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# ACT Ambulance Clinical Governance Framework 2023–2026



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## Acknowledgment of Country

ACT Ambulance Service wish to acknowledge the Ngunnawal people as traditional custodians of the land we work on and recognise any other people or families with connection to the lands of the ACT and region. ACTAS wish to acknowledge and respect their continuing culture and the contribution they make to the life of this city and this region. ACT Ambulance Service also acknowledges and welcomes Aboriginal and Torres Strait Islander peoples who are part of the community we serve.

## Accessibility

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# Forward

The ACT Ambulance Service (ACTAS) Clinical Governance Framework 2023–2026 (the Framework) conveys the purpose and direction for our organisation to embed quality and safety of care into all our practices, which remains one of our highest strategic priorities.

This Framework adopts the components of the Australian Commission on Safety and Quality in Health Care's (ACSQHC) National Model Clinical Governance Framework, as well as incorporating our legislative, policy, procedure and guidance foundations that are essential for ACTAS practices each day.

This Framework highlights and promotes organisational structural responsibilities, individual responsibilities and accountabilities, along with the current evidence-based systems, improvement opportunities, and measurement of success.

ACTAS strives to be recognised as a leader in patient safety, patient experience and delivering high quality services, to produce optimal consumer outcomes. This Framework will support this vision, but achievement will require ownership, engagement and the dedication of all ACTAS staff.

The provision of out-of-hospital care should be based on tailored and specific care for each consumer that calls for our assistance. Our dedication to achieving accreditation under the National Safety and Quality Health Service Standards (NSQHSS) will guide our improvements and cultural changes that must occur to achieve the highest quality and safety standards for a contemporary ambulance service. This Framework will support these goals and guide the future of quality and safety practices for ACTAS.



**Howard Wren**  
Chief Officer



**Patrick Meere**  
A/General Manager Clinical Governance

# Introduction

The ACTAS Clinical Governance Framework 2023–2026 (the Framework) focuses on the importance of robust clinical governance practices within our organisation. It promotes quality in the provision of health care, and that safety of care, for both staff and consumers, must be at the forefront of our minds.

To be industry leaders in this journey, we require clear guidance on what practices we should be undertaking to achieve this result. This Framework provides the current, proposed, and aspirational elements to providing safe, high quality and person-centred care. It promotes an organisational culture that supports openness, transparency and continuous improvement. It reflects our expected standards and behaviours at an individual and organisational level, that lead to better patient care and outcomes. The Framework does this through presenting:

- **What clinical governance means to ACTAS and our underpinning quality and safety principles.**
- **Why clinical governance and quality and safety practices are essential to ACTAS in providing best practise to our consumers/carers.**
- **Who is responsible for Clinical Governance and what are our roles as ACTAS staff across the patient care journey.**
- **How ACTAS will provide the highest level of clinical governance and quality and safety in our care provision including demonstrating improvement and measuring of success.**

## Clinical Quality and Safety Statement

ACTAS is committed to providing consumers (which include the care receiver, carers, family and support persons) with the highest level of safe and quality out-of-hospital care, as outlined in the following quality and safety statements.

*Quality in ACTAS is the delivery of a consistent person-centred service that is driven by evidence and innovative processes, to improve and support healthcare outcomes.*

*Safety in ACTAS is the reduction of risk for patients and staff to improve quality of service delivery.*

# What is Clinical Governance?

Effective Clinical Governance involves integrated systems, processes, leadership, education, and culture as the foundation for ACTAS to build upon to improve safety and quality in the care that we provide.

It is essential in reducing and mitigating harm, to manage actual and foreseeable risk, improve patient experience, and ensure the care that the community receives is evidence based, consistent and person centred.

## Principles

The underpinning ACTAS quality, safety and clinical governance principles:

### Just culture and accountability

Participating in a learning healthcare system, we take responsibility for our actions. We will put our hands up and learn from circumstances when things don't go right and how we can improve our practices.

### Openness and transparency

In maintaining accountability, we will remain transparent in our actions and outcomes, and provide clear and consumer friendly language when explaining the reasons for our decisions.

### Emphasis on safety and learning

We are open to learning from our mistakes and use these to learn and improve.

