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Acknowledgements

Audiology Australia is pleased to present the Audiology Australia Professional Practice Standards – Part A Practice Operations 2013 – Incorporating Accreditation of Audiology Practices.

The publication of this resource and is a further step by which Audiology Australia demonstrates a commitment as a self-regulated profession to quality and safety in clinical practice. This commitment upholds the professional standing of audiology in Australia and which ultimately benefits the hearing health care of the community.

Audiology Australia appreciates the contribution and guidance provided in the development of this package. We thank and acknowledge:

- The original contributors to the Audiology Australia Professional Standards of Practice of Audiologists – March 1997, which has been the foundation of this document.

- The Australian Physiotherapy Association (APA) and the Royal Australian College of General Practitioners (RAGCP), whose practice standards have been the framework and basis for these standards.


- Additional guidance provided by information from the Australian Commission on Safety and Quality in Health Care, who produced the National Safety and Quality Health Service Standards in 2011.


Audiology Australia also acknowledges the resources and guidance from other various agencies. These helped provide the information important in professional practice and content for an integrated resource package for practice management. These agencies include:

- Australian Human Rights Commission
- Deafness Forum
- Fair Work Australia
- National Health and Medical Research Council
- Office of the Australian Information Commissioner
- Office of the Privacy Commissioner
- Safe Work Australia
- Standards Australia

Audiology Australia thanks the reviewers from our membership, Federal Executive Council and Audiology Australia staff who assisted with development of this package.
Welcome

Dear Members and stakeholders,


Audiology Australia (incorporated as Audiological Society of Australia or ASA) had its inception in 1967. Since that time, our framework of professional resources, by which our members are expected to abide and which Audiology Australia promotes to the public and stakeholders on behalf of members, has evolved considerably.

It is important that the Australian community has assurance of safe and high quality care provided by audiologists. The community must be able to trust in the expertise and clinical judgment that audiologists provide.

The Audiology Australia Code of Ethics has been one foundation from which the community expects audiological care to be provided with ethical principles and professional integrity. Members of Audiology Australia have a responsibility to abide by and enforce this code, which itself continues to be improved. In 2013 Audiology Australia introduced a revised Code of Ethics and the Audiology Australia Code of Conduct, which was developed from the Code of Ethics principles.

Over time, Audiology Australia raised the standard entry point for full Audiology Australia membership from university undergraduates trained in the workplace (generally trained within the National Acoustic Laboratory) to postgraduate qualifications in audiology. Since 1999, this entry point has been the completion of a university master’s degree in audiology. If qualifications are obtained from a tertiary education institution outside Australia, members have satisfactorily completed an examination of theoretical knowledge of the field of audiology equivalent to Australian universities.

The public expects audiologists, as professionals, to continue to learn in their field and acquire skills and knowledge of contemporary evidence-based practice. Audiology Australia has demonstrated a long-term commitment to continuing education and professional development. State branches have a history of organised scientific meetings and professional development activities. National conferences have been hosted every two years since 1974. This includes the XXVI International Congress of Audiology in Melbourne in 2002 and the XXXII World Congress of Audiology in Brisbane in 2014.

Audiology Australia has continued to pursue and promote the practice and knowledge of audiology. The first edition of the Australian Journal of Audiology was published in 1979 with a commitment to publishing original and scientific articles on all aspects of audiology. This became the Australia and New Zealand Journal of Audiology in 1999. A further transition was undertaken in 2011 through members’ access to a scientific journal via the International Journal of Audiology.

In 1979, Audiology Australia introduced the Clinical Certificate program. A Clinical Certificate was originally granted to full members of Audiology Australia after two years of membership and supervised clinical work. The Clinical Certificate later became known as the Certificate of Clinical Practice (CCP). The CCP is now granted to full members following a more robust and transparent internship of 12 months clinical supervision.

Audiology Australia introduced a formalised Continuing Professional Development (CPD) program in 2001. Completion of the CPD program along with membership and active clinical practice is linked to the retention of the CCP.

Standards are a yardstick for measurement of acceptable practice and they reflect the expected professional response to a particular set of circumstances.

Audiology Australia recognised the need to clearly document and articulate our own professional standards of practice. Therefore, the Audiology Australia Professional Standards of Practice of Audiologists – March 1997 were adopted following review by Audiology Australia members. Development of the standards was important to:

- Attain the highest quality of care in audiological practice in an achievable and ongoing manner
- Keep the development of practice standards in the hands of the profession
• Provide a framework for educational and developmental purposes
• Encourage audiologists to adopt the standards voluntarily to assist with the process of regulation

Since 2008, Audiology Australia has managed accreditation of the Australian university programs for preparation of audiology. This has been through the assessment and auditing of the core skills and knowledge taught in the programs.

In 2010, Audiology Australia and the university programs finalised guidelines of the expected core knowledge and competencies of master of audiology graduates. This ensures consistency and sets the range of standards that must be achieved prior to graduation and the skills and levels of expertise that may be expected of audiology graduates. These guidelines are a mandatory requirement linked to reaccreditation of the university Master of Audiology programs.

Audiology Australia continues to hold membership of Professions Australia and Allied Health Professions Australia and is an affiliated society of the International Society of Audiology.

Many of these initiatives and milestones have been implemented and improved in consideration of public protection. This then ensures acceptable minimum standards for client care, professional standing and self-regulation.

The development of this resource, the Audiology Australia Professional Practice Standards – Part A Practice Operations 2013, builds on our original Professional Standards of Practice (1997).

Audiology Australia is pleased to present the addition of standards that address practice operations. This latest milestone is another demonstration of our commitment to professional standards and quality and safety in hearing health care.

We encourage practices to review their operations against these standards of professional practice, identify gaps in practice, and then incorporate changes to improve practice. The use of these Standards as a benchmark of quality sends an important message to the community, clients, peers, medical and allied health professionals, third party purchasers and decision makers in the Australian health care system that audiologists are committed to excellence in health care.

Federal Executive Council
Audiology Australia
July 2013
Introduction

What are the Audiology Australia Professional Practice Standards?

The Audiology Australia Professional Practice Standards are resources that have been developed by audiologists, for audiologists and audiological practices. These standards are owned by Audiology Australia and are designed to help audiology practices and clinics deliver safe, high quality health care and embrace continuous quality improvement as good business practice.

The Audiology Australia Professional Practice Standards consists of two separate resources:

• Part A Practice Operations
  
  There are five sections that address practice operations:
  
  o Client-centred care
  o Co-ordination of safety and quality in care
  o Physical environment and resources
  o Co-ordination of clinical and professional issues
  o Governance and business management

  Each section contains materials that reflect guiding principles to help practices understand and implement the Audiology Australia Professional Practice Standards. Resource material is provided to assist practices to comply with each set of mandatory assessment indicators.

• Part B Clinical Practice
  
  The Audiology Australia Professional Practice Standards – Part B Clinical Practice includes a set of standards that relate specifically to the quality of clinical care.

  This represents the scope of clinical practice within the profession, and acknowledges the importance of evidence-based practice, the original Audiology Australia Professional Standards of Practice of Audiologists – March 1997, expert opinions and the collective judgment and experience of practitioners in the field.

The Audiology Australia Professional Practice Standards position the profession of audiology in Australia at the frontline of safety and quality in evidence-based hearing health care.

Why are the Audiology Australia Professional Practice Standards important?

The Audiology Australia Professional Practice Standards provide a basis for excellence in clinical care and practice operations - excellence which justifies community trust in the expertise and integrity of audiologists.

They reflect hallmark qualities of the audiology profession in Australia – respect for the individual, professional accountability, evidence-based practice, sound risk management and ongoing learning.

It is also the intention of Audiology Australia that the Australian Charter of Healthcare Rights and its fundamental principles of quality and safety in health care are reflected within the Audiology Australia Professional Practice Standards.

The Australian Charter of Healthcare Rights

Everyone who is seeking or receiving care in the Australian health system has certain rights regarding the nature of that care. These are described in the Australian Charter of Healthcare Rights that are produced by the Australian Commission on Safety and Quality in Health Care:
• **Access - A right to health care**
  Access is enhanced when the best and most appropriate care is provided to a patient or consumer, including using other facilities if needed. A holistic approach to the treatment needs of the patient, that includes continuing treatment and out-of-hours services, also contributes to achieving the right of access.

• **Safety - A right to safe and high quality care**
  Safety is addressed by being alert to patient or consumer needs, by ensuring patients or consumers understand the treatment they are to receive and by participating in existing patient safety systems.

• **Respect - A right to be shown respect, dignity and consideration**
  Respect means that all participants are mindful of a patient’s or consumer’s environment and background, and that health care and advice appropriate to the patient’s or consumer’s needs is provided.

• **Communication - A right to be informed about services, treatment, options and costs in a clear and open way**
  Communication is enhanced if healthcare providers ensure that the patient or consumer understands the information being provided to them, and if they are alert to signs of confusion or misunderstanding by the patient or consumer and/or carers. Wherever practical, healthcare providers should make sure arrangements are made to meet patient or consumer language and communication needs.

• **Participation - A right to be included in decisions and choices about care**
  Participation is encouraged by engaging the patient or consumer and/or carers in discussions about their health care treatment options and decisions. This includes informing patients and consumers of their right to refuse or withdraw consent at any time, and inviting patients and consumers to consent for care or treatment that is experimental or part of teaching or research. Healthcare providers should be alert to individual patient or consumer circumstances and consider these circumstances when providing care.

• **Privacy - A right to privacy and confidentiality of provided information**
  Privacy requires that all participants be sensitive to the privacy needs of patients or consumers and ensures that patient information is only shared with other appropriate health professionals.

• **Comment - A right to comment on care and having concerns addressed.**
  The opportunity to comment is important, and is enhanced by being attentive to the concerns of patients or consumers and/or carers and by encouraging them to engage in two-way communication. Patients, consumers and/or carers should be helped to articulate their concerns and be informed of comment options available to them. Healthcare providers should facilitate the efficient and equitable resolution of complaints by participating in organisational processes, and should also look for improvements in health care provision as an outcome from interactions with patients, consumers, their carers and their families.

Refer to the Australian Commission on Safety and Quality in Health Care for additional information.

Putting Standards Into Practice

Part A Practice Operations

The **Audiology Australia Professional Practice Standards – Part A Practice Operations** are available in the public domain. They serve as a benchmark by which expectations of safe, high quality health care and sound practice operations can be measured.

Audiology Australia recommends audiology practices use the **Part A Practice Operations** to self assess:

- The safety and quality of audiological care they provide to the Australian community
- The quality and robustness of their practice operations

Part B Clinical Practice

The **Audiology Australia Professional Practice Standards - Part B Clinical Practice** provides an informational base to direct and enhance client or patient care. They are sufficiently flexible to permit both innovation and acceptable practice variation, yet are sufficiently definitive to guide practitioners with decision making for appropriate clinical outcomes.

They further provide a focus for professional preparation, continuing education, and research activities.

The **Audiology Australia Professional Practice Standards** reflect current practice based on the best available knowledge. Because audiology is continually developing, future advances are expected to change current practice patterns.

As new clinical, scientific and technological developments take place, these standards will be reviewed and updated to reflect those changes. Any suggestions for change should be directed to Audiology Australia.

Audiology Australia recommends audiology practices use the Part B Clinical Practice to:

- Determine the scope of clinical services offered by the practice
- Self-assess clinical care within a quality framework

Client feedback – fundamental in the quality cycle

Ongoing learning and improvement for audiology practices underpin the **Audiology Australia Professional Practice Standards**. This learning is encapsulated in a quality cycle that is seen as a continuous process of planning, acting, evaluating and feedback.

Enabling client feedback and evaluating performance based on this feedback is a pivotal component of the quality enhancement process, and should improve day-to-day clinical care and practice operations. The ultimate quality test for any audiology practice is a client’s satisfaction with their health outcomes. This test lies at the heart of a successful quality system.
**PLEASE NOTE:**

The nature, scale and complexity of audiology practices and businesses within Australia will vary.

In this resource, different terms related to the provision of hearing services may be used interchangeably depending on the relevant context, discussion and authority. By inference, the relevant point should be taken to apply to such related terms without intending to limit the scope of discussion, authority or responsibility.

For example, interchangeable terms include:

- Workplace, audiology practice, audiology clinic, hearing service provider, business, organisation
- Workplace director, practice manager, practice principal, clinic manager, board, chief executive, business owner
- Client, patient, consumer
- Practitioner, clinician, audiologist, health professional

The terms ‘policy’ and ‘procedure’ may also be used interchangeably in these standards. Although there is a distinction in meaning between these terms, they are both used as statements, principles and descriptors within various areas of the workplace’s clinical and business operations that are:

- Clearly defined in writing
- Understandable
- Readily accessible
- Complied with by staff
Structure of the Audiology Australia Professional Practice Standards – Part A Practice Operations

The standards described in Part A Practice Operations determine the operational framework that audiology practices must implement to meet the requirements of these standards.

The structure of the Part A Practice Operations is based on the framework of the National Safety and Quality Health Service Standards by the Australian Commission on Safety and Quality in Health as well as standards from other professional associations (the Australian Physiotherapy Association and the Royal Australian College of General Practitioners).

www.safetyandquality.gov.au

An overview of the structure is as follows:

<table>
<thead>
<tr>
<th>Standard – A statement of an intended action or strategy</th>
</tr>
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<tbody>
<tr>
<td>• A Statement of Intent which is an aspirational statement or desired outcome, or a Statement of Context, which is the rationale or context with which the Standard must be applied</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Criterion - List of key criteria</th>
</tr>
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<tbody>
<tr>
<td>• Each criterion has a number of items that describe the specific activities and requirements for the standard</td>
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</tbody>
</table>

Guiding Principles

The guiding principles provide background information by way of further explanation, additional context and relevance in contemporary health care practice.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td>The measure by which criteria items will be assessed to verify that an audiology practice has achieved the expected standard in Australian health care and professional audiology practice. Assessment indicators are provided at the end of every criterion for each standard.</td>
</tr>
</tbody>
</table>

For each assessment indicator, the guide to minimum requirements or equivalent evidence needed to satisfy requirements, and/or the ways that evidence is collected.

Evidence is not necessarily limited to the examples provided in this document.

Further Information

This describes the details, sources of information, references and resources that contribute content for each standard and criterion.

Contact Details

Lists appropriate links to websites for further information.
Review of Practices

A review of practice operations typically requires an audit from either a qualified auditor within the organisation, or from an external audit organisation. The following information is a general guide for the practice review process.

Auditor/s will look for evidence that the practice meets each of the assessment indicators outlined in the Audiology Australia Professional Practice Standards and that it is committed to continuous quality improvement.

Such evidence will normally be collected by:

- Inspection of the practice facilities and equipment
- Observation of client-staff interactions, body language, information provision
- Review of a sample of client health records, written and electronic
- Review of practice policies and procedures
- Review of practice documentation including how client feedback is managed
- Review of systems for managing risk and continuous improvement
- Interviews with practice staff, senior management, practice principals and clients

Evidence may take the form of:

- Policy statements and governance materials
- Procedures and processes
- Manuals and work instructions
- Forms, tools, proformas and records
- Documents and clinical notes
- Data control
- Risk management
- Review and outcomes reporting processes
- Interview and observation notes

The auditor/s will rate the practice against each of the assessment indicators according to the evidence found at the on-site visit.

Each required assessment criteria will often be rated as follows:

- Not Met – the assessment indicators have not been achieved; evidence provided has not been adequate
- Satisfactory But Improvement Required – the assessment indicators have just been achieved but the evidence provided could be improved. Expect specific improvement on this indicator at next audit
- Satisfactorily Met – the assessment indicators have been achieved; evidence provided has been adequate
- Met with Merit – in addition to achieving the assessment indicator, measures of good quality and a higher level of achievement are evident. A culture of safety, evaluation and improvement is evident throughout the organisation in relation to the action or standard

Continuous Improvement
Following the on-site visit and provision of audit ratings against the specific criteria, clinics would be expected to address aspects of their practice that were not met, or where improvement was required. Corrective action may need to be taken within specific timeframes to address non-conformances and to prevent recurrence.

Feedback on Audiology Australia Standards

The intention of the Audiology Australia Professional Practice Standards is for their use as a reference tool to evaluate and improve the safety and quality of the practice of audiology, as well as to review the efficiency and effectiveness of practice operations.

Audiology Australia is keen to ensure that the Audiology Australia Professional Practice Standards sets the quality bar at the appropriate level and that accreditation procedures are transparent, robust and credible. All members are invited to trial these standards in their workplace and provide feedback to Audiology Australia on their effectiveness. Audiology Australia will then make practical modifications to the Audiology Australia Professional Practice Standards – Part A Practice Operations based on feedback received from members and audiology practices throughout the year. This is our own commitment to the principle of continuous quality improvement.
PART A

PRACTICE OPERATIONS
### SUMMARY OF STANDARDS FOR PRACTICE OPERATIONS

<table>
<thead>
<tr>
<th>SECTION</th>
<th>STANDARD</th>
<th>CRITERION</th>
</tr>
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<tbody>
<tr>
<td>1. Client-centred care</td>
<td>1. Manage the rights and needs of clients</td>
<td>1. Respect for clients</td>
</tr>
<tr>
<td></td>
<td>Audiologists respect the rights and dignity of clients.</td>
<td>2. Confidentiality and privacy</td>
</tr>
<tr>
<td></td>
<td>Audiologists establish respectful partnerships with clients to promote a sense of mutual responsibility for achieving optimal health outcomes.</td>
<td>3. Informed consent</td>
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<td>4. Client communication</td>
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<td></td>
<td></td>
<td>5. Culturally appropriate care</td>
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<tr>
<td></td>
<td></td>
<td>6. Collaborative goal setting</td>
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<td></td>
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<td>7. Health promotion and consumer support</td>
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<td></td>
<td>Clients are correctly identified prior any clinical activity and health records comply with legal and professional requirements.</td>
<td>2. Health record compliance</td>
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<td></td>
<td>2. Co-ordination of care with other health providers</td>
<td>1. Referrals</td>
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<td></td>
<td>The workplace engages with other health providers as required to ensure optimal client care.</td>
<td>2. Communication of care</td>
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<tr>
<td>3. Access to services</td>
<td>1. Responsive health care</td>
<td></td>
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<tr>
<td></td>
<td>The workplace provides timely access to appropriate services.</td>
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<tr>
<td>4. Health and safety</td>
<td>1. Occupational health and safety</td>
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<td></td>
<td>The practice provides a healthy and safe workplace.</td>
<td>2. Infection prevention and control</td>
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<td>3. Prevention of falls</td>
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<td>4. Manual handling</td>
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<td></td>
<td>5. Emergency systems</td>
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<tr>
<td>3. Physical environment and resources</td>
<td>1. Physical environment and resources</td>
<td>1. Workplace environment</td>
</tr>
<tr>
<td></td>
<td>The practice operates with appropriate facilities in a safe environment.</td>
<td>2. Compliance of facilities</td>
</tr>
<tr>
<td></td>
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<td>3. Physical access</td>
</tr>
</tbody>
</table>
2. Equipment  
The workplace provides safe and appropriate equipment.

| 1. Equipment safety and calibration |

4. Co-ordination of clinical and professional issues

1. Clinical best practice  
Audiologists provide audiological services that are of a high quality, safe and consistent with recognised best practice.

| 1. Recognised best practice |

| 2. Outcome measures |

| 3. Clinical risk management |

2. Conduct, supervision and development  
The practice fosters ethical and professional conduct by audiologists, supports professional development and provides appropriate supervision.

| 1. Ethical and professional conduct |

| 2. Continuing professional development |

| 3. Clinical supervision |

3. Quality improvement  
The practice demonstrates continuous improvement in client care.

| 1. Client feedback |

| 2. Improving clinical care |

5. Governance and business management.

1. Effective governance and business management  
The practice has effective governance, robust business management and secure business systems.

| 1. Effective governance and business management |

| 2. Strategic business plan |

| 3. Operational systems |

2. Human resource management  
The workplace values its staff and demonstrates effective human resource management.

| 1. Credentials |

3. Health information systems  
The workplace manages clients’ health information in accordance with legal and professional obligations.

| 1. Confidentiality and privacy |

| 2. Security |

| 3. Use and disclosure of information |

| 4. Access |

4. Risk management  
The workplace demonstrates effective risk management.

| 1. Risk management |
5. Improving workplace management
   The workplace actively seeks opportunities to improve its management.

1. Quality improvement
SECTION 1 – CLIENT-CENTRED CARE

Standard 1.1 Manage the Rights and Needs of Clients

- Audiologists respect the rights and dignity of clients
- Audiologists establish respectful partnerships with clients to promote a sense of mutual responsibility for achieving optimal health outcomes

Management of the rights and needs of clients is achieved through:
  - Respect for clients
  - Confidentiality and privacy
  - Informed consent
  - Client communication
  - Culturally appropriate care
  - Collaborative goal setting
  - Health promotion

Criterion 1.1.1 Respect for Clients

- Clients receive respectful care and are not discriminated against on the basis of their age, gender, ethnicity, beliefs, sexual preference or health status

Guiding Principles

Respect for clients

Clients have the right to be treated in a manner that respects their individuality. Clients, their families and carers should be treated courteously. There should be full recognition of client needs, culture and beliefs in all aspects of communication, assessment and intervention.

At a practical level, health professionals should give special consideration to the inherent sensitivity in the client-practitioner relationship where discussion of personal issues and/or physical or close contact will occur.

Where a client is particularly vulnerable (such as a client experiencing mental health problems or a client who is a minor) and/or there is potential for the client-practitioner relationship to be particularly sensitive, the practice may choose to demonstrate extra respect for the client. This may include scheduling appointments at a time when others are in the workplace or, with the client’s consent, have a third party present during the appointment.

Workplace staff should have good interpersonal skills to work with clients, their families and carers in a respectful way.

Client responsibilities

For the best possible health outcomes, the client and the clinical team need to share information openly. Clients need to provide the clinical team with all relevant information about their presenting condition as well as any other information about their health that may affect assessment and rehabilitation options.

Clients should treat workplace staff and other clients with respect, observe workplace policies including the workplace fee schedule, and communicate their needs, expectations and concerns in a timely manner.
Anti-discrimination

Audiologists and workplace staff need to be aware of the requirements of Commonwealth and any other state and territory legislation which prohibit the discriminatory treatment of people based on their age, gender, ethnicity, beliefs, sexual preference or health status.


Audiologists and workplace staff must understand that information they communicate or record about clients should not be derogatory, prejudiced, or prejudicial. Such statements may have serious consequences for client intervention, compensation and other legal matters, and may contravene anti-discrimination legislation.

Client rights

Clients have the right to know the qualifications of their treating health professional. Clients have the right to see the audiologist of their choice, refuse the service or seek a further opinion. Workplaces need to record such information in the client health record, including an explanation of the action taken. If a client elects to go to another health professional, appropriate health care information should be provided if requested.

