

NSQHS Standard 1 Governance

Facility Audit Tool



Hospital and Health Service:	Facility:	Audit Date/Period:
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Facility audit tool: collects facility level data and collates the ward/unit level responses.

- Notes:
- Each facility needs to determine those audit questions that are applicable to their facility / health service circumstances for review
 - Some questions and responses may not be applicable (egg. at a ward/unit level) and can be adapted to suit individual requirements
 - The measurement plan details each audit question and the action/criteria it aligns to in the standard

Facility Questions		Response
1.0	Is there evidence that the facility (or at service level) has policies, procedures and protocols in place as part of the governance system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.1	If yes: Is there evidence that they include:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• the reporting lines and relationships for clinical governance (including an organisational chart)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• identifying safety and quality risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• the assessment of risks associated with the introduction of new services, including changes to clinicians scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• the implementation and monitoring of a risk management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• the processes and accountability for monitoring the quality management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• the use of clinical guidelines and pathways that reflect best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• collecting and reviewing key performance indicator (KPI) data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• undertaking regular clinical audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• implementing prevention strategies based on data analysis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• reporting, investigating and analysing incidents and near misses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• compliance with Clinical Services Capability Framework (CSCF) and capability to support a new clinical service?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• ensuring compliance with legislative requirements and relevant industry standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• communicating with and informing the clinical and non-clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• implementing workforce performance management procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• scope of practice for clinicians?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• performance review process for clinicians?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
	<ul style="list-style-type: none"> training requirements for the workforce? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> an open disclosure program that is consistent with the national open disclosure standard? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the delegated safety and quality roles and responsibilities of the workforce (including locum or agency staff)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> processes for recording and managing patients' and carers' complaints? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the implementation and use of a charter of patients' rights? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> advanced care and end of life care that is consistent with current guidelines and directives? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> availability of patient clinical records at the point of care, including when a patient is transferred? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the storage of patient clinical records? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the privacy and confidentiality of patient information, including the sharing of information? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.2	If yes to 1.0: Is there evidence that: <ul style="list-style-type: none"> they define the audit process to be undertaken to assess against them? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> they reference the consultation processes or collaborative groups involved in their development? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> they detail the date they became effective? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> they reference the source documents (if applicable) particularly where they are represented as best practice? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the workforce know the documents exist, can access them and know and use the contents? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
1.3	If yes to 1.0: Outline details of the documents, where kept, review date/s and the owner.	
2.0	Is there evidence that the facility (or at service level) has a register that details the completed policy, procedure and protocol reviews and a prioritised schedule for future reviews?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.0	Is there evidence that the facility (or at service level) has a committee/s that oversee the development and review of policies, procedures and protocols?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.1	If yes: <ul style="list-style-type: none"> which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> are there Terms of Reference that show evidence of responsibility for development and review of policies, procedures and protocols? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> are there meeting minutes that show evidence that the policies, procedures and protocols are tabled at the meetings? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
3.2	If yes to 3.1: Provide details.	
4.0	Is there evidence that the facility (or at service level) has strategic and business plans that outline the potential impact on patient safety and quality of care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.0	Is there evidence that the facility (or at service level) has a business proposal template?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5.1	If yes: Is there evidence that the:	
	• workforce knows the document exists?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• business proposals submitted actually use the template set by the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6.0	Is there evidence that the facility (or at service level) has meetings that demonstrate safety and quality of care is considered in business decision making e.g. finance and audit committee meetings, strategic planning committee meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.0	Is there evidence that the facility (or at service level) provides the results of audits for patients clinical records and clinical practice to a governance committee/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.1	If yes:	
	• which committee/s and when do they meet?	
	• are there Terms of Reference that show evidence of responsibility for results of audits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• are there meeting minutes that show evidence that the results of audits are tabled at the meetings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7.2	If yes to 7.1: Provide details.	
8.0	Is there evidence that the facility (or at service level) has a performance and reporting framework?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.1	If yes: Does the framework include:	
	• the safety and quality indicators that are collected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• when the safety and quality indicators are collected and reported?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• incidents, adverse events and near misses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• who the safety and quality indicator data/incident data analysis are reported to e.g. executive, governance committee, workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
8.2	If yes to 8.1 - the indicators that are collected: Provide details on the indicators that are collected.	
8.3	If yes to 8.1 - who reported to: Provide details of who receives the reports, the communication channels for distribution and when.	
8.4	If the data reports are presented to a governance committee: <ul style="list-style-type: none"> • which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> • are there Terms of Reference that show evidence of responsibility for reports on safety and quality / incident data? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • are there meeting minutes that show evidence that the reports on safety and quality / incident data are discussed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8.5	If yes to 8.4: Provide details.	
9.0	Is there evidence that the facility (or at service level) produces an annual report which includes safety and quality performance data?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9.1	If yes: Is there evidence that the data includes benchmarking with other facilities, health services and to targets?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.0	Is there evidence that the facility (or at service level) evaluates safety and quality data (including data from the risk management system) in order to identify the areas/gaps that need improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.1	Is there documented evidence that the facility (or at service level) has a quality improvement plan that details the improvement actions taken, based on the gaps identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.2	If yes: Provide details of the examples of improvement activities that have been implemented and when.	
10.3	If examples of improvement activities: Is there evidence that they have been evaluated post implementation to identify an improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10.4	If yes to 10.2: Is there evidence that the workforce knows of the types of improvement activities that have been undertaken i.e. have these been communicated and celebrated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.0	Is there evidence that the facility (or at service level) ensures the workforce is aware of their delegated safety and quality roles and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
