety and quality roles and responsibilities	<b>1.4.1</b> Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities	D
	<b>1.4.2</b> Annual mandatory training programs to meet the requirements of these Standards	D
	<b>1.4.3</b> Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities	D
	<b>1.4.4</b> Competency-based training is provided to the clinical workforce to improve safety and quality	D
<b>1.12</b> Ensuring that systems are in place for ongoing safety and quality education and training	<b>1.12.1</b> The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	C
<b>1.16</b> Implementing an open disclosure process based on the national open disclosure standard	<b>1.16.2</b> The clinical workforce are trained in open disclosure processes	D
<b>2.3</b> Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation	<b>2.3.1</b> Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	D
<b>2.6</b> Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships	<b>2.6.1</b> Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care	D
	<b>2.6.2</b> Consumers and/or carers are involved in training the clinical workforce	D
<b>3.9</b> Implementing protocols for invasive device procedures regularly performed within the organisation	<b>3.9.1</b> Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices	D
<b>3.10</b> Developing and implementing protocols for aseptic technique	<b>3.10.1</b> The clinical workforce is trained in aseptic technique	D
<b>3.18</b> Ensuring workforce who decontaminate reusable medical devices undertake competency-based training in these practices	<b>3.18.1</b> Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices	D

**Table 6: Summary of actions related to the patient dental record**

This table lists the criteria and actions relating to patient dental records.

KEY: C= Core action D= Developmental action N/A= Non applicable

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
<b>1.9</b> Using an integrated patient clinical record that identifies all aspects of the patient's care	<b>1.9.1</b> Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care	C
	<b>1.9.2</b> The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards	C
<b>1.18</b> Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment	<b>1.18.2</b> Mechanisms are in place to monitor and improve documentation of informed consent	C
<b>4.6</b> The clinical workforce taking an accurate medication history when a patient presents to a health service organisation, or as early as possible in the episode of care, which is then available at the point of care	<b>4.6.1</b> A best possible medication history is documented for each patient	C
<b>4.7</b> The clinical workforce documenting the patient's previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care	<b>4.7.1</b> Known medication allergies and adverse drug reactions are documented in the patient clinical record	C
<b>4.8</b> The clinical workforce reviewing the patient's current medication orders against their medication history and prescriber's medication plan, and reconciling any discrepancies	<b>4.8.1</b> Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	N/A
<b>4.14</b> Developing a medication management plan in partnership with patients and carers	<b>4.14.1</b> An agreed medication management plan is documented and available in the patient's clinical record	N/A

**Table 7: Summary of actions that require data collection for audit or review**

This table identifies which of the NSQHS Standards require clinical audits to be undertaken by dental practices or services.

KEY: C= Core action D= Developmental action N/A= Non applicable

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence	1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	C
	1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored	C
1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce	1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice	C
1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment	1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent	C
3.5 Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative	3.5.1 Workforce compliance with current national hand hygiene guidelines is regularly audited	C
3.10 Developing and implementing protocols for aseptic technique	3.10.2 Compliance with aseptic technique is regularly audited	D
3.11 Implementing systems for using standard precautions and transmission-based precautions	3.11.2 Compliance with standard precautions is monitored	C
	3.11.4 Compliance with transmission-based precautions is monitored	C
3.14 Developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship system	3.14.3 Monitoring of antimicrobial usage and resistance is undertaken	N/A
3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers	3.15.3 An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly	C
3.17 Implementing systems to enable the identification of patients on whom the reusable medical devices have been used	3.17.1 A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place	C
4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks	4.2.1 The medication management system is regularly assessed	C
4.3 Authorising the relevant clinical workforce to prescribe, dispense and administer medications	4.3.2 The use of the medication authorisation system is regularly monitored	C
4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents	4.4.1 Medication incidents are regularly monitored, reported and investigated	C
4.7 The clinical workforce documenting the patient's previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care	4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	C

THIS CRITERION WILL BE ACHIEVED BY:	ACTIONS REQUIRED:	C/D
<p><b>4.9</b> Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use</p>	<p><b>4.9.1</b> Information and decision support tools for medicines are available to the clinical workforce at the point of care</p>	C
<p><b>4.10</b> Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives</p>	<p><b>4.9.2</b> The use of information and decision support tools is regularly reviewed</p>	C
<p><b>4.10</b> Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives</p>	<p><b>4.10.1</b> Risks associated with secure storage and safe distribution of medicines are regularly reviewed</p>	C
	<p><b>4.10.3</b> The storage of temperature-sensitive medicines is monitored</p>	N/A
	<p><b>4.10.5</b> The system for disposal of unused, unwanted or expired medications is regularly monitored</p>	C
<p><b>4.11</b> Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely</p>	<p><b>4.11.1</b> The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed</p>	C
<p><b>5.2</b> Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events</p>	<p><b>5.2.1</b> The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored</p>	C
<p><b>5.4</b> Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge</p>	<p><b>5.4.1</b> A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes</p>	C
<p><b>5.5</b> Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols</p>	<p><b>5.5.2</b> The process to match patients to any intended procedure, treatment or investigation is regularly monitored</p>	C
<p><b>6.3</b> Monitoring and evaluating the agreed structured clinical handover processes, including:</p> <ul style="list-style-type: none"> <li>• regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers</li> <li>• undertaking quality improvement activities and acting on issues identified from clinical handover reviews</li> <li>• reporting the results of clinical handover reviews at executive level of governance</li> </ul>	<p><b>6.3.1</b> Regular evaluation and monitoring processes for clinical handover are in place</p>	D
<p><b>6.4</b> Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any clinical handover incidents</p>	<p><b>6.4.1</b> Regular reporting, investigating and monitoring of clinical handover incidents is in place</p>	D

## Terms and definitions

**Accreditation:** A status that is conferred on an organisation when it has been assessed as having met particular standards. The two conditions for accreditation are an explicit definition of quality (in this case, the NSQHS Standards) and an independent review process aimed at identifying the level of congruence between practices and quality standards.<sup>11</sup>

**Advanced life support:** The preservation or restoration of life by the establishment and/or maintenance of airway, breathing and circulation using invasive techniques such as defibrillation, advanced airway management, intravenous access and drug therapy.<sup>12</sup>

**Adverse drug reaction (ADR):** A drug response that is unintended, and which occurs at doses normally used or tested in humans for the prophylaxis, diagnosis or therapy of disease, or for the modification of physiological function.<sup>13</sup>

**Adverse event:** An incident in which harm resulted to a person receiving health care.

**Agreed tool:** An instrument that has been approved for use within a health service organisation.

**Antibiotic:** A substance that kills or inhibits the growth of bacteria.<sup>14</sup>

**Antimicrobial:** A chemical substance that inhibits or destroys bacteria, viruses and fungi, including yeasts or moulds.<sup>14</sup>

**Antimicrobial stewardship program (AMS):** A program implemented in a health service organisation to reduce the risks associated with increasing microbial resistance and to extend the effectiveness of antimicrobial treatments. Antimicrobial stewardship may incorporate a broad range of strategies including the monitoring and review of antimicrobial prescribing and use.

**Approved patient identifiers:** Items of information accepted for use in patient identification, including patient name (family and given names), date of birth, gender, address, medical record number and/or Individual Healthcare Identifier. Health service organisations and practitioners are responsible for specifying the approved items for patient identification. Identifiers such as room or chair number are not to be used.

**Aseptic technique:** An aseptic technique aims to prevent microorganisms on hands, surfaces and equipment from being introduced to susceptible sites. Therefore, unlike sterile techniques, aseptic techniques can be achieved in a clinical environment and home settings.<sup>15</sup>

**Audit:** A systematic review of clinical care against a pre-determined set of criteria.<sup>16</sup>

**Basic life support:** The preservation of life by the initial establishment of, and/or maintenance of, airway, breathing, circulation and related emergency care, including use of an automated external defibrillator.<sup>16</sup>

**Best possible medication history:** a list of all the medicines a consumer is using at presentation (including all prescribed, over-the-counter and complementary medicines) obtained by interviewing the consumer (and/or their carer) and that is confirmed, where appropriate, by using a number of different sources of information.<sup>17</sup>

**Carers:** People who provide care and support to family members and friends who have a disability, mental illness, chronic condition, terminal illness or general frailty.<sup>18</sup> Carers include parents and guardians caring for children.

**Clinical communication:** An exchange of information that occurs between treating practitioners. Communication can be formal (when a message conforms to a predetermined structure; for example in a health record or stored electronic data) or informal (when the structure of the message is determined solely by the relevant parties; for example, in a face-to-face or telephone conversation).<sup>19</sup>

**Clinical governance:** A system through which organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care. This is achieved by creating an environment in which there is transparent responsibility and accountability for maintaining standards and by allowing excellence in clinical care to flourish.<sup>20</sup>

**Clinical handover:** The transfer of professional responsibility and accountability for some or all aspects of care for a patient, or group of patients, to another person or professional group on a temporary or permanent basis.<sup>21</sup>

**Clinical indicators:** A measurable component of the standard, with explicit criteria for inclusion, exclusion, timeframe and setting.<sup>22</sup>

**Clinician:** A healthcare provider, trained as a health professional. In a dental practice or service, dental clinicians include registered practitioners (trained in dentistry, oral health therapy, dental hygiene, dental therapy or dental prosthetics) and non-registered clinicians (such as dental technicians or dental assistants) who spend the majority of their time providing direct clinical care.

**Communication material:** For patients and carers this may include brochures, fact sheets, letters, newsletters, presentations, posters, social media, trusted web sites and videos. For the workforce this may include agenda papers, letters, meeting papers, memos, minutes and actions items, terms of reference and reports.

**Competency-based training:** An approach to training that places emphasis on what a person can do in the workplace as a result of training completion.

**Complementary healthcare products:** Vitamin, mineral, herbal, aromatherapy and homeopathic products, also known as ‘traditional’ or ‘alternative’ medicines.<sup>23</sup>

**Consumer (health):** Patients and potential patients, carers and organisations representing consumers’ interests.<sup>1</sup> In NSQHS Standard 2: Partnering with Consumers, the word ‘consumers’ is used to describe members of the public who use, or are potential users of dental services. By using the term ‘consumers’, the Commission is referring to people who are patients, family members, friends, carers and other support people.

**Consumer engagement:** This involves different types and levels of engagement with consumers that reflect the different goals, audiences and purposes for seeking engagement. Different types of consumer engagement range from processes to inform or disseminate information, which have a low level of engagement, to formal partnerships with a high level of public involvement and influence. Aiming to have active and informed consumers as equal partners in decision-making processes at all levels of the healthcare system is therefore the central concept for both consumer engagement and patient-centred care. Examples of different strategies that can be used to engage consumers are included in the *Safety and Quality Improvement Guide for NSQHS Standard 2: Partnering with Consumers*.<sup>24</sup>

**Consumer information:** Formal information that is provided by health services to a patient. Patient information should ensure the patient is informed before making decisions about their health care (also called ‘patient information’).

**Consumer medicines information:** Brand-specific leaflets produced by a pharmaceutical company, in accordance with the Therapeutic Goods Regulations (*Therapeutic Goods Act 1989*), to inform patients about prescription and pharmacist-only medicines. These are available from a variety of sources: for example, a leaflet enclosed within the medication package or supplied by a pharmacist; or a computer printout, provided by a doctor, nurse or hospital, and obtained from the pharmaceutical manufacturer or from the Internet.<sup>13</sup>

**Continuous improvement:** A systematic, ongoing effort to raise an organisation’s performance as measured against a set of standards or indicators.<sup>25</sup>

**Credentialing:** Refers to the formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes of a practitioner for the purpose of forming a view about their competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.<sup>26</sup>

**Critical medical device:** These items confer a high risk of infection if they are contaminated with any microorganisms and must be sterile at the time of use. This includes any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.<sup>9</sup>

**Dental practitioner:** A trained professional in dentistry, oral health therapy, dental hygiene, dental therapy or dental prosthetics.<sup>27</sup>

**Dental team:** Includes both dental practitioners and individuals who provide administrative and management support.

**Environment:** The overall surroundings where health care is being delivered, including the building, fixtures, fittings and services such as air and water supply. ‘Environment’ can also include other patients, visitors and the workforce.

**Evaluation:** A systematic analysis of the merit, worth or significance of an object, system or program.<sup>28</sup>

**Evidence-based practice:** Care where experience, judgement and expertise are integrated with knowledge about effectiveness gained from a systematic overview of all relevant high quality research evidence.

**Guidelines:** Clinical practice guidelines are 'systematically developed statements to assist practitioner and patient decisions about appropriate health care for specific circumstances'.<sup>29</sup>

**Governance:** The set of relationships and responsibilities established by a health service organisation between its executive, workforce and stakeholders (including consumers). Governance incorporates the set of processes, customs, policy directives, laws and conventions affecting the way an organisation is directed, administered or controlled. Governance arrangements provide the structure through which the corporate objectives (social, fiscal, legal, human resources) of the organisation are set and the means by which the objectives are to be achieved. They also specify the mechanisms for monitoring performance. Effective governance provides a clear statement of individual accountabilities within the organisation to help in aligning the roles, interests and actions of different participants in the organisation to achieve the organisation's objectives. In these Standards, governance includes both operational and clinical management.

**Hand hygiene:** A general term referring to any action of hand cleansing.

**Healthcare associated infections:** Infections that are acquired in healthcare facilities (nosocomial infections) or that occur as a result of healthcare interventions (iatrogenic infections). Healthcare associated infections may manifest after people leave the healthcare facility.<sup>9</sup>

**Health outcome:** The health status of an individual, a group of people or a population that is wholly or partially attributable to an action, agent or circumstance.

**Health service organisation:** A separately constituted health service that is responsible for the clinical governance, administration and financial management of a service unit(s) providing health care. A service unit involves a grouping of clinicians and others working in a systematic way to deliver health care to patients and can be in any location or setting, including pharmacies, clinics, outpatient facilities, hospitals, patients' homes, community settings, practices and clinicians' rooms.

**High-risk medicines:** Medicines that have a high risk of causing serious injury or death to a patient if they are misused. Errors with these products are not necessarily more common, but the effects can be more devastating. Examples of high-risk medicines include anticoagulants, opioids and chemotherapy.<sup>30</sup>

**Hospital:** A healthcare facility licensed by the respective regulator as a hospital or declared as a hospital.

**Incident:** An event or circumstance that resulted, or could have resulted, in unintended and/or unnecessary harm to a person and/or a complaint, loss or damage.

**Individual Healthcare Identifier:** Allocated to all individuals enrolled in the Medicare program or those who are issued with a Department of Veterans' Affairs treatment card, and others who seek health care in Australia.<sup>31</sup>

**Infection:** The invasion and reproduction of pathogenic or disease-causing organisms inside the body. This may cause tissue injury and disease.<sup>14</sup>

**Infection control or infection control measures:** Actions to prevent the spread of pathogens between people in a healthcare setting. Examples of infection control measures include targeted healthcare associated infection surveillance, infectious disease monitoring, hand hygiene and personal protective equipment.<sup>14</sup>

**Informed consent:** A person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.<sup>32</sup> This communication should ensure the patient has an understanding of all the available options and the expected outcomes such as the success rates and/or side effects for each option.<sup>33</sup>

**Invasive devices:** Devices capable of entering tissue, the vascular system, cavities or organs. These include surgical or medical instruments, devices and implants. In dental practices, most of the instruments and equipment used routinely, such as probes and scalers, will fit this description, as they can all rupture membranes. Other examples include dental needles and a butterfly or intra-venous (IV) cannula for IV sedation.

**Invasive procedure:** Entry into tissues, cavities or organs or repair of traumatic injuries.<sup>9</sup>

**Local health network:** The term used to describe a large health service organisation with a single governance structure. The mix of services may vary between networks, but would generally include acute, subacute and community health services. State and territory health departments use different terms to describe these networks, such as 'local health districts', 'boards' or 'area health services'. In this document, the term 'local health network' is used to apply to all of these organisations.

**Mandatory training:** Compulsory training designed to ensure healthcare workers have the required knowledge and skills to practice safely in their areas of responsibility.

**Medication:** The use of medicine for therapy or for diagnosis, its interaction with the patient and its effect.

**Medication authority:** An organisation's formal authorisation of an individual, or group of individuals, to prescribe, dispense or administer medicines or categories of medicine consistent with their scope of practice.

**Medication error:** Any preventable event that may cause or lead to inappropriate medication use or patient harm while the medication is in the control of the healthcare professional, patient or consumer.<sup>34</sup>

**Medication incident:** An adverse event due to a medicine. This includes the harm that results from the medicine itself (an adverse drug reaction) and the potential or actual patient harm that comes from errors or system failures associated with the preparation, prescribing, dispensing, distribution or administration of medicines (medication incident).

**Medication management plan (MMP):** A form that contains a comprehensive medication history form with space for recording information prompts for obtaining patient information, dedicated space for documenting medication issues during the care episode and a medication discharge checklist.

**Medication management system:** The system used to manage the provision of medicines to patients. This system includes dispensing, prescribing, storing, administering, manufacturing, compounding and monitoring the effects of medicines as well as the rules, guidelines, decision-making and support tools, policies and procedures in place to direct the use of medicines. These are specific to a healthcare setting.

**Medications reconciliation:** The process of obtaining, verifying and documenting an accurate list of a patient's current medications on admission and comparing this list to the admission, transfer, and/or discharge medication orders to identify and resolve discrepancies. At the end of the episode of care, the verified information is transferred to the next care provider.

**Medicine:** A chemical substance given with the intention of preventing, diagnosing, curing, controlling or alleviating disease, or otherwise improving the physical or mental welfare of people. Prescription, non-prescription and complementary medicines, irrespective of their administration route, are included.<sup>35</sup>

**Near miss:** An incident that did not cause harm, but had the potential to do so.<sup>36</sup>

**Non-prescription medicines:** Medicines available without a prescription. Some non-prescription medicines can be sold only by pharmacists or in a pharmacy; others can be sold through non-pharmacy outlets. Examples of non-prescription medicines include simple analgesics, cough medicines and antacids.<sup>35</sup>

**Open disclosure:** An open discussion with a patient about an incident(s) that resulted in harm to that patient while receiving health care. The criteria of open disclosure are an expression of regret and a factual explanation of what happened, the potential consequences and the steps taken to manage the event and prevent recurrence.<sup>37</sup>

**Orientation:** A formal process of informing and training workforce upon entry into a position or organisation, which covers the policies, processes and procedures applicable to the organisation.

**Patient:** A person receiving health care. Synonyms for 'patient' include 'consumer' and 'client'.

**Patient-care mismatching events:** Events where a patient receives the incorrect procedure, therapy, medication, implant, device or diagnostic test. This may be as a result of the wrong patient receiving the correct treatment (such as the wrong patient receiving an X-ray) or as a result of the correct patient receiving the wrong care (such as a surgical procedure performed on the wrong side of the body or X-ray of the wrong side of the body, resulting in an adverse event). Organisations may elect to include other forms of patient care mismatching (for example provision of an incorrect meal resulting in an adverse event) in their reporting; however these should be recorded separately.<sup>38</sup>

**Patient-centred care:** The delivery of health care that is responsive to the needs and preferences of patients. Patient-centred care is a dimension of safety and quality.<sup>39</sup>

**Patient dental record:** Consists of, but is not limited to, a record of the patient's medical history, treatment notes, observations, correspondence, investigations, test results, photographs, prescription records and medication charts for an episode of care. For further information refer to the Dental Board of Australia's *Guidelines on dental records*.<sup>40</sup>

**Patient information:** Formal information that is provided by health services to a patient. Patient information ensures the patient is informed before making decisions about their health care.

**Patient/procedure matching protocols:** Protocols that provide guidance regarding the steps that should be taken to correctly match patients to their intended care.<sup>38</sup>

**Performance review:** A form of appraisal and evaluation of an employee's performance of assigned duties and responsibilities. It is any form of activity that provides a way to help identify areas for performance enhancement and to help promote professional growth. It can be formal or informal, through discussion or in writing. Evidence may include reports on compliance with a structured performance management system; records of individual performance improvement discussions and plans; records of training undertaken to address identified gaps in skills and knowledge; and use of probation programs, or records of regular feedback sessions between a supervisor and their team member(s) such as diary records.

**Point of care:** The time and location where an interaction between a patient and clinician occurs for the purpose of delivering care.

**Policy:** A set of principles that reflect the organisation's mission and direction. All procedures and protocols are linked to a policy statement.

**Prescription medicine:** Any medicine that requires a prescription before it can be supplied. A prescription must be authorised by an appropriately registered practitioner.<sup>41</sup>

**Procedure:** The set of instructions to make policies and protocols operational. These are specific to an organisation.

**Protocol:** An established set of rules used for the completion of tasks or a set of tasks.

**Quality:** 'Quality' in health care reflects the extent to which a dental practice or service provides care that produces the desired outcome.<sup>2</sup> Improving quality is about making health care safe, effective, patient-centred, timely, efficient and equitable.<sup>3</sup>

**Quality improvement plan:** Provides a way of recording and checking progress in completing improvement activities. It is used as a central register to help track the progress of and report on quality improvement activities. The quality improvement plan should be regularly reviewed and updated, and record:

- issue raised
- recommended action to address the issue
- responsibility and timeframe for action
- date completed and outcome of the action.<sup>42</sup>

**Regular:** Performed at recurring intervals. The specific interval for regular review, evaluation, audit or monitoring and so on needs to be determined for each case. In these Standards, the time period should be consistent with best practice, be risk based, and be determined by the subject and nature of the review.

**Relevant documentation:** This may include emails, file notes, information posted on workforce notice boards, message books, notes, memos, minutes, records of workforces meetings, reports, workforce emails, written notes of ad hoc meetings. See *Communication material*.

**Risk:** The chance of something happening that will have a negative impact. It is measured by consequences and likelihood.

**Risk log:** See *Risk register*.

**Risk management:** The design and implementation of a program to identify and avoid or minimise risks to patients, employees, volunteers, visitors and the institution.

**Risk register:** A risk management tool that acts as a central repository for all risks identified by an organisation and, for each risk, includes information such as risk probability, impact, counter-measures, and risk owner. It is sometimes referred to as a 'risk log'.<sup>10</sup>

**Scope of clinical practice:** The extent of an individual practitioner's approved clinical practice within a particular health service organisation based on the individual's credentials, competence, performance and professional suitability and the needs and capability of the health service organisation.<sup>26</sup>

**Single use:** A medical device which is intended to be used on an individual patient during a single procedure and then discarded. It is not intended to be reprocessed and used on another patient. Some single-use devices are marketed as 'non-sterile' and these require processing to make them sterile and ready for use. The manufacture of the device will include appropriate processing instructions to make it ready for use.<sup>9</sup>

**Spaulding classification:** Strategy for reprocessing contaminated medical devices. The system classifies a medical device as critical, semicritical, or noncritical on the basis of risk to patient safety from contamination on a device. The system also establishes three levels of germicidal activity (sterilisation, high-level disinfection, and low-level disinfection) for strategies with the three classes of medical devices (critical, semicritical, and noncritical).<sup>43</sup>

**Standard precautions:** Work practices that constitute the first-line approach to infection prevention and control in the healthcare environment. These are recommended for the treatment and care of all patients.<sup>9</sup>

**System:** The resources, policies, procedures and protocols that are organised, integrated, regulated and administered to accomplish the objective of the standard. The system:

- interfaces risk management, governance and operational processes and procedures, including education, training and orientation
- deploys an active implementation plan and feedback mechanisms
- includes agreed protocols and guidelines, decision support tools and other resource material
- employs a range of incentives and sanctions to influence behaviours and encourage compliance with policy, procedures and protocols, and regulation.

**Tall Man lettering:** Enhancement of unique letter characters of medicines names by use of upper case characters to improve differentiation of look-alike medicines names. Australia has nationally standardised application of Tall Man lettering to those medicines names pairs and groups which are at high risk of confusion and are likely to cause serious or catastrophic patient harm if confused.<sup>44</sup>

**Training:** The development of knowledge and skills.

**Transfer of care:** Any instance where the responsibility for care of a patient passes from one individual or team to another. This includes nursing and medical change of shift, transfer of care to another medical officer or primary care practitioner and transfer of a patient to another healthcare facility.

**Transmission-based precautions:** Extra work practices in situations where standard precautions alone may be insufficient to prevent infection (for example for patients known or suspected to be infected or colonised with infectious agents that may not be contained with standard precautions alone).

**Workforce:** All those people employed by a dental practice or service, or other health service organisation.

# How to use this guide

This guide is designed to support dental practices and services implement the NSQHS Standards. It will assist you as you work towards accreditation by helping you determine if you have the appropriate evidence available to demonstrate that your practice or service meets the requirements for each action.

## Structure of the NSQHS Standards

For each standard there is:

- a description of the standard
- a statement of intent or the desired outcome for the standard
- the context in which the standard must be applied
- key criteria of the standard
- a series of actions relevant to each criterion.

To achieve accreditation, you will need to provide evidence that your practice is working towards or has met each relevant action listed within the NSQHS Standards.

## Using this guide

In this guide, every action has a reflective question, suggested strategies and evidence examples. This information is presented in three columns with each of these topics as a header, so you can see the information at a glance. The information for small practices is featured first, reflecting the fact that these make up the majority of dental sector in Australia (see Figure 2).

Core actions (C) are not shaded, and developmental actions (D) are shaded grey (see Figure 3).

**Figure 3: Format of the guide with strategies for small and large dental practices**

<p>1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for:</p> <ul style="list-style-type: none"> <li>• patient safety and quality in their delivery of health care</li> <li>• the management of safety and quality specified in each of these Standards</li> </ul>		
<p>1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities</p>		
REFLECTIVE QUESTIONS	SUGGESTED STRATEGIES	EVIDENCE EXAMPLES
<p>How do we inform each dental team member of their roles and responsibilities for safety and quality of care?</p>	<p>Dental practitioners and other team members providing care should understand their roles and responsibilities for the safety and quality of patient care.</p> <p>Position descriptions and contract templates should define accountabilities and delegations for safety and quality for all dental team members.</p> <p>In a <b>small dental practice</b> you might demonstrate this in an organisational chart.</p> <p>In a <b>large dental practice</b> service, you might implement a committee structure for clinical governance and management of safety and quality matters, and include delegated safety and quality roles in a performance management system.</p>	<p><input type="checkbox"/> Position descriptions for dental team members outlining safety and quality responsibilities</p> <p><input type="checkbox"/> Agenda items, minutes or other records of meetings where team members' roles and responsibilities in regard to safety and quality have been discussed</p> <p><input type="checkbox"/> A performance review system which includes reference to safety and quality roles and responsibilities for all dental team members</p> <p><input type="checkbox"/> Organisational chart or committee structure and terms of reference outlining safety and quality responsibilities</p> <p><input type="checkbox"/> Other:</p>

Figure 4: Format of the guide with shading for developmental actions

1.17.2 Information on patient rights is provided and explained to patients and carers		
REFLECTIVE QUESTIONS	SUGGESTED STRATEGIES	EVIDENCE EXAMPLES
How do we communicate to patients, information about their healthcare rights?	<p>Dental practices should ensure that all patients are provided with the charter of patient's healthcare rights when they first attend the practice and that it is easily accessible to patients at other times. Examples on how this can be achieved could include:</p> <ul style="list-style-type: none"> <li>• The charter for patient's healthcare rights is prominently displayed throughout waiting area and clinical areas</li> <li>• The practice provides a copy of the charter of patient's healthcare rights when patients present for an appointment. Ask patients to read the document and consult with dental team members if they do not understand or if they wish to have anything clarified for them</li> <li>• Copies of the charter are readily accessibility to all patients and carers who access services from the practice.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol outlining the use and distribution of the charter of patient's healthcare rights</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about the charter of patient's healthcare rights</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members outlining processes for the distribution of the charter of patient's healthcare rights</li> <li><input type="checkbox"/> Charter of patient's healthcare rights displayed in waiting areas or material is readily accessible</li> <li><input type="checkbox"/> Other:</li> </ul>
1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights		
REFLECTIVE QUESTIONS	SUGGESTED STRATEGIES	EVIDENCE EXAMPLES
How do we identify and support people who may not understand their healthcare rights?	<p>First you should consider the profile of your local community. Secondly you should source or develop copies of the charter of patient's healthcare rights in formats designed for those populations and provide them to patients and carers.</p> <p>You should ensure dental team members are trained in their responsibilities for ensuring that patients understand their rights under the charter of patient's healthcare rights.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>• the dental practice could produce versions of the charter of patient's healthcare rights in plain English</li> <li>• the dental practice could produce copies of the charter of patient's healthcare rights in the main languages of the community.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The charter of patient's healthcare rights translated into the various languages and formats appropriate to the community that the dental practice serves</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members in relation to the charter of patient's healthcare rights</li> <li><input type="checkbox"/> Access to qualified interpreters as part of the policy for use and distribution of the charter</li> <li><input type="checkbox"/> Other:</li> </ul>

Core actions are not shaded.

Developmental actions are shaded in grey.

## Reflective questions

For each action, a reflective question helps you to clarify the intent of the action.

## Suggested strategies

Suggested strategies outline possible approaches to implementing each action. The purpose of the suggested strategies list is to assist you in determining whether you are implementing the action – that you have the safety and quality processes and systems in place; that they are reviewed and evaluated; and practice is changed when necessary.

This list should not be interpreted as being mandatory or exhaustive. You can choose your own improvement activities for each action, specific to your dental practice or service.

## Evidence examples

The evidence you provide to show that you are working towards or have met each relevant action within the NSQHS Standards would typically come from the usual improvement and business processes of your practice – rather than from evidence created specifically for accreditation.

The examples presented here are simply to prompt you to think about the evidence you might already have. Dental practices and services vary in size and have different structures and each will have different ways of developing and presenting the evidence. The types of evidence you choose to use will depend upon the services you provide – there is no generic list of the types of evidence required to achieve accreditation.

In other words, you are not expected to have every form of suggested evidence. We encourage you to only use enough evidence to show actions are being addressed. Most practices would typically use evidence that they have available as a result of routine improvement and outputs of business processes of the practice, rather than material created specifically for accreditation.

One policy or one piece of evidence can be used to address many actions. You do not need a separate piece of documentation for every action – instead, you may find that a single quality improvement activity may address a number of actions.

Not all strategies and actions will be applicable or a priority in all parts of the practice. You do not necessarily need to demonstrate implementation of strategies in all parts of your practice or service for an action to be met, particularly if they are areas of low risk or where the strategies may have limited application.

Quality improvement is an ongoing process. This means that activities aimed at minimising risks to patients, employees, visitors and the practice will be at various stages of review and implementation.

## Clinical scenarios

Clinical scenarios are included throughout each Standard to highlight how the Standards can be applied in dental settings. They give real-life scenarios that may be familiar to you.

## Terminology

The term 'dental practice' has been used throughout the guide to refer to all types of practices and services in both the private and public sectors. This includes private dental practices, community health dental services or clinics, oral health services and dental hospitals.

Small and large practices are differentiated where appropriate in the 'Suggested strategies' section, to highlight the different approaches that may suit different practices. There is no formal definition of a small or large practice – it is up to you to decide on the most appropriate strategies for your local context.

In general, a **small dental practice** is a private practice with less than five full-time equivalent (FTE) dental practitioners.

A **large dental practice** or **service** refers to organisations, facilities and dental or oral health services and is likely to have:

- a greater number of dental practitioners and other team members providing care, whether co-located or spread across different sites
- a wider range of clinical services
- the capacity for broad procedural, administrative and patient management systems.

Please refer to the **Terms and definitions** section for detailed descriptions of the terms used in this *NSQHS Standards Guide for Dental Practices and Services*.



# Standard 1

## Governance for Safety and Quality in Health Service Organisations

**NSQHS Standard 1:** Governance for Safety and Quality in Health Service Organisations sets out to create systems for ensuring accountability and responsibility for the delivery of safe, high quality care. This Standard requires dental practices to establish integrated systems that maintain and improve the reliability and quality of patient care.

In dental settings, 'governance' refers to operational and clinical management. Effective governance involves setting direction, making policy and strategy decisions, overseeing and monitoring organisational performance and ensuring overall accountability for a practice.

Practice owners, senior dentists or the dental service executive should have management systems in place to establish, monitor and improve the performance of the practice and communicate the importance of the patient experience and quality management to all dental team members.

This Standard provides the safety and quality governance framework for dental practices and services. Together with NSQHS Standard 2: Partnering with Consumers, NSQHS Standard 1 sets the overarching requirements for the effective application of NSQHS Standards 3–6.

The criteria to achieve this Standard are:

- Governance and quality improvement system
- Clinical practice
- Performance and skills management
- Incident and complaints management
- Patient rights and engagement.



## Governance and quality improvement systems

There are integrated systems of governance to actively manage patient safety and quality risks.

