

Sexual Health Services (QMS) - Accreditation Guidelines for NSW

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Summary Accreditation Guidelines for NSW Sexual Health Services for use with the Quality Improvement Council Review and Accreditation Program.

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QUALITY MANAGEMENT SERVICES *for the health and community sectors*

Accreditation Guidelines for NSW Sexual Health Services

for use with the Quality Improvement Council Review and Accreditation Program

2005

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INTRODUCTION

Background development

In August 2002 the Australian Council on Healthcare Standards (ACHS) and Quality Management Services (QMS) were approached by the AIDS/Infectious Diseases Branch of the NSW Health Department to develop accreditation guidelines that meet the specific needs of sexual health services.

A series of discipline and location specific focus groups were held across NSW to establish stakeholder views and issues about the content of the accreditation guidelines. The focus groups had a structured approach to allow for correlation and cross comparisons with different variables such as rural and metropolitan or clinical and health promotion. Drafts of the Guidelines were then considered by the Department, the Sexual Health Accreditation Guidelines Working Group and more widely by the sector and stakeholders prior to being finalised in November 2003.

Guidelines for the Development of Sexual Health Services in NSW (1997) identifies the required components and functions of a sexual health service, and key strategies to achieve the aims of sexual health services. The aims stated in this document are:

- Minimise transmission of STIs
- Minimise morbidity from STIs
- Minimise morbidity associated with sexuality, sexual function and relationship issues
- Promote the maintenance and enhancement of sexual health
- Increase access to sexual health services throughout NSW
- Improve the quality of service.

Statewide priority populations are identified from time to time by the Health Department.

Sexual health services can include any or all of the following activities:

- Care and treatment for STIs
- Contact tracing
- Sexual health promotion
- Training, professional development and consultancy for health care workers
- Research
- Collection of surveillance data

Services are delivered by multidisciplinary teams including:

- venereologists
- sexual health physicians
- sexual health nurses
- sexual health counsellors
- peer workers

It is recognised that there is considerable diversity in the way sexual health services are structured, organised and delivered. These Guidelines for Sexual Health Services cover many issues that are specific to sexual health care but are by no means exhaustive. The guidelines are intended for use in conjunction with the QIC Core Module and therefore have been set within this context.

Sexual Health Services must comply with relevant legislation including the NSW Public Health Act and with the range of policy documents issued by the NSW Department of Health. At the time of writing this document these include:

- ❖ Notification of Infectious Diseases
- ❖ Confidentiality of personal information
- ❖ Informed consent for testing and treatment
- ❖ Contact Tracing
- ❖ Counselling in Screening for HIV

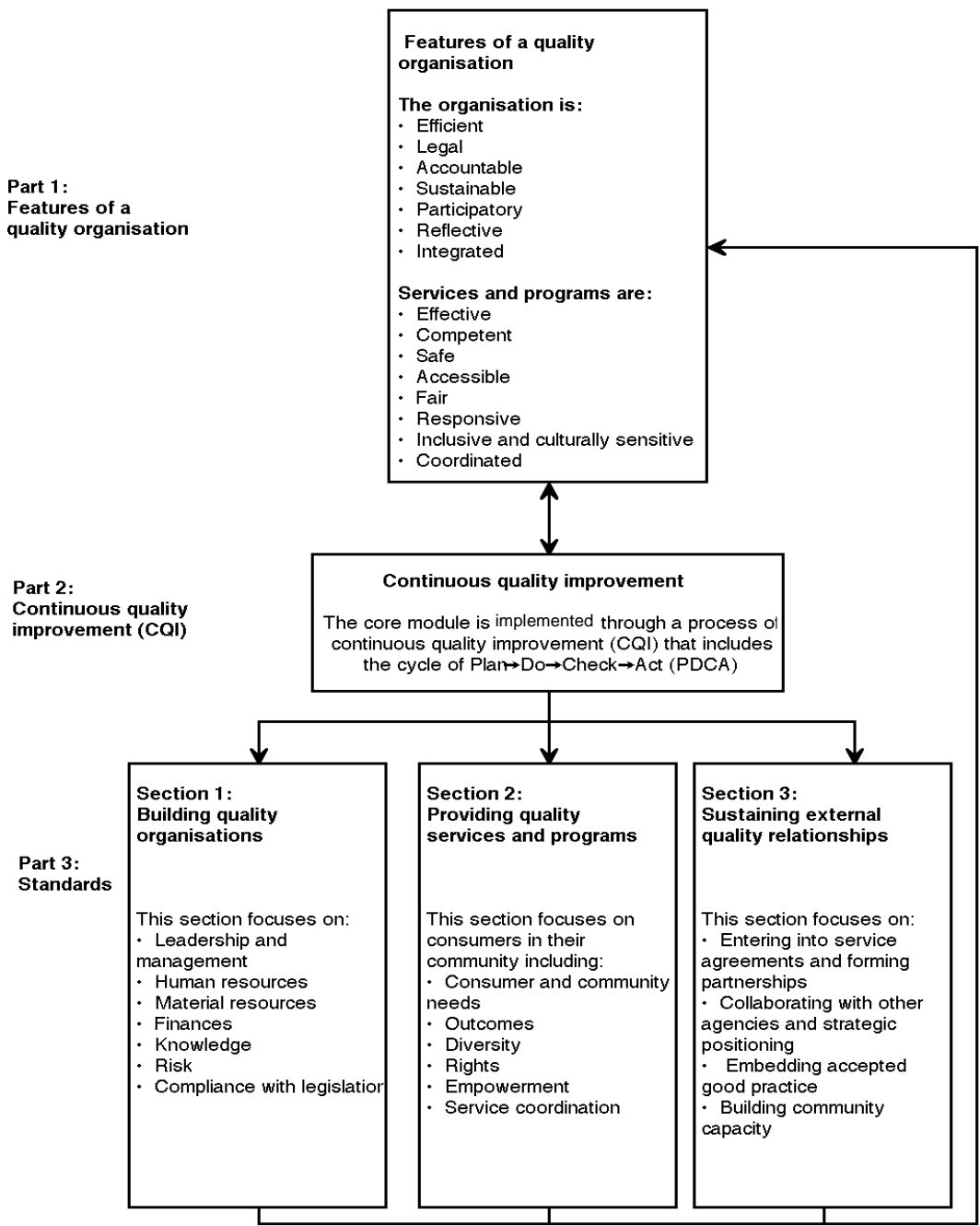
- ❖ Access to pharmaceuticals
- ❖ Management of people who risk infecting others
- ❖ Protecting Children and Young People
- ❖ Infection Control
- ❖ Management of workforce exposure to BBV's
- ❖ Management of Non Occupational Exposures (PEP).

It is understood that a Sexual Health Service, in providing documentation supporting their accreditation, will provide evidence that demonstrates service compliance with current legislation and policies.

Program Manager
Quality Management Services

Structure of the Core Module Framework

The overall structure is represented in the following diagram.



Systems Approach to Continuous Quality Improvement

Quality improvement is concerned with systems rather than the presence of isolated things or actions. Well designed and implemented systems will maximise the chances of sustaining quality performance. They will also have built-in quality improvement features, in particular:

- They will be described in writing (for example in policies, procedures, memoranda, meeting minutes etc)
- Responsibility for their implementation will be assigned
- Relevant staff will know about and understand them, and
- Work practices will reflect the written description of the system.
- Feedback mechanisms will be built into them to monitor practice compliance and evaluate their effectiveness in achieving their desired results

These features enable the organisation to be clear about its practices and to know when there has been a variation from those practices.

The QIC Standards and Accreditation Program reflects this systems focus while recognising that each organisation will have its own way of developing systems and will be at its own stage of developing and refining its systems.

Evidence

Using Standards for quality improvement requires the collection of evidence about the organisation's practices in order to determine whether they meet the Standards.

Evidence has been defined as "grounds for belief; that which tends to prove or disprove something"¹

Evidence may comprise documents, observations, or interviews and the strength of evidence is determined with the following factors:

Relevant.	It should relate directly to the practice under examination
Current	It should be recent enough to confirm that the practice still exists
Reliable	It should be obvious enough that different people observing the evidence would be likely to come to the same general conclusion about the practice
Corroborated	Multiple pieces of evidence which confirm a conclusion about a practice are stronger than a single piece of evidence.