11.1	If yes: Is there evidence there are: <ul style="list-style-type: none"> position descriptions, duty statements and employment contracts that describe safety and quality roles, responsibilities and accountabilities? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> results of workforce surveys or feedback regarding their safety and quality roles and responsibilities? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
11.2	If yes: Provide details on the evidence above.	
12.0	Is there evidence that the facility (or at service level) undertakes performance appraisals (i.e. between manager and staff member) that include the roles and responsibilities for safety and quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.0	Is there evidence that the facility (or at service level) ensures agency or locum staff are aware of their designated roles and responsibilities for safety and quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.1	If yes: Is there evidence there are: <ul style="list-style-type: none"> employment contracts, position descriptions or duty statements for locum and agency workforce that specify designated roles and responsibilities for safety and quality? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> induction checklists for locum and agency workforce that ensure designated roles and responsibilities for safety and quality have been addressed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
13.2	If yes: Provide details on the evidence above.	
14.0	Is there evidence that the facility (or at service level) provides training/education resources, including in orientation, to the workforce on their safety and quality roles and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.1	If yes: Is there evidence that they include: <ul style="list-style-type: none"> recognising, reporting, investigating and analysing incidents, adverse events and near misses? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> how to recognise, report and deal with complaints? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> a component that includes educating staff on the risk management system? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.2	If yes to 14.0: Is there evidence that: <ul style="list-style-type: none"> staff attendance at the education/training sessions is recorded? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> there is a schedule of the training that is provided? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the competency-based training needs of staff are evaluated? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> staff feedback reports of the sessions are evaluated and incorporated into the next revision? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the resources and materials are readily accessible to the workforce? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> there is an evaluation survey or report on training programs on workforce safety and quality roles and responsibilities? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
14.3	If yes to 14.0: What communication channels are used to advise staff of the training/education?	
14.4	If yes to 14.0: Provide details on the training / resources provided and when.	
15.0	Is there evidence that the facility (or at service level) has annual mandatory training programs to meet the requirements of the NSQHS standards?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.1	If yes, Is there evidence the training program has:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• a schedule of the training that is provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• education resources that are accessible by the workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• a record of attendance at the training by the workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• an annual review of mandatory training needs and resources provided to support training requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• a communication plan advising the workforce of the annual mandatory training requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.2	If yes to 15.0: What communication channels are used to advise staff of the annual mandatory training?	
15.3	If yes to 15.0: Provide details on the training / resources provided and when.	
16.0	Is there evidence that the facility (or at service level) provides training/education resources, including in orientation, to locum and agency workforce on their safety and quality roles and responsibilities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.1	If yes: Is there evidence that they include:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• recognising, reporting, investigating and analysing incidents, adverse events and near misses?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• how to recognise, report and deal with complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• a component that includes educating staff on the risk management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.2	If yes to 16.0: Is there evidence that:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• staff attendance at the education/training sessions is recorded?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• there is a schedule of the training that is provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• the competency-based training needs of staff are evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• staff feedback reports of the sessions are evaluated and incorporated into the next revision?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
	<ul style="list-style-type: none"> there is an evaluation survey or report on training programs on workforce safety and quality roles and responsibilities? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.3	If yes to 16.0: What communication channels are used to advise locums and agency staff of the training/education?	
16.4	If yes to 16.0: Provide details on the training / resources provided and when.	
17.0	Is there evidence that the facility (or at service level) has a risk management system for patient safety and quality?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.1	If yes: Is there evidence:	
	<ul style="list-style-type: none"> the system is regularly monitored? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> of a risk register that includes actions to address identified risks? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the actions are evaluated post implementation? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> that staff feedback is provided on the system? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.2	If yes to a risk register: Does the risk register include a scale to rate risks?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.3	If yes to a risk register: Are the risks reviewed on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.4	If yes to 17.0: Is there evidence that the facility (or at service level) has a governance committee that oversees the risk management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.5	If yes to 17.4:	
	<ul style="list-style-type: none"> which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> are there Terms of Reference that show evidence of responsibility for the risk management system? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> are there meeting minutes that show evidence that the risk management system is discussed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.6	If yes to 17.4: Provide details.	
18.0	Is there evidence that the facility (or at service level) has a quality management system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.1	If yes: Is there evidence:	
	<ul style="list-style-type: none"> the system is regularly monitored? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> of a quality framework or plan? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> that an analysis of records of comments, complaints and incidents from patients and carers is included? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> that an analysis of patient experience surveys is included? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the system is feedback to the workforce regarding safety and quality of patient care? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
18.2	If yes to 18.0: Outline details of the documents, where kept, review date/s and the owner.	
19.0	Is there evidence that the facility (or at service level) uses clinical guidelines and pathways that reflect best practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.1	If yes: Is there evidence:	
	• that the workforce can access electronic or pre-printed copies of them?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• they are appropriately referenced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• they are discussed or tabled at a governance committee?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• they are regularly reviewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.2	If yes to being tabled at a governance committee:	
	• which committee/s and when do they meet?	
	• are there Terms of Reference that show evidence of responsibility for guidelines/pathways?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• are there meeting minutes that show evidence that the guidelines/pathways are discussed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.3	If yes to 19.2: Provide details.	
19.4	If yes to 19.0: Outline details of the documents, where kept, review date/s and the owner.	
20.0	Is there evidence that the facility (or at service level) has a system in place to define and regularly review the scope of practice for the clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.1	If yes: Is there evidence of:	
	• the flow of documentation to and from committees and meetings e.g. credentialing committees and meetings that include information on the roles, responsibilities, accountabilities and scope of practice for the clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• an audit of position descriptions, duty statements and employment contracts against the requirements and recommendations of clinical practice and professional guidelines?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• workforce performance appraisal and feedback records that show a review of the scope of practice for clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