1.1 Implementing a governance system that sets out the policies, procedures and/or protocols		
1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols		
Reflective questions	Suggested strategies	Evidence examples
<p>What processes have we put in place to manage the running of our practice to ensure the safety and quality of the care we provide?</p> <p>How do we describe the way decisions are made in our practice?</p> <p>What documents do we use to ensure we comply with:</p> <ul style="list-style-type: none"> <li>legislation</li> <li>regulations</li> <li>business rules</li> <li>professional requirements?</li> </ul> <p>How do we know these documents are current and are used by dental team members?</p>	<p>Practice owners, senior dentists or the dental service executive have responsibilities to develop, decide upon and review policies and procedures that affect patient care.</p> <p>To address this action, your practice should have a system in place for developing or adopting, implementing and reviewing policies, procedures and protocols about the operational and clinical management of the practice impacting on patient safety and quality of care.</p> <p>If this is the first time the NSQHS Standards have been implemented in your practice, you may need to formalise what is already happening in your practice by:</p> <ul style="list-style-type: none"> <li>having it in writing</li> <li>discussing this with practice owners and your team to check that it is accurate</li> <li>ensuring dental team members understand and use these documents.</li> </ul> <p>In a small dental practice, you should be able to demonstrate how you:</p> <ul style="list-style-type: none"> <li>implement and review policies, procedures or protocols</li> <li>communicate these to dental team members</li> <li>keep up to date with changes in legislation, regulations or professional standards.</li> </ul> <p>In a large dental practice or service, you may have:</p> <ul style="list-style-type: none"> <li>a documented system for developing or adopting and reviewing policies, procedures and protocols addressing safety and quality</li> <li>a process in place to communicate these documents effectively to dental team members</li> <li>a documented legislative compliance system that incorporates a compliance register, and procedures or protocols to ensure the practice is regularly and reliably updated on, and responds to, relevant regulatory changes, compliance issues and case law</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Register or list of all the policies, procedures and protocols including the date of the last review, details of any changes made, the date of the next review and the person or position responsible</li> <li><input type="checkbox"/> Processes for the receipt of information about changes to legislation, regulations or professional standards and how changes are incorporated into the work done by the practice</li> <li><input type="checkbox"/> Examples of how dental team members are informed of new or revised practice policies, procedures protocols</li> <li><input type="checkbox"/> Reviews of clinical records, incidents or near misses which have led to changes in the policies, procedures and protocols</li> <li><input type="checkbox"/> Organisational chart or position descriptions identifying who is responsible for the development, implementation and review of policies, procedures and protocols</li> <li><input type="checkbox"/> Other:</li> </ul>



	<ul style="list-style-type: none"> <li>a committee structure to support the practice owners, senior dentists or the dental service executive to implement and maintain the clinical governance system.</li> </ul>	
1.1.2 The impact on patient safety and quality of care is considered in business decision making		
Reflective questions	Suggested strategies	Evidence examples
How do we show that the decisions we make as part of running the practice take into account safe practice and the quality of care for patients?	<p>Practice owners, senior dentists or the dental service executive should take into account the impact of business decisions on patient safety and quality of care.</p> <p>For a small dental practice, this may mean that you consider the potential impact on patient safety and the quality of care when decisions are made about:</p> <ul style="list-style-type: none"> <li>staffing numbers</li> <li>scope of practice</li> <li>new equipment or other facilities</li> <li>the introduction of new procedures.</li> </ul> <p>For a large dental practice or service, you may need to include safety and quality objectives, goals and strategies in your strategic or business plans. This may apply to:</p> <ul style="list-style-type: none"> <li>the allocation of resources for safety and quality, such as a nominated position with responsibility for infection control practices</li> <li>the identification of safety and quality risks and opportunities, such as the purchase of new equipment which improves patient safety</li> <li>business proposals or new service proposals.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about setting strategies, objectives and goals</li> <li><input type="checkbox"/> Documentation related to strategic, business or operational planning processes, and the impact of this on patient safety and quality of care</li> <li><input type="checkbox"/> Completed risk assessments for business proposals or implementation of new services</li> <li><input type="checkbox"/> Documented decision making processes for new business proposals that identify safety and quality risks and issues</li> <li><input type="checkbox"/> Workforce plan including scope of practice, staffing numbers, required qualifications which includes reference to the impact on safety and quality</li> <li><input type="checkbox"/> Other:</li> </ul>
<b>1.2 The board, chief executive officer and/or other higher level of governance within a health service organisation taking responsibility for patient safety and quality of care</b>		
1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance		
Reflective questions	Suggested strategies	Evidence examples
How do the practice owners, senior dentists or the dental service executive review safe practice and the quality of care for patients?	<p>Safety and quality information should be reported to, and considered by the practice owners, senior dentists or the dental service executive.</p> <p>For a small dental practice, this may mean that indicators and other information are used to check the performance of the practice in relation to the safety and quality of care provided. You could also produce regular reports using:</p> <ul style="list-style-type: none"> <li>systems for recording any adverse events, incidents, near misses or complaints that have occurred</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of safety and quality indicators that have been developed by the practice for reporting</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where safety and quality indicators are reported and reviewed</li> <li><input type="checkbox"/> Reports describing and analysing: <ul style="list-style-type: none"> <li>safety and quality data</li> <li>trends in safety and quality data</li> <li>safety and quality issues in policies, procedures and protocols</li> </ul> </li> </ul>



	<ul style="list-style-type: none"> <li>the findings of reviews of patient dental records including adherence to policies, procedures, protocols and/or clinical guidelines</li> <li>results of patient experience surveys</li> <li>reported performance against any relevant national indicators</li> <li>any reviews of regulatory compliance.</li> </ul> <p>A large dental practice may have a schedule of reporting for safety and quality indicators to the practice owners, senior dentists or dental service executive. You could produce reports on:</p> <ul style="list-style-type: none"> <li>incidents, trended over time</li> <li>feedback or complaints, trended over time</li> <li>clinical indicators (oral health)</li> <li>triage compliance (for the public sector)</li> <li>sterilisation and other infection control audits</li> <li>medication safety audits</li> <li>occupational exposure and staff immunisation rates</li> <li>results of annual patient dental record keeping</li> <li>antimicrobial stewardship audits.</li> </ul>	<input type="checkbox"/> Other:
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1.2.2 Action is taken to improve the safety and quality of patient care		
Reflective questions	Suggested strategies	Evidence examples
<p>What actions have the practice owners, senior dentists or the dental service executive taken to improve safe practice and the quality of care for patients?</p> <p>How do they provide information on the changes implemented?</p>	<p>As part of a culture of continuous improvement, practice owners, senior dentists or the dental service executive should work to implement systems and processes to improve the safety and quality of patient care and the patient experience. Practice owners, senior dentists or the dental service executive should regularly provide information about safety and quality decisions to the dental team.</p> <p>For a small dental practice, examples include:</p> <ul style="list-style-type: none"> <li>purchase of new equipment</li> <li>updates provided for dental team members on infection control practices</li> <li>changes to management processes such as booking systems or follow-up protocols for significant treatments</li> <li>providing access to training to maintain skills.</li> </ul> <p>For a large dental practice or service, examples include:</p> <ul style="list-style-type: none"> <li>implementation of recommendations from an external audit by an infection control consultant</li> </ul>	<input type="checkbox"/> Examples of quality improvement activities undertaken to improve the safety and quality of care <input type="checkbox"/> Quality improvement plan with timeframes and individuals identified with responsibilities for implementation of actions relating to improving the safety and quality of care provided by the practice <input type="checkbox"/> Agenda items, minutes or other records of meetings about safety and quality of care for patients <input type="checkbox"/> Findings of audits or reviews that have been communicated to dental team members <input type="checkbox"/> Memos, newsletters or other forms of communication to dental team members about changes that have been made <input type="checkbox"/> Information, such as newsletters or annual reports, provided to patients about changes that have been made <input type="checkbox"/> Other:



	<ul style="list-style-type: none"> <li>• development and implementation of new programs such as:                             <ul style="list-style-type: none"> <li>• an antimicrobial stewardship (AMS) program</li> <li>• a medication safety system</li> <li>• a hand hygiene program</li> <li>• a patient identification and procedure matching system</li> <li>• a formal clinical handover system.</li> </ul> </li> </ul> <p>Improvements in the safety and quality of patient care should be recorded and shared with dental team members and, when relevant, with patients.</p>	
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**1.3 Assigning workforce roles, responsibilities and accountabilities to individuals for:**

- patient safety and quality in their delivery of health care
- the management of safety and quality specified in each of these Standards

1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities

Reflective questions	Suggested strategies	Evidence examples
<p>How do we inform each dental team member of their roles and responsibilities for safety and quality of care?</p>	<p>Dental practitioners and other team members providing care should understand their roles and responsibilities for the safety and quality of patient care.</p> <p>Position descriptions and contract templates should define accountabilities and delegations for safety and quality for all dental team members.</p> <p>In a small dental practice, you might demonstrate this in an organisational chart.</p> <p>In a large dental practice or service, you might implement a committee structure for clinical governance and management of safety and quality matters, and include delegated safety and quality roles in a performance management system.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Position descriptions for dental team members outlining safety and quality responsibilities</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where team members' roles and responsibilities in regard to safety and quality have been discussed</li> <li><input type="checkbox"/> A performance review system which includes reference to safety and quality roles and responsibilities for all dental team members</li> <li><input type="checkbox"/> Organisational chart or committee structure and terms of reference outlining safety and quality responsibilities</li> <li><input type="checkbox"/> Other:</li> </ul>

1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards

Reflective questions	Suggested strategies	Evidence examples
<p>How do we support each dental team member to understand and perform their roles and responsibilities?</p>	<p>Practice owners, senior dentists or the dental service executive are responsible for providing support to dental team members in understanding any delegated responsibilities for safety and quality.</p> <p>Orientation and ongoing training and education in safety and quality should develop dental team members' skills in providing safe, high quality care.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Orientation manual or training documentation outlining roles and responsibilities of dental team members in relation to safety and quality</li> <li><input type="checkbox"/> Access to printed or electronic safety and quality resources for dental team members</li> </ul>



	<p>Examples of safety and quality training include:</p> <ul style="list-style-type: none"> <li>• the individual with responsibility for infection control has received formal training in the cleaning, reprocessing and disinfection of reusable medical instruments</li> <li>• dental team members have undertaken education in relation to privacy principles and patient identification</li> <li>• dental practitioners and other team members who provide care have received first aid or basic life support training, as required</li> <li>• all dental team members are aware of their role in an emergency</li> <li>• relevant dental team members are educated in the principles of:             <ul style="list-style-type: none"> <li>• infection prevention and control</li> <li>• medication safety</li> <li>• patient identification and procedure matching</li> <li>• clinical handover.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training attendance records or education resources for dental practice owners, senior dentists or the dental service executive on their safety and quality and clinical governance responsibilities</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members in the areas of:             <ul style="list-style-type: none"> <li>• infection prevention and control</li> <li>• medication safety</li> <li>• patient identification and procedure matching</li> <li>• clinical handover</li> </ul> </li> <li><input type="checkbox"/> Other:</li> </ul>
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1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities

Reflective questions	Suggested strategies	Evidence examples
<p>How do we inform each agency or locum dental team member of their roles and responsibilities for safety and quality of care?</p>	<p>Agency or locum dental team members should understand their responsibilities in relation to patient safety and quality of care. You should ensure that contracts with locum agencies and contracts with agency or locum dental team members specify the responsibilities for safety and quality, and identify the skills and experience required for each position.</p> <p>All agency and locum dental team members will benefit from an orientation at the commencement of their shift or employment period using a checklist developed specifically for that purpose, to ensure that the required information is provided.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Orientation manual or training documentation for agency and/or locum dental team members outlining requirements for safety and quality</li> <li><input type="checkbox"/> Completed orientation checklists for recent agency and/or locum dental team members to demonstrate that the required information was covered during the induction process</li> <li><input type="checkbox"/> Other:</li> </ul>

**1.4 Implementing training in the assigned safety and quality roles and responsibilities**

1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities

Reflective questions	Suggested strategies	Evidence examples
<p>What training must a new dental team member receive when they start work, to meet their roles and responsibilities for safety and quality?</p>	<p>Practice owners, senior dentists or the dental service executive should ensure that all dental team members are informed and trained in the knowledge and skills necessary to perform their safety and quality roles and responsibilities. You may want to consider using a practice orientation manual or training package for all new dental team members to complete when they start work.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Orientation manual or training documentation outlining roles and responsibilities of dental team members in relation to safety and quality</li> <li><input type="checkbox"/> Completed orientation checklists for all dental team members</li> </ul>



<p>How do we provide a dental team member with the skills and information necessary for them to meet their roles and responsibilities for safety and quality?</p>	<p>The orientation should include information about the dental practice's policies, procedures and protocols in relation to ensuring patient safety, for example:</p> <ul style="list-style-type: none"> <li>• infection prevention and control principles</li> <li>• medication safety system</li> <li>• informed consent and open disclosure</li> <li>• credentialing and scope of clinical practice</li> <li>• patient identification and procedure matching processes</li> <li>• clinical handover requirements</li> <li>• patient centred care.</li> </ul> <p>You should monitor and identify dental team members' training needs through day-to-day supervision and through your performance appraisal system.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for supervision of new dental team members</li> <li><input type="checkbox"/> Other:</li> </ul>
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1.4.2 Annual mandatory training programs to meet the requirements of these Standards

Reflective questions	Suggested strategies	Evidence examples
<p>What training in relation to the NSQHS Standards must team members receive annually?</p>	<p>You should list and regularly review the required annual training for all team members to ensure that the training undertaken is reconciled with the skills needed.</p> <p>You should have a policy in place that describes the annual mandatory training that all team members must undertake.</p> <p>In a small dental practice, you may want to combine training sessions with general administrative or team meetings.</p> <p>In a large dental practice or service, you may have a more formal learning program with a session dedicated to annual mandatory training.</p> <p>The NSQHS Standards require dental practitioners and other team members who provide care to be competent in aseptic technique (<b>Action 3.10.1</b>), hand hygiene (<b>Action 3.5.1</b>) and patient centred care (<b>Action 2.6.2</b>).</p> <p>Further training for dental team members, including agency and locum team members, will depend on the needs of your dental practice.</p> <p>Education could include any of the following examples:</p> <ul style="list-style-type: none"> <li>• hand hygiene and use of personal protective equipment (PPE)</li> <li>• standard and transmission-based precautions</li> <li>• incident and near miss reporting</li> <li>• informed consent and open disclosure</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol that outlines the mandatory training requirements for all dental team members</li> <li><input type="checkbox"/> Schedule of mandatory training sessions for dental team members</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meeting where mandatory training was provided</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members for mandatory training sessions</li> <li><input type="checkbox"/> Professional development plans for dental team members in relation to their identified training needs</li> <li><input type="checkbox"/> Other:</li> </ul>



	<ul style="list-style-type: none"> <li>• cardiopulmonary resuscitation (CPR) and basic life support and/or first aid</li> <li>• best practice clinical guidelines</li> <li>• management of complaints or feedback.</li> </ul>	
1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities		
Reflective questions	Suggested strategies	Evidence examples
How do we ensure locum or agency dental team members have the necessary skills and information to undertake their role and responsibilities?	<p>All agency and locum dental team members should undergo orientation at the commencement of their shift or employment using a checklist developed specifically for that purpose, to ensure that the required information is provided.</p> <p>You should develop a process to ensure that agency or locum dental team members are supervised and provided with support to fulfil their safety and quality roles.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Orientation manual or training documentation for agency or locum dental team members outlining requirements for safety and quality</li> <li><input type="checkbox"/> Completed orientation checklists for agency or locum dental team members to demonstrate that the required information was covered during the induction process</li> <li><input type="checkbox"/> Policy, procedure or protocol for supervision of agency or locum dental team members</li> <li><input type="checkbox"/> Other:</li> </ul>
1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality		
Reflective questions	Suggested strategies	Evidence examples
What training is provided to dental practitioners and other team members who provide care to improve their competency in patient safety and quality?	<p>Practice owners, senior dentists or the dental service executive should consider the requirements of the dental practice when organising competency-based training for dental practitioners and other team members who provide care, including agency and locum dental team members. Training may include any or all of the following:</p> <ul style="list-style-type: none"> <li>• hand hygiene</li> <li>• use of personal protective equipment (PPE)</li> <li>• standard and transmission-based precautions</li> <li>• cleaning, disinfection and sterilisation of instruments</li> <li>• cardiopulmonary resuscitation (CPR) and basic life support/first aid</li> <li>• aseptic technique</li> <li>• reporting of incidents and near misses</li> <li>• use of invasive devices</li> <li>• use of advanced practice procedures, such as stainless steel crowns for dental therapists in some states.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of competency-based training packages available to dental team members</li> <li><input type="checkbox"/> Completed competency-based assessment forms</li> <li><input type="checkbox"/> Training attendance records or education resources for team members that include competency-based assessments</li> <li><input type="checkbox"/> Evidence of continuing professional development (CPD) attendance for dental practitioners and other team members who provide care</li> <li><input type="checkbox"/> Other:</li> </ul>



**1.5 Establishing an organisation-wide risk management system that incorporates identification, assessment, rating, controls and monitoring for patient safety and quality**

1.5.1 An organisation-wide risk register is used and regularly monitored

Reflective questions	Suggested strategies	Evidence examples
How do we identify, record and implement changes to reduce the risks to safe practice and quality of care for our patients?	<p>As part of a risk management approach, you should have a risk register to capture information about patient safety and quality. The use of the risk register should be documented in a policy or procedure, describing who has responsibility for recording, managing and reporting.</p> <p>Risks may be recorded following adverse events, incidents, near misses or complaints, as well as non-clinical risks such as strategic or work health and safety. Practice owners, senior dentists or the dental service executive should regularly review the risks on the register to ensure the effectiveness of the mitigation strategies that have been implemented.</p> <p>You should also review the risk register regularly to ensure it is kept up to date, contains all the clinical and non-clinical risks, and is used by all dental team members to record and review risks.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for the organisation’s risk management system</li> <li><input type="checkbox"/> An organisation-wide risk register</li> <li><input type="checkbox"/> Records of reviews of the risk register</li> <li><input type="checkbox"/> Actions to address the identified risks, including clinical risks associated with the dental practice, documented in the risk register</li> <li><input type="checkbox"/> Other:</li> </ul>

1.5.2 Actions are taken to minimise risks to patient safety and quality of care

Reflective questions	Suggested strategies	Evidence examples
What actions do we take to reduce safety risks and improve the quality of care for our patients?	<p>The risk register described in <b>Action 1.5.1</b> will inform the actions taken to reduce risks to patient safety and quality of care. From a review of the risk register, you can identify areas where improvements are needed. You should document the agreed action to be taken, by developing a plan or amending policies, procedures or protocols.</p> <p>You should communicate to dental team members the results of a review of the risk register, and educate them about any new plans or initiatives, and any changes to policies, procedures and protocols.</p> <p>You should also monitor the implementation of any new plans or initiatives, or revised policies, procedures or protocols.</p> <p>Examples of actions to minimise the safety and quality risks could include:</p> <ul style="list-style-type: none"> <li>• the purchase of a more effective instrument washer/disinfector to reduce infection risks</li> <li>• the use of rubber dams during dental procedures, which is likely to reduce the risk of patients inhaling or swallowing burrs that may accidentally break during procedures.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where reviews of the risk register are discussed</li> <li><input type="checkbox"/> Examples of improvement activities undertaken to address risks documented in the risk register</li> <li><input type="checkbox"/> Results of risk assessments to identify areas of priority for action</li> <li><input type="checkbox"/> Action plan or list of actions to address issues or risks identified on the risk register</li> <li><input type="checkbox"/> Other:</li> </ul>



1.6 Establishing an organisation-wide quality management system that monitors and reports on the safety and quality of patient care and informs changes in practice		
1.6.1 An organisation-wide quality management system is used and regularly monitored		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we plan our work and measure our success to make improvements?</p> <p>How do we use quality management methods in our dental practice?</p>	<p>A quality management system will provide a framework to improve the efficiency and effectiveness of your practice. As a first step in implementing a quality management system you should define the elements of 'quality' for your practice, for example, effectiveness, safety and patient experience. The vision, values and objectives of your practice should be aligned with your definition of 'quality'.</p> <p>For a small dental practice, this may mean that you develop a:</p> <ul style="list-style-type: none"> <li>• list of regular reviews to be conducted to check the performance of the clinical care and organisational systems</li> <li>• list of quality improvement activities to be undertaken to improve the clinical care or organisational systems</li> <li>• schedule of reports on the audits and quality activities to be reviewed by the practice owner or senior dentists.</li> </ul> <p>For a large dental practice or service, you should have a documented quality framework as the basis of a quality management system. The framework should be aligned to and clearly articulate the goals and objectives of the practice's operational plan. The resultant quality plan can be integrated with the business plan.</p> <p>To monitor the quality management system in a large dental practice or service, the dental service executive or safety and quality committee can:</p> <ul style="list-style-type: none"> <li>• monitor progress against the quality goals</li> <li>• measure progress with performance targets analysed for each department in the practice or dental service</li> <li>• receive and review reports on audit results related to the NSQHS Standards along with existing clinical and key performance indicators.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Schedule of regular reviews and reports submitted to the practice owners, senior dentists or dental service executive</li> <li><input type="checkbox"/> Action plan or list of quality improvement activities to be undertaken by the dental practice</li> <li><input type="checkbox"/> Quality framework or quality improvement plan</li> <li><input type="checkbox"/> Practice quality/operational plan</li> <li><input type="checkbox"/> Minutes of meetings where practices owners, senior dentists or the dental health service executive evaluate performance and monitor progress against defined safety and quality targets</li> <li><input type="checkbox"/> Other:</li> </ul>
1.6.2 Actions are taken to maximise patient quality of care		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to ensure the highest quality of care for our patients?</p>	<p>You should use the quality management system to identify areas where improvements are needed. You can document the agreed action to be taken by developing a plan or amending policies, procedures and protocols.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of reviews or audits conducted within the dental practice</li> <li><input type="checkbox"/> A register of quality improvement activities that are planned or have been implemented in response to monitoring</li> </ul>



	<p>You should communicate to team members the areas where improvements are needed, and educate them about any new plans or initiatives, and any changes to policies, procedures and protocols.</p> <p>You should monitor the implementation of any new plans, initiatives or revised policies, procedures and protocols.</p> <p>For a small dental practice, to maximise quality of care, you may consider maintaining a list or register of the quality activities you have implemented and their results.</p> <p>For a large dental practice or service, you may use key performance indicators for safety and quality of care developed by the safety and quality committee, with a record of the actions you have taken to improve the quality of care.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Quality improvement plan with timeframes and responsibilities for improvement activities</li> <li><input type="checkbox"/> Examples of improvement activities undertaken to address areas requiring action</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where quality activities are discussed</li> <li><input type="checkbox"/> Other:</li> </ul>
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## Clinical practice

Care provided by the clinical workforce is guided by current best practice.

1.7 Developing and/or applying clinical guidelines or pathways that are supported by the best available evidence		
1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce		
Reflective questions	Suggested strategies	Evidence examples
Which clinical guidelines do we use, where do they come from and how do our dental team members access them?	You should identify clinical guidelines and pathways, consult with relevant members of the dental team and adopt those that are most relevant to the care provided in the practice. You should also ensure that the clinical guidelines are current and accessible to all who need to use them.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policies, procedures or protocols that outline the use of clinical guidelines by dental practitioners and other team members providing care</li> <li><input type="checkbox"/> Access to printed or electronic copies of clinical guidelines for dental practitioners and other team members providing care</li> <li><input type="checkbox"/> Other:</li> </ul>
1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored		
Reflective questions	Suggested strategies	Evidence examples
How do we find out if dental practitioners and other team members who provide care are using the agreed and current clinical guidelines?	After selecting relevant clinical guidelines, you should check that dental practitioners and other team members who provide care use these. You should review patient dental records to determine whether the treatment provided matches the clinical guidelines that have been adopted by the practice.	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of patient dental record reviews to clinical practice compliance with agreed clinical guidelines</li> <li><input type="checkbox"/> Observational audits of clinical practice in relation to the use of current clinical guidelines</li> </ul>



	<p>In a large dental practice or service, you may also conduct additional, observational audits periodically to review the treatment being provided against the clinical guidelines.</p>	<input type="checkbox"/> Other:
<p><b>1.8 Adopting processes to support the early identification, early intervention and appropriate management of patients at increased risk of harm</b></p>		
<p>1.8.1 Mechanisms are in place to identify patients at increased risk of harm</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify patients at an increased risk of harm?</p>	<p>This action involves having a process in place to identify patients who have either a pre-existing condition or are in circumstances that may impede their recovery following dental care.</p> <p>Dental practitioners and other team members providing care should take or review each patient’s medical history prior to starting treatment, and identify patients who could be at increased risk of harm.</p> <p>Examples of those at a greater risk of harm include patients:</p> <ul style="list-style-type: none"> <li>• with poorly controlled diabetes</li> <li>• with a cognitive impairment such as dementia</li> <li>• who are immune-suppressed or compromised</li> <li>• who are taking anticoagulants or bisphosphonates.</li> </ul> <p>You should ensure that patients at greater risk of harm are clearly identified in the patient dental record system.</p> <p>In a large dental practice or service, you may consider implementing screening tools or checklists as part of a standardised assessment process.</p>	<input type="checkbox"/> Comprehensive patient dental records that include completed medical/medication history sections <input type="checkbox"/> Audit of patient dental records to demonstrate that people at increased risk are being appropriately identified <input type="checkbox"/> Policy, procedure or protocol for identifying patients who are at an increased risk of harm <input type="checkbox"/> Other:
<p>1.8.2 Early action is taken to reduce the risks for at-risk patients</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to decrease the risk of harm to our vulnerable patients?</p>	<p>Once you have identified patients at increased risk of harm, you should consider appropriate clinical guidelines for management of particular conditions or interventions as part of your risk management.</p> <p>You and your team can review patient dental records to ensure that patients at increased risk are being identified through the assessment process and that the treatment provided has been modified as needed to address the identified risks.</p>	<input type="checkbox"/> Observational audit of clinical practice to current clinical guidelines for the management of vulnerable patients <input type="checkbox"/> Access to printed or electronic copies of clinical guidelines for the management of vulnerable patients for dental practitioners and other team members providing care <input type="checkbox"/> Audit of patient dental records to demonstrate that vulnerable patients are being identified and managed appropriately <input type="checkbox"/> Review of patient dental records to demonstrate that the treatment provided is appropriate to the risks identified <input type="checkbox"/> Other:



1.8.3 Systems exist to escalate the level of care when there is an unexpected deterioration in health status		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we respond to a person whose health unexpectedly deteriorates?</p>	<p>This action calls for you to have arrangements in place to respond to a patient or carer experiencing a medical emergency. Each dental team member should be aware of their role if such an event occurs.</p> <p>Team members' immediate response will usually include first aid and basic life support measures. You also need a plan for calling for further assistance if the patient or carer does not recover or their clinical condition continues to worsen.</p> <p>The arrangements you make will depend upon whether your dental practice is co-located with a hospital or general practice, or whether it is a separate facility. Examples of responses include:</p> <ul style="list-style-type: none"> <li>calling an ambulance</li> <li>a dental practice near a general practice may be able to access the service of a general practitioner</li> <li>a dental practice co-located with a hospital may be able to use the hospital's medical emergency team (MET) system.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol on the management of medical emergencies</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members outlining roles and responsibilities during medical emergencies</li> <li><input type="checkbox"/> Training attendance records or education resources for team members trained in first aid or basic life support measures</li> <li><input type="checkbox"/> Other:</li> </ul>
1.9 Using an integrated patient clinical record that identifies all aspects of the patient's care		
1.9.1 Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we make patient dental records available to dental practitioners and other team members when care is provided?</p> <p>How do we know our patient dental records are comprehensive and accurate?</p>	<p>As part of a comprehensive dental record system, you should have electronic or paper based patient dental records available where dental care or treatment is provided. The patient's dental record should be available to the dental practitioner or other team members providing care in the treatment room so that all aspects of dental care can be documented, including:</p> <ul style="list-style-type: none"> <li>medical history</li> <li>correspondence from other healthcare professionals</li> <li>examination and test results</li> <li>radiographs</li> <li>photographs</li> <li>treatment options</li> <li>treatment plan</li> <li>the informed consent process.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Standardised templates or forms for patient dental records, either electronic or paper based</li> <li><input type="checkbox"/> List of agreed standard abbreviations used by dental practitioners and other team members providing care</li> <li><input type="checkbox"/> Policy, procedure or protocols for filing investigation results and clinical correspondence in the dental record system</li> <li><input type="checkbox"/> System for the retrieval of current and archived patient dental records</li> <li><input type="checkbox"/> Audit of availability of the patient dental record at the time it is required for use by the dental practitioner or other team member providing care</li> <li><input type="checkbox"/> Other:</li> </ul>



You should use standard abbreviations to ensure that other members of the dental team can understand patient dental records.		
1.9.2 The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards		
Reflective questions	Suggested strategies	Evidence examples
How do we know our patient dental records are meeting the key requirements of these standards?	<p>You should ensure that:</p> <ul style="list-style-type: none"> <li>the patient’s dental record is designed so as to allow the logical flow of information about the treatment and care provided</li> <li>the flow of the information in the history is ordered so that an external audit or inspection can easily follow the actions of the dental practitioner or other team member providing care during the examination and treatment phases</li> <li>the record is completed and recorded in a consistent manner by the dental practitioners working within the dental practice</li> <li>the patient dental record complies with relevant standards, guidelines and policies that apply to dental record documentation such as the Dental Board of Australia’s <i>Guidelines on dental records</i>.<sup>40</sup></li> </ul> <p>You should conduct a regular audit of patient dental records to ensure that this is occurring. The results of the audit can help you to evaluate the impact of the practice’s safety and quality activities on the quality of care.</p> <p>Links with <b>Actions 1.9.1, 1.18.2, 4.6.1</b> and <b>4.7.1</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of dental record keeping audits</li> <li><input type="checkbox"/> Evidence of changes to the patient dental record system that improves its auditability for clinical information</li> <li><input type="checkbox"/> List of agreed standard abbreviations used by dental practitioners and other team members providing care</li> <li><input type="checkbox"/> Other:</li> </ul>

## Performance and skills management

Managers and dental practitioners have the right qualifications, skills and approach to provide safe, high quality health care.

<b>1.10 Implementing a system that determines and regularly reviews the roles, responsibilities, accountabilities and scope of practice for the clinical workforce</b>		
1.10.1 A system is in place to define and regularly review the scope of practice for the clinical workforce		
Reflective questions	Suggested strategies	Evidence examples
How do we know we have the right people doing the right job when providing clinical services?	<p>First, you need to credential the dental practitioners and other team members providing care in your practice. In other words, you should check their qualifications, including applicable registration and professional indemnity insurance, and experience. Next you should define their scope of practice. This involves delineating the scope of each dental practitioner’s clinical practice, based on their credentials, competence, performance and the needs and capabilities of the practice.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for credentialing and defining the scope of practice for dental practitioners and other team members who provide clinical care</li> <li><input type="checkbox"/> Register or list of dental practitioners and other team members with an agreed scope of practice for the dental practice</li> <li><input type="checkbox"/> Reviews or performance appraisals of dental practitioners and other team members who provide care against agreed scope of practice</li> </ul>



	<p>You should have a policy or procedure in place for the credentialing of dental practitioners and other team members who provide care, and for defining their scope of clinical practice. This process should be conducted:</p> <ul style="list-style-type: none"> <li>• during recruitment</li> <li>• when conducting performance appraisals for dental practitioners and other team members who provide clinical care</li> <li>• during regular review of the scope of practice</li> <li>• when a new service, procedure or technology is introduced.</li> </ul> <p>All dental practitioners and other team members who provide care are required to practise according to their competency, skills, knowledge and experience.</p>	<input type="checkbox"/> Other:
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1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice

Reflective questions	Suggested strategies	Evidence examples
<p>How do we know a dental practitioner or other team member providing care works within agreed boundaries when providing care to patients?</p>	<p>The practice owner, senior dentists or the dental service executive must be confident that dental practitioners and other team members do not provide care or perform procedures that are outside of their scope of practice.</p> <p>You can review patient dental records to check that dental practitioners are working within their defined scope of practice. In a large dental practice or service, you should also consider observational audits of practice to determine whether dental practitioners are working within their scope of practice.</p> <p>You should provide appropriate levels of supervision and support to new and junior team members to ensure the safety and quality of the dental care provided.</p>	<input type="checkbox"/> Review of patient dental records to determine whether dental practitioners and other team members who provide clinical care are working within their agreed scope of practice <input type="checkbox"/> Policy documenting structured professional relationships within the practice <input type="checkbox"/> Supervision and observational audit reports <input type="checkbox"/> Review of any complaints about dental practitioners or other team members providing care outside of their scope of practice <input type="checkbox"/> Other:

1.10.3 Organisational clinical service capability, planning, and scope of practice is directly linked to the clinical service roles of the organisation

Reflective questions	Suggested strategies	Evidence examples
<p>How do we match the services and care we provide with:</p> <ul style="list-style-type: none"> <li>• what we can do</li> <li>• what we plan to do</li> <li>• the agreed practice for our clinical team members?</li> </ul>	<p>Once you have determined the extent of the procedures or services that the practice will provide, you should check that you have the equipment, appropriately skilled dental practitioners and any other requirements in place to support the proposed practice.</p>	<input type="checkbox"/> Employment of appropriate mix of dental practitioners and clinical support staff to meet the requirements of the services offered by the dental practice <input type="checkbox"/> Scheduling and appointment systems that meet the needs of the target population <input type="checkbox"/> Other:



1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced		
Reflective questions	Suggested strategies	Evidence examples
How do we assess the safety and impact on quality of care of a new clinical service, procedure or other technology when it is introduced?	<p>You should ensure that whenever a new clinical service, procedure or other technology is introduced to your dental practice that it is done in a planned, organised and safe manner.</p> <p>Dental practitioners and other team members who provide clinical care need to be appropriately trained, educated and, where necessary, undergo a competency-based assessment to ensure that safe practice is associated with the introduction of the service, procedure or technology.</p> <p>You should document new skills and competencies in:</p> <ul style="list-style-type: none"> <li>• team members' position descriptions</li> <li>• scope of clinical practice documentation.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Project plan for the introduction of the new service, procedure or technology</li> <li><input type="checkbox"/> Education and training resources on new services, procedures or technologies introduced for dental practitioners and other team members who provide clinical care</li> <li><input type="checkbox"/> Revised position descriptions</li> <li><input type="checkbox"/> Documentation of additional skills in dental practitioners' scope of clinical practice</li> <li><input type="checkbox"/> Other:</li> </ul>
1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role		
Reflective questions	Suggested strategies	Evidence examples
How do we supervise and support dental practitioners to practice within agreed professional and organisational boundaries when providing patient care?	<p>Supervision of junior dental practitioners in accordance with their capabilities and consistent with the practice's policy is a key safeguard of the safety and quality of care.</p> <p>You should have a procedure or protocol in place to identify:</p> <ul style="list-style-type: none"> <li>• those dental practitioners and other team members providing care who require supervision</li> <li>• appropriate dental practitioners who can provide supervision.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for the supervision of dental practitioners and other team members who provide care</li> <li><input type="checkbox"/> Supervision or mentorship program</li> <li><input type="checkbox"/> Supervision and observational audit reports</li> <li><input type="checkbox"/> Other:</li> </ul>
<b>1.11 Implementing a performance development system for the clinical workforce that supports performance improvement within their scope of practice</b>		
1.11.1 A valid and reliable performance review process is in place for the clinical workforce		
Reflective questions	Suggested strategies	Evidence examples
How do we develop, support and manage the performance of each dental practitioner and team member providing care?	<p>Practice owners, senior dentists or the dental service executive are responsible for supporting dental practitioners and other team members providing care to work safely and effectively to establish an environment in which safe, high quality care can be delivered.</p> <p>You should ensure that:</p> <ul style="list-style-type: none"> <li>• a performance review process is in place to periodically review the performance of dental practitioners and team members providing care</li> <li>• the outcomes of the performance review process are fed into training and development.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol outlining the performance review system</li> <li><input type="checkbox"/> Documented evidence of completed performance reviews and professional development plans</li> <li><input type="checkbox"/> Orientation manual or training documentation for new dental team members outlining the performance review process</li> <li><input type="checkbox"/> Other:</li> </ul>



1.11.2 The clinical workforce participates in regular performance reviews that support individual development and improvement

Reflective questions	Suggested strategies	Evidence examples
What is our process for regularly reviewing the performance of each dental practitioner and team member providing care?	<p>You should ensure that the performance review is designed to help dental practitioners and team members who provide care to:</p> <ul style="list-style-type: none"> <li>confirm their areas of strength</li> <li>address areas of unsafe or poor practice where development may enable them to fulfil their role more effectively and safely.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Performance review schedules and template documents</li> <li><input type="checkbox"/> Documented evidence of completed performance reviews and professional development plans</li> <li><input type="checkbox"/> Audit of dental practitioners and other team members providing care who have completed an annual performance appraisal</li> <li><input type="checkbox"/> Other:</li> </ul>

Clinical scenario: **Scope of practice**

A dental hygienist started work at a dental practice owned by a large corporate company. The new hygienist was keen to use local anaesthetics on her patients for deep scaling. During a discussion with the hygienist, the principal dentist learned that the hygienist completed her training some years ago and had not undergone any training in the administration of local anaesthetics. The principal approached the company executive to discuss a practice-wide response. Together they worked to develop processes for dental practitioners to define, monitor and review their scope of practice. The processes referenced the Dental Board of Australia's *Guidelines for scope of practice*<sup>45</sup> and identified suitable training courses for the dental hygienist.

**Applying the NSQHS Standards:**

- Define and review each dental practitioner's scope of clinical practice based on their credentials, competence, performance and the needs within the practice (**Action 1.10.1**)
- Monitor that dental practitioners are working within agreed boundaries and do not provide care or perform procedures that are outside their scope of practice (**Action 1.10.2**)
- Performance reviews should support dental practitioners to fulfil their roles more effectively and safely (**Action 1.11.2**)

**1.12 Ensuring that systems are in place for ongoing safety and quality education and training**

1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development

Reflective questions	Suggested strategies	Evidence examples
What access do team members have to education and training in safe practice and good quality of care?	<p>Your dental practice should have an education program which:</p> <ul style="list-style-type: none"> <li>supports the services and care provided</li> <li>addresses team members' responsibilities for safety and quality.</li> </ul> <p>For example, all team members with responsibility for patient dental record keeping should have some education on the requirements for confidentiality and privacy.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol that describes access to ongoing education and training for dental team members</li> <li><input type="checkbox"/> Orientation manual or training documentation for new dental team members outlining access to ongoing education and training</li> <li><input type="checkbox"/> Evidence of dental team members' participation in patient safety and quality education programs or continuing professional development (CPD), such as attendance certificates or professional registration records</li> </ul>



	You can provide training at orientation, as part of the supervised delivery of care, during informal tutorial and training sessions, or at external courses and programs of education.	<input type="checkbox"/> Other:
<b>1.13 Seeking regular feedback from the workforce to assess their level of engagement with, and understanding of, the safety and quality system of the organisation</b>		
1.13.1 Analyse feedback from the workforce on their understanding and use of safety and quality systems		
Reflective questions	Suggested strategies	Evidence examples
How do we obtain feedback from dental team members on safety and quality matters to review their understanding and use of our processes?	<p>You should consider the different ways in which you could collect information from dental team members about their understanding and use of the practice's safety and quality systems. This may take the form of:</p> <ul style="list-style-type: none"> <li>• discussions in team meetings</li> <li>• questions during performance reviews which can then be de-identified and aggregated</li> <li>• a survey of dental team members.</li> </ul>	<input type="checkbox"/> Survey results of dental team members' knowledge of safety and quality systems <input type="checkbox"/> Agenda items, minutes or other records of meeting about safety and quality systems <input type="checkbox"/> Other:
1.13.2 Action is taken to increase workforce understanding and use of safety and quality systems		
Reflective questions	Suggested strategies	Evidence examples
What action has been taken to increase dental team members' understanding and use of our safety and quality processes?	<p>A review of the feedback obtained from <b>Action 1.13.1</b> will enable you to identify any issues or gaps in dental team members' skills and knowledge.</p> <p>You should periodically review information on the safety and quality systems to highlight areas where dental team members' understanding and use of the safety and quality processes could be improved. This information can then be used to identify topics for training, such as:</p> <ul style="list-style-type: none"> <li>• incident reporting and investigation</li> <li>• management of complaints and patient feedback</li> <li>• <i>Australian Charter of Healthcare Rights</i><sup>46</sup></li> <li>• knowledge of emergency procedures</li> <li>• infection control principles including aseptic technique, hand hygiene, use of personal protective equipment, and cleaning, disinfection and sterilisation of reusable medical equipment</li> <li>• open disclosure</li> <li>• informed consent.</li> </ul> <p>Links with <b>Action 1.11.1</b>.</p>	<input type="checkbox"/> Action plan or list of actions to address gaps in dental team members' skills and knowledge <input type="checkbox"/> Review of safety and quality information used in planning dental team members' education activities <input type="checkbox"/> Evidence of education programs or quality improvement activities implemented to improve dental team members' skills and knowledge <input type="checkbox"/> Other:



## Incidents and complaints management

Patient safety and quality incidents are recognised, reported and analysed, and this information is used to improve safety systems.