### Empowering consumers and partnerships

We value our consumers and maintain these relationships to provide targeted, person-centred care. We also utilise these relationships so that consumers have a voice, to be consulted and provide feedback in business planning and service delivery.

### Strong clinical leads

We will embed a culture of strong clinical leadership and leaders that are committed to our objectives.

### Data and information must guide decisions and organisational objectives

We will use our information to drive genuine change. Learning and outcomes from our data will be shared with staff to enable evidence-based decision making and best practise to occur.

### Empowered staff at all levels

Regardless of position, all staff will be empowered through collaboration to action change and provide the best service to our consumers.

### Continuous monitoring and improvements in care provision.

We will actively identify and monitor areas of risk, clinical care, innovation and performance. We will use this information to drive the future direction of our care provision.

# Why is Clinical Governance Important?

The out-of-hospital health care domain has expanded as health practises and demands have evolved.

This means that the fast paced, high acuity 'world' of ambulance services has changed to include a focus on the provision of primary health care. This presents complexities for jurisdictional ambulance services to provide care that is truly targeted and person centred. ACTAS recognises the importance of providing specific and tailored care to each person that requests our services. This is represented by our commitment to pursuit of the National Safety and Quality in Health Service (NSQHS) Standards, with a particular focus on Standard 1 (Clinical Governance), Standard 2 (Partnering with Consumers), and Standard 5 (Comprehensive Care).

## Our Consumers Agreement

Our consumers are at the centre of all that we do and ACTAS will constantly strive to provide care that is targeted to each individual, and ensure care is person centred, effective and safe. We will commit to:

- **treating all consumers with dignity, respect and compassion**
- **caring for consumers in an environment in which they feel safe**
- **consumers being able to access high quality healthcare that meets their needs and personal preference**
- **ensuring consumers are involved in both their own personal health care decisions, and partner in the decisions ACTAS makes in all aspects of business planning and care provision.**

# Who is responsible for Clinical Governance?

High quality and safe person-centred care will be embedded at all levels of ACTAS and is a shared responsibility for every staff member. All levels of staff will commit to collaboration and partnership with our consumers and all stakeholders regularly, to identify areas of improvement by evaluating performance. Good clinical governance provides confidence to our community; our organisation; the wider health care system; the ACT government; and assurance to stakeholders that ACTAS has the systems in place to provide safe and high-quality health care.

## Roles and Accountabilities

**Consumers** are participatory partners to the extent that they choose. This may be in their own health care, or in any input they wish to provide to business and clinical care policy and practice. Consumers provide valuable membership to the ACTAS Consumer Advisory Group (CAG) which meets quarterly to provide advice to the Chief Officer and Senior Management Group (SMG), to assist in guiding ACTAS strategic safety and quality direction.

**The Chief Officer** is responsible for assuring a safe health service that delivers quality care. This will occur through guaranteeing that systems are in place to support safety and improvement; promoting a culture of accountability and transparency that drives behaviours; promoting and ensuring a clinical governance system is in place; and being accountable for performance and outcomes of ACTAS.

**The Senior Management Group** (SMG including all General Managers and Senior Managers) will deliver the resources, systems, and processes to deliver high quality and safe care, through risk mitigation and developing a patient safety culture. This will occur through further developing and maintaining effective clinical governance systems and processes; modelling desired behaviours that promote safe and quality care; lead organisational governance process, including being an active SMG sponsor of each NSQHS Standard; and through partnering with consumers to develop the highest quality in service provision.

**Managers** (including clinical and non-clinical) will promote safe and high-quality care by encouraging, supporting and empowering staff to utilise the systems and processes developed to ensure safety and quality assurance; empower staff to speak up for safety and complete relevant training; and promote organisational safety culture through modelling desired behaviours.

**Clinical staff** will deliver high quality, evidenced based, safe care through taking responsibility for their clinical practice, working within their authorised ACTAS scope of practice including limits of skills and training; maintain clinical skills and knowledge including national paramedicine registration and completion of the ACTAS credentialling program; and consistently utilising the systems and processes in place to managing incidents, and promoting quality and safety in health service provision.

**Non-clinical staff** will deliver high quality and safe care by ensuring compliance in process and practice; speaking up and raising concerns and issues to promote a culture of transparency; sharing information and skills that promote safety and quality; and regularly update their skills to maintain competency and work within the designated standards, protocols and procedures.

