



## **Southern Cross Health Society**

### **Audit and Certification for Affiliated Providers**

# **Comparison Analysis for the Rooms/Office Based Surgery and Procedures NZS 8165:2005**

**Versus**

# **RNZCGP's Aiming for Excellence 2011-2014 (CORNERSTONE® Accreditation)**

## Comparative Analysis method

The Rooms/Office Based Surgery and Procedures NZS 8165:2005 is used as the base standard and aligned criteria are identified from *Aiming for Excellence 2011 – 2014 RNZCGP Standard for New Zealand General Practice*. For the purpose of this comparison only those indicators and criteria required to achieve CORNERSTONE® have been included (essential standards and those by RNZCGP considered best practice), not the aspirational standards. NZS 8165:2005 and *Aiming for Excellence* (AFE) are matched in the following table with an indication of high, medium or low alignment. Only those criteria from NZS 8165 that have a high correlation to AFE are recommended for exclusion from the audit scope and this is summarised in a separate document. Following the table the full analysis is completed for reference.

Rating	Description - For a specific criterion with common elements	Identified criteria - NZS 8165
<b>H</b>	This represents a high correlation between NZS 8165:2005 and <i>Aiming for Excellence</i> .	1.1.2, 1.1.3, 1.1.4, 1.1.5, 1.1.7, 1.1.8, 1.2.1, 1.2.2 2.5.4, 2.5.5 4.2.3, 4.2.6, 4.4.3, 4.6.2 6.1.4 6.2.1, 6.2.2, 6.2.3
<b>M</b>	This represents a moderate correlation between NZS 8165:2005 and <i>Aiming for Excellence</i> .	1.1.6 , 1.2.3 2.1.1, 2.2.2, 2.4.1, 2.4.2, 2.4.3, 2.4.4, 2.5.1, 2.5.3 4.2.1, 4.2.2, 4.3.3, 4.4.2 5.1.1, 5.1.2, 5.2.1, 5.2.7, 5.3.1 6.1.1, 6.1.2, 6.1.5, 6.1.6, 6.1.8, 6.1.9
<b>L</b>	This represents a low correlation between NZS 8165:2005 and <i>Aiming for Excellence</i> .	1.2.3 2.1.2, 2.2.1, 2.4.5, 2.5.2 3.1.1, 3.1.5 4.1.1, 4.2.4, 4.2.5, 4.2.7 , 4.4.1, 4.6.1 5.2.2, 5.2.4 6.2.4, 6.2.5, 6.2.6
<b>Disclaimer</b>	Southern Cross Health Society (Southern Cross) arranged for HDANZ to undertake a gap analysis and propose scope exclusion criteria ("Analysis") to assist Affiliated Providers to identify additional requirements which may exist in order for them to achieve NZS 8165:2005. Whilst every care has been taken in the preparation of this Comparison Analysis and the information it contains, this Comparison Analysis of NZS 8165:2005 with RNZCGP'S Aiming for Excellence 2011 – 2014 is provided as a guideline only. While the information contained in this Comparison Analysis has been compiled and presented with all due care, HDANZ gives no assurance or warranty nor makes any representation as to the accuracy, completeness, or legitimacy of its content. All persons using this information are responsible for assessing its relevance and accuracy. Use of this information is at the user's sole risk and the information in this Comparison Analysis is subject to change. Further, Southern Cross is not liable to any person for any loss or damage arising directly or indirectly from any errors or omissions in the Analysis or any loss or damage caused to or suffered by any person who acts or fails to act in reliance on it.	

# Part 1 Consumer/Patient focused services

## Standard 1.1 Consumer rights

**Outcome** The patient receives services in a manner that complies with the requirements of the Code of Health and Disability Services Consumers' Rights (the Code)

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
1.1.1	The facility ensures policies, procedures and systems to meet its obligations in relation to the Code are developed and implemented.			
1.1.2	The Code of Health and Disability Services Consumers' Rights and Information about the Advocacy Service (provided under the Health and Disability Commissioner Act 1994) is made known, and/or made available to the patient in a suitable format, as appropriate.	<p><b>1.1 There is a copy of The Code of Health and Disability Services Consumers' Rights 1996 (The Code) in the practice.</b></p> <p><b>1.2 The Code of Health and Disability Services Consumers' Rights 1996 is displayed where patients can view the content</b></p> <p><b>1.5 Information about the local health advocacy service is displayed where patients can view it</b></p>	H	
1.1.3	Management and service providers are familiar with, and comply with, their obligations as specified by the Code.	<p><b>1.3 The practice team has received training to implement 'The Code'</b></p> <p><b>1.4 The practice team is able to demonstrate their role in implementing 'The Code'</b></p>	H	
1.1.4	The patient's informed consent is obtained in line with the requirements of the Code, with particular emphasis being given to the provision of information in order to enable informed decision making (www.hdc.org.nz reference 00HDC10159, 16 May 2003)	<p><b>4.1 Information is available and accessible to assist patients to make informed choices</b></p> <p><b>4.2 Patients are routinely informed of their right to have a support person or chaperone present during a consultation</b></p> <p><b>4.3 Informed consent is obtained from a patient or legally designated representative when agreeing to a treatment or procedure</b></p> <p><b>4.4 Informed consent is documented when there is variance between evidence and practice</b></p>	H	<i>Note also that implementation of informed consent is assessed in 3.1.5.</i>

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
1.1.5	Barriers to communicating with the patient are minimised.	<b>6.4 The practice makes provision for hearing, sight or speech impaired people to communicate with the practice</b>	<b>H</b>	
1.1.6	Where the patient is not competent to make an informed choice and give informed consent, informed consent is sought from a person entitled to consent on behalf of the patient. When such a person is not available, input is sought from other suitable persons as required by Right 7 (4) of the Code of Health and Disability Services Consumers' Rights.	<b>4.3 Informed consent is obtained from a patient or legally designated representative when agreeing to a treatment or procedure</b>	<b>M</b>	Is necessary to still assess this for NZS 8165.
1.1.7	All steps are taken to maintain the confidentiality of patient information in compliance with the requirements of the Privacy Act and the Health Information Privacy Code.	<p><b>2.1 There is a copy of the Health Information Privacy Code 1994 in the practice</b></p> <p><b>2.2 The practice team has received training to implement the principles of the Health Information Privacy Code 1994</b></p> <p><b>2.3 The practice team is able to demonstrate their role in implementing the Health Information Privacy Code 1994</b></p> <p><b>2.4 The collection, use, storage, disposal and disclosure of individual patient information complies with the Health Information Privacy Code 1994</b></p> <p><b>12.3 There are safeguards in the reception area to ensure confidentiality of patient information</b></p>	<b>H</b>	
1.1.8	The personal privacy and dignity of the patient is respected.	<p><b>1.4 The practice team is able to demonstrate their role in implementing 'The Code'</b></p> <p><b>6.4 The practice makes provision for hearing, sight or speech impaired people to communicate with the practice</b></p> <p><b>12.8 Patients are assured of privacy during consultations or when any personal health information is conveyed</b></p>	<b>H</b>	