1.14 Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents (including near misses), which all result in corrective actions		
1.14.1 Processes are in place to support the workforce recognition and reporting of incidents and near misses		
Reflective questions	Suggested strategies	Evidence examples
How do we identify, record and respond to incidents and near misses?	<p>An incident management system enables incidents to be recorded and investigated. First, you should develop or adopt a policy or procedure which outlines:</p> <ul style="list-style-type: none"> <li>• how and when incidents and near misses should be recorded</li> <li>• who is responsible for investigating and responding to the incident</li> <li>• the timeframes for completing the investigation and implementing any required changes or improvements.</li> </ul> <p>In a small dental practice, this may be a simple system where:</p> <ul style="list-style-type: none"> <li>• team members record the details of an incident</li> <li>• the practice manager starts an investigation</li> <li>• the results of the investigation are recorded and analysed</li> <li>• any actions taken are documented and communicated to team members.</li> </ul> <p>In a large dental practice or service, you may have electronic incident management systems which allow for tracking of the investigation and response times as well as categorisation and analysis of incidents.</p> <p>Practice owners, senior dentists or the dental service executive should ensure that team members are trained on what constitutes a clinical incident (and other incidents) and a near miss and the process for reporting. You should encourage them to report incidents.</p> <p>You should arrange for this training to be provided to team members at the time of induction, and for their knowledge to be checked regularly.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Incident management system and policy, procedure or protocol for documenting incidents on the incident register</li> <li><input type="checkbox"/> Training attendance records or education resources for team members about documenting incidents</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members outlining processes for documenting incidents</li> <li><input type="checkbox"/> Action plan or list of actions to address risks relating to incidents reported in the incident management system</li> <li><input type="checkbox"/> Other:</li> </ul>
1.14.2 Systems are in place to analyse and report on incidents		
Reflective questions	Suggested strategies	Evidence examples
What is our process for reviewing information on incidents and near misses?	<p>Every practice should have a designated team member responsible for coordinating the analysis of clinical and non-clinical incidents and near misses and reporting findings to the dental team. Trends in types of incidents over time can be used to direct the education or quality improvement activities for dental team members.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Reports generated from the incident reporting system</li> <li><input type="checkbox"/> Reports analysing incident trends or types</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where the reports analysing incidents are tabled and discussed</li> </ul>



<p>How is the information from incidents and near misses used to improve patient care?</p>	<p>In a small dental practice without significant numbers of incidents, you could discuss individual incidents with team members in a supporting and informative manner to reduce the likelihood of recurrence.</p> <p>A sole dental practitioner could consider joining a peer review group to enable discussion of incidents and improvement strategies with their peers.</p> <p>In a large dental practice or service, you could discuss lessons learned from incidents and near misses at a safety and quality committee and then share the information with team members in the rest of the practice to reduce the likelihood of recurrence.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Examples of changes to policy or processes, or quality activities undertaken as a result of an incident or near miss</li> <li><input type="checkbox"/> Position descriptions for dental team members detailing responsibilities in relation to the analysis and reporting of incidents</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>1.14.3 Feedback on the analysis of reported incidents is provided to the workforce</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we provide feedback on our incidents and near misses to team members?</p>	<p>You should discuss the results of the analysis of incidents with all dental team members. This discussion should include the number, type, trends and severity of the incidents as well as any quality improvement activities or changes to policies, procedures or protocols which have resulted from analysing incidents.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff memo or internal communication of reports on incident analysis are provided to team members</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where incident reports were tabled and discussed</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>1.14.4 Action is taken to reduce risks to patients identified through the incident management system</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we decrease the risk of an incident recurring?</p>	<p>You should use the information obtained from the analysis of incidents to:</p> <ul style="list-style-type: none"> <li>• update the orientation and team education programs</li> <li>• review and change policies, procedures or protocols</li> <li>• implement quality improvement activities</li> <li>• inform strategic and operational planning.</li> </ul> <p>Examples of how risks can be reduced could include:</p> <ul style="list-style-type: none"> <li>• use of self-retracting needles in response to several needle stick injuries</li> <li>• routine use of rubber dams after a patient inhaled a dental burr.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where incidents and near misses are discussed and strategies developed to reduce the likelihood of recurrence</li> <li><input type="checkbox"/> List of incident reviews that have resulted in changes to policy or processes</li> <li><input type="checkbox"/> Quality improvement activities undertaken as a result of an incident or near miss</li> <li><input type="checkbox"/> Other:</li> </ul>



1.14.5 Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation		
Reflective questions	Suggested strategies	Evidence examples
How do the practice owners, senior dentists or dental service executive review any incidents and near misses?	<p>Practice owners, senior dentists or the dental service executive should review reports on the analysis of incidents and near misses.</p> <p>In a large dental practice or service, this may mean that a committee such as a safety and quality committee reviews the incident analysis. The results of the review are then reported to the practice owner, senior dentist or dental service executive to enable them to be able to meet their clinical and operational management obligations.</p>	<input type="checkbox"/> Agenda items, minutes or other records of practice management meetings about incidents and near misses analysis <input type="checkbox"/> Reviews of the incident register and reported near misses <input type="checkbox"/> Other:
<b>1.15 Implementing a complaints management system that includes partnership with patients and carers</b>		
1.15.1 Processes are in place to support the workforce to recognise and report complaints		
Reflective questions	Suggested strategies	Evidence examples
How do we identify, report and deal with patient complaints?	<p>You should ensure that a complaints management system is in place to allow complaints to be recorded and investigated. You should develop or adopt a policy or procedure to describe:</p> <ul style="list-style-type: none"> <li>• how and when complaints should be recorded</li> <li>• who is responsible for investigating and responding to the complaint</li> <li>• what the timeframes are for completing the investigation and implementing any required changes or improvements.</li> </ul> <p>In a small dental practice, you may use a simple system which:</p> <ul style="list-style-type: none"> <li>• allows dental team members to record the details of the complaint</li> <li>• alerts the practice owner or practice manager to start the investigation</li> <li>• provides a procedure for recording the results of the investigation and any action taken.</li> </ul> <p>In a large dental practice or service, you may have an electronic complaints management system, which allows for tracking the investigation and response times, as well as categorisation and analysis of complaints.</p> <p>You should provide training to dental team members in dealing with patient complaints, so they know:</p> <ul style="list-style-type: none"> <li>• how to diffuse the immediate situation</li> <li>• who to involve to resolve the complaint as quickly as possible</li> <li>• how to report and to whom to report the complaint.</li> </ul> <p>You should discuss any complaints at dental team meetings so dental team members can learn from the complaint and be involved in developing strategies to reduce the likelihood of recurrence</p>	<input type="checkbox"/> Complaints management system and policy, procedure or protocol for documenting complaints in the complaints register <input type="checkbox"/> Reports analysing complaints and detailing actions taken as a result of the investigation <input type="checkbox"/> Orientation manual and training documentation for dental team members outlining the use of the complaints management system <input type="checkbox"/> Training attendance records or education resources for team members about the complaints management system <input type="checkbox"/> Agenda items, minutes or other records of meetings where complaints are reviewed and discussed <input type="checkbox"/> Other:



1.15.2 Systems are in place to analyse and implement improvements in response to complaints		
Reflective questions	Suggested strategies	Evidence examples
What could we learn from complaints and patient feedback that will lead to better patient outcomes?	<p>You can use trends in the types of complaints and patient feedback received over time to direct the education or quality improvement activities of the dental team. You should designate an individual who is responsible for the analysis and reporting of complaints and patient feedback.</p> <p>In a small dental practice, which may not have significant numbers of complaints, you could discuss individual complaints with dental team members to reduce the likelihood of repetition.</p> <p>A sole dental practitioner could consider joining a peer review group to discuss complaints and improvement strategies with their peers.</p> <p>In a large dental practice or service, you could discuss lessons learned from complaints and patient feedback at a safety and quality committee meeting and then share the information with dental team members in the rest of the practice to reduce the chance of similar incidents in the future.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A complaints register that includes responses and actions to identified issues</li> <li><input type="checkbox"/> Reports analysing trends in complaints and patient feedback</li> <li><input type="checkbox"/> Examples of improvement activities undertaken as a result of a complaint or patient feedback</li> <li><input type="checkbox"/> Training attendance records or education resources in relation to complaints and patient feedback</li> <li><input type="checkbox"/> Position descriptions for dental team members in relation to the analysis and reporting of complaints and patient feedback</li> <li><input type="checkbox"/> Other:</li> </ul>
1.15.3 Feedback is provided to the workforce on the analysis of reported complaints		
Reflective questions	Suggested strategies	Evidence examples
How do we keep dental team members informed of trends or analysis of complaints and patient feedback?	<p>You should ensure that the results of the analysis of the complaints and patient feedback are discussed with all dental team members. This discussion should include the number, type, trends and severity of the complaints and feedback as well as any quality improvement activities or changes to policies, procedures or protocols which have resulted from the incidents.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Staff memo or internal communication of reports on complaints analysis that are provided to team members</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where reports on complaints and patient feedback analysis are reviewed and discussed</li> <li><input type="checkbox"/> Other:</li> </ul>
1.15.4 Patient feedback and complaints are reviewed at the highest level of governance in the organisation		
Reflective questions	Suggested strategies	Evidence examples
What information is provided to the practice owners, senior dentists or the dental service executive to review complaints and patient feedback?	<p>The practice owners, senior dentists or the dental service executive should review reports on the analysis of complaints and patient feedback.</p> <p>In a large dental practice or service this may mean that a safety and quality committee reviews the complaints analysis and then reports to the practice owners, senior dentists or the dental service executive to enable them to be able to meet their clinical governance obligations.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of practice management meetings about complaints and patient feedback analysis</li> <li><input type="checkbox"/> Reviews of the complaints register and patient feedback system</li> <li><input type="checkbox"/> Other:</li> </ul>



Clinical scenario: **Complaints management**

Rita emailed her dental practice to complain that a recent filling had fallen out. The practice manager replied to Rita’s email to acknowledge her complaint and explain that she would notify both the treating dentist and the principal dentist. The treating dentist reviewed Rita’s dental record and noted that the filling was temporary and had needed to be replaced by a permanent restoration within four weeks. Treatment records confirmed that the temporary filling had been placed over three months ago and Rita had been asked to make a follow up appointment for a replacement filling but had not contacted the practice to do so.

The treating dentist called Rita to discuss the issue. He explained that the temporary filling was overdue for replacement and offered her an emergency appointment that afternoon to place a permanent restoration. Rita accepted the appointment time and the dentist gave her information about the procedure and treatment options. The treating dentist documented their conversation in Rita’s dental record and informed both the practice manager and the principal dentist of the outcome. The practice manager also recorded the complaint in the complaints register.

At the next management meeting, the practice manager and the principal dentist raised the complaint and discussed possible strategies to prevent such a situation occurring again.

They prepared written information, in the form of a pamphlet, to help patients understand the role of a temporary filling, its longevity, its limitations and the need for a subsequent appointment for a permanent restoration. The practice manager agreed to survey patients who received the new pamphlet over the next six months, to determine whether it was helpful. The management team also reviewed the practice’s follow-up protocols for patients who failed to contact or attend appointments.

Six months later, the management team reviewed the survey results. These indicated that patients reported an adequate understanding of the role of a temporary filling, and no further complaints related to temporary fillings had been reported.

**Applying the NSQHS Standards:**

- Processes are in place to support the dental team to recognise and report complaints **(Action 1.15.1)**
- Systems are in place to analyse and implement improvements in response to complaints **(Action 1.15.2)**
- Feedback from patients on patient information publications prepared by the practice **(Action 2.4.1)**

**1.16 Implementing an open disclosure process based on the national open disclosure standard**

1.16.1 An open disclosure program is in place and is consistent with the national open disclosure standard

Reflective questions	Suggested strategies	Evidence examples
How do our open disclosure processes align with the national open disclosure standard?	<p>‘Open disclosure’ describes the way dental practitioners communicate with patients who have experienced harm as a result of their health care. The criteria of open disclosure are an expression of regret and a factual explanation of what happened, the potential consequences and the steps taken to manage the event and prevent recurrence.<sup>37</sup></p> <p>Dental practices should adopt and implement an open disclosure policy that is consistent with the national open disclosure framework<sup>37</sup> to manage incidents if and when they occur and a patient is harmed.</p> <p>When the open disclosure process is used, it needs to be documented in the patient’s dental record.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for open disclosure</li> <li><input type="checkbox"/> Documentation of open disclosure in the patient dental record, where required</li> <li><input type="checkbox"/> Review of open disclosure processes by the practice owners, senior dentists or dental service executive</li> <li><input type="checkbox"/> Other:</li> </ul>



	<p>You should review the implementation of the open disclosure policy periodically to ensure that dental practitioners are complying with the adopted open disclosure framework.</p> <p>Resources on implementing the open disclosure framework, including a guide for implementation in small practices, <i>Implementing the Australian Open Disclosure Framework in small practices</i>.<sup>47</sup></p>	
1.16.2 The clinical workforce are trained in open disclosure processes		
Reflective questions	Suggested strategies	Evidence examples
How do we train relevant team members in our open disclosure processes?	You should include open disclosure in the induction, education and training program. You should have a process in place to check that all dental practitioners have participated in the open disclosure training.	<input type="checkbox"/> Orientation manual or training documentation for dental practitioners and dental team members outlining processes for open disclosure <input type="checkbox"/> Training attendance records or education resources for team members on open disclosure <input type="checkbox"/> Other:

## Patient rights and engagement

Patient rights are respected and their engagement in their care is supported.

<b>1.17 Implementing through organisational policies and practices a patient charter of rights that is consistent with the current national charter of healthcare rights</b>		
1.17.1 The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights		
Reflective questions	Suggested strategies	Evidence examples
How do we align our approach to patient healthcare rights with the <i>Australian Charter of Healthcare Rights</i> <sup>46</sup> ?	<p>The <i>Australian Charter of Healthcare Rights</i><sup>46</sup> defines rights to access, safety, respect, communication, participation, privacy and consent.</p> <p>Dental practices should adopt or develop a charter of patient's healthcare rights, which is consistent with the <i>Australian Charter of Healthcare Rights</i>.<sup>46</sup></p>	<input type="checkbox"/> Charter of patient's healthcare rights used in the practice which is consistent with the <i>Australian Charter of Healthcare Rights</i> <sup>46</sup> <input type="checkbox"/> Policy, procedure or protocol outlining the use and distribution of the charter <input type="checkbox"/> Other:
1.17.2 Information on patient rights is provided and explained to patients and carers		
Reflective questions	Suggested strategies	Evidence examples
How do we communicate to patients information about their healthcare rights?	<p>Dental practices should ensure that all patients are provided with the charter of patient's healthcare rights when they first attend the practice and that it is easily accessible to patients at other times. Examples on how this can be achieved could include:</p> <ul style="list-style-type: none"> <li>the charter for patient's healthcare rights is prominently displayed throughout waiting area and clinical areas</li> </ul>	<input type="checkbox"/> Policy, procedure or protocol outlining the use and distribution of the charter of patient's healthcare rights <input type="checkbox"/> Training attendance records or education resources for dental team members about the charter of patient's healthcare rights



	<ul style="list-style-type: none"> <li>the practice provides a copy of the charter of patient's healthcare rights when patients present for an appointment. Ask patients to read the document and consult with dental team members if they do not understand or if they wish to have anything clarified for them</li> <li>copies of the charter are readily accessible to all patients and carers who access services from the practice.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members outlining processes for the distribution of the charter of patient's healthcare rights</li> <li><input type="checkbox"/> Charter of patient's healthcare rights displayed in waiting areas or material is readily accessible</li> <li><input type="checkbox"/> Other:</li> </ul>
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1.17.3 Systems are in place to support patients who are at risk of not understanding their healthcare rights

Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify and support people who may not understand their healthcare rights?</p>	<p>First you should consider the profile of your local community. Secondly you should source or develop copies of the charter of patient's healthcare rights in formats designed for those populations and provide them to patients and carers.</p> <p>You should ensure dental team members are trained in their responsibilities for ensuring that patients understand their rights under the charter of patient's healthcare rights.</p> <p>For example:</p> <ul style="list-style-type: none"> <li>the dental practice could produce versions of the charter of patient's healthcare rights in plain English</li> <li>the dental practice could produce copies of the charter of patient's healthcare rights in the main languages of the community.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> The charter of patient's healthcare rights translated into the various languages and formats appropriate to the community that the dental practice serves</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members in relation to the charter of patient's healthcare rights</li> <li><input type="checkbox"/> Access to qualified interpreters as part of the policy for use and distribution of the charter</li> <li><input type="checkbox"/> Other:</li> </ul>

**1.18 Implementing processes to enable partnership with patients in decisions about their care, including informed consent to treatment**

1.18.1 Patients and carers are partners in the planning for their treatment

Reflective questions	Suggested strategies	Evidence examples
<p>How do we involve patients and carers in decisions about their care and confirm their consent to treatment?</p>	<p>This action requires a process for engaging patients and carers in clinical decision-making.</p> <p>Dental practitioners and other team members providing care should develop a treatment plan in partnership with the patient and their carer. This should be documented in the patient's dental record and should outline the various treatment options, their benefits, risks and associated costs.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review of patient dental records for documentation of the treatment planning process</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental practitioners and other team members providing care outlining processes for involving patients and carers in their care</li> <li><input type="checkbox"/> Other:</li> </ul>



1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we know our patient and carer consent documentation and processes are applied correctly?</p> <p>How do we improve our patient and carer consent documentation and processes?</p>	<p>'Informed consent' is a person's voluntary decision about health care that is made with knowledge and understanding of the benefits and risks involved.<sup>32</sup> The National Health and Medical Research Council (NHMRC) has published a useful guide to the information that practitioners need to give to patients, <i>General guidelines for medical practitioners in providing information to patients</i>.<sup>48</sup></p> <p>Dental practices should have policies, procedures or protocols for obtaining and documenting the patient's informed consent to treatment. The documentation should meet legal and ethical requirements such as the <i>Health Practitioner Regulation National Law Act 2009</i><sup>49</sup> and the Dental Board of Australia's <i>Code of conduct</i>.<sup>32</sup></p> <p>You can use a review of patient dental records to measure compliance with the informed consent process.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for obtaining patient consent to treatment</li> <li><input type="checkbox"/> Patient and carer information packages and consent forms or templates</li> <li><input type="checkbox"/> Review of patient dental records for documentation of the informed consent process</li> <li><input type="checkbox"/> Other:</li> </ul>
1.18.3 Mechanisms are in place to align the information provided to patients with their capacity to understand		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we provide information about treatment options and risks to patients?</p> <p>How do we take into account a patient's ability to understand the information?</p>	<p>If you use publications that have been developed externally, for example by state or territory health departments, you should try to source information that has been developed with input from consumers.</p> <p>If you are developing patient information publications locally, you can obtain and document feedback from consumers about the publications by:</p> <ul style="list-style-type: none"> <li>• discussing publications with consumers in waiting areas</li> <li>• holding a focus group or workshop with consumers</li> <li>• including questions in follow-up post-procedural phone calls about publications provided to consumers.</li> </ul> <p>Links with <b>Action 2.4.1</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Patient or carer information sheets or resources available in a range of languages and formats, consistent with the patient profile</li> <li><input type="checkbox"/> Feedback from patients and carers regarding information material and the consent process</li> <li><input type="checkbox"/> Other:</li> </ul>
1.18.4 Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders		
Non-applicable for dental practices		



**1.19 Implementing procedures that protect the confidentiality of patient clinical records without compromising appropriate clinical workforce access to patient clinical information**

1.19.1 Patient clinical records are available at the point of care

Reflective questions	Suggested strategies	Evidence examples
<p>How do we ensure a patient’s dental record is available to dental practitioners and other team members providing care when care is being provided?</p>	<p>The patient dental record should be available to dental practitioners and other team members providing care wherever care is considered or delivered, particularly at chair side. This will ensure the dental practitioner has access to the available medical and dental history when providing care, and enables contemporaneous record keeping.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Observational audit of the availability of the patient dental record at the time it is required for use by the dental practitioner and other team member providing care</li> <li><input type="checkbox"/> System for the retrieval of current and archived patient dental records</li> <li><input type="checkbox"/> Procedure or protocol for accessing clinical information when electronic access to patient dental records is unavailable.</li> <li><input type="checkbox"/> Other:</li> </ul>

1.19.2 Systems are in place to restrict inappropriate access to and dissemination of patient clinical information

Reflective questions	Suggested strategies	Evidence examples
<p>How do we protect the privacy and confidentiality of patient information from unauthorised access or distribution, and ensure it is in line with relevant legislation, guidelines and organisational policy?</p>	<p>Practice owners, senior dentists or the dental service executive should develop or adopt a confidentiality and privacy policy, procedure or protocol, which is consistent with relevant legislation and good practice principles.</p> <p>In a dental practice that uses an electronic dental record system, all dental team members should have a unique log in and password to prevent unauthorised access to a patient’s dental record.</p> <p>If the dental practice uses a paper based dental record this should be stored in a secure location with appropriate barriers to prevent unauthorised access.</p> <p>All dental team members should be trained and aware of the confidentiality and privacy policy in relation to the patient dental record.</p> <p>You should conduct periodic audits of security access to patient dental records to ensure the correct systems and processes are in place to restrict inappropriate access.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for privacy and confidentiality of patient dental records and information</li> <li><input type="checkbox"/> Appropriate secure storage of paper-based records</li> <li><input type="checkbox"/> Individual log ins for dental practitioners and team members</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members outlining systems for security of patient dental records</li> <li><input type="checkbox"/> Training attendance records or education resources on privacy requirements and information security processes</li> <li><input type="checkbox"/> Audit of security protocols for access to the patient dental record system</li> <li><input type="checkbox"/> Other:</li> </ul>



**1.20 Implementing well designed, valid and reliable patient experience feedback mechanisms and using these to evaluate the health service performance**

1.20.1 Data collected from patient feedback systems are used to measure and improve health services in the organisation

Reflective questions	Suggested strategies	Evidence examples
<p>How do we obtain patient and carer feedback on the care and services we provide?</p> <p>How do we use patient and carer feedback to improve our performance in delivering care and services?</p>	<p>You should implement a patient feedback system. For example, you can collect feedback in the form of complaints, compliments and suggestions (usually from a suggestion box in the waiting room). Alternatively you could seek consumer feedback in the form of a survey or formal focus groups.</p> <p>You should be able to provide at least one example of how feedback has resulted in an improvement.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for collection of feedback from patients and carers</li> <li><input type="checkbox"/> Evidence of patient feedback survey template or schedule of consumer focus groups</li> <li><input type="checkbox"/> Analysis reports generated from the patient feedback system</li> <li><input type="checkbox"/> Examples of quality improvement activities that have resulted in an improved experience for patients/carers as a result of feedback</li> <li><input type="checkbox"/> Other:</li> </ul>



## Standard 2

### Partnering with Consumers



The intention of this Standard is to create a dental practice that is responsive to consumer input and needs. NSQHS Standard 2: Partnering with Consumers provides the framework for practice owners, senior dentists or the dental service executive to improve the safety and quality of care by implementing systems to partner with consumers.

When a practice collects and uses feedback from consumers on the information and services provided by team members, both patients and the practice benefit. Responding to the needs and preferences of consumers shows that practice owners, senior dentists or the dental service executive recognise the importance of improving quality of care in partnership with their consumers.

NSQHS Standard 2 focuses on establishing partnerships with consumers at the governance level – that is, in operational and clinical management, service planning and design. Together with NSHQHS Standard 1: Governance for Safety and Quality in Health Service Organisations, NSQHS Standard 2 sets the overarching requirements for the effective application of NSQHS Standards 3–6.

NSQHS Standard 2 covers a range of activities that relate to the establishment, maintenance and use of partnerships to improve care. There are three broad types of actions that that relate to:

1. Processes for partnering with consumers to improve decision-making, planning and evaluation – **Actions 2.2.1, 2.2.2, 2.5.1, 2.8.1, 2.8.2, 2.9.1 and 2.9.2.**
2. Provision of training for team members and consumers – **Actions 2.3.1, 2.6.1 and 2.6.2.**
3. Information for consumers, including the development and use of consumer information publications, and the dissemination of information about the safety and quality of the dental practice – **Actions 2.4.1, 2.4.2 and 2.7.1.**

Many of the actions are interlinked and you may find that a strategy you adopt meets more than one action. For example, the process you establish to address **Action 2.2.2** (Involving consumers in safety and quality improvement initiatives) may also address **Action 2.8.2** (Involving consumers in the planning and implementation of quality improvements).

#### A note on terminology:

Throughout this Standard, the word ‘consumers’ is used to describe members of the public who use, or are potential users of dental practices and services.

By using the term ‘consumers’, the Commission is referring to people who are patients, family members, friends, carers and other support people.



## Consumer partnership in service planning

Governance structures are in place to form partnerships with consumers and/or carers.

2.1 Establishing governance structures to facilitate partnership with consumers and/or carers		
2.1.1 Consumers and/or carers are involved in the governance of the health service organisation		
Reflective questions	Suggested strategies	Evidence examples
How are our consumers involved in our clinical and organisational governance processes?	<p>Dental practices should ensure effective two-way communication that sets the groundwork for partnering with consumers. Consumers have a unique position and perspective, and can identify opportunities for improvement which dental team members might not identify. Partnering with consumers involves listening to, and using, consumers' knowledge, skills and experience in a systematic way, to deliver better dental care.</p> <p>When looking for ways to involve consumers in operational and clinical management processes, consider your existing processes and how they can be used or modified for this purpose. Your practice may not necessarily need to establish a new policy to partner with consumers.</p> <p>You can seek and use consumer feedback to:</p> <ul style="list-style-type: none"> <li>inform quality improvements</li> <li>improve patient experience.</li> </ul> <p>In a small dental practice you can do this by:</p> <ul style="list-style-type: none"> <li>holding discussions with consumers waiting for appointments</li> <li>using patient experience surveys</li> <li>using compliments and complaints processes</li> <li>including safety and quality questions in routine follow-up phone calls.</li> </ul> <p>In a large dental practice or service you can do this by:</p> <ul style="list-style-type: none"> <li>holding a consumer focus group or workshop</li> <li>including consumer representatives on committees</li> <li>using incident management systems.</li> </ul> <p>You should manage consumer feedback in a systematic way. Whether you seek consumer feedback informally through a discussion in a waiting area or formally through a committee, it is important that you have a process for managing the feedback.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol that outline key principles for consumer involvement in the practice</li> <li><input type="checkbox"/> Patient experience survey instrument</li> <li><input type="checkbox"/> Results of patient experience surveys or records of discussions with consumers about their experiences of care and the organisation of the practice, for example from a focus group or telephone call</li> <li><input type="checkbox"/> Evidence of attempts to engage with consumers, such as email invitations to participate in feedback surveys or telephone scripts for follow up with patients</li> <li><input type="checkbox"/> Action plan or list of actions to address issues raised by consumers or identified in the analysis of consumer feedback</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where consumers have been involved or consumer feedback has been tabled and discussed</li> <li><input type="checkbox"/> Terms of reference for committees with consumer representatives</li> <li><input type="checkbox"/> Email, web site or social media records of consumer feedback about key clinical and organisational management issues</li> <li><input type="checkbox"/> Reviews of consumer feedback reports by practice owners, senior dentists or the dental service executive and how this was considered when making business decisions</li> <li><input type="checkbox"/> Other:</li> </ul>



	<p>This means that after consumers have provided feedback, you:</p> <ul style="list-style-type: none"> <li>• explain how you will deal with the feedback</li> <li>• discuss in a team meeting or with the practice owners, senior dentists or dental service executive</li> <li>• report back to consumers the action taken.</li> </ul> <p>There may be times when attempts to engage consumers are not successful in obtaining a response or collecting feedback that is meaningful to the practice. If this does occur, practices should consider issues impacting the response rate and consider alternative strategies for patient engagement.</p> <p>Resources and tools for partnering with consumers can be found in the <i>Safety and Quality Improvement Guide for Standard 2</i>.<sup>24</sup></p>	
<p>2.1.2 Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people who do not usually provide feedback</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we ensure the consumers engaged in partnerships with the practice reflect the diversity of our patient population?</p>	<p>First you should identify the types of consumers who attend your practice and understand the diversity of your patient population.</p> <p>You can find out about the demographics of your patient population from a number of sources, including:</p> <ul style="list-style-type: none"> <li>• a patient experience survey with questions included to help identify the diverse groups of patient who access services</li> <li>• collecting information about patients' diverse backgrounds through the patient enrolment form.</li> </ul> <p>Using this information, you can then implement strategies to engage with consumers who reflect the diverse range of patients who attend your practice. Approaches to doing this can range from formal activities such as including consumers on boards or committees, to informal strategies such as holding a lunchtime consumer session and engaging in conversations in the waiting area.</p> <p>It is important to consider consumers from culturally and linguistically diverse backgrounds and those with a lower level of health literacy.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A service profile or other documents about the background of consumers attending the practice</li> <li><input type="checkbox"/> Evidence that feedback is sought from a broad range of consumers, for example criteria for the selection of consumer representatives</li> <li><input type="checkbox"/> Records of consultation with patients from vulnerable groups to seek feedback about improving their dental experience</li> <li><input type="checkbox"/> Other:</li> </ul>



**2.2 Implementing policies, procedures and/or protocols for partnering with patients, carers and consumers in:**

- strategic and operational/services planning
- decision making about safety and quality initiatives
- quality improvement activities

2.2.1 The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation

Reflective questions	Suggested strategies	Evidence examples
How are consumers involved in strategic or operational planning?	<p>The involvement of consumers in strategic or operational planning processes can enhance the quality and safety of dental care. Consumers may help to identify gaps in your service or areas for improvement.</p> <p>In a small dental practice, you might consider engaging with consumers about strategic and operational planning through waiting room discussions, workshops, focus groups or community meetings.</p> <p>You can engage consumers in a range of planning processes, such as:</p> <ul style="list-style-type: none"> <li>• providing comments on the development of a strategic plan</li> <li>• participating in the planning for the implementation of a new procedure.</li> </ul> <p>In a large dental practice or service, you might address this action by:</p> <ul style="list-style-type: none"> <li>• involving consumers in high level governance processes such as on boards or committees</li> <li>• consulting with consumers in the development of strategic plans.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol that outlines the role of consumers and carers in strategic and organisational planning</li> <li><input type="checkbox"/> Records of sessions held with consumers involving strategic and operational planning</li> <li><input type="checkbox"/> Documentation demonstrating consumers were consulted during the development of strategic or operational plans for the practice</li> <li><input type="checkbox"/> Documentation showing how feedback from consumers has been incorporated into practice plans</li> <li><input type="checkbox"/> Other:</li> </ul>

2.2.2 Consumers and/or carers are actively involved in decision making about safety and quality

Reflective questions	Suggested strategies	Evidence examples
How do consumers participate in decision making for safety and quality?	<p>Consumers can add value to decision making about safety and quality by asking questions about service provision and suggesting improvements. This is most effective when a systematic approach is taken.</p> <p>You can involve consumers in:</p> <ul style="list-style-type: none"> <li>• reviews to identify safety and quality issues within the practice, such as unclear signage</li> <li>• the planning and implementation of a new procedure such as a new injection system.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where consumer representatives have been present and safety and quality issues discussed</li> <li><input type="checkbox"/> Documentation of improvement activities that have been initiated as a result of suggestions arising from consumers:                         <ul style="list-style-type: none"> <li>• on committees</li> <li>• through the complaints or compliments system</li> <li>• as part of patient experience surveys</li> <li>• using other forms of feedback mechanisms</li> </ul> </li> <li><input type="checkbox"/> Records of consumer involvement in reviews to identify safety and quality issues</li> </ul>



		<input type="checkbox"/> Records of consumer involvement in workplace health and safety checks <input type="checkbox"/> Records of discussions with consumers in the waiting room or reception area about projects and opportunities for improving services <input type="checkbox"/> Other:
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**Clinical scenario: A consumer engagement plan**

As part of a broader policy on stakeholder engagement, an oral health service developed a consumer engagement plan for the work unit. This plan contained procedures and protocols to describe the steps that the work unit would take to involve consumers in the oral health service's clinical and operational management. The plan set out processes for:

- including consumer representation on relevant committees, with updated terms of reference, and induction and training for consumer representatives
- using consumer input in the training of team members. This would focus on the use of the feedback reporting system to ensure:
  - comprehensive recording of all feedback
  - updating of committee agenda to incorporate feedback as a standing agenda item
- involving consumers in service design, including mandating project requirements and aligning these with key performance indicators

- training team members in engaging with consumers, including team meetings and structured peer discussion sessions focused around point-of-care patient surveys and consumer engagement.

**Applying the NSQHS Standards:**

- Consumers are involved in the governance of the health service organisation (**Action 2.1.1**)
- Consumers are involved in strategic or operational planning (**Action 2.2.1**)
- The practice considers patient feedback and incorporates changes to improve the written information developed and distributed by the practice (**Action 2.4.2**)
- Consumers participate in the design and redesign of health services (**Action 2.5.1**)
- Dental team members access training on engagement of consumers (**Action 2.6.1**)

2.3 Facilitating access to relevant orientation and training for consumers and/or carers partnering with the organisation		
2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role		
Reflective questions	Suggested strategies	Evidence examples
What support do we give to consumers who are involved in the corporate or clinical management of our dental practice?	You may invite consumers to be involved in operational or clinical management processes, whether on committees, providing general feedback or commenting on some of your publications. You will need to explain what your expectations are so that they can perform effectively in these roles.	<input type="checkbox"/> Orientation manual or training documentation for consumers participating in boards or committees <input type="checkbox"/> Consumer evaluation reports and feedback on training materials and support provided to engage with the practice



	<p>The support provided to consumers to engage with the practice will vary depending on the format and structure of the engagement activity.</p> <p>In a small dental practice, engagement with consumers is likely to be informal, such as conversations in waiting areas, and the provision of training for consumers may not be necessary.</p> <p>In a large dental practice or service, processes for consumer engagement are more formal and structured, and may include:</p> <ul style="list-style-type: none"> <li>• providing written information</li> <li>• discussion during orientation with key team members</li> <li>• providing training</li> <li>• designating a dental team member as a point of contact for ongoing support.</li> </ul> <p>Regardless of the methods used to engage consumers in your practice, it is important that consumers know that their opinions are being sought, that they are valued and that the information they provide will be used for safety and quality improvement.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Session outline or notes from presentations or written information given to consumers as part of focus groups, workshops and/or information sessions</li> <li><input type="checkbox"/> Information provided to consumers about consultation processes and how the information they provide will be used by the dental practice</li> <li><input type="checkbox"/> Correspondence such as invitations or emails from meetings held with consumers to welcome them, and explain their role, activities and expectations</li> <li><input type="checkbox"/> Other:</li> </ul>
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**2.4 Consulting consumers on patient information distributed by the organisation**

2.4.1 Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)

Reflective questions	Suggested strategies	Evidence examples
<p>How do we collect feedback from consumers on the written material we give to consumers?</p>	<p>When you provide consumers with pre- or post-procedural instructions, educational material and other written information, it is important to verify that they can understand and act on the instructions.</p> <p>You can involve consumers to:</p> <ul style="list-style-type: none"> <li>• check that the information you distribute is useful, and easy to read and comprehend</li> <li>• suggest improvements.</li> </ul> <p>You should consider whether there are particular culturally and linguistically diverse groups that require materials. <b>(Action 2.1.2.)</b></p> <p>If you do not develop your own information publications, you should try to source publications that have been developed in partnership with consumers.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Records of consumer feedback provided on pre- or post-procedural written information distributed by the practice</li> <li><input type="checkbox"/> Evidence of revisions made to written patient information in response to consumer feedback</li> <li><input type="checkbox"/> Records of surveys conducted on written information distributed by the practice</li> <li><input type="checkbox"/> Instructions for consumers on lodging a compliment or complaint about written information provided by the practice</li> <li><input type="checkbox"/> Email, web site and social media feedback records on written information distributed by the practice</li> <li><input type="checkbox"/> Other:</li> </ul>



	<p>Approaches to seeking consumer feedback about patient information publications include:</p> <ul style="list-style-type: none"> <li>• patient experience surveys</li> <li>• waiting room discussions, focus groups or workshops to review existing publications or to develop new publications</li> <li>• follow-up phone calls to consumers who have been provided with written instructions after a procedure to identify any issues in understanding the information.</li> </ul>	
<p>2.4.2 Action is taken to incorporate consumer and/or carers' feedback into publications prepared by the health service organisation for distribution to patients</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What actions have we taken to include consumer feedback in written materials distributed by the practice?</p>	<p>You should evaluate feedback from consumers, and where appropriate, make changes to improve your practice's written information.</p> <p>Once you have refined written information in response to consumer feedback, you should show the revised document to consumers to check that you have interpreted their feedback correctly and made appropriate changes.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of revisions made to written information in response to consumer feedback</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where patient feedback was considered when reviewing and updating written information</li> <li><input type="checkbox"/> A register of written information produced and/or distributed by the practice</li> <li><input type="checkbox"/> Other:</li> </ul>

**Clinical scenario: Patient information**

After extracting a tooth, a dentist provided her patient, Mikhail, with some written instructions for oral hygiene. English was not Mikhail's first language and he asked if a translation of the dental practice's handout was available.

The dentist raised the issue at a practice meeting, and the team discussed possible actions. The dental team reviewed the profile of the local community to identify culturally and linguistically diverse groups and started a project to source translated materials and seek consumer feedback. Upon completion of the project, the team were keen to harness the relationships they had developed with their consumers and looked at how they could engage consumers more broadly in operational planning.

**Applying the NSQHS Standards:**

- Consumers are involved in strategic or operational planning (**Action 2.2.1**)
- Collect feedback from patients on the written information developed by the practice (**Action 2.4.1**)
- Consider patient feedback and incorporate changes to improve the written information developed and distributed by the practice (**Action 2.4.2**)



## Consumer partnership in designing care

Consumers and/or carers are supported by the dental practice to actively participate in the improvement of the patient experience and patient health outcomes.