# How is Clinical Governance Implemented in ACTAS?

## Pillars of Clinical Governance

ACTAS has committed to achieving and maintaining accreditation under the NSQHSS. The importance of both Standard 1 (Clinical Governance) and Standard 2 (Partnering with Consumers) is imperative to the interrelationships between the components that must function together so ACTAS can provide and maintain quality and safe care to consumers. Achieving accreditation will require structural and cultural change in the way ACTAS operates. This Framework will closely align to the actions required to achieve and maintain accreditation.

The Australian Commission on Safety and Quality in Health Care (ACSQHC) identifies 5 pillars (or components) of a Clinical Governance Framework<sup>1</sup>. These components are interrelated and must be considered in the continuum of care provision:

1. Governance, Leadership and Culture
2. Partnering with Consumers
3. Patient Safety and Quality Improvement Systems
4. Clinical Performance and Effectiveness
5. Safe Environment for The Delivery of Care



# Governance, Leadership and Culture

## WHAT IS IT?

ACTAS has well established systems and procedures for measuring and reporting on the safety and quality of care provided. ACTAS continues to embed a culture of shared values with a strong emphasis on safety and quality. This culture must support the pursuit of providing excellent care to our consumers as documented in the ACTAS Strategic Plan (2020–2025)<sup>2</sup>. A commitment to safe and effective care provision continues to be embedded throughout the organisation. This is evidenced by each SMG member being sponsors of multiple NSQHS Standards, and each member of the leadership team either being Standard custodians or members of the Standards action groups. The ACTAS Leadership Framework<sup>3</sup> provides the behaviours and values that each employee within the organisation must follow.

## WHAT IS IN PLACE?

STRUCTURE AND FRAMEWORKS	SYSTEMS AND PLANS	PROCESS	MONITORING AND REVIEW
<ul style="list-style-type: none"> <li>ACTAS Clinical Governance Framework</li> <li>ACTAS Leadership Framework</li> </ul>	<ul style="list-style-type: none"> <li>ACTAS Strategic Plan 2020–2025</li> <li>Incident Management System</li> <li>Roster reform</li> </ul>	<ul style="list-style-type: none"> <li>Quality and Safety guidance documents</li> <li>NSQHS standards</li> <li>Staff development programs</li> <li>Credentiailling program</li> <li>Authority for and scope of practice</li> <li>ACTAS Risk register</li> </ul>	<ul style="list-style-type: none"> <li>London Protocol (LP) review actions monitoring</li> <li>Risk monitoring</li> <li>Legislation compliance monitoring</li> <li>Audit outcome monitoring</li> <li>Report on Government Services outcomes</li> </ul>

## IMPROVEMENT OPPORTUNITIES

ACTAS will consistently strive to embed quality and safety into all aspects of service delivery. This will mean identifying improvement opportunities. The priority areas for improvement include:

- Implementing clinical governance, quality and safety statements into all position descriptions.
- Regular reporting to the SMG on quality and safety performance, infection prevention and control, staff satisfaction and complaint/compliments data.
- Implement a staff culture and satisfaction survey which will inform the development of future strategic plans.
- Embed a learning culture whereby all incidents and near misses are reported via the Incident Management System.
- Strengthen leadership connections with the wider ACT health system.

## MEASUREMENT OF SUCCESS

- There is a supportive and transparent culture, led by the Chief Officer and SMG to provide high-quality patient care that is safe and person centred.
- Quality, safe and consumer driven outcomes drive strategic planning, and these are strong themes within the Strategic Plan.
- Improvements in patient outcomes.
- Safety and culture survey results improve.
- Outcomes of London Protocol (LP) Reviews are implemented and evaluated to review improvement.
- Systems issues are identified and managed/evaluated for improvement.

# Partnering With Consumers

## WHAT IS IT?

In a shared decision-making approach, ACTAS is committed to involving consumers in all aspects of their health care. Consumer perspective provides different and important input to what constitutes safe and effective care. ACTAS will work alongside consumers to develop the ACTAS strategic vision and plan, and consumers will be welcomed to provide feedback on all ACTAS practices that relate to consumers. Consumers are encouraged to provide feedback on their experiences, and ACTAS supports the Australian Charter of Healthcare Rights<sup>4</sup>. This Charter is posted to the treatment area of all ambulances so that consumers have full visibility of their rights.