## Standard 1.2 Cultural safety

**Outcome**            **The patient receives services in a manner that recognises their cultural, ethnic, religious, social and individual values**

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
1.2.1	The facility ensures policies and procedures are developed and implemented that reflect a commitment to meeting the principles of the Treaty of Waitangi.	<p><b>5.1 The practice has a documented Maori Health Plan</b></p> <p><b>5.2 All team members are trained in Te Tiriti o Waitangi (the Treaty of Waitangi), including the principles of 'Partnership, Participation and Protection'</b></p> <p><b>5.3 The practice addresses the health needs of its enrolled Maori population to reduce health inequalities</b></p> <p><b>5.4 The practice team has developed active relationships with local Maori organisations, providers, groups, and whanau</b></p>	<b>H</b>	
1.2.2	The care and treatment provided by service providers is sensitive to people with differing cultural needs, balanced with the need for clinical safety.	<p><b>6.1 All members of the practice team are trained in cultural competence and cultural safety</b></p> <p><b>6.3 The practice team can access interpreters and resources for people with limited English proficiency</b></p>	<b>H</b>	
1.2.3	When patient feedback is sought, this should include feedback on cultural safety.	<b>9.1 The practice obtains feedback from patients at least once every three years</b>	<b>L</b>	No guarantee that the practice feedback for AFE includes cultural safety and is only done every 3 years.

## PART 2 Facility Management

### Standard 2.1 Governance

**Outcome** Patients receive services that are managed in a safe, efficient and effective manner, that comply with legislation, and minimise harm.

REFERENCE NUMBER	NZS 8165 CRITERIA	AIMING FOR EXCELLENCE EQUIVALENT	RATING (H, M, L)	COMMENTS
2.1.1	The purpose, scope, direction and goals of the facility are identified and monitored.	<p><b>10.1 The Strategic Plan is a living document that is reviewed every three to five years</b></p> <p><b>10.2 The practice has a current Quality Plan that outlines clinical goals for the year</b></p> <p><b>10.3 Practice team members have input into service planning</b></p> <p><b>10.4 The practice identifies an annual quality improvement activity related to the management of a targeted area of clinical care</b></p>	<b>M</b>	Important to obtain an overview of the goals, etc and more frequent monitoring would be expected for NZS8165 than every three to five years.
2.1.2	The facility is managed by a suitably qualified and/or experienced person with authority and accountability appropriate for the provision of the services provided.	<b>36.5 There is evidence of continuing education for the practice manager</b>	<b>L</b>	
2.1.3	The facility ensures that its services are provided in a safe and competent manner.			

## Standard 2.2 Facility Management

**Outcome** The facility ensures effective management and co-ordination to maximise patient outcomes.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
2.2.1	The facility ensures the day-to-day operation of the service and the associated facilities is managed in an effective manner.	<p><b>35.1 The practice undertakes a regular assessment of team functionality</b></p> <p><b>35.2 The practice has evidence of regular meetings involving the practice team</b></p>	L	AFE covers some aspects for day to day operations but more would be identified for NZS8165.
2.2.2	The facility complies with all sector legislation and regulatory requirements.	<p><b>18.1 There is an audit trail to monitor the servicing of all medical equipment according to relevant regulations (AS/NZS 3551), maintenance and operating instructions</b></p> <p><b>Residual Current Devices (RCDs) are used to protect patients and members of the practice team in accordance with the Electrical (Safety) Regulations 2010</b></p> <p><i>The CORNERSTONE™ assessment includes compliance with all sector legislation and regulatory requirements: Examples but not full list: Code of Health and Disability Services Consumers' Rights 1996 Health Information Privacy Code 1994 Health (Retention of Health Information) Regulations 1996 Medical Council of New Zealand Nursing Council of New Zealand Misuse of Drugs Regulations 1975 Misuse of Drugs Regulations 1977 Etc</i></p>	M	Need to still include in NZS8165 for potential specific requirements.

## STANDARD 2.3 Advertising and marketing strategies

**Outcome** All advertising and marketing strategies are presented in a consistent and accurate manner, are socially responsible and do not mislead or deceive the patient.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
2.3.1	All advertising and marketing communication is presented in a consistent and accurate manner in compliance with the requirements of the Medicines Act, Fair Trading Act and the Advertising Standards Authority.			
2.3.2	The service abides by the decisions of Advertising Standards Authority Complaints Board where a decision is made in relation to its promotional material.			



## Standard 2.4 Human Resource Management

**Outcome** Human resource management processes are conducted in accordance with good employment practice and comply with legislation.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
2.4.1	The skills and knowledge required of each position are identified and the outcomes, accountability, responsibilities, authority and functions to be achieved in each position are documented.	<p><b>36.1 Practice team members have signed employment agreements with terms and conditions</b></p> <p><b>36.2 Practice team members have position descriptions that include key tasks, functional relationships and annual review dates</b></p>	<b>M</b>	For NZS8165 procedures these responsibilities to be included in relevant job descriptions.
2.4.2	Professional qualifications are validated, including obtaining evidence of registration where applicable, prior to employment.	<b>34.1 All clinical team members have current annual practising certificates as required under the Health Practitioners Competence Assurance Act 2003</b>	<b>M</b>	To asses for NZS 8165 for implementation and could have been staff changes since AFE.
2.4.3	New service providers receive an orientation/induction programme that covers the essential components of the service provided.	<p><b>35.4 The practice can demonstrate the orientation process used for new team members and locums</b></p> <p><b>35.5 There is a resource with information about the practice available to new team members and locums</b></p>	<b>M</b>	Would want to check that orientation includes NZS 8165 procedures and also then by including in the scope minimises the risk for leaving out 2.4.1 above.
2.4.4	Continuing education, training and professional development is planned, implemented, documented and reviewed to ensure competence in line with the Health Practitioners Competence Assurance Act.	<p><b>34.3 All clinical team members participate in Continuing Professional Development</b></p> <p><b>34.4 There is planned professional development and peer review for the clinical team</b></p> <p><b>36.5 There is evidence of continuing education for the practice manager</b></p>	<b>M</b>	To asses for NZS 8165 for implementation and could have been staff changes since AFE.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
2.4.5	<p>There is evidence that service providers participate in ongoing and regular performance evaluation and peer review wherever appropriate and receive adequate supervision and support as required. The facility should ensure that:</p> <ul style="list-style-type: none"> <li>(a) A record of this is available;</li> <li>(b) The individual has been assessed as competent in providing the level and type of clinical care and/or support;</li> <li>(c) Each service provider clearly recognises and understands their individual "scope of practice";</li> <li>(d) Each service provider receives a level of supervision in line with the requirements of 2.4.6;</li> </ul> <p>All service providers know how to seek assistance or advice from their nominated supervisor when the limit of their competency, knowledge or experience is reached.</p>	<p><b>36.6 Performance reviews are conducted annually and used to guide continuing education for all practice team members</b></p>	L	<p>NZS8165 is more involved than just annual performance reviews.</p>
2.4.6	<p>Where specific supervision requirements are required or identified, this is clearly documented and provided. The level and type of on-going supervision may be determined by, but is not limited to, the following:</p> <ul style="list-style-type: none"> <li>(a) The level of competency of the individual service provider;</li> <li>(b) Any specific limitations of the individual service provider;</li> <li>(c) The complexity of procedures or service provided;</li> <li>(d) The intended patient group.</li> </ul>			