2.5 Partnering with consumers and/or carers to design the way care is delivered to better meet patient needs and preferences		
2.5.1 Consumers and/or carers participate in the design and redesign of health services		
Reflective questions	Suggested strategies	Evidence examples
How do consumers participate in design and redesign projects?	<p>In order to improve the patient journey, consider the points at which you involve consumers in the design or redesign of your practice or patient flow, and how you go about doing this.</p> <p>Design or redesign activities include making improvements in how a process is undertaken to increase its efficiency, continuity, appropriateness, effectiveness, consumer focus and/or safety.</p> <p>Examples include:</p> <ul style="list-style-type: none"> <li>designing a new dental practice</li> <li>making changes to patient flow processes in dental practices.</li> </ul> <p>In a small dental practice, you can seek feedback through:</p> <ul style="list-style-type: none"> <li>focus groups or patient experience surveys</li> <li>talking with a consumer who has identified a design issue</li> <li>shadowing consumers through the patient journey and documenting issues identified</li> <li>displaying proposals in waiting areas and providing consumer feedback forms.</li> </ul> <p>In a large dental practice or service, you can:</p> <ul style="list-style-type: none"> <li>involve consumers in a steering group in a redesign project</li> <li>include consumers and/or the community in discussion meetings for projects.</li> </ul>	<ul style="list-style-type: none"> <li>Agenda items, minutes or other records of meetings with community representatives where design projects have been discussed</li> <li>Records of project plans for the design or redesign of a practice or service prior to and after input by consumers</li> <li>Records of feedback from the shadowing of consumers through the patient journey and documentation of issues identified and improvements made</li> <li>Documentation of improvements made as a result of consultation with consumers about aspects of the design of the area under construction</li> <li>Agenda items, minutes or other records of meetings where consumers have been involved in the design or redesign of the practice</li> <li>Other:</li> </ul>



#### Clinical scenario: **Consulting consumers on the way dental care is delivered**

A large oral health service operated a number of dental clinics across a metropolitan area. To ensure it was meeting the different needs of its patients in each clinic, the oral health service executive developed and distributed a patient experience survey.

The service executive reviewed the results of the survey, and implemented the following organisational changes in response to patient feedback. It:

- Established an SMS reminder system for appointments. This was trialled by a small group of patients and carers at first, before being rolled out across all clinics.

- Installed privacy screens in a treatment room in response to patients complaining that they were visible from the street.
- Organised frontline management training for team leaders in response to complaints about reception team members during busy periods.

#### **Applying the NSQHS Standards:**

- Consumers are consulted on the way dental care is delivered to improve patient experience (**Action 2.5.1**)

#### Clinical scenario: **Developing a process for consumer engagement**

Dental team members in a private dental practice identified a number of opportunities for consumers to engage with their operational and clinical management processes and developed a process for engaging with consumers using a patient survey.

The patient survey was given to all patients at the completion of their course of treatment over an 8-week period. The practice manager collated patient responses in a folder and discussed the feedback with the practice owner. They divided the feedback into categories, according to whether the response required operational changes or training for team members, and documented all suggestions.

The practice manager and owner then drafted a list of recommendations, which they presented at a team meeting for discussion and assigning tasks. The practice manager followed up on progress at subsequent team meetings.

The practice sent letters to each of the patients and carers who had responded to the feedback surveys, to thank them and share with them the various improvements which had resulted from their feedback.

In addition, the practice developed and implemented a protocol to collect feedback on complaints, compliments and suggestions and initiated a protocol where consumers were invited to discuss issues with the practice manager and practice owner, with the aim of using feedback in quality improvement.

#### **Applying the NSQHS Standards:**

- Consumers are consulted on the way dental care is delivered to improve patient experience (**Action 2.5.1**)



2.6 Implementing training for clinical leaders, senior management and the workforce on the value of and ways to facilitate consumer engagement and how to create and sustain partnerships		
2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care		
Reflective questions	Suggested strategies	Evidence examples
How do we provide the dental service executive, senior dentists and team members with training on patient-centred care?	<p>If your practice sets out to put consumers first, you should understand what that means and the benefits that can be achieved for patient safety and quality of care. The intent of this action is to ensure that dental team members understand what 'patient-centred care' is, why it is important and how it may be enacted.</p> <p>This is particularly relevant for practice owners, senior dentists and the dental service executive, who set the example for other dental team members.</p> <p>Education and training for dental team members is one of most effective change mechanisms for improving communication with consumers. Training can:</p> <ul style="list-style-type: none"> <li>• be incorporated into existing professional development activities</li> <li>• involve attendance at external training courses or conferences</li> <li>• involve discussions with mentors in the field</li> <li>• be an online program.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training attendance records or education resources on patient centred care and engaging with consumers, such as:                             <ul style="list-style-type: none"> <li>• lunchtime seminars</li> <li>• online information sessions or training programs</li> <li>• guest speakers presenting to team members</li> <li>• attendance at external conferences or courses on engaging with consumers or active listening</li> <li>• attendance at courses on cultural awareness training for indigenous consumers</li> </ul> </li> <li><input type="checkbox"/> Access to printed or electronic resources relating to patient centred care, consumer partnerships and consumer perspectives that are disseminated to dental team members</li> <li><input type="checkbox"/> Other:</li> </ul>
2.6.2 Consumers and/or carers are involved in training the clinical workforce		
Reflective questions	Suggested strategies	Evidence examples
How do we involve consumers in training dental practitioners?	<p>It is important that dental team members understand how partnering with consumers can improve the safety and quality of health care. Involving consumers in the design and delivery of training will have benefits in terms of strengthening relationships between dental team members and consumers.</p> <p>You should have mechanisms in place for consumers to contribute to the education of dental team members. There are a variety of ways you can do this:</p> <ul style="list-style-type: none"> <li>• You could interview consumers to seek feedback for team members about matters such as physical comfort during treatment, access to the practice, written information and communication.</li> <li>• You could ask consumers to review the training materials for team members, provide their stories to be incorporated into the training sessions, or suggest tools and resources that appeal to them.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where consumer feedback has been used to educate dental team members about any issues raised by consumers</li> <li><input type="checkbox"/> Action plan or list of actions to address the issues raised by consumers in regards to staff training</li> <li><input type="checkbox"/> Records of focus groups or discussions involving consumers where feedback on training materials has been sought</li> <li><input type="checkbox"/> Other:</li> </ul>



	<ul style="list-style-type: none"> <li>If you have a number of consumers identifying as Aboriginal or Torres Strait Islander people, team members could participate in Aboriginal cultural awareness training conducted by Indigenous consumers.</li> </ul>	
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## Consumer partnership in service measurement and evaluation

Consumers and/or carers receive information on the health service organisation's performance and contribute to the ongoing monitoring, measurement and evaluation of performance for continuous quality improvement.

2.7 Informing consumers and/or carers about the organisation's safety and quality performance in a format that can be understood and interpreted independently		
2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance		
Reflective questions	Suggested strategies	Evidence examples
How do we inform consumers about our safety and quality performance?	<p>Patients should have access to safety and quality performance information about your practice. This may be in the form of graphs, charts or diagrams about how the practice is performing.</p> <p>Some ways that you and your dental team could communicate this information to consumers include:</p> <ul style="list-style-type: none"> <li>displaying posters on safety and quality performance in waiting areas, on topics such as results of an external survey in relation to infection control, or accreditation</li> <li>providing information on your web site about safety and quality performance</li> <li>displaying your certificate of accreditation to the NSQHS Standards.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Posters, graphs, diagrams, charts and any other information relating to the practice's safety and quality performance displayed prominently in the waiting areas</li> <li><input type="checkbox"/> Notifications of recent audits or survey results</li> <li><input type="checkbox"/> Newsletters or annual reports about practice improvements introduced for safety and quality, that are available and distributed to patients</li> <li><input type="checkbox"/> Incident register can be reported in newsletters, noticeboards, web sites and at committees, and actions taken to reduce the likelihood of incidents recurring</li> <li><input type="checkbox"/> Accreditation certificate displayed within the practice</li> <li><input type="checkbox"/> Other:</li> </ul>



**2.8 Consumers and/or carers participating in the analysis of safety and quality performance information and data, and the development and implementation of action plans**

2.8.1 Consumers and/or carers participate in the analysis of organisational safety and quality performance

Reflective questions	Suggested strategies	Evidence examples
How do consumers participate in the analysis and review of our safety and quality performance?	<p>You should provide consumers with information about your safety and quality performance, and then have processes in place to receive feedback.</p> <p>In a small practice, you can use the following strategies to collect feedback from consumers:</p> <ul style="list-style-type: none"> <li>• incorporating questions into a patient experience survey about the practice's safety and quality performance</li> <li>• inviting consumers not involved in the complaint to review de-identified compliments and complaints in relation to safety and quality performance.</li> </ul> <p>In a large dental practice or service, you can invite consumers who sit on committees or attend meetings to provide feedback.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings attended by consumers where safety and quality performance data was tabled and improvement strategies discussed</li> <li><input type="checkbox"/> Results of patient experience surveys about safety and quality performance</li> <li><input type="checkbox"/> Feedback from consumers about the practice's compliments and complaints</li> <li><input type="checkbox"/> Action plan or a list of actions to address issues raised by consumers in regards to safety and quality performance data</li> <li><input type="checkbox"/> Other:</li> </ul>

2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements

Reflective questions	Suggested strategies	Evidence examples
How do consumers participate in planning and implementing our quality improvement activities?	<p>Consumers should be actively involved in the planning and implementation of quality improvement activities. You will need a mechanism to engage consumers in such activities and also to promote this to other patients so that they are aware of the activity taking place within your practice.</p> <p>You could use strategies ranging from talking with consumers in waiting areas about opportunities for improving services, through to displaying information about quality improvement activities and inviting feedback.</p> <p>You can then:</p> <ul style="list-style-type: none"> <li>• document how you have included consumers in your quality improvement activities</li> <li>• provide feedback to consumers about the impact that this involvement has had.</li> </ul> <p>Links with <b>Actions 2.1.1</b> and <b>2.2.1</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings attended by consumers where safety and quality performance data was tabled and improvement strategies discussed</li> <li><input type="checkbox"/> Communication materials written for consumers summarising how consumer input has resulted in changes or identified improvement opportunities</li> <li><input type="checkbox"/> Record of consumer involvement in developing a strategic plan</li> <li><input type="checkbox"/> Other:</li> </ul>



2.9 Consumers and/or carers participating in the evaluation of patient feedback data and development of action plans		
2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data		
Reflective questions	Suggested strategies	Evidence examples
How do consumers participate in the evaluation of our patient feedback?	<p>You should have a process in place to actively involve consumers in the evaluation of patient feedback data. This will allow them to raise concerns about the feedback and to generate solutions from their perspective.</p> <p>In a small dental practice you can do this by:</p> <ul style="list-style-type: none"> <li>• providing de-identified patient feedback data to individual consumers to help them identify any key issues and encourage suggestions to address the issues</li> <li>• displaying de-identified patient feedback data in the practice and encouraging comments and suggestions for improvements through an anonymous feedback box.</li> </ul> <p>In a large dental practice or service you can do this by:</p> <ul style="list-style-type: none"> <li>• engaging consumers to evaluate de-identified patient feedback through workshops or focus groups</li> <li>• inviting consumers onto committees or groups tasked with evaluating de-identified patient feedback data.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Presentation of de-identified patient feedback data, such as complaints and compliments, provided to consumer representatives or displayed in the practice</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings attended by consumers where de-identified patient feedback was tabled and strategies for improvement discussed</li> <li><input type="checkbox"/> Other:</li> </ul>
2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data		
Reflective questions	Suggested strategies	Evidence examples
How do consumers participate in improvement activities based on feedback from our patients?	<p>Consumers should be actively involved in implementing quality improvement activities designed to address the issues they have raised.</p> <p>In a small dental practice you can do this by engaging with individual consumers who were involved in the identification of issues to develop and implement solutions.</p> <p>In a large dental practice or service you can do this by:</p> <ul style="list-style-type: none"> <li>• involving consumers in working groups or committees established to guide implementation of quality improvement activities</li> <li>• engaging with consumers to evaluate patient feedback through workshops or focus groups.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings attended by consumers where de-identified patient feedback was tabled and strategies for improvement discussed</li> <li><input type="checkbox"/> Quality improvement plan or list of actions to be implemented to address issues raised in patient feedback, including details of processes for involving consumers in these activities</li> <li><input type="checkbox"/> Records of feedback from consumers who have been involved in quality improvement activities</li> <li><input type="checkbox"/> Other:</li> </ul>



# Standard 3

## Preventing and Controlling Healthcare Associated Infections

The intention of this Standard is to minimise the risk for patients in acquiring preventable infections and to use evidence-based strategies to effectively manage infections when they occur. To be successful in implementing the necessary systems and processes to reduce infection, the prevention and control program requires leadership and support from practice owners, senior dentists or the dental service executive.

A clinical and operational management framework needs to be in place, incorporating executive responsibility and commitment to a risk management approach in minimising infection risks to patients and team members. Risk management is an integral part of this standard. A risk management approach provides a framework to assess and address risks identified in the dental practice so that strategies and resources can be prioritised.

A successful infection prevention and control program is comprised of the six criteria that constitute NSQHS Standard 3:

- Governance and systems for infection prevention, control and surveillance
- Infection prevention and control strategies
- Managing patients with infections or colonisations
- Antimicrobial stewardship
- Cleaning, disinfection and sterilisation
- Communicating with patients and carers.

There are strong links between other NSQHS Standards and NSQHS Standard 3, and these should be considered as part of the overall risk management process.



## Governance and systems for infection prevention, control and surveillance

There are integrated systems of governance to actively manage patient safety and quality risks.

### 3.1 Developing and implementing governance systems for effective infection prevention and control to minimise the risk to patients of healthcare associated infections

3.1.1 A risk management approach is taken when implementing policies, procedures and/or protocols for:

- standard infection control precautions
- transmission-based precautions
- aseptic technique
- safe handling and disposal of sharps
- prevention and management of occupational exposure to blood and body substances
- environmental cleaning and disinfection
- antimicrobial prescribing
- outbreaks or unusual clusters of communicable infection
- processing of reusable medical devices
- single-use devices
- surveillance and reporting of data where relevant
- reporting of communicable and notifiable diseases\*
- provision of risk assessment guidelines to workforce
- exposure-prone procedures

Reflective questions	Suggested strategies	Evidence examples
<p>Are our infection prevention and control policies, procedures and protocols consistent with the NHMRC's <i>Australian Guidelines for the Prevention and Control of Infection in Health Care</i><sup>9</sup>?</p> <p>How do our policies, procedures and protocols for infection prevention and control ensure risks are identified and managed?</p>	<p>Policies, procedures and protocols are at the core of NSQHS Standard 3 and should address all areas where practices have a risk of infection. They need to comply with the <i>Australian Guidelines for the Prevention and Control of Infection in Health Care</i>.<sup>9</sup></p> <p>Use a risk management approach as a framework to assess and address risks identified in your practice related to preventing and controlling healthcare associated infections.</p> <p>To identify risks and decide how to prioritise actions, you can:</p> <ul style="list-style-type: none"> <li>• have a policy or procedure documenting your practice-wide system for infection prevention and control processes</li> <li>• have a process in place for collecting and investigating incidents of infection</li> <li>• train dental team members in infection prevention and control systems in line with the policy</li> <li>• provide information to patients on how to prevent and control infection</li> <li>• monitor infections associated with dental care</li> <li>• review the infection prevention and control system to see if there are areas that could be improved</li> <li>• develop a plan to address these areas.</li> </ul> <p>* <i>You may need to report communicable and notifiable disease to public health authorities to assist in the management of outbreaks or unusual clusters of communicable diseases. In general, notification or reporting</i></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for infection prevention and control that complies with the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i><sup>9</sup></li> <li><input type="checkbox"/> Equipment manuals, instruction guides and training manuals, self-audit records, or checklists demonstrating compliance with relevant infection prevention and control policies</li> <li><input type="checkbox"/> Infection prevention and control protocols that identify the individuals or committees responsible, and outline how compliance is assessed and protocols are reviewed</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes infection prevention and control activities</li> <li><input type="checkbox"/> Tools used for the assessment, reporting and review of risks</li> <li><input type="checkbox"/> Other:</li> </ul>



*of communicable diseases under relevant Public Health Acts or Regulations would not be the primary responsibility of a dental practitioner. However, patients who present to a dental practice may have a specific disease or infection where transmission-based precautions should be applied to minimise risks to both dental team members and other patients. Early action and notification may reduce risks of an outbreak occurring as some of these patients may not be seen or reported by other groups included under Public Health Acts (for example, pathology laboratories, medical practitioners, school principals). For additional information on communicable or notifiable diseases refer to your state or territory health departments.*

3.1.2 The use of policies, procedures and/or protocols is regularly monitored

Reflective questions	Suggested strategies	Evidence examples
<p>How do we know if the dental team is using our infection prevention and control measures?</p>	<p>Practice owners, senior dentists or the dental service executive should regularly review and evaluate the policies, procedures and protocols for the priority areas identified in <b>Action 3.1.1</b>, for effectiveness.</p> <p>To monitor the use of measures to prevent and control infection, you can review activities such as hand hygiene, use of protective clothing, environmental cleaning, waste management, instrument traceability and cleaning, disinfection and sterilising procedures.</p> <p>Some of the steps you can take in reviewing these monitoring activities include:</p> <ul style="list-style-type: none"> <li>• observing practice</li> <li>• monitoring trends in infection rates</li> <li>• reviewing infection control incidents</li> <li>• checking for patterns of incidents</li> <li>• discussing with dental team members how infection control and prevention activities can be improved</li> <li>• documenting improvement activities you undertake.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for infection prevention and control which defines methods for monitoring and evaluating infection prevention and control measures in the practice</li> <li><input type="checkbox"/> A schedule of reviews of infection prevention and control activities to check compliance with the policy</li> <li><input type="checkbox"/> Results of monitoring and documentation of the actions taken to address any issues</li> <li><input type="checkbox"/> A register for documenting infection prevention and control incidents as described in <b>Action 3.2.1</b></li> <li><input type="checkbox"/> Other:</li> </ul>



3.1.3 The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation

Reflective questions	Suggested strategies	Evidence examples
<p>What information about infection prevention and control do we collect and provide to practice owners, senior dentists or the dental service executive?</p>	<p>Practice owners, senior dentists or the dental service executive should review the information collected about measures to prevent and control infection in <b>Action 3.1.2</b>.</p> <p>To determine the effectiveness of infection prevention and control measures, you could consider the following steps:</p> <ul style="list-style-type: none"> <li>• describe the information that is collected, and whether it is enough to be confident that the processes and practices are not causing infections</li> <li>• identify any additional information you might need and how it can be collected</li> <li>• collate this information and provide it to the practice owners, senior dentists or the dental service executive</li> <li>• document the actions that are to be taken as a result of the review by practice owners, senior dentists or the dental service executive.</li> </ul> <p>In a small dental practice, you might assign an individual to be responsible for overseeing infection prevention and control practices, review and incident management.</p> <p>In a large dental practice or service, you might have safety and quality or infection prevention and control committees, responsible for overseeing the implementation of the infection prevention and control policy. These committees may gather data from incident reports and reviews, and suggest new or modified workplace procedures and amend or produce formal documentation. Workplace guidelines or instructions can help the flow of information.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for infection prevention and control that describes the information to be collected and how it is reported</li> <li><input type="checkbox"/> A schedule for the reporting of infection prevention and control activities</li> <li><input type="checkbox"/> Reports on the results of surveillance or incident reviews provided to practice owners, senior dentists or the dental service executive</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings of practice owners, senior dentists or the dental service executive demonstrating review of reports on infection prevention and control activities</li> <li><input type="checkbox"/> Position descriptions detailing accountabilities for dental team members for responsibilities in relation to the prevention and control of healthcare associated infections</li> <li><input type="checkbox"/> Other:</li> </ul>



3.1.4 Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve our infection prevention and control performance?</p>	<p>First you should monitor, revise and evaluate policies, procedures and protocols to ensure they are effective. Then you can use the results of the monitoring process (<b>Action 3.1.2</b>) to develop improvement strategies. Examples include:</p> <ul style="list-style-type: none"> <li>• investigating any infection control adverse events, incidents, near misses and complaints</li> <li>• identifying systems issues to determine any areas where improvements can be made – for example, not enough equipment to meet the needs of the dental practice or too much time taken to reprocess instruments</li> <li>• analysing the information collected from reviews to determine whether dental team members are using the infection prevention and control policy appropriately</li> <li>• routinely reviewing clinical areas to identify potential infection control breaches or risks</li> <li>• assessing the impact on practices to prevent and control infection when considering technological changes in products and equipment</li> <li>• developing a plan or amending policies or processes to address any issues arising and prevent problems recurring</li> <li>• using protocols from other dental practices with a similar scope of practice – or protocols from state, territory or other external groups such as Hand Hygiene Australia</li> <li>• communicating to dental team members the results of investigations or reviews, any new plans or initiatives, and any changes to policies and processes</li> <li>• educating dental team members about the infection prevention and control policy and their role in preventing infections in dental care</li> <li>• monitoring the implementation of any new plans, initiatives or revised policies, procedures or protocols. In a small dental practice the practice owner or senior dentist might be responsible for this, and in a large dental practice or service this may occur at relevant committee meetings</li> <li>• measuring activities or risks before and after any action to demonstrate any changes that have occurred.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A register for documenting infection prevention and control incidents as described in <b>Action 3.2.1</b></li> <li><input type="checkbox"/> Action plan of list of actions to address issues of compliance</li> <li><input type="checkbox"/> Documentation of recommendations from practice owners, senior dentists or the dental service executive provided to dental team members for action following review of reports on infection prevention and control activities</li> <li><input type="checkbox"/> Examples of improvement activities undertaken to improve the effectiveness of infection prevention and control policies, procedures and protocols</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about infection prevention and control</li> <li><input type="checkbox"/> Other:</li> </ul>



### 3.2 Undertaking surveillance of healthcare associated infections

#### 3.2.1 Surveillance systems for healthcare associated infections are in place

Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify healthcare associated infections in our dental practice?</p>	<p>You should collect and analyse information about healthcare associated infections, and take action to minimise risks.</p> <p>You should ensure you have a system in place to collect information on healthcare associated infections. Examples of activities include:</p> <ul style="list-style-type: none"> <li>• reviewing new patient assessment form details where patients have identified an infection, or risk of infection, that may influence treatment</li> <li>• reviewing records of antimicrobial prescribing in the practice to determine compliance with current endorsed Australian therapeutic guidelines antimicrobial prescribing, such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup></li> <li>• identifying possible healthcare associated infections in patients who re-present with infections after treatment. This information may be identified in the practice's incident management system</li> <li>• providing education and training to team members who are at risk of occupational exposures and maintaining records of who has completed the relevant training or education</li> <li>• conducting a risk assessment to review clinical areas for potential occupational exposure</li> <li>• identifying work health and safety measures and training to be addressed for the dental practice.</li> </ul> <p>Dental practitioners and other team members providing care should demonstrate that they comply with practices outlined in current endorsed Australian therapeutic guidelines for antimicrobial prescribing such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup> in managing patients at risk of infections, where relevant</p> <p>You should use the risk management system to identify conditions and treatment options for patients who are at an increased risk of healthcare associated infections. This includes, for example, patients with certain cardiac conditions or with an implant or prosthesis in situ. Refer to the NPS fact sheet, <i>Preventing infections of the heart and antibiotics</i>.<sup>52</sup></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for identification and management of healthcare associated infections</li> <li><input type="checkbox"/> Results of a review of new patient assessment forms (medical/ medication history form) for any risk of infection</li> <li><input type="checkbox"/> Results of a review of antibiotic prescribing practices and compliance with current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing</li> <li><input type="checkbox"/> Risk management system for management of patients with increased risk of infections related to dental care that also includes an incident register (<b>Action 1.14.2</b>) that would include any Healthcare Associated Infections (HAIs) that are identified.</li> <li><input type="checkbox"/> Surveillance activities such as the sharing of data with other dental practices, health service organisations or general practitioners to identify any healthcare associated infection risk</li> <li><input type="checkbox"/> Records of reporting and review of clinical cases where infection associated with dental treatment has been identified</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members about their obligations and accountabilities in relation to healthcare associated infections</li> <li><input type="checkbox"/> Other:</li> </ul>



3.2.2 Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees		
Reflective questions	Suggested strategies	Evidence examples
How is healthcare associated infection surveillance data reported within the dental practice?	<p>You should document and report de-identified incidents, near misses or potential risks or hazards. This includes the types of procedures and equipment associated with occupational exposures to biological agents.</p> <p>You should ensure there is a system in place for the reporting of infection data to practice owners, senior dentists or the dental service executive for review, feedback and recommendations.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol in line with <b>Action 3.1.1</b> that includes reporting of infection data to practice owners, senior dentists or the dental service executive</li> <li><input type="checkbox"/> Reports from the incident register that includes reported healthcare associated infections as described in <b>Action 3.2.1</b></li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where healthcare associated infection surveillance data is tabled and discussed</li> <li><input type="checkbox"/> Reports about surveillance data provided to practice owners, senior dentists or the dental service executive</li> <li><input type="checkbox"/> Other:</li> </ul>
<b>3.3 Developing and implementing systems and processes for reporting, investigating and analysing healthcare associated infections, and aligning these systems to the organisation's risk management strategy</b>		
3.3.1 Mechanisms to regularly assess the healthcare associated infection risks are in place		
Reflective questions	Suggested strategies	Evidence examples
How do we identify, report and manage healthcare associated infection risks?	<p>This action links with <b>Action 3.1.1</b> regarding the need to take a risk management approach to infection control and prevention policies, procedures and protocols.</p> <p>Risk assessment can incorporate a range of data and information sources, including:</p> <ul style="list-style-type: none"> <li>• surveillance data</li> <li>• antimicrobial usage</li> <li>• surveys of dental practitioners and other team members providing care</li> <li>• incident reports</li> <li>• results of other monitoring processes that are in place.</li> </ul> <p>To manage risk you could:</p> <ul style="list-style-type: none"> <li>• participate in risk assessment and data collection activities conducted in the local dental practice network, private practice group or health service.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b></li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b></li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about infections risks</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about identifying, reporting and managing infection risks</li> <li><input type="checkbox"/> Position descriptions for dental team members detailing responsibilities in relation to identifying, reporting or managing infection risks</li> <li><input type="checkbox"/> Protocols for dental practitioners and other team members providing care to use transmission-based precautions when treating patient with seasonal influenza</li> <li><input type="checkbox"/> Reporting and review of clinical cases where infection associated with dental treatment has been identified</li> <li><input type="checkbox"/> Other:</li> </ul>



	<ul style="list-style-type: none"> <li>• use risk assessment frameworks provided by professional organisation, private practice group, state or territory or other external organisations (such as Standards Australia) to undertake a local risk assessment process in the dental practice.</li> <li>• demonstrate the processes in place to consider how risks identified externally, such as an outbreak of influenza, may impact on risk to the dental team and patients and are managed.</li> </ul> <p>Links with <b>Action 3.1.4</b> regarding improvement actions that can be undertaken locally in the dental practice setting.</p>	
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3.3.2 Action is taken to reduce the risks of healthcare associated infection

Reflective questions	Suggested strategies	Evidence examples
<p>How do we use this information to decrease the risks of healthcare related infections?</p>	<p>This action requires you to have processes in place for reporting, investigating and analysing healthcare associated infections.</p> <p>Practice owners, senior dentists or the dental service executive should review the results of the risk assessment undertaken as part of <b>Action 3.1.1</b>.</p> <p>The actions you take to decrease the risk of infection may be the same as the actions taken in <b>Actions 3.1.3</b> and <b>3.1.4</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about identifying, reporting and managing infection risks</li> <li><input type="checkbox"/> Position descriptions for dental team members detailing responsibilities in relation to identifying, reporting or managing infection risks</li> <li><input type="checkbox"/> Protocols for dental practitioners and other team members providing care to use transmission-based precautions when treating patient with seasonal influenza</li> <li><input type="checkbox"/> Reporting and review of clinical cases where infection associated with dental treatment has been identified</li> <li><input type="checkbox"/> Other:</li> </ul>

3.4 Undertaking quality improvement activities to reduce healthcare associated infections through changes to practice

3.4.1 Quality improvement activities are implemented to reduce and prevent healthcare associated infections

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to reduce or prevent healthcare associated infections?</p>	<p>Actions 3.4.1, 3.4.2 and 3.4.3 relate to the overarching quality improvement approach that is needed to prevent and control infections and improve their management. A quality improvement approach provides a way by which you can continuously monitor, evaluate and improve processes and systems within your dental practice.</p> <p>To implement a quality improvement approach to reduce and prevent healthcare associated infection you should:</p> <ul style="list-style-type: none"> <li>• have policies and procedures in place</li> <li>• be able to measure performance</li> <li>• take action to improve performance.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol in line with <b>Action 3.1.1</b> that defines the infection prevention and control guidelines for the dental practice</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b></li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b></li> <li><input type="checkbox"/> A log of activities conducted as part of a quality improvement model such as Plan–Do–Study–Act</li> <li><input type="checkbox"/> Review of new patient assessment forms for any infection risks</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members on infection prevention and control guidelines</li> </ul>



	<p>When reviewing your practice consider the following steps:</p> <ul style="list-style-type: none"> <li>• review existing infection control measures to ensure they adhere to infection control guidelines</li> <li>• implement an incident register to report on adverse events, incidents or near misses and the outcomes to prevent these events from occurring again</li> <li>• inform and train team members about the new improvement initiatives.</li> </ul> <p>You may also be able to use the strategies and examples of evidence used to meet <b>Actions 3.14.1, 3.3.2, 3.5.3, 3.10.3, 3.11.3, 3.11.5, 3.14.4, and 3.18.1</b> for this action.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training attendance records or education resources for dental team members' training on practice changes and policy updates</li> <li><input type="checkbox"/> Results of a review of antimicrobial prescribing in the dental practice and how this has been included in the practice's antimicrobial stewardship program (AMS) plan</li> <li><input type="checkbox"/> Cross-check of records of antibiotic prescribing practices with the current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing</li> <li><input type="checkbox"/> Outcomes and results of checklists and audits of infection control processes provided as resources by quality and safety organisations and professional associations.</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>3.4.2 Compliance with changes in practice are monitored</p>		
<p>Reflective questions</p>	<p>Suggested strategies</p>	<p>Evidence examples</p>
<p>How do we find out if dental team members have changed their work practices?</p>	<p>Following on from the activities implemented in <b>Action 3.4.1</b>, you need to determine whether these activities have resulted in changes in practice.</p> <p>To monitor changes you should:</p> <ul style="list-style-type: none"> <li>• analyse the information you have collected</li> <li>• compare the results to your predictions – did the activities lead to a change in practice or were there unintended consequences?</li> <li>• summarise and reflect on what was learned.</li> </ul> <p>You may also use monitoring undertaken as part of <b>Actions 3.1.2, 3.2.2, 3.8.1, 3.10.2, 3.11.2, 3.11.4, 3.14.3</b> and <b>3.16.1</b> to meet this action.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evaluation results of checklists and audits of infection prevention and control activities</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about reducing healthcare associated infections through changes to practice</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about reducing healthcare associated infections</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>3.4.3 The effectiveness of changes to practice are evaluated</p>		
<p>Reflective questions</p>	<p>Suggested strategies</p>	<p>Evidence examples</p>
<p>How do we know if changes to our policies, procedures or protocols have improved patient outcomes?</p>	<p>Evaluation is a key component of a quality improvement approach. After determining any change made to practice in <b>Action 3.4.2</b>, you will want to know if the change is an improvement.</p> <p>You can measure effectiveness through:</p> <ul style="list-style-type: none"> <li>• monitoring how dental team members comply with policies, procedures or protocols</li> <li>• conducting dental team meetings to discuss how changes are implemented.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of a review of the dental practices incident register and incident reports to demonstrate changes, trends and improvements</li> <li><input type="checkbox"/> Evaluation of reports of any possible healthcare associated infection adverse events over time. These could include:             <ul style="list-style-type: none"> <li>• infections identified following a dental procedure or treatment</li> <li>• any allergic responses to treatment (for example, antibiotics)</li> <li>• reported occupational exposures or incidents of any possible communicable infections that involve the dental practice</li> </ul> </li> </ul>



		<input type="checkbox"/> Analysis of the practice risk management plan to identify how risks have been responded to, and if the response has been successful and sustained <input type="checkbox"/> Other:
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## Infection prevention and control strategies

Strategies for the prevention and control of healthcare associated infections are developed and implemented.

### 3.5 Developing, implementing and auditing a hand hygiene program consistent with the current national hand hygiene initiative

#### 3.5.1 Workforce compliance with current national hand hygiene guidelines is regularly audited

Reflective questions	Suggested strategies	Evidence examples
<p>How do we measure hand hygiene compliance with the national hand hygiene guidelines?</p>	<p>As part of the organisational review of risks, demonstrate what has been done to implement a hand hygiene program that is consistent with the National Hand Hygiene Initiative. You should refer to Hand Hygiene Australia (<a href="http://www.hha.org.au">www.hha.org.au</a>) for further information on the national program.</p> <p>In most dental practices, direct observational auditing of the hand hygiene compliance of dental practitioners and other team members who provide care <b>may not be necessary</b>. Alternate methods for assessing compliance with the National Hand Hygiene Initiative may be more appropriate.</p> <p>In a small dental practice, you can review:</p> <ul style="list-style-type: none"> <li>• the types of hand hygiene products available to dental team members</li> <li>• the placement of, and access to, hand hygiene products</li> <li>• the quantity of hand hygiene products used</li> <li>• the number of dental practitioners and members of the dental team who have completed hand hygiene education and training.</li> </ul> <p>In a large dental practice or service, a more formal hand hygiene program may be appropriate and observational audits may be required. If auditing is required, you should refer to the minimum requirements for hand hygiene auditing set out in the National Hand Hygiene Initiative. You can obtain the guidelines for auditing from Hand Hygiene Australia, or your local health network, corporate dental group or state or territory health department.</p>	<input type="checkbox"/> Results of hand hygiene compliance audits in line with the National Hand Hygiene Initiative <input type="checkbox"/> Results of reviews of hand hygiene products, such as the types or products available, placement of and access to hand hygiene products, or the amount of hand hygiene products used <input type="checkbox"/> Training attendance records and education resources for dental team members about hand hygiene <input type="checkbox"/> Other:



3.5.2 Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation		
Reflective questions	Suggested strategies	Evidence examples
What information do we provide to the practice owners, senior dentists or the dental service executive on our hand hygiene performance?	<p>Practice owners, senior dentists or the dental service executive should review information about the systems and processes to meet the requirements of the National Hand Hygiene Initiative.</p> <p>This includes the results from the audits or reviews undertaken as part of <b>Action 3.5.1</b> and also may include reviews of practice layout, products, supplies, equipment and training activities in relation to hand hygiene.</p> <p>You can track this information over time to show trends in the practice to support the hand hygiene program.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other reports of meetings where hand hygiene audit results from <b>Action 3.5.1</b> are tabled with practice owners, senior dentists or the dental service executive and discussed</li> <li><input type="checkbox"/> Other:</li> </ul>
3.5.3 Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines		
Reflective questions	Suggested strategies	Evidence examples
What have we done to improve compliance with hand hygiene guidelines?	<p>After the practice owners, senior dentists or the dental service executive have reviewed the information obtained as part of <b>Action 3.5.1</b>, you can determine the actions needed to improve compliance with hand hygiene guidelines.</p> <p>You should review hand hygiene audit results to identify any gaps where improvement can occur.</p> <p>You can then use this information to revise policies, procedures or protocols, and counsel or train dental team members to improve hand hygiene practices.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of revisions made to policies and procedures in response to hand hygiene auditing and reviews</li> <li><input type="checkbox"/> Hand hygiene audit results, as described in <b>Action 3.5.1</b>, with corrective actions documented</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> including actions taken to address risks with hand hygiene practices</li> <li><input type="checkbox"/> Orientation manual or training documentation for dental team members to increase awareness of hand hygiene requirements</li> <li><input type="checkbox"/> Communication material provided to patients and visitors to increase awareness of hand hygiene requirements</li> <li><input type="checkbox"/> Other:</li> </ul>

**Clinical scenario: Hand hygiene**

<p>Two dental assistants joined a metropolitan dental practice. One of the dental assistants held a Level 3 qualification in dental assisting while the other was untrained.</p> <p>On their first day of work, the senior dental assistant in charge of their orientation explained the use of standard precautions within the practice, and hand hygiene requirements. The untrained assistant was familiar with the use of alcohol-based hand rubs through her previous employment in a nursing home but the trained dental assistant strongly believed in hand washing with soap and water.</p>	<p>The senior dental assistant providing the training directed both new team members to the Hand Hygiene Australia web site and the Commission's web site for online infection prevention and control training modules.</p> <p><b>Applying the NSQHS Standards:</b></p> <ul style="list-style-type: none"> <li>• Review team members' compliance with national hand hygiene guidelines (<b>Action 3.5.1</b>)</li> <li>• Take action to improve compliance with hand hygiene guidelines (<b>Action 3.5.3</b>)</li> </ul>
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**3.6 Developing, implementing and monitoring a risk-based team immunisation program in accordance with the current National Health and Medical Research Council Australian immunisation guidelines**

3.6.1 A workforce immunisation program that complies with current national guidelines is in use

Reflective questions	Suggested strategies	Evidence examples
<p>Is our immunisation program consistent with the national immunisation guidelines?</p>	<p>Practice owners, senior dentists or the dental service executive should have a program to minimise the risk of exposure of both dental team members and patients to specific vaccine preventable infections.</p> <p>An immunisation program should include:</p> <ul style="list-style-type: none"> <li>• a record of each dental team member’s immunisation status</li> <li>• a policy based on the <i>Australian Immunisation Handbook</i><sup>53</sup> and any state or territory health department requirements</li> <li>• a statement of risks and how these risks are to be managed</li> <li>• details of the information provided to dental team members about:                             <ul style="list-style-type: none"> <li>• immunisation and relevant vaccine preventable diseases</li> <li>• how the practice manages vaccination refusal, for example managing the risk of a dental team member transmitting disease to vulnerable patients</li> <li>• what will happen if a dental team member refuses reasonable requests for vaccination</li> </ul> </li> <li>• reference to infection prevention and control practices</li> <li>• information on the process for reviewing and maintaining the immunisation program</li> <li>• a record of:                             <ul style="list-style-type: none"> <li>• advice provided to dental team members</li> <li>• dental team members who refuse requests to be vaccinated.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policies or procedures (or contracts) describing the requirements for immunisation for both new and existing team members against specific vaccine preventable infections</li> <li><input type="checkbox"/> Immunisation register with information on:                             <ul style="list-style-type: none"> <li>• all team members employed</li> <li>• the date that each team member commenced employment</li> <li>• the immunisation status of each team member</li> <li>• whether or not a letter from a qualified health professional is held on file for each team member, stating that they have been immunised as required for the type of work they do</li> </ul> </li> <li><input type="checkbox"/> Other:</li> </ul>

**Clinical scenario: An immunisation program in a small dental practice**

An influenza outbreak was identified in the local area. College Street Dental Practice responded by placing respiratory (cough and sneeze) etiquette signs in the waiting room, using social distancing where possible and checking whether patients were feeling well when confirming their appointments.