Health professional rights

Audiologists and other health professionals have the right to refuse to provide a service where there are reasonable and non-discriminatory reasons for doing so. Health professionals have the right to discontinue intervention when a client has behaved in a threatening or violent manner or there has been some other cause for a significant breakdown of the therapeutic relationship.

The workplace should have a policy for discontinuing a client's episode of care which includes safety measures to protect staff, information to assist clients with ongoing care that includes referral to other health professionals, and clear description of the circumstances that lead to the discontinuation of care.

Health professionals have the right to protect their professional reputations and to take reasonable steps to avoid any possible misunderstanding of professional boundaries.

Client information

The workplace should provide written information about a client's right to see the audiologist of their choice, obtain a second opinion, refuse a service, provide feedback or make a complaint. The information can be provided to clients in a variety of formats such as information brochures, newsletters or website content.

Client feedback

The workplace must actively seek client feedback. Such feedback forms an integral component of the Audiology Australia Professional Practice Standards including respect for the rights and dignity of clients. Feedback may be solicited in a variety of ways including questionnaires, mail and telephone surveys and/or suggestion boxes.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1A The practice has a written policy on the rights and needs of clients</td>
<td>Written policy</td>
</tr>
<tr>
<td>1.1.1B The practice has a written policy on respect for clients</td>
<td>Written policy</td>
</tr>
<tr>
<td>1.1.1C Staff training includes the practice policy on respect for clients and staff abide by its</td>
<td>Example of de-identified staff training record or a template of the practice induction program</td>
</tr>
</tbody>
</table>
Further Information

The National Anti-Discrimination Information Gateway assists individuals and businesses to navigate discrimination laws in the Commonwealth, state or territory. Individuals and businesses can also find contact details for each anti-discrimination commission, anti-discrimination board or human rights commission through the gateway.
www.antidiscrimination.gov.au

The Australian Human Rights Commission has information about human rights and people with special needs.
www.humanrights.gov.au

The Commission on Safety and Quality in Health Care recommends use of the Australian Charter of Healthcare Rights in all health service organisations in Australia. The federal and state health ministers adopted the Australian Charter of Healthcare Rights in 2008. The Australian Charter of Healthcare Rights can be used by health service organisations to tell patients and consumers about their rights in our healthcare system. The Charter is applicable to all health settings anywhere in Australia, including:

- Public hospitals
- Private hospitals
- Multi-purpose services
- General practices
- Specialist rooms
- Day procedure facilities
- Community health centres
- Private allied health providers
www.safetyandquality.gov.au

State and territory health services commissioners/health complaints commissioners provide information for health consumers about making a complaint (See contact details below).

The Audiology Australia Code of Ethics and Code of Conduct provide guidance on ethical practice in audiology and allow non-members to understand the responsibilities that Audiology Australia members willingly undertake when they join the society.
www.audiology.asn.au

The Audiology Australia consumer brochure “What is an Audiologist’ is available on the Audiology Australia website

Deafness Forum is the peak body for deafness in Australia. It exists to improve the quality of life for Australians who are Deaf, have a hearing impairment or have a chronic disorder of the ear by advocating for government policy, generating public awareness, information sharing and creating better understanding.
www.deafnessforum.org.au

Contact Details

Audiology Australia
www.audiology.asn.au
Australian Commission on Safety and Quality in Health Care  
www.safetyandquality.gov.au  
Australian Human Rights Commission  
www.humanrights.gov.au  
Deafness Forum  
www.deafnessforum.org.au  
National Anti-Discrimination Gateway  
www.antidiscrimination.gov.au  

State and Territory Health Services/Complaints Commissioners:  
ACT  
ACT Health Services Commissioner  

NSW  
Health Care Complaints Commission, NSW  
www.hccc.nsw.gov.au  

NT  
Health & Community Services Complaints Commission, NT  
www.hcscc.nt.gov.au  

QLD  
Health Quality and Complaints Commission, QLD  
www.hqcc.qld.gov.au  

SA  
Health & Community Services Complaints Commissioner, SA  
www.hcsc.sa.gov.au  

TAS  
Health Complaints Commissioner, Tasmania  
www.healthcomplaints.tas.gov.au  

VIC  
Health Services Commissioner, Victoria  

WA  
Office of Health Review, WA  
www.healthreview.wa.gov.au
Criterion 1.1.2 Confidentiality and Privacy

- The practice is committed to protecting client confidentiality and privacy

Guiding Principles

Clients have a right to expect privacy in the provision of their health care. The workplace needs to have policies about client confidentiality and privacy, and workplace staff must uphold these policies.

Identify individual privacy needs

Each client has a unique need for privacy during a consultation. This need may vary according to personal preference, natural modesty, the type of care being provided and the client's familiarity with the intervention.

In determining the individual privacy needs of a client, workplace staff should avoid stereotyping and generalising.

Where a client is particularly vulnerable, and/or there is potential for the client-practitioner relationship to be particularly sensitive, the health professional may seek the client's consent to have a third party present in a chaperone role.

Auditory privacy

The workplace must have at least one area that offers satisfactory auditory privacy so that discussions with a client can be conducted in private. In workplaces with curtained treatment areas, this may mean that discussions at the commencement of a consultation need to be conducted in private in a separate area.

It is particularly important that discussion and telephone communication at the reception area be conducted discreetly, in the interests of respecting clients and protecting the privacy of health information.

Similarly, discussions between health professionals about a client should be conducted discreetly and do not take place in the presence of other clients or administrative staff.

Privacy legislation and the public sector

This guidance material for has been sourced from the Office of the Australian Information Commissioner (OAIC).

Further information from the OAIC is available at www.oaic.gov.au.

Government agencies are expected to set high standards for information handling.

The Information Privacy Principles (IPPs) are the baseline privacy standards by which the Australian and ACT government agencies need to comply with in relation to personal information kept in their records.

There are eleven IPPs that address:

- Manner and purpose of collection
- Collecting information directly from individuals
- Collecting information generally
- Storage and security
- Access and amendment
- Information use
- Disclosure

State and Northern Territory public hospitals and health services are not covered by the Privacy Act, but covered by relevant state or territory legislation.
Commonwealth agencies may from time to time outsource a function that requires a contractor to collect and handle personal information on behalf of the agency. There are obligations of agencies and contractors under the Privacy Act when this occurs.

The Privacy Act permits the handling of health information for health and medical research purposes in certain circumstances, where researchers are unable to seek individuals' consent. This recognises:

- the need to protect health information from unexpected uses beyond individual healthcare
- the important role of health and medical research in advancing public health

The Privacy Commissioner has approved two sets of legally binding guidelines, issued by the National Health and Medical Research Council (NHMRC). Researchers need to follow guidelines when handling health information for research purposes without individuals’ consent. The guidelines also assist Human Research Ethics Committees (HRECs) in deciding whether to approve research applications.

Following the amendment of the Commonwealth Privacy Act 1988 by the Privacy Amendment (Private Sector) Act 2000, Australia now has comprehensive privacy legislation covering the private sector.

**Privacy principles in the private sector**

The Privacy Act encompasses ten National Privacy Principles that govern the management of clients' health information. The legislation promotes greater openness between health service providers and clients regarding the handling of health information. For example, the legislation gives clients a general right of access to their own client health records and requires health service providers to develop a privacy policy that sets out how they manage health information.

Many people consider their health information to be highly sensitive. For this reason, the Privacy Act offers additional protections around health information. For example, a health service provider generally needs client consent before they can collect an individual’s health information.

**The National Privacy Principles (NPPs)**

Ten NPPs form the core of the private sector provisions of the Privacy Act. These principles set the minimum standards for privacy that organisations must meet.

The principles cover the whole information handling lifecycle - from the collection of health information, to its storage and maintenance, as well as its use and disclosure.

The principles, as they might apply in the health sector, are summarised below. For more details see the Privacy Commissioner’s Guidelines on Privacy in the Private Health Sector.

- **NPP 1 – Collection of Information and NPP 10 – Collection of Sensitive Information**
  
  Health service providers can collect health information only with consent. In general, they require a health service provider to:
  
  - Collect only the information necessary to deliver the health service
  - Collect lawfully, fairly and not intrusively
  - Obtain a person's consent to collect health information about them

  Providers also need to ensure that consumers are informed about why their health information is being collected, who is collecting it, how it will be used, to whom it may be given and that they can access it if they wish.

- **NPP 2 - Use and Disclosure**

  This principle sets out how providers can use and disclose health information.

  'Use' refers to the handling of information within an organisation.

  'Disclosure' is the transfer of information to a third party outside the organisation.

  A health service provider may use or disclose health information:
  
  - For the main reason it was collected (the primary purpose)
  - For directly related secondary purposes, if the consumer would reasonably expect these
  - If the consumer gives consent to the proposed use or disclosure
  - If one of the other provisions under this principle applies
The key is to make sure that there is alignment between the expectations of the health service provider and those of the consumer about what will be done with the health information.

- **NPP 3 - Data Quality**
  Health service providers are required to take reasonable steps to keep health information up to-date, accurate and complete.

- **NPP 4 - Data Security**
  This principle requires that health service providers take reasonable steps to protect and secure health information from loss, damage, misuse and unauthorised access.

As health information may be needed for future care of the individual or for public health reasons, the information must be properly secured and stored. Information that is no longer needed should be destroyed.

- **NPP 5 - Openness**
  Health service providers need to be open about how they handle health information. A provider must develop a document for consumers to clearly explain how their organisation handles health information. The document must be made available to anyone who asks for it.

- **NPP 6 - Access and Correction**
  Consumers have a general right of access to their own health records. Access can only be denied in certain circumstances, such as when access can pose a serious risk to a person's life or health.

  Also, consumers can ask for information about them to be corrected, if it is inaccurate, incomplete or out-of-date. The provider will need to take reasonable steps to correct the information.

- **NPP 7 - Identifiers**
  There are restrictions on how Commonwealth government identifiers, such as the Medicare number or the Veterans Affairs number, can be adopted, used or disclosed.

  At present, a health service provider is not permitted to adopt these identifiers for their own record keeping systems. These identifiers may only be used or disclosed for the reasons they were issued or if other provisions under this principle apply.

- **NPP 8 - Anonymity**
  Where lawful and practicable, consumers must be given the option to use health services without identifying themselves.

- **NPP 9 – Transborder data flows**
  If health information needs to be transferred out of Australia, this may occur if laws (or a scheme) with similar privacy protection to these principles bind the recipient. Otherwise, health information should only be transferred with the consumer's consent, or if other provisions under this principle apply.

**Telepractice**

Clients receiving services via telepractice have an equal right to privacy to those receiving face-to-face services. The workplace must have policies about client confidentiality and privacy that apply to local and remote sites of service, and workplace staff and other support personnel at local and remote sites must uphold these policies. Relevant national, state and territory privacy legislation at local and remote sites is applicable and must be met.

**Professional obligations**

Privacy legislation complements the existing culture of confidentiality that is fundamental to the professional obligations of audiologists and other health professionals.

Workplace staff must be familiar with key aspects of privacy legislation and the Audiology Australia Code of Ethics and Code of Conduct to ensure they manage health information appropriately.

**Privacy infringements and complaints**
If a client believes a health service provider has failed to meet privacy requirements, the client can make a complaint to the Privacy Commissioner.

The commissioner can investigate, conciliate and, if necessary, make determinations about complaints. However, the Commissioner will not investigate, unless the complainant has first complained formally to the health service provider concerned.

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.2A The practice has a written policy on client confidentiality and privacy</td>
<td>Written policy</td>
</tr>
<tr>
<td>1.1.2B All staff have signed and understand the practice confidentiality and privacy agreement</td>
<td>A sample of a signed practice confidentiality and privacy agreement</td>
</tr>
<tr>
<td>1.1.2C The workplace has access to a copy of relevant government guidelines on privacy requirements appropriate to the work sector (i.e., Commonwealth government agency, Commonwealth agency contractor, State or Territory health service, and/or private sector)</td>
<td>Guidelines observed to be accessible to staff</td>
</tr>
<tr>
<td>1.1.2D The practice has appropriate information for consumers on client privacy and confidentiality</td>
<td>Example of information</td>
</tr>
<tr>
<td>1.1.2E Audiologists and other staff can describe how they ensure the confidentiality and privacy of a client’s health information</td>
<td>Staff interview</td>
</tr>
</tbody>
</table>

**Further Information**

The Office of the Australian Information Commissioner (OAIC) is an Australian Government agency, established under the *Australian Information Commissioner Act 2010* as part of changes to federal freedom of information law. These reforms bring together functions relating to freedom of information, privacy and information policy.

The Office of the Privacy Commissioner is integrated into the OAIC. Guidelines and information on a wide range of topics including privacy legislation, requirements for business, government and the health sector, privacy resources and compliance is on the website.


The Fair Work Ombudsman is a resource for employers and employees and their rights and responsibilities, including a best practice guide for workplace privacy.


The *Audiology Australia Code of Ethics* and *Code of Conduct* provides guidance on ethical practice in audiology and professional obligations relating to privacy and confidentiality

[www.audiology.asn.au](http://www.audiology.asn.au)

**Contact Details**

**Audiology Australia**

[www.audiology.asn.au](http://www.audiology.asn.au)

**Fair Work Ombudsman**
Criterion 1.1.3 Informed Consent

- Clients are given sufficient information to enable them to make informed decisions about their hearing health care

Guiding Principles

Intelligible information

Clients need sufficient information to make appropriate decisions about their own health care. Health professionals need to provide adequate information about the importance, benefits and risks of proposed health care in language that is tailored to the individual needs of a client.

Clients may find it helpful to receive standard written and diagrammatic information (for example, Audiology Australia information brochures, Deafness Forum information resources and other consumer support group materials on a range of topics).

Where a client has an impairment that may affect their ability to make and/or communicate an informed decision about their own health care, the health professional needs to take this into account.

Risks and benefits of intervention

Clients should be given a reasonable level of information in advance about the relative benefits of a proposed program of care. Where relevant, clients should also be given a reasonable level of information about alternative options and the implications of having no intervention or re/habilitation.

Some clients may be advised to seek information from other health professionals about the relative benefits of different forms of intervention and the co-ordination of various interventions such as ENT surgery and audiological re/habilitation, or audiological re/habilitation and psychological care.

Costs of intervention

In addition to providing informed consent for their health care, the client also needs to provide informed financial consent.

Clients should be given advance information about consultation costs and billing systems including acceptable methods of payment, estimated number of consultations for the proposed episode of care, discounts that may apply and the costs incurred for late cancellations or failure to attend appointments. This information may be provided in a variety of formats such as a client information brochure or a notice at reception.

Clients covered by a third party compensable body should be given information that clarifies whether the service is bulk-billed by the practitioner; whether the client needs to pay up-front and then claim a rebate from the third party payer; whether a gap payment applies and who is responsible for the costs of health care provided by the practice if the claim is denied.

Consent to a program of health care

In general, a client is asked to consent to a program of health care related to their presenting condition. Consent may be implied or express/explicit.

Express/explicit consent refers to consent that is clearly and unmistakably stated (either in writing, orally, or in another fashion where consent is clearly communicated).
Implied consent refers to circumstances where it is reasonable for the health professional to infer that consent has been given by the client. For example, if a client presents to an audiologist, discloses health information, discusses intervention options and then participates in a particular program of health care, this will generally be regarded as the client having given implied consent to that program of health care.

**Consent is dynamic**

Informed consent is dynamic. Once given, consent can be withdrawn at any time. If a new or altered intervention is provided then the health professional needs to seek the client's consent again.

In general, a standard model for obtaining informed consent from a client includes the following sequential steps:

- The nature of the condition, its expected activity limitations and consequences and likely prognosis is outlined
- Options for additional diagnostic procedures are explained
- The risks and benefits of different options for intervention are presented
- Warnings on possible adverse outcomes are provided
- The likely outcome of intervention is estimated
- The likely duration and cost of the proposed episode of care is explained

Consent should be obtained from the appropriate 'consent giver'. For a child under the age of 18, the child's parent or legal guardian should provide consent. For a client with cognitive impairment, the client's carer should provide consent.

For older children and teenagers up to 18 years of age who are deemed to be developing capacity to give consent to their own health care, the health professional should therefore seek consent from both the child and the parent or legal guardian.

**Documenting consent**

The practice must have a policy on obtaining and documenting informed consent.

Audiologists and other health professionals must document that an appropriate consent process has taken place. The best evidence is a signed and dated entry in the client health record, indicating that the client gave consent to a program of management outlined by the health professional.

Where a person other than the client (such as parent, legal guardian or carer) gives consent, this should be documented in the client health record.

Where there is a change of practitioner, a significant change to the program of intervention originally agreed upon, or a significant change to the cost of consultations or procedures, the client’s consent should be sought again and this new act of consent documented in the client health record.

**Research**

Where clients are invited to participate in an approved research project, they must be given sufficient information about the project in advance and their participation must be voluntary. Clients must also be informed in advance that if they consent to participate, they can subsequently withdraw such consent without explanation and without compromise to the quality of health care provided by the practice. A client's consent to participate in a research project must be documented in the client's health record.

**Students and assistants**

Where a student or assistant will be providing clinical care under supervision, prior consent should be sought from the client without the student or assistant present and without the client feeling pressured to agree. For example, consent could be sought when the appointment is made or when the client arrives at reception. The parameters of the supervision should be explained to the client, including whether or not the supervising audiologist will be present during the consultation.

The workplace should exercise discretion in approaching clients about clinical care to be provided by a student or assistant under supervision.

**Third party presence**
A third party is any other person who is present during a consultation between a health professional and a client. This may include family members, partners, friends, interpreters, students, assistants, chaperones or other health professionals.

A third party should only be present with the prior consent of the client.

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.3A</td>
<td>Written policy</td>
</tr>
<tr>
<td>The practice has a written policy on obtaining and documenting informed consent</td>
<td></td>
</tr>
<tr>
<td>1.1.3B</td>
<td>Internal audit procedures include process for auditing informed consent</td>
</tr>
<tr>
<td>A sample of each practitioner’s client health records is audited at least annually to ensure appropriate consent is documented</td>
<td>Documentation to show audit of the client health records has occurred at least annually, and which includes consent documentation</td>
</tr>
</tbody>
</table>

**Further Information**

Audiology Australia's website contains consumer information about common ear and hearing health conditions. Information brochures may be ordered online or from the Audiology Australia Office.  
[www.audiology.asn.au](http://www.audiology.asn.au)

Deafness Forum is the peak body for deafness in Australia. It advocates public awareness, information sharing and creating better understanding. It has information resources and a link to other consumer organisations and bodies.  
[www.deafnessforum.org.au](http://www.deafnessforum.org.au)

The Commonwealth Government HealthInsites website aims to improve the health of Australians by providing easy access to quality information about human health.  

Commonwealth, state and territory governments have health information websites for consumers that provide general information about common conditions and services. (See contact details below)

The National Health and Medical Research Council provide health advice for health consumers.  

**Contact Details**

**Audiology Australia**  
[www.audiology.asn.au](http://www.audiology.asn.au)

**Australian Government Website for Consumer Health Information**  
Department of Health and Ageing  

**Deafness Forum**  
[www.deafnessforum.org.au](http://www.deafnessforum.org.au)

**National Health and Medical Research Council**  

**State and Territory Websites for Consumer Health Information:**
ACT
ACT Government Health Information
www.health.act.gov.au

NSW
NSW Department of Health
www.health.nsw.gov.au

NT
NT Department of Health and Families
www.health.nt.gov.au

QLD
Queensland Health

SA
SA Health
www.sahealth.sa.gov.au

TAS
Tasmania Department of Health and Human Services
www.dhhs.tas.gov.au

VIC
Better Health Channel
www.betterhealth.vic.gov.au

WA
WA Department of Health
www.health.wa.gov.au
Criterion 1.1.4 Client Communication

- Audiolists and other workplace staff communicate in a manner that:
  - Respects clients' individual needs
  - Promotes client safety through open disclosure

Guiding Principles

The workplace should promote a culture of open communication at all stages of client care. Good communication is a vital factor in the delivery of quality health care. It is also essential in the day-to-day management of risk and compliance.

Tailored communication

Communication that is tailored to the individual needs of a client is fundamental to an effective client-practitioner relationship built on mutual trust and respect. Tailored communication includes spoken and written messages, body language, courtesy, active listening and a general attitude that is sensitive to a client's needs.

Workplace staff should adapt their communication to accommodate particular client attributes such as first language, culture, age, gender, cognitive ability or health status.

Written communication

The workplace may find it useful to have a general client information brochure, written or electronic information about common ear and hearing conditions, ear and hearing health promotion and injury prevention.

Communication support

A client may elect to have a third party supporter to facilitate communication during or related to a consultation.

Client safety - Open disclosure

Open disclosure is the open discussion of incidents that result in harm to a client while receiving health care. Open disclosure refers to open communication when things go wrong in health care. The elements of open disclosure include:

- An expression of regret
- A factual explanation of:
  - What occurred
  - Consequences of the event
  - Steps that are taken to manage the event and prevent recurrence.

To minimise adverse events, it is necessary to develop systems of organisational responsibility and to maintain professional accountability, rather than to focus on individual blame. Health care providers should foster an environment where people feel supported and are encouraged to identify and report adverse events so that opportunities for systems improvements can be identified and acted on.

Open, honest and immediate communication is important to improving client safety. Open disclosure facilitates more consistent and effective communication following adverse events. This includes communication between:

- Health care professionals
- Health care professionals and clients and their support person/s
- Health care professionals, health care managers and all staff
Effective communication for clients commences from the beginning of an episode of health care and continues throughout the entire episode.

For health care professionals, there is an ethical responsibility to maintain honest communication with clients and their support person/s, even when things go wrong. By ensuring good communication when an adverse event occurs, one can begin to look at ways to prevent them from recurring.

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.4A</td>
<td>Report of findings of recent group data</td>
</tr>
<tr>
<td>Client feedback confirms that clients are satisfied that communication from practice/staff meets their individual needs</td>
<td></td>
</tr>
<tr>
<td>1.1.4B</td>
<td>Written policy</td>
</tr>
<tr>
<td>The practice has a policy that addresses open disclosure and management of adverse events</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Interview and observation findings</td>
</tr>
</tbody>
</table>

**Further Information**

The Australian Commission on Safety and Quality in Health Care has produced an *Open Disclosure Standard* (a national standard for open communication in public and private hospitals, following an adverse event in health care).

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) (Search for /open disclosure standard/)

An open disclosure readiness tool and other resources for health care organisations that may be adopted, modified and applied in a variety of smaller settings has also been produced.