20.2	If yes to documentation to and from committees: <ul style="list-style-type: none"> • which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> • are there Terms of Reference that show evidence of responsibility for the scope of practice for the clinical workforce? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • are there meeting minutes that show evidence that the scope of practice for the clinical workforce is discussed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.3	If yes to 20.2: Provide details.	
21.0	Is there evidence that the facility (or at service level) has mechanisms in place to monitor that the clinical workforce are working within their agreed scope of practice?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.1	If yes: Is there evidence of: <ul style="list-style-type: none"> • a register of workforce qualifications and areas of credentialed practice? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • an audit of the clinical workforce who have a documented performance appraisal? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • observations of clinical practice? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • reports of key performance indicators for clinicians, which include benchmarking? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.2	If yes: Provide details on the mechanisms above.	
22.0	Is there evidence that the facility (or at service level) has clinical service capability, planning and scope of practice which is directly linked to the clinical service roles?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.1	If yes: Is there evidence of: <ul style="list-style-type: none"> • a strategic plan that outlines the facility's overall objectives and services provided? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • a register of workforce qualifications suitable for clinical service roles of the organisation? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • reports of inspections from regulators? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • evaluations of the organisation's clinical services targets? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • evaluation of the safety and quality of clinical services and programs? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> • an annual report that details the clinical service capability and clinical services provided? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
	<ul style="list-style-type: none"> an audit of Diagnostic Related Groups (DRGs) cared for by clinicians compared to their granted scope of clinical practice and the Clinical Services Capability Framework (CSCF) of the facility? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.0	Is there evidence that the facility (or at service level) has a system for defining the scope of practice whenever a new clinical service, procedure or other technology is introduced?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.1	If yes: Is there evidence of: <ul style="list-style-type: none"> planning documents to introduce new services (including workforce, equipment, procedures, scope of practice applications and approval for licensing)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> defined competency standards for new services, procedures and technology? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> communication to the workforce that defines the scope of practice for new clinical services, procedures or other technology, including providing any education? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.2	If yes to 23.0: Provide any details.	
24.0	Is there evidence that the facility (or at service level) supervises and supports clinicians to practice within agreed professional and system boundaries when providing patient care?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.1	If yes: Is there evidence of: <ul style="list-style-type: none"> descriptions of roles and responsibilities for designated clinical leaders included in position descriptions, duty statements and employment contracts? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> a register of staff qualifications and areas of credentialed practice? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> a documented review of qualifications and competencies for clinical staff? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.0	Is there evidence that the facility (or at service level) has a valid and reliable performance review process in place for the clinical workforce?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.1	If yes: Is there evidence of: <ul style="list-style-type: none"> a documented performance development system that meets professional development guidelines and credentialing requirements? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> individual professional development plans and system wide tracking of participation in reviews? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> an audit of the clinical workforce with completed performance reviews? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> relevant documentation to and from committees and meetings regarding performance review and credentialing of clinicians? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> mentoring or peer review reports? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.2	If yes to documentation to and from committees: <ul style="list-style-type: none"> which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> are there Terms of Reference that show evidence of responsibility for the performance review and credentialing of clinicians? 	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
	<ul style="list-style-type: none"> are there meeting minutes that show evidence that performance review and credentialing of clinicians is discussed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.3	If yes to 25.2: Provide details.	
26.0	Is there evidence that the clinical workforce in the facility (or at service level) participates in regular performance reviews that support individual development and improvement?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26.1	If yes: Is there evidence of: <ul style="list-style-type: none"> individual performance reviews which are documented for the clinical workforce? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> individual development plans that document training needs identified through individual performance reviews? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.0	Is there evidence that the facility (or at service level) analyses feedback from the workforce on their understanding and use of safety and quality systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.1	If yes: Is there evidence of: <ul style="list-style-type: none"> records of workforce feedback regarding the use of safety and quality systems? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> analysis of workforce survey results regarding the use of safety and quality systems? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> relevant documentation to and from committees and meetings regarding feedback from the workforce on safety and quality systems? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.2	If yes to documentation to and from committees: <ul style="list-style-type: none"> which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> are there Terms of Reference that show evidence of responsibility for feedback from the workforce on safety and quality systems? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> are there meeting minutes that show evidence of feedback from the workforce on safety and quality systems? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.3	If yes to 27.2: Provide details.	
28.0	Is there evidence that the facility (or at service level) has an incident management system for reporting, investigating and analysing incidents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.1	If yes: Outline the system e.g. PRIME	
28.2	If yes to 28.0: Is this regularly monitored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.3	If yes to 28.2: When and by whom?	
28.4	If yes to 28.0: Are reports developed using data in the system?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
28.5	If yes to 28.4: Are the reports used to identify frequency, severity and gaps?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.6	If yes to 28.4: Are the reports tabled at a governance committee/group for review?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28.7	If yes to 28.6: Which governance committee/group and when do they meet?	
29.0	Is there evidence that the facility (or at service level) has processes in place to support the workforce to recognise and report complaints?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.1	If yes: Is there evidence of:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> comments and complaints forms that are available for patients to complete? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> secure patient comments and complaints box in publicly accessible places? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> a current complaints register which includes responses and actions to address identified issues? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> patient information that outlines the internal and external complaints mechanisms? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> relevant documentation to and from committees and meetings related to complaints management, including reports on the analysis of complaints? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> the analysis of patient complaints being feedback to the workforce? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.2	If yes to documentation to and from committees:	
	<ul style="list-style-type: none"> which committee/s and when do they meet? 	
	<ul style="list-style-type: none"> are there Terms of Reference that show evidence of responsibility for complaints management, including reports on the analysis of complaints? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> are there meeting minutes that show evidence of complaints management, including reports on the analysis of complaints? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
29.3	If yes to 29.2: Provide details.	
29.4	If yes to patient complaints feedback to the workforce (in 29.1): Provide details on how patient complaints are feedback to the workforce.	

