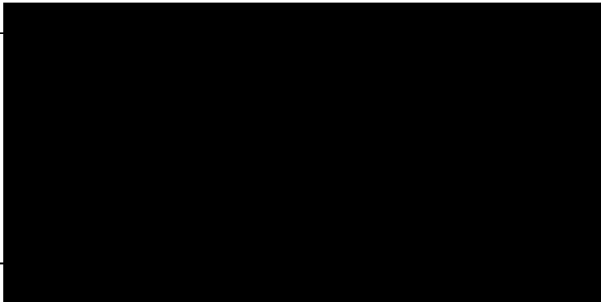


**IN THE MATTER OF THE ROYAL COMMISSION
INTO FAMILY VIOLENCE**

ATTACHMENT FD-10 TO STATEMENT OF FRANCES MARIE DIVER

Date of document: 3 August 2015
Filed on behalf of: the Applicant
Prepared by:
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This is the attachment marked '**FD-10**' produced and shown to **FRANCES MARIE DIVER** at the time of signing her Statement on 3 August 2015.

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Attachment FD-10

health

Accreditation Regulatory Role

A guide for Department of Health staff

Glossary

Nomenclature	Acronym
Deputy Secretary Health Service Performance and Programs	HSPP
Service Performance Quality and Rural Health	SPQRH
Deputy Secretary Mental Health Wellbeing and Ageing	MHWA
Consumer Partnerships and Quality Standards	CPQS
Regional Director Health and Ageing +/- rural regional quality contact	Regional office
Dental Health Services Victoria	DHSV
Performance and Governance	PG
Department Liaison Officer	DLO

Prepared by:	Consumer Participation and Quality Standards; Service Performance, Quality and Rural Health
Version No:	3
File Ref:	ADF/14/116; File path F:\Q & S Branch\Policy and Strategy Unit\Accreditation\2014\Regulatory response\ Accreditation regulatory response operational model.doc
Date:	16/09/14

Accreditation Regulatory Role

A guide for Department of Health staff

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne

September 2014

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Background

Accreditation is part of the regulatory framework that informs government and the community that systems are present in health services 'to protect the public from harm and improve the quality of health service provision'.¹

Effective 1 January 2013 accreditation of health services falls under the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme). Victorian health services are required to be accredited against the National Safety and Quality Health Service Standards (NSQHS Standards) under this Scheme.

This scheme applies to all public health services including metropolitan, regional and subregional; all rural health services, clinical mental health services provided by health services and, public dental services in community health services. The Department of Health's (Department's) regulatory role in private health service accreditation is not addressed within this document. It will be addressed in the development of the new *Private Health Care Facilities Bill 2014*.

The purpose of this guide is to provide staff with a clear understanding of the Department's regulatory approach to public health service accreditation, and the 'operationalisation' of the:

- *Accreditation Performance Monitoring and Regulatory Approach Business Rules* (Appendix 1)
- *Accreditation Regulatory Response: Risk Assessment and Risk Reduction Action Plan* (Appendix 2)

The Department's accreditation regulatory role within public health service accreditation is outlined in the following sections of this guide:

- Table 1 (pages 4-7)
- Figure 1 Health Service Accreditation Surveys: Operation Model of Regulatory Response
- Figure 2 Operation Model of Regulatory Response: Not met core actions and Significant Patient Risk.

¹ Australian Commission on Safety and Quality in Health Care (ACSQHC) 2011, *National Safety and Quality Health Service Standards*, ACSQHC, Sydney.

Table 1: Regulatory Response Operational Model

Timing	Action	Health service type	Responsibility
Pre survey	Circulate accreditation schedule and progress updates to Deputy Secretary Health Service Performance and Programs (HSPP), Service Performance Quality and Rural Health (SPQRH), Deputy Secretary Mental Health Wellbeing and Ageing (MHW), Rural Regional Directors, Rural regional quality contacts	All health services (including dental services in community health)	Consumer Partnerships and Quality Standards (CPQS)
	<p>Accreditation to be included as a regular agenda item at performance meetings between health services and the Department</p> <p>Liaise with health services on the implementation and management of the NSQHS Standards, collate health service feedback and report on progress to CPQS via email</p>	<p>Regional health services Subregional health services Local health services, Small rural health services Multipurpose services</p> <p>Metropolitan health services</p> <p>Dental services in community health</p>	<p>Regional office (Rural Regional Director +/- rural regional quality contact)</p> <p>Performance and Governance (PG)</p> <p>Dental Health Services Victoria (DHSV)</p>
During survey period	Monitor survey progress	<p>Regional health services Subregional health services Local health services, Small rural health services Multipurpose services</p> <p>Metropolitan health services</p> <p>Dental services in community health</p>	<p>Regional office</p> <p>PG</p> <p>DHSV</p>