This edition adopts the use of evidence questions to guide organisations in the essential concerns for each standard. These essential concerns are presented as questions to stimulate discussion within the organisation. Although they are comprehensive they are not intended as exclusive, and organisations are strongly encouraged to use them as a starting point and consider the relevance of the questions to their particular circumstances.

¹ The Macquarie Dictionary Revised 3rd Edition, 2001, The Macquarie Library.

Part 1: Features of a quality organisation

15 features of a quality organisation have been developed to underpin the program and represent QIC's core concepts.

To achieve quality, an organisation needs to be:

- **Efficient.** The organisation's services and programs are cost-effective and operate smoothly.
- **Legal.** The organisation ensures compliance with all laws and regulatory requirements that govern its operations.
- **Accountable.** The organisation is open and transparent with its consumers, funders and other stakeholders including staff and volunteers.
- **Sustainable.** The organisation is structured to ensure consumers can receive continuous services.
- **Participatory.** The organisation actively engages consumers, relevant external organisations, staff, volunteers and other stakeholders in defining, delivering and improving services and maintaining their relevance.
- **Reflective.** The organisation reflects on its services and actively seeks improvement.
- **Integrated.** The organisation works with the external organisations and individuals to share knowledge, avoid unnecessary duplication, and achieve better outcomes for consumers and other stakeholders.

The Standards are designed to ensure an organisation provides programs and services that are:

- **Effective.** Services and programs provided by the organisation consistently achieve the desired result
- **Competent.** Services and programs reflect current good practice.
- **Safe.** Services and programs are provided in ways that avoid or minimise harm to consumers, staff and volunteers.
- **Accessible.** Services and programs are provided in a convenient location, at suitable times, are affordable and equitable, are culturally safe and are able to be used by all regardless of disability.
- **Fair.** Services and programs are prioritised on the basis of need.
- **Responsive.** The organisation is aware of its consumers, treats them with respect and dignity, and provides services that are relevant and in a flexible way to meet their differing needs and expectations.
- **Inclusive and culturally sensitive.** Services and programs are designed and delivered in ways that acknowledge and accommodate the range of its consumers in terms of such things as culture, language, age, gender, sexual orientation, disability and ability. Acceptability to consumers is an important consideration.
- **Coordinated.** Processes, services and programs within the organisation are coordinated for the benefit of consumers.

The features provide an image of a quality organisation. Quality, though, is not static. It is constantly being refined as knowledge increases and the context changes. This image of a quality organisation is turned into reality by implementing a culture of continuous quality improvement and meeting the standards.

Part 2: Continuous Quality Improvement

This core module and the whole QIC program are implemented through a process of continuous quality improvement.

Planning involves developing an idea about how something might be improved. A plan is put together to test the idea as to whether it leads to an improvement. This requires substantive and current knowledge of the discipline in which the organisation, team or staff member works. It also needs procedural knowledge of how organisations change, the way people learn, and what needs to be done to support change.

Doing involves implementing the plan. It is a trial of the change.

Checking involves reflecting in a systematic way on the change, the impact it has had and whether it results in an improvement. This involves gathering and analysing data and other forms of evidence. There is an overlap between doing and checking because evidence is normally gathered while the change is being trialled. Not all changes are improvements. On the basis of checking in a systematic way, the organisation may choose not to proceed with the innovation.

Acting involves embedding the change into the everyday work of the organisation, team or individual staff, if it is seen as an improvement. This might include broadening the change to new parts of the organisation and engaging staff in the rationale for, and nature of, the change. It may also include developing policies and protocols or restructuring the organisation. Professional development is often necessary during this phase.

The PDCA cycle can be implemented at different levels. It may be used for large-scale changes and involve many staff over a considerable period of time. Its use may also be more modest. A team or a single staff member could come up with an idea to improve a current work practice. The cycle is a means of working with consumers, gathering feedback, developing an idea for improvement, testing the idea to see whether it is effective in terms of consumer outcomes, and instituting the change on a more permanent basis. Any organisation, though, is an integrated system. Making even modest changes to one part will normally have implications for its other parts.

Although the PDCA cycle is described here in formal terms, it is really about a culture of continually looking for ways to improve an organisation's services and programs. If it becomes formulaic, the task of 'doing improvement' or getting accreditation becomes the goal and an end in itself. This should be avoided. The real purpose is to improve the quality of the organisation and the outcomes for its consumers.

It is worthwhile thinking about how CQI underpins the organisation at a number of different levels:

- The culture of the organisation, what it stands for and the way in which it works.
- The way in which the organisation is structured to facilitate reflection, questioning and improvement.
- The everyday work practices of management, teams and individual staff members.

Section 1 Standards: Building Quality Organisations

This section focuses on leadership and organisational management including:

Leadership & Management
Human Resources
Material Resources
Financial Management
Knowledge Management
Risk Management
Regulatory Compliance

A Systems Approach: Levels 1 – 5

A systems approach is where the organisation supports its service delivery with a culture of continuous quality improvement that is systematic and integrated throughout all levels of management and service activities. The organisation demonstrates this through a planned approach towards service delivery, effective human resource management, reflection on its work practices, achievements, incidents and documented policies, procedures and protocols. Examples of levels and service areas at which systems operate might include:

Organisational:

Demographic and other data used for planning, regulatory requirements for recruitment and qualifications, position descriptions, performance indicators, state or national strategic directions of funding bodies, continuous quality improvement through regular reflection and analysis of feedback and results, organisational development, organisational structures that encourage teamwork

Team:

performance management, protocols and guidelines, peer review, clinical process improvement, clear and open communication, team meetings and role definition, quality assurance audits

Individual:

participation, communication, project management, performance audits, benchmarking, clinical guidelines, client surveys,

Standard 1.1

Leadership and management builds a collective sense of purpose and direction that enable the organisation's philosophy, goals and service priorities to be identified and met.

What is the evidence that:

- *the interests of consumers and stakeholders are represented through formal and informal structures and processes?*
- *the organisation works in partnership with and is accountable to its stakeholders.*
- *there are policies, structures and processes to ensure that roles of staff and boards regarding decision-making are defined and opportunities exist for them to participate appropriately?*
- *the goals and of the organisation are clearly articulated, communicated and understood by all stakeholders?*
- *the leadership of the organisation implements effective management systems and strategies to ensure the goals are met?*
- *these systems and strategies embed CQI, foster innovation and manage change at all levels within the organisation?*

Performance Measures

- The organisational structure and processes foster teamwork and collaboration eg policy statements, emphasis in orientation and incentives for teamwork
- Community and consumer representation on governing and other planning and policy making bodies
- Frequency of governing body meetings and attendance rates of individual members
- Frequency of sexual health service presentations to the governing body
- Percent of targets for business growth and finances met
- Percentage of funds allocated in accordance with the regional/organisational plan
- Percent of program and service goals achieved including population health and health promotion programs
- Percentage of management decisions made by delegated managers
- Mechanisms and written support for staff participation in decision making
- Frequency of sexual health service strategic planning including review of structure
- Number of actions taken in response to client referrer feedback and improvements in client satisfaction survey responses
- Staff satisfaction monitored and improved by annual survey at a minimum
- Quality improvement plans and achievements noted in governing body minutes and acted upon

Standard 1.1

Leadership and management build a collective sense of purpose and direction that enables the organisation's philosophy, goals and service priorities to be identified and met.

Planning: *planning processes and use of data/information*

Leadership is fostered through communicating the vision and priorities of the organisation as well as clarifying roles and working relationships. The vision is realistic and achievable, is based on an analysis of the environment within which the service operates and responds to the needs of the targeted community and consumers.

Regular review of local and area incidence and prevalence data is used to guide strategic, operational and human resource planning. Where there are significant variations in individual caseloads or population groups serviced from those identified as a priority an evidence based case is made as a justification for doing so. Leaders actively promote the achievements of and need for sexual health services as an important public health field and an emerging specialty. This includes representations for the appropriate resources required to deliver an effective sexual health service.

In rural areas individuals with Hepatitis C and HIV/AIDS are more commonly seen by sexual health workers and may make up a larger percentage of clients than in metropolitan areas. This factor is reflected in operational planning and recruitment for the management of more complex care and the maintenance of chronic conditions as well as general screening activities and/or health promotion campaign work.