Some of the dental assistants asked the dentist whether a flu vaccination would be worthwhile. The dentist encouraged all the dental assistants to have an influenza vaccine annually if they had not already had it and checked and updated the immunisation register with the vaccination status of all team members.

The need for a policy for healthcare worker vaccinations was also identified.

**Applying the NSQHS Standards:**

- An immunisation program for the dental team consistent with national immunisation guidelines is in use (**Action 3.6.1**)



Clinical scenario: **An immunisation program in a large oral health service**

A large clinic had always relied on individual team members to ensure their own immunisation requirements were met. An incident then occurred where a team member presented to work with suspected chickenpox. The clinic manager, in reviewing the incident, decided that the clinic needed a protocol for immunisation. The oral health service executive drafted and implemented a protocol for team members' immunisation as follows.

In accordance with the *Australian Guidelines for the Prevention and Control of Infections in Healthcare*<sup>9</sup> all dental practitioners were required to confirm their status for hepatitis B and C and HIV infection upon commencement (or at an agreed time for existing team members) to reduce the risk of transmission of blood borne viruses. In addition, all team members were required to ascertain their immune status for hepatitis B, *Pertussis*, measles, *Varicella* (and for team members engaging in practice in known risk communities, hepatitis A and tuberculosis). Where team members had not been inoculated or did not have antibodies detectable on blood testing, vaccination prior to commencement of clinical work was strongly recommended.

Additionally, an annual seasonal influenza vaccination was recommended for all team members. Team members who did not have a current influenza vaccination were noted so that they would not be scheduled to be involved in the treatment of patients with influenza who required urgent dental care.

The clinic considered the need to ensure the autonomy of their team members. In situations where team members declined to have vaccinations, they were required to sign a document to confirm that they had declined the recommendation. To maintain each employee's privacy, completed forms were stored in a secure location, so that they could only be accessed by the oral health service executive.

**Applying the NSQHS Standards:**

- An immunisation program for the dental team consistent with national immunisation guidelines is in use (**Action 3.6.1**)

**3.7 Promoting collaboration with occupational health and safety programs to decrease the risk of infection or injury to healthcare workers**

3.7.1 Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are being implemented to address:

- communicable disease status
- occupational management and prophylaxis
- work restrictions
- personal protective equipment
- assessment of risk to healthcare workers for occupational allergies
- evaluation of new products and procedures

Reflective questions	Suggested strategies	Evidence examples
Do our infection prevention and control activities include measures to reduce our work health and safety risks?	To reduce risk of infection or injury, dental team members must be informed about testing, training, counselling and vaccination programs. You should identify whether there are work, health and safety policies, procedures or protocols in place. These can be at the level of the individual practice, or at a corporate level across a number of practices or as part of a health service.	<input type="checkbox"/> A policy, procedure or protocol which includes: <ul style="list-style-type: none"> <li>• the management of occupational exposures</li> <li>• communicable disease status and management</li> <li>• vaccination refusal and work placements and restrictions</li> <li>• minimising risk from occupational allergies</li> </ul> <input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> including risks of injury or infection for team members <input type="checkbox"/> Audits of the use of personal protective equipment (PPE) <input type="checkbox"/> Evidence of product reviews and evaluations for risk of occupational exposure



<p>You need to determine any relevant national, state or territory requirements that apply to the practice or individual team members:</p> <ul style="list-style-type: none"> <li>• If there are, you should apply these effectively in the dental practice. As part of this process, you should examine whether the priority areas identified in this action are included in these policies, procedures or protocols.</li> <li>• If there are not, you should already have in place policies, procedures or protocols for work health and safety as required by the legislation nationally or in your state or territory. You should review these to ensure that they include the priority areas identified in this action.</li> </ul> <p>Ensure that policies, procedures or protocols are in place for dealing with incidents such as occupational exposures.</p> <p>Work, health and safety policies, procedures or protocols should address areas of risk for the dental practice, such as:</p> <ul style="list-style-type: none"> <li>• risk of occupational allergies to equipment, products or chemicals used in the practice – for example, hand hygiene products, latex allergy, cleaning agents, and disinfectants</li> <li>• fingernails and wearing of jewellery</li> <li>• new product reviews and evaluations</li> <li>• exposure-prone procedures</li> <li>• occupational exposures or infections that occur as a result of an occupational exposure</li> <li>• management of team members who have a current infection</li> </ul> <p>For further information, refer to the Dental Board of Australia's <i>Guidelines for Infection Control</i>.<sup>54</sup></p>	<p><input type="checkbox"/> Other:</p>
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**3.8 Developing and implementing a system for use and management of invasive devices based on the current national guidelines for preventing and controlling infections in health care**

3.8.1 Compliance with the system for the use and management of invasive devices is monitored

Reflective questions	Suggested strategies	Evidence examples
How do we know that dental team members are safely using and maintaining invasive devices to reduce the infection risk to patients?	<p>An 'invasive device' is a device capable of entering tissue, the vascular system, cavities or organs. These include surgical or medical instruments, devices and implants.</p> <p>In dental practices, most of the instruments and equipment used routinely, such as probes and scalers, will fit this description, as they can all rupture membranes. Other examples include dental needles and a butterfly or intravenous (IV) cannula for IV sedation.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for the use and management of invasive devices</li> <li><input type="checkbox"/> Policy, procedure or protocol for on single use items, if applicable</li> <li><input type="checkbox"/> An incident reporting register in line with <b>Action 1.14.2</b> that includes risks associated with invasive devices</li> </ul>



Invasive devices with the highest risk are those that are:

- left *in situ* (uncommon in dental settings)
- used in exposure-prone procedures.

Invasive devices should be handled aseptically to reduce the risk of contamination. It is crucial to review any cases of infection that may be linked to the use of invasive devices.

The dental practice or service should have policies, procedures or protocols for invasive devices for the following actions:

- standard precautions – **Actions 3.1.1, 3.11.1, 3.11.2, 3.11.3**
- aseptic technique – **Actions 3.10.1, 3.10.2, 3.10.3**
- cleaning disinfection and sterilisation practices – **Actions 3.15.1, 3.15.2, 3.15.3; 3.16.1; 3.17.1; 3.18.1** – for any invasive devices that are able to be reused according to manufacturer instructions
- training and competency assessment for dental practitioners and other team members providing care using invasive devices and performing exposure-prone procedures – **Action 3.9.1**. This includes procedures such as local anaesthetic blocks, intravenous (IV) sedation or any procedures that are outside the dentist's usual scope of practice.

When developing these policies, procedures and protocols, you can focus on:

- invasive devices that are frequently used
- risks of a healthcare associated infection or occupational exposure.

You can use incident reports to identify risk areas. It is also important to consider the importance of risk management for the following points related to invasive devices:

- supply and procurement of devices and equipment
- introduction, training and use
- reuse
- disposal
- storage
- fault management, recall and evaluation
- incident reports relating to invasive devices.

The Dental Board of Australia outlines the training requirements for dentists performing IV sedation. A dentist's training requirements are set out under the general scope of practice standard and code of conduct.

- Training attendance records or education resources for team members about safe use of invasive devices and reducing infection risk
- Audits of compliance with aseptic technique in line with **Action 3.10.2**
- Other:



### 3.9 Implementing protocols for invasive device procedures regularly performed within the organisation

3.9.1 Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices

Reflective questions	Suggested strategies	Evidence examples
How do we train relevant members of our dental team to use and reduce the risk of harm from invasive devices?	<p>This action links to <b>Action 3.8.1</b>. The intent of this action is to ensure that there are protocols in place for invasive device procedures to minimise the risk of infection.</p> <p>You should identify areas where usage of invasive devices is high and there is a risk of infection or occupational injury and prioritise education and training to these areas, based on risk.</p> <p>You should also identify where there is increased risk during procedures with invasive devices, for example exposure-prone procedures, and then prioritise training and competency assessment for these procedures.</p> <p>You should consider the education needs of dental practitioners and other team members providing care to ensure all team members are competent in the skills required to use invasive devices.</p> <p>You should identify whether there are programs for education and competency assessment about the safe use, insertion and maintenance of invasive devices that are required and/or delivered in your dental practice. Such programs can take place at a corporate level across a number of dental practices, as part of a health service, or an external training organisation.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Training attendance records or education resources for relevant dental team members on the safe handling and use of invasive devices</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members performing high-risk exposure-prone procedures</li> <li><input type="checkbox"/> Other:</li> </ul>

### 3.10 Developing and implementing protocols for aseptic technique

3.10.1 The clinical team is trained in aseptic technique

Reflective questions	Suggested strategies	Evidence examples
How do we know that dental practitioners and other team members providing care are trained in aseptic technique?	<p>Aseptic technique protects patients during invasive procedures, (for example, the preparation and administration of local anaesthetic, or root canal therapy) by employing infection prevention and control measures that minimise, as far as practically possible, the presence of infectious agents.</p> <p>You should use the risk assessment (<b>Action 3.1.1</b>) to identify areas or procedures performed frequently where aseptic technique is required. By assessing how team members use the principles of aseptic technique, you can identify improvements that are needed, and this will contribute to the practice's risk management action plan.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol that defines 'aseptic technique' principles and training requirements for dental team members</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on aseptic technique</li> <li><input type="checkbox"/> Other:</li> </ul>



3.10.2 Compliance with aseptic technique is regularly audited		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we find out if our dental practitioners and other team members providing care routinely follow aseptic technique when required?</p>	<p>You should review the use of aseptic technique by dental practitioners' and other team members providing care, to help determine the factors that improve compliance.</p> <p>Once you have identified the areas where aseptic technique is required, you should assess how the principles are applied. To do this you can audit the practice of the dental practitioners and identify where gaps in practice exist.</p> <p>The extent and frequency of auditing the compliance with aseptic technique will be influenced by:</p> <ul style="list-style-type: none"> <li>• identified gaps in practice of aseptic technique</li> <li>• the clinical context where care is provided</li> <li>• the frequency with which aseptic technique is required</li> <li>• the treatment provided</li> <li>• when aseptic technique was last assessed</li> <li>• results of previous compliance audits.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audits of compliance with aseptic technique</li> <li><input type="checkbox"/> Other:</li> </ul>
3.10.3 Action is taken to increase compliance with aseptic technique protocols		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve dental team compliance with aseptic technique?</p>	<p>The aim of aseptic technique protocols is to prevent or minimise the risk of introducing harmful infectious agents into susceptible sites of the body. The intent of this action is to increase compliance with these protocols by dental practitioners and other team members who provide care.</p> <p>You should use the information gathered in <b>Actions 3.10.1</b> and <b>3.10.2</b> to identify any possible areas of improvement.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Review of policies, procedures and protocols to ensure they reflect principles of aseptic technique where relevant, and are current and applicable</li> <li><input type="checkbox"/> Records of agenda items, minutes or meetings where reports of aseptic technique compliance are reviewed and efforts to increase compliance are discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for dental practitioners and other team members who provide care on aseptic technique</li> <li><input type="checkbox"/> Other:</li> </ul>



## Managing patients with infections or colonisations

Patients presenting with, or acquiring an infection or colonisation during their care are identified promptly and receive the necessary management and treatment.

### 3.11 Implementing systems for using standard precautions and transmission-based precautions

3.11.1 Standard precautions and transmission-based precautions consistent with the current national guidelines are in use

Reflective questions	Suggested strategies	Evidence examples
<p>Are our standard precautions and transmission-based precautions consistent with national guidelines?</p>	<p><b>Standard precautions</b> are safe work practices to ensure a basic level of infection prevention and control apply to everyone, regardless of their perceived or confirmed infectious status. Dental team members need to routinely apply standard precautions as an essential strategy for minimising the spread of infection.</p> <p><b>Transmission-based precautions</b> are required when there is an increased risk of transmission, with patients suspected or confirmed to be infected with agents transmitted by contact, droplet or airborne routes. Dental team members need to apply transmission-based precautions as extra work practices in situations where standard precautions alone may not be enough to prevent transmission.</p> <p>Ensure that your policies, procedures or protocols on standard and transmission-based precautions are consistent with current national guidelines: the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>.<sup>9</sup></p> <p>Dental care can be provided through:</p> <ul style="list-style-type: none"> <li>• emergency dental appointments, or</li> <li>• general scheduled appointments (often with significant time between the booking and actual appointment time), or</li> <li>• spontaneous presentation.</li> </ul> <p>You should ensure systems are in place to address the different risks depending on how patients present for care:</p> <ul style="list-style-type: none"> <li>• in emergencies, it is important the dental practice has systems to manage infection transmission and risks to dental team members and other patients and carers</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for the use of standard and transmission-based precautions that is consistent with the <i>Australian Guidelines for the Prevention and Control of Infections in Healthcare</i><sup>9</sup></li> <li><input type="checkbox"/> Signage for standard precautions in the practice</li> <li><input type="checkbox"/> Documentation to demonstrate the assessment and action taken to achieve consistency of policies, procedures and protocols in the dental practice consistent with national guidelines</li> <li><input type="checkbox"/> Protocols outlining how patients will be assessed, treated, deferred or alerted to risks when making appointments during periods when infections may be more common, for example seasonal influenza during winter</li> <li><input type="checkbox"/> Other:</li> </ul>



- for general scheduled appointments, treatment would ideally be undertaken when the patient is well and at low risk of having an infection. However even in this situation, you should consider the management of patients who may present with infections (especially of the upper respiratory tract, nose or mouth) that may be transmitted to others either in the waiting room or in the clinical treatment areas. You should consider exclusion periods for certain infectious diseases, whether they are suspected or confirmed, so that treatment is postponed until the patient is no longer infectious.

When addressing risks of infections that require transmission-based precautions, dental team members should consider common infections that are easily transmitted and occur in the community. Examples include active *Herpes simplex* virus (HSV) cold sores of the mouth or nose, upper respiratory tract infections (URTI), viral or bacterial conjunctivitis, viral gastroenteritis, chickenpox, shingles, and tuberculosis.

Infections that are transmitted by blood-to-blood contact (for example, HIV, hepatitis B and hepatitis C) can be effectively controlled by standard precautions and will be addressed in **Item 3.11**. These infections do not require transmission-based precautions.

For additional information on infections or diseases that require transmission-based precautions refer to the *Australian Guidelines for the Prevention and Control of Infection in Health Care*.<sup>9</sup>

3.11.2 Compliance with standard precautions is monitored

Reflective questions	Suggested strategies	Evidence examples
<p>How do we know if our team consistently use standard precautions?</p>	<p>Dental practitioners and other team members providing care should know when and how to apply standard precautions to minimise infection risk.</p> <p>You should review workplace practices to assess compliance with national infection control guidelines.</p> <p>You can audit compliance against the key elements of standard precautions to firstly identify gaps or risks within the practice, and then develop strategies to minimise these risks.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit results on dental team members' compliance with the elements of standard precautions and associated safe work practices</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> including risks associated with standard precaution compliance and actions to mitigate identified risks</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on safe work practices relating to standard precautions</li> <li><input type="checkbox"/> Other:</li> </ul>



3.11.3 Action is taken to improve compliance with standard precautions		
Reflective questions	Suggested strategies	Evidence examples
What action have we taken to improve the use of standard precautions by our team?	<p>An understanding of dental team members' use of standard precautions will help to determine any areas where improvements are needed.</p> <p>First you should identify gaps or risks in the dental practice where improvement may be needed. Next you should act to address these gaps or risks and monitor improvements.</p> <p>Links with <b>Action 3.1.4</b> in relation to improvement actions.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of actions or an action plan to address issues or risks related to standard precautions</li> <li><input type="checkbox"/> Examples of improvement activities undertaken to improve compliance with standard precautions</li> <li><input type="checkbox"/> Training attendance records or education resources for team members about infection prevention and control</li> <li><input type="checkbox"/> Other:</li> </ul>
3.11.4 Compliance with transmission-based precautions is monitored		
Reflective questions	Suggested strategies	Evidence examples
How do we find out if our team correctly follows transmission-based precautions?	<p>Dental team members should know when and how to apply transmission-based precautions to minimise infection risk.</p> <p>It is necessary to maintain a safe work environment for dental team members and patients and carers. You should use the information from risk registers and the results of auditing conducted in the practice to assist. The gap and risk assessments undertaken for standard precautions will show areas for improvement with transmission-based precautions.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit results on dental team members' compliance with the elements of transmission-based precautions and associated safe work practices</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> and list of actions to mitigate identified risks</li> <li><input type="checkbox"/> Communication material and signage for patients and carers as well as visitors and dental team members on instructions for transmission-based precautions</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on safe work practices relating to transmission-based precautions</li> <li><input type="checkbox"/> Other:</li> </ul>
3.11.5 Action is taken to improve compliance with transmission-based precautions		
Reflective questions	Suggested strategies	Evidence examples
What action have we taken to improve our team's use of transmission-based precautions?	<p>An understanding of dental team members' use of transmission-based precautions will help to determine any areas where improvements are needed.</p> <p>First you should identify gaps or risks in the dental practice where improvement may be indicated. Next you should implement actions to address these gaps or risks and monitor improvements.</p> <p>Links with <b>Action 3.1.4</b> in relation to improvement actions.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> List of actions to or an action plan to address issues or risks related to transmission-based precautions</li> <li><input type="checkbox"/> Examples of improvement activities undertaken to improve compliance with transmission-based precautions</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about infection prevention and control</li> <li><input type="checkbox"/> Other:</li> </ul>



### 3.12 Assessing the need for patient placement based on the risk of infection transmission

3.12.1 A risk analysis is undertaken to consider the need for transmission-based precautions including:

- accommodation based on the mode of transmission
- environmental controls through air flow
- transportation within and outside the facility
- cleaning procedures
- equipment requirements

Reflective questions	Suggested strategies	Evidence examples
<p>How do we determine when we need to apply transmission-based precautions?</p>	<p>The intent of this action is to minimise the exposure of patients and dental team members to infectious agents such as upper respiratory viral infections, active herpes infections (for example <i>Herpes simplex</i> virus cold sores on the nose or mouth), gastroenteritis, seasonal influenza or multi-resistant organisms. This action builds on <b>Item 3.11</b>, with a particular focus on transmission-based precautions.</p> <p>You should review the systems in place to manage patients who may present with an infectious disease requiring the use of transmission-based precautions. The risk assessment undertaken as part of <b>Action 3.1.1</b> will provide information about priority areas for improvement.</p> <p>You should also develop strategies to defer or transfer patients who cannot be safely placed in your practice. Examples of strategies include:</p> <ul style="list-style-type: none"> <li>• reschedule non-urgent cases</li> <li>• consider extended exclusion periods that can be applied to certain infections that are suspected or confirmed</li> <li>• consider treating urgent cases by placing colonised or infectious patients in practice rooms that can be rested and cleaned thoroughly after use, or by treating as the last patient of the session</li> <li>• develop a protocol to screen patients by telephone for key symptoms of viral influenza during peak influenza period</li> <li>• consider additional wording in a letter offering appointments for routine care regarding patients notifying the practice if they are suffering from an infectious/contagious disease</li> <li>• protocols outlining exclusion periods for patients with influenza who do not need urgent care and whose treatment can be deferred</li> <li>• checklists for risk-based precautions for patients with influenza requiring urgent dental care.</li> </ul> <p>You should identify if there are standardised strategies available from your local health network, corporate dental group or state or territory health department.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol in line with <b>Action 3.1.1</b> for infection control and prevention</li> <li><input type="checkbox"/> Protocols outlining how patients will be assessed, treated, deferred or alerted to risks when making appointments during periods when infections may be more common, for example seasonal influenza during winter or local outbreaks of viral gastroenteritis</li> <li><input type="checkbox"/> Reports on maintenance and air handling systems used in the dental practice</li> <li><input type="checkbox"/> Results of reviews or evaluation reports of the cleaning activities undertaken in the dental practice either by cleaning staff or cleaning contractors</li> <li><input type="checkbox"/> Other:</li> </ul>



### 3.13 Developing and implementing protocols relating to the admission, receipt and transfer of patients with an infection

3.13.1 Mechanisms are in use to check for pre-existing healthcare associated infections or communicable disease on presentation for care

Reflective questions	Suggested strategies	Evidence examples
<p>How do we check the infectious status of a patient when they present for care?</p>	<p>The aim of this action is to minimise the exposure of other patients and dental team members to the infectious agent from patients with an infection.</p> <p>The key tasks for Item 3.13 are to:</p> <ul style="list-style-type: none"> <li>• check a patient’s pre-existing healthcare associated infection or communicable disease status</li> <li>• communicate this information whenever responsibility for care is transferred (<b>Action 3.13.2</b>).</li> </ul> <p>Protocols should include effective methods for assessing either risk of infection, or infectious diseases on presentation, receipt or transfer of patients.</p> <p>The risk assessment (<b>Action 3.1.1</b>) will help to identify areas of high priority for action.</p> <p>You could consider some of these options:</p> <ul style="list-style-type: none"> <li>• identify entry points to the practice</li> <li>• review how healthcare associated infection risk is assessed and responded to by dental team members responsible for new patient assessment</li> <li>• review how dental practitioners use information provided by new patients to minimise risks of infection, if identified</li> <li>• identify whether there is a risk-based alert or flagging system for significant infectious agents</li> <li>• work with referral points such as other practices, domiciliary care, aged care facilities, emergency admissions and doctor’s rooms regarding opportunities for risk assessment.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for infection prevention and control that includes how risks will be assessed for infection or infectious diseases on presentation, receipt or transfer of patients</li> <li><input type="checkbox"/> Protocols outlining how patients will be assessed, treated, deferred or alerted to risks when making appointments during periods when infections may be more common, for example, seasonal influenza during winter or local outbreaks of viral gastroenteritis</li> <li><input type="checkbox"/> Other:</li> </ul>



3.13.2 A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between service providers or facilities

Reflective questions	Suggested strategies	Evidence examples
<p>How do we alert dental practices and carers of the infectious status of a patient when care is transferred?</p>	<p>This action requires a process to communicate to dental practitioners, other health professionals, patients and carers, to let them know a patient's infectious status, the risks, and the requirements to minimise identified risks.</p> <p>You should ensure that whenever care is to be transferred and the patient's infectious status presents a risk, then this information is included in the structured handover systems that are required in NSQHS Standard 6: Clinical Handover.</p> <p>Key times when a patient's infectious status should be evaluated and documented include:</p> <ul style="list-style-type: none"> <li>• on presentation</li> <li>• at every handover or referral</li> <li>• during clinical review and consultation</li> <li>• on transfer and discharge.</li> </ul> <p>For additional information, refer to the <i>Australian Guidelines for Prevention and Control of Infection in Health Care</i>.<sup>9</sup></p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of processes to communicate a patient's infectious status whenever responsibility for care is transferred, for example handover sheets or flagging systems for infectious status</li> <li><input type="checkbox"/> Evidence that patient's infectious status is communicated in referral documentation</li> <li><input type="checkbox"/> Other:</li> </ul>

## Antimicrobial stewardship

Safe and appropriate antimicrobial prescribing is a strategic goal of the clinical governance system.

**3.14 Developing, implementing and regularly reviewing the effectiveness of the antimicrobial stewardship system**

3.14.1 An antimicrobial stewardship program is in place

Reflective questions	Suggested strategies	Evidence examples
<p>What systems, processes and structures do we have in place to support appropriate prescribing and use of antimicrobials?</p>	<p>The intent of this action is to:</p> <ul style="list-style-type: none"> <li>• encourage appropriate prescribing of antimicrobials to reduce development of resistant pathogens</li> <li>• minimise the risk of patients acquiring a preventable healthcare associated infection</li> <li>• effectively manage infections that may occur.</li> </ul> <p>An antimicrobial stewardship program (AMS) is a combination of a range of strategies and interventions that work together to optimise antimicrobial use. An overarching antimicrobial stewardship program is a requirement</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An AMS policy (at an individual practice, network or health service level) incorporating:             <ul style="list-style-type: none"> <li>• governance/reporting processes</li> <li>• prescribing process in accordance with therapeutic guidelines</li> <li>• list of restricted antimicrobials and guidance on when it is appropriate to use them</li> <li>• specialist/senior clinical review and referral process</li> <li>• education requirements</li> <li>• policy review process</li> </ul> </li> </ul>



of Action 3.14.1. You should review or establish an antimicrobial plan, based on the priorities identified in your organisational risk assessment (**Action 3.1.1**) and identify actions and timelines for implementation. The antimicrobial stewardship program should include:

- the necessary management and operational structures to support antimicrobial stewardship activity, with the explicit support of the practice owners, senior dentists or the dental service executive
- an appropriate person or team to co-ordinate the program activities relevant to the size of the practice and complexity (this could be undertaken at an individual dental practice level, at a corporate level across a number of dental practices or as part of a health service)
- a prescribing policy that includes scope, responsibility and compliance with best practice consistent with current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing such as the *Therapeutic Guidelines: Antibiotic*<sup>50</sup> and *Therapeutic Guidelines: Oral and Dental*<sup>51</sup>
- an antimicrobial formulary and guidelines for treatment and prophylaxis that align with current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing. The antimicrobial formulary should list antimicrobials with restrictions on their use and the conditions of these restrictions. It should take into account the range of clinical services provided by the practice and be informed by local microbiologic information
- a process for reporting adverse events, incidents and near misses. Patients and carers should be educated about potential adverse reactions to antimicrobials and what to do in the event of a reaction. Communication with other health professionals, such as general practitioners, is important where dental treatment may be a contributing factor to the adverse event
- a mechanism for monitoring antimicrobial usage in the practice
- a process for evaluating and improving the effectiveness of AMS activities.

- Completed risk assessments to identify areas of priority for an effective AMS program
- Documented AMS action plan
- Reports and recommendations from team or committee overseeing antimicrobial stewardship
- Training attendance records or education resources for dental practitioners administering antimicrobials on antimicrobial usage, development of resistance, and judicious prescribing
- Review of antimicrobial usage, particularly of high-risk antimicrobials
- Other:



3.14.2 The clinical team prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage

Reflective questions	Suggested strategies	Evidence examples
<p>In what ways is access provided to current endorsed therapeutic guidelines for dental practitioners who prescribe antibiotics?</p>	<p>You should ensure that dental practitioners have access to current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and the <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup> or state-based endorsed guidelines on antibiotic usage. If possible, you should use resources that have been developed:</p> <ul style="list-style-type: none"> <li>• in your dental practice or service, or</li> <li>• at a corporate level across a number of dental practices, or</li> <li>• as part of a health service organisation, state or territory professional bodies.</li> </ul> <p>You should ensure there is version control of prescribing guidelines so that dental practitioners are aware they are using the most up-to-date version available.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> All dental practitioners have access to printed or electronic copies of current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and the <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup></li> <li><input type="checkbox"/> Locally adapted guidelines are consistent with current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing</li> <li><input type="checkbox"/> Other:</li> </ul>

3.14.3 Monitoring of antimicrobial usage and resistance is undertaken

Non-applicable for dental practices

3.14.4 Action is taken to improve the effectiveness of antimicrobial stewardship

Reflective questions	Suggested strategies	Evidence examples
<p>What actions have we taken to improve the effectiveness of our antimicrobial stewardship processes?</p>	<p>This action requires you to review the effectiveness of your antimicrobial stewardship to identify areas where improvements are needed. Once you have an AMS program in place, you should consider the following improvement actions as part of your monitoring and review process:</p> <ul style="list-style-type: none"> <li>• review prescribing activity for antimicrobials</li> <li>• review any adverse events reported by patients that may be related to antimicrobial prescribing – for example for patients with implanted devices, equipment or prosthesis, or patients with cardiac conditions</li> <li>• if surgical procedures or invasive procedures are performed that may indicate use of antimicrobials as prophylaxis or treatment, evaluate that the use and duration of treatment are in line with current endorsed Australian therapeutic guidelines on antimicrobial prescribing such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and the <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed risk assessments to identify areas of priority for an effective AMS program</li> <li><input type="checkbox"/> Reports and recommendations from the team or committee overseeing antimicrobial stewardship</li> <li><input type="checkbox"/> Training attendance records or education resources for dental practitioners administering antimicrobials on antimicrobial usage, development of resistance, and judicious prescribing</li> <li><input type="checkbox"/> Review of antimicrobial usage, particularly of high-risk antimicrobials</li> <li><input type="checkbox"/> Other:</li> </ul>



- provide regular feedback to prescribers on the results of any quality or monitoring activities related to antimicrobial prescribing
- provide training and educational resources to dental practitioners who prescribe, dispense and administer antimicrobials
- provide educational resources for patients who may be in risk groups requiring prophylactic antibiotics prior to a dental procedure or course of treatment, for example facts sheets from the National Prescribing Service (NPS) <http://www.nps.org.au/>

#### Clinical scenario: **Antimicrobial stewardship**

A large oral health service reviewed its antimicrobial stewardship practices. In accordance with the Poisons Act in their state, dental practitioners were permitted to administer antibiotic prophylaxis to patients who met the clinical indications prior to treatment. Team members identified this as a potential area for the overuse of antimicrobials and implemented a number of initiatives. They:

- developed and implemented a policy for antimicrobial prophylaxis
- scheduled regular training for dental practitioners on the use of antimicrobials
- conducted regular audits of patient dental records to ensure that clinical recommendations were consistent with the *Therapeutic Guidelines: Antibiotic*<sup>50</sup> and the *Therapeutic Guidelines: Oral and Dental*<sup>51</sup>
- established a locked storage area for medicines, separate to the general clinical area
- created log sheets for dental practitioners to record instances of antibiotic administration, and the dose issued. A team member reviewed the log sheets periodically and matched the number of capsules supplied to patients with the number of capsules ordered and remaining, in the inventory.

#### Applying the NSQHS Standards:

- Appropriate prescribing of antimicrobials as part of an antimicrobial stewardship program (**Action 3.14.1**)
- Dental practitioners can access current endorsed Australian therapeutic guidelines and resources on antimicrobial prescribing (**Action 3.14.2**)
- Improvements are made to the effectiveness of the antimicrobial stewardship process (**Action 3.14.4**)
- Ensure high-risk medicines are stored, prescribed, dispensed and administered safely (**Action 4.11.1**)



## Cleaning, disinfection and sterilisation

Healthcare facilities and the associated environment are clean and hygienic. Reprocessing of equipment and instrumentation meets current best practice guidelines.

### 3.15 Using risk management principles to implement systems that maintain a clean and hygienic environment for patients and healthcare workers

3.15.1 Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including:

- maintenance of building facilities
- cleaning resources and services
- risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved
- waste management within the clinical environment
- laundry and linen transportation, cleaning and storage
- appropriate use of personal protective equipment

Reflective questions	Suggested strategies	Evidence examples
How do we maintain a clean and hygienic environment for patients?	<p>The intent of this action is to provide a clean and hygienic environment to minimise infection risk to patients and dental team members.</p> <p>The scope of these actions includes:</p> <ul style="list-style-type: none"> <li>• maintenance and cleaning of buildings and infrastructure</li> <li>• waste and linen handling and management</li> <li>• cleaning, disinfection and sterilisation activities for reusable equipment.</li> </ul> <p>You should ensure that the environmental cleaning services in the practice uphold the principles of infection prevention and control and meet the requirements of this Standard.</p> <p>Some services may be provided by:</p> <ul style="list-style-type: none"> <li>• an external cleaning contractor, or</li> <li>• at a corporate level across a number of dental practices, or</li> <li>• as part of a health service.</li> </ul> <p>You should ensure that services address the specific risks for your practice (as identified in <b>Action 3.1.1</b>).</p> <p>If problems occur with the environmental cleaning services, you should ensure that:</p> <ul style="list-style-type: none"> <li>• you raise these concerns</li> <li>• they are addressed as part of your risk management system.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for environmental cleaning</li> <li><input type="checkbox"/> Audit results have been used to evaluate the effectiveness of the cleaning program and to ensure it complies with <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i><sup>9</sup></li> <li><input type="checkbox"/> Contracts with external service providers for waste, linen and cleaning services</li> <li><input type="checkbox"/> Maintenance schedules on infrastructure</li> <li><input type="checkbox"/> Safety Data Sheets or chemical register of cleaning products used</li> <li><input type="checkbox"/> Audit of collection, transportation and storage of linen (if used)</li> <li><input type="checkbox"/> Assessment of appropriate use of personal protective equipment</li> <li><input type="checkbox"/> Waste management plan with actions to respond to identified risks that comply with state and territory legislation</li> <li><input type="checkbox"/> Other:</li> </ul>
3.15.2 Policies, procedures and/or protocols for environmental cleaning are regularly reviewed		
Reflective questions	Suggested strategies	Evidence examples
How do we ensure our cleaning policies, procedures and protocols are effective?	<p>Policies, procedures or protocols need to be current and appropriate to support cleaning activities in the practice by team members or external contractors.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of a process for the development, implementation and review of policies, procedures or protocols for environmental cleaning that address infection prevention and control</li> </ul>



	<p>You should review policies, procedures or protocols to include implementation strategies for the principles of infection prevention and control.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Work instructions, duty lists and job descriptions for cleaning activities</li> <li><input type="checkbox"/> Cleaning contract consistent with policy documents</li> <li><input type="checkbox"/> Audit results that have been used to evaluate cleaning outcomes</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>3.15.3 An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to maintain cleaning standards and services?</p>	<p>Undertaking a review of the cleaning schedule and the environmental cleaning will assist your practice to address real and potential risks.</p> <p>You should review or develop a cleaning schedule together with an audit process to ensure that the required cleaning activities have been performed.</p> <p>In a small dental practice, this may be a daily or weekly cleaning audit checklist, conducted by a designated team member to check the cleaning tasks have been performed.</p> <p>In a large dental practice or service, job descriptions, duty lists or contract specifications should reflect the requirement to complete environmental cleaning schedules in line with policies, procedures or protocols.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Cleaning schedules consistent with current guidelines</li> <li><input type="checkbox"/> Audit results of compliance with policy, procedures and protocols and cleaning schedules</li> <li><input type="checkbox"/> Revised duty lists, cleaning schedules and job descriptions or contracts for services</li> <li><input type="checkbox"/> Other:</li> </ul>

**Clinical scenario: Environmental cleaning**

A dental assistant at a large city dental practice identified a small tear in the waterproof upholstery of an older model dental chair, exposing the foam padding underneath. She was concerned that this might be an infection risk, as the tear reduced the effectiveness of detergents and the wipe down procedure. She reported the hazard through the practice's risk reporting procedures and a senior dentist subsequently reviewed the issue.

The dentist consulted the person in the practice with designated responsibilities for health and safety and the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.<sup>9</sup>

Dental team members managed the risk temporarily by using a waterproof barrier to cover the small upholstery tear, and replacing this barrier when cleaning between patients, until the armrest was replaced. This incident prompted the practice owners to undertake a review of the environmental cleaning schedule.