Timing	Action	Health service type	Responsibility
Significant patient risk identified during survey	If a significant patient risk is identified during an accreditation survey, the accreditation agency notifies CPQS immediately of the 'significant patient risk'	All health services	Accreditation agency
	CPQS to notify the relevant Department Rural Regional Director and SPQRH Director	Regional health services Subregional health services Local health services Small rural health services Multipurpose services	CPQS
	CPQS to notify the SPQRH Director	Metropolitan health services	CPQS
	CPQS to notify the relevant Department Rural Regional Director and DHSV	Dental Services in Community Health	CPQS
	Escalate to Minister, Secretary and Deputy Secretary HSPP. The role of the Department as regulator is to verify the scope, scale and implications of the reported non-compliance and take further action (including action under the <i>Health Services Act 1988</i>) if there is immediate risk to patients or where the health services does not immediately rectify the patient safety risk.	Regional health services Subregional health services Local health services Small rural health services Multipurpose services	CPQS and Regional office
		Metropolitan health services Dental Services in Community Health	CPQS and PG CPQS, MHW and DHSV
Action plan developed by health service. The Department works with the health service to support them in addressing and resolving risks identified.	Regional health services Subregional health services Local health services Small rural health services Multipurpose services Metropolitan health services Dental services in community health	Regional office and CPQS PG and CPQS CPQS, MHW and DHSV	

Timing	Action	Health service type	Responsibility
Survey outcome	Notify CPQS of survey outcome	Regional health services Subregional health services Local health services Small rural health services Multipurpose services Metropolitan health services Dental services in community health	Regional office PG DHSV
Survey outcome – 1. accreditation awarded	Report on outcome (via email) to Deputy Secretary HSPP, SPQRH Director, MHWA, Rural Regional Directors, Rural regional quality contacts	All health services (including dental services in community health)	CPQS
	Letter from Minister for Health to health service Board Chair of health service: template letter from Minister to health service Board Chair completed and emailed to Minister for Health's Department Liaison Officer (DLO) for processing, email copied to media unit.	All health services (including dental services in community health)	CPQS
Survey outcome – 2. 'not met' core actions identified, commencement of 90 day rectification period	<ul style="list-style-type: none"> • Contact health service and outline regulatory response procedure • Attain a copy of accreditation agency's summary report which is provided to the health service within seven days of the final day of survey • Identify number, spread and character of core actions not met • Request health service rectification and resource plan (developed by health service) • Identify potential safety and harm concerns • Identify potential risk of accreditation not being awarded after 90 day rectification period • Report on outcome to Secretary and Minister 	Regional health services Subregional health services Local health services Small rural health services Multipurpose services Metropolitan health services Dental services in community health	Regional office in consultation with Rural Health Performance PG DHSV CPQS through SPQRH Director

Timing	Action	Health service type	Responsibility
90 day rectification period - performance monitoring activities escalate based on identified risk	<p>Identify performance monitoring activities based on the identified risk to include for example:</p> <ul style="list-style-type: none"> • Standard monitoring (low risk) requiring monthly progress updates and a progress update meeting half way through the 90 day period • Performance watch (medium risk) requiring fortnightly progress updates (via phone/email) and monthly progress review meetings • Intensive monitoring (high risk) requiring options of peer or external support, weekly progress updates (via phone/email) and monthly progress review meetings <p>The Department's response may also include:</p> <ul style="list-style-type: none"> • Provision of access to a panel of health service experts in the field for advice • Provision of advice, information on options or strategies that could be used by the health service to address concern • Facilitation of access to designated lead service(s) for peer support and advice • Support for access to specialist consultant(s) 	<p>Regional health services Subregional health services Local health services Small rural health services Multipurpose services</p> <p>Metropolitan health services</p> <p>Dental services in community health</p>	<p>Regional office</p> <p>PG</p> <p>DHSV</p>
Resurvey within 90 day rectification period	Notify CPQS of survey outcome	<p>Regional health services Subregional health services Local health services Small rural health services Multipurpose services</p> <p>Metropolitan health services</p> <p>Dental services in community health</p>	<p>Regional office</p> <p>PG</p> <p>DHSV</p>

Timing	Action	Health service type	Responsibility
Survey outcome – 1: accreditation awarded	<ul style="list-style-type: none"> Report on outcome to Deputy Secretary HSPP, SPQRH Director, MHWA, Rural Regional Directors, Rural regional quality contacts Letter from Minister for Health to health service Board Chair of health service: template letter from Minister to health service Board Chair completed and emailed to DLO for processing, email copied to media unit. 	Regional health services Subregional health services Local health services Small rural health services Multipurpose services Metropolitan health services Dental services in community health	CPQS CPQS CPQS
Survey outcome – 2: accreditation not awarded	<ul style="list-style-type: none"> Brief Minister, Secretary and Deputy Secretary HSPP Minister or Secretary meet with health service's Chief Executive Officer and Board Chair Use <i>Accreditation Risk Assessment and Risk Reduction Action Plan</i> (Appendix 2) to inform regulatory response and potential direct intervention by the Department Continued intensive monitoring of health service until next survey and accreditation awarded 	Regional health services Subregional health services Local health services Small rural health services Multipurpose services Metropolitan health services Dental services in community health	Regional office and CPQS PG and CPQS DHSV, MHWA, CPQS

NOTE: Refer to Figures 1 and 2 for flow charts of the above table

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APPENDIX 1: Accreditation –
Performance Monitoring and
Regulatory Approach Business Rules

Prepared by:	Policy and Strategy; Service Performance, Quality and Rural Health
Version No :	1
File Ref:	ADF/12/1357; emin 3032567 File path F:\Q & S Branch\Policy and Strategy Unit\Accreditation\2013\Regulatory Response\ Business rules final_May2013_for publication.doc
Date:	20/5/13

**Accreditation – Performance
Monitoring and Regulatory Approach
Business Rules**

This document is available as a PDF on the internet at: www.health.vic.gov.au/accreditation

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Authorised and published by Victorian Government, 50 Lonsdale Street, Melbourne.