Implementing: *how plans are put into action*

Teamwork and interdisciplinary collaboration are reflected in the organisational structure, skill mix and career paths. This aspect is particularly relevant in relation to the status and mix of clinical, health education/promotion, counselling and liaison roles. Close working relationships within disciplines of the clinic and with NSP, Public Health Units, Health Promotion Units and service providers in the NGO sector are developed. Relationships, partnerships and joint training/research programs with universities are explored and further developed as part of workforce development, contribution to public health outcomes and to assist in raising the perceived profile of sexual health and sexual health services. This could include the establishment of a high profile Advisory Committee with membership from relevant specialty fields and academic input.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Minimum data set used to record and analyse direct and indirect client related services and activities. Program records, performance indicator monitoring of planning meetings and achievement against set goals. Monthly casework reviews. Teamwork and interdisciplinary collaboration is demonstrated by shared casework, role clarity and respect for the role and contributions of all staff and volunteers.

Documents as Evidence *Policies, plans, protocols etc.*

Strategic, business and work plans. Policy statements and procedures for teamwork. Performance indicators in staff job descriptions and appraisals. Staff satisfaction survey. Advisory Committee Terms of Reference & minutes.

Standard 1.2

Human resources are managed to create an effective and competent service.

What is the evidence that:

- *all staff are suitably qualified and experienced in terms of their professional proficiency, ability to work with consumers and willingness to engage with CQI?*
- *the organisational structure and environment encourages staff responsibility, initiative and cooperative work practices?*
- *administration and personnel systems operate efficiently to review the work of staff and support the effective functioning of the organisation?*
- *orientation, support and development needs of staff are systematically identified and met in a planned way to assist them in contributing to the goals of the organisation?*
- *a system exists to remedy situations where staff have acted inappropriately, or provided poor or unacceptable services?*

Performance Measures

- Percentage of human resources plan goals achieved and actual staff mix measured against ideal staff mix
- Frequency of staff skills audits
- Instances where there are gaps in service provision due to inadequate or inappropriate staffing levels or reduction, cancellation or closure of services
- Staff satisfaction with workloads and client satisfaction with timeliness and quality of care
- Audit of contracts and other employment records and incidence of current job descriptions and terms of employment in staff files
- Occasions when staff are in acting positions
- Percentage of managers with sound knowledge of the recruitment and selection process
- Percentage of staff that demonstrate knowledge of their roles and responsibilities
- Percentage of new staff that have completed their orientation program
- Number of staff that have had a performance management plan developed
- Percentage of budget allocated to staff education and training and percentage of staff that have attended training programs and/or study leave awarded per year
- Client complaints related to staff competencies
- Number of staff initiatives and improvements introduced which were raised during performance reviews
- Percentage of conflicts resolved to the satisfaction of all parties
- Teamwork and interdisciplinary collaboration reflected in the organisational structure documents and processes
- Expert personnel available for consultation and advice
- Copies of registration certificates from professional bodies, insurance and professional indemnity certificates, for relevant staff
- All staff participating on selection panels are trained in the service's policies and procedures for recruitment, selection and appointment of and codes of practice including Equal Employment Opportunity and Affirmative Action
- The performance management system is integrated with the service's business and human resource plans
- Counseling staff have access to regular supervision
- Registrars have adequate non-clinical time for learning activities and opportunity to work in other services that provide Sexual Health Care.

Standard 1.2

Human Resources are managed to create an effective and competent service

Planning: *planning processes and use of data/information*

Useful information (eg service utilisation, demographic trends) is available for human resources planning and human resource planning is an integral part of strategic and operational plans. Recruitment and retention strategies take into account appropriate skill mix and career path. Effort is made to attract and retain practitioners from ATSI and CALD backgrounds. The performance system is linked to individual's work plans and professional development and incorporates performance standards for professional groups and individual positions and performance measures.

There are sufficient trained and qualified staff in the right skill mixes for the types of activities undertaken and a range of strategies are used to attract occupational groups that are scarce. The organisation of human resources is continually improved to more efficiently meet client and community needs as the changing needs of clients are reviewed the human resources requirements modified as required.

Staff have training/qualifications and/or experience specific to sexual health through a recognised training course and/or process, such as an appropriate workforce development program and observational visits. Consideration is given to providing staff development at rural venues as well as metropolitan.

There is recognition of life skills for community and peer workers and of the value of liaison staff and this is reflected in equity of salary scales and in listing their contributions in research projects.

Implementing: *how plans are put into action*

Mentoring, buddy systems and supervision by trained/accredited sexual health staff (eg Australian Sexual Health Nurses Association) are part of usual practice.

Teamwork and interdisciplinary ways of working are actively encouraged and promoted, for example through case presentations, case reviews and in-service presentations.

Regular updating takes place through all available means including electronic media. Attendance at conferences and networks for professional development is encouraged and supported with access to study leave and/or payment of fees and other costs.

Nurses have access to and support for the use of standing orders for standard sexual health medication when no medical officer is available.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Percentage of permanent staff, performance evaluations linked to training needs, proactive resolution of issues raised, absenteeism rates, turnover rates, register of training applications and attendance, orientation activities are completed, time spent by managers in discussing industrial issues. Position descriptions and roles are regularly reviewed to ensure they still meet the needs of the service. All staff have a current position description which is signed

Standing orders are approved and reviewed regularly by a Drugs and Therapeutics Committee.

Budget for provision of library, journals, Internet access and evidence of use by staff

Amount of funds awarded to staff to attend conferences, seminars and other training programs per year. Staff satisfaction with education and training programs.

Documents and Evidence *Policies, plans, protocols etc.*

Recruitment and selection criteria, advertisements, job descriptions, training register, staff/team meeting minutes, performance appraisals, training needs analysis, orientation manuals

Standard 1.3

The organisation's physical resources are managed to ensure an effective, safe and efficient service.

What is the evidence that:

- *the organisation's assets are adequate to meet its goals?*
- *the organisation's needs in terms of physical resources are regularly reviewed?*
- *equipment and facilities are organised, recorded and regularly maintained to ensure a safe, effective, accessible and comfortable service?*
- *policies and protocols exist to ensure that the organisation operates in a manner that results in least harm to the environment?*

Performance Measures

- The equipment purchasing policy includes quality selection criteria
- The range of equipment required by a sexual health service is available
- Staff access to fleet cars to enable them to deliver outreach services as required and motor vehicles regularly maintained
- Technical items are recalibrated regularly and maintained in accordance with the manufacturer's instructions
- Turnaround times for replacement of damaged and replacement equipment
- There is sufficient space, easy traffic flows and a productive working environment
- A written maintenance plan exists which is linked to the asset register
- The maintenance plan includes a program for refurbishment and building upgrades
- There are sufficient facilities for the storage and transportation of equipment
- Appropriate ergonomic equipment is available for use by staff and clients
- Strategies for client and staff security, fire prevention, infection control, building maintenance and maintenance of equipment and supplies are effective
- Compliance with the relevant standards for design and layout
- Maintenance is carried out by appropriately qualified tradespeople
- Staff are qualified to use technical equipment

Standard 1.3

The organisation's physical resources are managed to ensure an effective, safe and efficient service

Planning: *planning processes and use of data/information*

Data and information collected and utilised includes: the number of vehicle accidents and breakdowns, incidence of accidents and incidents related to design and layout, occasions of client mishaps/accidents when accessing buildings, lost time due to equipment failures and percentage of maintenance plan objectives met, percentage of budget allocation for purchase of equipment and staff involvement in purchasing decisions, comparative costs and effectiveness of equipment. Guidelines for the disposal of waste that include reference to legislative requirements and local area policies are documented. Lost time due to breakdowns of plant or equipment is minimised through preventative maintenance and timely repairs and replacements of worn parts.