Facility Questions		Response
30.0	Is there evidence that the facility (or at service level) has an open disclosure program in place? <i>Note: An Open Disclosure Program is a program that supports and encourages the open, effective and timely disclosure of an unintended outcome to the patient and/or their family. This is achieved through the training of all staff whose role requires them to undertake this form of disclosure and a defined process for initiating disclosure. For Hospital and Health Services, the minimum requirement is that a register of trained staff is kept; an offer of Formal Open Disclosure is made following every SAC 1 incident and an Open Disclosure Consultant (ODC) is used for all Formal Open Disclosure meetings.</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.1	If yes: Is there evidence that: <ul style="list-style-type: none"> reports on open disclosure are produced in the organisation? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> information and data on open disclosure is presented to the executive, relevant committees and the workforce? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.2	If yes to 30.0: Provide details on the program.	
30.3	If yes to presented to executive or committee (in 30.1): <ul style="list-style-type: none"> which committee/s or executive and when do they meet? 	
	<ul style="list-style-type: none"> are there Terms of Reference that show evidence of responsibility for information and data on open disclosure? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> are there meeting minutes that show information and data on open disclosure is presented and discussed? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
30.4	If yes to 30.3: Provide details.	
30.5	If yes to presented to the workforce (in 30.1): How is this communicated and when?	
31.0	Is there evidence that the facility (or at service level) trains the clinical workforce in open disclosure processes e.g. iLearn?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.1	If yes: Is there evidence of: <ul style="list-style-type: none"> education resources and records of attendance at training by the relevant workforce on the open disclosure processes? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
	<ul style="list-style-type: none"> reports on the evaluation of the open disclosure training program at the local level? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
31.2	If yes to 31.0: What communication channels are used to advise staff of the training/education?	
31.3	If yes to evaluation reports (in 31.1): Are these presented at a committee for discussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Facility Questions		Response
31.4	If yes to 31.1 & 31.3: Provide details on both the education resources and evaluation reports and where the evaluation reports are presented.	
32.0	Is there evidence that the facility (or at service level) has a charter of patient rights that is consistent with the current national charter of healthcare rights e.g. the Australian Charter of Health Care Rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.0	Is there evidence that the facility (or at service level) provides information on patient rights to patients and carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33.1	If yes: Is there evidence the:	
	• charter is displayed in areas accessible to the public?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• charter is available in a range of languages and formats, consistent with the patient profile?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• admission checklist includes provision and explanation of patient charter of rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.0	Is there evidence that the facility (or at service level) has a system in place to support patients who are at risk of not understanding their healthcare rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34.1	If yes: Is there evidence of:	
	• a register of interpreters and other advocacy and support services available to the workforce, patients and carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• analysis of consumer feedback regarding healthcare rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• results of patient and carer experience surveys regarding healthcare rights?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.0	Is there evidence that the facility (or at service level) involves patients and carers in decisions about their care and confirm their consent to treatment? <i>(e.g. includes such tasks as case conferences with patients and/or carers; analysis of patient and/or carer feedback regarding consumer participation in making decisions about their care; results of patient and/or carer satisfaction surveys regarding consumer participation in making decisions about their care; completed informed consent forms)</i>	<input type="checkbox"/> Yes <input type="checkbox"/> No
35.1	If yes: Provide details on how this is done.	
36.0	Is there evidence that the facility (or at service level) ensures a patient's clinical record is available to the relevant clinician when care is being provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36.1	If yes: Provide details of how this is assured e.g. having one access point for all records; enabling a process for quick transportation of records when required.	