May 2013

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1. Policy context

- 1.1. Accreditation is part of the regulatory framework that informs government and the community that systems are present in health services 'to protect the public from harm and improve the quality of health service provision'.¹
- 1.2. Effective from 1 January 2013 accreditation of health services falls under the Australian Health Service Safety and Quality Accreditation Scheme (the scheme). Health services are required to be accredited against the National Safety and Quality Health Service Standards (NSQHS Standards) under the scheme.
- 1.3. The *Victorian Health Priorities Framework 2012-22: Metropolitan Health Plan* and the *Rural and Regional Health Plan* outline development priorities for Victoria's health services over the next decade. Accreditation supports the priority of 'increasing accountability and transparency' which states that high performing health systems are accountable to their communities for delivering health service.
- 1.4. Accreditation is also an important driver for safety and quality improvement. It is one tool in a range of strategies which can be used to improve safety and quality in a health service. Through a process of regular assessment and review, accreditation tests that systems are in place and working effectively to promote and support safe patient care and continuous quality improvement.

2. Scope

- 2.1. All eligible Victorian health services, including public dental health services, will be assessed against the NSQHS Standards at their next accreditation assessment scheduled after 1 January 2013.
- 2.2. Under the scheme the Victorian Department of Health (the Department), as the jurisdictional regulator, has responsibility for verifying the accreditation status of public health services in Victoria.
- 2.3. The current *Victorian Health and Policy Funding Guidelines 2012-13 Part two: Health Operations*, section 1.2: Accreditation states:

Funded organisations have a range of obligations related to clinical service provision. These requirements have been put in place to ensure the quality of services and the safety of consumers.²
- 2.4. The *Victorian Health and Policy Funding Guidelines 2012-13* will be revised for 2013 -14 to reflect full implementation of the NSQHS Standards and the performance monitoring and regulatory approach business rules.

3. Rationale

- 3.1. The purpose of this document is to:
 - 3.1.1. Provide health services with a clear understanding of the Department's regulatory approach to accreditation within the context of existing policies and frameworks.
 - 3.1.2. Assist Victorian health services to understand the stronger focus on safety and compliance with the introduction of the NSQHS Standards.

¹ Australian Commission on Safety and Quality in Health Care (ACSQHC) 2011, *National Safety and Quality Health Service Standards*, ACSQHC, Sydney.

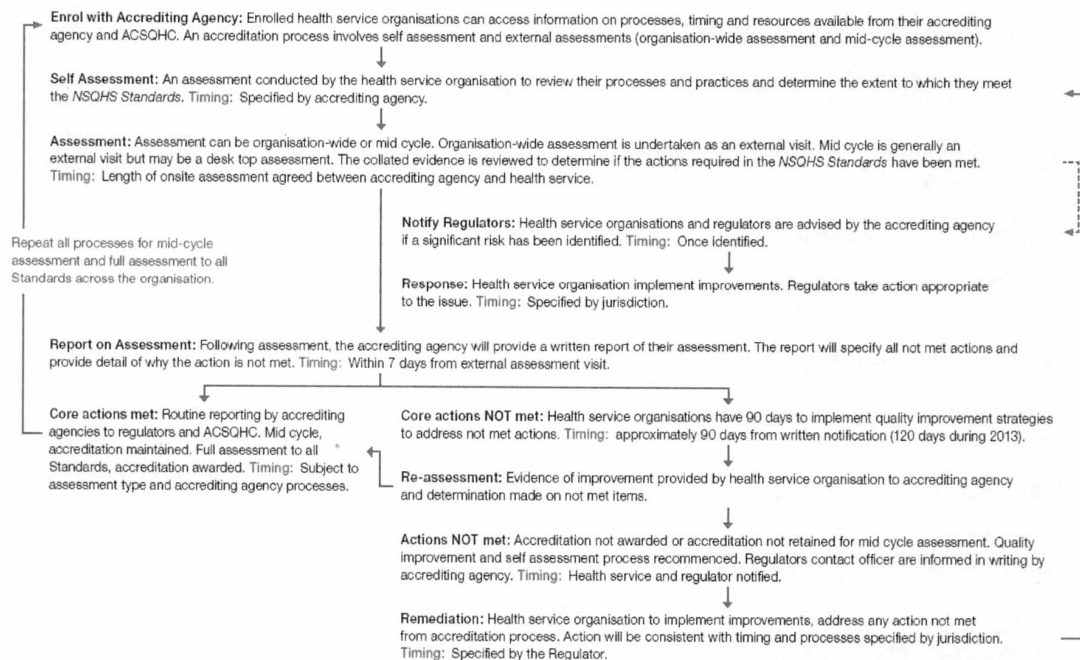
² Department of Health 2012, *Victorian health policy and funding guidelines 2012-13 Part two: Health operations*. Victorian Government Department of Health, Melbourne.