## Standard 2.5 Quality and risk management

**Outcome** The facility has an established, documented and maintained quality and risk management system that reflects continuous quality improvement principles.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
2.5.1	The facility identifies and implements policies and procedures as part of a quality and risk management plan to meet current accepted best-practice standards (e.g. infection control).	<p><b>10.2 The practice has a current Quality Plan that outlines clinical goals for the year</b></p> <p><b>10.4 The practice identifies an annual quality improvement activity related to the management of a targeted area of clinical care</b></p> <p><b>16.1 The practice can demonstrate that its infection control policies and procedures align with the industry standard</b></p>	<b>M</b>	In addition to a quality plan, NZS 8165 expects implemented policies and procedures.
2.5.2	Actual or potential risks are identified, documented and communicated. Risk reduction strategies are implemented to protect patients and service providers from exposure to avoidable or preventable risk during each stage of service provision.	<b>36.4 Each member of the clinical team is insured to cover liability</b>	<b>L</b>	
2.5.3	All incidents, accidents, adverse or untoward events are systematically recorded and reviewed.	<p><b>33.1 The practice has an Incident Management Policy</b></p> <p><b>33.2 The Incident Reporting Register records incidents and near misses</b></p> <p><b>32.3 The practice uses a risk management process to analyse incidents and near misses</b></p> <p><b>32.3 The practice team can demonstrate how incidents are used as a learning opportunity to minimise risk</b></p>	<b>M</b>	A sample of incidents would still be reviewed for NZS 8165.
2.5.4	A clearly documented process for the identification and management of patient complaints is implemented and complies with legislative requirements - in compliance with Right 10 of the Code of Health and Disability Consumers' Rights.	<p><b>3.1 There is a documented policy that describes how complaints will be managed in line with Right 10 of 'The Code'</b></p> <p><b>3.2 The practice team is able to demonstrate their role in managing the complaints process</b></p> <p><b>3.3 The Complaints Officer can demonstrate that the complaints process complies with Right 10 of 'The Code'</b></p>	<b>H</b>	Still would be a link for complaints into 2.5.6.
2.5.5	The complaint management system is linked to the quality and risk management system to facilitate feedback and improvements.	<b>3.4 Complaints and their resolution are used as opportunities for learning and quality improvement</b>	<b>H</b>	

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
2.5.6	Data for improvement are collected, analysed and evaluated, with corrective action plans when areas requiring improvement are identified.			
2.5.7	The approval and inclusion of research, new technologies and procedures are managed in accordance with best practice principles and ethical review procedure.			

## Part 3 Pre-entry to Services

### Standard 3.1 Patient selection process

**Outcome** When a need for the service has been identified, patients are considered for entry to the facility in an equitable and timely manner.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
3.1.1	The facility ensures that the assessment processes and entry criteria are clearly documented and followed.	<b>22.1 Patient records contain sufficient information to identify the patient and document: the reason(s) for a visit, relevant examination and assessment, management, progress and outcomes</b>	L	
3.1.2	The facility ensures that the suitability of a patient for rooms/office-based surgery or procedures is based on the following criteria: <ul style="list-style-type: none"> <li>(a) The ability of the service provider to provide the required facilities and equipment;</li> <li>(b) The ability of the health practitioner(s) to undertake the procedure;</li> <li>(c) The particular patient requirements of the surgery or procedure such as patient age, health status and the social requirements/support of the patient undergoing the surgery or procedure</li> </ul>			
3.1.3	Patient preparation may be assisted by, but is not limited to: <ul style="list-style-type: none"> <li>(a) A standardized patient health/anaesthesia questionnaire, including possible infectious diseases and recent admissions to other healthcare facilities;</li> <li>(b) Referral to or consultation with other colleagues;</li> <li>(c) Pre-procedure assessment;</li> <li>(d) Anaesthesia consultation and pre-assessment where applicable.</li> </ul>			