[www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) (Search for /open disclosure resources/)

Deafness Forum has a position statement with respect to communication needs for Deaf and Hearing Impaired

[Guidelines for meeting Communication needs of people who are Deaf or Hearing Impaired](http://www.deafnessforum.org.au)

**Contact Details**

**Australian Commission on Safety and Quality in Health Care**


**Deafness Forum**

[www.deafnessforum.org.au](http://www.deafnessforum.org.au)
### Criterion 1.1.5 Culturally Appropriate Care

- The practice accommodates the cultural and linguistic diversity of its predominant client base

### Guiding Principles

#### Culturally appropriate care

The extent to which a workplace provides culturally specific care should be in proportion to the predominance of any cultural group within the local client base.

When dealing with clients from different cultural backgrounds, workplace staff should avoid making general assumptions about a client's individual needs.

The workplace should endeavour to educate staff about culturally appropriate care for predominant cultural groups within the local client base. In addition, the practice should endeavour to make staff aware of cultural groups likely to have a higher incidence of any specific issues, so that staff are well placed to identify individual clients who may require a special approach to their health care.

Where the workplace routinely provides written client information, the workplace should endeavour to provide such information in languages relevant to predominant cultural groupings within the local client base.

#### Interpreters

The workplace needs a policy to manage clients for whom English is a second language that includes the use of interpreters, so that reasonable care is taken to achieve effective communication.

In general, an interpreter should be used at the request of the client or if the health professional has concerns about the capacity of the client to comprehend information communicated in English. Effective communication may be particularly important at key stages such as the initial assessment, goal setting, obtaining informed consent and re/habilitation program planning.

If possible, an interpreter should be independent and formally accredited. However, the workplace may face circumstances where there is no other feasible option but to use a family member to interpret. In such situations, the health professional should take all reasonable care to cross-check that information is being communicated accurately.

Where an independent interpreter is used, it should be made clear to the client in advance whether a fee for the interpreting service will apply.

If a client refuses language services against the advice of the health professional, this should be documented in the client health record.
Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>1.1.5A The practice has a policy to manage clients for whom English is a second</td>
<td>Written policy</td>
</tr>
<tr>
<td>language and for the use of interpreters</td>
<td></td>
</tr>
<tr>
<td>1.1.5B All staff have received training on identified local culturally appropriate</td>
<td>De-identified staff training record or a template</td>
</tr>
<tr>
<td>care and working with clients from different cultural backgrounds</td>
<td>of the practice induction program</td>
</tr>
<tr>
<td>1.1.5C Staff understand how to access appropriate interpreter services when required</td>
<td>Contact details of interpreter services relevant</td>
</tr>
<tr>
<td></td>
<td>to the local client base are easily accessible by</td>
</tr>
<tr>
<td></td>
<td>all staff</td>
</tr>
<tr>
<td>1.1.5D Client feedback confirms that clients for whom English is a second language</td>
<td>Report of findings of appropriately targeted</td>
</tr>
<tr>
<td>is satisfied with the cultural appropriateness of their care</td>
<td>feedback or satisfaction outcomes data</td>
</tr>
</tbody>
</table>

Further Information


The National Auslan Interpreter Booking and Payment Service (NABS) is funded by the Commonwealth Government and provides services Australia-wide. NABS provides interpreters to any person who uses sign language to communicate and requires an interpreter for private medical appointments. It is free of charge to sign language users and medical and health care practitioners. All interpreting services to Aboriginal and Islander sign language users are provided free of charge for both public and private health appointments. [www.nabs.org.au](http://www.nabs.org.au)

The Department of Immigration and Citizenship (DIAC) provides the Translating and Interpreting Service (TIS) National for people who do not speak English, and for the English speakers who need to communicate with them. TIS National has access to contracted interpreters across Australia, speaking more than 170 languages and dialects. TIS National is available 24 hours a day, seven days a week for any person or organisation in Australia requiring interpreting services. [www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/](http://www.immi.gov.au/living-in-australia/help-with-english/help_with_translating/)

Telephone Interpreting Service: Phone 131 450

The websites of some state and territory Departments of Health/Human Services also provide information about interpreter and translation services.

(See contact details below).

*Chronic Otitis Media and Hearing Loss Practice (COMHeLP) – A Manual for Audiological Practice with Aboriginal and Torres Strait Islander Australians (Audiology Australia, 2012)* provides information and findings relevant to audiological practice with Indigenous Australians. English is not the dominant language in many remote communities. Although families may have some English skills, new and complex information is best discussed with the assistance of a trained interpreter. It is recommended that appropriately trained interpreters are utilised as required. [www.audiology.asn.au](http://www.audiology.asn.au)

Contact Details
Audiology Australia
www.audiology.asn.au

Deafness Forum
www.deafnessforum.org.au

National Auslan Interpreter Booking and Payment Service (NABS)
www.nabs.org.au

State and Territory Translation and Interpreting Services:

ACT
ACT Health

NSW
NSW Multicultural Health Communication Service (Multicultural Communication)
www.mhcs.health.nsw.gov.au

NT
Northern Territory Government Interpreter Services

QLD
Queensland Health – Multicultural Health

SA
Interpreting and Translating Centre

TAS
Department of Health and Human Services – Translating and Interpreting Service
www.dhhs.tas.gov.au/service_information/services_files/translating_and_interpreting_services

VIC
Department of Human Services

WA
Department of Health – Consumer Health Services Directory
www.health.wa.gov.au/services/about.cfm

Translating and Interpreting Service (TIS) National
Telephone Interpreting Service: Phone 131 450
Criterion 1.1.6 Collaborative Goal Setting

- Health professionals develop and prioritise realistic goals in consultation with the client. Goals address a client's problems, needs, expectations, potential for change and lifestyle modifications

Guiding Principles

Client rights in health care

The Australian Commission on Safety and Quality in Health Care has produced resources to help educate health consumers about their rights in health care. These resources encourage clients to:
- Be actively involved in their own health care
- Speak up if they have any questions or concerns
- Learn more about their condition or treatments

Client centred care

The focus of this criterion is the pivotal role of the client in establishing a realistic management plan with the advice and support of the treating health professional.

The client's involvement needs to be active to optimise the benefits and achieve the goals of the intervention program. Passive compliance with a program of health care directed by the health professional should be avoided, because it can generate long-term dependency in clients that may in turn counteract the successful achievement of realistic health care goals.

Client expectations

Health professionals need to ascertain the client's expectations of intervention and the extent to which these expectations are realistic. Any significant discrepancy between the client's expectations and the health professional's expectations should be discussed and recorded.

Collaborative goal setting

Health professionals should work collaboratively with clients to develop goals that reflect an improvement in their functional ability and quality of life. Health professionals should use their knowledge, experience and expertise together with assessment findings, to help clients set goals that are realistic and achievable within agreed time frames.

The process of collaborative goal setting is particularly important where a client is likely to require a longer program of intervention and where the risk of dependency is accordingly higher.

Documenting client goals

Intervention goals that have been agreed between the client and the health professional should be documented in the client health record.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tbody>
<tr>
<td>1.1.6A</td>
<td>Internal audit procedures include process for auditing goal-setting</td>
</tr>
<tr>
<td></td>
<td>Documentation to show audit of the client health records has occurred</td>
</tr>
<tr>
<td></td>
<td>Interview with staff to confirm discussion and feedback has occurred</td>
</tr>
</tbody>
</table>

A sample of each practitioner's client health records is audited at least annually to ensure agreed intervention goals are documented. Feedback is provided to the practitioner for quality improvement.
Further Information
The Australian Commission on Safety and Quality in Health Care produces a range of resources for patients, carers and health professionals. Refer to list of publications on website.
www.safetyandquality.gov.au

Contact Details
Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au
Criterion 1.1.7 Health Promotion and Consumer Support

- The practice provides health promotion, injury or disease prevention strategies and consumer support

Guiding Principles

Primary health care philosophy

The workplace should incorporate a primary health care philosophy that includes health promotion and preventive care. Specifically, ear and hearing health promotion messages and injury or disease prevention strategies are a recommended core service for audiology practices.

Audiologists and other health professionals should be adept at recognising lifestyle factors and comorbidities that will affect a client's health status. A holistic approach to client management should include education and referral to other health practitioners where appropriate.

Health promotion and injury prevention strategies

As part of the client's overall management program, the audiologist should routinely provide information and advice on health promotion and injury prevention strategies that are based on the best available evidence.

Health promotion or injury prevention strategies recommended by the health professional should be documented in the client health record.

The practice may provide clients with information about local health promotion programs or about health promotion and injury prevention in general, via brochures, videos or relevant websites.

Consumer groups

For people who are Deaf, have a hearing impairment or experience ear or hearing disorders, the value and support of consumer groups to help is considerable. Contact with consumer groups is encouraged to help foster positive management, communal understanding and shared empowerment of living with deafness, hearing loss or ear or hearing condition.

Clinic Review

<table>
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<tr>
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<tbody>
<tr>
<td>1.1.7A</td>
<td>The practice has a written policy and philosophy on providing relevant health promotion and injury prevention information to clients</td>
</tr>
<tr>
<td>1.1.7B</td>
<td>The practice has relevant information about: - Local health promotion programs - Health promotion and injury prevention in general This may be via brochures, videos or relevant websites available for patients</td>
</tr>
<tr>
<td>1.1.7C</td>
<td>The practice supports the aims of relevant consumer and support groups and promotes them to clients</td>
</tr>
</tbody>
</table>
Further Information

State and territory governments have health information websites for consumers that provide general information about health promotion. (See contact details below.)

The Commonwealth Government Health/insite website aims to improve the health of Australians by providing easy access to quality information about human health. Health/insite’s Health and Wellbeing website page provides links to topics on issues that affect health, such as fitness, nutrition, mental health and drugs, as well as information on health-related issues.

www.healthinsite.gov.au/topics/Health_and_Wellbeing

Deafness Forum is the peak body for deafness in Australia. It advocates public awareness, information sharing and creating better understanding. Its website has information resources and a link to other consumer organisations and bodies to help individuals who are Deaf, hearing impaired or living with an ear or hearing condition.

www.deafnessforum.org.au

Able Australia is a long-standing non-profit organisation that provides services to people living with multiple disabilities, including deafblindness.
• Voice: 1300 225 369
• TTY: (03) 9882 6786

www.ableaustralia.org.au

Allied Health Professions Australia (AHPA) is the national voice of allied health in Australia. Allied health professionals work alongside doctors and nurses as the third pillar of Australia’s health care system.

www.ahpa.com.au

One resource developed by AHPA is a website resource package specifically for healthcare professionals working in chronic disease management - “Shared Care in Chronic Disease Management”. It provides information on the most effective ways healthcare professionals can work together in multidisciplinary teams to achieve improved outcomes for patients with chronic and complex conditions. For more information on this project, refer to the website.

www.cdm.ahpa.com.au

beyondblue is a national, independent, not-for-profit organisation working to address issues associated with depression, anxiety and related substance misuse disorders in Australia. It provides information on depression, anxiety and related disorders, available treatments and where to get help, and includes a list of doctors and psychologists.

www.beyondblue.org.au

The Victorian Deaf Society (Vicdeaf) is a non-profit organisation and the primary source of reference, referral, advice and support for deaf adults in Victoria. Vicdeaf works collaboratively with a variety of mental health, welfare agencies and government departments.

www.vicdeaf.com.au

beyondblue and Vicdeaf produced a fact sheet as a joint venture on depression developed specifically for people who are Deaf or hard of hearing.


Australian Hearing is a statutory authority constituted under the Australian Hearing Services Act 1991 and was established in 1947. One of its three key areas includes research by the National Acoustic Laboratories (NAL).


www.hearing.com.au

www.nal.gov.au

Medicare Locals are primary health care organisations established to coordinate primary health care delivery. They will drive improvements in primary health care. Medicare Locals are the “glue” that links all
areas of the primary health care sector. They will identify local health needs and address gaps in local health services. This may include local health prevention and promotion activities. [Link to search for local Medicare Locals websites]

Contact Details

Allied Health Professions Australia (AHPA)
[Website]

AHPA - Shared Care in Chronic Disease Management
[Website]

Able Australia
Voice: 1300 225 369
TTY: (03) 9882 6786
[Website]

beyondblue
[Website]

Deafness Forum
[Website]

HealthInsite (Commonwealth Government)
[Website]

Medicare Locals (search for local Medicare Locals websites)
[Website]

Victorian Deaf Society (Vicdeaf)
[Website]

State and Territory Websites for Consumer Health Promotion, Prevention and Wellbeing:

ACT
ACT Government Health Information
[Website]

NSW
NSW Department of Health
[Website]

NT
NT Department of Health and Families
[Website]

QLD
Queensland Health
[Website]

SA
SA Health
[Website]

TAS
Tasmania Department of Health and Human Services
[Website]

VIC
Better Health Channel
[Website]
SECTION 2 - CO-ORDINATION OF SAFETY AND QUALITY IN CARE

Standard 2.1 Client Identification and Health Records

- Clients are correctly identified prior to any clinical activity and health records comply with legal and professional requirements

Criterion 2.1.1 Matching clients to client records and clinical activities

- The identity of a client is confirmed to ensure the correct person is matched to any client record and expected clinical procedure, when there is potential risk for error

Guiding Principles

Patient identification and procedure matching in any health care setting specifies the expected processes for identification of patients and the correct matching of their identity with the correct treatment.

The consequences of confusing an individual with another or having an incorrect client file may result in misdiagnosis, inappropriate treatment, confusion for the client and practitioner, client complaint and/or inefficiency of resources.

The risk in audiological care or in a solo practice may be relatively low, but it should be recognised that it does exist and may occur, particularly:

- Where there is more than one audiologist practising at a given time
- In multiple-disciplinarian settings with shared waiting rooms
- For an audiologist not familiar with presenting or new clients
- With respect to a client base where hearing loss is prevalent and names may be misheard
- Where clients with similar or identical names attend the same practice
- For clients with English as a second language
- If working with large groups at a given time and risk of identity error (e.g., young school aged or preschool children; adults in high level care)

The Australian Commission on Safety and Quality in Health Care has developed a protocol in health care for the prevention of procedures performed on the wrong patient or part of the body. Patient identification is a key element. Staff must ask the patient to state (NOT confirm):

- Full name
- Date of birth
- Site for or type of procedure

Where there is a potential risk, practices and audiologists should adopt a similar and suitable procedure such as asking a client to state (NOT confirm):

- Full name
- Date of birth
- Reason for attending or expected clinical activity
Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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<tbody>
<tr>
<td>2.1.1A The practice has considered the relative risk of identity error</td>
<td>Identity error considered in workplace risk management strategy</td>
</tr>
<tr>
<td></td>
<td>Workplace director interview</td>
</tr>
<tr>
<td>2.1.1B Where a potential risk exists, the practice has an appropriate procedure to match a client to any client file and expected clinical procedure</td>
<td>Written policy or procedure</td>
</tr>
<tr>
<td></td>
<td>Staff interview</td>
</tr>
</tbody>
</table>

Further Information

The Australian Commission on Safety and Quality in Health Care have produced a range of resources for patients, carers and health professionals. As a guide, these include publications on patient identity in a variety of diagnostic and procedural settings from which audiological practice could frame a suitable procedure where such a risk of identity error exists. Refer to list of publications on website.

www.safetyandquality.gov.au Search for /patient identification/

Contact Details

Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au
**Criterion 2.1.2 Health Record Compliance**

- Client health records identify the client and document audiological assessment, goals, intervention and outcomes

**Guiding Principles**

**Health records are primary evidence**

This criterion is fundamental to audiological practice ethically as well as legally. Health records are a medico legal document containing client health information and they must comply with both legal and professional requirements. The reputation of any health professional and his/her ability to defend a claim or complaint, can hinge on the quality of a client's health record.

Health record documentation should be included in the orientation program for new health professional staff.

All health professionals in the practice must meet rigorous documentation requirements for health records and should be actively involved in regular audit processes.

Health records may be paper based, but increasingly there is a transition to electronic records.

**Health information**

'Health information' is generally defined in both federal and state legislation as information or opinion about a client regarding such things as health status, wellbeing, disabilities, health services provided or to be provided, and general personal information.

Health information includes details such as a client's name, gender, date of birth, account details, Medicare number and health service appointments.

Where indicated, the health record should also contain the contact details of a person to contact in an emergency - this person may or may not be the client's next of kin but should be readily contactable.

**Legibility**

Records must be legible to enable optimal health care and to be admissible as evidence, if required. In practical terms, this means someone other than the author must be able to decipher entries.

**Signature**

For hard copy records, the date and signature of the treating health professional is required for each separate entry in the health record. For electronic records, initials may suffice as long as it is clear which health professional treated the client.

Where health professionals in the practice happen to have the same name or initials, it must be clear which practitioner has treated the client.

**Correction**

Corrections to a client health record must not obscure information that is already in the record and must be accompanied by an explanation such as 'written in the wrong client health record'. Corrections must be signed and dated.

**Consent**

The health professional must record the client's informed consent to the proposed program of healthcare and any third party presence.

Where there is a significant change to the program of healthcare originally agreed, a significant change in the cost of the program or a change of clinician, the client's consent needs to be obtained and documented again.
History and assessment

In general, the health professional should record a history and relevant assessment of past and current factors such as:

- Prime reason for presentation
- Major symptoms
- Lifestyle dysfunction including aggravating and relieving factors
- Clinical treatment and management
- History of major illnesses
- General health
- Social history
- Family history
- Noise exposure including work-related and recreational
- Tinnitus
- Vertigo, balance and co-ordination
- Medications
- Risk factors
- Client's needs, goals and expectations
- Movement and dexterity
- Vision
- Diagnostic and special tests

Goals

There should be a record of goals agreed collaboratively between the client and treating health professional. Goals should be SMART:

- Specific
- Measurable
- Achievable
- Realistic
- Timely

Goals may be developed to address:

- Impairments
- Activity limitations (disability)
- Participation restrictions (handicaps)
- Quality of life

For clients with other disorders such as neurological conditions, the intervention goals would be suitably related.

Goals should also relate to the client's age range. For example, goals for children would be tailored to their age and/or developmental stage.

Plans

There should be a record of the proposed management plan to achieve agreed goals, including a plan for reassessment or review.

Plans will be tailored to the client's presenting condition or disorder as well as the client's age, general health status and any psychosocial factors that may affect health outcomes.

Precautions, contraindications and warnings

The audiologist must record any:

- Physical abnormalities or pathologies
- Precautions taken prior to an intervention (for example, impression taking)
- Contraindications to particular interventions
- Client reactions or sensitivities

Progress
The audiologist should record the client's status before and after each successive intervention, against outcome measures that are relevant to the intervention goals. This effectively measures the client's progress through a program of intervention and indicates whether the program is effective, needs to be modified /ceased or whether the client should be referred to another health professional.

**Referrals**

Where a client is referred to another health professional, this should be recorded in the health record or a copy of the referral should be kept in the client's health record.

**Other significant communication**

The health professional has a responsibility to record 'other significant communication' about the client. Essentially, this refers to communication about a client's health management, but which is outside the direct audiologist-client communication within a consultation. For example, other significant communication about a client could include information obtained from a school visit for a child, or communication with other health professionals or relevant stakeholders such as third party payers.

Documentation of other significant communication should include the date, the purpose of the communication, consent and the significance of the communication to the client's health management.
### Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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<tr>
<td><strong>2.1.2A</strong> The workplace is able to present client health records which:</td>
<td>A proportional sample of de-identified client health records relative to size of clinic/practice</td>
</tr>
<tr>
<td>- Are clear and legible</td>
<td></td>
</tr>
<tr>
<td>- Contain relevant client health information and a detailed case history</td>
<td></td>
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<tr>
<td>- Define goals and plans of hearing care</td>
<td></td>
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<tr>
<td>- Document a client’s consent to intervention</td>
<td></td>
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<tr>
<td>- Document any precautions, contraindications and warnings given to clients</td>
<td></td>
</tr>
<tr>
<td>- Document the date of each appointment and the client’s attendance or otherwise</td>
<td></td>
</tr>
<tr>
<td>- Document the client’s progress</td>
<td></td>
</tr>
<tr>
<td>- Contain sufficient information about each consultation to allow another health professional to continue the management of the client if necessary</td>
<td></td>
</tr>
<tr>
<td>- Show that each entry in the client health record is signed** and dated by the treating health professional</td>
<td></td>
</tr>
<tr>
<td>- Show that any corrections to client health records are explained, signed** and dated and do not obscure information that is already in the record</td>
<td></td>
</tr>
<tr>
<td>- Show that other significant communication is documented in the client health record</td>
<td></td>
</tr>
<tr>
<td>- Document the outcome of the program</td>
<td></td>
</tr>
<tr>
<td>- Include copies of referrals to other health professionals as required</td>
<td></td>
</tr>
<tr>
<td>** For electronic records, initials may suffice as long as it is clear which health professional treated the client</td>
<td></td>
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</table>

**Further Information**

The Australian, state and territory governments established the National E-Health Transition Authority (NEHTA) to develop better ways of electronically collecting and securely exchanging health information. The National E-Health Standards Catalogue consists of a collection of standards and specifications that are essential guidance for those who develop, sell, support, buy and implement e-health software in Australia. The catalogue provides a list of the standards recommended by NEHTA and specifications sourced or developed by NEHTA.
Contact Details

National E-Health Transition Authority Limited (NEHTA)
www.nehta.gov.au
Standard 2.2 Co-ordination of Care with Other Health Providers

- The workplace engages with other health providers as required to ensure optimal client care

Criterion 2.2.1 Referrals

- Clients are referred to other health care providers as required to ensure optimal health outcomes

Guiding Principles

Indicators for referral

As a mark of professionalism, the workplace should provide clear information about the nature and scope of its services. If workplaces are open about the services they provide, clients are more likely to have realistic expectations about suitable health care and optimal health outcomes, and value the professionalism, which underpins a referral.

The Audiology Australia Code of Conduct states that members shall refer clients to other health care providers as required. In practical terms, this means that clients, who present with a problem outside the nature or scope of services provided by the practice, should be referred to a peer with the requisite expertise or a colleague from another discipline to achieve optimal health outcomes. The Audiology Australia Code of Conduct advises this approach as practising in a way that protects client safety.

Consent to referral

A client's consent to referral should be obtained prior to a referral being initiated. Consent to referral is generally deemed to mean the permission to share the client's health information with another practitioner or service.

Referral policy

There should be a policy for referring clients to other health care providers or services. Referrals should be made on a customised referral form or workplace letterhead. The referral document should include all the information that is necessary for the referral to proceed and a copy should be retained in the client's health record.

Where a referral is made by telephone, it should be documented in the client's health record.

Database of other health care providers

The practice should maintain up-to-date information about other health care providers and the services they offer.