4. Accreditation process

- 4.1. The performance of a health service organisation against the NSQHS Standards can only be assessed by an accrediting agency approved by the Australian Commission on Safety and Quality in Health Care (ACSQHC). There are currently 12 approved accrediting agencies which have:
 - 4.1.1. been accredited by an internationally recognised body and approved by the ACSQHC
 - 4.1.2. agreed to work with the ACSQHC to ensure consistent application of the NSQHS Standards
 - 4.1.3. agreed to provide data or the outcome of accreditation to state and territory health departments and the ACSQHC.
- 4.2. Victorian health services must enrol with an approved accrediting agency for assessment against the NSQHS Standards.
- 4.3. For a mid-cycle assessment, a periodic review or a surveillance audit scheduled any time after 1 January 2013, health services will be assessed against:
 - Standards 1,2 & 3
 - their organisational quality improvement plan
 - recommendations from previous accreditation assessments.
- 4.4. In a 'full survey' health services will be assessed against all 10 NSQHS Standards.
- 4.5. For health services, a 'full survey' will include assessment against 256 actions across the 10 NSQHS Standards. Of these 209 are 'core' indicators and 47 are 'developmental' indicators. Health services are required to meet all of the core indicators.
- 4.6. For dental services, a 'full survey' assessment is against Standards 1-6. This includes 104 core actions and 48 developmental actions. Fourteen actions are non-applicable. A 'mid-cycle' survey includes assessment against Standards 1-3, the service's quality improvement plan and any recommendations from previous assessments.

Figure 1 below outlines the accreditation process against the NSQHS Standards.³

Figure 1: The accreditation process



Australian Commission on Safety and Quality in Health Care | Hospital Accreditation Workbook | 5

³ Australian Commission on Safety and Quality in Health Care (ACSQHC) 2012, *Hospital Accreditation Workbook*, ACSQHC, Sydney.

5. Accreditation outcomes

5.1. There are three possible accreditation outcomes resulting from a 'mid-cycle' or 'full survey' against the NSQHS standards:

- accreditation awarded
- actions (as per the NSQHS standards) 'not met' and rectification required
- accreditation not awarded or withdrawn following the 90 day (120 day in 2013) period for rectification.

During assessment the accrediting agency may also identify significant risks to patient safety.

5.2. Significant risk identified

5.2.1. The scheme requires the accrediting agency undertaking the assessment to notify regulators if a 'significant risk of patient harm' is identified during an onsite visit to a health service.

5.2.2. When a significant risk to patient safety is identified, the accrediting agency will immediately notify the health service and the Department, as the regulator.

5.2.3. A significant risk is one where there is a high probability of a substantial and demonstrable adverse impact.

5.2.4. Where the accrediting agency identifies one or more significant risks in a health service that could result in 'significant harm to patients' the accrediting agency is to negotiate with the health service a plan of action and timeframe to remedy the issues.

5.2.5. The accrediting agency is to notify the regulator of the plan to remedy the issue as soon as practical, usually within one working day.

5.3. Accreditation awarded

5.3.1. Following assessment if the accrediting agency finds all core actions have been met then an accreditation award is conferred and the health service continues on the accreditation cycle.

5.3.2. Health services that meet the requirements of the NSQHS Standards will be issued an award by their accrediting agency specifying that they are:

'Accredited to the National Safety and Quality Health Service Standards'.

In addition, awards will include:

- the period of accreditation (date awarded and expiry date)
- the name of the facility
- a description of the services covered by the award.

5.4. Actions – 'not met'

5.4.1. When the accrediting agency finds a health service does not meet the requirements of the NSQHS Standards, the accrediting agency will inform the health service in order to provide the opportunity for rectification. Following an assessment health services will have 90 days (120 days in 2013) from the receipt of a written report to address any 'not met' actions before a final determination on accreditation is made.

5.4.2. Following the 90 days (120 days in 2013) rectification period a further assessment of 'not met' actions will be made, where improvements are not implemented or patient risks have not been addressed, the accrediting agency will notify the Department and an accreditation award will not be issued.

5.5. Accreditation not awarded or withdrawn

- 5.5.1. Where improvements have not been implemented or patient risks are not addressed, the accrediting agency will notify the Department and an accreditation award will not be issued or will be withdrawn.

6. Regulator, health service and accrediting agency responsibilities

6.1. Responsive regulatory approach

- 6.1.1. The Department has a regulatory role for health services that are required to be accredited against the NSQHS Standards within the Victorian health system.
- 6.1.2. These business rules have been developed within the context of devolved governance and a responsive regulatory approach.
- 6.1.3. A responsive regulatory approach:
- works within existing policies and frameworks
 - is flexible and adaptable to all services including dental in community health, and the private sector
 - takes into account the nature of the governance structure in the Victorian health system and the regulatory framework in place in this jurisdiction, allowing for escalation as necessary.

