

# The Digestive Health Centre

## *National Standards – Information for patients*

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### What you need to know whilst at The Digestive Health Centre

We encourage patients at The Digestive Health Centre to speak up during their time with us. We aim to provide a safe and pleasant environment for consumers to receive high quality health care.

Please tell us about your health and feel free to ask questions at any time.

**AUSTRALIAN COMMISSION  
ON SAFETY AND QUALITY IN HEALTH CARE**



Standard 1

Clinical Governance



Standard 2

Partnering with Consumers



Standard 3

Healthcare-Associated  
infection



Standard 4

Medication Safety



Standard 5

Comprehensive Care



Standard 6

Communicating for Safety



Standard 7

Blood Management



Standard 8

Recognising and Responding  
to Acute Deterioration

### Intention of standards

#### Standard 1 – Clinical Governance

The Clinical Governance Standard aims to ensure that a clinical governance framework is implemented to ensure that patients and consumers receive safe and high-quality health care.

This standard aims to ensure that there are systems in place within health service organisations to maintain and improve the reliability, safety and quality of health care. This standard, together with the Partnering with Consumers Standard, set the overarching requirements for the effective implementation of all other standards. The Clinical Governance Standard recognises the importance of governance, leadership, culture, patient safety systems, clinical performance and the patient care environment in delivering high quality care.

#### Standard 2 – Partnering with Consumers

The Partnering with Consumers Standard aims to create health service organisations in which there are mutually beneficial outcomes by having:

- consumers as partners in planning, design, delivery, measurement and evaluation of systems and services
- patients as partners in their own care, to the extent that they choose.

The Partnering with Consumers Standard recognises the importance of involving patients in their own care and providing clear communication to patients. This standard, together with the Clinical Governance Standard, underpins all the other standards.

#### Standard 3 – Healthcare Associated Infection

The Preventing and Controlling Healthcare-Associated Infection Standard aims to improve infection prevention and control measures to help prevent infections, and the spread of antimicrobial resistance through the appropriate prescribing and use of antimicrobials.

#### Standard 4 – Medication Safety

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

#### Standard 5 – Comprehensive Care

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

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

The Comprehensive Care Standard integrates patient care processes to identify patient needs and prevent harm. It includes actions related to falls, pressure injuries, nutrition, mental health, cognitive impairment and end-of-life care.

#### Standard 6 – Communicating for Safety

The Communicating for Safety Standard aims to ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.

This standard recognises that effective communication is needed throughout patients' care and identifies high-risk times when effective communication is critical. It describes the systems and processes to support effective communication at all transitions of care: when critical information emerges or changes; to ensure correct patient identification and procedure matching; and to ensure essential information is documented in the patient's healthcare record.

#### Standard 7 – Blood Management

The Blood Management Standard aims to improve outcomes for patients by identifying risks and using strategies that optimise and conserve a patient's own blood, as well as ensuring that any blood and blood products that patients receive are safe and appropriate.

The blood and blood products governed under this standard include:

- Fresh blood components, such as
  - red blood cells (RBCs)

- Platelets
- clinical fresh, frozen plasma
- cryoprecipitate
- cryodepleted plasma
- Plasma derivatives and recombinant products, such as
  - albumin
  - immunoglobulins, including immunoglobulin replacement therapy (for example, intravenous immunoglobulin) and hyperimmune globulins
  - coagulation proteins
  - coagulation and complement inhibitors.

Other products that are made or derived from human blood or plasma, such as some types of fibrin sealants (including Tisseel and Artiss), could be considered blood products. However, these products are not included in the scope of this standard, and it is not necessary to apply the actions of this standard to these products. However, ensuring safety and quality is important for all patient treatments. These products should meet safety and quality standards identified in the [Medication Safety Standard](#), as well as any other relevant standards, including those relating to patient consent.

### Standard 8 – Recognising and Responding to Acute Deterioration

The Recognising and Responding to Acute Deterioration Standard aims to ensure that acute deterioration in a person's physical, mental or cognitive condition is recognised promptly and appropriate action is taken. This standard recognises that deterioration can occur at any time when a patient is in health care. It considers potential physical, mental and cognitive deterioration.

Version	Date	Author	Description
1	16/01/2014	DON	Initial document
2	26/09/2016	IM/ADON	Added leave all medications at home or with carer
3	29/08/2017	IM/ADON	Review – no changes
4	30/05/2019	BM/DON	Reviewed, changes made to bring in line with NSQHS edition 2 standards
5	21/05/2021	BOM	Reviewed – no changes