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>2.2.1A There is a policy for referring a client to another health professional or health service</td>
<td>Written policy</td>
</tr>
<tr>
<td>2.2.1B Client health records confirm that audiologists and other health professionals exercise sound judgement</td>
<td>Examples of de-identified client health</td>
</tr>
</tbody>
</table>
when referring clients to more suitably qualified health professionals | records that include referrals

2.2.1C The practice maintains up-to-date information about other local health care providers and the services they offer | Documentation of local health services
   Database links to local health services information

Further Information

Audiology Australia manages a directory of audiological services in each state and territory that employs Audiology Australia members.
www.audiology.asn.au

The Australian Society of Otolaryngology, Head and Neck Surgery (ASOHNS) is the representative organisation for Ear, Nose and Throat, Head and Neck Surgeons in Australia. It has an on-line tool "Find a Surgeon‘ to locate an ASOHNS member.
www.asohns.org.au

Medicare Locals are primary health care organisations established to coordinate primary health care delivery. They will drive improvements in primary health care. Medicare Locals are the "glue" that links all areas of the primary health care sector. They will identify local health needs and address gaps in local health services. This may include information on other local health professionals.
Search for /my medicare local profile/ for specific local Medicare Locals websites.

The Australian General Practice Network (AGPN) represents a network of local organisations (general practice networks) along with eight state-based entities. It provides a directory of general practice networks that in turn may provide a directory on local GPs, specialists and allied health professionals (note: the depth of information in individual network directories may vary).
Note: AGPN are overseeing a transition to support the implementation of Medicare Locals.

Allied Health Professions Australia (AHPA) is the national voice of allied health in Australia. Allied health professionals work alongside doctors and nurses as the third pillar of Australia’s health care system.
www.ahpa.com.au

One resource developed by AHPA is a website resource package specifically for healthcare professionals working in chronic disease management - “Shared Care in Chronic Disease Management”. It provides information on the most effective ways healthcare professionals can work together in multidisciplinary teams to achieve improved outcomes for patients with chronic and complex conditions.
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www.cdm.ahpa.com.au

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www.beyondblue.org.au

Contact Details

Allied Health Professions Australia (AHPA)
www.ahpa.com.au

AHPA - Shared Care in Chronic Disease Management
www.cdm.ahpa.com.au

Audiology Australia
www.audiology.asn.au

Australian General Practice Network (AGPN)
www.agpn.com.au

Australian Society of Otolaryngology Head and Neck Surgery (ASOHNS)
www.asohns.org.au

beyondblue
www.beyondblue.org.au

Medicare Locals (search for /medicare local profiles/ for local websites)
Criterion 2.2.2 Communication of Care

- The workplace communicates effectively both internally and externally with other stakeholders to facilitate co-ordinated client care

Guiding Principles

Timely communication

The effective co-ordination of client care demands timely communication.

Professional communication

Subject to the client's consent to health information being communicated to other stakeholders, professional written communication should use workplace letterhead.

The health professional should communicate all the information that is necessary to achieve optimal health outcomes. For example, such communication would normally include the client's demographics, information about the client's assessment and management and the reason for the communication with the particular stakeholder.

Effective internal communication processes are important to promote and support continuity as well as strengthening and co-ordinating overall client management, particularly if there is any likelihood of care taken over by a different clinician in the same practice.

Continuity of care

The long term clinical management of a client may often be best served by continuity of care by the same health professional. Continuity of care helps establish trust, facilitate open communication, review progress efficiently, identify new or changed needs more readily and improve long term outcomes. Continuity increases the level of responsibility and accountability by the clinician.

It is important that both an individual clinician and the practice as a whole maintain good health record compliance. If continuity of care does break down, the client should not be disadvantaged or put at risk due to insufficient or inadequate information on the client record.

Handover of care

Clinical handover describes the requirement for effective clinical communication whenever accountability and responsibility for a patient's care is transferred.

Clinical handover refers to the transfer of information from one health care provider to another when:

- A patient has a change of location or venue of care
- The care or responsibility for that patient shifts from one provider to another

Handover may occur verbally, electronically or in written form. It comprises qualitative and quantitative information, and can operate at one or all of three levels. These levels reflect a gradual increase in the complexity of the information transferred:

- Factual information transfer – e.g., quantitative and physiological data (such as audiograms, ABR waveforms or real ear measurements) and qualitative data (such as rehabilitation program goals and progress, or psycho-social observations such as attitude to rehabilitation or tinnitus questionnaires)
- Risk information transfer – e.g., the search for and identification of possible risks inherent in the situation (for example a mastoid cavity, deteriorating hearing loss or confirmed diagnosis of medical or chronic condition likely to impact on outcomes)
- Analysis of factual and risk information

Working with children
Each state and territory has different mandatory requirements for staff and volunteers working with children to report suspected maltreatment. The workplace needs to understand the requirements for their particular state or territory and ensure compliance and currency with these requirements.

Clinic Review

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<tr>
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<tbody>
<tr>
<td>2.2.2A Copies of written communication with other stakeholders are kept in the client’s health record</td>
<td>Example of de-identified client health record with example</td>
</tr>
<tr>
<td>2.2.2B Client health records confirm that health professionals undertake timely and professional communication with other stakeholders</td>
<td>Example of de-identified client health record with example</td>
</tr>
<tr>
<td>2.2.2C The practice has a policy and culture of supporting case continuity of care of clients</td>
<td>Continuity of care included in staff procedures manual Interview and observation</td>
</tr>
<tr>
<td>2.2.2D Clinical handover is managed effectively both internally and externally</td>
<td>Interview and observation Case discussion supported and facilitated (internal handover) File transfer procedures included in staff procedures manual (external handover)</td>
</tr>
</tbody>
</table>

Further Information

The Australian Commission on Safety and Quality in Health Care has produced a range of resources, including communication of care, effective handover and patient safety. Refer to list of publications on website. [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au)

Child protection

The Australian Institute of Family Studies collates and publishes comparative information for a range of different child protection issues from each state/territory. This includes legal provisions requiring specified people to report suspected child maltreatment to statutory child protection services in Australia. (All jurisdictions possess mandatory reporting requirements of some description. However, the people mandated to report, and the abuse types for which it is mandatory to report, vary across Australian states and territories.) [www.aifs.gov.au](http://www.aifs.gov.au) Search /pre-employment working with children check/, /reporting abuse relevant authorities/.

Contact Details

Australian Commission on Safety and Quality in Health Care

Australian Institute of Family Studies
Standard 2.3 Access to Services

- The workplace provides timely access to appropriate services

Criterion 2.3.1 Responsive Health Care

- The workplace provides fair and responsive access to health care

Guiding Principles

This criterion is dependent on the nature of the workplace and the nature and scope of services it provides.

Access - A right of health care

Individuals have a fundamental right to access adequate and timely health care.

Access is enhanced when the best and most appropriate care is provided to a patient or consumer, including the use of other facilities if needed. A holistic approach to the treatment needs of the patient, that includes continuing treatment and out-of-hours services, also contributes to achieving the right of access.

Clients can contribute to the right of access by trying to meet their appointments and by informing the practice when they cannot.

Defining a service

Services other than the traditional face-to-face consultation also constitute a professional service for which fees may be payable. For example, in-clinic consultations may be supplemented with consultations via telephone, videoconference or teleaudiology-based techniques. These types of consultations may be more common in rural or regional areas of Australia or may constitute service items for third party payers.

Essentially, the practice needs to determine the range of consultations it will offer, determine related fees and make this information available to clients.

Service and fee schedule

The workplace should have a service and fee schedule that defines the services provided by the workplace and their related fees.

The service and fee schedule should be reviewed on a regular basis to ensure it sustains quality service delivery as well as the ongoing financial viability of the workplace.

Clients should be given prior information about the service and fee schedule as part of an informed consent process.

Booking appointments

The time allocated for consultations should be determined by clinical imperatives and a commitment to quality health care. Overriding financial objectives should not compromise the professional autonomy, obligations and conduct of audiologists and other health professionals.

In general, it is anticipated that a longer time will be allocated for initial consultations.

Prioritising appointments

The workplace should have a procedure for prioritising appointments. In general, the workplace should endeavour to prioritise appointments based on the nature of the client's presenting condition and the clinical imperative for care to commence. The procedure should be clearly understood by health professionals as well as administrative staff responsible for booking appointments.
Access outside a booked appointment

There should be a policy outlining how a current client can contact their treating audiologist outside a booked appointment but within standard practice hours. The policy should indicate whether such contact - for example contact by email or telephone – is deemed to be a consultation for which a fee is payable. If so, the consultation should be listed as a service on the practice service and fee schedule.

Where information or advice is provided to a client outside a booked appointment, a duty of care prevails and the health professional needs to judge whether an ad hoc consultation is clinically safe or whether the client should be asked to present for a regular consultation instead. Where an ad hoc consultation occurs, this should be recorded in the client health record.

Out-of-hours access

The practice needs to consider any need for provision to direct clients to alternative out-of-hours care. It is not assumed that workplaces will necessarily assume responsibility for providing out-of-hours care themselves.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.3.1A The practice provides accurate written information</td>
<td>Practice information</td>
</tr>
<tr>
<td>about its services, location, phone numbers and hours of</td>
<td></td>
</tr>
<tr>
<td>opening</td>
<td></td>
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<tr>
<td>Where appropriate, information should also include</td>
<td></td>
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<tr>
<td>out-of-hours alternatives</td>
<td></td>
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<tr>
<td>2.3.1B The appointment schedule indicates that sufficient</td>
<td>Observation of practice appointment system</td>
</tr>
<tr>
<td>time is allowed for each client's assessment and</td>
<td></td>
</tr>
<tr>
<td>intervention</td>
<td>Appointment scheduling process and time allocation</td>
</tr>
<tr>
<td></td>
<td>included in procedures manual</td>
</tr>
<tr>
<td>2.3.1C The practice has a policy for prioritising</td>
<td>Written policy</td>
</tr>
<tr>
<td>appointments</td>
<td></td>
</tr>
<tr>
<td>2.3.1D The practice has a policy that enables clients to</td>
<td>Written policy</td>
</tr>
<tr>
<td>contact their treating health professional outside a</td>
<td>Interview and observation</td>
</tr>
<tr>
<td>scheduled appointment</td>
<td></td>
</tr>
<tr>
<td>2.3.1E When unattended, the practice has an answering</td>
<td>Practice observation</td>
</tr>
<tr>
<td>machine or answering service that provides information</td>
<td>Out-of-hours message includes</td>
</tr>
<tr>
<td>about hours of opening</td>
<td>sufficient information.</td>
</tr>
<tr>
<td>Where appropriate, information also includes</td>
<td></td>
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<tr>
<td>alternatives for out-of-hours care</td>
<td></td>
</tr>
<tr>
<td>2.3.1F Client feedback indicates that service access meets</td>
<td>Report or summary of client feedback</td>
</tr>
<tr>
<td>clients’ needs</td>
<td></td>
</tr>
</tbody>
</table>

Further Information
The Australian, state and territory governments established the Australian Commission on Safety and Quality in Health Care to develop a national strategic framework to guide efforts in improving safety and quality of health care in Australia. A range of resources for patients, carers and health professionals, which includes health care rights, have been produced. Refer to list of publications on website.

www.safetyandquality.gov.au

Audiology Australia has produced position papers such as “Advice Regarding Internet-Based Hearing Aid Sales, Audiology Australia Position Paper” to assist members with safety and quality of health care.

www.audiology.asn.au

Contact Details

Audiology Australia
www.audiology.asn.au

Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au
Standard 2.4 Health and Safety

- The practice provides a healthy and safe workplace

Criterion 2.4.1 Occupational Health and Safety

- The workplace complies with relevant occupational health and safety legislation, regulations and codes of practice

Guiding Principles

Safe Work Australia

Safe Work Australia is an Australian Government statutory agency established in 2009, with the primary responsibility of improving work health and safety and workers’ compensation arrangements across Australia.

Work health and safety laws (based on the inter-governmental harmonisation of model workplace health and safety laws) commenced in New South Wales, Queensland, the Australian Capital Territory, the Commonwealth and the Northern Territory on 1 January 2012.

Practices in South Australia, Tasmania, Victoria and Western Australia should monitor progress and announcements within their state regarding harmonisation of laws.


Employer responsibilities

The occupational health and safety of workplace staff is governed by occupational health and safety legislation (state, territory and Commonwealth). The legislation requires employers to provide a workplace that is safe and without risk to health. Responsibilities under the legislation may extend to other places where workplace staff perform their work duties, such as private homes and community settings.

In general, all employers and workers have a duty of care to work in a way that does not harm their own health and safety or the health and safety of others.

Some legislation specifically requires businesses to have an injury management policy that incorporates an employer’s commitment to return-to-work strategies.

Clients’ rights and the health and safety of employees are not mutually exclusive. A workplace needs to make reasonable attempts to ensure the safety of both employees and clients.

Occupational health and safety systems should be built into the day-to-day operations of the workplace. A systematic risk management approach is necessary to eliminate or reduce the risk of work-related injury and illness.

Consultation

Occupational health and safety information should be provided in the orientation program for new staff. In addition, the workplace needs an established mechanism for consulting with workplace staff on occupational health and safety issues on an ongoing basis. The purpose of such consultations is to provide an opportunity for workplace staff to raise any concerns about occupational health and safety issues and collaborate on the identification, assessment and management of occupational hazards.
The workplace has an obligation to display occupational health and safety information (such as posters or booklets) in accordance with the relevant legislation.

**Ergonomic principles**

The workplace can support the health and wellbeing of staff by providing a workplace that complies with ergonomic principles such as adjustable workstations and lighting.

**Hazardous substances**

Refer to Criterion 3.1.2 Compliance of Facilities - Hazardous chemicals and materials.

**Staff safety**

The workplace should have a policy on staff safety that incorporates physical safety as well as the protection of an individual’s professional reputation. (This may form a component of the workplace’s occupational health and safety policy).

The staff safety policy needs to encompass potential situations where a member of staff is undertaking home visits, long distance driving, remote travel, working alone or working after hours.

In addition, the policy needs to make specific reference to situations where there is potential for an individual’s professional reputation to be put at risk. Health professionals working in the workplace alone or working after hours should give special consideration to the inherent sensitivity in the client-practitioner relationship where hands-on intervention is involved. Where consultations involve a particularly sensitive client-practitioner relationship, such as a client with mental health problems or a client who is a minor, it may be safer to schedule the appointment at a time when others are present in the workplace or, subject to the client’s consent, to have a third party present.

**First aid in the workplace**

Responsibility for health and welfare in the workplace includes access to appropriate first aid facilities. The workplace must ensure:

- Provision of first aid equipment
- Adequate access to first aid equipment for all workers
- Adequate access to facilities for administration of first aid
- Adequate numbers of workers are trained to administer first aid or workers have adequate access to people trained in first aid

In determining the number of people trained for first aid, issues to consider include:

- The nature of the work and workplace hazards
- Size and location of workplace (e.g., take into account response times for emergency services, distance for injured person to be transported to receive first aid, distance between separate work areas)
- Workplace consultation

The contents of first aid kits should meet basic requirements, but potential need for additional items also depends on a risk analysis. Kits should be located centrally, accessible to all and easily identified with a first aid symbol (i.e., white cross on green background). The number of kits depends on size and location of workforce.

Cars used for workplace needs should have a first aid kit and should be stored safely and be easily accessible.

An appropriate person trained in first aid should maintain first aid kits. Any first aid incidents should be documented.

Additional first aid considerations may be necessary for workers in remote or isolated areas.

**Health and wellbeing**

The workplace can support the health and wellbeing of staff in a variety of ways such as:

- Adequate breaks
- Realistic workloads
- Supportive training and supervision
- Communication training including strategies for dealing with aggressive clients
- Contingency plans for staff absences
- Referral to independent professional help for issues such as stress management

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.1A</td>
<td>The workplace has ready access to appropriate current state, territory or Commonwealth occupational health and safety legislation</td>
</tr>
<tr>
<td>2.4.1B</td>
<td>The workplace displays occupational health and safety information in accordance with the relevant legislation</td>
</tr>
<tr>
<td>2.4.1C</td>
<td>The workplace has an occupational health and safety policy</td>
</tr>
</tbody>
</table>
| 2.4.1D | The practice complies with occupational health and safety responsibilities as an employer, including the mechanism for consulting staff on occupational health and safety issues | Interview with workplace director  
Staff interview  
Example of policy and mechanisms for reporting and addressing occupational health and safety issues |
| 2.4.1E | Occupational health and safety issues are covered in the staff orientation program | Orientation program resources  
Staff interview |
| 2.4.1F | The working environment for audiologists and other staff complies with ergonomic principles | Workplace observation  
Staff interview  
Example of policy |
| 2.4.1G | The practice has appropriate policies as required for the safety of health professionals making home visits, long distance driving, remote travel, working alone in the workplace or working after-hours, and protection of client-practitioner relationship | Example of policy  
Interview with workplace director and staff |
| 2.4.1H | The workplace has appropriate first aid facilities and appropriate access to currently trained first aid personnel | Inspection of appropriate facilities  
Interview with workplace director and staff  
Evidence of current first aid qualifications |
| 2.4.1I | Audiologists and other staff can describe how the workplace supports their health and wellbeing. | Staff interview |

**Further Information**
Safe Work Australia is an Australian Government statutory agency established in 2009, with the primary responsibility of improving work health and safety and workers’ compensation arrangements across Australia.

Safe Work Australia represents a partnership between governments, unions and industry. Together they work towards the goal of reducing death, injury and disease in the workplace. Initiatives for state and territory governments to harmonise OHS legislation continue to advance. They provide advice, information and resources such as best practice guides and factsheets (including best practice guides for first aid).

www.safeworkaustralia.gov.au

Comcare works in partnership with employees and employers to reduce the human and financial costs of workplace injuries and disease in the Commonwealth jurisdiction.

www.comcare.gov.au

State and territory workplace safety regulations and resources: See contact details below.

Contact Details
Comcare
www.comcare.gov.au

Safe Work Australia
www.safeworkaustralia.gov.au

State and Territory Workplace Safety Resources:

ACT - ACT Work Safety Commissioner and ACT WorkCover
www.ohsc.act.gov.au
www.worksafety.act.gov.au

NSW - WorkCover Authority of NSW
www.workcover.nsw.gov.au

NT - NT WorkSafe
www.worksafe.nt.gov.au

QLD - Workplace Health and Safety Queensland
www.deir.qld.gov.au/workplace

SA - SafeWork SA
www.safework.sa.gov.au

TAS - Workplace Standards Tasmania
www.wst.tas.gov.au

VIC - WorkSafe Victoria
www.worksafe.vic.gov.au

WA - WorkSafe
www.commerce.wa.gov.au/WorkSafe
Criterion 2.4.2 Infection Prevention and Control

• The workplace ensures appropriate infection prevention and control procedures and good hygiene practice

Guiding Principles

Infection prevention and control procedures

The workplace must maintain standards of infection prevention and control and hygiene that are relevant to the nature and scope of its services.

The workplace should have infection prevention and control policy and procedures that cover relevant aspects of the following:

• Standard precautions:
  o Hand hygiene
  o Cough etiquette
  o Use of personal protective equipment
  o Safe use and disposal of sharps
  o Routine environmental cleaning and processing
    • Frequently touched surfaces
    • Shared clinical equipment
    • Processing of instruments or implements to be reused

• Transmission based precautions:
  o Contact precautions
  o Droplet precautions
  o Airborne precautions

• Management of multi-resistant organisms

• Staff health and safety:
  o Recommended vaccinations for health care workers
  o Maintenance of staff immunisation records
  o Healthcare workers with specific circumstances
    • Pregnant workers
    • Immunocompromised workers
    • Workers with skin conditions

Training and implementation

All staff should be trained in infection prevention and control procedures and understand their role. This includes important basics of infection control, such as the main modes of transmission of infectious agents and the application of risk management principles.

Training should be included in initial orientation modules and/or part of an annual review.

Audits of procedures are important to monitor compliance, understand policy and improve quality.

Immunisation

Depending on the nature of its client base, the workplace may choose to seek professional advice on immunisation for workplace staff.

In general, vaccination may be offered to health professionals who are likely to be exposed to clients who are infectious and/or exposed to blood or body substances.

While the workplace may recommend and pay for immunisation as an occupational health and safety issue, it will be up to individual staff to decide whether to proceed with immunisation.

Where the workplace offers immunisation to staff, this should be documented.
Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.2A The practice has policy and procedures for infection prevention and control that meet professional standards Policy and procedures are relevant to the nature and scope of services offered by the practice</td>
<td>Written policy</td>
</tr>
<tr>
<td>2.4.2B The practice has a procedure for hand hygiene that meets health care standards</td>
<td>Written policy</td>
</tr>
<tr>
<td>2.4.2C Training on infection prevention and control and general hygiene for staff included in initial orientation or reviewed annually for all staff</td>
<td>Educational and training packages/resources Observations and interview</td>
</tr>
<tr>
<td>2.4.2D Regular cleaning schedule for clinical and non-clinical areas of the practice</td>
<td>Example cleaning schedule</td>
</tr>
<tr>
<td>2.4.2E Compliance with infection prevention and control and hand hygiene procedures</td>
<td>Observation and interview Documentation of audits and (where implemented) cleaning and instrument processing logs Documentation and observation of usage of cleaning and disinfection supplies</td>
</tr>
<tr>
<td>2.4.2F Workplace has policy on recommendations for immunisation A vaccination record is maintained or staff who choose to be immunised</td>
<td>Example policy Interview with staff</td>
</tr>
<tr>
<td>2.4.2G Quality improvement of procedures</td>
<td>Example policy Example audits and improvement plans</td>
</tr>
</tbody>
</table>

Further Information

The National Health and Medical Research Council (NHMRC) Australian Guidelines for the Infection Prevention and Control in Healthcare 2010 (IPC Guidelines) are comprehensive across the spectrum of health care, although have an important underlying focus on acute care. Refer to the original NHMRC IPC Guidelines for:

- References and context of evidence base
- Advice on practical application of guidelines

The NHMRC IPC Guidelines are quite extensive and considerable in size. Audiology Australia has prepared:

- Australian Guidelines for the Prevention and Control of Infection In Healthcare – Audiology Australia Abridged Version. This presents a relatively more condensed version with reproduced content, a summary of key recommendations and the same format of the NHMRC IPC Guidelines (2010). The key information is retained in the Audiology Australia abridged version for its
integrity, validity and to raise awareness given the range of settings in which audiologists practise.

A shorter and practical Summary and Audiological Perspective: Australian Guidelines for the Prevention and Control of Infection In Healthcare.

Australian Immunisation Handbook - The purpose of The Australian Immunisation Handbook is to provide clinical guidelines for health professionals on the safest and most effective use of vaccines in their practice. The National Health and Medical Research Council (NHMRC) endorse these recommendations.

Standards Australia is the peak non-government standards body in Australia. Standards Australia develops internationally-aligned Australian standards that deliver benefit to Australia, and is the Australian member of ISO and IEC.

Contact Details

Audiology Australia
www.audiology.asn.au

National Health and Medical Research Council
www.nhmrc.gov.au

Standards Australia
www.standards.org.au
Criterion 2.4.3 Prevention of Falls

- The workplace understands its role in the prevention of falls

Guiding Principles

What is a fall?