Implementing: *how plans are put into action*

There are secure areas for the storage of specimens, drugs, lotions, cleaning and other chemicals, training for fire drills and personal security in the management of aggressive and challenging behaviours. Use of security services and waste management contractors operating in accordance with the contract and relevant statutory requirements. Recycling strategies regarding the use and disposal of paper and paper products. Timer switches and other power saving devices are utilised without compromising safety or the quality of the service. Motor vehicles are maintained correctly and service routes are planned in a way which reduces travel time and minimises petrol consumption.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Staff and client satisfaction with the design, layout and safety strategies. Number of breaches of security eg break-ins Percentage of OH&S goals and targets met. Number of safety training sessions conducted and % staff competent in this area. Incidence of non-compliance with policies and procedures. Site inspections and audits of accidents and incidents related to the use of or failure of equipment. Results of microbiological testing of relevant equipment. Staff compliance with infection control policies and strategies. Number and type of incidents and accidents including assaults by aggressive clients dealt with at the service's premises or in outreach clinics or venues. Costs associated with waste disposal and energy consumption.

Asset register updated with each purchase and regularly reviewed for planning. Budget checked against purchases and maintenance costs. Invoices checked against assets and payments. Results of bacterial and calibration tests recorded and checked.

Documents and Evidence *Policies, plans, protocols etc.*

Assets Register, insurance policies and level of coverage eg replacement costs new or secondhand, emergency plans for timely replacement, maintenance schedules, calibration schedules and results, inventories and stock levels, inventory impress systems, electronic tagging, policies and practices for stock turnover, monitoring systems for equipment use by individual and/or group users, instructions for correct use and care of equipment.

Standard 1.4

The organisation's financial management reflects its goals and supports an efficient and sustainable service.

What is the evidence that:

- *systems are in place to ensure all financial reporting requirements are met?*
- *accounting methods meet industry standards?*
- *financial management is transparent and resource decisions are justifiable to appropriate stakeholders?*
- *sufficient forward planning is undertaken to ensure the organisation can provide an effective and sustained service and meet its financial obligations?*
- *financial goals are congruent with the organisation's goals?*

Performance Measures

- Approvals for resource allocation for staff and equipment for new initiatives
 - Cost centre accounting and delegated financial management
- Audited or approved accounting procedures with regular reporting
Management and staff are competent in financial matters and can accurately monitor financial reports
Expenditure is linked to achievement of stated strategic and operational goals
Statutory requirements are documented, known and understood

Standard 1.4

The organisation's financial management reflects its goals and supports an efficient and sustainable service.

Planning: *planning processes and use of data/information*

An annual budget is developed that itemises income and expenditure including salaries and operating costs and is demonstrably linked to the organisational goals and business plan as well as funding and performance agreements. There are written delegations of responsibility that state authority for expenditure and the amounts of those expenditures. Risk management assessment is linked to budget planning.

Implementation: *how plans are put into action*

An accounting system is established for recording, analysing and reporting information about the organisation's financial position, including the monitoring of payments and receipts, the maintenance of systems to ensure that financial resources are looked after, and the production of suitable reports. The system and its maintenance meet all legal and industry requirements.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Monthly income and expenditure reports. Cost centre accounting against planned income and expenditure and percentages against expectations for year to date progress. Accounts are audited by an accredited third party and submitted to the required authority such as register of companies, shareholders and/or funding bodies.

Documents and Evidence *Policies, plans, protocols etc.*

Financial reports, audited accounts, delegations of authority, purchase orders and related policies. Minutes from finance committee meetings. Funding and performance contracts.

Standard 1.5

Knowledge is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.

What is the evidence that:

- *the organisation keeps up to date with current trends in its field and uses demographic and research data to contribute to service development?*
- *cooperative work practices exist to share knowledge within the organisation?*
- *information is stored in an organised way that is easily accessible to approved staff and, when necessary, is secure and legally compliant?*
- *protocols exist and are used on the sharing of information about consumers?*
- *data on the use of services and advances in the field are collected and contribute to planning, evaluation and quality improvement?*
- *staff are involved in the collection, analysis and use of data to improve services and programs and time is allocated for this?*
- *The organisation maintains a comprehensive, confidential, secure and accurate record system for each consumer?*

Performance Measures

- Improvements in service activities as a result of reporting and information management
- Timeliness and effectiveness of reports
- Percentage of compliance with documentation requirements in record audits
- Incidence of lost records or records damaged during transit to outreach clinics
- Occasions when the same client has more than one record
- Percentage of records with all entries dated, signed and designation of person recorded
- Incidence of problems with delivery of services related to lack of information
- Satisfaction rates of report users with information provided
- Incidence of lost information due to poor data collection or indexing systems
- Percent involvement of staff at all levels in planning using data from multiple sources
- Percentage of budget allocated to the introduction of technology
- Staff satisfaction with education and training provided in use of information technology
- Records Policy included in orientation which requires consistency in record keeping methods across organisation, Records Audit Report e-mailed or hard copy to all staff and managers.
- Client records are stored safely to ensure confidentiality and easy access
- There is a system for recording client care information that contains all of the elements necessary for quality care
- Compliance with recognised records management standards, medico-legal requirements and codes of practice
- Sexual health promotion and capacity building projects and group activities are documented and are made available for other staff to review or replicate (includes plan, resources used, numbers participating and evaluation)

Standard 1.5

Knowledge is managed in a systematic, ethical and secure way, and the organisation uses it to inform service review and development.

Planning: *planning processes and use of data/information*

Data collection and analysis criteria acknowledges the full range of community development, health promotion and education activities. Appropriate weighting is made to allow accurate cross comparison between rural and metropolitan centres – for time travelled, more complex cases and less access to resources. This system should also provide for local and timely data analysis not only provide a conduit to centralised data banks.

Consideration is given to the appropriateness of integrating sexual health records into mainstream records systems and the client's consent sought. Particular attention is given to the security of records in outreach and satellite services. The unique identifier system may need a firewall to protect the confidentiality of sexual health clients. Systems facilitate the location of client records at sites/clinics most frequently used by clients. Client records are designed to reflect/facilitate clinical management guidelines, continuity of care, multidisciplinary care, and / or case management approach and to avoid duplication of information.

Consideration is also given to valuing and recording as data the holistic and spiritual ways of working that lead to benefits for the client, for example the time spent assisting an Aboriginal person in returning to their 'own people' – their spiritual country and community.

Implementation: *how plans are put into action*

A uniform data collection system with appropriate and ongoing training is installed to provide consistent and useful data with possibilities for benchmarking between services. This minimum data set is used as a planning and evaluation tool.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Regular review of local and area incidence and prevalence data is used to guide strategic, operational and human resource planning. Lists of all data received from external entities, reviewed to determine usefulness and a system for efficient distribution is monitored.

Health Promotion programs are documented in a uniform format and are available to assist staff in evaluation, planning and delivering health promotion activities. Regular reviews of data collection and training audits are conducted. Clinical records are comprehensively audited (with particular attention to completed referral information, informed consent documentation, client care pathways including goals for discharge, fully completed sexual histories, and record of all members of the sexual health team).

Performance appraisal has information and knowledge sharing as a key performance indicator.

Documents and Evidence *Policies, plans, protocols etc.*

Minutes of staff meetings and other team processes. User guide or manual for data collection, activity data reports, statistical data and analysis, program records systems and procedures.

Standard 1.6

The organisation identifies, assesses and manages risks to ensure continuous, safe, responsive and efficient services.

What is the evidence that:

- *the organisation understands that risk has a range of dimensions that include it's strategic, governance, operational, property, financial and clinical risks.*
- *the organisation complies with the legislative context in which it operates and which serves to define risk?*
- *there are planned and systematic ways of collecting and analysing data that address potential and actual risks to the organisation as a whole and the services that are provided?*
- *procedures are implemented to manage risks in a timely way?*

Performance Measures

- Number of accidents and incidents to clients, staff, visitors or contractors, which result from poor planning or failure to abide by the sexual health service's policies
- Managers can recognise stress and stress related absenteeism in the workforce
- Staff have access to confidential, employer funded, professional counselling and therapy
- Executive and management receive training in conflict management, assertiveness, problem solving and change management
- There is a current record of staff achievements and acknowledgment at all levels
- The referral process enables staff to obtain help at an early stage to prevent deterioration in health and work performance
- The management style and organisational structure encourage employee participation and feelings of value, worth and satisfaction
- Flexible working arrangements are offered
- Regular hazard management audits to identify, evaluate and control stress in each department are conducted
- All staff use standard infection control precautions
- Regular training programs to update knowledge of infection control issues
- Immunisation plan provides staff with the opportunity to be immunised against tetanus, measles, influenza and hepatitis
- Air conditioning units are cleaned regularly and bacteria counts are monitored
- Written infection control plan that is linked to its risk management strategy and complies with accepted infection control standards
- Sterile stock is stored and regularly monitored to ensure it remains sterile
- Manual handling issues are considered in activities in the office, transporting supplies and equipment and in outreach clinics and premises being visited

Standard 1.6

The organisation identifies, assesses and manages risk to ensure continuous safe, responsive and efficient services.