## WHAT'S IN PLACE?

STRUCTURE AND FRAMEWORKS	SYSTEMS AND PLANS	PROCESS	MONITORING AND REVIEW
<ul style="list-style-type: none"> <li>ACTAS Clinical Governance Framework</li> <li>ACT Government Communications and Engagement Plan</li> <li>ACTAS Risk Register</li> <li>JACS Reconciliation Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>Complaints and compliments guidance documents</li> <li>Consumer Advisory Group (CAG)</li> </ul>	<ul style="list-style-type: none"> <li>Patient experience survey (yearly).</li> <li>Informed Consent Policy</li> <li>Australian Charter of Healthcare Rights</li> </ul>	<ul style="list-style-type: none"> <li>Consumer feedback monitoring</li> <li>Analysis of consumer feedback and reporting to SMG</li> <li>Patient experience survey results</li> <li>CAG outcomes and feedback</li> </ul>

## IMPROVEMENT OPPORTUNITIES

ACTAS is committed to continually strive to provide consumers with the most appropriate care, with the individuals personal circumstances, beliefs and culture being at the centre of this. This will mean identifying improvement opportunities. Identified priority areas include:

- Cultural awareness training.
- First Nations training including Aboriginal and Torres Strait Islander Cultural Competency training.
- Embedding consumers in the Standard 2 (Partnering with Consumers) action group.
- Engaging with the Health Care Consumers Association (HCCA) for ongoing input into public facing organisational information and the development of all ACTAS practices relating to consumers.
- A consumer and community engagement strategy is implemented, and outcomes reported.

## MEASUREMENT OF SUCCESS

- Consumer feedback results in the identification of risks and improvements arising from consumer feedback processes.
- Positive consumer survey feedback particularly in relation to healthcare rights and the elements of person and family centred care.
- Consumer advocates are actively welcomed on committees and acknowledged for their contribution to improving care.
- Feedback systems support the collection of feedback from all cultural groups that make up the diversity/age profile of the organisation.
- Risks impacting on the organisation's ability to partner effectively with consumers are identified, mitigated and controlled as much as is possible.

# Patient Safety and Quality Improvement Systems

## WHAT IS IT?

Safety and quality systems are integrated into ACTAS practices to manage and improve the safety and quality of health care for consumers. These systems support staff to deliver the right care, without unwarranted variation, assess risk and learn from events and feedback to support continuous improvement.

## WHAT'S IN PLACE?

STRUCTURE AND FRAMEWORKS	SYSTEMS AND PLANS	PROCESS	MONITORING AND REVIEW
<ul style="list-style-type: none"> <li>▪ ACTAS Clinical Governance Framework</li> <li>▪ ACTAS Risk Register</li> <li>▪ Performance reporting and monitoring framework</li> </ul>	<ul style="list-style-type: none"> <li>▪ Incident Management System</li> <li>▪ Clinical deterioration response system</li> <li>▪ ACTAS Safety Policy</li> <li>▪ ACTAS Audit Plan</li> <li>▪ Credentialling Plan and Procedure</li> <li>▪ Paramedic Registration</li> <li>▪ Clinical Management Guidelines (CMG)</li> </ul>	<ul style="list-style-type: none"> <li>▪ Incident review/management procedure</li> <li>▪ Open disclosure procedure</li> <li>▪ Audit</li> </ul>	<ul style="list-style-type: none"> <li>▪ Incident analysis reporting, review and recommendation achievement</li> <li>▪ ACTAS audit program reporting</li> <li>▪ LP review's</li> <li>▪ NSQHSS monitoring</li> <li>▪ Risks are continually reviewed, monitored and managed</li> <li>▪ Staff complete credentialling in the specified timeframe</li> <li>▪ Paramedic registration monitored</li> <li>▪ Rolling CMG reviews</li> </ul>

## IMPROVEMENT OPPORTUNITIES

Prioritised improvement opportunities include:

- ACTAS continues to embed a quality and safety ethos into practices, so that incidents and near misses are reported when they occur.
- Open disclosure practices are consistently followed and in line with The Australian Open Disclosure Framework<sup>5</sup>.
- Credentialling and peer review practices are accepted and become embedded into the culture of ACTAS.