‘A fall is an event which results in a person coming to rest inadvertently on the ground or floor or other lower level.’ (World Health Organization).

The Australian Commission on Safety and Quality in Health Care focuses on falls as a national safety and quality priority. Allied health professionals have an important role to play to prevent clients and patients from falling and experiencing harm from falls.

An audiology practice needs to consider the risk of falls with respect to its client base. A safe working and physical environment is expected for employees, clients and visitors alike through occupational health and safety standards. In particular, however, there may be a greater degree of risk of falls associated with:

- Clients who are elderly
- Clients who may have a balance disorder

In particular, clinics that have a significant client base of elderly people or offer vestibular assessment should consider a falls prevention and management policy.

Employees should also consider the location in which they may work or visit (for example, hospitals, aged care facilities, community health centres) and be aware of any local policies regarding prevention and management of falls. In addition, clinicians undertaking a home visit in a private dwelling must be mindful of falls prevention.

The Australian Council for Safety and Quality in Health Care has produced national guidelines to inform clinical practice and to assist facilities develop and implement practices to prevent falls and injuries from falls.

The Australian Commission on Safety and Quality in Health Care has developed three separate falls prevention guidelines:

- Preventing Falls and Harm From Falls: Best Practice Guidelines for Australian Hospitals 2009
- Preventing Falls and Harm From Falls: Best Practice Guidelines for Australian Residential Aged Care Facilities 2009
- Preventing Falls and Harm From Falls: Best Practice Guidelines for Australian Community Care 2009

For each of these guidelines, there are associated fact sheets for allied health professionals that describe the role they must play in reducing falls of older people living in the community. Many falls can be prevented.

Audiologists need to understand the role they play and should:

- Promote independence for people at risk of falls
- Examine fall prevention in the context of a person’s circumstances, goals and interests
- Understand falls prevention and how to contribute to falls prevention as a part of routine care
- Use surveillance and observation approaches, which are particularly useful for people who have a high fall risk and who may be temporarily or permanently cognitively impaired
- Consider an active role in screening and/or assessing a person’s risk of falling and act on the results
- Be aware of local practice in facilities such as hospitals and aged care facilities
- Consider arranging an appropriate referral for people deemed to be at risk of falls in the community setting (for example, a referral to an occupational therapist)
- Encourage clients to have regular vision review
• Ensure that people who have fallen or are at high risk of falling have additional injury prevention strategies in place
• Consider the role of an audiologist in a multifactorial, multidisciplinary fall-prevention program

If there is a fall in the workplace, practices need to have a policy and procedure for:
• Immediate response to falls
• Post-fall follow-up
• Analysis of the circumstances of the fall
• Review to identify areas for improvement

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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<tbody>
<tr>
<td>2.4.3A Clinics have considered the risk of falls amongst its client base</td>
<td>Interview with workplace director</td>
</tr>
<tr>
<td>2.4.3B Clinics have implemented a relevant policy for falls prevention and management</td>
<td>Example of policy</td>
</tr>
<tr>
<td>Staff are familiar with procedures for preventing and managing falls</td>
<td>Staff interview</td>
</tr>
<tr>
<td></td>
<td>Evidence of any documented fall incidents</td>
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</table>

Further Information

The Australian Commission on Safety and Quality in Health Care has produced a range of resources for patients, carers and allied health professionals relating to falls prevention guidelines. [www.safetyandquality.gov.au](http://www.safetyandquality.gov.au) Search /falls prevention allied health/, /falls prevention patients/, /falls prevention fact sheets/.

World Health Organization (WHO)
WHO has produced a fact sheet that discusses falls. [www.who.int/mediacentre/factsheets/fs344/en/](http://www.who.int/mediacentre/factsheets/fs344/en/)

Contact Details

Australian Commission on Safety and Quality in Health Care

World Health Organization (WHO)
[www.who.int](http://www.who.int)
**Criterion 2.4.4 Manual Handling**

- The workplace supports safe manual handling

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**Guiding Principles**

**Terminology**

Manual handling means more than just lifting or carrying something. The term ‘manual handling’ is used to describe a range of activities including lifting, lowering, pushing, pulling, carrying, moving, holding or restraining an object, animal or person.

The ‘National Standard for Manual Handling’ requires all tasks involving manual handling to be identified and the risk of injury assessed. In circumstances where there is a risk of injury, suitable ‘control measures’ must be introduced.

Control measures need to be suitable and practical. They could include:

- Redesigning the task or load that needs to be moved
- Providing mechanical handling devices such as hoists or trolleys
- Safe work procedures such as team lifting
- Specific training for particular handling tasks

**Occupational health and safety**

Occupational health and safety legislation requires employers to provide a workplace that is safe and without risk to health. In general, all employers and workers have a duty of care to work in a way that does not harm their own health and safety or the health and safety of others.

Workplace principals and other workplace staff share a responsibility for safe manual handling. If staff identify anything in the workplace that could be a manual handling risk, they must discuss it with the workplace manager or workplace principal and try to find the best way of eliminating or reducing the risk.

**Manual handling systems**

In Australia, up to one third of all work-related injuries occur during manual handling so it is important for the workplace to have safe manual handling systems in place to minimise the risk of injury to clients or staff.

The workplace should use an up-to-date reference guide to develop its own systems and control measures for safe manual handling. The aim of these systems is to eliminate or reduce, as far as practicable, the risk of injury.

Risks associated with client handling must be addressed proactively. In workplaces where clients routinely have significant physical disability, special control measures may include the use of manual handling equipment and assistive devices.

**Training**

The workplace has a responsibility to provide information and training on safe manual handling that covers areas such as correct work methods, lifting techniques and the correct use of mechanical aids. Staff have a responsibility to follow procedures for working safely, and to use any protective equipment which has been provided.
### Assessment Indicators

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>2.4.4A The workplace has a reference guide on safe manual handling</td>
<td>Example guide</td>
</tr>
<tr>
<td>2.4.4B The workplace has adequate equipment to support safe manual handling</td>
<td>Interview and observation</td>
</tr>
<tr>
<td>2.4.4C The orientation program for new staff includes instruction on risk evaluation</td>
<td>Example orientation program resources</td>
</tr>
</tbody>
</table>
| 2.4.4D The workplace records adverse incidents in relation to manual handling and the | Example records
| action taken                                                                         | Staff interview                      |

### Further Information

Safe Work Australia has produced a range of publications on guidance material, national standards, national codes of practice and risk assessment. This includes ‘National code of practice for the prevention of musculoskeletal disorders from performing manual tasks at work’

Refer to publications on website.

[www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Pages/Publication.aspx](http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Pages/Publication.aspx)

[www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Pages/CP200708PreventionOfMusculoskeletalAppendix1CSHORTVersion.aspx](http://www.safeworkaustralia.gov.au/AboutSafeWorkAustralia/WhatWeDo/Publications/Pages/CP200708PreventionOfMusculoskeletalAppendix1CSHORTVersion.aspx)

### Contact Details

Safe Work Australia
Criterion 2.4.5 Emergency Systems

- The workplace has systems to manage emergencies competently

Guiding Principles

Emergency planning

From time to time, the workplace may face emergency situations. In order to minimise their impact, the workplace needs to have documented and well-rehearsed plans to deal with the emergencies it is most likely to confront. The workplace may also wish to have a contingency plan for business continuity in case an emergency event precludes the ongoing operation of the workplace in its original premises either temporarily or on a permanent basis.

Terminology

The term ‘emergency’ is defined as an abnormal and dangerous situation that threatens life or property and requires immediate action. In the private workplace setting the most common emergency situations would include:

- Client collapse, fall or burn
- Hazardous material accident
- Physical threat
- Fire, flood or cyclone
- Hold-up
- Bomb threat

In general, emergencies are infrequent, unpredictable, variable and stressful. They inevitably require immediate action. The workplace must have emergency procedures that take these characteristics into account.

Emergency procedures

The emergency procedures must clearly and simply outline the basic actions to be taken by workplace staff during and after a specified emergency, to minimise the effects of the emergency on life and property.

The emergency procedures should outline what action should be taken immediately and should include relevant contact details for seeking help from civil authorities such as police, fire brigade, ambulance and state emergency services. There should be a procedure for emergency evacuation of the workplace.

The workplace must display a floor plan depicting the location of fire and emergency equipment and designated exits.

Education and training

All staff must be familiar with emergency procedures that should form a key part of the orientation program for new staff.

All staff must undergo emergency procedure training at least annually. The training must include accredited CPR refresher training for first aid officers and evacuation drills.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>2.4.5A The workplace has emergency procedures that</td>
<td>Example written plan</td>
</tr>
<tr>
<td>include the management of medical emergencies,</td>
<td>Staff interview</td>
</tr>
<tr>
<td>hazardous material accidents, physical threat, fire,</td>
<td></td>
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<tr>
<td></td>
<td>hold-up or bomb threat</td>
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<td>------------------------</td>
</tr>
<tr>
<td>2.4.5B</td>
<td>There is a readily visible floor plan showing the location of fire and emergency equipment, designated exits and first aid facilities</td>
</tr>
<tr>
<td>2.4.5C</td>
<td>Emergency exits are clear, accessible and operational</td>
</tr>
<tr>
<td>2.4.5D</td>
<td>The workplace holds an emergency evacuation drill at least annually</td>
</tr>
<tr>
<td></td>
<td>The workplace reviews other relevant emergency procedures</td>
</tr>
</tbody>
</table>

### Further Information

Safe Work Australia has the primary responsibility of improving work health and safety and to harmonise workers' compensation arrangements across Australia. They provide advice, information and resources such as best practice guides and factsheets (including best practice guides for first aid).


Standards Australia is the peak non-government standards body in Australia. Standards Australia develops internationally aligned Australian standards that deliver benefit to Australia and is the Australian member of ISO and IEC.

Standards are available from the SAI-Global webshop on the Standards Australia website. These include:

- [AS 3745-2010 Planning for emergencies in facilities](http://www.standards.org.au)
- [AS 4083-2010 Planning for emergencies - Health care facilities](http://www.standards.org.au)

Interpretation of the standards should take account of the size and scope of the practice.

[www.standards.org.au](http://www.standards.org.au)

### Contact Details

**Safe Work Australia**


**Standards Australia**

[www.standards.org.au](http://www.standards.org.au)
SECTION 3 - PHYSICAL ENVIRONMENT AND RESOURCES

Standard 3.1 Physical Environment and Facilities
- The practice operates with appropriate facilities in a safe environment

Criterion 3.1.1 Workplace Environment
- The workplace environment is clean, safe and conducive to professional service delivery

Guiding Principles

Safety – A right of health care
Clients have a right to safe and high quality care. This criterion recognises that the physical environment of the facility affects the delivery of safe, effective and professional services, as well as clients' perceptions of the value of health care provided by the practice. The environment includes the external as well as the internal environment of the practice.

Audiologists operate in a wide range of environments, from large, custom-designed workplaces to single rooms within a professional suite, as well as private residences when conducting home visits.

Practice environment
The external environment includes parking, steps, entrance and signage. The external environment needs to be maintained so that clients, staff and visitors can safely negotiate it. There should be adequate lighting for safety purposes.

The internal environment relates to the overall practice amenity as well as fixtures and fittings. It should be clean and safe. The lighting, ventilation and temperature of the practice should be maintained at levels that safeguard the comfort and safety of clients and practice staff.

There should be facilities for staff to store personal effects and enjoy their work breaks.

Privacy
The physical set up of the practice must allow for adequate auditory and visual privacy for consultations. For example, consultation rooms and the reception area should be set up in such a way that health information on computer screens or health records are not generally visible.

Professionalism
A professional manner describes an ethos of conduct that is reflected in the attitude, approach, demeanour and empathy of practice staff. A professional manner is important in sustaining standards that meet peer and community expectations.

A sense of professionalism should extend to the appearance of the practice's physical environment. For example, practice supplies should be stored neatly in cupboards, shelves or trolleys and should not be located on the floor or in areas where they impede access to treatment areas or safety exits.

Clinic Review
### Assessment Indicators | Evidence Guide
---|---
3.1.1A | The external practice environment is maintained in a safe and professional manner | Direct observation
3.1.1B | The internal practice environment is maintained in a safe and professional manner | Direct observation
3.1.1C | The waiting area can accommodate the number of clients usually waiting at any one time | Direct observation
3.1.1D | The practice provides visual and auditory privacy for consultations in accordance with the individual privacy needs of clients | Direct observation
3.1.1E | The practice has suitable lighting and ventilation that is maintained at a comfortable temperature | Direct observation
3.1.1F | Practice supplies and parts are stored in a safe and professional manner | Direct observation
3.1.1G | Toilet and hand washing facilities are clean and accessible | Direct observation

### Further Information
The Australian Commission on Safety and Quality in Health Care guides efforts in improving safety and quality across the health care system in Australia.  

### Contact Details
**Australian Commission on Safety and Quality in Health Care**  
Criterion 3.1.2 Compliance of Facilities

- The workplace building and facilities comply with relevant legislation, regulations and standards

Safe Work Australia

Safe Work Australia is an Australian Government statutory agency established in 2009, with the primary responsibility of improving work health and safety and workers’ compensation arrangements across Australia.

Work health and safety laws (based on the inter-governmental harmonisation of model workplace health and safety laws) commenced in New South Wales, Queensland, the Australian Capital Territory, the Commonwealth and the Northern Territory on 1 January 2012.

Practices in South Australia, Tasmania, Victoria and Western Australia should monitor progress and announcements within their State regarding harmonisation of laws.


Guiding Principles

The following guidance material is general in nature and subject to change depending on changes to associated legislation, regulations and standards. It is important for the practice to keep abreast of new requirements and to seek specific individual advice as required.

Planning and building requirements

Audiological workplace facilities need to comply with industry standards, including the National Construction Code. The National Construction Code (NCC) is produced and maintained by the Australian Building Codes Board (ABCB) on behalf of the Australian Government and state and territory Governments. The NCC has been given the status of building regulations by all states and territories.

The NCC contains technical provisions for the design and construction of buildings and other structures, covering such matters as structure, fire resistance, access and egress, services and equipment, and energy efficiency as well as certain aspects of health and amenity.

The workplace is advised to seek specific local advice about requirements for practice facilities from the local government planning and building departments or a registered building surveyor in the first instance, in relation to building a new practice, setting up a practice in an existing building or refurbishing a practice.

Workplaces are also advised to contact their local government office to seek specific advice on requirements such as (but not limited to) emergency exits, emergency exit lights, smoke detectors, fire extinguishers, toilets, disabled access (including ramps and railings) and disabled toilets.

Audiological workplaces located in older buildings that were subject to different planning and building requirements at the time of construction, may wish to voluntarily upgrade some practice facilities such as fire protection equipment and disabled access.

Electrical safety

Electrical risks are risks of death, electric shock or other injury caused directly or indirectly by electricity. The most common electrical risks and causes of injury are:

- Electric shock causing injury or death
- Arcing, explosion or fire causing burns
- Toxic gases released by burning or arcing and which cause illness or death
Electrical outlets and wiring must be installed and maintained by a licensed electrician.

Electrical risks should be managed in the workplace by appropriate compliance with safety standards:

- Ensure power circuits are protected by the appropriate rated fuse or circuit breaker to prevent overloading
- If the circuit keeps overloading, the fuse rating should not be increased as this creates a fire risk due to overheating
- Arrange electrical leads so they will not be damaged. Avoid running leads across the floor or ground, through doorways and over sharp edges. Use lead stands or insulated cable hangers to keep leads off the ground
- Do not use leads and tools in damp or wet conditions unless they are specially designed for those conditions
- Ensure residual current devices (RCDs or ‘safety switches’) are effective by regular testing
- Any unsafe electrical equipment must be disconnected from use and not reconnected until repaired or tested and found to be safe or otherwise replaced or disposed
- All electrical equipment must be inspected and tested at least annually

Hazardous chemicals and materials

If the workplace stores or uses any hazardous materials, they must be stored safely and used appropriately to minimise the risk of disease and injury due to exposure.

The following information should be readily accessible to employees for all hazardous substances present in the workplace:

- A register of hazardous substances
- Safety data sheets (SDS) in accordance with national guidelines
- Labels on containers in accordance with national guidelines
- Reports prepared as a result of workplace assessments

A register provides a listing of all hazardous substances that are used or produced in the workplace. Employers and employees should use the register as a source of information and as a tool to manage substances used at work.

A safety data sheet (SDS) is a document that provides information on the properties of hazardous chemicals and how they affect health and safety in the workplace. For example an SDS includes information on:

- The identity of the chemical
- Health and physicochemical hazards
- Safe handling and storage procedures
- Emergency procedures
- Disposal considerations

The SDS should always be referred to when assessing risks in the workplace.

Fire protection

The workplace must have suitable fire protection equipment including equipment for electrical fires and smoke and fire alarms. A suitably qualified person must check the equipment on a regular basis.

If the workplace has disposable fire protection equipment, it must be within its use by date.

Workplace fire safety training should be undertaken including emergency warden training and use of fire equipment.

Smoke and fire alarm systems should preferably be hardwired with battery back-up. If they are battery operated, the battery should be replaced at least annually (states and territories with daylight saving are often reminded that the end of daylight savings is a prompt to also change smoke alarm batteries).

The workplace should keep documented records of fire equipment inspections and services.

Emergency and warning systems
Emergency exits and warning signs should be clearly displayed. A suitably qualified person should check emergency exit lights on a regular basis. The practice should keep documented records of inspections and services.

Emergency alarms should be tested and an evacuation drill reviewed at least once a year.

Where a significant proportion of the client base is from a non-English speaking background, warning signs should be displayed in the appropriate languages.

### Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>3.1.2A</strong> Any new or recent building work, construction or refurbishment has been certified by an appropriate licensed inspector</td>
<td>Example records of certification of any new or recent works within the last 5 years</td>
</tr>
<tr>
<td><strong>3.1.2B</strong> All electrical circuits in the workplace are protected by residual current devices (RCDs commonly referred as ‘safety switches’) and are clearly labelled RCDs are inspected and serviced at least annually</td>
<td>Example inspection records by licensed electrician</td>
</tr>
</tbody>
</table>
| **3.1.2C** All electrical equipment including portable devices, extension cords, portable outlet devices and portable RCDs are inspected and tested (‘tagged’) | Example inspection records

  Inspection of sample of electrical equipment for appropriate current ‘tag’ of inspection and testing |
| **3.1.2D** If the workplace stores or uses any hazardous chemicals or materials, there is an up-to-date register of hazardous substances and copies of safety data sheets | Staff interview

  Example register and safety data sheets |
| **3.1.2E** The practice has adequate fire protection equipment and, where applicable, documented records of regular fire equipment inspections and services | Example inspection records |
| **3.1.2F** The practice has clearly marked emergency exits and relevant warning signs | Direct observation |
| **3.1.2G** Inspections and service of emergency exit lights are documented | Example inspection records |

### Further Information

The Australian Building Codes Board (ABCB) addresses issues relating to safety, health, amenity and sustainability in the design and performance of buildings through the National Construction Code. [www.abcb.gov.au](http://www.abcb.gov.au)

Standards Australia provides information on the safety testing of electrical equipment. AS/NZS 3760:2010 In-service safety inspection and testing of electrical equipment
Standards Australia also provides information intended for application to all patient care areas where electrical equipment is used for medical diagnosis or therapy, surgery, dentistry and other related applications. NOTE: It is emphasized that all new installations (and alterations or additions thereto) and equipment should comply with the relevant Australian/New Zealand Standards. *AS/NZS 2500:2004 Guide to the safe use of electricity in patient care.*

Safe Work Australia has developed a Code of Practice on how to manage electrical risks in workplaces, *Managing Electrical Risks in the Workplace Draft Code of Practice.*

Safe Work Australia provides an on-line resource for information, advice and guidance relating to the regulation and management of chemicals in the workplace.

Initial enquiries about fire fighting equipment and fire safety training should be directed to the local State/Territory fire and rescue service.

Useful information is available from the Fire Protection Service of Australia that is a member-based organisation for manufacturers and providers of fire protection products and services.

**Contact Details**

**Australian Building Codes Board**

**Fire Protection Association of Australia**

**Safe Work Australia**

**Standards Australia**
[www.standards.org.au](http://www.standards.org.au)
Criterion 3.1.3 Physical Access

- The workplace provides appropriate physical access for clients

Guiding Principles

In general, the practice should at least meet the physical access needs of its predominant client base.

Section 23 of the Disability Discrimination Act (DDA) makes it unlawful to discriminate on the grounds of disability in providing access to or use of premises that the public can enter or use. Building access issues also arise under other DDA provisions including in relation to access to services.

Safe access

The workplace should provide safe access for clients, staff and visitors. Safe access encompasses a wide range of factors such as parking, pathways, steps, doormats, ramps, railings, entrances, floor coverings and treatment rooms.

Where the client base includes a proportion of people with a physical disability, frail elderly clients and/or young families who have special access needs, the workplace should strive to meet these needs.

Access for people with a disability

Premises Standards have been implemented by the Australian Building Codes Board (ABCB) and include an access code and guidelines in building design and construction for disabled people.

Where the workplace does provide special access for people with a physical disability, such amenities (including toilet facilities, ramps and railings) must comply with local government building requirements.

Parking access

The workplace should provide information about local street parking or provide private parking spaces.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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</tr>
</thead>
<tbody>
<tr>
<td>3.1.3A  The practice provides safe physical access that meets the needs of its predominant client base</td>
<td>Direct observation</td>
</tr>
<tr>
<td>3.1.3B  The practice can demonstrate how it provides access for clients with</td>
<td>Staff interview</td>
</tr>
<tr>
<td>• Physical disability (mandatory)</td>
<td>Direct observation</td>
</tr>
<tr>
<td>• Other special needs such as frail elderly or young families if part of the client base</td>
<td></td>
</tr>
<tr>
<td>3.1.3C  The practice principal can describe how the practice may provide care for a client who is unable to access the practice safely</td>
<td>Staff interview</td>
</tr>
<tr>
<td>3.1.3D  There is suitable parking within reasonable proximity of the practice</td>
<td>Direct observation</td>
</tr>
</tbody>
</table>

Further Information
The Australian Human Rights Commission has information about human rights and people with special needs, including disability rights and access to premises.
www.humanrights.gov.au

The Australian Building Codes Board (ABCB) is a joint initiative of all levels of Australian Government and includes representatives from the building industry. The Building Code of Australia (BCA) is produced and maintained by the Australian Building Codes Board (ABCB) on behalf of the Australian Government and State and Territory Governments.
www.abcb.gov.au

The Disability (Access to Premises – Buildings) Standards (known as the Premises Standards) clarify accessibility requirements under the Disability Discrimination Act (DDA) and enable consistency between building law and the DDA.
The Premises Standards came into operation May 2011. It is intended that the Building Code of Australia will be harmonised with the Premises Standards. This will allow states and territories time to adopt the Premises Standards within their building law frameworks.
The Premises Standards will further the social inclusion agenda and access to employment and services by progressively ensuring that people with disability and the ageing population have better access to a wide range of public buildings.