Planning: *planning processes and use of data/information*

The risk management plan includes planned responses to outbreaks of serious infections and public health risks. Risk management planning is consistent with the AS/NZ 4360 and identifies all actual and potential risks in terms of likelihood and impact.

Implementation: *how plans are put into action*

In rural areas where staff may be driving long hours and distances they are made aware of and provided access to advanced driver skills and safety courses. There are safety issues around seeing people in non clinic venues and environments eg their own homes and makeshift clinics or travelling routes outside of mobile phone networks. These issues may include lack of ergonomically suitable examination couches, excess lifting and weight bearing when loading equipment in and out of vehicles. Precautions are taken to ensure that workers are safe as possible in these situations.

Risks of cross infection are minimised when transporting, using or reusing equipment and supplies including technology such as mobile phones and computers

Safety guidelines and practices for gram staining and hot plates are followed.

Monitoring Feedback and Outcomes: *systems for collecting evidence, reflecting on results and improvements*

Regular audits of equipment, safety procedures, staff work practices.

Documents and Evidence *Policies, plans, protocols etc.*

Risk management plan and disaster recovery plans, audits, training records, policy and procedure manuals, posters in gram staining utility area, emergency outbreak plans.

Standard 1.7

The organisation ensures compliance with all relevant laws and regulations.

What is the evidence that the organisation:

- *is aware of the legislative framework that applies to its operations?*
- *maintains internal processes to monitor compliance regularly?*
- *has protocols and uses these to remedy the situation whenever non-compliance occurs?*
- *fulfils all reporting requirements regarding legal compliance?*

Performance Measures

Percent compliance with prescribed drug orders from record audits

- The sexual health service ensures that managers/directors have an understanding of and responsibility for managing industrial issues within their area
- Staff have access to industrial legislation, award information, and industrial advice and advocacy
- Staff demonstrate an understanding of industrial relations processes
- Appropriate policies and procedures guide the industrial activities of the sexual health service
- Mechanisms are in place to ensure the appropriate industrial relations advice is available when required eg membership of a recognised industrial relations organisation
- Fire drills are conducted and evaluated
- Routine fire inspections are conducted and action is taken to rectify any problems
- Strategies are in place to deal with emergencies such as loss of power, petrol strikes, and natural disasters such as floods and cyclones
- The emergency management system is consistent with legislative and regulatory requirements
- Maintenance is carried out in accordance with standards, legislative requirements and manufacturers' specifications
- Policies and procedures demonstrate how client records are to be retained and disposed of.
- Number of staff completing mandatory training courses

Standard 1.7**The organisation ensures compliance with all relevant laws and regulations.****Planning:** *planning processes and use of data/information*

Policies and procedures for recruitment, selection and appointment of staff are consistent with statutory requirements, professional standards, and codes of practice including Equal Employment Opportunity and Affirmative Action. Fire safety planning includes provision for regular training and inspections. Subscription to alert systems for legislative change or other mechanisms form part of usual practice.

Implementation: *how plans are put into action*

Maintaining awareness about the regulatory environment may include: subscribing to sector and professional associations and newsletters; attending conferences and seminars; training sessions; and retaining legal advice.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Audits of awareness, knowledge and compliance with regulations and requirements.

Documents and Evidence *Policies, plans, protocols etc.*

Copies of relevant legislation, policies and procedure manuals, memos and work instructions, audits, staff knowledge surveys.

Section 2 Standards: Providing Quality Services and Programs to Consumers

This section focuses on consumers and includes:

- Consumer and community needs
- Outcomes
- Diversity
- Rights
- Empowerment
- Service coordination

A Systems Approach

A systems approach is where the organisation supports its service delivery with a culture of continuous quality improvement that is systematic and integrated throughout all levels of management and service activities. The organisation demonstrates this through a planned approach towards service delivery, effective human resource management, reflection on its work practices, achievements, incidents and documented policies, procedures and protocols. Examples of levels and service areas at which systems operate might include:

Organisation:

regulatory requirements, state or national training bodies, accrediting agencies, professional colleges, government legislation, guidelines and practice protocols, Quality Assurance, Continuous Quality Improvement, policy frameworks, organisational development, Consumer Advisory bodies, minimum data sets

Team:

clinical audits, practice protocols and guidelines, peer review, clinical process improvement, quality committees, incidence and prevalence data

Individual:

practitioner education, performance management, benchmarking, clinical guidelines, case management, consumer outcome and satisfaction surveys, informed consent and consumer participation in care

Standard 2.1

Community needs are identified and the organisation endeavours to meet them.

What is the evidence that the organisation:

- *reviews the needs of their constituency to determine why potential consumers may not be using available services and programs?*
- *acts on the review to ensure more accessible services and programs?*
- *develops new services and programs to meet unmet needs*

Performance Measures

- Incidence of complaints by users about services not provided
- Level of client and referrer satisfaction with responsiveness of service, range of programs and hours of operation
- Number and scope of needs analysis reviews conducted
- Incidence and prevalence of identified gaps and deficiencies in service delivery
- Analysis of program utilisation including over and under use
- Number of clients/referrals refused services and reasons
- Increase in client knowledge of behaviors related to infection transmission based on evaluation
- Changes made to programs based on evaluations

Standard 2.1

Community needs are identified and the organisation endeavours to meet them

Planning: *planning processes and use of data/information*

There are multiple strategies and mechanisms including health promotion used to establish unmet consumer need and the reasons why individuals or groups are not accessing the services or the ways in which the current service is not viewed as appropriate or accessible. These strategies take into account the factors in Standards 2.1 and 2.3.

Implementing: *how plans are put into action*

Information gathered about community needs should be used in the planning, evaluation, and monitoring of services and programs.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Community needs survey. Attendance at community meetings and forums. Establish a community demographic database.

Documents and Evidence *Policies, plans, protocols etc.*

Demographic and other planning documents/database. Community needs survey form and reports. Minutes of community meetings or forums.

Standard 2.2

Planning and provision of services and programs focus on positive outcomes for agreed consumer and community needs.

What is the evidence that:

- *staff consult with consumers to define their needs and negotiate a suitable services and programs, recognising that consumers often have a range of related needs?*
- *services and programs can be delivered in an integrated way within the organisation or coordinated with other organisations?*
- *the organisation systematically documents and reviews its service and program plans?*
- *barriers that inhibit access including cost (to individuals and to the organisation), operating times and physical layout are addressed?*
- *service priorities are set in consultation with current consumers and the community, and services and programs are responsive to individual consumers and specific groups?*
- *services and programs are based on evidence and currently accepted good practice*
- *the organisation gathers evidence on outcome of its services and programs for consumers and the community, and uses this evidence to evaluate and modify existing services and to develop new services?*

Performance Measures

Quantitative measures

- Percentage of client records which include fully completed sexual histories available for care planning and number of incidents related to poor sexual history taking
- Percent of staff trained in sexual history taking
- Percent of clients who have had regular reassessments
- Number of inquiries about the location of the sexual health service and/or incidence of complaints by users about physical access issues including public transport
- Percentage of services that are accessible and acceptable to high priority groups
- Waiting times to access services
- Percentage of users from high priority groups, eg specific Culturally and Linguistically Diverse (CALD) background groups, men who have sex with men, sex workers, injecting drug users, Aboriginal and Torres Strait Islander (ATSI) and young people, as a percentage of total attendees represented by the high priority population
- Effectiveness of information strategies - percentage of community aware of service
- Demand for particular programs, and ability to meet demand -proportion of clients waiting between initial referral/contact and assessment or first service
- Number of high priority clients admitted to the service against an agreed benchmark
- Proportion of clients with written comprehensive care plans
- Time between assessment and care plan
- Percentage of care goals or program goals achieved within designated time frames
- Number of clients satisfied with the planning process and their level of involvement
- Lengths of care of clients consistent with clinical pathway predictors or within recognised national averages
- Percentage sexual health promotion program plans that are consistent with the identified needs of the community
- Number of clients seen/not seen at the agreed appointment times
- Incidence of changes in client behaviour after service interventions eg health promotion programs and other specific initiatives
- Incidence of client unplanned readmissions to hospital
- Number of evaluated programs and services adjusted to meet identified needs
- Gonorrhoea notification rate, Hepatitis A vaccination rate in gay male clients
- Audits of clinical practice to confirm compliance
- Percentage of appointments cancelled and compliance with follow-up visits
- Number of contact tracing and recurrence rates of infection
- Opportunistic screening rates of young people and Aboriginal people for chlamydia
- Number of partnerships established and maintained, needs analyses conducted, evaluation reports written and recommendations implemented for health promotion programs
- Services and programs aimed at improving the sexual health of the community
- Services and programs aimed at supporting GPs particularly for high risk groups such as Aboriginal and gay people in the following a) Clinical consultancy and referral b) phone advice and support c) Clinical attachments in Sexual health d) teaching

Standard 2.2

Planning and provision of services and programs focus on positive outcomes for agreed consumer needs.