6.2. Performance monitoring and intervention

- 6.2.1. The Department's regulatory response includes performance monitoring against the key performance indicator of accreditation as described in the *Victorian Health Service Performance Monitoring Framework: 2012-2013 Business Rules*.⁴
- 6.2.2. Performance against accreditation will be reviewed at performance meetings with health services.
- 6.2.3. The regulatory response will be based on the outcome of the accreditation assessment and allow for escalation of monitoring and intervention.

6.3. Accreditation awarded

- 6.3.1. Following assessment if the accrediting agency finds all core actions are met then an accreditation award is conferred and the following data is submitted to the Department by the accrediting agency:
- name and description of the hospital
 - any non-applicable Standards, criteria or actions excluded from the assessment process
 - ratings for core and developmental actions: 'not met', 'satisfactorily met' and 'met with merit'
 - any 'high priority recommendations'.

⁴ Department of Health 2012, *Victorian Health Service Performance Monitoring Framework: 2012-2013 Business Rule*. Victorian Government Department of Health, Melbourne.

6.4. Actions 'not met'

- 6.4.1. Where a health service receives recommendations for improvement of any core actions that are 'not met' at an accreditation survey, health services will be given 90 days (120 days in 2013) to address these recommendations.
- 6.4.2. The health service is required to notify the Department immediately upon receipt of the 'not met' rating.
- 6.4.3. The Department will increase performance monitoring activities upon receipt of this notification.
- 6.4.4. The Department will meet with the health service to identify the:
- number, spread and character of the core actions 'not met'
 - level of risk to patients and potential for harm
 - health service rectification and resource plan
 - potential risk of accreditation not being awarded after 90 day (120 day in 2013) period.
- 6.4.5. Performance monitoring activities will escalate based on the identified risk and include options such as:
- standard monitoring (low risk) requiring a rectification and resource plan from the health service's Board Chair and a progress update report halfway through the 90 day (120 day in 2013) rectification period
 - performance watch (medium risk) requiring a rectification and resource plan from the health service's Board Chair and monthly progress reviews
 - intensive monitoring (high risk) requiring a rectification and resource plan from the health service's Board Chair, options of peer or external support and monthly progress reviews including board representation.
- 6.4.6. The Departmental response may also include:
- provision of access to a panel of health service experts in the field for advice
 - provision of advice, information on options or strategies that could be used by the health service to address the concern
 - facilitation of access to designated lead service(s) for peer support and advice
 - support for access to specialist consultancy.

6.5. Accreditation not awarded or withdrawn

- 6.5.1. Following the 90 day (120 day in 2013) period and assessment by the accrediting agency, where a health service fails to implement improvements or patient risks are not addressed, the accrediting agency will notify the Department and accreditation will not be awarded or will be withdrawn.
- 6.5.2. Upon notification to the Department of accreditation not being awarded the regulatory response will escalate to the Department's Secretary and Minister.
- 6.5.3. The Minister or Secretary will meet with the health service's Chief Executive Officer and Board Chair within 10 days.

- 6.5.4. The regulatory response may include direct intervention by the Department, the level of intervention will be:
- proportionate to the risk
 - based on the number, spread and character of core actions remaining 'not met'
 - appropriate to the level of risk to patients and potential for harm
 - based on identification of issues, for example: governance, management or service gaps
 - developed after receipt of a rectification and resource plan detailing strategies to address the identified quality and safety risks.
- 6.5.5. The regulatory response may also include possible action under the Victorian *Health Services Act, 1988* if appropriate:
- s.18 (funding implications)
 - s.40B (public hospitals) or s.66A (public health services) - Ministerial direction
 - s.58(1) other Ministerial powers (censure s.59, suspend admissions s.60; appoint administrator s.61; close agency s.62.)
- 6.5.6. The health service will remain on intensive monitoring until accreditation is achieved.

6.6. Significant patient risk identified

- 6.6.1. The scheme requires the accrediting agency to notify regulators if a 'significant risk of patient harm' is identified during an onsite visit to a health service.
- 6.6.2. When a significant risk to patient safety is identified, the accrediting agency is required to immediately notify the health service and the Department.
- 6.6.3. The accrediting agency is to negotiate with the health service a plan of action and timeframe to remedy the issues.
- 6.6.4. The accrediting agency is to notify the regulator of the plan to remedy the issue as soon as practical, usually within one working day.
- 6.6.5. The role of the Department as regulator is to verify the scope, scale and implications of the reported non-compliance and take further action (including action under the *Health Services Act 1988*) if the health service does not rectify the patient safety risk.

7. Regulator, dental services and accrediting agency responsibilities

7.1. Responsive regulatory approach

- 7.1.1. The Department has a regulatory role for dental health services that are required to be accredited against the NSQHS Standards within the Victorian health system.