For specific information about planning and building requirements on physical access for clients with a disability, contact local government planning and building departments.

Contact Details

Australian Building Codes Board
www.abcb.gov.au

Australian Human Rights Commission
www.humanrights.gov.au
Standard 3.2 Equipment
• The workplace provides safe and appropriate equipment

Criterion 3.2.1 Equipment Safety and Calibration
• The workplace ensures equipment is suitable, safe and well maintained

Guiding Principles

Equipment and best practice
The workplace should have equipment that enables health professionals to deliver best practice health care.

Equipment must be fit for purpose and comply with appropriate Australian standards.

Where the use of specific equipment has been proven to enhance the quality of health outcomes in an area of care relevant to the practice, there will be a reasonable expectation that the practice utilises such equipment subject to its cost and availability.

The workplace should have accessible copies of the manufacturer's operating guidelines for all equipment.

Audiological equipment
Audiological assessment should be performed in suitable facilities that comply with relevant standards for minimum ambient background noise.

Consideration should be given to how home visits are conducted.

Equipment and calibration
Equipment should be regularly inspected for safety and performance. It should be appropriately maintained and calibrated according to Australian standards at least annually (more often as required for portable equipment).

The practice should maintain signed and dated records of safety and performance checks, calibration and service maintenance for all equipment.

There should be a policy for reporting, servicing and replacing faulty equipment.

The staff orientation program should include a section on equipment familiarisation.

Office equipment
The workplace should have a range of office equipment, including a level of information technology (IT) appropriate to support an efficient business operation. The workplace must have relevant software licences and adequate IT support.

There should be a policy for reporting, servicing and replacing faulty office equipment.

Electrical tagging
All electrical equipment should be inspected and tagged by a licensed electrician on an annual basis. (Refer to criterion 3.1.2C, Compliance of Facilities.)

Clinic Review
### Assessment Indicators

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.2.1A The practice utilises clinical equipment appropriate for the range of services offered by the clinic and which supports recognised best practice</td>
<td>List of clinical services provided and sample of the relevant clinical equipment utilised to deliver such services</td>
</tr>
<tr>
<td>3.2.1B Clinical equipment is calibrated according to Australian standards and checked for safety at least annually. The practice maintains documented records of calibrations, performance checks and any service carried out.</td>
<td>Equipment calibration records. Register of periodic performance checks and service records.</td>
</tr>
<tr>
<td>3.2.1C Facilities for audiometric assessment comply with relevant Australian standards.</td>
<td>Appropriate certification of ambient background noise levels in audiometry facilities.</td>
</tr>
<tr>
<td>3.2.1D The practice has relevant software licences and suitable IT support</td>
<td>Software licences. Interview regarding IT support (e.g., in-house, external, service level agreements).</td>
</tr>
<tr>
<td>3.2.1E There is a policy to report and document the servicing, repair and replacement of equipment.</td>
<td>Written policy. Documented examples.</td>
</tr>
</tbody>
</table>

### Further Information

Standards Australia provides information on various standards with respect to audiometric testing facilities, equipment and occupational noise measurement. Standards include:

**AS/NZS 1591.1:1995 Acoustics - Instrumentation for audiometry - Reference zero for the calibration of pure-tone bone conduction audiometers.**

These are applicable to the calibration of bone vibrators for pure-tone bone conduction audiometry.


**AS/NZS 1591.4:1995 Acoustics - Instrumentation for audiometry - A mechanical coupler for calibration of bone vibrators.**

This specifies requirements for mechanical couplers used for calibrating bone-conduction audiometers and for making measurements on bone vibrators and bone conduction hearing aids.


**AS ISO 8253.1-2009 Acoustics - Audiometric test methods - Basic pure tone air and bone conduction threshold audiometry.**

This is to specify procedures and requirements for air conduction and bone conduction.


**AS ISO 8253.2-2009 Acoustics - Audiometric test methods - Sound field audiometry with pure tone and narrow-band test signals.**

This is to specify the relevant test signal characteristics, requirements for free, diffuse and quasi-free sound fields, and the procedures for sound field audiometry using pure tones, frequency modulated tones or other narrow-band test signals presented by means of one or more loudspeakers.


**AS ISO 8253.3-2009 Acoustics - Audiometric test methods - Speech audiometry.**
This is to specify procedures and requirements for speech audiometry where the recorded test material is presented by air conduction through an earphone, by bone conduction through a bone vibrator, or from a loudspeaker for sound field audiometry.  


This specifies general requirements for audiometers and particular requirements for pure-tone audiometers designed for use in determining hearing threshold levels, in comparison with standard reference threshold levels by means of psychoacoustic test methods.  


This specifies requirements for audiometers or parts thereof designed to provide a means of presenting speech sounds to a subject in a standardized manner.  


This specifies a means of describing the physical characteristics of audiometric test and reference signals of short duration and methods for their measurement.  


AS IEC 60645.4-2002 Electroacoustics - Audiological equipment - Equipment for extended high-frequency audiometry.  
This specifies requirements for audiometric equipment designed for use in pure tone audiometry in the frequency range from 8000 Hz to 16000 Hz.  


This set includes the following titles for occupational noise management programs:  


The National Acoustics Laboratory (NAL) has produced a report - The calculation of maximum permissible ambient noise levels for audiometric testing to a given threshold level with a specified uncertainty (NAL Report No 133, January 2010, Warwick Williams).  
This report was produced to help guide a recognised calculation methodology for the determination of maximum permissible ambient sound pressure levels for reliable hearing threshold measurements, whatever they may be, to within a specified accuracy. This can be provided through the use of the International Standard ISO 8253 Acoustics – Audiometric test methods.  
Section 11 of ISO 8253 - 1 provides a method for calculating maximum permissible ambient sound pressure levels for testing with noise-excluding headsets and inserts and to hearing threshold levels other than 0 dB.  
The report emphasises that this methodology does not determine what threshold test level is appropriate, for example 0 dB, 10 dB or 15 dB. It recommends that the threshold test levels can only be set by the professionals and their governing bodies responsible for that testing.  
This report also advises a further practical note of caution about the calibration and use of noiseexcluding headsets.  


Contact Details

National Acoustic Laboratory
SECTION 4 – CO-ORDINATION OF CLINICAL AND PROFESSIONAL ISSUES

Standard 4.1 Clinical Best Practice

- Audiolists provide audiological services that are of a high quality, safe and consistent with recognised best practice

Criterion 4.1.1 Recognised Best Practice

- Client care is based upon the best available evidence

Guiding Principles

A fundamental goal of best practice health care (and practice accreditation) is to achieve effective health outcomes that satisfy a client with a particular presenting condition.

Evidence-based practice

This criterion recognises that in order to provide high quality health care and achieve optimal health outcomes, audiologists need to make use of the best available scientific evidence. This evidence may be categorised in a number of ways. For example, research trials are commonly evaluated according to the level, quality and statistical precision of the evidence. In the absence of reliable evidence from a research trial, expert opinion or current practice can be deemed to constitute evidence.

Evidence-based practice underpins client centred care as well as the quality, effectiveness and cost efficiency of health care.

Audiologists should use the best available evidence in conjunction with their own clinical expertise to make sound clinical judgements and develop management programs that incorporate client preferences. The combination of evidence and professional expertise should ensure that assessment, intervention and evaluation protocols are commensurate with contemporary best practice audiology.

Access to evidence

Audiologists are expected to make reasonable efforts to keep themselves informed about research-based developments in audiological practice.

In that context, the practice should at least provide access to tools such as the internet, Audiology Australia website and scientific audiological journals. The practice should also be supportive of continuing professional development activities (in-house or through Audiology Australia such as national conferences or local state branch activities).

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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</thead>
<tbody>
<tr>
<td>4.1.1A</td>
<td>Written description or reference of resources/tools available within the workplace</td>
</tr>
<tr>
<td>4.1.1B</td>
<td>Examples of de-identified health records which sample the scope of</td>
</tr>
</tbody>
</table>
4.1.1C The workplace director can describe how the best available evidence is integrated into client care
Written description or interview

4.1.1D Client feedback confirms that clients are satisfied with the results of health care provided for their presenting condition
Samples of completed client feedback forms
Summary of recent client feedback

**Further Information**

The Australian Commission on Safety and Quality in Health Care guides efforts in improving safety and quality across the health care system in Australia. They produce a range of resources for health services including national safety and quality health service standards.  

Audiology Australia contributes to quality in audiological practice for the community and for members through its Continuing Professional Development program, Certificate of Clinical Practice, Code of Ethics, Code of Conduct, Clinical Standards and a scientific journal (International Journal of Audiology).  
[www.audiology.asn.au](http://www.audiology.asn.au)

**Contact Details**

Audiology Australia  
[www.audiology.asn.au](http://www.audiology.asn.au)

Australian Commission on Safety and Quality in Health Care  
Criterion 4.1.2 Outcome Measures

- Audiology outcomes are monitored using appropriate outcome measures

Guiding Principles

Outcome measures and clinical justification

Outcome measures are an important tool for evaluating the effectiveness of audiological intervention in relation to client goals. Outcome measures assist a treating audiologist to evaluate and justify the need for further audiological consultation and consider factors that may compromise intervention outcomes.

Outcome measures are used to monitor the rate of client progress by measuring and analysing quantitative and qualitative changes at defined intervals. Both short term and long term measures should be considered. Outcome measures may include client self-assessment tools.

The audiologist should use outcome measures to systematically note changes in the client's health status and improvements in impairment, activity limitations and participation restrictions. Such changes should be documented in the client health record.

The measures used should be relevant to the client's presenting condition. When selecting an outcome measure, audiologists should consider its reliability, validity and sensitivity over time.

Outcome data

To help the workplace deliver consistently high quality audiology, workplaces are encouraged to review outcome data on a regular basis to identify areas where the workplace performs well and areas for improvement.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.2A</td>
<td>Audiologists utilise recognised outcome measures to monitor, evaluate and justify client care</td>
</tr>
<tr>
<td>4.1.2B</td>
<td>Client records confirm that audiologists utilise outcome measures</td>
</tr>
</tbody>
</table>

Further Information

Publications, guides and discussion papers that consider the use and role of outcomes measures specifically in audiology include:

  [www.pluralpublishing.com/publication_ebpa.htm](http://www.pluralpublishing.com/publication_ebpa.htm)
- American Speech-Language-Hearing Association  
  [www.asha.org/aud/outcomesQI.htm](http://www.asha.org/aud/outcomesQI.htm)
- Audiology On-line  
Outcome 6: Client Outcomes (Service Provider Contract 2012-2015)

Contact Details

American Speech-Language-Hearing Association
www.asha.org

Audiology On-line
www.audiologyonline.com

Office of Hearing Services
Criterion 4.1.3 Clinical Risk Management

- The workplace has a clinical risk management system

Guiding Principles

Safety – A right of health care

Clients have a right to safe and high quality care. Safety is addressed by being alert to patient needs, ensuring patients understand the treatment they are to receive and staff participation in patient safety systems.

Defining clinical risk

Clinical risk management underpins the safety and quality of health care by focussing on the identification and management of clinical circumstances that put clients at risk of harm.

The severity of clinical risk can range from a near miss (an event with the potential for harm or error, which is intercepted) to an adverse incident (an event that has caused some harm and may lead to a complaint or claim).

Scope of clinical risk management

To ensure effective clinical risk management, the practice needs to review each contributing factor to ensure the safety and quality of service provision can be defended and to ensure the document trail is adequate.

For example, the practice needs to demonstrate clear documentation of:

- Staff induction processes covering clinical risk management
- Policies and procedures for clinical risk management systems
- Informed consent
- Comprehensive assessment
- Warnings, contraindications and precautions
- Intervention and outcome

Clinical risk management procedures

The workplace should have risk management procedures that provide a co-ordinated and comprehensive system to identify, manage or eliminate clinical risk.

The clinical risk management system should incorporate the following kind of elements:

- **Risk identification**
  Identify risks and their level of impact, likely occurrence and consequences

- **Risk analysis**
  Differentiate between severity of risks and determine which risks are unacceptable and should be managed as a priority

- **Risk management**
  Evaluate the options for managing unacceptable clinical risks and implement a plan of action

- **Risk review**
  Monitor risks and revise risk management procedures on an ongoing basis to ensure the procedures remain effective both separately and collectively

Staff education

The workplace needs to educate all staff about its clinical risk management system to ensure all staff accept some level of responsibility for risk identification and risk management as part of their routine work.
Clinical risk management should be an integral part of the workplace's induction and continuing education program and should be clearly outlined in staff position descriptions.

**Managing adverse incidents**

If there has been an adverse incident at the workplace that may give rise to a claim, or if a claim is made against the workplace, it is important to contact the insurer straight away to get expert advice on how to proceed. It is important not to admit liability, offer compensation or commit anything to writing without first contacting the insurer (although an expression of regret can be made).

It may be appropriate for the workplace to provide support, including counselling, for those involved in an adverse incident.

**Client safety - Open disclosure**

Open disclosure is the open discussion of incidents that result in harm to a client while receiving health care. Open disclosure refers to open communication when things go wrong in health care. The elements of open disclosure include:

- An expression of regret
- A factual explanation of:
  - What occurred
  - Consequences of the event
  - Steps being taken to manage the event and prevent recurrence

Refer to *Criterion 1.1.4 Client communication*.

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>4.1.3A</td>
<td>There is a procedure for the identification, reporting and management of clinical risks</td>
</tr>
<tr>
<td>4.1.3B</td>
<td>There is a procedure for the identification, reporting and management of clinical incidents</td>
</tr>
<tr>
<td>4.1.3C</td>
<td>There are designated roles and responsibilities regarding clinical risk management identified in staff position descriptions</td>
</tr>
<tr>
<td>4.1.3D</td>
<td>Staff can describe the procedure they would use if they identified a risk or in the event of a clinical incident or near miss</td>
</tr>
</tbody>
</table>

**Further Information**

Standards Australia has released an updated standard *AS/NZS ISO 31000:2009 Risk management - Principles and guidelines*. This provides a generic guide for managing risk. It may be applied to a wide range of activities or operations of any public, private or community enterprise, or group. Therefore, this International Standard is not specific to any industry or sector. *http://infostore.saiglobal.com/store/Details.aspx?ProductID=1378670*
The Australian Commission on Safety and Quality in Health Care has produced an *Open Disclosure Standard* (a national standard for open communication in public and private hospitals, following an adverse event in health care).

www.safetyandquality.gov.au Search /open disclosure standard/.

Also an open disclosure readiness tool for health care organisations which may be adopted with appropriate modification and applied in a variety of smaller settings.

www.safetyandquality.gov.au Search /open disclosure resources/.

**Contact Details**

**Australian Commission on Safety and Quality in Health Care**

www.safetyandquality.gov.au

**Standards Australia**

www.standards.org.au
Standard 4.2 Conduct, Development and Supervision

- The practice fosters ethical and professional conduct by audiologists, supports professional development and provides appropriate supervision

Criterion 4.2.1 Ethical and Professional Conduct

- Audiologists demonstrate commitment to conduct that is in accordance with the Audiology Australia Code of Conduct and Code of Ethics
- Audiologists practise within appropriate scopes of practice

Guiding Principles

Audiology Australia Code of Conduct and Audiology Australia Code of Ethics

Audiology Australia has developed a Code of Conduct by which members will have a guide of expected behaviour in professional practice.

Ethics is a branch of philosophy which analyses and examines human conduct and the rightness, wrongness and beneficence of actions. The application of ethics to daily clinical practice is the balance of competing moral concerns.

The Audiology Australia Code of Ethics has been established by Audiology Australia as the basis for ethical and professional conduct that meets community expectations, and justifies community trust in the judgement and integrity of its members.

As health professionals of high standing, audiologists should keep in mind their professional obligations to clients, fellow audiologists, other health professionals and the wider community. One ill-considered action may bring discredit to the individual audiologist, their workplace and the wider profession.

Audiologists who are members of the Audiological Society of Australia are bound to uphold the Audiology Australia Code of Ethics and Code of Conduct. Alleged breaches of the Code may be referred to the Audiology Australia Ethics Committee.

Workplace culture

The workplace must provide an environment that supports ethical conduct in all aspects of service delivery and business operations, from evidence-based practice to appointment and billing systems and risk management procedures.

The clinical internship program for audiologists should include a review of the Audiology Australia Code of Conduct and Audiology Australia Code of Ethics.

Scope of practice

Audiologists must practice in a careful, honest and accountable manner within the boundaries of their professional expertise and the scope of services provided by the workplace. When indicated, clients should be referred to more suitably qualified health professionals.

The workplace should retain a set of clinical standards and guidelines that are relevant to its scope of practice.

Professional commitment

Audiologists should demonstrate a commitment to the standing of the audiological profession.
Membership of the Audiology Australia supports a commitment to the Audiology Australia mission to provide leadership in the science and practice of audiology through advocacy, promotion, education and networking. We enable audiologists to deliver the highest standards of person-centred care,’ and vision ‘Hearing for Life: We believe every human being has the right to communicate and interact with the world in ways that are fulfilling and meaningful to them.’

Practices may choose to distribute or display professional or research publications such as Audiology Now, the Australian and New Zealand Journal of Audiology or the International Journal of Audiology to promote the benefits and evidence base of audiology.

Audiologists may also enhance the standing of the audiological profession indirectly through volunteer positions with appropriate consumer groups or community-based organisations and networks.

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.1A The workplace has access to the Audiology Australia Code of Conduct and Audiology Australia Code of Ethics</td>
<td>Direct observation</td>
</tr>
<tr>
<td>4.2.1B The Codes of Conduct and Ethics are reviewed within orientation programs for new audiologists</td>
<td>Examples within staff training or induction program for new audiologists</td>
</tr>
<tr>
<td>4.2.1C The workplace has a copy of relevant clinical standards and audiologists can describe them</td>
<td>Staff interview</td>
</tr>
<tr>
<td>4.2.1D Audiologists from the workplace contribute to the professional standing within their community</td>
<td>Staff interview</td>
</tr>
</tbody>
</table>

**Further Information**

The Audiology Australia Code of Conduct is to guide members’ decision-making, behaviour and consequences in clinical practice, research, education and professional activity as an audiologist.

The Audiology Australia Code of Ethics is designed to provide a transparent view of professional ethical behaviour to guide members and enable the community to understand the responsibilities that Audiology Australia members willingly undertake when they join the society.  
[www.audiology.asn.au](http://www.audiology.asn.au)

The International Society of Audiology - Code of Ethics (Draft 2005) is available through the members section of its website.  
[www.isa-audiology.org](http://www.isa-audiology.org)

**Code of Conduct for Unregistered Health Professionals**

In some states (e.g., NSW and SA) a code of conduct for unregistered health professionals has been implemented. It is intended to cover health providers who are not required to be registered with a health registration board in that state. Practitioners in those states are expected to abide by the code and its requirements as prescribed in that state. In summary, it requires practitioners to provide services in a safe and ethical manner. A copy of the code must be on public display.

The Australian Health Ministers’ Advisory Council (AHMAC) conducted a public consultation process in 2011 on options regarding more uniform arrangements across states and territories.

For more information on specific requirements in states:
- **NSW**
- **SA**
Contact Details

Audiology Australia
www.audiology.asn.au

International Society of Audiology
www.isa-audiology.org
Criterion 4.2.2 Continuing Professional Development

- Practices have a commitment to provide and support continuing professional development opportunities for audiologists

Guiding Principles

In order to provide high quality hearing care consistent with evolving standards, audiologists must undertake regular continuing professional development. This professional development may include courses, lectures, post-graduate education, volunteer work and student mentoring.

Workplace support

The Audiology Australia encourages workplaces to provide regular professional development opportunities relevant to the scope of services provided by the workplace. This could include in-service case presentations, peer review and journal clubs as well as support for participation in courses, lectures, workshops, videoconferences and conferences such as those offered by the Audiology Australia.

While in-service education is valuable, it is also important for audiologists to interact with colleagues from other workplaces and facilities to gain exposure to a broad range of knowledge, approaches and professional support.

The size of the workplace may determine the scope of professional development opportunities that can be offered.

Professional development records

Participation by Audiology Australia members in its continuing professional development program is one of the requirements for audiologists to retain the Audiology Australia Certificate of Clinical Practice. Members are expected to maintain their own individual development log. However, records of continuing professional development activities occurring within the workplace should be retained by the workplace.

Clinic Review

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<tr>
<th>Assessment Indicators</th>
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</thead>
<tbody>
<tr>
<td>4.2.2A</td>
<td>Practice manager interview</td>
</tr>
<tr>
<td></td>
<td>Staff checklist and currency of clinical certification</td>
</tr>
<tr>
<td>4.2.2B</td>
<td>Interview with practice manager</td>
</tr>
<tr>
<td></td>
<td>Samples of workplace development plans and/or performance management processes</td>
</tr>
<tr>
<td></td>
<td>Staff interview</td>
</tr>
<tr>
<td>4.2.2C</td>
<td>Practice manager interview</td>
</tr>
<tr>
<td></td>
<td>Records of any recent development activities provided by the practice</td>
</tr>
<tr>
<td></td>
<td>Calendar of any in-house development and training activities</td>
</tr>
</tbody>
</table>
|                       | Records of any recent Audiology
Further Information

Audiology Australia’s website and magazine *Audiology Now* include listings of upcoming endorsed CPD activities, seminars and conferences.

The Audiology Australia website provides information about the requirements of the Audiology Australia Continuing Professional Development program. This includes a downloadable CPD program where members can record their professional development activities.

The Audiology Australia website provides guidelines for co-ordinators of CPD events and how to apply for endorsement. Endorsement is a process that simplifies documentation of CPD activities for an Audiology Australia member and recognises high quality structured learning opportunities through allocating additional CPD points. Employers may apply for endorsement of in-house/internal activities open only to employees.

[www.audiology.asn.au](http://www.audiology.asn.au)

Contact Details

Audiology Australia
[www.audiology.asn.au](http://www.audiology.asn.au)
Criterion 4.2.3 Clinical Supervision

- The practice provides appropriate and effective supervision and support for audiologists, audiology students and audiometrists

Guiding Principles

The workplace should have policies that cover the effective supervision of audiologists, audiology students and audiometrists. The primary focus of these policies should be the safety and quality of health care and a supportive learning environment designed to enhance performance.

It is essential that the workplace commit adequate resources to effective supervision, since the quality of supervision can have a fundamental impact on the safety and quality of a client's management and health outcomes, as well as the professional conduct and development of colleagues.

Supervision of audiologists – Clinical internship and ongoing supervision

The supervision of audiologists should be formalised and documented, and demonstrate clear links between the process of induction, regular appraisal and focussed professional development. Supervision should include an ongoing evaluation of competency and regular reports on performance.