Planning: *planning processes and use of data/information*

Clinics are easy to find and reach by eg public transport, but are not easily visible that individuals could be openly identified by signage or attendance at the clinic as a sexual health client. Reception and waiting areas are designed to maximise privacy and confidentiality. Clinics are co-located or in reasonable proximity to NSP facilities where this is considered discrete. Outreach clinics are an integral part of access and service delivery.

Non discriminatory but with clearly identified priority population groups in line with local, State and national guidelines and priority is given to those diseases where there is greatest individual and social impact.

There are measures to counter any lack of specialist medical care and S100 prescribers are instituted.

Implementation: *how plans are put into action*

Free or low cost. The use of Medicare cards is a matter of client preference and consent as it may compromise privacy and some groups including priority groups such as young homeless people, and itinerant workers will not have a Medicare card. Cross reference with standard 2.5

The additional difficulties imposed by geographic distance in rural areas are recognised by the provision of outreach clinics and regular visits or teleconferencing by local or metropolitan medical specialists.

Clear and understandable explanations are given to consumers about reasons for any refusal of services and options for referral or alternative services outlined.

Where groups of potential clients are specifically identified as difficult to reach such as men who have sex with men but do not identify as gay, there are multiple strategies to engage these individuals/groups and entry points that are acceptable and effective.

The need for sex specific staff is a recognised access factor and are wherever possible a gender choice of practitioners is available for clients, particularly ATSI and CALD clients. Interpreters are available and used whenever required.

Sexual health centres use recognised tools and resources such as the Community and Consumer Participation Audit Tool to assist them ensure good practice.

Monitoring Feedback and Outcomes

Systems for collecting evidence, reflecting on results and improvements

Conduct community surveys/investigate access issues and consumer preferences for operating hours etc. Investigate length of waiting lists for particular services with development of strategies to reducing where possible. Measure and reduce delay between contact and first visits, especially for high priority clients.

Documents and Evidence *Policies, plans, protocols etc.*

Assessment tools, care plans, consumer surveys. Attendance rates, cancelled appointments, complaints register, follow up procedures for no show or cancelled appointments.

Standard 2.3

Services and programs are provided in a culturally safe and appropriate manner.

What is the evidence that:

- *processes and practices ensure awareness of and sensitivity to consumer diversity by being inclusive and flexible?*
- *The changing profile of consumers is monitored?*
- *appropriate links with Indigenous and other communities are established to ensure an ongoing relationship and the responsiveness of staff, services and programs?*
- *professional development regarding consumer diversity is available to staff?*
- *Cultural safety is addresses in service and program plans?*

Performance Measures

Relationships with local, State or national Indigenous communities or agencies
Relationships with representatives of local ethnic communities and service providers
Usage rates for interpreter services
Staff awareness and knowledge of consumer diversity and relevant culturally appropriate behavior
Evidence of cultural appropriateness in program plans and evaluation reports

Standard 2.3**Services and programs are provided in a culturally safe and appropriate manner.****Planning:** *planning processes and use of data/information*

Ideally there should be staff employed who reflect the local population and communities. Key community groups are engaged in the planning of services and programs to meet the needs of their members. Services and programs are developed and adapted to address individual and community cultural needs.

Implementation: *how plans are put into action*

Consumer choices for medical/complementary treatment or no intervention at all are respected and do not prejudice ongoing access to care. Efforts are made to establish relationships with key people who can act as links into diverse communities including ATSI, CALD, people who identify as transgender, injecting drug users, sex workers.

There are flexible options for different priority groups such as drop in clinics or sessions for youth and juvenile justice programs.

The staff and management is aware of and committed to community and consumer cultural needs and is able to take due account of them in their practice.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Community and consumer survey. Attendance at community meetings and forums. Number and type of established community relationships. Compliments and complaints register.

Documents as Evidence *Policies, plans, protocols etc.*

Consultation invitations and meeting minutes. Compliments and complaints register. Consumer satisfaction surveys. Training, policy and orientation documents.

Standard 2.4
Services and programs confirm consumer rights.

What is the evidence that:

- *consumers' privacy is ensured, information is confidential and the organisation meets regulatory requirements?*
- *services are delivered in a respectful way that recognises consumer's personal worth and individuality?*
- *informed consent processes are implemented when personal information is to be gathered, stored and used?*
- *consumers are aware of their rights and responsibilities including complaint procedures that are implemented promptly, judiciously and fairly?*
- *the organisation acts on complaints and uses the information from complaints in reviewing and developing its services.*

Performance Measures

- Percentage of clients satisfied that their rights have been respected
- Frequency and cost of interpreter use
- The incidence and trend of complaints and compliments
- Number of improvements made after client feedback
- Ethical issues identified and referred to the ethics committee and percentage of ethical issues satisfactorily resolved
- Number of applications submitted to ethics committees for research projects
- Occasions when clients request to be seen by another worker of the service
- Occasions when clients are advised of alternative practitioners/services available outside the service
- Number of breaches of confidentiality and privacy
- Timeliness of addressing complaints
- Availability of information in relevant languages
- Client representation on sexual health services committees
- Percentage of clients who demonstrate an understanding of their rights and responsibilities
- Complaints policy for internal and external stakeholders that identifies processes and time frames
- Staff are trained in client rights, responsibilities and ethics
- All clients receive information about their rights and responsibilities
- The sexual health service informs and involves clients and other service providers in their care and obtains their consent for care
- Clients understand their rights and responsibilities and have a process to take appropriate action if required
- Care is provided in accordance with clients rights and responsibilities
- Complaints are properly recorded including the action taken and outcome achieved

Standard 2.4 Services and programs confirm consumer rights

Planning: *planning processes and use of data/information*

Consideration is given to the tension between requirements for follow up and contract tracing with a client's desire for anonymity.

Client preferences are ascertained regarding being called for their consultation by name from the waiting rooms. Is the option of an alternative such as a numbering system by client or by practitioner offered. Laptops or palm pilots are utilised in outreach clinics so that data can be available but more easily protected.

Clients have the freedom to use aliases with identifiers such as date of birth etc.

Implementation: *how plans are put into action*

The use of Medicare cards is by client preference and particular care is taken where Pathology and other reports are delivered electronically within a broader health service.

Unique identifiers for medical records and integration with mainstream records are subject to privacy firewalls and protection.

Pre and post HIV testing, counselling and contact tracing is undertaken whenever feasible in a manner sensitive to the individual and to the location, for example in a small rural township extra precautions may need to apply to ensure confidentiality is maintained.

Particular care is taken around issues such as ensuring that women with HIV who are contemplating pregnancy options are supported in their decisions and not subjected to negative or punitive attitudes by staff for those decisions or choices.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Conduct client satisfaction surveys, encourage staff and client feedback, audit of privacy and confidentiality facilities, mechanisms and practices. Audit of client files for information given about rights and choices.

Documents and Evidence *Policies, plans, protocols etc.*

Client files, policy and procedures, protocols for contract racing, posters displayed on rights, responsibilities and complaints mechanisms.

Standard 2.5

Services and programs develop, implement and evaluate strategies that empower consumers.