7.2. Performance monitoring and intervention

- 7.2.1. Public dental services are funded by the Department through Dental Health Services Victoria (DHSV).
- 7.2.2. Current accreditation is a requirement in all service agreements between DHSV and dental services, and will continue to be a part of discussions between DHSV and dental health services.

7.3. Dental services within public health services

- 7.3.1. The Department's regulatory response for dental services within public health services includes performance monitoring against the key performance indicator of accreditation as described in the *Victorian Health Service Performance Monitoring Framework: 2012-2013 Business Rules*.⁴

7.3.2. Performance monitoring in response to accreditation will involve the Department's performance branch and DHSV.

7.4. Dental services within community health services

7.4.1. Registered community health services are required to comply with gazetted performance standards as detailed in section 51 of the *Health Services Act 1988*.

7.4.2. The Department's regulatory response for dental services within community health services operates within a performance monitoring framework.

7.4.3. Performance monitoring in response to accreditation will involve the Department's dental program area and DHSV.

7.5. Accreditation outcomes

7.5.1. The regulatory response will be based on the outcome of the accreditation assessment and allow for escalation of monitoring and intervention.

7.6. Accreditation awarded

7.6.1. Following assessment of a dental service if the accrediting agency finds all core actions are met then an accreditation award is conferred and the following data is submitted to DHSV by the accrediting agency:

- name and description of the dental service
- any non-applicable Standards, criteria or actions excluded from the assessment process
- ratings for core and developmental actions: 'not met', 'satisfactorily met' and 'met with merit'
- any high priority recommendations.

DHSV forwards this information to the Department.

7.7. Actions not met

7.7.1. Where a dental service receives recommendations for improvement of any core actions that are 'not met' at an accreditation survey, the dental service will be given 90 days (120 days in 2013) to address all recommendations.

7.7.2. The dental service is required to notify DHSV immediately upon receipt of the 'not met' rating.

7.7.3. DHSV will notify the Department of the 'not met' rating, notification will be to the relevant Director as applicable to the location of the dental service. That is, within a public health service – Director of Performance and within a community health service – Director of Integrated Care.

7.7.4. DHSV will increase performance monitoring and support activities upon receipt of this notification which may include:

- provision of advice, information on options or strategies that could be used by the dental service to address the concern
- facilitation of access to designated lead service(s) for peer support and advice.

- 7.7.5. DHSV will meet with the health service to identify the:
- number, spread and character of the core actions 'not met'
 - level of risk to patients and potential for harm
 - dental service rectification and resource plan
 - potential risk of accreditation not being awarded after the 90 day (120 day in 2013) period.
- 7.7.6. Performance monitoring activities will escalate based on the identified risk and include options such as:
- standard monitoring (low risk) requiring a rectification and resource plan and a progress update halfway through the 90 day (120 day in 2013) rectification period from the dental service
 - performance watch (medium risk) requiring a rectification and resource plan with Board Chair signoff and monthly progress reviews
 - intensive monitoring (high risk) requiring a rectification and resource plan with Board Chair signoff, and options of peer or external support and monthly progress reviews including board representation.
- 7.7.7. DHSV will determine a risk rating for the dental service and escalate performance monitoring and management to the Department for any dental service identified as high risk.
- 7.7.8. For any dental service identified as high risk, the Department will meet with the dental service and implement intensive monitoring and may also provide support for access to specialist consultancy services.

7.8. Accreditation not awarded or withdrawn

- 7.8.1. Following the 90 day (120 day in 2013) period and assessment by the accrediting agency, where a dental service fails to implement improvements or patient risks are not addressed, the accrediting agency will notify DHSV and the Department and accreditation will not be awarded or will be withdrawn.
- 7.8.2. Upon notification to the Department of accreditation not being awarded the regulatory response will escalate to Executive Director level within the Department.
- 7.8.3. The Executive Director will meet with the community health service's Chief Executive Officer within 10 days.
- 7.8.4. The regulatory response may include direct intervention by the Department, the level of intervention will be:
- proportionate to the risk
 - based on the number, spread and character of core actions remaining not met
 - appropriate to the level of risk to patients and potential for harm
 - based on identification of issues, for example: governance, management or service gaps
 - developed after receipt of a rectification and resource plan detailing strategies to address the identified quality and safety risks.

7.8.5. The regulatory response may also include possible action under the *Health Services Act 1988* if appropriate:

- s.51 Minister may determine performance standards (s.52 Subject matter of performance standards and s.53 comply with performance standards)
- s.54 Secretary may give directions (s.55 funding implications and s.56 revocation of registration)
- s.58(1) other Ministerial powers (censure s.59, suspend admissions s.60; appoint administrator s.61; close agency s.62.)

The community health service will remain on intensive monitoring until accreditation is achieved.