Recent graduates are likely to require more frequent opportunities for discussion and peer review, whilst more experienced audiologists may only require opportunities to discuss clients with complex problems or novel presentations.

The policy on supervision should encompass a strategy that enables audiologists to access advice on the management of clients beyond their current scope of expertise.

Supervision of audiology students

In general, the requirements for supervising audiology students will be established by the relevant university.

Practices will normally need to offer a formalised induction program followed by an incremental increase in the student’s caseload as their knowledge and skills improve. Supervisors will need to offer sufficient opportunities for observation and discussion and accept a duty of care for audiology provided under their supervision.

Communication regarding the student’s performance and progress is important to provide for both the student and the university.

Supervision of audiometrists

Audiologists need to accept a duty of care for clinical services provided by audiometrists under their supervision. Audiometry provided by audiometrists must be within the scope of their training and competence.

In supervising an audiometrist, the audiologist must comply with the provisions of the Audiology Australia Code of Ethics and Code of Conduct that preclude the delegation of any activity that requires the skill, knowledge and judgement of an audiologist.

Clinic Review

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<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tr>
<td>4.2.3A</td>
<td></td>
</tr>
<tr>
<td>The workplace, where indicated, has a policy for the provision of structured supervision and/or peer support for:</td>
<td>Practice manager interview</td>
</tr>
<tr>
<td>• Audiologists completing a clinical internship</td>
<td>Written policy</td>
</tr>
<tr>
<td>For sole practitioners with CCP, evidence of peer support or mentoring</td>
<td></td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>4.2.3B</th>
<th>Audiolists completing a clinical internship can describe how structured supervision meets their professional development needs</th>
<th>Clinical intern interview</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.2.3C</td>
<td>If the workplace offers clinical placements for students, there is a policy for providing structured supervision for audiology students</td>
<td>Written policy or guidelines</td>
</tr>
<tr>
<td>4.2.3D</td>
<td>There is a policy for the supervision of audiometrists and student audiometrists that meets the requirements of the relevant approved professional body</td>
<td>Written policy or guidelines</td>
</tr>
</tbody>
</table>

**Further Information**

**Student Audiologist Supervision**

Universities that provide Masters of Audiology programs will routinely document their requirements for the supervision of audiology students on clinical placement. Contact the appropriate university for information.

**Clinical Internship**

Clinical Internship is the Audiology Australia supervision program that culminates in the award of the Society's Certificate of Clinical Practice.

Audiologists should appreciate the meaning of supervision promulgated by Audiology Australia with respect to competency level of audiologists. The terms “at elbow”, “in room”, “in house” and “mentoring” show the required proximity of the supervisor to the intern.

- **Novice:**
  - The intern is not familiar with this activity in a clinical setting
  - The activity is performed by the supervisor
  - The intern is learning through observation and discussion
  - At elbow supervision is required at all times

- **Developing:**
  - The intern performs the activity with significant supervision and guidance
  - The intern performs basic routines and predictable tasks
  - The intern has little or no responsibility or autonomy
  - At elbow supervision is required at all times

- **Consolidating:**
  - At elbow supervision is only required in more complex circumstances
  - The intern has some individual responsibility or autonomy
  - The supervisor is required to be in the room at all times

- **Competent:**
  - The intern performs the activity in some complex and non-routine contexts
  - The intern has significant responsibility and autonomy
  - The intern can oversee the work of others
  - The supervisor is required to be in house at all times

- **Independent:**
  - The intern can develop others in the activity
  - The intern performs activities across a wide range of complex and non-routine contexts
  - The intern can take a strategic view
The intern applies a significant range of fundamental principles and complex techniques across a wide and often unpredictable variety of contexts.

The intern has a wide scope of personal autonomy.

The supervisor has primarily a mentoring role and is required to be easily accessible to the intern.

Additional information on the supervisory requirements of clinical internship may be found on the Audiology Australia website.

www.audiology.asn.au

Audiometrists and Student Audiometrists

Supervision requirements for audiometrists and student audiometrists will be determined by the appropriate practitioner professional bodies (e.g., Australian College of Audiology - ACAud, Hearing Aid Audiometrist Society of Australia - HAASA).

Contact Details

Audiology Australia
www.audiology.asn.au

Australian College of Audiology (ACAud)
www.acaud.org

Hearing Aid Audiometrist Society of Australia (HAASA)
www.haasa.org.au

Universities providing post graduate programs in audiology:

New South Wales - Macquarie University
www.ling.mq.edu.au/centres/audiology/index.htm

Queensland - University of Queensland
www.shrs.uq.edu.au

South Australia - Flinders University
www.flinders.edu.au/courses/postgrad/maud/

Victoria - University Of Melbourne
www.medoto.unimelb.edu.au

Western Australia - University Of Western Australia
www.audiology.biomedchem.uwa.edu.au
Standard 4.3 Quality Improvement

- The practice demonstrates continuous improvement in client care

Criterion 4.3.1 Client Feedback

- The practice encourages and responds to client feedback

Guiding Principles

Comment – A health care right

Patients have a right to comment or provide feedback on their health care and have concerns addressed. The opportunity to comment is important and enhanced by being attentive to the concerns of patients or consumers and/or carers and encouraging them to engage in two-way communication. They should be helped to articulate their concerns and be informed of comment options available to them.

Feedback systems

Clients should be made aware of how they can provide feedback. The workplace needs a policy for collecting client feedback on a regular basis as a means of continuously improving workplace services. It is suggested the workplace should carry out at least an annual client satisfaction survey to collect feedback on a range of identified issues.

Client feedback is also a useful mechanism to manage risk and pre-empt complaints.

Audiologists should be educated about the importance of reporting negative feedback, taking timely action to address it and implementing system change - if warranted - to eliminate repeated episodes of the same problem. This learning cycle should be included in the induction program for audiologists.

Managing complaints

Hearing health care providers should facilitate the efficient resolution of complaints by participating in organisational processes.

The practice must have a policy for managing simple complaints in-house. Ideally, the policy will require the documentation of complaints received by the practice and will establish overall responsibility for the management and resolution of complaints. The practice must handle complaints confidentially, fairly and efficiently, and documentation should be managed in accordance with privacy requirements.

Audiologists and other staff should be educated on the effective management of complaints during their induction program.

Where the complaint involves an adverse incident, the practice should contact their insurer immediately for advice on the best way to proceed.

Client complaints that cannot be resolved in-house, or that allege unprofessional conduct of a serious nature, should be investigated by the appropriate authority (e.g., third party funder, health complaints commissioner, professional association). The audiologist concerned should also contact their insurer for advice.

Members of the public or Audiology Australia members may correspond with Audiology Australia regarding perceived breaches of ethical behaviour by an Audiology Australia member requesting further investigation. Audiology Australia would initially encourage the parties to seek resolution directly with one another, and may then ask the complainant to provide additional information, and/or may refer the matter to the ethics committee.
Learning from client feedback

Practices should look for improvements in service provision as an outcome from interactions with patients, consumers, their carers and their families.

The process of identifying an area for improvement, implementing change and then monitoring the results should form a standard part of the practice’s strategic plan.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
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<tbody>
<tr>
<td>4.3.1A There is a policy for receiving and managing client complaints</td>
<td>Written policy</td>
</tr>
<tr>
<td>4.3.1B The workplace has a client feedback questionnaire</td>
<td>Example client questionnaire</td>
</tr>
</tbody>
</table>
| 4.3.1C There is documentary evidence that the workplace conducts client surveys at least once each year | Samples of completed surveys  
                                        | Report of compiled data                              |
| 4.3.1D The workplace director conducts a regular audit of client feedback including complaints, to identify opportunities for service improvements | Internal audit processes show  
                                        | procedure for reviewing client feedback  
                                        | Workplace director interview  
                                        | Example report                                         |
| 4.3.1E The workplace director can describe at least one change that was implemented in response to client feedback and the outcome of such change | Interview/written report                                |

Further Information

The Australian Commission on Safety and Quality in Health Care has produced a range of information resources for patients, carers and health professionals that includes health care rights (such as the right to comment) and making improvements from consumer reported incidents. Refer to list of publications on website.

**www.safetyandquality.gov.au**

Audiology Australia has produced consumer brochures on a range of ear and hearing health conditions and what consumers should expect when consulting an audiologist.

The Audiology Australia consumer brochure “*What is an Audiologist*” is available on the Audiology Australia website


Audiology Australia has a Code of Ethics and has developed a Code of Conduct. There are procedures to guide complaints regarding a breach of ethical behaviour.

Contact Details

**Audiology Australia**

**www.audiology.asn.au**

**Australian Commission for Safety and Quality in Health Care**

**www.safetyandquality.org**
Criterion 4.3.2 Improving Clinical Care

- The practice actively seeks opportunities to improve clinical care

Guiding Principles

Learning day to day

The workplace should be supporting a culture of ongoing learning and improvement. There should be identifiable areas where the practice could strive to improve its clinical care.

To help the practice achieve ongoing improvements in the quality of clinical care, all audiologists in the workplace should regularly review outcome data. This is to identify areas where the practice performs well and areas where improvement may be required.

Structured clinical review

The workplace should regularly undertake a structured clinical review with a view to improving the safety and quality of its clinical care on an ongoing basis.

Workplaces should design a structured clinical review to suit their particular circumstances. For example, a structured clinical review may involve:

- Introduction of different/more sensitive outcome measures
- Audit of outcome data for particular client or diagnostic groups
- Integration of new research evidence into clinical practice
- New service initiatives
- Changes in clinical practice
- Comparison with benchmark data
- Research

The clinical review should be documented and all audiologists in the practice should be involved in analysing the findings, initiating change to improve clinical care and evaluating the outcomes of such change.

Where the workplace chooses to compare data with benchmark data, the benchmark data could comprise available recognised best practice, or data from earlier clinical reviews undertaken by the practice itself. Commercial private services exist which allow external benchmarking of clinical outcomes.

Clinic Review

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<th>Assessment Indicators</th>
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<tbody>
<tr>
<td>4.3.2A</td>
<td>The workplace undertakes at least one structured clinical review annually as part of its strategic plan</td>
</tr>
<tr>
<td>4.3.2B</td>
<td>The findings of a clinical review are used to implement changes to improve the quality of clinical care</td>
</tr>
</tbody>
</table>
Further Information

The Australian Commission on Safety and Quality in Health Care produces a range of resources for which includes making improvements in health care. Refer to list of publications on website.

www.safetyandquality.gov.au

Standards Australia has produced a standard AS 3904.4-1994 Quality management and quality system elements - Guidelines for quality improvement. This provides a set of management guidelines for implementing continuous quality improvement within an organization. It describes tools and techniques for a quality improvement methodology based on data collection and analysis.


Contact Details

Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au

Standards Australia
www.standards.org.au
SECTION 5 – GOVERNANCE AND BUSINESS MANAGEMENT

Standard 5.1 Effective Governance and Business Management

- The practice has effective governance, robust business management and secure business systems

Criterion 5.1.1 Effective governance and business management

- The practice is efficient and accountable with effective and robust governance and management

Guiding Principles

As a guide, health service organisations and practices can be efficient and accountable through:

- Appropriate company, board and management structures and processes. These are fundamental to manage risk, ensure compliance with all legal and fiduciary responsibilities, ensure financial viability and accountability, and to retain skills across corporate and health care expertise
- A capacity to manage and improve efficient utilisation of health and administrative resources (including contract management, resource allocation and acquittal, budget management).
- Sufficient capacity and expertise to manage revenue sources to provide services as identified in a business plan
- Appropriate data collection, performance monitoring and reporting processes. This includes monitoring of definitive outcomes related to core business requirements as well as focus on risk, quality and safety
- Decision making processes that are responsive to local health needs and business stakeholders
- A systematic approach to quality improvement that identifies those accountable for action
- An understanding by all that vigilance and co-operation of the whole workforce is required for safety and high quality care
- A capacity to remain flexible and responsive to evolving circumstances

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tbody>
<tr>
<td>5.1.1A</td>
<td>Safety and quality policy</td>
</tr>
<tr>
<td></td>
<td>Meeting minutes</td>
</tr>
<tr>
<td></td>
<td>Example documentation of quality and safety performance data</td>
</tr>
<tr>
<td></td>
<td>Staff orientation training and annual reviews address the requirements of these Professional Standards</td>
</tr>
<tr>
<td>5.1.1B</td>
<td>Workplace director interview</td>
</tr>
<tr>
<td></td>
<td>Staff roles and responsibilities regarding safety and quality are</td>
</tr>
</tbody>
</table>
Further Information

The Australian Commission on Safety and Quality in Health Care has developed National Safety and Quality Health Service Standards from which Audiology Australia has used as a guide to develop these Professional Standards.

The information to guide this section was provided from discussion in Governance for Safety and Quality in Health Service Organisations, National Safety and Quality Health Service Standards.

To better understand governance, board functions and business management, book titles and texts in the business and management section of bookstores are one type of resource.

The Australian Securities & Investments Commission (ASIC) has a number of functions including the regulation of Australian companies. They have information resources such as starting and closing a company, the obligations of running a company and the obligations of being a company director.

The Australian Taxation Office has a business portal for information regarding taxation issues.

The Australian Institute of Company Directors (AICD) is a member-based organisation for directors. AICD aims to provide leadership on director issues and promote excellence in governance. It has an online resource centre and bookstore as well as offering training courses to members and non-members.

The Australian Institute of Management (AIM) is a member-based organisation that promotes the advancement of education and learning in the field of management and leadership for commerce, industry and government. It has some resources on its website as well as offering education, training and other services such as a bookstore and on-line articles.

Standards Australia has released an updated standard AS/NZS ISO 31000:2009 Risk management - Principles and guidelines. This provides a generic guide for managing risk. It may be applied to a wide range of activities or operations of any public, private or community enterprise, or group. Therefore, this international standard is not specific to any industry or sector.

Contact Details

Australian Commission on Safety and Quality in Health Care
www.safetyandquality.gov.au

Australian Institute of Company Directors
www.companydirectors.com.au

Australian Institute of Management
www.aim.com.au

Australian Securities & Investments Commission
www.asic.gov.au

Australian Taxation Office
www.ato.gov.au

Standards Australia
www.standards.org.au
Criterion 5.1.2 Strategic Business Plan

- The philosophy, scope and objectives of the practice are documented in a strategic business plan

Guiding Principles

Documentation of key objectives

The practice should have a strategic business plan that is both practical and aspirational. The plan should set out how the practice aims to operate and its objectives. The plan should guide the practice principals to allocate resources towards priority activity, to deliver quality services and to sustain financial viability. Practices may choose to seek advice from their accountant or financial planner when establishing objectives and performance targets.

The basic elements of the plan could include:

- Clinical objectives – the range of services the practice will provide
- Financial objectives – how the practice will sustain its financial viability and set fees that support the delivery of quality health care
- Marketing objectives – how the practice will promote its services
- Quality objectives – how the practice will endeavour to continuously improve its management and clinical care
- Performance measures – how the practice will track progress against each objective
- Performance targets – the ultimate result the practice aims to achieve for each objective over the lifespan of the strategic plan
- Performance review – how often the practice reviews the strategic plan and how input is provided to the review

The plan may also include:

- Vision statement – what the practice wants to strive for and achieve
- Value statement – how the practice values clients and interacts with the local community

Lifespan of the strategic plan

Strategic plans are commonly written for a 3 to 5 year cycle. To be useful, plans need to reflect ongoing changes in the practice and ongoing changes in the health care environment.

The strategic plan should be reviewed at least once a year to demonstrate achievements, evaluate progress against the performance targets for each objective and ensure objectives and related targets remain relevant and realistic for future activity.

Practices are encouraged to rewrite their strategic plans at least every 3 to 5 years to ensure plans remain relevant and focussed on the provision of quality health care.

Aligning staff responsibilities with the strategic plan

Practice staff should be familiar with the strategic plan and given responsibility for working towards specified objectives.

Particular responsibilities should be clearly documented in staff position descriptions and/or staff performance objectives and reviewed as part of the standard performance management process.
Clinic Review

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<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>5.1.2A</td>
<td>The practice documents its overall objectives in a strategic plan</td>
</tr>
<tr>
<td>5.1.2B</td>
<td>The practice principal can describe how the strategic plan is reviewed and revised on a regular basis</td>
</tr>
<tr>
<td>5.1.2C</td>
<td>The position descriptions and/or performance objectives of audiologists and other staff are aligned with particular objectives in the strategic plan</td>
</tr>
<tr>
<td>5.1.2D</td>
<td>Staff can describe particular objectives of the practice relevant to their area of work</td>
</tr>
</tbody>
</table>

Further Information

Each state and territory government has a department to help support the development and growth of business. These departments may provide comprehensive online resources designed to help start, run and grow a business and to understand the requirements of operating a business in that particular state or territory.

ACT
www.business.act.gov.au

NSW
www.smallbiz.nsw.gov.au

NT
www.nt.gov.au/dbe

QLD
www.business.qld.gov.au

SA
www.southaustralia.biz

TAS
www.development.tas.gov.au/economic/business_point

VIC
www.business.vic.gov.au

WA
www.smallbusiness.wa.gov.au

Major banking institutions may offer an on-line service to help guide small business including business planning templates, tools and resources. "Disclaimer: Audiology Australia does not endorse any such institute or information or accept any responsibility for advice from these institutes but provides these links as a guide that such resources exist. Businesses should seek their own independent financial advice as required."

Contact Details

State and territory government departments for business:

ACT
www.business.act.gov.au

NSW
www.smallbiz.nsw.gov.au

NT
www.nt.gov.au/dbe

QLD
www.business.qld.gov.au

SA
www.southaustralia.biz

TAS
www.development.tas.gov.au/economic/business_point

VIC
www.business.vic.gov.au

WA
www.smallbusiness.wa.gov.au
Criterion 5.1.3 Operational Systems

- The workplace has systems that support effective and efficient operations

Guiding Principles

Policy and procedure manual

The terms ‘policy’ and ‘procedure’ may sometimes be used interchangeably in these standards. Although there is a distinction in meaning between these terms, they are both used as statements, principles and descriptors within various areas of the workplace’s clinical and business operations that are:

- Clearly defined in writing
- Understandable
- Readily accessible
- Complied with by staff

The policy and procedure manual is an important tool for running an efficient workplace focussed on quality service delivery and risk management.

The manual should be used as a day-to-day resource and form an integral part of the staff orientation program and the staff in-service education program.

Policies and procedures should be documented and include the date of approval and revision. Policies and procedures should cover all the issues outlined in the assessment indicators for workplace accreditation. They should also promote workplace rights and responsibilities and refer to materials available from Fair Work Australia and the Fair Work Ombudsman. There should be additional policies and procedures to cover any areas that are unique to a workplace.

Policies and procedures should be updated on an ongoing basis to keep abreast of changes within the workplace itself or changes in the health care environment (such as changes to legislation or standards). Any changes to policies and procedures should be communicated promptly to workplace staff.

Workplace systems

Systems should be tailored to the size and scope of the workplace but should cover at least the following areas:

- **Information technology (IT) systems**
  The workplace should have a level of information technology sufficient to manage client data, and should include backup systems. Where relevant for submitting and making claims, the workplace’s IT systems will need to interface with external systems such as the Office of Hearing Services, Health Insurance Commission, Medicare Australia, Health Industry Claims and Payment Services (HICAPS) or relevant websites.
  The workplace should have suitable IT support and adequate protection through anti-viral and firewall software and components.

- **Financial systems**
  The workplace must have financial systems based on sound accounting and bookkeeping principles. It would be expected that these are software based. Larger organisations would be expected to have different levels of access depending on staff level of responsibility and authority.
  The financial systems should include transparent billing arrangements so that clients and third parties understand the fee and payment structure.
  Systems should support the ability to efficiently manage payroll, creditors and debtors, operational needs such as inventory requirements, compliance with taxation and other reporting. There should be a regular review of income and expenditure, cash flow and financial position.

- **Debt management systems**
The workplace should have a debt management strategy that is both efficient and professional.

- **Human resource systems**
  
The scale of a human resource system may be dependent on the size and nature of the practice. It is important to maintain appropriate records of employees, contact details, tax file numbers, contracts, recruitment and selection, conditions of employment, remuneration and pay, emergency contact details and performance management.

### Clinic Review

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<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tbody>
<tr>
<td>5.1.3A The workplace has a policy and procedures manual</td>
<td>Policy and procedures manual covers a range of procedures</td>
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<tr>
<td>5.1.3B Policies and procedures are updated on an ongoing basis</td>
<td>Interview with director</td>
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<td>Documented evidence of updated information</td>
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<td>5.1.3C The workplace utilises information technology systems with appropriate back-up procedures</td>
<td>Written documentation and discussion describing systems used</td>
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<td>Written policy</td>
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<td>5.1.3G The workplace has a human resources system appropriate for its size and nature</td>
<td>Interview with director</td>
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<td>Observation of system</td>
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### Further Information

Suitable local training courses (e.g., TAFE or local community registered training organisations) and books on small business management may help small- or medium-sized practices better understand financial processes, obligations and financial and accounting software.

The Australian Institute of Management (AIM) is a member-based organisation that promotes the advancement of education and learning in the field of management and leadership for commerce, industry and government.

It has some resources on its website as well as offering education, training and other services such as a bookstore and on-line articles.


The Fair Work Ombudsman provides information and advice to better understand workplace relations and the rights and obligations of employers and employees. They provide resources that may assist small-medium sized business such as:

- Best practice guidelines that provide guidance on important workplace issues
- Templates to assist employers maintain employment records
• Fact sheets on workplace issues
  www.fairwork.gov.au

Contact Details
Australian Institute of Management
  www.aim.com.au
Fair Work Ombudsman
  www.fairwork.gov.au
Standard 5.2 Human Resource Management

• The workplace values its staff and demonstrates effective human resource management

Criterion 5.2.1 Credentials

• Audiologists and other health professionals are appropriately qualified, accredited and insured

Guiding Principles

Clinical currency

For each health professional in the workplace, the local practice director must verify evidence of an appropriate current Audiology Australia Certificate of Clinical Practice for Audiology Australia members and equivalent for other non-member audiologists and audiometrists.

It is recommended that a copy of the current Audiology Australia Certificate of Clinical Practice (or equivalent from other approved professional bodies) should be available for each audiologist within the workplace.

Qualifications

For each health professional, the workplace director must verify and document the sighting of a certified copy of the relevant qualification certificate.

For audiologists who are Audiology Australia members, it is appropriate to accept the sighting of a current Audiology Australia membership certificate, as the relevant qualifications will have previously been provided to Audiology Australia as a requirement for membership. Employers may, however, choose to satisfy their own needs by sighting copies of audiology qualifications.