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
3.1.4	Procedures suitable for rooms/office-based surgery or procedures include: <ul style="list-style-type: none"> <li>(a) Procedures that are not of excessive complexity or duration;</li> <li>(b) A minimal risk of haemorrhage;</li> <li>(c) A minimal risk of airway compromise;</li> <li>(d) Procedures that require only sedation or regional anaesthetic;</li> <li>(e) Postoperative pain controllable by outpatient management techniques;</li> <li>(f) Post-procedure requirements that can be met at home, or by community or primary services;</li> <li>(g) A rapid return to normal fluid and food intake.</li> </ul>			
3.1.5	Patient requirements for rooms/office-based surgery or procedures include: <ul style="list-style-type: none"> <li>(a) Informed consent following a detailed explanation, and an understanding of the surgery/procedure and discharge instructions;</li> <li>(b) Medical status and age appropriate for the procedure;</li> <li>(c) The patient's place of residence for post-surgery/procedure care being within an agreed travelling time from appropriate clinical assistance.</li> </ul>	<b>4.3 Informed consent is obtained from a patient or legally designated representative when agreeing to a treatment or procedure</b>  <b>4.4 Informed consent is documented when there is variance between evidence and practice</b>	L	Although there is some alignment this criterion should stay in the scope as it will be evidenced by a sample of patient records for the procedures.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
3.1.6	<p>Post-procedure support for rooms/off ice-based surgery or procedures include:</p> <ul style="list-style-type: none"> <li>(a) A responsible adult able to transport the patient home in a suitable vehicle if sedation, regional anaesthetic has been administered;</li> <li>(b) A responsible adult to stay with the patient following discharge from the facility if sedation, regional anaesthetic has been administered;</li> <li>(c) Ensuring the patient and/or responsible adult understands the requirements for post- procedural care;</li> <li>(d) The patient or responsible adult having ready access to a telephone or other method to summon assistance;</li> <li>(e) The patient having advice as to when to return to activities such as driving, physical activities, school, employment and decision making.</li> </ul>			
3.1.7	<p>The patient should be provided with pre-procedural information in an understandable and appropriate format which may include, but is not limited to:</p> <ul style="list-style-type: none"> <li>(a) General information about the procedure/surgery;</li> <li>(b) Instructions for preparation if required;</li> <li>(c) A discharge plan, including continuity of care where appropriate(refer to 4.6.2);</li> <li>(d) Out of hours and emergency contact information;</li> <li>(e) Cost and/or financial assistance available.</li> </ul>			

## Standard 3.2 Declining entry to services

**Outcome** Where entry to the service is declined, the immediate risk to the patient is managed.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
3.2.1	<p>Patients for whom entry to the service has been declined are informed of other reasonable options or alternative services that may assist them with respect to their needs and risks, This may be achieved by, but is not limited to:</p> <ul style="list-style-type: none"><li>(a) Referring the patient to alternative services;</li><li>(b) Contacting alternative services, family/whanau or other representatives as appropriate;</li><li>(c) Planning for re-entry to the service for assessment and surgery/procedure.</li></ul>			



## Part 4 Service Delivery

### Standard 4.1 Service provision requirements

**Outcome** Patients receive timely, competent and appropriate service provision in order to meet their assessed needs.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.1.1	The facility ensures that each stage of service provision (assessment, planning, provision, evaluation, review and exit) is planned to meet the patient's assessed needs and is co-ordinated in a timely manner that promotes continuity in service delivery.	<p><b>24.1 There is a documented policy that describes how laboratory results, imaging reports, investigations and clinical correspondence are tracked and managed</b></p> <p><b>24.2 All incoming test results or other investigations are sighted and actioned by the team member who requested them or by a designated deputy</b></p> <p><b>24.3 Patients are provided with information about the practice procedure for notification of test results</b></p> <p><b>24.4 The practice can demonstrate how they identify and track potentially significant investigations and urgent referrals</b></p> <p><b>24.5 A record is kept of communications with patients informing them about test results</b></p>	L	NZS 8165 is more involved than those aspects identified by AFE.
4.1.2	Where services are provided for patient groups with specific requirement, e.g. children and young people, these are taken into consideration in the provision of care.			

## Standard 4.2 Clinical records management

**Outcome** Each clinical record is documented in a complete and accurate manner and complies with legislation.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.2.1	The detail of information required to manage patient records is identified relevant to the facility type and setting.	<p><b>13.1 The practice information system is electronic</b></p> <p><b>21.1 There is a patient registration process that collects demographic and health information</b></p> <p><b>Indicator 22 and 22.1 Refer to all of this criterion for patient record expectations</b></p>	<b>M</b>	Although there is some alignment this criterion should stay in the scope as it will be evidenced by a sample of patient records for the procedures.
4.2.2	Each patient has an individual clinical record which is uniquely identified (see NZS 8153 Health records) in which details of the surgery/procedure performed and treatment given is recorded in a timely manner.	<p><b>22.1 Patient records contain sufficient information to identify the patient and document: the reason(s) for a visit, relevant examination and assessment, management, progress and outcomes</b></p> <p><i>Core demographic data includes:</i></p> <ul style="list-style-type: none"> <li>• patient name</li> <li>• NHI number</li> <li>• gender</li> <li>• address</li> <li>• date of birth</li> <li>• contact phone number</li> <li>• ethnicity</li> <li>• registration status</li> <li>• contact person in case of emergency</li> <li>• next of kin—where applicable</li> <li>• primary language—where applicable</li> <li>• whether or not an interpreter is needed</li> </ul> <p><i>Other demographic data:</i></p> <ul style="list-style-type: none"> <li>• occupation history</li> <li>• significant relationships</li> <li>• hapu, iwi</li> <li>• alternate names</li> </ul> <p><b>Indicator 22 and 22.1 Refer to all of this criterion for patient record expectations</b></p>	<b>M</b>	As above.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.2.3	Information of a private or personal nature is maintained in a secure manner and is not publicly accessible or observable.	<p><b>2.4 The collection, use, storage, disposal and disclosure of individual patient information complies with the Health Information Privacy Code 1994</b></p> <p><b>12.3 There are safeguards in the reception area to ensure confidentiality of patient information</b></p> <p><b>13.3 The practice can demonstrate implementation of its policy for security of electronic health information</b></p> <p><b>13.5 Files are secure or password protected from unauthorised access unless in active use by the practice team</b></p> <p><b>36.3 Practice team members and others who have access to identifiable patient information have signed a confidentiality agreement</b></p>	H	
4.2.4	Service providers use relevant patient records and source additional clinical information when necessary.	<b>21.2 There is an effective and timely system that enables medical records to be obtained and transferred between practices within 10 days</b>	L	For NZS 8165, there could be wider patient records involved than just transferring between practices.
4.2.5	All records are legible and the name of the service provider is identifiable.	<p><b>22.1 Consultation records:</b></p> <ul style="list-style-type: none"> <li>• each entry is dated</li> <li>• the person making the entry is identifiable</li> </ul>	L	
4.2.6	Systems are in place to track and retrieve patient records.	<p><b>21.2 There is an effective and timely system that enables medical records to be obtained and transferred between practices within 10 days</b></p> <p><b>21.3 There is a system to manage tracking and retrieval of medical records to and from and within the practice</b></p> <p><b>21.4 Receipt of records transferred from the practice is confirmed</b></p>	H	
4.2.7	Retained/archived records are secured and maintained in a suitable order and condition so that they may be retrieved when required.	<b>21.3 There is a system to manage tracking and retrieval of medical records to and from and within the practice</b>	L	