## MEASUREMENT OF SUCCESS

- Incident reviews conducted in a timely manner, and recommendations actioned by the agreed date.
- Audit program findings demonstrate improvement and areas requiring action are reviewed and referred.
- Risks are managed and improvement measures implemented to prevent future occurrences.
- All paramedic and Non-Emergency Patient Transport (NEPT) staff are clinically credentialled each year.
- CMGs are developed to be the latest evidence-based practice.

# Clinical Performance and Effectiveness

## WHAT IS IT?

The ACTAS workforce are highly skilled, capable and caring, striving to deliver high quality and safe patient experiences. ACTAS established systems and processes ensure that all employees hold the appropriate qualifications and experience to perform their roles. Staff work within the boundaries of their Authority to Practice and/or within the policy and procedure specific to their area of work. Ongoing education and training in skills maintenance will be provided to staff, while the expectation exists that individual practitioners will maintain continuous professional development requirements in line with their responsibilities under national registration.

## WHAT'S IN PLACE?

STRUCTURE AND FRAMEWORKS	SYSTEMS AND PLANS	PROCESS	MONITORING AND REVIEW
<ul style="list-style-type: none"> <li>ACTAS Clinical Governance Framework</li> <li>Performance reporting and monitoring framework</li> <li>ACTAS Authority to Practice</li> </ul>	<ul style="list-style-type: none"> <li>Incident Management System</li> <li>ACTAS Safety and Quality guidance documents</li> <li>ACTAS Audit Plan</li> <li>Credentialling Plan and Procedure</li> <li>Paramedic Registration</li> </ul>	<ul style="list-style-type: none"> <li>Incident review/management procedure</li> <li>Audit program</li> <li>IMIST-AMBO handover</li> <li>ACTAS Inservice program</li> <li>Bundles of care review</li> </ul>	<ul style="list-style-type: none"> <li>ACTAS audit program reporting</li> <li>NSQHSS monitoring</li> <li>Staff complete credentialling in the specified timeframe</li> <li>Paramedic registration monitoring</li> <li>Bundles-of-care reporting</li> <li>Report on Government Services Data</li> </ul>

## IMPROVEMENT OPPORTUNITIES

Prioritised improvement opportunities include:

- Audit program findings are reviewed, and action is taken to improve practices in 'themed' deficiencies.

## MEASUREMENT OF SUCCESS

- Clinical audit findings improve over time.
- Bundles-of-care findings demonstrate improvement in practice.
- Workforce consistently complete credentialling and registration compliance.
- IMIST-AMBO audit produces consistent handover practices.

## Safe Environment for the Delivery of Care

### WHAT IS IT?

ACTAS promotes an environment that supports safe and high-quality health care for consumers. This includes a strong focus through coordination and planning, resource allocation and a safe and secure environment for consumers and staff. Our staff are an integral part to safeguarding a safe environment for the delivery of care. All staff are encouraged to be part of planning and development activities to seek opportunities for improvement. Reporting mechanisms and identification of issues must be managed appropriately through developed formal and informal pathways. Feedback from consumers experience relating to safety and quality risks must be actioned and a response provided to those identifying the issue. Process must be continually developed to ensure the environment is safe and the care person centred.

### WHAT'S IN PLACE?

STRUCTURE AND FRAMEWORKS	SYSTEMS AND PLANS	PROCESS	MONITORING AND REVIEW
<ul style="list-style-type: none"> <li>▪ ACTAS Clinical Governance Framework</li> <li>▪ ACTAS Authority to Practice</li> <li>▪ IPC Policy and work instructions</li> </ul>	<ul style="list-style-type: none"> <li>▪ Occupational violence (OV) guidance documents</li> <li>▪ ACTAS Emergency management plan</li> <li>▪ Work Health and Safety guidance documents</li> <li>▪ Occupational Exposure MOU</li> <li>▪ Roster reform</li> </ul>	<ul style="list-style-type: none"> <li>▪ OV process</li> <li>▪ Work Health and Safety process including RISKMAN</li> <li>▪ Incident Management System</li> <li>▪ Infection Prevention and Control process</li> <li>▪ Procurement process and plans</li> <li>▪ First Nations and cultural competency ongoing training</li> <li>▪ Occupational Exposure process</li> </ul>	<ul style="list-style-type: none"> <li>▪ ACTAS audit plan</li> <li>▪ Inservice/ compliance with Credentialling and registration</li> <li>▪ After Action reviews</li> <li>▪ Consumer feedback</li> <li>▪ Occupational exposures review</li> <li>▪ Riskman data review</li> <li>▪ Patient survey results</li> </ul>