What is the evidence that:

- *consumers are encouraged and supported to access existing services?*
- *there is a range of formal and informal mechanisms through which consumers and other stakeholders participate in the review and design of current services and also become involved in planning new initiatives*
- *the impact of consumers' involvement in the review of services and programs is monitored?*

Performance Measures

Range and type of client and community participation

Minutes of planning days and forums

Client and community representation

Number of services and programs that clients have indicated as having raised their awareness of sexual health issues, having provided them with the information they require and provided them with choices

Standard 2.5**Services and programs develop, implement and evaluate strategies that empower consumers****Planning:** *planning processes and use of data/information*

Sexual health services are creative in their thinking about consumer and community participation where clients:

- may not wish to identify themselves,
- may be marginalised,
- may not perceive an STI as a key issue in their life,
- may only be able to manage day to day issues and/or
- may be unable to participate in forums, focus groups etc.

Implementation: *how plans are put into action*

Mechanisms and opportunities for encouraging and supporting client and community consultation, participation and their general involvement in structuring and commenting on service delivery.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Attendance at planning days and other forums, client and community surveys, phone ins or other mechanisms for input and comment.

Documents and Evidence *Policies, plans, protocols etc.*

Planning records, attendance sheets, action sheets re changes, membership of committees and advisory bodies.

Standard 2.6

Services and programs within the organisation are coordinated.

What is the evidence that the organisation:

- *coordinates services and programs to meet the needs of consumers?*
- *delivers cross-discipline services seamlessly?*
- *supports staff working in different disciplines to coordinate services?*
- *works with consumers to review the effectiveness of coordinated services?*

Performance Measures

- Number and type of formal agreements/contracts between the sexual health service and other agencies/individuals providing shared care to clients
- The formal agreements/contracts are reviewed against actual performance and referrals are not made or contractors are not continued to be used if poor performance is not addressed
- Percent of assessments with shared referral and assessment tools
- Incidence of duplication of assessments
- Percent of contracts that include an agreement to participate in the evaluation of the service provided
- Client feedback on coordination of services

Number of memoranda of understanding and partnership agreements established and the frequency of their review

Documentation in planning demonstrates evidence of collaborative practice

Evaluation reports document effectiveness of partnerships

Standard 2.6**Services and programs within the organisation are coordinated****Planning:** *planning processes and use of data/information*

Consumers should experience service providers working together as a team to address their needs – rather than operating as a set of individual practitioners working in isolation of each other. Where a consumer has diverse needs, referrals are made; and where the consumer is faced with concerns impacting on several aspects of his/her life, there should be a consistent and comprehensive response by service providers.

Implementation: *how plans are put into action*

Staff and consumers are consulted in the planning process; staff are kept informed about the range of services and programs.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

There is routine feedback following referral. There are continuing communications between staff and consumers about consumer needs; and consumers are involved in the evaluation of services and programs.

Documents and Evidence *Policies, plans, protocols etc.*

Position descriptions, policies and procedures, minutes of service and program planning meetings, Intake forms, Referral forms, staff information bulletins, consumer satisfaction survey reports, training calendars and manuals.

Section 3 Standards: Sustaining Quality External Relationships

3.1 The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service.

What is the evidence that:

- *the organisation works to negotiate service agreements so they are legal, fair and result in quality services for consumers?*
- *the organisation is accountable through its service agreements and partnerships.*
- *service agreements and partnerships are reviewed regularly against the values and goals of the organisation and their impact on consumers?*
- *mechanisms are in place to resolve contractual disputes if they arise?*
- *contracted services to consumers are reviewed regularly?*

Performance Measures

- Number and type of formal agreements/contracts between the sexual health service and other agencies/individuals providing shared care to clients
- The formal agreements/contracts are reviewed against actual performance and referrals are not made or contractors are not continued to be used if poor performance is not addressed
- Policies require staff and governing body members to declare conflicts of interest
- Implementation of best practice guidelines
- Percentage of services carried out by contractors
- Percentage of cost overruns
- Percentage of achievement of contract goals within the agreed budget and time lines
- Number of occasions when contracts not renewed
- Incidence of regular maintenance of equipment
- Incidence of equipment contractor / supplier breaches of contract

Standard 3.1 The organisation enters into formal service agreements and other less formal partnerships to ensure a continuous and sustainable service

Planning: *planning processes and use of data/information*

Where boundaries such as between state borders or AHS areas may compromise continuity of care memorandum of understandings are developed to overcome any barriers to treatment and effective follow up. There may need to be provision in these MOUs for client consent of shared information and transfer arrangements of records in the event of a crisis.

Implementation: *how plans are put into action*

A comprehensive and up to date list of, practitioners, agencies and groups within the services jurisdiction and/or is relevant to the organisation is maintained. Agreements are documented that specify relationships, areas of care and dispute resolution mechanisms.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Performance indicators specific to the processes outlined in the agreements as well as the intended outcomes. (All contracts include performance indicators that are regularly measured and monitored).

Documents and Evidence *Policies, plans, protocols etc.*

Contracts, memorandum of understanding, performance indicators and data collection on these indicators, correspondence pertaining to contract negotiations, strategic plans or vision statements that refer to collaboration.

3.2 The organisation collaborates with other organisations, and positions itself strategically in terms of the wider service system.

What is the evidence that the organisation:

- *organisations agencies*
- *collaborations contribute to a more effective use of resources?*
- *avoids unnecessary and inefficient duplication of services?*
- *reviews the effectiveness of any collaborations in terms of consumer outcomes, available resources and the strategic placement of the organisation?*

Performance Measures

Number of inclusive working relationships with other relevant organisations
Attendance at interagency and other sector forums
Referral networks
Evaluations and outcomes of shared care arrangements

Standard 3.2 The organisation collaborates with other organisations, and positions itself strategically in terms of the wider service system.

Planning: *planning processes and use of data/information*

Clinics are mindful of resource duplication in providing services such as contraceptive and wellness checks other than where this activity or service serves as an entry point for identified priority access groups such as young Aboriginal persons. A shared care model that enhances the treatment and well being outcomes for clients with chronic health management needs including HIV clients is explored wherever applicable.

Client population profiles are regularly reviewed to ensure that they are actually representative of those identified priority groups.

A variety of arrangements for processing blood samples according to geographic locations are considered and operational.

Sexual health promotion is considered part of the core business of sexual health services. Whilst the service delivery model varies between sexual health services from health promotion officers on staff to non sexual health specific health promotion staff in population and public health units, it is essential that there be collaborative and coherent sexual health promotion delivered to identified priority groups in the area.

Implementation: *how plans are put into action*

Relationships with Stakeholders: GPs, Divisions of General Practice, AOD (including acute detoxification) units NSP, WH/FPA, Public Health Units, MH, AMS, local support and self help groups, NGOs eg ACON, PLWHA, SWOP, Bobby Goldsmith Foundation, NUAA, schools are developed in relation to service delivery, training, support, referral networks, professional development, community links and community capacity building. Relationships with entertainment venues and leisure organisations as a site for health promotion messages exist and are strengthened by collaborative planning and projects.

There are effective referrals to gynaecological services, nutritionists and liver clinics.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

Audits of referral patterns and collaborative relationships. Attendance at interagency meetings and other forums. Clients are consulted about their preferences for a self managed, specialist medical or shared care model.

Documents and Evidence *Policies, plans, protocols etc.*

Audits. Minutes of meetings. Resource directories.

3.3 The organisation demonstrates that it has incorporated and contributes to, what is currently seen as accepted good practice in its field.

What is the evidence that the organisation:

- *has systems of information collection, research and analysis to ensure it keeps abreast of developments in its field?*
- *uses industry benchmarks to review services and programs?*
- *uses the research literature to inform the review and development of services?*
- *acts on the review recommendations in a timely way?*
- *employs a range of internal practices such as mentoring or supervision to share and enhance the skills of staff?*

Performance Measures

- Evidence of use of validated objective measures to track client progress against goals
- Staff have access to reference, research and evidence based materials
- There are mechanisms to access expertise in information management (eg large health organisation, appointment of a health information manager HIM, appointment of consultant)
- Budget for provision of library, journals, Internet access and evidence of use by staff
- Effectiveness of changes in clinical practice techniques

Standard 3.3 The organisation demonstrates that it has incorporated and contributes to, what is currently seen as accepted good practice in its field

Planning: *planning processes and use of data/information*

Policies and procedures are developed from evidence based research to ensure a high and consistent standard of care across sexual health services.