## Standard 4.3 Sedation and regional anaesthesia

**Outcome** Sedation and local anaesthesia techniques used shall be safe and appropriate for the patient and the procedure, to enable the patient to recover and leave the facility within a short time.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.3.1	<p>The facility ensures that the level of sedation or regional anaesthesia used is appropriate and safe for:</p> <ul style="list-style-type: none"> <li>(a) The patient;</li> <li>(b) Any pre-existing medical conditions;</li> <li>(c) The surgery/procedure being performed;</li> <li>(d) The clinical setting;</li> <li>(e) The education and competence of the personnel;</li> <li>(f) The equipment available</li> </ul> <p><b>CAUTION</b> - Sedation (with or without local anaesthesia), includes the administration by any route or technique of all medication which results in the depression of the central nervous system. The object of these techniques is to produce a degree of sedation of the patient without loss of consciousness, so that uncomfortable procedures may be facilitated. The medication and techniques used should provide a margin of safety which is wide enough to render loss of consciousness unlikely. Loss of consciousness constitutes general anaesthesia, carries specific risks, and shall be administered by a registered health practitioner appropriately trained in anaesthesia, or a trainee anaesthetist supervised by a vocationally registered specialist anaesthetist. For nitrous oxide/oxygen mediated sedation see 4.3.6.</p> <p>General anaesthesia should only be undertaken in day-stay or inpatient services.</p>			

REFERENCE NUMBER	NZS 8165 CRITERIA	AIMING FOR EXCELLENCE EQUIVALENT	RATING (H, M, L)	COMMENTS
4.3.2	The facility ensures that the type of sedation used will: <ul style="list-style-type: none"> <li>(a) Be safe and effective;</li> <li>(b) Be appropriate to the specific needs of the patient;</li> <li>(c) Allow a rapid recover to normal function.</li> </ul>			
4.3.3	The facility ensures that the individual health practitioner administering the sedation or regional anaesthesia is competent to do so, has appropriate resuscitation skill (at least New Zealand Resuscitation Council Level 5 or equivalent) and is working within their scope of practice, as defined by their registration body. Relevant Colleges or Associations have their own guidelines (refer to Appendix B).	<b>23.4 All team members who may be required to administer CPR must have current certification to an appropriate level from certified trainers</b>	<b>M</b>	Ongoing implementation to assess for NZS 8165.
4.3.4	Policies and procedures should clearly define when the presence of an anaesthetist is required.			
4.3.5	Detailed policies and procedures should be in place describing: <ul style="list-style-type: none"> <li>(a) The number of health practitioners required to be present. The use of sedation requires the presence of a minimum of two appropriately competent service providers;</li> <li>(b) A suitable clinical environment and equipment for monitoring and advanced cardiopulmonary resuscitation;</li> <li>(c) The specific monitoring required - all patients undergoing intravenous sedation shall be monitored continuously with pulse oximetry. There shall be regular recording of pulse rate, respiratory rate, oxygen saturation, and blood pressure throughout the procedure;</li> <li>(d) The use of medications, including antagonists;</li> <li>(e) Recovery procedures - including service provider availability, suitable clinical areas, oxygen, suction, resuscitation medications and monitoring and delivery equipment.</li> </ul>			

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.3.6	<p>Nitrous Oxide Sedation – When nitrous sedation is being used to provide sedation, the following requirements shall be satisfied:</p> <ul style="list-style-type: none"> <li>(a) There shall be a minimum oxygen flow of 2.5 litres/minute with a maximum flow of 10 litres/minute of nitrous oxide, or in machines so calibrated, a minimum of 30% oxygen;</li> <li>(b) The circuit shall include an antihypoxic device which cuts off nitrous oxide flow in the event of an oxygen supply failure, and opens the system to allow the patient to breath room air;</li> <li>(c) There shall be a non-return valve to prevent rebreathing and a reservoir bag;</li> <li>(d) The patient breathing circuit shall provide low resistance to normal gas flows, and be of lightweight construction;</li> <li>(e) Installation and maintenance of any piped gas system shall be according to appropriate standards;</li> <li>(f) Servicing of equipment and piped gases shall occur on a regular basis and at least annually;</li> <li>(g) An appropriate method of scavenging of expired gases should be in use;</li> <li>(h) Risks of chronic exposure to nitrous oxide should be considered as part of the Occupational Health and Safety programme.</li> </ul>			

## Standard 4.4 Clinical emergency response

**Outcome** Safe care is provided in the event of a clinical emergency.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.4.1	The facility has policies, procedures and systems that ensure necessary personnel, equipment, processes and linkages to enable transfer to an appropriate care facility are available to manage clinical and other emergencies that may arise.	<p><b>18.5 The practice team conducts annual emergency drills to improve their response to medical emergencies</b></p> <p><b>32.1 The practice can demonstrate continuity of care management by multidisciplinary teams in the practice</b></p> <p><b>32.2 The practice can demonstrate its processes for transfer of care when transferring patients to providers and services outside the practice</b></p>	L	NZS 8165 looks to be more involved to consider clinical and other emergencies for transfer of care.
4.4.2	Service providers who are competent in emergency procedures are available during the facility's hours-of-operation.	<p><b>23.1 Non-medical team members responsible for first-line interaction with patients are trained to identify and respond appropriately to patients with urgent medical conditions</b></p> <p><b>23.2 Practice teams have systems in place to observe the clinical condition of patients</b></p> <p><b>23.3 There is a triage system to manage patients with urgent medical needs</b></p> <p><b>23.4 All team members who may be required to administer CPR must have current certification to an appropriate level from certified trainers</b></p>	M	For NZS 8165 to assess that this occurs during hours of operation