### IMPROVEMENT OPPORTUNITIES

Prioritised improvement opportunities include:

- Implement a staff culture and satisfaction survey which will inform the development of future strategic plans.
- Staff burnout and psychological safety mechanisms are further developed.
- Further OV training is provided to staff in response to incidents that occur.
- Roster reform will provide staff with the most appropriate roster pattern to support fatigue management and safe care provision.

### MEASUREMENT OF SUCCESS

- High compliance with staff training.
- Reduction in OV related incidents.
- Unexpected behaviour incidents reduce.
- Positive consumer feedback.
- Compliance with in-service and credentialling.

# Implementation

Collaboration and commitment by all ACTAS staff in every role, and throughout the organisation, to implement the Framework elements and principles, will ensure an ongoing commitment to our consumers. All staff are expected to:

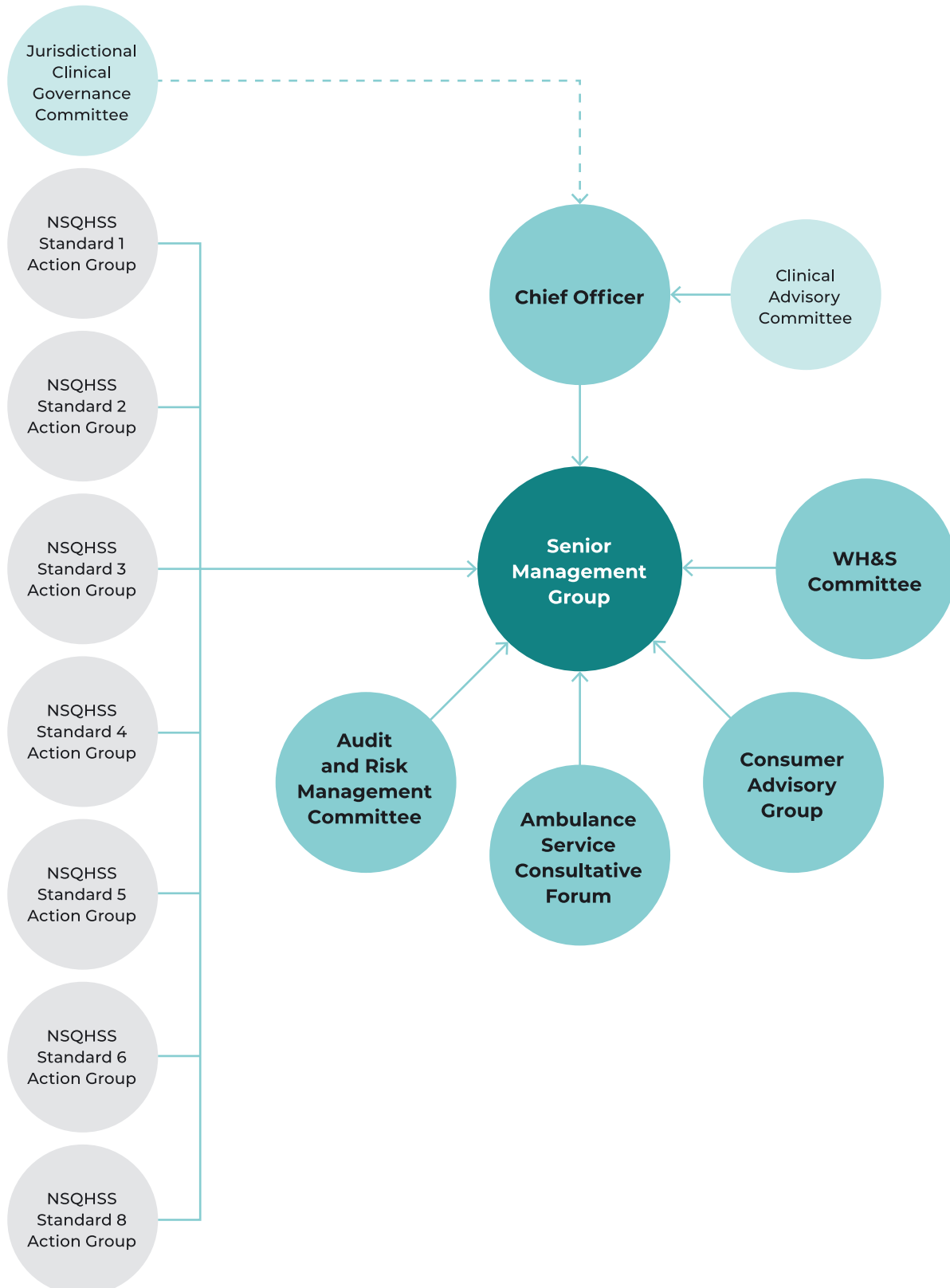
- **Understand the principles and key elements of this Framework.**
- **Understand individual accountabilities and align behaviours in accordance with all ACTAS quality and safety guidance documents and training, legislative, regulatory and policy requirements.**
- **Demonstrate personal accountability and commitment to the delivery of safe, person-centred care.**