**Applying the NSQHS Standards:**

- Maintain a clean and hygienic environment to minimise infection risk (**Action 3.15.1**)
- Review the environmental cleaning schedule (**Action 3.15.3**)



**3.16 Reprocessing reusable medical equipment, instruments and devices in accordance with relevant national or international standards and manufacturers' instructions**

3.16.1 Compliance with relevant national or international standards and manufacturer's instructions for cleaning, disinfection and sterilisation of reusable instruments and devices is regularly monitored

Reflective questions	Suggested strategies	Evidence examples
<p>How do we know if the reprocessing of reusable medical devices happens in accordance with national standards and/or manufacturer's instructions?</p>	<p>The intent of this action is to minimise infection risk to patients and team members from reusable equipment, instruments and devices.</p> <p>You should ensure that the policies, procedures or protocols for cleaning, disinfection and sterilisation of reusable instruments and devices are aligned with current national or international standards. These standards are cited in the <i>Australian Guidelines for the Prevention and Control of Infection in Healthcare</i>.<sup>9</sup> You can also refer to resources provided by the Dental Board of Australia, state and territory health departments and professional organisations to determine what is needed to comply with current best practice.</p> <p>The risk assessment (<b>Action 3.1.1</b>) will identify gaps and areas for improvement. Issues you can consider in this risk assessment include:</p> <ul style="list-style-type: none"> <li>• the requirements for reprocessing reusable equipment or instruments</li> <li>• the equipment and consumables required to meet the relevant standards</li> <li>• outsourcing this service to an external provider</li> <li>• purchase of sterile stock</li> <li>• services to external providers</li> <li>• the scope of activity and the need to use reusable instruments and equipment, especially for invasive procedures</li> <li>• whether reusable instruments and equipment can be purchased as sterile or single use items</li> <li>• the use of single use items in areas where there is infrequent use or the practice does not have the resources to meet the national or international standards and/or manufacturer's instructions for reusable items</li> <li>• equipment where the manufacturer's instructions are not available.</li> </ul> <p>You may undertake instrument reprocessing services either within the dental practice, at a corporate level across a number of dental practices, or as part of a health service.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Records of sterilisation verification processes consistent with national and international standards</li> <li><input type="checkbox"/> Maintenance and performance schedules on equipment used for reprocessing instruments and equipment such as autoclave calibration and validation reports</li> <li><input type="checkbox"/> Evidence of validation and compliance monitoring audit reports</li> <li><input type="checkbox"/> Audits of sterile stock integrity and supply in the dental practice</li> <li><input type="checkbox"/> Other:</li> </ul>



**Clinical scenario: Management systems for infection prevention and control**

The practice manager of a large regional dental practice worked closely with the senior dental assistant and senior dentist to develop a daily protocol for infection control procedures, including instrument bagging and autoclaving, traceability of instruments, cleaning or wipe down procedures, sharps management and aseptic technique. The purpose of this protocol was to ensure that safe work practices were being used, and that these complied with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.<sup>9</sup>

The protocol was later simplified into stepwise instructions and checklists, and displayed as laminated posters in workspaces and sterilisation areas. These instructions also provided a basis for team members' orientation and ongoing training. The practice manager used the checklists to structure observations and audits of the performance of other team members.

This enabled the practice to identify areas for ongoing training every six months. Dental team members regularly reviewed and updated the checklists as necessary.

**Applying the NSQHS Standards:**

- Infection prevention and control protocols are consistent with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*<sup>9</sup> (**Action 3.1.1**)
- Protocols for reprocessing reusable medical devices are in accordance with national standards and manufacturer's instructions (**Action 3.16.1**)
- A traceability system is used to identify patients who have a procedure using sterile reusable instruments and devices (**Action 3.17.1**)

<b>3.17 Implementing systems to enable the identification of patients on whom the reusable medical devices have been used</b>		
3.17.1 A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify patients and procedures where sterile reusable instruments and devices have been used?</p>	<p>The intent of this action is to minimise the risk of infection to patients from reusable medical devices. This action builds on <b>Action 3.16.1</b> regarding the need to comply with national and international standards for cleaning, disinfection and sterilisation of reusable instruments and devices.</p> <p>A traceability system should enable individual identification of patients and the reusable instruments and devices used. This assists in the risk management of items that have been used on patients, especially critical items used on patients during dental procedures.</p> <p>'Critical items' or 'critical medical device' are devices that confer a high risk of infection if they are contaminated with any microorganisms and must be sterile at the time of use. Critical items include any objects that enter sterile tissue or the vascular system, because any microbial contamination could transmit disease.</p> <p>In a dental practice, a traceability system usually involves batch identification of instruments or devices that allows individual identification of patients. Details of the instrument batches should be included in the patient's dental record, which correlates with the sterilisation cycle records, particularly for critical items.</p>	<p><input type="checkbox"/> A traceability system that allows individual identification of patients and the reusable devices, equipment or instruments used during treatment</p> <p><input type="checkbox"/> Other:</p>



As part of your risk assessment (**Action 3.1.1**), you should consider whether additional systems are needed to enhance the traceability of reusable devices and instruments. You should have in place a system of batch code identification and include details of instrument batches in the patient's dental record, which refer back to the sterilisation cycle records.

This may include identification of:

- batch numbers
- individual items or sets of items
- patients on whom the items are used
- dates
- steriliser identification
- cycles
- operators responsible for release of the item for use
- sterile stock from external providers.

Some dental practices or services will not need this type of system because they:

- do not perform procedures where reusable instruments and equipment are used
- only use single use or disposable instruments and equipment for procedures.

#### Clinical scenario: **Sterilisation**

Michelle underwent a dento-alveolar surgical procedure to remove a retained root from her jaw. A week later she developed herpetic lesions in her mouth, around the site of the flap surgery, and believed that these could have been contracted from the dental surgical procedure. Michelle had a history of recurrent herpetic infection in the form of *Herpes labialis* (cold sores). When she contacted the dental practice to query the source of her infection, her treating dentist explained that the local trauma from the surgery was likely to have reactivated her pre-existing herpes infection. The dentist also described the quality assurance processes used in the dental practice, including how the batch codes from the oral surgery instrument packs were linked back to sterilising cycles.

#### Applying the NSQHS Standards:

- Protocols for reprocessing reusable medical devices are in accordance with national standards and manufacturer's instructions (**Action 3.16.1**)
- A traceability system is used to identify patients who have a procedure using sterile reusable instruments and devices (**Action 3.17.1**)



### Clinical scenario: **Bagging and traceability of instruments**

Approaches to instrument and equipment processing will vary according to the size and complexity of a dental practice or service. Several examples of methods for bagging and ensuring traceability of instruments are outlined below.

- In a large urban dental practice, team members implemented an instrument traceability system for all packaged reusable instruments, by way of computer-generated barcodes and a scanning system. For each packaged and sterilised instrument, they scanned the barcode into the patient's electronic file at the point of care. This computer record of the batch number could be linked to information regarding the cycle, date, steriliser and operator, for each packaged instrument used. Team members placed a corresponding barcode in the patient's dental record, allowing packaged instruments to be matched back to each patient, especially for critical items.
- In another large urban dental practice, team members used a similar method with a gun-printed batch code, in the form of a double peel adhesive label, with information on the batch number, cycle, date, steriliser and operator. At the point of care, they transferred these labels to the patient's dental record.

- In a small regional dental practice, team members used an adhesive label with batch code information, linked to a steriliser log sheet. They typed the batch code information into the patients' electronic file at the point of care.
- In a small rural dental practice, team members used a load log sheet and tagging instruments for autoclaving. They transferred the information manually into the patient's electronic file at the point of care.
- In a small city dental practice, team members manually wrote and recorded this information on a load log sheet and onto the sterilisation pouches. They transferred this information manually to the patient's charts at the point of care.

#### Applying the NSQHS Standards:

- Protocols for reprocessing reusable medical devices are in accordance with national standards and manufacturer's instructions (**Action 3.16.1**)
- A traceability system is used to identify patients who have a procedure using sterile reusable instruments and devices (**Action 3.17.1**)

### Clinical scenario: **Monitoring a traceability system**

A dental practice used a numerical tracking system to label instrument kits and track these for each patient. At the end of each month, team members used sterilisation audits to reconcile printed autoclave cycle information with the instruments.

During a routine audit, one team member noticed that a batch of instruments did not have a corresponding autoclave print out. All instruments with the batch number in question were recalled. Team members located the batch of instruments in storage and found that the indicator tag attached to the instrument kits was unchanged. They assumed that the instruments had not been autoclaved.

In response, the practice owner ordered a full audit of all patient records after the time of the sterilisation breach. The batch number did not appear on the chart of any client so it was determined that all instruments were accounted for. The practice owner interviewed all dental team members who had been present on the day of the breach. She identified that one team member had incorrectly selected the cycle on the autoclave prior to leaving for lunch.

A different team member had then commenced the afternoon shift and emptied the autoclave without checking the indicator tag.

The incident was noted via the risk-reporting protocol as a 'near miss'. Team members were subsequently trained in the process and new checklists were printed for sterilisation areas. Sterilisation protocols were updated to require team members to cross check each batch prior to signing each computer printout, so as to confirm the load had been sterilised.

#### Applying the NSQHS Standards:

- Infection prevention and control protocols are consistent with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*<sup>9</sup> (**Action 3.1.1**)
- Protocols for reprocessing reusable medical devices are in accordance with national standards and manufacturer's instructions (**Action 3.16.1**)
- A traceability system is used to identify patients who have a procedure using sterile reusable instruments and devices (**Action 3.17.1**)



### 3.18 Ensuring workforce who decontaminate reusable medical devices undertake competency-based training in these practices

3.18.1 Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices

Reflective questions	Suggested strategies	Evidence examples
What training have we provided to relevant members of the dental team to decontaminate reusable instruments and devices?	<p>The intent of this action is to minimise risks from reusable medical devices. This action builds on <b>Actions 3.16.1</b> and <b>3.17.1</b>.</p> <p>Training should be provided to dental team members who decontaminate reusable instruments and devices, in line with the Dental Board of Australia's <i>Infection Control Guidelines</i>.<sup>54</sup></p>	<input type="checkbox"/> Training attendance records or education materials for dental practitioners and other team members providing care on decontaminating reusable instruments and devices <input type="checkbox"/> Other:

## Communicating with patients and carers

Information on healthcare associated infection is provided to patients, carers, consumers and service providers.

### 3.19 Ensuring consumer-specific information on the management and reduction of healthcare associated infections is available at the point of care

3.19.1 Information on the organisation's corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers

Reflective questions	Suggested strategies	Evidence examples
How do we tell patients and carers about our work to decrease infection risks to patients?	<p>Providing information is one of the key ways to underpin effective partnerships. The intent of this action is to ensure that information is provided to patients and carers and presented in a way that is suitable for, and can be understood by, the patients.</p> <p>If information about infection prevention and control has been developed externally (for example at a corporate level across a number of dental practices, professional organisations or as part of a health service organisation) you should try to use information that has been developed with input from patients and carers.</p> <p>You can provide information for patients and carers electronically, for example on a web site, or paper-based, for example in brochures or posters.</p>	<input type="checkbox"/> Information provided for patients about actions taken to decrease infection risks <input type="checkbox"/> Communication and consultation strategy that describes processes for disseminating information about the practice's initiatives to minimise infection risks <input type="checkbox"/> Records or evidence of infection prevention initiatives published in annual reports, newsletters, newspaper articles, web site or other media, or displayed in the practice <input type="checkbox"/> Other:

3.19.2 Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience

Reflective questions	Suggested strategies	Evidence examples
How do we collect feedback from patients and carers on our infection prevention and control information?	You should provide information to patients and carers about the steps you have taken to prevent infections ( <b>Action 3.19.1</b> ). The intent of this action is that this information is evaluated to determine whether it meets the needs of the target audience.	<input type="checkbox"/> Examples of patient feedback used to: <ul style="list-style-type: none"> <li>• modify or improve existing patient infection prevention and control documents</li> </ul>



Further information about consulting with patients and carers about patient information publications is available in NSQHS Standard 2: Partnering with Consumers (**Action 2.4.1**).

When developing information about infection risks and strategies locally, consider these options for obtaining feedback:

- discussing infection prevention and control information with patients and carers in waiting rooms
- holding a focus group or workshop with patients and carers
- making follow-up phone calls to patients and carers who have been provided with information
- including questions in a patient experience survey about information provided on infection prevention and control.

- identify areas of need for new or revised information or locally produced publications.

Other:



## Standard 4

### Medication Safety

The intention of this Standard is to ensure dental practitioners safely prescribe, dispense and administer appropriate medicines to informed patients and carers. To meet this Standard, practice owners, senior dentists or the dental service executive need to implement systems to reduce the occurrence of medication incidents, and improve the safety and quality of medicine use.

The term 'medicines' includes prescription, non-prescription and complementary medicines and commonly includes opioids, sedatives and antimicrobials in dental settings.

The criteria to achieve the Medication Safety Standard are:

- Governance and systems for medication safety
- Documentation of patient information
- Medication management processes
- Continuity of medication management
- Communicating with patients and carers.



## Governance and systems for medication safety

Dental practices have mechanisms for the safe prescribing, dispensing, supplying, administering, storing, manufacturing, compounding and monitoring of the effects of medicines.

### 4.1 Developing and implementing governance arrangements and organisational policies, procedures and/or protocols for medication safety, which are consistent with national and jurisdictional legislative requirements, policies and guidelines

#### 4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems

Reflective questions	Suggested strategies	Evidence examples
<p>How do we describe our decision making and management of our medication safety?</p> <p>What documents do we use to check we meet regulatory and professional requirements?</p>	<p>The medication safety system brings together policies, procedures and protocols to ensure:</p> <ul style="list-style-type: none"> <li>• appropriate medication governance systems</li> <li>• patient information processes including medication history and previous allergies and adverse drug reactions</li> <li>• medication management processes supported by information, appropriate storage and risk management</li> <li>• medication management continuity through current information</li> <li>• patient and carer involvement in decision-making about medicines.</li> </ul> <p>You should have a document in place that details how the practice will ensure the safe management of medicines and describes:</p> <ul style="list-style-type: none"> <li>• who is responsible for the management of medicines</li> <li>• how medicines are safely handled and managed</li> <li>• how medication issues are raised, resolved and improvements implemented</li> <li>• processes for medication safety checks or audits and the review of outcomes for quality improvement</li> <li>• how medication incidents are captured and investigated</li> <li>• training programs for team members.</li> </ul> <p>The information may be contained as part of the practice or organisation quality improvement plan or as a stand-alone medication safety plan. These plans would also form part of the medication safety governance framework.</p> <p>In a small dental practice, the owner or senior dentist may have responsibility for medication management and, if so, this should be included in the roles and responsibilities in the duty statement.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol describing the practice's processes for the safe management of medications</li> <li><input type="checkbox"/> Quality improvement plan or medication safety plan that outlines designated responsibilities and timeframes for completion of improvement activities</li> <li><input type="checkbox"/> Poisons control plan (if applicable in your state or territory)</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about medication safety</li> <li><input type="checkbox"/> Terms of reference for a group or committee with responsibility for the medication management system</li> <li><input type="checkbox"/> Position descriptions for dental team members detailing roles, responsibilities and accountabilities in relation to medication safety</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members completing training on the medication management system and medication safety</li> <li><input type="checkbox"/> Other:</li> </ul>



	<p>In a large dental practice or service, responsibility for medication management may form part of a nominated committee's responsibility and be included in the terms of reference.</p> <p>The medication safety system that you put in place must reflect legislative and other national, state or territory requirements. You should ensure that a nominated position or dental team member is responsible for ensuring that all regulatory requirements are met.</p>	
<p>4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>Are our policies, procedures and protocols consistent with regulations and national guidelines with regard to medicine:</p> <ul style="list-style-type: none"> <li>ordering</li> <li>storing</li> <li>prescribing</li> <li>administering</li> <li>supplying</li> <li>disposal?</li> </ul> <p>How do we ensure these documents are updated and available for use by our team?</p>	<p>The practice policies, procedures and protocols for medication management should be based on best practice, national guidelines and legislative requirements. They should support team members to meet the requirements of the relevant legislation and standards to ensure safe practices.</p> <p>Policies, procedures and protocols for medication management may include:</p> <ul style="list-style-type: none"> <li>prescribing guidelines</li> <li>use of approved abbreviations when prescribing medicines</li> <li>administering guidelines for the administration of medicines, including high-risk medicines such as intravenous (IV) sedation</li> <li>checking patient identification prior to prescribing, supplying or administering medicines (see <b>NSQHS Standard 5: Patient Identification and Procedure Matching</b>)</li> <li>managing high-risk medicines (see <b>Item 4.11</b>)</li> <li>policies and procedures for services provided by external providers.</li> </ul> <p>You should have a process for reviewing and updating policies, procedures or protocols to ensure that they:</p> <ul style="list-style-type: none"> <li>are up to date</li> <li>address current and relevant regulations and guidelines</li> <li>are available to all team members.</li> </ul> <p>All documents should have a version number, issue date and date due for revision.</p> <p>You should ensure that contracts, agreements and referral processes for the provision of services by health practitioners meet the clinical and operational requirements of your dental practice.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol describing the correct manner in which to supply, store, administer, prescribe, dispense, monitor and dispose of medicines</li> <li><input type="checkbox"/> A register of approved medication policies, procedures or protocols and a schedule outlining their next review date</li> <li><input type="checkbox"/> Other:</li> </ul>



**4.2 Undertaking a regular, comprehensive assessment of medication use systems to identify risks to patient safety and implementing system changes to address the identified risks**

**4.2.1 The medication management system is regularly assessed**

Reflective questions	Suggested strategies	Evidence examples
<p>How do we know the medication management system is regularly assessed?</p> <p>How do we identify the risks associated with our medication management system?</p>	<p>The key task for this action is to complete an assessment of the medication management system to:</p> <ul style="list-style-type: none"> <li>• assess the safety of medication practices</li> <li>• identify areas for improvement.</li> </ul> <p>You should identify the key risk areas (where issues or errors may occur) within your practice's medication management processes.</p> <p>You should enter known or potential risks associated with medication management in the organisation's risk register (<b>Action 1.5.1</b>). Risks may include:</p> <ul style="list-style-type: none"> <li>• unauthorised access to medicines – especially prescription (Schedule 4) medicines and controlled (Schedule 8) medicines</li> <li>• unauthorised access to prescription pads</li> <li>• medication errors related to prescribing, administering, supplying and compounding medicines</li> <li>• medication interactions</li> <li>• lack of compliance with storage requirements.</li> </ul> <p>You should undertake audits or checks of:</p> <ul style="list-style-type: none"> <li>• identified risk areas</li> <li>• compliance with the dental practices' medication management policies, procedures and protocols.</li> </ul> <p>In a small dental practice, the practice owner or senior dentist should review the results of the audits or checks and discuss these with dental team members.</p> <p>In a large dental practice or service, results of the audits or checks should be tabled and discussed at relevant committee meetings.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of medication management system audits or reviews</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where audit results were tabled and discussed</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to address medication safety risks identified</li> <li><input type="checkbox"/> Completed risk assessment of the medication system</li> <li><input type="checkbox"/> Revised procedures or protocols incorporating mitigation strategies to address medication safety risks</li> <li><input type="checkbox"/> Key performance indicator (KPI) reports in relation to: ordering, supplying, prescribing, administering, storing, compounding and disposal of medicines</li> <li><input type="checkbox"/> Other:</li> </ul>

**4.2.2 Action is taken to reduce the risks identified in the medication management system**

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to reduce the risks associated with our medication management system?</p>	<p>The aim of this action is to use information from your assessment of the medication management system (<b>Action 4.2.1</b>) to develop strategies for reducing risks and to plan for ongoing improvement.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to address medication safety risks identified</li> </ul>



	<p>You should document any actions taken to reduce the likelihood and/or consequences of the risks identified in the risk register.</p> <p>In a small dental practice, the owner or senior dentist should review the risk register and discuss the findings with team members.</p> <p>In a large dental practice or service, the risk register should be reviewed, discussed and updated at relevant committee meetings.</p> <p>You should incorporate the actions to be taken in either:</p> <ul style="list-style-type: none"> <li>• a quality improvement plan that assigns responsibilities and timeframes for completion, or</li> <li>• revised policies, procedures or protocols.</li> </ul> <p>You should share with team members the results of the assessment in <b>Action 4.2.1</b> and any actions taken.</p> <p>You should organise training for team members in the new initiatives or processes.</p> <p>Links with <b>Action 4.5.2</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Quality improvement plan with timeframes and responsibilities for each action implemented as a result of reported incidents</li> <li><input type="checkbox"/> Any new or revised policies, procedures or protocols developed to address areas for improvement</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where the medication management system was discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on the medication management system</li> <li><input type="checkbox"/> Other:</li> </ul>
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**4.3 Authorising the relevant clinical team to prescribe, dispense and administer medications**

4.3.1 A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice

Reflective questions	Suggested strategies	Evidence examples
<p>How does our organisation ensure that only dental practitioners with the relevant authority prescribe, dispense or administer medicines?</p>	<p>This action requires a system whereby dental practitioners are authorised to prescribe, dispense or administer medicines, including the supply of medicines.</p> <p>First, you should identify medicines that require specific authorisation to prescribe, dispense or administer medicines, including the supply of medicines.</p> <p>Next you can develop and maintain a log or register of authorisations of dental practitioners who may prescribe, dispense, administer and supply medicine.</p> <p>In a small dental practice, these authorities may be detailed in the position descriptions.</p> <p>In a larger practice, you should maintain records or a register of authorisation for dental practitioners that may include:</p> <ul style="list-style-type: none"> <li>• the practitioner's authorised prescriber number</li> <li>• qualifications and registration certificates sighted on employment</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Log or register of relevant authorities for prescribing, administering and supplying of medicines</li> <li><input type="checkbox"/> Position descriptions which outline each dental practitioner's prescribing authority</li> <li><input type="checkbox"/> Records of dental practitioners' authorised prescriber numbers, AHPRA registration number and annual AHPRA registration checks for any conditions</li> <li><input type="checkbox"/> Other:</li> </ul>



	<ul style="list-style-type: none"> <li>any endorsement by the Dental Board of Australia for administration of intravenous sedation</li> <li>annual checks of Australian Health Practitioner Regulation Agency (AHPRA) registration including checks for any conditions placed on their registration that relate to medication management.</li> </ul>	
<p>4.3.2 The use of the medication authorisation system is regularly monitored</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we know if our medication authorisation system is functioning effectively?</p>	<p>This action requires a system to enable you to monitor that dental practitioners are complying with their authorisation to prescribe, dispense, administer and supply medicines.</p> <p>You should:</p> <ul style="list-style-type: none"> <li>establish a process for reviewing and updating the log/register of dental practitioners' authorities to prescribe, dispense, administer or supply medicines</li> <li>review any medication incidents where unauthorised or inappropriate practices have occurred with regard to prescribing, dispensing, administering or supplying of medicines</li> <li>undertake audits or reviews of patient dental records to identify any issues or anomalies with regard to a dental practitioners' authority to prescribe, dispense, administer or supply of medicines</li> <li>ensure any contracts for services require compliance with the medication authorisation system.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit of prescribing by dental practitioners during a dental record keeping audit or random audit</li> <li><input type="checkbox"/> Review of records for dental practitioners with medication authorisation to ensure annual AHPRA checks have been undertaken</li> <li><input type="checkbox"/> Current AHPRA registration certificate (sole practitioner)</li> <li><input type="checkbox"/> Other:</li> </ul>
<p>4.3.3 Action is taken to increase the effectiveness of the medication authority system</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve the usefulness and reliability of our medication authorisation system?</p>	<p>To address this action you should review your medication authorisation system and identify areas for improvement.</p> <p>You can identify areas for improvement through:</p> <ul style="list-style-type: none"> <li>issues arising from incidents relating to the practice's medication authorisation system</li> <li>outcomes from audits or reviews.</li> </ul> <p>Then you can incorporate the actions to be taken in either:</p> <ul style="list-style-type: none"> <li>a quality improvement plan that assigns responsibilities and timeframes for completion, or</li> <li>revised policies, procedures or protocols.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Documentation of regular credentials checks</li> <li><input type="checkbox"/> Results of patient dental record reviews or audits</li> <li><input type="checkbox"/> Quality improvement plan that outlines actions to improve the medication authorisation system with timeframes and responsibilities for each action</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes incidents relating to the medication authorisation system</li> <li><input type="checkbox"/> Any new or revised policies, procedures or protocols developed to address areas for improvement</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about the medication authorisation system</li> </ul>



You should communicate improvements and changes to the medication authorisation system to dental practitioners.

You should organise training for dental team members in the new initiatives or processes.

In a small dental practice, the practice owner or senior dentist should monitor quality improvement initiatives and discuss them with dental team members.

In a large dental practice or service, practice owners, senior dentists or the dental service executive should discuss implementation and monitoring of any quality improvement initiatives at relevant committee meetings.

- Training attendance records or education resources for dental team members on the medication authorisation system
- Other:

#### Clinical scenario: **Developing a policy on authority to administer medicines**

Each Australian state and territory legislates on the use of poisons, medicines and therapeutic goods. A large dental practice, in response to updated legislation, set about updating their protocol on the authority to administer medicines, to ensure compliance with the new requirements. The practice employed a number of different dental professionals, including dentists, dental therapists, oral health therapists, prosthetists and specialists.

The practice developed a brief policy, which outlined in dot point form the circumstances in which dental practitioners could administer medicines, in accordance with legislative requirements and the relevant therapeutic guidelines. The practice also drew on elements of the structured professional relationship delineated by the Dental Board of Australia, to outline situations in which dental therapists, oral health therapists and hygienists may engage with

dentists and specialists in the practice during clinical encounters, where the administration of certain medicines may exceed their scope of practice.

The practice executive endorsed the policy and reviewed it periodically. The policy formed the basis of team members' induction and training.

#### **Applying the NSQHS Standards:**

- A system is in place to review the scope of practice for dental practitioners (**Action 1.10.1**)
- A medication safety policy is in place detailing who is responsible for the management of medicines (**Action 4.1.1**)
- Ensure that only dental practitioners with the relevant authority prescribe, administer or supply medicines (**Action 4.3.1**)



Clinical scenario: **Verifying authority to administer medicines**

An international dental graduate arrived recently in Australia to take up a locum position. He had extensive experience in the United Kingdom in the use of intravenous sedation. The dental practice provided services that included the use of intravenous sedation for cosmetic and sleep dentistry. The principal dentist checked the registration of the locum dentist and discovered that the locum dentist was listed on the Australian Health Practitioners Regulation Agency (AHPRA) web site as holding registration but did not have an endorsement for sedation.

**Applying the NSQHS Standards:**

- A system is in place to review the scope of practice for dental practitioners (**Action 1.10.1**)
- A medication safety policy is in place detailing who is responsible for the management of medicines (**Action 4.1.1**)
- Ensure that only dental practitioners with the relevant authority prescribe, administer or supply medicines (**Action 4.3.1**)

**4.4 Using a robust organisation-wide system of reporting, investigating and managing change to respond to medication incidents**

4.4.1 Medication incidents are regularly monitored, reported and investigated

Reflective questions	Suggested strategies	Evidence examples
How do we identify and respond to medication incidents?	<p>Establish a system for monitoring and investigating medication incidents, including adverse drug reactions.</p> <p>This is to ensure that:</p> <ul style="list-style-type: none"> <li>• medication incidents are reported</li> <li>• outcomes are reviewed and reported</li> <li>• results inform medication management system quality improvement.</li> </ul> <p>You should develop and implement a policy or protocol that details:</p> <ul style="list-style-type: none"> <li>• how medication incidents are to be reported</li> <li>• the process for review/analysis and management of incidents</li> <li>• how outcomes are implemented and monitored</li> <li>• how feedback is to be provided to team members.</li> </ul> <p>(Note: This policy or protocol may be the process that reflects incident management within your dental practice – which applies to any type of incident rather than a document specifically for medication incidents. Links with <b>Item 1.14</b>).</p> <p>Dental team members should receive training and education on:</p> <ul style="list-style-type: none"> <li>• what constitutes a medication incident</li> <li>• how to report and record medication incidents, near misses and adverse drug reactions.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for reporting and managing medication incidents</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes documentation of medication incidents</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on medication related incidents</li> <li><input type="checkbox"/> Outcomes of investigations into medication incidents, near misses and adverse drug reactions</li> <li><input type="checkbox"/> Examples of actions taken to prevent or minimise the risk of medication incidents</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where medication incidents are discussed</li> <li><input type="checkbox"/> Other:</li> </ul>



The practice may use an electronic incident reporting system or an incident report form (paper record).

Practice owners, senior dentists or the dental service executive should review and respond to medication incidents reported by dental team members.

4.4.2 Action is taken to reduce the risk of adverse medication incidents

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to decrease the risk of medication incidents?</p>	<p>The key task is to develop solutions and actions to reduce risks of medication errors.</p> <p>You should involve dental practitioners in the review and analysis of medication incidents to provide insight into causes and potential solutions to prevent similar incidents occurring. You should:</p> <ul style="list-style-type: none"> <li>• implement and monitor recommendations identified following the analysis of medication incidents and include any identified risks into the dental practices risk register, including any actions/strategies to minimise the risk (Links to <b>Action 1.5.1</b>)</li> <li>• ensure that dental practitioners have access to printed or electronic copies of therapeutic guidelines on antimicrobial prescribing such as <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup>, MIMS online or <i>Australian Medicines Handbook</i><sup>55</sup></li> <li>• share feedback or results of reviews or investigations of any incidents with team members as part of a culture of learning</li> <li>• incorporate improvement actions and any changes made to medication safety practice in a quality improvement plan. (Links with <b>Action 1.6.1</b>)</li> <li>• revise policies, procedures or protocols relating to the medication safety system in line with the outcomes of reviews or investigations</li> <li>• ensure team members are trained on any new initiatives or processes for medication safety.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to address medication safety risks identified</li> <li><input type="checkbox"/> Evidence of revisions made to policies, procedures or protocols for the medication management system incorporating risk mitigation strategies and quality improvements</li> <li><input type="checkbox"/> Quality improvement plan with actions to minimise risks identified</li> <li><input type="checkbox"/> Examples of actions and quality improvement initiatives implemented as a result of reported incidents</li> <li><input type="checkbox"/> Access to printed or electronic copies of current endorsed Australian therapeutic guidelines on antimicrobial prescribing such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup>, and MIMS</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about the medication safety system</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on the medication safety system</li> <li><input type="checkbox"/> Other:</li> </ul>



4.5 Undertaking quality improvement activities to enhance the safety of medicines use		
4.5.1 The performance of the medication management system is regularly assessed		
Reflective questions	Suggested strategies	Evidence examples
How do we identify, record and implement changes to make our medication practices safer?	<p>The key task is to establish measures to monitor the performance of the medication management system and include these in a quality improvement plan.</p> <p>You should undertake audits or reviews of the medication management system in your practice. Audit tools can be developed from practice protocols and relevant standards or guidelines.</p> <p>You can use the assessment of the medication management system undertaken in <b>Action 4.2.1</b> to identify suitable key performance indicators (KPIs) that can be used to monitor medication safety and quality within the dental practice. The indicators can be used to:</p> <ul style="list-style-type: none"> <li>• provide assurances that processes and systems are in place to support patient safety</li> <li>• highlight areas for improvement.</li> </ul> <p>In a small dental practice the owner or senior dentist should review the outcomes of audits and the nominated KPIs and discuss these with dental team members.</p> <p>In a large dental practice or service, practice owners, senior dentists or the dental service executive should review and discuss these outcomes at relevant committee meetings.</p> <p>Where necessary, you can develop and implement strategies to improve safe practice in relation to medicines.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audits of medication management system</li> <li><input type="checkbox"/> Results of medication safety indicators monitored</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where medication safety indicators are tabled and discussed</li> <li><input type="checkbox"/> List of actions or a quality improvement plan developed and/or implemented to address areas requiring improvement</li> <li><input type="checkbox"/> Results of medication usage audits</li> <li><input type="checkbox"/> Other:</li> </ul>
4.5.2 Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use		
Reflective questions	Suggested strategies	Evidence examples
What action have we taken to improve our medication management processes?	Using the information from your assessment of the performance of the medication management system from <b>Action 4.5.1</b> , you should develop strategies to reduce the risk of patient harm and plan for ongoing improvement.	<ul style="list-style-type: none"> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions undertaken to minimise the risks related to the dental practice</li> <li><input type="checkbox"/> Quality improvement plan that includes actions taken to minimise risks identified with the use of medicines in the practice</li> <li><input type="checkbox"/> Revised policies, procedures or protocols incorporating changes developed to guide dental team members in the correct, safe and appropriate use of medicines</li> </ul>



You should implement actions identified from the review of medication incidents, audits and indicator measurements. You should document the agreed actions in a quality improvement plan and revise policies, procedures or protocols where appropriate.

You should:

- monitor and check these actions for effectiveness
- implement recommendations from safety alerts and notices issued by national and relevant state and territory authorities
- standardise work practices, for example through the use of standardised dosing protocols or medication checking procedures.

You should discuss medication management processes with dental team members to identify areas where quality improvement initiatives can be implemented, such as:

- appropriate and suitable storage of medications
- medication safety alert system
- policy/procedure/protocol review against best practices with regard to medication management
- medication safety awareness sessions for team members
- antimicrobial stewardship program.

You can then:

- communicate medication management improvements and implemented initiatives at team meetings
- ensure dental team members are trained on safe medication practices and updated medication management processes and practices.

- Examples of standardised work practices and products such as standardised dosing protocols
- Reports on the implementation of quality improvement activities undertaken that includes their evaluation
- Agenda items, minutes or other records of meetings about medication management processes
- Attendance records or education resources for dental team members on medication management processes
- Other:



## Documentation of patient information

The clinical team accurately records a patient’s medication history and this history is available throughout the episode of care.

4.6 The clinical team taking an accurate medication history when a patient presents to a dental practice, or as early as possible in the episode of care, which is then available at the point of care		
4.6.1 A best possible medication history is documented for each patient		
Reflective questions	Suggested strategies	Evidence examples
How do we record a medication history in the patient’s dental record?	<p>You should have an agreed medical history form or questionnaire in use in your practice to obtain and record all the medicines currently taken by the patient. This should:</p> <ul style="list-style-type: none"> <li>include prescribed, over the counter and complementary medicines – a best possible medication history</li> <li>capture any medication allergies and previous adverse drug reactions and be based on best practice.</li> </ul> <p>You should have an agreed procedure within the practice that details:</p> <ul style="list-style-type: none"> <li>who is responsible for obtaining the medication history</li> <li>when and how a medication history is obtained and recorded</li> <li>where the medication history information is recorded</li> <li>how the information is updated and reviewed with a patient at subsequent visits/appointments.</li> </ul> <p>The medication history may be recorded manually (paper) or electronically.</p> <p>You should ensure dental team members are trained in the procedures for obtaining and documenting an accurate and current medication history that includes allergies and previous adverse drug reactions.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Standardised medical/medication history form or questionnaire</li> <li><input type="checkbox"/> Policy, procedure or protocol for obtaining and recording the patient’s medication history</li> <li><input type="checkbox"/> Results of patient dental record keeping audits showing level of compliance with medication history procedure</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on obtaining a patient’s medical history</li> <li><input type="checkbox"/> Other:</li> </ul>
4.6.2 The medication history and current clinical information is available at the point of care		
Reflective questions	Suggested strategies	Evidence examples
How do we ensure a patient’s medication history and clinical information is available to the relevant dental practitioner when care is provided?	<p>The key task is to ensure that there is a process in place to ensure that the patient’s medical history and list of current medicines is available at the point of care – that is, when the medicines are prescribed.</p> <p>You should have a process for the appropriate storage and retrieval of patient medical and medication histories.</p> <p>You may also consider a contingency plan for accessing the patient’s medical and medication history when the electronic record is unavailable.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of patient dental records audits for medication history documentation</li> <li><input type="checkbox"/> Observational audit of dental practitioners access to patient dental records</li> <li><input type="checkbox"/> Procedure or protocol for accessing clinical information when electronic access to patient dental records is unavailable</li> <li><input type="checkbox"/> Other:</li> </ul>



**4.7 The clinical workforce documenting the patient's previously known adverse drug reactions on initial presentation and updating this if an adverse reaction to a medicine occurs during the episode of care**

4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record

Reflective questions	Suggested strategies	Evidence examples
<p>How do we know if our dental practitioners ask about allergy and adverse drug reactions and record the results?</p> <p>How do we know if our dental practitioners record adverse drug reactions occurring during the episode of care?</p>	<p>This action requires a process to ensure known medication allergies and adverse drug reactions are documented for each patient and available at the point of care.</p> <p>You should review any forms or templates that collect medical and medication history information to ensure that it captures relevant and required information on allergies and adverse drug reactions.</p> <p>Policies, procedures or protocols for obtaining and documenting medication history should describe:</p> <ul style="list-style-type: none"> <li>• recording known allergies and adverse drug reactions in the patient's dental record including:                             <ul style="list-style-type: none"> <li>• the medication history template</li> <li>• forms on which medicines are prescribed</li> <li>• electronic prescribing systems</li> <li>• placing an allergy alert sticker on the front of the paper based record</li> </ul> </li> <li>• documenting in the patient's clinical record adverse drug reactions that occur during an episode of care</li> <li>• informing the patient and their general practitioner about the adverse drug reaction</li> <li>• reporting adverse drug reactions to the Therapeutic Goods Administration (TGA).</li> </ul> <p>You should:</p> <ul style="list-style-type: none"> <li>• provide training for dental team members to take an allergy and adverse drug reaction history and document using the medication history template. This can form part of the training to take a medication history</li> <li>• undertake an audit or review of patient dental records to ensure that allergies and adverse drug reactions are documented.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for the documentation of allergies and known adverse drug reactions and management of adverse events</li> <li><input type="checkbox"/> Audit or review of patient dental records for documentation of known allergies or adverse drug reactions (ADR) or, if no allergies or ADR exist, that 'Nil known allergies' is documented</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes documentation of adverse drug reactions</li> <li><input type="checkbox"/> Evidence of a system to flag allergies and adverse drug reactions in the patient's record</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on obtaining and recording allergy and adverse drug reaction history</li> <li><input type="checkbox"/> Other:</li> </ul>



4.7.2 Action is taken to reduce the risk of adverse reactions		
Reflective questions	Suggested strategies	Evidence examples
<p>What actions have we taken to decrease the risk to patients of adverse drug reactions?</p>	<p>The key task is to monitor the quality and use of documentation of adverse drug reactions.</p> <p>You should:</p> <ul style="list-style-type: none"> <li>audit or review patient dental records to determine whether adverse drug reactions and management of the patient have been documented</li> <li>review any adverse drug reactions occurring in the practice to determine the actions needed to improve the management of patients</li> <li>introduce a process for placing alerts on patient records where known adverse drug reactions have occurred</li> </ul> <p>You also should ensure dental practitioners:</p> <ul style="list-style-type: none"> <li>inform patients about any adverse drug reaction experienced during their dental treatment and the importance of informing other prescribers and clinicians</li> <li>communicate any adverse drug reactions occurring during the dental procedure to the patient's general practitioner.</li> </ul> <p>In a small dental practice, the owner or senior dentist should review incidents and improvement actions and discuss with team members.</p> <p>In a large dental practice or service, adverse drug reaction incidents and improvement strategies should be discussed at relevant committee meetings.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit or review of use of adverse drug reaction alert system in electronic prescribing systems</li> <li><input type="checkbox"/> Audits or reviews of patient dental records to determine whether allergies or adverse drug reactions have been communicated to the patient and carer and primary care clinician</li> <li><input type="checkbox"/> Copies of correspondence to general practitioners informing them of allergies and adverse drug reactions experienced by their patients</li> <li><input type="checkbox"/> Actions or quality improvement activities implemented as a result of reported adverse drug reaction incidents</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about the management of adverse drug reactions</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on adverse drug reactions</li> <li><input type="checkbox"/> Other:</li> </ul>
4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we report adverse drug reactions within our practice?</p> <p>How do we know we report adverse drug reactions to the Therapeutic Goods Administration (TGA)?</p>	<p>Your adverse drug reaction policy, procedure or protocol should outline processes for reporting adverse drug reactions both within the practice and to the TGA.</p> <p>Dental practitioners should be encouraged to report adverse drug reactions to:</p> <ul style="list-style-type: none"> <li>the dental practice's incident reporting system (links with <b>Action 1.14.1</b>)</li> <li>the TGA directly either through the TGA web site, or the pharmacy department, if available.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure, or protocol on documenting, managing and reporting adverse drug reactions</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes reports of adverse drug reactions</li> <li><input type="checkbox"/> Record of adverse drug reaction reports submitted to the TGA</li> <li><input type="checkbox"/> Access to tools for reporting adverse drug reactions, for example TGA blue card, online reporting</li> <li><input type="checkbox"/> Training attendance records or education resources for team members on reporting adverse drug reactions</li> <li><input type="checkbox"/> Other:</li> </ul>

**4.8 The clinical workforce reviewing the patient's current medication orders against their medication history and prescriber's medication plan, and reconciling any discrepancies**

4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings

Non-applicable for dental practices

**Clinical scenario: Allergy and adverse drug reactions**

Li Wei presented with an acute abscess. His dentist recommended a course of antibiotics to treat the infection. Li Wei reported that he had felt unwell previously on a course of antibiotics but noted he had not experienced any side effects when taking the antibiotics prescribed during his last visit. The dentist searched Li Wei's patient dental record to confirm which antibiotics had been prescribed previously.