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.4.3	The facility ensures adequate equipment is available for cardiopulmonary resuscitation. This equipment should be appropriate to the risks and complexity associated with the service being provided and the patient groups receiving the service.	<p><b>18.4 Emergency and resuscitation equipment is easily accessible and in a single location</b></p> <p><b>18.6 All essential emergency and resuscitation equipment is available and maintained</b></p> <p><b>Emergency and resuscitation equipment:</b></p> <ul style="list-style-type: none"> <li>• airways and/or laryngeal masks—varied sizes 00 to adult</li> <li>• ambubag and masks—paediatric to adult</li> <li>• emergency bag/trolley</li> <li>• IV equipment—set up and infusion</li> <li>• oxygen</li> <li>• saline—any one of e.g. penpaspan/ crystalloid</li> <li>• tourniquet</li> </ul> <p><b>Rural practices require a greater level of offsite equipment</b></p> <ul style="list-style-type: none"> <li>• PRIME kit (St John)</li> </ul> <p><b>It is recommended that practices use the PRIME standard to build their emergency kits</b></p> <p><b>18.7 All essential basic and emergency medicines are available in stock or in the doctor's bag/clinical bag or portable emergency kit:</b></p> <ul style="list-style-type: none"> <li>• adrenalin 1/1000</li> <li>• an alternative for those allergic to penicillin</li> <li>• analgesia e.g. paracetamol, voltaren</li> <li>• antiemetic</li> <li>• antihistamine injection</li> <li>• aspirin tablets</li> <li>• atropine injection</li> <li>• corticosteroid injection</li> <li>• diazepam injection/rectal</li> <li>• frusemide</li> <li>• 50% glucose/glucagon injection</li> <li>• local anaesthetic injection</li> <li>• naloxone injection</li> <li>• nitrolingual spray</li> <li>• penicillin injection—some need refrigeration and in addition powdered version for off-site emergencies</li> <li>• Sodium Chloride (NaCl) for injection</li> <li>• sterile water for injection</li> </ul> <p><b>18.8 There is a documented process to check and maintain all essential basic and emergency medicines</b></p> <p><b>18.9 There is a documented process to check and maintain the contents of all clinical bags/ portable emergency kits and emergency equipment</b></p>	H	



## Standard 4.5 Discharge management

**Outcome** Patients are safely discharged from the facility

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.5.1	The facility facilitates a planned discharge of each patient that is documented, communicated and effectively implemented.			
4.5.2	Follow-up care and activities are specified as indicated by outcome, surgery/procedure and information conveyed to the primary healthcare provider or referrer (some services will require the specific consent of the patient.)			
4.5.3	<p>The following criteria apply to patients being discharged:</p> <ul style="list-style-type: none"> <li>(a) Stable vital signs following the procedure where sedation or regional anaesthesia has been used;</li> <li>(b) Orientated to time, place and relevant people;</li> <li>(c) Adequate pain control;</li> <li>(d) Minimal nausea, vomiting or dizziness;</li> <li>(e) Minimal bleeding or wound drainage;</li> <li>(f) Adequate hydration and likelihood of maintenance with oral fluids;</li> <li>(g) Patients at significant risk of urinary retention (central neural blockage, pelvic and other surgery) shall have passed urine;</li> <li>(h) A responsible adult is available to take the patient home if sedation or regional or general anaesthesia are used;</li> <li>(i) Discharge should be authorized by an appropriate service provider after discharge criteria have been satisfied;</li> <li>(j) A suitably trained health professional should provide written and/or verbal instructions for all relevant aspects of post-regional anaesthetic and surgical care which is given to the patient. A contact place and telephone number for emergency medical care shall be provided;</li> <li>(k) Suitable analgesia (or prescription) should be provided, with clear written instructions on how and when it should be used. Advice on any other regular medication should be given as necessary.</li> <li>(l) That the requirements of 3.1.6 are still able to be met where necessary.</li> </ul>			
4.5.4	A follow-up inquiry as to the patient's wellbeing is recommended where sedation or regional anaesthesia has been used.			

## Standard 4.6 Referrals, relationships and links

**Outcome** The service provider demonstrates effective links with relevant health and community service providers.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
4.6.1	The facility has a documented referral process.	<p><b>22.1 Referral letters contain:</b></p> <ul style="list-style-type: none"> <li>• special considerations: interpreter needed, language, disability, transport</li> <li>• current problem</li> <li>• current medical warnings</li> <li>• long-term medications</li> <li>• the reason for referral</li> <li>• background information and history</li> <li>• key examination findings</li> <li>• current treatment</li> <li>• appropriate investigations and results</li> </ul> <p><b>24.4 The practice can demonstrate how they identify and track potentially significant investigations and urgent referrals</b></p>	L	
4.6.2	There are current contact and referral details, and established links with other clinical series, support services, and community agencies.	<p><b>8.1 The practice team has identified relevant health, social and community services available locally, regionally and nationally</b></p> <p><b>8.2 The clinical team can demonstrate relationships and linkages with other organisations and community services to coordinate patient care</b></p> <p><b>32.2 The practice can demonstrate its processes for transfer of care when transferring patients to providers and services outside the practice</b></p>	H	Note that this high correlation assumes that for the NZS 8165 procedures these linkages are in place. With the documented referral process 4.6.1 still included the linkages should be addressed.

# 5 Managing Service Delivery

## Standard 5.1 Medicine management

**Outcome** Patients receive medicines in a safe and timely manner that complies with legislative and regulatory requirements.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
5.1.1	The facility ensures policies and procedures to manage the safe and appropriate prescribing, dispensing, administration, storage, record keeping and disposal of medicines and comply with medicines-related legislation, regulations and guidelines.	<p><b>14.1 Controlled drugs are stored in line with the Misuse of Drugs Act 1975 and Misuse of Drugs Regulations 1977</b></p> <p><b>14.2 A register is maintained for controlled drugs</b></p> <p><b>25.1 Prescriptions of all medicines including controlled drugs are recorded in the electronic record</b></p> <p><b>25.2 The practice has a documented policy for repeat prescribing</b></p> <p><b>25.3 The practice team is able to demonstrate how the policy for repeat prescribing is implemented</b></p> <p><b>25.4 An audit of repeat prescribing has occurred within the last three years</b></p> <p><b>25.5 The practice routinely audits for noncollection of prescriptions held by the practice</b></p>	M	For NZS 8165, medication policies / procedures would be more involved than AFE.
5.1.2	Service providers identify, record and communicate patient allergies or sensitivities to medicines and respond appropriately to adverse reactions or errors, including the reporting of adverse reactions to the relevant body; e.g.- Centre for Adverse Reactions Monitoring (CARM)	<p><b>22.1 Medical records show: clinically important drug reactions and other allergies (or the absence thereof)</b></p> <p><b>33.5 Adverse reactions to medicines and immunisations are recorded in the PMS and reported to the Centre for Adverse Reactions Monitoring (CARM)</b></p>	M	To still assess implementation for NZS 8165.
5.1.3	Service providers ensure patients are able to safely self-administer any post-procedure medication.			