7.9. Significant patient risk identified

- 7.9.1. The scheme requires the accrediting agency to notify regulators if a 'significant risk of patient harm' is identified during an onsite visit to a public dental service.
- 7.9.2. When a significant risk to patient safety is identified, the accrediting agency is required to immediately notify the dental service, DHSV and the Department.
- 7.9.3. The accrediting agency is to negotiate with the dental service a plan of action and timeframe to remedy the issues.
- 7.9.4. The accrediting agency is to notify the regulator of the plan to remedy the issue as soon as practical, usually within one working day.
- 7.9.5. The role of DHSV as regulator is to verify the scope, scale and implications of the reported non-compliance and take further action if the dental service does not rectify the patient safety risk and escalate to the Department if the risk is not resolved.

8. Relevant links

- 8.1.1. Department of Health's accreditation website: <http://www.health.vic.gov.au/accreditation>
- 8.1.2. Australian Commission on Safety and Quality in Health Care's accreditation website pages: <http://www.safetyandquality.gov.au/our-work/accreditation/>
- 8.1.3. Australian Commission on Safety and Quality in Health Care's advice line email: accreditation@safetyandquality.gov.au

Appendix 1 Accreditation Performance Monitoring Process

External assessment completed by an accreditation agency against the National Safety and Quality Health Service Standards		
No major issues identified Core actions 'met' or 'met with merit' Developmental actions may or may not be met	Issues identified Some core actions 'not met' Developmental actions may or may not be met	
	Accreditation agency provides 'recommendations for improvement' for any action items that are 'not met'. Timeframe for improvement of 90 days (120 days in 2013) before determining a final outcome of assessment process.	
	Health service to notify Department when 'recommendations for improvement' for any items that are 'not met' are received. Health service to rectify actions that are not met.	
	Performance monitoring and interventions by the Department of Health will be escalated as necessary, based on the number, spread and character of core actions not met, and the potential for harm. Options include: standard monitoring (low risk) requiring a rectification and resource plan from the health service (to rectify actions not met) performance watch requiring a rectification and resource plan from the health service (to rectify actions not met), and monthly progress reviews intensive monitoring (high risk) requiring a rectification and resource plan (to rectify actions not met), and options of peer or external support, and monthly progress reviews. Assess likelihood of unsuccessful rectification and consider review of service plan, and development of an escalation, risk and communication plan. Support to health services at high risk of not being awarded accreditation, or not being awarded accreditation could include: access to a panel of health service experts in field for advice access to designated lead service(s) for peer support and advice access to specialist consultancy.	
Accreditation awarded	Accreditation awarded	Accreditation not awarded or withdrawn
		Minister or Department Secretary to meet with health service Chief Executive Officer and Board Chair within ten days. Direct intervention by the Department will be proportionate to the risk, based on the number, spread and character of core actions remaining not met, and the potential for harm. This will include: identification of issues, for example governance, management or service gaps remediation and resource plan Possible sanctions under <i>Health Services Act, 1988</i> : s.18(e) Funding s.40B; S.66 Ministerial direction with health services s.51, s.52, s.53 - Ministerial direction with registered community health services s.54, s.55, s.56 - Performance of registered community health services s.58(1) Ministerial powers – censure s.59; suspend admissions s.60; appoint administrator s.61; close agency s.62

health

Appendix 2

Accreditation Regulatory Response:

Risk Assessment and Risk Reduction Plan -
Accreditation Not Awarded Following
Rectification

Prepared by:	Consumer Partnerships and Quality Standards; Service Performance, Quality and Rural Health
Version No :	3
File Ref:	ADF/12/1357 File path F:\Q & S Branch\Policy and Strategy Unit\Accreditation\2014\Regulatory Response\Risk Plan.docx
Date:	16/09/2014

**Accreditation Regulatory Role:
Risk Assessment and Risk Reduction Plan -
Accreditation Not Awarded Following Rectification**

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Authorised and published by the Victorian Government, 1 Treasury Place, Melbourne

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Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Background

The *Victorian Health Priorities Framework 2012-22: Metropolitan Health Plan* and the *Rural and Regional Health Plan* outline development priorities for Victoria's health services over the next decade.

Accreditation supports the priority of 'increasing accountability and transparency', which states that high performing health systems are accountable to their communities for delivering health service

Effective 1 January 2013 accreditation of health services falls under the Australian Health Service Safety and Quality Accreditation Scheme (the Scheme). Under this Scheme, Victorian health services are required to be accredited against the National Safety and Quality Health Service Standards (NSQHS Standards). The *Accreditation Regulatory Role: Risk Plan* (the Risk Plan) clearly establishes the risk assessment decision making processes to be undertaken by the Department of Health (the Department) when a health service is '**not awarded accreditation**' against the NSQHS Standards, following a rectification period.

Scope

The risk assessment and action planning process has been developed in accordance with the *Health Services Act 1988* and the Department's *Accreditation Performance Monitoring and Regulatory Approach Business Rules*. The Minister for Health endorses these business rules, which are provided to Boards of health services. The Risk Plan is an internal Department document to inform decision making once a health service is 'not awarded accreditation' against the NSQHS Standards and operates within the following parameter:

- the health service is required to undergo re-survey within six weeks of it being notified of its '**not awarded accreditation**' status.