**Applying the NSQHS Standards:**

- There should be a process in place to ensure a patient's medication history is available at the point of care (**Action 4.6.2**)
- Dental practitioners should ask about allergy and adverse drug reactions (**Action 4.7.1**)
- Known medication allergies and adverse drug reactions should be recorded in the patient's dental record (**Action 4.7.2**)



### Clinical scenario: Medication history

A dentist saw an elderly patient for an emergency appointment. Mrs Ahmed reported that she 'was fit as a fiddle' and did not need to answer any medical questions. Mrs Ahmed could not recall the medicines she was taking, but said 'My pharmacist makes a pack for me every few weeks.' The dentist reviewed Mrs Ahmed's dental record and noted she had attended the practice previously for the urgent repair of a chipped tooth. The previous dentist had not recorded a medical history but had asked the patient to bring a copy to the next appointment.

The dentist undertook a clinical examination and diagnosed an abscess associated with a lower molar tooth. The dentist then consulted with the practice principal for advice. They agreed that, before undertaking any treatment, a full medical history was needed.

The dentist called Mrs Ahmed's general practitioner, who stated that clinical records could only be released with appropriate consent. The dentist wrote a brief letter requesting the transfer of records and Mrs Ahmed signed it. Upon receipt of the authority to release records, the general practitioner provided Mrs Ahmed's medical history to the dental practice.

It became apparent that Mrs Ahmed had a history of deep vein thrombosis and was taking warfarin. She was also taking a bisphosphonate for the management of osteoporosis. Mrs Ahmed had a history of adverse reactions to codeine and amoxicillin. With this information, the dentist was able to consider the medical risks and the viability of different treatment options.

The dentist recorded the incident in the practice's risk register. From this, the practice principal established a new protocol. This included the following activities:

- when confirming appointments, reception staff asked all patients to bring the names or boxes of any medicines that they were taking
- the practice manager created a template for 'consent for the release of records', so that this could be signed and faxed or emailed to the relevant general practitioner in situations where clarification was needed
- the practice principal wrote a brief process for obtaining medical histories, which outlined the responsibilities of practitioners to do this prior to obtaining consent for treatment
- the principal allocated time in the next weekly team meeting to train team members in the use of the new protocol, and then sought feedback about how the protocol was working in subsequent meetings.

#### Applying the NSQHS Standards:

- There should be a process in place to ensure a patient's medication history is available at the point of care (**Action 4.6.2**)
- Dentists should ask about allergy and adverse drug reactions (**Action 4.7.1**)
- Known medication allergies and adverse drug reactions should be recorded in the patient's dental record (**Action 4.7.2**)



## Medication management processes

The clinical workforce is supported for the prescribing, dispensing, administering, storing, manufacturing, compounding and monitoring of medicines.

### 4.9 Ensuring that current and accurate medicines information and decision support tools are readily available to the clinical workforce when making clinical decisions related to medicines use

#### 4.9.1 Information and decision support tools for medicines are available to the clinical team at the point of care

Reflective questions	Suggested strategies	Evidence examples
What medicines information and decision support tools do we provide to our dental practitioners?	<p>Practice owners, senior dentists or the dental service executive should ensure that clinical information and decision support tools are provided to dental practitioners responsible for providing safe and effective medication management.</p> <p>You should support dental practitioners with their medication responsibilities by:</p> <ul style="list-style-type: none"> <li>identifying any additional medication resources and decision support tools that should be available</li> <li>informing them about accessing medication resources and support tools</li> <li>providing contact information for local, state or territory, or national medicines information services.</li> </ul> <p>You should ensure that dental practitioners have access to the current versions of medicines information resources (either online or in hardcopy). These could include:</p> <ul style="list-style-type: none"> <li><i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup></li> <li>AusDI, MIMS online or similar publication</li> <li><i>Australian Medicines Handbook</i>.<sup>55</sup></li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Current versions of medicines information resources (hard copy or electronic) such as: <ul style="list-style-type: none"> <li><i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup></li> <li>AusDI, MIMS or similar publication</li> <li><i>Australian Medicines Handbook</i><sup>55</sup></li> </ul> </li> <li><input type="checkbox"/> Clinical decision support tools (hard copy or electronic) such as protocols or guidelines</li> <li><input type="checkbox"/> Clinical decision support tools available in electronic prescribing systems</li> <li><input type="checkbox"/> Other:</li> </ul>

#### 4.9.2 The use of information and decision support tools is regularly reviewed

Reflective questions	Suggested strategies	Evidence examples
How do we know that our decision support tools are current and of use to our dental practitioners?	<p>The dental practice should have a process to review the currency and endorsement of medication information resources and decision support tools. This could include:</p> <ul style="list-style-type: none"> <li>nominating a dental team member with responsibility for monitoring currency of resources</li> <li>establishing mechanisms to ensure that updates or new versions are installed.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Access to printed or electronic copies of medication information or decision support tools such as the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup>, and MIMS</li> <li><input type="checkbox"/> Observational audit of decision support resources available to dental practitioners at the point of care</li> <li><input type="checkbox"/> A formal review of all the decision support tools within the practice</li> <li><input type="checkbox"/> Results of surveys of dental practitioners</li> </ul>



	<p>In a large dental practice or service, consider if you need to:</p> <ul style="list-style-type: none"> <li>include clinical support functionality when implementing electronic medication management systems, for example for e-prescribing</li> <li>audit the use of medication information resources and decision support tools by dental practitioners. This could include a survey of dental practitioners' knowledge of how to access the resources</li> <li>obtain feedback about content and usefulness of resources.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where updates to medication resources are discussed</li> <li><input type="checkbox"/> Other:</li> </ul>
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4.9.3 Action is taken to improve the availability and effectiveness of information and decision support tools

Reflective questions	Suggested strategies	Evidence examples
<p>What action do we take to improve access to, and use of, medicines information resources and decision support tools?</p>	<p>Following the review undertaken in <b>Action 4.9.2</b>, you should now take action to improve the use of clinical information and decision support tools.</p> <p>You should:</p> <ul style="list-style-type: none"> <li>review the relevance and currency of medicines information and decision support tools available to dental practitioners at the point of care. This may include current versions of the <i>Therapeutic Guidelines: Antibiotic</i><sup>50</sup> and <i>Therapeutic Guidelines: Oral and Dental</i><sup>51</sup>, MIMS online or other resources as identified in the review</li> <li>share lessons learned from the review with dental team members as part of a culture of learning</li> <li>incorporate improvement actions in a quality improvement plan or in revisions to policies, procedures or protocols</li> <li>ensure dental practitioners are trained on the best use and application of the available medicines information resources and decision support tools.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that includes actions to improve access to medication information resources and decision support tools</li> <li><input type="checkbox"/> Revised policies, procedures or protocols incorporating improvement actions</li> <li><input type="checkbox"/> Examples of actions and quality improvement initiatives implemented as a result of the review of medicines information and decision support tools</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where medicines information resources and decision support tools are discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members on the medicines information resources and decision support tools</li> <li><input type="checkbox"/> Other:</li> </ul>

4.10 Ensuring that medicines are distributed and stored securely, safely and in accordance with the manufacturer's directions, legislation, jurisdictional orders and operational directives

4.10.1 Risks associated with secure storage and safe distribution of medicines are regularly reviewed

Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify, report and manage risks associated with the storage of medicines in our organisation?</p>	<p>Storing, distributing and disposing of medicines safely and securely is an essential part of a safe medication management system.</p> <p>You need to identify any risks associated with the secure storage and safe distribution of medicines by:</p> <ul style="list-style-type: none"> <li>reviewing the procedures and storage practices to identify the key areas of risk, where issues or errors may occur</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit of medication storage facilities</li> <li><input type="checkbox"/> Audits of compliance with policies, procedures or protocols</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to reduce identified risks with the medication storage system</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that includes strategies to reduce identified risks with the medication storage system</li> </ul>



	<ul style="list-style-type: none"> <li>auditing storage processes or practices on a scheduled basis</li> <li>reviewing medication incidents related to storage and distribution of medicines.</li> </ul> <p>You should record these risks in a risk register, together with any actions required to address the risks.</p> <p>Links with <b>Action 1.5.1</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes incidents related to storage and distribution or supply of medicines</li> <li><input type="checkbox"/> Review of reports of incidents related to storage and distribution or supply of medicines</li> <li><input type="checkbox"/> Other:</li> </ul>
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4.10.2 Action is taken to reduce the risks associated with storage and distribution of medicines

Reflective questions	Suggested strategies	Evidence examples
<p>What action do we take to reduce the risks associated with medication storage and distribution?</p>	<p>You should:</p> <ul style="list-style-type: none"> <li>put systems in place to reduce the risks identified from <b>Action 4.10.1</b></li> <li>monitor the outcome and effectiveness of actions taken.</li> </ul> <p>In a small dental practice, the practice owner or senior dentist should review the risks identified with the storage and distribution of medicines, and discuss these with dental team members.</p> <p>In a large dental practice or service, risks identified with storage and distribution of medicines should be tabled and discussed at relevant committee meetings.</p> <p>Policies, procedures or protocols for the safe management and storage of medicines must be in accordance with manufacturer recommendations, legislative requirements, state or territory directives and professional standards or guidelines.</p> <p>You should ensure that:</p> <ul style="list-style-type: none"> <li>All dental team members are familiar with the processes for storage and distribution/supply of medicines and understand the rationale for these processes.</li> <li>Medicines in use at the practice are reviewed for look a-like labelling and packaging. Similar looking products should be stored apart to avoid product confusion and selection of the wrong medicine.</li> <li>Restricted medicines such as prescription (Schedule 4) medicines and controlled (Schedule 8) medicines are securely stored, with access limited to designated dental practitioners in accordance with the practice medication management policy.</li> </ul> <p>You must develop a process for safe and secure management of keys and access to locked storage areas.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for obtaining, storing and distributing prescription (Schedule 4) medicines, controlled (Schedule 8) medicines and other medicines or restricted substances that meets with legislative requirements, jurisdictional directives and professional guidelines</li> <li><input type="checkbox"/> Safety Data Sheets available</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to reduce identified risks relating to the storage and distribution of medicines</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that includes actions to address issues identified with the storage and distribution of medication</li> <li><input type="checkbox"/> Examples of actions or quality improvement initiatives implemented as a result of audits, such as:             <ul style="list-style-type: none"> <li>products with similar packaging stored in separate storage areas</li> <li>use of Tall Man Lettering system to reduce errors from 'look alike' and 'sound alike' medicines in medicines storage areas</li> </ul> </li> <li><input type="checkbox"/> Audits of security of all medicines stored within the practice</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where medication storage risks and audit findings are tabled and discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for team members on the safe storage and distribution of medicines</li> <li><input type="checkbox"/> Other:</li> </ul>



You also should implement inventory management processes within the practice to ensure products and stock levels are:

- sufficient for the practice needs
- modified in response to changing evidence relating to the safety and efficacy of the medicines.

4.10.3 The storage of temperature-sensitive medicines is monitored

Non-applicable for dental practices

4.10.4 A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place

Reflective questions	Suggested strategies	Evidence examples
Are our medicine disposal processes consistent with jurisdictional requirements and the manufacturer's recommendations?	<p>This action requires policies, procedures or protocols for the disposal of unused, unwanted or expired medicines be implemented.</p> <p>You should have a process for:</p> <ul style="list-style-type: none"> <li>• checking stock expiry dates to ensure that expired medicines cannot be inadvertently used</li> <li>• minimising unused, unwanted and expired medicines by monitoring stock levels and rotating stock.</li> </ul> <p>You should also have procedures for the safe disposal of unwanted or expired medicines. These must comply with manufacturer's recommendations, and legislative and jurisdictional requirements.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Records of checks for expired stock</li> <li><input type="checkbox"/> Evidence of regular stock monitoring and stock rotation</li> <li><input type="checkbox"/> Log of unused, unwanted and expired medicines that required disposal, and the method by which medicines have been disposed</li> <li><input type="checkbox"/> Policies, procedures or protocols documenting processes for the disposal of unused, unwanted or expired medicines that align with legislative and jurisdictional requirements</li> <li><input type="checkbox"/> Position description detailing responsibility for disposal of medicines for a nominated team member</li> <li><input type="checkbox"/> Other:</li> </ul>

4.10.5 The system for disposal of unused, unwanted or expired medications is regularly monitored

Reflective questions	Suggested strategies	Evidence examples
How do we know if our dental team members are using the processes for the disposal of medicines?	<p>You should audit the processes and practices for the disposal of expired and unwanted medicines on a scheduled basis.</p> <p>Next, you should report audit findings to the owner or senior dentist (for a small dental practice) or the relevant committee meetings (for a large dental practice or service), then share outcomes with team members.</p> <p>Report and investigate incidents related to unwanted or expired medicines.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit of the disposal of unused, unwanted and expired medicines and the appropriateness of the disposal method</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to address risks identified with the disposal of unused, unwanted or expired medications</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where medication disposal audit findings or identified risks are tabled and discussed</li> <li><input type="checkbox"/> Other:</li> </ul>



4.10.6 Action is taken to increase compliance with the system for storage, distribution and disposal of medications

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve our systems for storing, distributing and disposing of medicines?</p>	<p>Practice owners, senior dentists or the dental service executive should develop policies, procedures or protocols for the storage and disposal of medicines, including controlled (Schedule 8) medicines and hazardous substances. Ensure these comply with manufacturer’s instructions and legislative and jurisdictional requirements.</p> <p>You can then use the information collected in <b>Action 4.10.5</b> from your review of incidents and audits of the storage and disposal of medicines to identify risks and document them in a risk register.</p> <p>The storage of medicines and the disposal of expired and unwanted medicines should also be discussed with team members to identify areas where quality improvement initiatives can be implemented.</p> <p>You should incorporate improvement actions and any changes made to medication safety practice in a quality improvement plan or in revisions to policies, procedures or protocols. This may include written procedures for reviewing stock expiry dates and methods of disposal.</p> <p>Links with <b>Action 4.10.2</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to reduce identified risks with the compliance with systems for medication storage, distribution and disposal</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that includes actions to address issues identified with medication storage, distribution and disposal compliance</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about medication storage, distribution and disposal</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about appropriate storage of medicines and disposal of expired and unwanted medicines</li> <li><input type="checkbox"/> Other:</li> </ul>

Clinical scenario: **Medication history**

Olive made an appointment with her dentist to have her broken tooth repaired. Her dental record noted she needed antibiotic prophylaxis prior to dental treatment. Olive arrived at the surgery one hour before her appointment and explained that she had not taken her antibiotics. The dentist had not yet arrived at the practice but the team member remembered that a quantity of the antibiotic amoxicillin was kept in the refrigerator and had been supplied to other patients in similar circumstances. The team member gave Olive four capsules of 500mg of amoxicillin. The dentist arrived and on reviewing Olive’s medical history discovered she had reported a penicillin allergy.

**Applying the NSQHS Standards:**

- Only dental practitioners with the relevant authority should prescribe, administer or supply medicines (**Action 4.3.1**)
- Known allergies and adverse drug reactions must be recorded in patient dental records (**Action 4.7.1**)
- Identify, report and manage risks associated with the storage of medicines (**Action 4.10.1**)



4.11 Identifying high-risk medicines in the organisation and ensuring they are stored, prescribed, dispensed and administered safely		
4.11.1 The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we determine which medicines are high-risk, and how should they be stored, prescribed, administered and supplied?</p> <p>How do we identify, report and manage the risks associated with high-risk medicines?</p>	<p>Certain medicines have a high risk of causing serious harm or death if not used correctly. Examples of high-risk medicines used in dental settings include: antimicrobials, opioids (narcotics), intravenous sedation and <i>Botulinum</i> toxin.</p> <p>First, you and your dental team should identify any high-risk medicines used in the practice and put systems in place to minimise risks associated with storing, prescribing, preparing and administering these medicines.</p> <p>Second, you should conduct a risk assessment for each high-risk medicine. Include any actions identified to reduce the risk in a quality improvement plan.</p> <p>Third, you should ensure dental team members are trained in processes for monitoring high-risk medicines and managing any incidents, near misses or adverse events associated with their use.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Completed risk assessments and a list of high-risk medicines used in the practice</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes reports on incidents involving high-risk medicines</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that includes actions identified to reduce identified risks relating to high-risk medicines used in the practice</li> <li><input type="checkbox"/> Other:</li> </ul>
4.11.2 Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to decrease the risks associated with high-risk medicines?</p>	<p>You and your dental team should develop specific policies, procedures or protocols for safely storing, prescribing, supplying and administering high-risk medicines and for monitoring patients. This may include prescribing of antimicrobials, benzodiazepines and opioids. A pain management protocol should be in place for patients who may require a substitute for opioids.</p> <p>You should initiate quality improvement activities to minimise the risks associated with high-risk medicines, such as:</p> <ul style="list-style-type: none"> <li>• minimising or eliminating the use of opioids (narcotics) through use of alternative strategies for pain management</li> <li>• having opioid antagonist medication and advanced life support (ALS) equipment at hand</li> <li>• training team members in the use of specific high-risk medicines and management of adverse events. For opioids this should include: opioid prescribing, use of opioid antagonists and basic and advanced life support</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for the management of high-risk medicines</li> <li><input type="checkbox"/> Availability of narcotic antagonist and other advanced life support equipment on site (where opioid medicines are used in the practice)</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that includes actions to be taken to address identified risks associated with high-risk medicines in the practice</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes actions to address identified risks with the use of high-risk medicines in the practice</li> <li><input type="checkbox"/> Information on high-risk medicine available for dental team members and patients and carers</li> <li><input type="checkbox"/> Audit of use of current endorsed therapeutic guidelines for antimicrobial prescribing (See also <b>Item 3.14</b>)</li> <li><input type="checkbox"/> Audit of prescribing of high-risk medicines by dental practitioners</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings about high-risk medicines</li> </ul>



- standardising work practices and products for high-risk medicines and standardising dosing protocols
- implementing the *National Recommendations for User Applied Labelling of Injectable Medicines, Fluids and Lines*<sup>56</sup> for preparing and administering injectable medicines
- implementing recommendations from national, state or territory safety alerts and directives where applicable
- monitoring access to medicines storage areas appropriate to individual roles, in line with the medication authorisation system and consistent with legislative requirements
- educating dental practitioners in the use of current endorsed therapeutic guidelines for antimicrobial prescribing such as the *Therapeutic Guidelines: Oral and Dental*.<sup>51</sup> (Links with **Item 3.14.**)

You need to ensure dental team members are trained in the appropriate storage of medicines and disposal of expired and unwanted medicines, including controlled (Schedule 8) medicines and hazardous substances.

- Training attendance records or education resources for dental team members on the processes for managing and monitoring high-risk medicines
- Other:

## Continuity of medication management

The dental practitioner provides a complete list of a patient's medicines to the receiving clinician and patient when handing over care or changing medicines.

### 4.12 Ensuring a current comprehensive list of medicines, and the reason(s) for any change, is provided to the receiving clinician and the patient during clinical handovers

4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines

4.12.2 A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care

4.12.3 A current comprehensive list of medicines is provided to the receiving clinician during clinical handover

4.12.4 Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover

Non-applicable for dental practices



## Communicating with patients and carers

The clinical team informs patients about their options, risks and responsibilities for an agreed medication management plan.

4.13 The clinical workforce informing patients and carers about medication treatment options, benefits and associated risks		
4.13.1 The clinical workforce provides patients with patient-specific medicine information, including medical treatment options, benefits and associated risks		
Reflective questions	Suggested strategies	Evidence examples
How do dental practitioners inform patients about options for their care including the use of medicines?	<p>The dental practitioner, as part of the treatment planning process, should discuss with the patient or carer the various treatment options, including the use of medicines and their associated risks and benefits. This may take the form of a consultation where the patient and dental practitioner discuss treatment options and the patient receives a written treatment plan.</p> <p>The dental practitioner should explain the potential side effects of any local anaesthetic administered.</p> <p>A summary of the patient discussions, risks, options and agreed treatment plan should be recorded in the patient's dental record.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Audit of patient dental records focusing on the treatment plan and any prescribed medicines</li> <li><input type="checkbox"/> Patient education material such as fact sheets, brochures, or links to trusted web sites</li> <li><input type="checkbox"/> Other:</li> </ul>
4.13.2 Information that is designed for distribution to patients is readily available to the clinical workforce		
Reflective questions	Suggested strategies	Evidence examples
What information do we provide to patients or carers about medication treatment options and risks?	<p>You should identify the patient information that should be made available with regard to medication treatment options and risks.</p> <p>The dental practice should source or develop the required patient brochures or fact sheets, including consumer medicines information.</p> <p>You should record medicines information distributed to a patient, in their dental record.</p> <p>You could establish referral systems with a local pharmacist to inform patients about the medicines prescribed. Alternatively, the dental practitioner can print on the prescription a request for the pharmacist to supply the patient with this information.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Copies of consumer medicines information, patient brochures or fact sheets</li> <li><input type="checkbox"/> Audit of patient dental records focusing on entries relating to the provision of medicines information</li> <li><input type="checkbox"/> Patient education material such as fact sheets, brochures, or links to trusted web sites</li> <li><input type="checkbox"/> Observational audit of dental practitioner's access to patient medication information and materials at the point of care</li> <li><input type="checkbox"/> Examples of prescriptions including a request for the pharmacist to supply medicines information</li> <li><input type="checkbox"/> Other:</li> </ul>
4.14 Developing a medication management plan in partnership with patients and carers		
4.14.1 An agreed medication management plan is documented and available in the patient's dental record		
Non-applicable for dental practices		



#### 4.15 Providing current medicines information to patients in a format that meets their needs whenever new medicines are prescribed or dispensed

4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful

4.15.2 Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients

Non-applicable for dental practices

#### Clinical scenario: Use of medicines

A dentist at a busy inner city dental practice treated Omar, a walk-in client with a facial swelling. The dentist had decided to see Omar in between his regular appointments because of the urgent nature of the condition. The dentist noted that English was Omar's second language, but Omar spoke fluently and the dentist was satisfied that Omar was able to understand and give consent for the procedure.

The dentist extracted a tooth, established drainage of the infection and issued prescriptions for amoxicillin and metronidazole. He asked Omar if he was allergic to these particular medicines and Omar had answered, 'No.'

Shortly afterwards, the dentist received a call from a pharmacist, seeking to clarify the prescription. When Omar presented to the pharmacist, it became apparent that he was allergic to penicillin but that he had not understood that amoxicillin was a type of penicillin.

The dentist recorded this as a 'near miss' via standard risk reporting protocol. This prompted the practice executive to review the process for the use of medicines. The principal dentist recommended using the *Quality Use of Medicines*<sup>57</sup> framework produced by the Australian Government Department of Health, to guide the protocol. The practice executive then set about establishing a system for the quality use of medicines which could be implemented by the individual, at the chair-side level. This involved:

- Adopting methods outlined in the relevant therapeutic guidelines to guide practitioners in selecting appropriate medicines. The practice made sure that copies of the current therapeutic guidelines were available to team members.

- Communicating with clients about the expected benefits, risks and options for medicines, including the risks of not taking the medicine. 'Establishing the risks of treatment' was determined to include taking a full medical history and questioning regarding allergies, using general questions such as, 'Are you allergic to anything?' and 'Have you taken this medication before?' The patient information chart was modified to include a pop-up reminder with these questions when the operator selected a 'prescription' service code. These questions were also discussed during team members' training.
- Reviewing the patient's use of the medicine at follow up appointments and modifying regimes if needed. This was recorded in the medical history function in the patient electronic chart. The chart also included a medical alert symbol, used in the case of adverse reactions, serious allergies or other serious health conditions.

#### Applying the NSQHS Standards:

- There should be a system in place for monitoring, reporting and investigating medication incidents (**Action 4.4.1**)
- There should be a process in place to ensure a patient's medication history is available at the point of care (**Action 4.6.2**)
- Known medication allergies and adverse drug reactions should be recorded in the patient's dental record (**Action 4.7.1**)
- Action is taken to reduce the risk of adverse drug reactions (**Action 4.7.2**)
- Dental practitioners should inform patients about treatment options including the use of medicines and their associated risks and benefits (**Action 4.13.1**)
- Information about medication treatment options should be provided to patients and carers (**Action 4.13.2**)



# Standard 5

## Patient Identification and Procedure Matching

This Standard aims to ensure that patients are correctly identified whenever care is provided and correctly matched to their intended treatments. Risks to patient safety occur when there is a mismatch between a patient and components of their care.

To implement this Standard, practice owners, senior dentists or the dental service executive need to establish systems to ensure the correct identification of patients and correct matching of patients with their intended treatment.

The criteria to achieve this Standard are:

- Identification of individual patients
- Processes to transfer care
- Processes to match patients and their care.



## Identification of individual patients

At least three approved patient identifiers are used when providing care, therapy or services.

### 5.1 Developing, implementing and regularly reviewing the effectiveness of a patient identification system including the associated policies, procedures and/or protocols that:

- define approved patient identifiers
- require at least three approved patient identifiers on registration or admission
- require at least three approved patient identifiers when care, therapy or other services are provided
- require at least three approved patient identifiers whenever clinical handover, patient transfer or discharge documentation is generated

#### 5.1.1 Use of an organisation-wide patient identification system is regularly monitored

Reflective questions	Suggested strategies	Evidence examples
<p>Do we have a system across the dental practice that ensures consistent and correct identification of a patient at any point in their care?</p> <p>Do we have a system that requires at least three approved patient identifiers?</p> <p>How do we know if our dental team members use our patient identification processes?</p>	<p>Patients need to be identified correctly at each point of contact with your dental practice. Your practice should have a policy, procedure or protocol in place to ensure that at least three approved patient identifiers are used to confirm the identity of new and existing patients upon arrival to the practice on every occasion. This policy, procedure or protocol should also describe how patients are correctly matched to their records before undergoing treatment, including patient agreed and planned investigations, consultations, examinations and unplanned or emergency treatment.</p> <p>Approved patient identifiers are items of information agreed by your practice that can be used to identify a patient when care is provided. It is up to you and your dental team members to decide what the approved identifiers should be for your dental practice. You can select identifiers from the following list:</p> <ul style="list-style-type: none"> <li>• patient name (family and given names)</li> <li>• date of birth</li> <li>• address</li> <li>• gender</li> <li>• medical record number</li> <li>• Individual Healthcare Identifier.</li> </ul> <p>To monitor the use of the patient identification system within your dental practice, practice owners, senior dentists or the dental service executive can:</p> <ul style="list-style-type: none"> <li>• provide training and education to dental team members about the processes that are needed to ensure that correct patient identification occurs at all stages in the patient's dental care</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for patient identification that defines: <ul style="list-style-type: none"> <li>• the approved patient identifiers used within the practice</li> <li>• the procedure for dental team members to check the identity of new and existing patients</li> <li>• how patients are correctly matched to their dental records prior to investigations or treatment</li> </ul> </li> <li><input type="checkbox"/> A patient medical history record or form that includes at least three of your practice approved patient identifiers (links with <b>Action 1.8.1</b>)</li> <li><input type="checkbox"/> Audit of dental records or referral letters focusing on documentation of the use of three approved patient identifiers</li> <li><input type="checkbox"/> Observational audit of dental team members using three approved patient identifiers</li> <li><input type="checkbox"/> Other:</li> </ul>



- review patient dental records to ensure notes, radiographs and referral letters all use the three approved patient identifiers
- check that identification and matching processes have been documented in patient dental records for higher risk procedures such as extractions
- conduct observations of dental team members to ensure that they are using the three approved patient identifiers at all stages in the patient's dental care
- discuss the results of the reviews with dental team members so that learning from any patient mismatching errors can be applied within the dental practice.

Links with **Item 1.1** regarding governance systems that set out policies, procedures and protocols.

5.1.2 Action is taken to improve compliance with the patient identification matching system

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve the use of our processes for patient identification and procedure matching?</p>	<p>To take appropriate action, you should first identify those areas in your patient identification and procedure matching system where improvements are needed.</p> <p>You and your dental team members can do this by:</p> <ul style="list-style-type: none"> <li>• investigating any incidents, near misses and adverse events involving incorrect patient identification and/or procedure mismatching</li> <li>• analysing the information collected from observational or patient dental record reviews to determine whether team members are using the patient identification processes appropriately.</li> </ul> <p>Practice owners, senior dentists or the dental service executive should:</p> <ul style="list-style-type: none"> <li>• document the action to be taken and if necessary revise policies or procedures to prevent problems with the patient identification matching system occurring again</li> <li>• communicate to dental team members the results of investigations or reviews, any new initiatives, and any changes to policies and procedures</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol outlining the patient identification system and processes for procedure matching</li> <li><input type="checkbox"/> Results of observational audits or patient dental record reviews</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes patient identification and mismatching events</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> with timeframes and individuals identified with responsibilities for recommendations or actions resulting from investigation of patient mismatching events or near misses</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where the patient identification system and any incident reports are tabled and improvement strategies discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for team members about patient identification systems and matching processes</li> <li><input type="checkbox"/> Evidence of revisions made to the patient identification policy, procedure or protocol</li> <li><input type="checkbox"/> Other:</li> </ul>



- provide training and education to dental team members about the patient matching and identification processes and their role in preventing avoidable errors in the delivery of care. Patient identification processes should be included in the induction program for new dental team members
- monitor the implementation of any new initiatives or revised policies or procedures. In a small dental practice, the practice owner or senior dentist might be responsible for this, and in a large dental practice or service this may occur at relevant committee meetings.

Refer to *Ensuring Correct Patient, Correct Site, Correct Procedure Protocol for other clinical areas*.<sup>58</sup>

Links with **Actions 5.2.2** and **5.5.3**.

## 5.2 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events

5.2.1 The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored

Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify, record and manage patient mismatching events and near misses?</p> <p>How do we inform our team about patient care mismatching events and near misses?</p>	<p>Patient safety incidents and near misses that involve a mismatch between a patient and their care are an important source of information about gaps in safety and quality systems and where improvements can be made and form part of the practice's broader incident and risk management system.</p> <p>A small dental practice may have an incident register, in line with <b>Action 1.14.2</b>, where patient identification and mismatching events and near misses are recorded.</p> <p>A large dental practice or service may have overarching incident reporting systems in place.</p> <p>Practice owners, senior dentists or the dental service executive should:</p> <ul style="list-style-type: none"> <li>• know how to identify, document, report and manage clinical incidents. You should have a policy or procedure detailing the process for implementing and monitoring improvements</li> <li>• ensure dental team members are trained in how to identify a patient mismatching incident and how to record and report incidents. This may be through the use of an electronic incident reporting system or an incident report form</li> <li>• review and respond to patient identification and procedure matching incidents reported by dental team members</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol outlining the patient identification and procedure matching system and includes processes for dental team members to identify, report, manage and learn from clinical incidents</li> <li><input type="checkbox"/> A risk register in line with <b>Action 1.5.1</b> that includes risks associated with the patient identification system</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes patient identification and mismatching events</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> with timeframes and individuals identified with responsibilities for implementation of actions relating to or resulting from investigation of patient mismatching events or near misses</li> <li><input type="checkbox"/> Reports of investigation or review findings of patient mismatching events and near misses, including recommendations provided to the dental practice owner, senior dentist or the dental service executive</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where patient identification and mismatching events are reviewed by dental team members and system improvements are discussed</li> <li><input type="checkbox"/> Other:</li> </ul>



	<ul style="list-style-type: none"> <li>identify who is responsible for informing dental team members about an incident or near miss, and any subsequent system improvements implemented.</li> </ul> <p>Links with <b>Item 1.14</b> regarding incident management and investigation systems.</p>	
<p>5.2.2 Action is taken to reduce mismatching events</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to decrease the risk to patients of mismatching events and near misses?</p>	<p>From the monitoring activities undertaken in <b>Action 5.2.1</b> you will know how often mismatching events and near misses occur in your practice.</p> <p>You and your dental team members can identify areas requiring improvement by:</p> <ul style="list-style-type: none"> <li>investigating any patient care mismatching incidents, adverse events or near misses</li> <li>analysing the information collected from observational or dental record reviews to determine whether team members are using the patient identification processes appropriately.</li> </ul> <p>You should document the agreed action by outlining the steps to be taken. You may need to revise policies, procedures or protocols to prevent problems occurring again.</p> <p>Practice owners, senior dentists or the dental service executive should share the results of any investigations or reviews, plans or initiatives, and changes to policies and processes with team members.</p> <p>In a small dental practice, the practice owner or senior dentist might be responsible for taking action to reduce mismatching events and monitoring when they occur.</p> <p>In a large dental practice or service, this may occur at relevant committee meetings.</p> <p>Links with <b>Actions 5.1.2</b> and <b>5.5.3</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Action plan or list of actions taken to improve processes following review of the patient identification incidents and mismatching events</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where reporting of mismatching incidents and near misses, recommendations and actions taken are discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about patient identification systems and matching processes including processes for reporting incidents and near misses</li> <li><input type="checkbox"/> Other:</li> </ul>
<p><b>5.3 Ensuring that when a patient identification band is used, it meets the national specifications for patient identification bands</b></p>		
<p>5.3.1 Inpatient bands are used that meet the national specifications for patient identification bands</p>		
<p>Non-applicable for dental practices</p>		



**Clinical scenario: Patient identification**

It was a busy Tuesday morning at a suburban dental practice following a long weekend. The practice had two chairs, with two dentists and a part-time dental hygienist. One of the dentists was behind schedule due to an appointment that ran over time by 45 minutes. The dental assistant called for a patient named Rachel and a woman instantly responded and followed the assistant into the surgery.

The treating dentist recognised the patient’s face but could not recall her name. When checking the patient’s record, the dentist noted that the patient card was for a teenager with a wisdom tooth problem. He asked for the patient’s name and she answered as Louise. Louise had called the practice earlier that morning complaining of a toothache. She had been told to come in to the practice and that she would be seen as soon as possible.

The dentist recorded this in the incident register as a near miss and placed the issue on the agenda for the next team meeting. Dental team members were given refresher training on processes for the correct identification of patients in the practice.

**Applying the NSQHS Standards:**

- Monitor the use of the practice-wide policy for identifying patients correctly (**Action 5.1.1**)
- Monitor the system for reporting, investigating and analysing patient care mismatching events (**Action 5.2.1**)
- Take action to reduce mismatching events (**Action 5.2.2**)

## Processes to transfer care

A patient’s identity is confirmed using three approved patient identifiers when transferring responsibility for care.

5.4 Developing, implementing and regularly reviewing the effectiveness of the patient identification and matching system at patient handover, transfer and discharge		
5.4.1 A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we know if our processes for patient identification and matching are used during clinical handover, transfer and discharge?</p>	<p>Your patient identification process and the identifiers you use should be included in your policy or procedures for <b>NSQHS Standard 6: Clinical Handover</b>.</p> <p>Your clinical handover policy or procedures should outline how you monitor the use of patient identifiers in clinical handover documents, such as in referral letters, diagnostic requests and reports.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol for patient identification and the use of three patient identifiers for handover, transfer or referral and discharge</li> <li><input type="checkbox"/> Documents, templates or electronic systems for the transfer of care demonstrating that include the use of patient identifiers</li> <li><input type="checkbox"/> Review of transfer, referral or discharge documentation for the inclusion of three approved patient identifiers</li> <li><input type="checkbox"/> Review of processes for referrals and diagnostic requests for the inclusion of three approved patient identifiers</li> <li><input type="checkbox"/> Other:</li> </ul>



## Processes to match patients and their care

Health service organisations have explicit processes to correctly match patients with their intended care.