ACTAS commits to provide all staff with the tools required to provide the highest level of safe, person centred and effective care to our community. Our commitment to this Framework will be demonstrated in achieving the core outcomes and improvement opportunities.

# Review

ACTAS will formally review this framework in 3 years or more frequently if required. This is to account for progress against the NSQHS Standard achievement. ACTAS will strive to achieve the improvement opportunities detailed within the Framework as outlined under each pillar.

# Attachment A – ACTAS Governance, Quality and Safety Committee Structure



## Working towards a National Standard of High-Quality Care

Standard 1	Standard 2	Standard 3	Standard 4
 <b>Clinical Governance</b>	 <b>Partnering with Consumers*</b>	 <b>Preventing &amp; Controlling Healthcare-Associated Infection</b>	 <b>Medication Safety</b>

### What and why?

<p>Governance ensures we can demonstrate our services and care are high quality. That they are consumer* centered, safe, effective, timely, efficient and equitable and are continuously improved.</p>	<p>We strive for mutually beneficial outcomes and patient driven care by:</p> <ul style="list-style-type: none"> <li>Partnering with consumers in planning, design, delivery, measurement and evaluation of systems and services,</li> <li>consumers* as partners in their own care.</li> </ul>	<p>Promote good health outcomes and reduce the risk of preventable harm to consumers* from healthcare acquired infections.</p>	<p>To meet legislated responsibilities, reduce the risks of preventable harm to consumers* from medication errors and improve health outcomes.</p>
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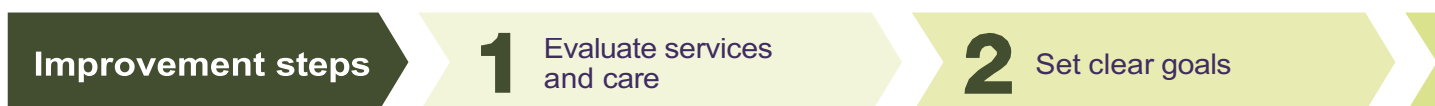
### How do we do it?

<p>Continuous review and innovation.</p> <p>Align our work to the Clinical Governance Framework.</p> <p>Development and review of appropriate policy and procedure.</p>	<p>Involve consumers* in all aspects of care and create opportunity for feedback to inform the improvement of our services.</p>	<p>Hand hygiene</p> <p>Aseptic technique</p> <p>Appropriate Personal Protective Equipment use</p> <p>Promoting a clean workspace and environment</p> <p>Appropriate antimicrobial stewardship</p> <p>Know your immunisation status</p>	<p>Adhere to medication management standards.</p> <p>Ensure compliance with documentation requirements, and medicines safety checks.</p>
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### Actions for continued improvement