Insurance for health professionals

Each health professional must have adequate professional liability insurance. Health professionals should seek individual advice from reputable insurers about suitable cover for areas such as:

• Breach of professional duty
• Legal fees covering disciplinary or coronial inquiries
• Bodily injury and damage to property arising from the ownership and/or occupancy of a workplace
• Goods sold or supplied
• Advice given on goods sold or supplied.

The level of insurance cover held by a health professional in the workplace should be at least the level recommended by the preferred insurer of the relevant professional association, and as recommended by third-party funders.

Health professionals who supervise student audiologists, other audiologists and/or audiometrists should make sure their own professional liability cover, or the cover of the workplace, provides suitable protection for this aspect of their professional role, as well as cover for the workplace itself.

Working with children

There are differing mandatory requirements in each state and territory for staff and volunteers working with children to have police clearances and screening checks. The workplace needs to understand the requirements for their particular state or territory and ensure compliance and currency.

Clinic Review
5.2.1A  All health professionals in the workplace have appropriate qualifications

Documentation that details all health professionals and their qualifications

5.2.1B  The workplace director has verified and documented evidence of current membership to an appropriate professional association, qualification certificates and post-graduate qualification certificates as applicable

For audiologists who are Audiology Australia members, it is appropriate to accept the sighting of a current Audiology Australia membership certificate without needing to sight qualification certificates (appropriate qualifications are provided to Audiology Australia as a requirement for membership)

Checklist of health professional staff records and sample of documentation

5.2.1C  Professional liability insurance cover for each health professional within the workplace is current

Checklist of staff and evidence of premiums

5.2.1D  Health professionals working with children have the requisite police clearance and/or screening check for that state or territory

Checklist of staff and sample of relevant clearances

Further Information

Audiology Australia’s website has additional information on the requirements of membership, the Audiology Australia Certificate of Clinical Practice and Continuing Professional Development (CPD) program.

www.audiology.asn.au

Contact insurance companies that specialise in professional indemnity and public liability.

The Australian Institute of Family Studies collates and publishes comparative information for a range of different child protection issues from each state/territory. This includes current requirements for pre-employment screening of ‘Working With Children Checks’ and police clearances in each state and territory.

www.aifs.gov.au  Search /pre-employment working with children check/,  /reporting abuse relevant authorities/.

Contact Details

Audiology Australia
www.audiology.asn.au

Australian Institute of Family Studies
www.aifs.gov.au
Standard 5.3 Health Information Systems

- The workplace manages clients’ health information in accordance with legal and professional obligations

Criterion 5.3.1 Confidentiality and Privacy

- The practice has health information systems which maintain confidentiality and privacy of clients’ health information

Guiding Principles

Refer also to Criterion 1.1.2 Confidentiality and Privacy for more detailed discussion of the guiding principles relating to this criterion.

This guidance material for has been sourced from the Office of the Australian Information Commissioner (OAIC).

Further information for the OAIC is available at www.oaic.gov.au.

Government agencies are expected to set high standards for information handling.

The Information Privacy Principles (IPPs) are the baseline privacy standards that the Australian and ACT government agencies need to comply with in relation to personal information kept in their records.

There are eleven IPPs which address various issues related to information:

- Manner and purpose of collection of information
- Collection of information directly from individuals
- Collection of information generally
- Storage and security
- Access and amendment
- Information use
- Disclosure

State and Northern Territory public hospitals and health services are not covered by the Privacy Act, but covered by relevant state or territory legislation.

The Commonwealth Privacy Act encompasses ten National Privacy Principles (NPP) which govern the management of clients’ health information in the private sector:

- NPP 1 – Collection of Information
- NPP 2 - Use and Disclosure
- NPP 3 - Data Quality
- NPP 4 - Data Security
- NPP 5 - Openness
- NPP 6 - Access & Correction
- NPP 7 - Identifiers
- NPP 8 - Anonymity
- NPP 9 – Transborder data flows
- NPP 10 – Collection of Sensitive Information
Clinic Review

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<td>5.3.1A</td>
<td>Policy and procedure of what and how health information is collected</td>
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<td>Collection of information - The workplace only collects health information that is necessary to provide quality health care</td>
<td>Staff interview</td>
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<td>5.3.1B</td>
<td>Workplace director interview regarding systems in place to protect confidentiality and privacy of client information</td>
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<td>Protection of confidentiality and privacy</td>
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Further Information

The Office of the Australian Information Commissioner (OAIC) is an Australian Government agency, established under the Australian Information Commissioner Act 2010 as part of changes to federal freedom of information law. These reforms bring together functions relating to freedom of information, privacy and information policy.

The Office of the Privacy Commissioner is the national privacy regulator and is integrated into the OAIC. Guidelines and information on a wide range of topics including privacy legislation, requirements for business, government and the health sector, privacy resources and compliance is available on the website.

www.oaic.gov.au

The Audiology Australia Code of Ethics and Code of Conduct provide guidance on ethical practice in audiology and professional obligations relating to privacy and confidentiality

www.audiology.asn.au

Contact Details

Office of the Australian Information Commissioner
www.oaic.gov.au

Audiology Australia
www.audiology.asn.au
Criterion 5.3.2 Security

- The workplace protects the security of health information

Guiding Principles

Storage

The workplace must store both active and inactive health information records securely. (An inactive client health record is generally defined as the record of a client who has not had active contact with the practice for at least two years).

The workplace must take reasonable steps to protect the health information it holds from misuse and loss as well as from unauthorised access, modification or disclosure.

Health information, whether in hard or electronic copy, should be controlled and restricted to relevant staff.

Where health information is kept in electronic copy, the workplace should have adequate IT support.

Culling of inactive client health records from the main filing system is permitted where it improves the efficient management of health information.

Retention

Health information must be retained for the minimum periods proclaimed in the relevant state or territory Public Records Act. However, the workplace may wish to retain inactive health information records indefinitely depending on the advice of their professional liability insurer.

Destruction

The workplace must take reasonable steps to delete, destroy or de-identify health information that is no longer needed for any further purposes.

The destruction of documents, whether they be electronic or hard copy, must be carried out in a secure and confidential manner. Where a private contractor is used, the workplace should obtain a certificate of document destruction.

Clinic Review

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<td>5.3.2A The practice maintains the security of client health</td>
<td>Interview with workplace principal</td>
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<td>information</td>
<td>Procedure for management of documents and records</td>
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<td>Observation</td>
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<tr>
<td>5.3.2B Practice staff have access only to the elements of client</td>
<td>Written policy and procedures of measures to manage staff access</td>
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</table>
| 5.3.2C | A client’s information is not stored or left visible in areas of the workplace with unrestricted or unsupervised access | Direct observation
Staff interview |
| 5.3.2D | The practice would confidently be able to retrieve information, including client health records, following any adverse event affecting access and integrity of information (information disaster) | Documented information disaster recovery plan and procedure |
| 5.3.2E | If the practice uses computers and electronic records to store client information, there are:
- Personal passwords to authorise appropriate levels of access to health information
- Screensavers or other automated privacy protection devices
- Regular backups of electronic information integrated with an information disaster recovery plan
- Secure offsite storage arrangements for electronic backups
- Firewalls for all computers connected to the internet
- Antivirus systems with provision for regular or automated updates | Description/demonstration of measures in place
Staff interview |
| 5.3.2F | The practice retains client health records and personal details based on the relevant State, Territory or Commonwealth legislation and the advice of the workplace’s professional liability insurer | Written policy |
| 5.3.2G | The practice manages inactive client health records | Written policy |
| 5.3.2H | The practice destroys health information in a secure and confidential manner | Interview with practice director and systematic documentation of procedures undertaken
Written policy |

Further Information

The Office of the Australian Information Commissioner (OAIC) provides guidelines and information on a wide range of topics including privacy legislation, requirements for business, government and the health sector, privacy resources and compliance.

www.oaic.gov.au

Contact Details

Office of the Australian Information Commissioner

www.oaic.gov.au
Criterion 5.3.3 Use and Disclosure of Information

- In general, the workplace only uses or discloses health information for the primary purpose for which it was collected

Guiding Principles

This principle sets out how providers can use and disclose health information.

A health service provider may use or disclose health information:
- For the main reason it was collected (the primary purpose)
- For directly related secondary purposes, if the consumer would reasonably expect these
- If the consumer gives consent to the proposed use or disclosure
- If one of the other provisions under this principle applies

The key is to make sure that there is alignment between the expectations of the health service provider and those of the consumer about what will be done with the health information.

Terminology

‘Use’ refers to the handling of client health information within a workplace.

‘Disclosure’ refers to the transfer of information outside the workplace.

Primary purpose

In general, the workplace’s primary purpose of data collection will be to provide quality health care.

Secondary purpose

The workplace may use and disclose health information for directly related secondary purposes if these purposes fall within the reasonable expectations of clients.

Open communication between the audiologist and the client is important because there is ordinarily a strong link between ‘reasonable expectations’ and what the client has been told about how their health information will be used and disclosed. In other words, it is important that the understanding and expectations of audiologists are aligned with the understanding and expectations of clients in relation to how health information is being handled.

Audiologists providing health care for the primary purpose and/or directly related secondary purposes would not generally need to seek further consent for necessary uses and disclosures. For example, if an audiologist refers a client to a general practitioner, necessary information sharing would usually be deemed to fall within a reasonable expectation.

Directly related secondary purposes may also include activities necessary to the functioning of the health sector such as billing or debt recovery; reporting an adverse incident to an insurer; disclosure to a lawyer for the defence of legal proceedings and quality assurance or clinical audit activities which seek to improve a clinical service.

Other purposes

The workplace should only use and disclose health information for other than primary or directly related secondary purposes, if the client gives consent (express or implied) or if an exception applies.

Exceptions include uses or disclosures required or authorised by law; uses or disclosures necessary to manage a threat to someone’s life, health or safety; and uses or disclosures for research provided certain conditions are met.

Mandatory reporting
Health professionals in the workplace must use or disclose health information if the law requires them to do so. For example, health professionals are required to report child abuse (under care and protection laws) and notify the diagnosis of certain communicable diseases (under public health laws).

**Legal proceedings**

Health professionals served with a subpoena or other form of court order requiring the production of documents to the court are generally required to supply the documents. If a health professional is concerned about how to proceed, he/she can seek advice from the registrar of the court or tribunal that issued the order, or from a lawyer.

**Training and education**

The use of health information for training and education will usually require the client’s consent. Where consent is sought, the individual should have a genuine choice and not be pressured to agree.

If the workplace uses de-identified health information for training, client consent is not required.

**Public health and safety research and statistics**

The workplace may use or disclose health information without consent for research or statistics that are relevant to public health or safety. The health information may be used or disclosed only if:

- The activities cannot be undertaken with de-identified data
- Seeking consent is impracticable
- The activities are carried out in accordance with guidelines of the National Health and Medical Research Council
- The workplace reasonably believes the organisation to which the health information is disclosed will not further disclose it

**Transfer of information to another health service provider**

Clients requesting to transfer to an audiologist in another workplace can authorise the disclosure of health information from the original workplace to a new workplace. A copy of the health information could be transferred in this way.

Client health information that is transmitted electronically over a public network such as the internet can pose significant privacy risks. It is technically possible for a third party to intercept and read emails or for emails to be inadvertently sent to the wrong person. Practices should not transfer client information by email unless it is encrypted.

If the original workplace does not transfer the health information, the client may seek access to the information, request a copy and then take it to the new workplace.

**Clinic Review**

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<tr>
<td>5.3.3A The practice and staff can describe how they inform clients about the use and disclosure of their health information</td>
<td>Staff interview</td>
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<td>Sample of tools used to inform clients.</td>
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<tr>
<td>5.3.3B The practice has a policy for transferring a client’s health information to another workplace on the client’s request</td>
<td>Written policy and evidence of activity</td>
</tr>
<tr>
<td>5.3.3C Where the workplace uses health information (name, address, email address, phone number) for workplace marketing purposes, this should be disclosed in the privacy policy and provision made for clients to opt out of a workplace marketing database</td>
<td>Written policy</td>
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<tr>
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<td>Description/interview of how opt out preference is managed</td>
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Further Information

The Office of the Australian Information Commissioner (OAIC) provides guidelines and information on a wide range of topics including privacy legislation, requirements for business, government and the health sector, privacy resources and compliance is available on the website. www.oaic.gov.au

The Australian Institute of Family Studies collates and publishes comparative information for a range of different child protection issues from each state/territory. This includes current requirements for:

- Mandatory reporting pre-employment screening of ‘Working With Children Checks’ and police clearances in each state and territory
- Legal provisions requiring specified people to report suspected child maltreatment to statutory child protection services in Australia. (All jurisdictions possess mandatory reporting requirements of some description. However, the people mandated to report and the abuse types for which it is mandatory to report vary across Australian states and territories.)

www.aifs.gov.au Search /pre-employment working with children check/, /reporting abuse relevant authorities/.

Contact Details

Australian Institute of Family Studies
www.aifs.gov.au

Office of the Australian Information Commissioner
www.oaic.gov.au
Criterion 5.3.4 Access

- **The workplace enables clients to access their own health information on request**

### Guiding Principles

#### Access – A core privacy principle

Consumers have a general right of access to their own health records.

Access can only be denied in certain circumstances - for instance where access can pose a serious risk to a person's life or health.

#### Access

The Privacy Commissioner's view is that access should generally be given in the form that the individual requests (such as a copy of an original record or an accurate summary), unless there are significant reasons for not doing so.

An individual can request access, and a practice may provide it, in a variety of forms including:

- A photocopy (or a secure electronic copy) of the information requested
- A copy and explaining the information face-to-face
- The individual allowed to inspect their personal information held by the organisation
- The individual allowed to take notes about the contents of the record
- Access through a mutually agreed intermediary

When a client seeks access to their health information, it may be helpful for the treating audiologist to discuss it with them to prevent the information being misunderstood or taken out of context.

The workplace is not obliged to reformat or summarise health information in response to a request for access. However, if the audiologist believes a summary may be more useful and the client accepts this, a summary could be provided instead of or as well as the original record.

#### Correction

Consumers can ask for information about them to be corrected, if it is inaccurate, incomplete or out-of-date. The provider will need to take reasonable steps to correct the information.

#### Charging for Access

Clients may be charged for the administrative costs involved in providing access to their own health information. Fees should be reasonable and should not discourage individuals from seeking access to their own health information.

The provider may charge a fee for giving access, but under National Privacy Principle 6.4, the fee must not:

- Be excessive
- Apply to merely making an application for access

The Privacy Commissioner generally assesses cost-related factors under two categories - cost of resources and costs for time and labour.

The organisation should consider which staff are appropriate to process an access request, and what proportion of costs for time and labour should be passed on to the patient. These costs may include:

- Administrative (e.g., clerical staff photocopying, printing, collating and posting documents, and collecting files from off-site archives). These tasks may be charged at a reasonable clerical rate, but should not be charged at a professional rate
• Professional (e.g., when a health professional needs to play a role in providing access). It may be reasonable for the health professional to charge for this time at their professional rate (or a proportion of it). For example:
  o Where necessary, sitting with a patient and going through the record to explain its contents
  o Reviewing records before giving access, in case an exception under NPP 6.1 permits denial of access to some or all of the information

Withholding Access

In a limited number of situations, the workplace may withhold access to a client’s own health information.

For example, if it is deemed the information would pose a significant threat to the life or health of any individual, access may be denied. In this kind of situation, it may be possible to provide the information in a form that would remove the threat such as by discussing the information in person.

Access may also be withheld where the client health record contains information about another person and the privacy of that person may be unreasonably affected.

In this kind of situation, it may be possible to provide the information once the identifying details of the other person have been removed or by contacting the other person to seek consent to the release of their information, provided such contact does not cause privacy risks for the client.

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<td>If fees are levied for accessing health information, there is a reasonable schedule of fees</td>
<td>Written policy</td>
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<td>Schedule of fees if applicable</td>
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Further Information

The Office of the Australian Information Commissioner (OAIC) provides guidelines and information on a wide range of topics including privacy legislation, requirements for business, government and the health sector, privacy resources and compliance is available on the website. This includes information sheets such as Information Sheet (Private Sector) 22 - 2008: Fees for access to health information under the Privacy Act

www.oaic.gov.au

Contact Details

Office of the Australian Information Commissioner

www.oaic.gov.au
Standard 5.4 Risk Management

• The workplace demonstrates effective risk management

Criterion 5.4.1 Risk Management

• There is a systematic, proactive and responsive approach to risk management

Guiding Principles

Philosophy

Risk management should be built into the day-to-day operations of the workplace. Risk management encompasses a culture of ongoing learning combined with practical policies and procedures that enable workplace staff to identify, manage or eliminate risks to clients, staff, visitors and the workplace itself.

Risk management can also provide a useful system for setting priorities when there are competing demands for finite workplace resources.

Defining risk

Risks can range from a near miss (an event with the potential for harm or error, which is intercepted) to an adverse incident (an event that has caused some harm and may lead to a complaint or claim).

Scope of risk

Areas of potential risk may include:

• Inadequate policies and procedures for managing factors such as safety, security, infection control, hazardous substances, fire protection
• Inadequate management of compliance with policies and procedures
• Inadequate staff training
• Workplace environment including access, amenities, fixtures and fittings
• Equipment and electrical circuits
• Individual activity such as breach of confidentiality, unprofessional conduct, poor performance, misappropriation of funds, fraud, vandalism, illegal entry, information misappropriation and human error
• Commercial and legal relationships including contractual risk, product liability, professional liability and public liability
• Natural events including fire, water damage, earthquakes, disease and contamination
• Technology and technical issues
• Environmental circumstances including legislative, policy or funding changes and competition within the health care industry

Risk management procedures

The workplace should have risk management procedures that provide a co-ordinated and comprehensive system to identify, manage or eliminate risk.

The risk management system should incorporate the following basic elements:

• Risk identification
  Identify risks and their level of impact, likely occurrence and consequences
• Risk analysis
Differentiate between severity of risks and determine which risks are unacceptable and should be managed as a priority

- **Risk management**
  Evaluate the options for managing unacceptable risks and implement a plan of action

- **Risk review**
  Monitor risks and revise risk management procedures on an ongoing basis to ensure the procedures remain effective both separately and collectively

Policies and procedures should include clear guidance on identifying, analysing, reporting, managing and documenting risk, and learning from the experience.

The policy and procedure manual is an important tool for effective risk management. The manual should be used as a day-to-day resource and form an integral part of the staff orientation program. The development and regular review of workplace policies and procedures is itself a valuable risk management exercise.

**Managing adverse incidents**

If there has been an adverse incident at the workplace that may give rise to a claim or if a claim is made against the workplace, it is important to contact the insurer immediately to get expert advice on how to proceed. It is important not to admit liability, offer compensation or commit anything to writing without first contacting the insurer (although an expression of regret can be made).

It may be appropriate for the workplace to provide support, including counselling, for those involved in an adverse incident.

**Clinic Review**

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<td><strong>5.4.1A</strong></td>
<td>The workplace has appropriate insurance cover including: Building and contents, Public liability, Professional liability, Workers compensation, Business protection (discretionary), Income protection (discretionary)</td>
</tr>
<tr>
<td><strong>5.4.1B</strong></td>
<td>The practice has a procedure for identifying, reporting, managing and documenting risks (including near misses and adverse incidents)</td>
</tr>
<tr>
<td><strong>5.4.1D</strong></td>
<td>The practice is responsive to and continuously improves from risk management procedures</td>
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</table>

**Further Information**

Standards Australia has released an updated standard *AS/NZS ISO 31000:2009 Risk management - Principles and guidelines*. This provides a generic guide for managing risk. It may be applied to a wide range of activities or operations of any public, private or community enterprise, or group. Therefore, this International Standard is not specific to any industry or sector. 

Local training courses (e.g., TAFE or local community registered training organisations) and books on small business management may help small-medium practices better understand risk management.

The Australian Institute of Management (AIM) is a member-based organisation that promotes the advancement of education and learning in the field of management and leadership for commerce, industry and government. It has some resources on its website as well as offering education, training and other services such as a bookstore and on-line articles.

www.aim.com.au

The Australian Institute of Company Directors (AICD) is a member-based organisation that aims to provide leadership on director issues and promote excellence in governance for directors. It has an on-line resource centre that offers some articles on risk management systems as well as offering training courses to members and non-members.

www.companydirectors.com.au

Contact Details

Australian Institute of Company Directors
www.companydirectors.com.au

Australian Institute of Management
www.aim.com.au

Standards Australia
www.standards.org.au
Standard 5.5 Improving Workplace Management

- The workplace actively seeks opportunities to improve its management

Criterion 5.5.1 Quality Improvement

- The workplace demonstrates continuous improvement in its management

Guiding Principles

Continual improvement of overall performance should be a permanent objective of the workplace.

The ways of adopting and implementing quality improvement guidelines depend upon factors such as the culture, size, nature of the organization, the types of products or services offered, and the markets and customer needs served. Therefore, an organization should develop an improvement process suited to its own needs and resources.

Quality cycle

The quality cycle is seen as a continuous process of planning, acting, evaluating and feedback. The quality cycle applies to the process of workplace management as well as the outcomes of workplace management.

Quality initiatives should follow the basic steps outlined below to ensure activity being undertaken by staff is meeting desired goals.

- **Plan** Assess the status quo before any changes are made to provide a baseline for future reference
- **Act** Enact initiatives to meet quality improvement goals
- **Evaluate** Check in the short term to see if planned activity is producing desired outcomes and then check again in the longer term to see if the quality improvement is being sustained
- **Feedback** Review if/how activity needs to change to achieve or sustain the desired quality improvement and start again

Benefits of the quality cycle

Applying the principles of management-by-continual-improvement should deliver tangible benefits to the workplace such as:

- Clarity of purpose through quality objectives defined in the strategic plan
- Consistency in evaluating and improving workplace performance using agreed measures
- Improved capacity and flexibility to respond to market opportunities
- Acknowledgement of improved performance
- Objective basis for performance reward
- Staff who are motivated to seek improvement in their day-to-day work

Clinic Review
Assessment Indicators | Evidence Guide
--- | ---
5.5.1A The practice undertakes at least one structured management review annually as part of its strategic plan | Quality policy
Meeting minutes with action items
Staff interview
Interview with practice director about the last management review, any changes implemented to improve the quality of workplace management and the outcome of such changes

Further Information


Local training courses (e.g., TAFE or local community registered training organisations) and books on small business management may help small- or medium-sized practices better understand quality improvement.

The Australian Institute of Management (AIM) has some resources on its website as well as offering education, training and other services such as a bookstore and on-line articles. [www.aim.com.au](http://www.aim.com.au)

The Australian Institute of Company Directors (AICD) has an on-line resource centre that offers some articles on quality improvement and continuous improvement as well as offering training courses to members and non-members. [www.companydirectors.com.au](http://www.companydirectors.com.au)

Contact Details

**Australian Institute of Company Directors**

**Australian Institute of Management**

**Standards Australia**
[www.standards.org.au](http://www.standards.org.au)