### 5.5 Developing and implementing a documented process to match patients to their intended procedure, treatment or investigation and implementing the consistent national guidelines for patient procedure matching protocol or other relevant protocols

5.5.1 A documented process to match patients and their intended treatment is in use

Reflective questions	Suggested strategies	Evidence examples
Are our written processes for matching a patient and their intended care consistent with national guidelines?	<p>You should develop a policy, procedure or protocol for the identification of the correct patient, correct site and the correct procedure.</p> <p>The policy should align with protocols and checklists such as the <i>Ensuring Correct Patient, Correct Site, Correct Procedure Protocol for other clinical areas</i>.<sup>58</sup></p> <p>You should include critical stops or time out as a final check before any procedures that are irreversible.</p> <p>For higher risk procedures such as dental extractions, you should document that the process for matching the patient to their intended care has occurred in the patient's dental record. This may include keeping a completed checklist in the dental record.</p>	<input type="checkbox"/> Policy, procedure or protocol on matching patients to their intended care that is consistent with national guidelines <input type="checkbox"/> Documentation of the procedure matching process in the dental record <input type="checkbox"/> Other:

5.5.2 The process to match patients to any intended procedure, treatment or investigation is regularly monitored

Reflective questions	Suggested strategies	Evidence examples
How do we know if the dental team is using our patient identification and procedure matching processes?	<p>You should review the use of protocols and checklists to determine compliance with the patient and procedure matching processes. This may include:</p> <ul style="list-style-type: none"> <li>• observations of particular practice episodes, for example admission or registration procedures</li> <li>• reviews of documentation used as part of patient matching procedures, for example checklists or patient dental records.</li> </ul>	<input type="checkbox"/> Results from observational audits or patient dental record reviews of the use of patient identification and procedure matching processes <input type="checkbox"/> Other:



5.5.3 Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve our patient identification and procedure matching processes?</p>	<p>You can identify areas where improvements are needed by:</p> <ul style="list-style-type: none"> <li>discussing patient identification and procedure matching processes in dental team meetings to identify areas where quality improvement initiatives can be implemented</li> <li>analysing the findings from a review or an investigation of a mismatching event, and communicating the findings to dental team members.</li> </ul> <p>You should document the action you have taken and revise policies, procedures or protocols to address any changes and prevent problems occurring again.</p> <p>You can then share the results of any investigations or reviews, plans or initiatives, and changes to policies or processes with dental team members.</p> <p>You should ensure team members are trained in the processes for matching patients to their intended care and their role in preventing avoidable errors in the delivery of care.</p> <p>In a small dental practice, the practice owner or senior dentist might be responsible for taking action to improve the processes for patient identification and procedure matching.</p> <p>In a large dental practice or service, this may occur at relevant committee meetings.</p> <p>Links with <b>Actions 5.1.2</b> and <b>5.2.2</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol on matching patients to their intended care that is consistent with national guidelines</li> <li><input type="checkbox"/> Results of observational audits or patient dental record reviews of the use of patient identification and procedure matching processes</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b></li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> that details actions implemented as a result of investigations of patient mismatching events, near misses or results from procedure matching audits</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about patient identification and matching processes</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where results of procedure matching audits and patient identification investigations are table and quality improvement strategies are discussed</li> <li><input type="checkbox"/> Other:</li> </ul>



### Clinical scenario: A review of a patient identification process

An oral health therapist explained to Lachlan and his mother the process of giving an anaesthetic to complete Lachlan's fillings. Lachlan's mother questioned the need for an anaesthetic as she had expected only a routine examination.

The oral health therapist looked at Lachlan's dentition and discovered that it did not match the client chart. The hygienist then looked through the patient information system and discovered that there were two children with the same name.

The oral health therapist used the risk-reporting protocol to register the near miss and escalated the incident to the practice executive. The practice executive reviewed the incident and implemented a new protocol to improve patient identification processes.

This protocol involved:

- having each patient (or guardian) confirm the full name, date of birth and purpose of the visit at the commencement of every appointment

- flagging all client charts with similar names
- having reception confirm the full name, address, date of birth and contact details of clients when making and confirming appointments
- implementing a new menu in the electronic chart, where clinicians were required to complete a checklist to show that they had confirmed the correct client, correct site and correct procedure at each visit.

#### Applying the NSQHS Standards:

- A process is in place to match patients and their intended treatment (**Action 5.5.1**)
- Monitor the process to match patients and their intended treatment (**Action 5.5.2**)
- Review referral processes for patient identification and matching (**Action 5.4.1**)

### Clinical scenario: Matching patients with their treatment

Nguyen was 12 years old and about to undergo full orthodontic banding to treat his malocclusion. There was another patient with the same name undergoing treatment at the same orthodontic practice. The orthodontist had requested the removal of a number of Nguyen's teeth, both deciduous and permanent, prior to the banding appointment the following week.

The treating dentist was unable to reconcile the radiographs, the orthodontist's treatment plan for the planned extractions and Nguyen's clinical presentation. Nguyen's father did not want to return for another appointment because of his work commitments and asked the dentist to remove the teeth.

The dentist reviewed the referral documentation received from the orthodontic practice and confirmed with Nguyen's father the child's date of birth and address. His responses did not match the information on the referral letter.

The orthodontic practice was contacted to check the referral for the patient and it was ascertained that two patients with the same name attended the practice.

#### Applying the NSQHS Standards:

- A process is in place to match patients and their intended treatment (**Action 5.5.1**)
- Monitor the process to match patients and their intended treatment (**Action 5.5.2**)
- Review referral processes for patient identification and matching (**Action 5.4.1**)



## Standard 6 Clinical Handover

This Standard aims to ensure that there is timely, relevant and structured clinical handover that supports safe patient care. Implementing this Standard requires practice owners, senior dentists and the dental service executive to have a structured clinical handover system in place.

Clinical handover occurs when professional responsibility and accountability for some or all aspects of care for a patient is transferred to another person or professional group. In dental settings, this might involve referring a patient to a dental practitioner either within the practice or in another practice, or to a health professional such as a general practitioner.

Clinical handover that is lacking in essential information or contains incorrect information can result in patients receiving inappropriate or inadequate treatment, wasted resources, delays in diagnosis and treatment, and increased costs due to repeated tests. Information transferred between dental practitioners and other health professionals needs to include all relevant data, be accurate, unambiguous and occur in a timely manner.

The key to the successful implementation of this Standard is to establish the important information required for clinical handover, and to structure this information in a standardised format. The critical points in a patient's care need to be identified where clinical handover is required.

The criteria to achieve this Standard are:

- Governance and leadership for effective clinical handover
- Clinical handover processes
- Patient and carer involvement in clinical handover.



## Governance and leadership for effective clinical handover

Health service organisations implement effective clinical handover systems.

### 6.1 Developing and implementing an organisational system for structured clinical handover that is relevant to the healthcare setting and specialities, including:

- documented policy, procedures and/or protocols
- agreed tools and guides

#### 6.1.1 Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored

Reflective questions	Suggested strategies	Evidence examples
<p>How do we describe our organisational processes for clinical handover resulting in a transfer of care and accountability to another health professional or organisation?</p> <p>How do we know that our team use our clinical handover processes?</p>	<p>First you and your dental team members should identify the situations where clinical handover should occur. Clinical handover should be undertaken for any situation when there is an interface between different care providers. This can be either during, or at the end of, a course of treatment, and can occur between:</p> <ul style="list-style-type: none"> <li>• dental practitioners within the dental practice, for example between a dentist and a hygienist</li> <li>• dental practitioners and other health professionals or dental practitioners outside the dental practice, for example to a general practitioner or a periodontist</li> <li>• dental practitioners and patients when providing information to patients about maintaining their own oral health after a specific procedure, for example what to do following a tooth extraction</li> </ul> <p>It is also important to ensure that all appropriate information about the patient's care is documented in a standardised way and available for the patient's next appointment. This is particularly important where the patient's dental practitioner is likely to change, for example with care provided by a mobile dental unit.</p> <p>Second, consider the structure of your clinical handover process and what critical information is needed when you are transferring responsibility of care. The use of a standardised and structured format will:</p> <ul style="list-style-type: none"> <li>• improve the safety of patient care</li> <li>• increase the likelihood that critical information will be accurately transferred and acted upon.</li> </ul> <p>In a small dental practice, this might be a statement that outlines how and when dental practitioners communicate with each other or with other dental practitioners/health professionals during clinical handover.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol outlining processes for structured clinical handover relevant to your service, which includes information about the situations, methods and content of information that should be transferred</li> <li><input type="checkbox"/> Templates or tools, either paper based or electronic documents that have been used to handover a patient's care to another health professional, such as referral letters</li> <li><input type="checkbox"/> Examples of information provided to patients to maintain their own oral health after a specific procedure</li> <li><input type="checkbox"/> Results of an observational audit or review of dental health records focusing on clinical handover documentation</li> <li><input type="checkbox"/> Other:</li> </ul>



	<p>In a large dental practice or service, you might develop or review a policy, procedure or protocol.</p> <p>To monitor the use of the process for clinical handover within your dental practice, you can:</p> <ul style="list-style-type: none"> <li>• train dental team members so that they understand when clinical handover is required and the structured and standardised format to be used</li> <li>• review dental records to ensure referral correspondence conforms to the clinical handover process</li> <li>• discuss the results of the reviews with dental team members.</li> </ul> <p>Links with <b>Item 1.1</b> regarding governance systems that set out policies, procedures and protocols.</p>	
<p>6.1.2 Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve policy and procedure surrounding clinical handover in our dental practice?</p>	<p>You should ensure a systematic approach is used for evaluating clinical handover policies, procedures or protocols. This will provide an understanding of whether, and to what extent, communication during handover is being used in different situations.</p> <p>To maximise the effectiveness of clinical handover, you will first need to consider current practice. This will indicate whether and how you can make improvements, and what changes are required. Feedback from other dental practitioners to whom you refer can also inform any improvements.</p> <p>Once areas for improvement have been identified, you should:</p> <ul style="list-style-type: none"> <li>• document the action to be taken</li> <li>• revise policies or processes to prevent problems occurring again.</li> </ul> <p>A useful tool in ensuring effective organisational change in larger organisations is outlined in the <i>Implementation Toolkit for Clinical Handover Improvement</i>.<sup>59</sup></p> <p>You should share the results of any investigations or reviews, plans or initiatives, and changes to policies and processes with team members.</p> <p>Practice owners, senior dentists or the dental service executive should ensure dental team members are trained in the process for clinical handover, and include clinical handover in the induction program for new dental team members.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of revisions made to the clinical handover policy, procedure or protocol</li> <li><input type="checkbox"/> Results of an observational audit or review of dental health records focusing on clinical handover documentation</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes clinical handover incidents</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> with timeframes and responsibilities to address identified risks associated with the clinical handover process</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where the clinical handover process and any review findings are tabled and discussed</li> <li><input type="checkbox"/> Orientation manual, education resources or training documentation for dental team members outlining the clinical handover process</li> <li><input type="checkbox"/> Attendance records demonstrating dental team members attendance at orientation or training, which includes information about the service's clinical handover policy and process</li> <li><input type="checkbox"/> Other:</li> </ul>



	<p>In a small dental practice, the practice owner or senior dentist might be responsible for monitoring the actions taken to improve clinical handover.</p> <p>In a large dental practice or service, the relevant team or committee may be responsible for monitoring clinical handover.</p>	
6.1.3 Tools and guides are periodically reviewed		
Reflective questions	Suggested strategies	Evidence examples
<p>What tools and guides do our dental team members use for structured clinical handover?</p> <p>How do we keep the tools and guides up to date?</p>	<p>Practice owners, senior dentists or the dental service executive should review tools and templates used for clinical handover periodically to ensure that they:</p> <ul style="list-style-type: none"> <li>• reflect good practice</li> <li>• are used appropriately</li> <li>• are suitable for your dental practice.</li> </ul> <p>You can modify tools and templates using:</p> <ul style="list-style-type: none"> <li>• feedback from dental practitioners, other team members providing care or external health professionals you are referring to or receiving referrals from</li> <li>• lessons learned when clinical handover incidents occur because of suboptimal clinical handover practices</li> <li>• feedback from your patients about the information they receive about maintaining their oral health after a specific procedure.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of revisions made to clinical handover tools and templates made as a result of feedback about clinical handover</li> <li><input type="checkbox"/> Quality improvement actions implemented as a result of feedback on the clinical handover process</li> <li><input type="checkbox"/> Any new documents you may have developed or purchased to provide oral health instructions and information for patients/carers</li> <li><input type="checkbox"/> Results of reviews of tools and guides used for clinical handover</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where review findings are tabled and discussed</li> <li><input type="checkbox"/> Other:</li> </ul>

## Clinical handover processes

Health service organisations have documented and structured clinical handover processes in place.

<b>6.2 Establishing and maintaining structured and documented processes for clinical handover</b>		
6.2.1 The workforce has access to documented structured processes for clinical handover that include: <ul style="list-style-type: none"> <li>• preparing for handover, including setting the location and time whilst maintaining continuity of patient care</li> <li>• organising relevant workforce members to participate</li> <li>• being aware of the clinical context and patient needs</li> <li>• participating in effective handover resulting in transfer of responsibility and accountability for care</li> </ul>		
Reflective questions	Suggested strategies	Evidence examples
<p>What information do we give our dental team regarding clinical handover processes?</p>	<p>To ensure timely and relevant clinical handover, you should implement and maintain the structured clinical handover processes described in your policy from <b>Action 6.1.1</b>.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Policy, procedure or protocol outlining processes for structured clinical handover relevant to your service, which includes information about the situations, methods and content of information that should be transferred.</li> </ul>



<p>Is this information suitable for the local context and easily accessible?</p> <p>Does the dental team have sufficient resources to participate in effective clinical handover?</p>	<p>Policies, procedures and protocols should:</p> <ul style="list-style-type: none"> <li>• identify the situations where clinical handover should occur</li> <li>• document structured clinical handover processes to convey the relevant minimum data set of information to transfer responsibility and accountability between different care providers.</li> </ul> <p>You should ensure dental team members are trained in the clinical handover process.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Templates or tools, either paper based or electronic documents that have been used to provide a clinical handover to another health professional, such as referral letters</li> <li><input type="checkbox"/> Examples of information provided to patients to maintain their own oral health after a specific procedure</li> <li><input type="checkbox"/> Access to printed or electronic resources to support clinical handover</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about the clinical handover process</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where dental team members have discussed clinical handover tools and templates</li> <li><input type="checkbox"/> Other:</li> </ul>
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### Clinical scenario: **Monitoring clinical handover between dental practitioners**

A small regional dental practice employed two dentists and one hygienist on a full-time basis. Additionally, the practice employed a prosthetist and periodontist on a visiting basis, for a few days each month.

The practice maintained a 'hygiene recall' procedure for patients, which involved patients attending a recall appointment with the hygienist and also receiving a dental examination from their treating dentist. Depending on the treatment plan recommended by the dentist, patients were subsequently offered follow-up appointments with the relevant dental practitioner (dentist, specialist or prosthetist).

At a team meeting, one of the dentists raised some concerns that a number of his treatment plans had been changed by other practitioners partway through, and that this was confusing for practitioners and patients.

Based on this feedback, the principal dentist reviewed a number of patient cases and discussed the case with the practitioners who were directly involved. This was to determine what was happening as patients transitioned from seeing one practitioner to another.

He found that in most instances there were sound clinical reasons for changes to the treatment plans, but that the clinical documentation of this:

- was brief and records were not written in a way that other practitioners could easily access and interpret when the patient was referred to them
- did not make it clear to practitioners if subsequent treatment was needed after they had undertaken their recommended component.

It was also noted that, generally, no single practitioner took responsibility for overseeing a course of treatment for a single patient from start to finish.

The practice reviewed protocols to ensure that proper handover processes were implemented. This was considered important to ensure:

- continuity of care during a course of treatment for a patient
- adequate communication in situations where more than two different practitioners could be involved within a single course of treatment.

The structured professional relationship between dental practitioners within the practice was confirmed to ensure regulatory compliance with the Dental Board of Australia's *Scope of practice registration standard*.<sup>60</sup>

This involved the following steps:

- It was established that the dentist who undertook the initial examination and made the treatment plan would have responsibility for administering the course of treatment from start to finish. A copy of the treatment plan would be provided to the patient, alongside the usual price quotations issued. The dentist would communicate with the patient, at the initial appointment, about the different practitioners who would be involved in the course of treatment and the purpose of each appointment.
- A basic internal referral system was then set up, using the notation function on the existing electronic patient information system. The examining dentist would provide a dot-point, written plan on the electronic patient chart, with instructions to other practitioners on the reason for referral. After the other practitioner had seen the patient, they would provide a brief note on the patient chart. Any additional recommendations or changes to the course of treatment would be communicated back to the initial dentist. The patient could be rescheduled with the next practitioner as indicated by the treatment plan.
- Time would be set aside at regular dental team meetings, to review the internal referral system and to give practitioners the chance to discuss individual cases in which they were involved. This was extended to include the visiting practitioners as they attended each month.

#### Applying the NSQHS Standards:

- Involve patients in their own care in the clinical handover process (**Action 6.5.1**)
- A documented process for structured clinical handover and the resultant transfer of responsibility for care is in place (**Action 6.2.1**)
- Take action to improve the clinical handover process (**Action 6.3.3**)



**6.3 Monitoring and evaluating the agreed structured clinical handover processes, including:**

- regularly reviewing local processes based on current best practice in collaboration with clinicians, patients and carers
- undertaking quality improvement activities and acting on issues identified from clinical handover reviews
- reporting the results of clinical handover reviews at executive level of governance

6.3.1 Regular evaluation and monitoring processes for clinical handover are in place

Reflective questions	Suggested strategies	Evidence examples
<p>How do we monitor clinical handover to ensure that it is being conducted in the agreed structured process?</p> <p>How do we evaluate if clinical handover processes are effective or improving?</p>	<p>The key task is to evaluate your clinical handover process to ensure you achieve best practice.</p> <p>You and your dental team should develop a way to:</p> <ul style="list-style-type: none"> <li>monitor the effectiveness of clinical handover processes</li> <li>develop quality improvement processes tailored specifically to your dental team members and the dental practice.</li> </ul> <p>You should identify a suitable individual, group or committee to take on responsibility for monitoring the clinical handover process.</p> <p>A large dental practice or service may have an organisation-wide clinical handover evaluation system in place.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Results of an observational audit or review of dental health records focusing on completeness of clinical handover documentation</li> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes records of clinical handover incidents</li> <li><input type="checkbox"/> Memos, emails or other forms of communication within the dental practice communicating the lessons learned from any incidents arising from lack of appropriate clinical handover</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where the results of clinical handover investigations and reviews are tabled and discussed</li> <li><input type="checkbox"/> Records of feedback from external health professionals to whom the dental practice refers or receives referrals, to determine if they are satisfied with the current clinical handover process or discuss suggestions for improvement</li> <li><input type="checkbox"/> Other:</li> </ul>

6.3.2 Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers

Non-applicable for dental practices

6.3.3 Action is taken to increase the effectiveness of clinical handover

Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to improve clinical handover processes?</p>	<p>You should identify actions to be taken to improve clinical handover processes following the monitoring and evaluation process.</p> <p>Lessons learnt from clinical handover incidents (whether real or a near miss, whether from your dental practice or another practice) should inform the actions taken to improve the process.</p> <p>You should document the agreed action to be taken by developing a plan or amending policies or processes to address any issues arising and prevent problems occurring again.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of improvement activities undertaken to address risks associated with the clinical handover process</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> with timeframes and responsibilities for actions to address identified risks associated with clinical handover processes</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where the clinical handover process and any review findings are tabled and discussed</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about the clinical handover process</li> </ul>



	<p>You then should communicate to dental team members the results of investigations or reviews, any new plans or initiatives, and any changes to policies and processes.</p> <p>You should ensure dental team members are trained in the process for clinical handover.</p> <p>You should monitor the implementation of any new plans, initiatives or revised policies or processes. In a small dental practice, the practice owner or senior dentist might be responsible for this. In a large dental practice or service, this may occur at relevant committee meetings.</p>	<input type="checkbox"/> Other:
<p>6.3.4 The actions taken and the outcomes of local clinical handover reviews are reported to the executive level of governance</p>		
Reflective questions	Suggested strategies	Evidence examples
<p>What information do we provide the executive on our review of clinical handover processes?</p>	<p>Practice owners, senior dentists or the dental service executive should be aware of what safety and quality improvement steps are taken to reduce the risk for patients during clinical handover.</p> <p>The key task is to report the outcomes of improvement activities to practice owners, senior dentists or the dental service executive.</p>	<input type="checkbox"/> Reports on the clinical handover process and improvement activities are reviewed by practice owners, senior dentists or the dental service executive <input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> with timeframes and responsibilities for actions to address identified risks associated with clinical handover processes <input type="checkbox"/> Evidence of revisions made to the clinical handover process as a result of feedback or evaluation of the clinical handover process <input type="checkbox"/> Other:



Clinical scenario: **Monitoring clinical handover within a practice**

A large rural dental practice frequently used locum and part-time dental practitioners to ensure the practice operated at full capacity. This meant that most dental practitioners would frequently see patients who were part-way through active treatment plans.

The practice received feedback from patients indicating that they were unsure why their treatment plans were changed when receiving care from other practitioners. The practice manager discussed this feedback issue with several dental practitioners. The practitioners indicated that treatment plans were changed in instances where:

- the original plan was not recorded clearly and a new plan was formulated
- there was a definite clinical need to update the existing plan.

The practice manager then set about writing a step-wise process to assist practitioners in facilitating a smooth handover. This was adapted into a checklist, which was used for dental team members' orientation. The protocol involved:

- All planned treatment to be recorded in the patient electronic chart, in a designated area. Dental practitioners and other team members providing care are encouraged to provide copies of treatment plans to patients.
- Dental practitioners, in discussing treatment plans with patients, should inform them of their locum employment arrangement and discuss the likelihood that patients will complete their treatment with the next locum practitioner.

- When locum practitioners complete their contracted term, an electronic report identifying all unfinished courses of treatment will be generated and brought to the attention of existing and commencing practitioners.
- Where possible, plans will be made to have the new practitioner commence employment before the departure of the previous one, to allow time for case discussion and handover. Where this is not possible, the exiting practitioner will ensure comprehensive case notes are documented for the following practitioner.

The practice manager knew of several long-term patients who had seen multiple practitioners over time and she sought feedback from these patients on the proposed process.

**Applying the NSQHS Standards:**

- A documented process for structured clinical handover and the resultant transfer of responsibility for care is in place (**Action 6.2.1**)
- Monitor clinical handover to ensure that it is being conducted in the agreed structure (**Action 6.3.1**)
- Take action to improve the clinical handover process (**Action 6.3.3**)
- Involve patients in their own care in the clinical handover process (**Action 6.5.1**)

**6.4 Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any clinical handover incidents**

6.4.1 Regular reporting, investigating and monitoring of clinical handover incidents is in place

Reflective questions	Suggested strategies	Evidence examples
<p>How do we identify, record and respond to incidents relating to clinical handover?</p> <p>How do we inform the dental team of these incidents?</p>	<p>First you should ensure that all dental team members know how to report clinical handover incidents.</p> <p>Monitoring incidents allows the process for clinical handover to be modified to further suit your practice. You can use a register to log incidents, near misses and adverse events. After reviewing the register, you can develop possible improvement strategies.</p>	<ul style="list-style-type: none"> <li><input type="checkbox"/> An incident register in line with <b>Action 1.14.2</b> that includes details of any clinical handover incidents</li> <li><input type="checkbox"/> Documentation of the results of any investigations and findings from clinical handover incidents</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings where clinical handover incidents and improvement strategies are tabled and discussed</li> <li><input type="checkbox"/> Other:</li> </ul>



6.4.2 Action is taken to reduce the risk of adverse clinical handover incidents		
Reflective questions	Suggested strategies	Evidence examples
<p>What action have we taken to reduce risks to patients during clinical handover periods?</p> <p>How does the practice use local feedback information to reduce clinical handover incidents?</p>	<p>The intention of this action is to learn from any clinical handover incidents and put improvement processes in place to achieve best practice in your dental practice.</p> <p>You should use a review of incidents to inform changes to clinical handover policy or process. You should then evaluate the impact of the changes to identify positive or negative effects.</p> <p>It is important to discuss incidents and any reviews with the all dental team members so that everyone:</p> <ul style="list-style-type: none"> <li>• benefits by learning from an error or near miss</li> <li>• makes appropriate changes.</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Evidence of revisions made to the clinical handover process as a result of clinical handover incident investigations or feedback</li> <li><input type="checkbox"/> Agenda items, minutes or other records of meetings in which clinical handover incident outcome reports are tabled and improvement strategies discussed</li> <li><input type="checkbox"/> Memos, emails or other forms of communication to dental team members about actions taken to prevent recurrence of clinical handover incidents within the practice</li> <li><input type="checkbox"/> A quality improvement plan in line with <b>Action 1.6.1</b> with timeframes and responsibilities for improvement activities that have been implemented and evaluated to reduce the risk of clinical handover incidents</li> <li><input type="checkbox"/> Training attendance records or education resources for dental team members about the clinical handover process</li> <li><input type="checkbox"/> Other:</li> </ul>

## Patient and carer involvement in clinical handover

Health service organisations establish mechanisms to include patients and carers in clinical handover processes.

6.5 Developing and implementing mechanisms to include patients and carers in the clinical handover process that are relevant to the healthcare setting		
6.5.1 Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use		
Reflective questions	Suggested strategies	Evidence examples
<p>How do we include patients and carers in clinical handover processes?</p>	<p>Involving patients and carers in their own care improves clinical outcomes for patients. Your clinical handover process should describe how patients can be involved in clinical handover.</p> <p>You should explore your patient's concerns and insights about handover and consider their active role in the process. Examples of how patients can be given an active role in clinical handover include:</p> <ul style="list-style-type: none"> <li>• a dental hygienist engages with a patient to explore the dentist's concerns relating to the patient's home care, and then works with the patient to formulate practical strategies to achieve the desired oral health outcomes</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> A patient experience survey designed to feedback about clinical handover</li> <li><input type="checkbox"/> A complaints management system in line with <b>Action 1.15.2</b> to enable monitoring and responding to patient complaints and feedback relating to clinical handover</li> <li><input type="checkbox"/> Review of the dental health record focusing on documentation that demonstrates patients or carers were involved in the clinical handover process</li> <li><input type="checkbox"/> Other:</li> </ul>



- an orthodontist involves a patient in the identification of the correct tooth for extraction prior to referral back to their treating dentist for the extraction.

Links with **NSQHS Standard 2: Partnering with Consumers.**

#### Clinical scenario: **Clinical handover and referrals**

A large public dental service used a number of referral avenues. Patients were referred for dental support, from community health centres that provided medical support for renal, cardiac, cancer and public guardian patients.

Administrative dental team members were concerned that incoming referrals were inconsistent or incomplete, and that patient treatment was delayed because administrative staff had to follow up on missing information. The administrative staff discussed these concerns with the clinic manager.

The matter was escalated to the dental service executive. Service-wide protocols were developed. Drafts were discussed with the relevant stakeholder groups. Protocols were trialled before they were endorsed at a governance level and a project plan developed for implementation across the service.

The protocol involved:

- Referral templates: These were developed with mandatory fields for all incoming referrals, including relevant medical background, specialists involved, urgency of treatment and contact persons.
- Orientation and training: All referring clinics were given orientation and training on the use of the new referral templates and referral management process so they would know how to comply with the new system and understand the significance of accurate and timely completion.
- Referral management: A single point of contact within the dental service was established for all incoming and outgoing referrals. This allowed all referrals to be tracked. Once received, the administrative personnel would ensure that all fields of the referral were complete, and would assign the case to the relevant practitioner, according to eligibility and triage protocol.

- Correspondence and communication: The assigned dental practitioner, upon the initial examination/consult, would provide a summary of findings, further investigation needed and treatment required back to the referral source (that is, the treating physician or practitioner who is coordinating the community clinic care). Dental practitioners were provided with templates for this correspondence, which provided an efficient communication tool and assisted with documentation. Practitioners were encouraged, where relevant, to discuss complex case management with treating physicians. In some specialised medical areas (such as oncology), meetings were held at regular intervals.
- Confirmation and completion: This would involve writing back to the referring practitioner to advise them of the completion of treatment and recall or follow up period. 'Closing the referral loop' became a focus area for managers to work with practitioners.
- Monitoring: Key performance indicators for referrals received, referrals completed, and 'days to completion' were reported to the dental service executive on a monthly basis. This allowed for quality improvement to be monitored and mechanisms to be implemented.
- Consumer input: Relevant steering and governance-level committees, with representation from consumer groups, reviewed the protocol. This became a key strategy of monitoring performance in external clinical handover.

#### Applying the NSQHS Standards:

- A documented process for structured clinical handover and the resultant transfer of responsibility for care is in place (**Action 6.2.1**)
- Monitor clinical handover to ensure that it is being conducted in the agreed structure (**Action 6.3.1**)
- Take action to improve the clinical handover process (**Action 6.3.3**)
- Involve patients in their own care in the clinical handover process (**Action 6.5.1**)



### An example of a tool for clinical handover

Royal Far West is a non-government organisation that provides health services to children living in rural and remote New South Wales. The Oral Health Services team is based in Sydney and works with families and their local health providers to complement existing services within the community. It is crucial that clinical handover is structured and effective so that team members can work in partnership with local services.

The Oral Health Services team developed a clinical communication tool for team members to structure the information provided in clinical handover. The tool uses the mnemonic ACCEPTED to prompt team members to include all relevant information as part of a standardised process:

A	Assessment
C	Consult
C	Client
E	Evaluate
P	Plan
T	Treatment
E	Evaluate
D	Discharge

The tool is part of a handover process based on four key principles:

1. Preparing for clinical communication
2. Organising relevant team members to participate
3. Being aware of the clinical context and needs
4. Participating in effective clinical communication. All clinicians are accountable and responsible for their clients while under their care.

The Commission wishes to acknowledge the Oral Health Services team at Royal Far West for sharing their tool. Further information on clinical handover improvement can be found in the *OSSIE Guide to Clinical Handover Improvement*.<sup>61</sup>

## Appendix: Decision support tool

This decision support tool has been developed as general guidance for dental practices and services undertaking self-assessment. It lists common actions within and across the Standards and describes satisfactory and unsatisfactory performance.

ISSUE	SATISFACTORY PERFORMANCE	UNSATISFACTORY PERFORMANCE
<b>Policies, procedures and/or protocols are in use</b>	<ul style="list-style-type: none"> <li>Documents detail the date they become effective and the date they are due for revision.</li> <li>Source documents are referenced, particularly where they are represented as best practice.</li> <li>Documents may reference the consultation processes undertaken or collaborative group involved in their development.</li> <li>Documents are adapted to the specific context and setting in which they are used by the dental practice.</li> <li>Team members know the documents exist, can access them, and know and use the contents.</li> </ul>	<ul style="list-style-type: none"> <li>Documentation is:               <ul style="list-style-type: none"> <li>out-dated</li> <li>incomplete</li> <li>either overly complex and detailed or lacking in specificity</li> <li>not related to the practice, for example policy developed by another organisation or body and not adapted for use by the dental practice</li> <li>not accessible or unknown to users.</li> </ul> </li> </ul>
<b>Monitor and report</b>	<ul style="list-style-type: none"> <li>Data sampling or collection occurs across the dental practice.</li> <li>Quality of data is known.</li> <li>Processes exist to test and improve the quality of the data.</li> <li>Feedback is provided to targeted areas and is available across the dental practice.</li> <li>Data presented in reports is meaningful and relevant.</li> <li>Data collection and reporting informs a problem area or an area of specific risk.</li> <li>Timeliness of the collection and review of the data is consistent with the issue being examined.</li> </ul>	<ul style="list-style-type: none"> <li>Data is not sufficiently proximal to the issue being examined to provide meaningful information.</li> <li>No feedback is provided or the feedback provided is not sufficiently specific to be of use.</li> <li>Feedback is not available to individuals, team members, units, governance committees or areas that can make improvements.</li> <li>Data is not sufficiently recent to be relevant to the current provisioning of service.</li> </ul>

ISSUE	SATISFACTORY PERFORMANCE	UNSATISFACTORY PERFORMANCE
<b>Action is taken to improve</b>	<ul style="list-style-type: none"> <li>The action being taken:                             <ul style="list-style-type: none"> <li>is applicable broadly across the dental practice</li> <li>is readily transferable across the organisation</li> <li>focuses on key risks or priority areas identified by the dental practice.</li> </ul> </li> <li>Action outcomes will inform future improvement plans across the dental practice or target specific risks.</li> <li>Action outcomes are, or will be, communicated to team members, patients and carers, and governance committees.</li> <li>Action is timely and responsive to issues as they arise.</li> <li>Action is coordinated.</li> </ul>	<ul style="list-style-type: none"> <li>Action claims to be organisation-wide, but relates to a localised issue, process or situation and there is no clear outcome with the transfer of lessons learned across the dental practice.</li> <li>Action is limited to an area of interest rather than an organisational priority or risk.</li> <li>Significant delays exist between the identification of an issue and action being taken.</li> <li>Action is disparate and not coordinated, duplicated across the organisation.</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>Training provided or accessed is matched to team members' training needs.</li> <li>A system, such as a register, is in place to track team participation in training and qualifications.</li> <li>Training programs are evaluated.</li> </ul>	<ul style="list-style-type: none"> <li>Training does not address safety and quality of care needs, or team members' training needs.</li> <li>Team members are not aware of training.</li> <li>Team members are not able to access training.</li> <li>Team members are not given the opportunity to provide feedback on training.</li> </ul>
<b>Risk assessment</b>	<ul style="list-style-type: none"> <li>Clear and agreed processes exist to identify risks for the organisation and risks for individual clinical areas.</li> <li>A scale to rate risk is consistently applied.</li> <li>The risks are reviewed on a regular basis.</li> <li>Risks are assessed at all levels of a dental practice.</li> </ul>	<ul style="list-style-type: none"> <li>There is no formal process for identifying and rating of risk, or where risk exists, the formal process is not applied.</li> <li>Risks are identified and rated at an organisational level, not at an individual service level.</li> </ul>
<b>Regular review</b>	<ul style="list-style-type: none"> <li>Review occurs across the relevant organisation or for a representative sample that is appropriate for the issue under review.</li> <li>Risk assessment is used as the basis to determine the location and size of the sample.</li> <li>Frequency and timing of the review is appropriate for the organisation, and consistent with the level of risk of the issue.</li> </ul>	<ul style="list-style-type: none"> <li>Frequency of review is insufficient in providing information that can be used to introduce change.</li> <li>Size of the review is too small or limited to provide meaningful information.</li> <li>Data collected is not current.</li> <li>Reviewed data is not representative of all areas where the issue occurs.</li> <li>The review inappropriately excludes consumers.</li> </ul>
<b>Evidence-base or best practice</b>	<ul style="list-style-type: none"> <li>Reference is current and the source is accepted as reputable and authoritative, and may include professional bodies, published articles, published research or approved guidelines.</li> <li>May be peer reviewed.</li> <li>Where possible or appropriate, is consistent with national specifications, standards and approved guidelines.</li> </ul>	<ul style="list-style-type: none"> <li>Material or resources are not referenced, or source is not clear.</li> <li>Reference material is out of date.</li> <li>Inconsistencies are apparent in the material or resources.</li> </ul>

ISSUE	SATISFACTORY PERFORMANCE	UNSATISFACTORY PERFORMANCE
<b>Processes and/or systems are in place</b>	<ul style="list-style-type: none"> <li>Processes and/or systems:                             <ul style="list-style-type: none"> <li>are responsive in their ability to address issues</li> <li>clearly delineate roles and responsibilities</li> <li>interface with risk management, governance, operational processes and procedures for each Standard.</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>Team members are not aware of the processes and/or systems.</li> <li>Processes and/or systems are cumbersome and/or not adhered to.</li> </ul>
<b>Communication</b>	<ul style="list-style-type: none"> <li>Format of communication (for example email, posters or web site updates) is appropriate to the purpose.</li> <li>Language is clear and concise.</li> <li>Team members are aware of the communication.</li> <li>Processes are in place for routinely distributing relevant communication materials.</li> <li>The effectiveness of the communication strategy is evaluated.</li> <li>The needs of culturally and linguistically diverse populations are taken into consideration.</li> <li>Communication strategies are evaluated and modified accordingly.</li> </ul>	<ul style="list-style-type: none"> <li>Format is inappropriate for purpose.</li> <li>Communication is not adapted for the target audience.</li> <li>Key pieces of communication do not reach the target audience.</li> <li>Communication strategies are rarely or not evaluated.</li> </ul>
<b>Equipment</b>	<ul style="list-style-type: none"> <li>Team members are trained in use of equipment.</li> <li>Records are kept of equipment maintenance.</li> </ul>	<ul style="list-style-type: none"> <li>Team members do not know how to use the available equipment appropriately.</li> <li>Equipment is not available.</li> <li>Equipment is not maintained.</li> </ul>

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