## Standard 5.2 Infection control management

**Outcome** Patients, visitors, service providers and communities are protected from preventable exposure to transmittable disease as a result of service provision.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
5.2.1	The facility ensures policies and procedures minimize the risk of infection to patients, visitors, service providers and communities. This may be achieved by meeting the requirements of NZS <b>8142</b> <i>Infection control</i> .	<p><b>16.1 The practice can demonstrate that its infection control policies and procedures align with the industry standard</b></p> <p><b>16.2 Appropriate team members have received infection control, sterilisation and disinfection training, within the last three years</b></p> <p><b>16.3 The practice can demonstrate how it monitors the effectiveness of each sterilisation cycle</b></p>	M	To include that infection control is established as relevant to NZS 8165.
5.2.2	<p>The facility ensures that where the sterilization of reusable medical and surgical instruments textiles or linen and equipment is conducted in-house, policies and procedures are implemented to protect patient safety and minimize the risk of healthcare acquired infection. Policies and procedures shall guide service providers in relation to:</p> <ul style="list-style-type: none"> <li>(a) Cleaning and handling of used items;</li> <li>(b) Packaging and wrapping of items prior to sterilization;</li> <li>(c) Sterilising equipment;</li> <li>(d) Loading of sterilisers;</li> <li>(e) Unloading of sterilisers;</li> <li>(f) Purchasing, validation, monitoring and maintenance of sterilisers and associated equipment;</li> <li>(g) Quality management (in relation to sterilised and disinfected items; e.g. tracking and tracing systems);</li> <li>(h) Storage and handling of processed items;</li> <li>(i) Disinfection;</li> <li>(j) Cleaning of the sterilizing and associated equipment; and</li> <li>(k) Selection and care of instruments.</li> </ul> <p><b>NOTE-</b> Sterilisation may be achieved by complying with:</p> <p><i>AS/NZS 4815:2001 Office-based health care facilities not involved in complex patient procedures and processes - Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of the associated environment. This Standard will be superseded by AS/NZS 4815: Office-based health care facilities- Reprocessing of reusable medical and surgical instruments and equipment, and maintenance of the associated environment.</i></p>	<p><b>16.1 The practice can demonstrate that its infection control policies and procedures align with the industry standard</b></p> <p><b>16.3 The practice can demonstrate how it monitors the effectiveness of each sterilisation cycle</b></p> <p><b>16.4 A current calibration and validation record is available for the steriliser</b></p>	L	

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
5.2.3	The facility ensures that where the sterilization of reusable medical and surgical instruments and equipment is outsourced, a process is in place to ensure the contracted service complies with the relevant standards			
5.2.4	Service providers have access to relevant and current infection control education, training and information. This should include: <ul style="list-style-type: none"> <li>(a) Hand hygiene and cough etiquette;</li> <li>(b) Standard precautions;</li> <li>(c) Transmission based precautions;</li> <li>(d) Cleaning, disinfection and sterilisation practices;</li> <li>(e) Blood and body fluid exposure management;</li> <li>(f) Practice in relation to single-use items;</li> <li>(g) Surveillance and outbreak management;</li> <li>(h) Prudent antimicrobial prescribing.</li> </ul>	<b>16.2 Appropriate team members have received infection control, sterilisation and disinfection training, within the last three years</b>	<b>L</b>	NZS8165 would expect additional training to ASFE and possibly a greater frequency.
5.2.5	The effectiveness of the infection control processes is monitored and linked to the quality and risk management system.			
5.2.6	Infection control principles are integrated into the design and delivery of new and existing services, facilities and equipment.			
5.2.7	Service providers and/or patients suffering from, or exposed to, infectious diseases should be prevented from exposing others while infectious, and vaccination programmes should be available to all service providers.	<b>16.1 The practice can demonstrate that its infection control policies and procedures align with the industry standard</b>	<b>M</b>	To still assess implementation for NZS8165.
5.2.8	Notifiable diseases are reported to the local public health office, and where required treated as specified by relevant guidelines and legislation (refer to Ministry of Health Communicable Diseases web site <a href="http://wee.moh.govt.nz/cd">wee.moh.govt.nz/cd</a> ).			

## Standard 5.3 Management of waste and hazardous substances

**Outcome** Patients, visitors and service providers are protected from harm as a result of exposure to waste or hazardous substances generated during service delivery.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
5.3.1	The facility ensures policies and procedures for the safe and appropriate identification, categorization, storage, transport and disposal of waste and hazardous substances in compliance with legislation and local authority requirements are implemented.	<p><b>15.1 Practice waste is correctly categorised, safely stored, collected and disposed of in accordance with the industry standard NZS 4304:2002</b></p> <p><b>15.2 The practice has puncture resistant sharps containers displaying a biohazard symbol in accordance with NZS 4304:2002 in all areas where sharps are used</b></p> <p><b>15.3 Sharps containers are kept out of reach of children</b></p>	M	NZS 8165 requires policies and procedures and unclear if AFE does.
5.3.2	Service providers involved in the management of waste and hazardous substances receive education and training to ensure safe and appropriate handling of waste.			

## Standard 5.4 Management of surgically removed tissue/body parts

**Outcome** Body parts/tissue are managed in a safe and culturally sensitive manner.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
5.4.1	<p>The facility ensures policies and procedures allow for body parts/tissues removed during the course of surgery/procedures to be returned to a patient where this has been requested prior to the surgery/procedure.</p> <p><b>NOTE</b> – Refer to:</p> <ul style="list-style-type: none"> <li>(a) The Human Tissue Act;</li> <li>(b) The Code of Health and Disability Services Consumer's Rights (refer to Right 7.9);</li> <li>(c) Hauora o te Tinana me ona Tikanga – A Guide for the Removal, Retention, Return and Disposal of Maori Body Parts and Organ Donation.</li> </ul>			
5.4.3	<p>Body parts/tissue not requested by the patient should be disposed of according to legislative and cultural requirements.</p>			