Facility Questions		Response
36.2	Is there evidence that the facility (or at service level) has computer access to electronic records available to the clinical workforce in clinical areas including access for multidisciplinary team information such as pathology reports?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.0	Is there evidence that the facility (or at service level) has a system in place to restrict inappropriate access to and dissemination of patient clinical information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.1	If yes: Is there evidence:	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• of a code of conduct that includes privacy and confidentiality of patient information?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• of a secure archival storage system?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• of a secure storage system in clinical areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• of workforce confidentiality agreements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• that computers that are password protected?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• that patient clinical records include consent for transfer of information to other service providers or national health related registers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	• of a record of ethics approval for research activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37.2	If yes to 37.0: Provide details on the system, where kept and how often reviewed.	

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
38.0	What is the number of wards/units that evaluate safety and quality data (including data from the risk management system) in order to identify the areas/gaps that need improvement? (Gov_Ward_Q1.0)			
38.1	What is the number of wards/units that have a quality improvement plan that details the improvement actions taken, based on the gaps identified? (Gov_Ward_Q1.1)			
38.2	Provide details of the examples of improvement activities that have been implemented and when from wards/units. (Gov_Ward_Q1.2)			
38.3	What is the number of wards/units that have evaluated the improvement activities post implementation to identify an improvement? (Gov_Ward_Q1.3)			