Sexual health interventions are focussed on those diseases and strategies that are most likely to improve or produce a change in health outcomes for individuals and communities but the clinic works within a network of service providers to ensure a holistic response for consumers.

Implementation: *how plans are put into action*

Care plans contain flags or alerts where repeat testing or follow up treatment is indicated or required.

Mentoring options are explored including telephone mentoring and other related local providers.

The organisation uses a design process that manages and adds to the quality and validity of its product or campaign by using relevant pre-testing and piloting to gauge impact, effectiveness and satisfaction.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

The use of regular monitoring and evaluation to support the improvement of products and services is encouraged. Regular searches are undertaken for updating knowledge about content or practices as well as attendance at conference and other learning forums. The service should be aware of and analyse relevant materials and have them available at the service delivery sites. Evaluation results form the basis of further development or modification.

Documents and Evidence *Policies, plans, protocols etc.*

Care plans, journals, records of training and attendance at conferences etc, minutes of journal clubs and other professional development forums. Mentoring agreements

3.4 The organisation works to build the capacity of the community it serves and the professional community to which it belongs.

What is the evidence that the organisation:

- *works with its community to address the determinants of wellbeing, identify needs and plan and implement appropriate services?*
- *shares information with its community?*
- *participates in professional associations and other forums in its field?*
- *works with other organisations and special needs groups to improve their capacity to meet consumer needs.*

Performance Measures

Needs assessments
Records of community consultations
Records of planning meetings for health promotion activities
Presentations, newspaper articles, radio interviews and other forums for information dissemination
Research reports developed and published in relevant clinical journals
Conference papers delivered
Attendance at and participation in planning with relevant interagencies
Evidence of capacity building in the community particularly in regard to improving the level of resources
Programs and initiatives demonstrate strategies aimed at raising awareness of sexual health issues in the community

Planning: *planning processes and use of data/information*

Those who are involved in health promotion should include clinical considerations and access as part of any promotion or campaign planning. Planning forums and networks for health promotion initiatives include all relevant parties and stakeholders at the earliest possible stage to ensure that a comprehensive range of perspectives are investigated and considered prior to the development of draft promotional materials and/or campaigns. This includes ensuring previously successful initiatives such as Summer Safari, Bush Bus, Chippers and Pickers, key wallets and drink coaster quizzes are repeated or learnt from rather than constantly “reinventing” campaigns.

Implementation: *how plans are put into action*

There is consultation with members of priority groups and stakeholders about products and resources to ensure that they match client and community needs and build on strengths in preference to fear promoting messages.

Monitoring Feedback and Improving Outcomes: *systems for collecting evidence, reflecting on results and taking action to make improvements*

A clear relationship exists between the health promotion programs and their contributions to improved health and social outcomes and previous promotions. Systematic analysis includes regular communication with consumers and stakeholders to identify their needs, expectations and responses to ensure a focus on consumer satisfaction.

Documents and Evidence *Policies, plans, protocols etc.*

Program records, shared care agreements and casework notes, stakeholder and consumer feedback.

ABBREVIATIONS AND GLOSSARY

AHS	Area Health Service
ATSI	Aboriginal and Torres Strait Islander
BBV	Blood Borne Viruses
CALD	Culturally and Linguistically Diverse
CBO	Community Based Organisations
HCV	Hepatitis C
HIV	Human Immunodeficiency Virus
HPV	Human Papilloma Virus
MSM	Men Who Have Sex With Men
NGO	Non Government Organisations
OI	Opportunistic Infections
PEP	Post Exposure Prophylaxis
SHIP	Sexual Health Information Program
SOPV	Sex On Premises Venues
STI	Sexually Transmitted Infections

SEXUAL HEALTH SERVICES

Level	Description
1	Emergency services provide assessment, treatment and appropriate referral by RN or Medical Practitioner with limited training in STD/HIV. Quality assurance activities. Access to identified sexual health services. Level 1 Pathology. Provide health information through pamphlets and other media. Interpreters as per Circular 94/10. Needle and Syringe Program secondary outlet.
2	As Level 1 with designated clinic sessions run by a Medical Officer with recognised qualifications (assessed by Area/hospital credentialing committee) in sexual health or a GP with training in sexual health and an experienced RN. Limited outreach facility (contact tracing, education). Links with and consultation and referral to and from GPs; other specialist medical services; HIV/AIDS service, community, women's and Aboriginal health services. On site microscopy. One to one patient education.
3	As Level 2 plus specialist Medical Officer with recognised qualifications in sexual health and a multidisciplinary team, including counsellors and nurses with experience and training in sexual health available. Access to CNC experienced in sexual health is desirable. Sexual health promotion and education programs planned, monitored, implemented and evaluated in liaison with health promotion service. Access to a range of specialist medical services (eg, gynaecology, colposcopy, dermatology, immunology, infectious diseases). Link with sexual assault services. Formal links with GPs through Division of General Practice, HIV/AIDS service, community, women's and Aboriginal health services. Access to Level 4 Pathology Service. Formal interagency collaboration with relevant Area government and NGOs. Formal quality assurance program.
4	As Level 3 plus formal link with specialist medical services. Provides professional development, including GP training and support. May undertake research. Multidisciplinary sexual health promotion programs with evaluation and monitoring of those programs. Formal link with health promotion service and HIV/AIDS service.
5	As for level 4 plus medical team comprising Medical Officers with recognised qualifications in sexual health and clinics in relevant specialty areas such as dermatology and colposcopy. Clinical and sexual health promotion research and professional development programs.

HIV/AIDS

Level	Description	Minimum Level of Support Services								
		Pat h	Phar	Diag/l mag	NMed	Anaes	ICU	CCU	Op/s	
1	Limited range of community services provided by non-specialist staff in consultation with GPs. Access to specialised community health services for consultation and referral. Quality assurance activities. Interpreters as per Circular 94/10. Provide health information through pamphlets and other media. Needle and Syringe Program secondary outlet.									Not Applicable
2	As Level 1 plus access to HIV testing, multidisciplinary health, sexual health, or community HIV clinic staff providing a range of assessment, home care, counselling, information, education and prevention programs. Counselling and support services by a range of disciples. Link with sub acute and palliative care beds.									Not applicable
3	As Level 2 with access to inpatient beds managed by physician or Medical Practitioner with training in HIV Medicine. Has experienced RNs. Formal quality assurance program. Access to sexual health and/or community HIV clinic desirable. Support services as for Level 3 General Medicine.	3	3	3	-	2	3	3	2	
4	As level 3 with formal links between hospital and community support services including home care and respite care and at least Level 3 Palliative Care Services. Management by physicians or Medical Officer experienced in the management of HIV and related diseases. Support services as for Level 4 General Medicine. Health promotion and education programs planned, monitored, implemented and evaluated in liaison with Health Promotion service. Formal links with GPs through Divisions of General Practice; Level 3 Sexual Health Service. Formal interagency collaboration and relevant Area government and NGOs. If there is a designated unit, a NUM and RNs with post basic qualifications is desirable.	4	4	4	-	4	4	4	2	
5	As Level 4 with specialist multidisciplinary team with experience and training in HIV, including allied health professionals and social workers. Management by specialist immunologist or infectious diseases physicians. Participates in research, community education and professional development programs and consultative outreach programs. Strong link with Level 5 Palliative Care Service. Community support program including formal link with home and voluntary NGOs. Facilities for ambulatory and same-day admitted care. On site specialist medical staff in areas such as neurology, oncology, psychiatry, respiratory and gastroenterology. Accepts referrals from lower levels. Specialist O/P Clinic. Access to CNC experienced in HIV is desirable. Level 4 Operating Suite, other support services as for Level 5 General Medicine.	5	5	5	4	4	4	4	4	

Level	Description	Minimum Level of Support Services							
		Pat h	Phar	Diag/I mag	NMed	Anaes	ICU	CCU	Op/s
6	As Level 5 plus nominated Director of Infectious Diseases/HIV/AIDS Inpatient and Community Services. May have designated Unit. May provide State referral role. Formal teaching and research role. Level 6 Operating Suite, other support services as for Level 6 Immunology.	6	6	5	5	5	5	4	6