## 6 Safe and Appropriate Environment

### Standard 6.1 Facility specifications

**Outcome** Facility layout and design is clinically appropriate, contributes to safe service delivery and maintains patient and service provider safety.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
6.1.1	Services are provided in facilities that are clean, safe and suitable for the purpose of the surgery/procedure being carried out.	<b>Indicator 12: The practice facilities meet the comfort, safety and privacy needs of patients.</b>	<b>M</b>	Will still need to assess for NZS 8165 on the day of the audit visit.
6.1.2	Amenities, fixtures, equipment and furniture are selected, located and installed with consideration of patient and service provider safety.	<b>Indicator 12: The practice facilities meet the comfort, safety and privacy needs of patients.</b>	<b>M</b>	Will still need to assess for NZS 8165 on the day of the audit visit.
6.1.3	The facility should identify contributory factors responsible for spread of infection including those from water, air and other environment factors.			
6.1.4	Each procedure area has ready access to hand hygiene facilities to minimise the risk of cross contamination.	<b>12.5 There are facilities to ensure hand hygiene in all patient contact areas and toilets</b>	<b>H</b>	
6.1.5	All procedure areas where it is intended to use mains operated equipment for patient treatment or diagnosis, meet the minimum requirements of Body Protected Areas, as specified in AS/NZS 3003:2003 <i>Electrical installations – Patient areas of hospitals, medical and dental practices and dialyzing locations</i> . The provision of a residual current device (RCD) is an appropriate means of compliance.	<b>18.2 Residual Current Devices (RCDs) are used to protect patients and members of the practice team in accordance with the Electrical (Safety) Regulations 2010</b>	<b>M</b>	Will still need to assess for NZS 8165 on the day of the audit visit.
6.1.6	All procedure areas have sufficient lighting to facilitate treatment and examination procedures, including adequate emergency lighting.	<b>12.6 Each consultation room has adequate space, seating, ventilation, lighting and task lighting</b>	<b>M</b>	NZS 8165 to consider any specific procedure rooms and also for emergency lighting.
6.1.7	Floor surfaces minimize risk of harm, promote safe mobility and are appropriate to the service.			



Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
6.1.8	The external approach to the facility and all internal patient areas of the facility are accessible to patients with disabilities.	<p><b>11.3 People with mobility difficulties are able to access the practice premises</b></p> <p><b>11.4 There is parking close to the practice with dedicated parking for patients with mobility difficulties</b></p> <p><b>12.4 There is a toilet with mobility access on site</b></p>	<b>M</b>	For NZS 8165 to assess all internal patient areas.
6.1.9	The facility has clear signage and where applicable there is information on how to obtain urgent after hours services when the facility is closed.	<b>11.1 External signage is clear, visible, well placed and able to be read from a distance</b>	<b>M</b>	For NZS 8165 to assess that urgent after hours information is available.

## Standard 6.2 Environment management

**Outcome** The environment and equipment is maintained in reliable and safe working order.

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
6.2.1	The facility has an approved evacuation plan in compliance with fire and local body regulations	<p><b>19.1 The practice has a documented Evacuation Scheme or Evacuation Procedure as required by the Fire Safety and Evacuation of Buildings Regulations 2006</b></p> <p><b>19.2 The practice team is trained to evacuate the practice by participating in fire drills every six months</b></p>	H	
6.2.2	The facility has procedures that ensure compliance with: <ul style="list-style-type: none"> <li>(a) Occupational safety and health requirements;</li> <li>(b) The Smoke-free Environments Act</li> </ul>	<p><b>20.1 The practice team is able to demonstrate how they comply with the Health and Safety in Employment Act 1992 and the 2002 Amendment</b></p> <p><b>20.2 The practice has a designated Health and Safety Officer who manages compliance with the Health and Safety in Employment Act 1992 and the 2002 Amendment</b></p> <p><b>20.3 The practice team conducts an annual health and safety review and makes policy amendments as required</b></p> <p><b>20.4 Health and safety accidents and incidents are reported, recorded, investigated and followed up</b></p>	H	
6.2.3	Equipment and supplies necessary to provide the service are available when required, or a contingency plan exists in the event that these are unavailable.	<p><b>18.3 The practice team conducts annual emergency drills to improve their response to medical emergencies</b></p> <p><b>18.8 There is a documented process to check and maintain all essential basic and emergency medicines</b></p> <p><b>18.9 There is a documented process to check and maintain the contents of all clinical bags/ portable emergency kits and emergency equipment</b></p> <p><b>18.10 Medicines, pharmaceutical products and emergency equipment are stored so that they are not accessible to unauthorised people</b></p> <p><b>19.3 The practice has an Emergency Response Plan which identifies risk and formulates contingencies to address the practice response to disasters or events in the community</b></p> <p><b>19.4 The practice has a Business Continuity Plan that prioritises support and recovery of critical and non-critical functions of practice processes and activities</b></p>	H	

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
6.2.4	<p>The facility has systems that promote a safe environment, including:</p> <ul style="list-style-type: none"> <li>(a) Systems to summon timely emergency assistance;</li> <li>(b) Documented maintenance management systems to ensure all buildings, plant and equipment are maintained to an approved standard where these exist, or to the manufacturers' specifications where a standard does not exist.</li> <li>(c) The facility has a system to plan for essential clinical equipment replacement.</li> <li>(d) Preventive and planned maintenance and safety of clinical equipment; e.g. all clinical equipment is part of a management programme; e.g. AS/NZS 3551 <i>Technical management programs for medical devices</i>;</li> <li>(e) An in-service testing programme to NZS 3003.1 <i>Electrical installations – Patient areas of hospitals and medical and dental practices – Testing requirements</i>;</li> <li>(f) The implementation of AS/NZS2500 <i>Guide to the safe use of electricity in patient care</i>; and AS/NZS 3760 <i>In-service inspection and testing of electrical equipment</i>;</li> <li>(g) A scavenging device and appropriate personal protective equipment for procedures that generate expired medical gases, fumes, aerosols and surgical plume; and</li> <li>(h) The implementation of relevant Standards including; AS/NZS 2211.1 <i>Equipment classification, requirements and user's guides</i>; AS/NZS 1336 <i>Recommended practices for occupational eye-protection</i>; and AS/NZS 1337.5 <i>Eye-protectors for adjustment work on lasers and laser systems (laser adjustment eye-protectors)</i>.</li> </ul> <p><b>NOTE:</b></p> <ul style="list-style-type: none"> <li>(1) Where no Standard exists, equipment calibration and testing shall comply with service policies and manufacturer's recommendations.</li> <li>(2) Where services are provided for patient groups with specific requirements, e.g. children and young people, these are taken into consideration in maintaining a safe environment</li> </ul>	<p><b>18.1 There is an audit trail to monitor the servicing of all medical equipment according to relevant regulations (AS/NZS 3551), maintenance and operating instructions</b></p>	L	

Reference number	NZS 8165 criteria	Aiming for Excellence equivalent	Rating (H, M, L)	Comments
6.2.5	The facility has policies and procedures in place for the management of laundry and the regular and incidental cleaning of the facility to ensure a clean environment in line with good infection control practice.	<b>16.1 The practice can demonstrate that its infection control policies and procedures align with the industry standard</b>	L	
6.2.6	Appropriate use of cleaning agents is adhered to and chemicals used are compatible with the equipment or surface they are being used on in line with manufacturer's recommendations.	<b>16.1 The practice can demonstrate that its infection control policies and procedures align with the industry standard</b>	L	
6.2.7	The facility is aware of the risk of vermin in the transmission of disease and controls and eradicates these where necessary.			