Collation of ward/unit data (This section is only needed to be used if the data was collected at the ward/unit level. Enables whole of facility reporting)		Count of No. of wards who meet criteria	Count of Total No. of wards audited	Calculate the %
	(as per measurement plan)	Numerator (N)	Denominator (D)	(N/D*100)
38.4	What is the number of wards/units where the workforce knows of the types of improvement activities that have been undertaken i.e. have these been communicated and celebrated? (Gov_Ward_Q1.4)			
39.0	What is the number of wards/units that use clinical guidelines and pathways that reflect best practice? (Gov_Ward_Q2.0)			
39.1	What is the number of wards/units that audit patient clinical records related to the use of clinical guidelines and/or pathways i.e. to demonstrate the guideline/pathway is followed in patient care? (Gov_Ward_Q2.1)			
39.2	What is the number of wards/units that audit compliance with available clinical guidelines and/or pathways i.e. to demonstrate the ward/unit uses the suggested guideline/pathway? (Gov_Ward_Q2.1)			
39.3	Provide a summary of the guidelines / pathways that the wards/units use and the audits undertaken to demonstrate compliance / adherence to them. (Gov_Ward_Q2.2)			
40.0	What is the number of wards/units that have mechanisms in place to identify patients at increased risk of harm? (Gov_Ward_Q3.0)			
40.1	What is the number of wards/units where patient clinical records demonstrate that risk assessments are completed on admission and during an episode of care? (Gov_Ward_Q3.1)			
40.2	What is the number of wards/units that have a management plan that includes an evaluation of risks and methods of eliminating or reducing identifiable risks? (Gov_Ward_Q3.1)			
40.3	What is the number of wards/units that have action plans implemented for patients identified at increased risk of harm? (Gov_Ward_Q3.1)			
40.4	Provide a summary on the risk assessments, action plans and management plan that wards/units have implemented and when. (Gov_Ward_Q3.2)			

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Queensland Health facilities. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.

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