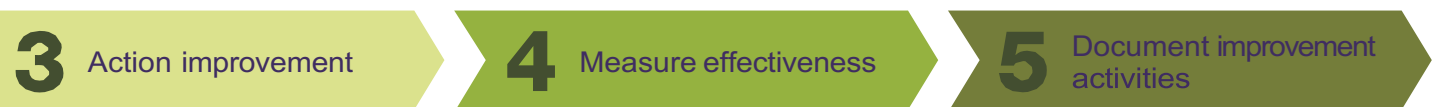
<p>Monitor and evaluate services and care and document improvement activities.</p> <p>Complete mandatory and required training.</p> <p>Feedback and continuous improvement strategies.</p>	<p>Listen to our consumers and gather feedback to improve experience.</p>	<p>Ongoing mandatory training</p> <p>Ensure establishment and monitoring of station and vehicle compliance with infection prevention control standards.</p>	<p>Improve storage and labelling of high-risk medicines.</p> <p>Develop medication tracking and storage procedures.</p> <p>Improve medication incidents reporting to inform improvement initiatives.</p>
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\* Consumers refers to patients, families, carers and support persons





Standard 5	Standard 6	Standard 7	Standard 8
 <p><b>Comprehensive Care</b></p>	 <p><b>Communicating for Safety</b></p>	 <p><b>Blood Management</b></p>	 <p><b>Recognising &amp; Responding to acute deterioration</b></p>
<p>Achieve wholistic health outcomes and reduce the risk of preventable harm to consumers* from falls, cognitive impairment, pressure sores, unpredictable behaviors and restrictive practices.</p>	<p>Timely, purpose-driven and effective communication and documentation supports continuous, coordinated and safe care for consumers*.</p>	<p>To ensure good health outcomes and reduce the risk of preventable harm to consumers* from poor patient blood management.</p>	<p>Achieve best outcomes by increasing appropriate recognition and response to deterioration. Reducing the risk of preventable harm to consumers*.</p>
<p>Work in partnership with consumers* by identifying and managing associated risks and enabling their informed care preferences.</p>	<p>Discuss, document and escalate critical information.</p> <p>Use a structured communication tool, for example IMIST AMBO.</p> <p>Promote a psychologically safe culture that supports graded assertiveness and effective communication between staff.</p>	<p>Ensure the right blood product is administered for the right reason in the right amount.</p> <p>Appropriate storage, labelling and regulation of blood product.</p>	<p>Ensure that an acute change in a person's physiological, cognitive and mental state is recognised promptly, and appropriate action is taken.</p>
<p>Monitor and evaluate trends of risk.</p> <p>Ensure risks are identified, considered and care documented.</p> <p>Encourage strategies to mitigate common avoidable risks.</p>	<p>Audit and monitor processes including handover and documentation standards.</p> <p>Promote effective communication strategies and training.</p>	<p>Monitor compliance with relevant process for blood and blood products.</p>	<p>Know and recognise the signs of clinical deterioration.</p> <p>Understand and anticipate expected clinical progression.</p> <p>Escalate care in a timely and appropriate manner.</p> <p>Monitor trends and promote strategies in accordance with high frequency presentations.</p>



# References

- 1 Australian Commission on Safety and Quality in Health Care. (2017). National Model Clinical Governance Framework.  
<https://www.safetyandquality.gov.au/sites/default/files/migrated/National-Model-Clinical-Governance-Framework.pdf>
- 2 ACT Ambulance Service. (2020). Strategic Plan 2020-2025.  
**ACT Ambulance Service – ACTAS Strategic Plan 2020-2025 FINAL.pdf – All Documents (sharepoint.com)**
- 3 ACT Ambulance Service. (2018). Leadership Framework.  
**ACT Ambulance Service – ACTAS Leadership Framework – FINAL.pdf – All Documents (sharepoint.com)**
- 4 Australian Commission on Safety and Quality in Health Care. (2023). Australian Charter of Healthcare Rights  
<https://www.safetyandquality.gov.au/our-work/partnering-consumers/australian-charter-healthcare-rights>
- 5 Australian Commission on Safety and Quality in Health Care. (2019). The Australian Open Disclosure Framework.  
<https://www.safetyandquality.gov.au/our-work/open-disclosure/the-open-disclosure-framework>





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