The risk assessment and action planning process is only applicable when a health service is 'not awarded accreditation' against the NSQHS Standards, thereby fulfilling *all* of the following conditions:

- i. a health service has completed a mid-cycle or full accreditation survey
- ii. the health service has received 'not met' ratings on core actions
- iii. the health service has completed the 90 day (120 day in 2013) rectification period
- iv. post rectification period, the health service retains some core actions rated as 'not met' against the NSQHS Standards.

The Scheme applies to all public health services including metropolitan, regional and subregional, all rural health services, clinical mental health services and public dental services in community health services. The Department's regulatory role in private health service accreditation is not addressed within this document. It will be addressed in the development of the new *Private Health Care Facilities Bill 2014* and the regulations to the new Act.

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Risk Assessment Process

This risk matrix tool is designed to establish the risk exposure to the Department across a broad range of elements and determine the interventions and monitoring that need to occur to ensure patient safety. Importantly, it takes place within the parameter that the health service was 'not awarded accreditation', against the NSQHS Standards, and is required to undergo a re-survey within six weeks of this accreditation status notification.

Step 1: Establish a consequence rating using Table 1.

Consider each element and determine how the identified health service 'rates' on each element (ratings range from 'catastrophic' to 'insignificant'). Once all elements have been mapped, determine the overall rating. Where it has been identified that a variety of ratings in the consequence table apply, the area of *greatest consequence* or impact is the 'final consequence rating'.

Step 2: Establish a likelihood rating using Table 2.

Determine how likely the overall consequence is to happen. "How likely is the overall estimated risk (from Step 1) likely to occur?"

Step 3: Determine the risk rating using Table 3.

Plot the consequence rating and the likelihood rating using Table 3 to determine the risk rating. The risk rating matrix is a guide, and the final rating should be discussed to ensure that all issues have been considered and consensus is reached. It is important to apply contextual knowledge to the rating and subsequent escalation.

Step 4: Identify the Department of Health's monitoring and intervention using Table 4.

Performance monitoring, management and escalation follows the Department's *Accreditation Performance Monitoring and Regulatory Approach Business Rules*.

Escalation must include the following overarching considerations:

- The Department's response must balance access to care for the community, with the quality and safety of the care provided
- Proactive management of media issues must be established and include a communication plan for any health service which is 'not awarded accreditation'
- Legal Branch's perspective may need to be sought on a case by case basis for each health service, which is 'not awarded accreditation'.

Key internal stakeholders include: Deputy Secretary, Health Service Performance and Programs (HSPP); Director, Service Performance, Quality and Rural Health (SPQRH); Manager, Performance and Governance (SPQRH); Manager, Rural Health (SPQRH); and Region Directors of Health and Ageing.

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Table 1. Consequence – Establish a consequence rating.

Consider potential for harm to patients from the 'not met' actions for the health service and the level of consequence or impact.

Elements	Consequence level				
	Catastrophic	Major	Moderate	Minor	Insignificant
Potential for harm to patients from 'not met' actions*	Mortality/Morbidity/Harm is occurring Mortality/Morbidity/Harm is linked to 'not met' actions	Mortality/Morbidity/Harm is occurring Mortality/Morbidity/Harm maybe linked to 'not met' actions	No preventable harm is occurring, safety systems improved but not in operation	No preventable harm is occurring, safety systems in operation but no supporting data	No preventable harm is occurring, safety systems in operation commencing to collect supporting data

** Patient safety data are of high importance when considering this element, for example data outside benchmark range, historical key performance indicators, number of medical indemnity claims, entrenched issues of patient harm, coronial inquests.*

If rated 'catastrophic' or 'major' in this domain, then overall consequence is 'catastrophic' or 'major'.

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Table 2. Likelihood - Once the consequence has been established, the likelihood needs to be determined.

Descriptor	Detail Description
Rare	May occur only in exceptional circumstances
Unlikely	The event could occur at some time over next 1-2 years
Possible	The event may occur once during next 6-12 months
Likely	The event will probably occur several times in the next 6 months
Almost Certain	The event is already happening or is very likely to happen several times in the next 3 months

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Table 3. Considerations					
These factors are considerations that need to be part of the decision-making process in relation to the likelihood , but are not part of the consequence rating mechanism.					
Factors	Catastrophic	Major	Moderate	Minor	Insignificant
Engagement and Cooperation					
<i>Health service board and Executive</i>	No positive engagement and communication between the Board, Executive and Department	Lack of engagement and communication between the Board, Executive or Department	Difficulties exist with engagement and/or communication between the Board, Executive or Department	Good Relationship and open communication between the Board, executive and Department	Good Relationship and open communication between the Board, executive and Department
<i>Health service staff</i>	No understanding of National Standards, significant staff stress, increased rates of sick leave, staff resignations	Limited understanding of national standards, staff stress, increased rates of sick leave, significant staff stress, staff resignations	Moderate understanding of national standards, increased rates of sick leave, moderate staff stress, staff resignations	Good understanding of national standards, increased rates of sick leave, staff stress.	Good understanding of national standards, no increased rates of sick leave, staff managing the process comfortably
Relationship between health service and the community or reputational risk	Regular negative stories in local media, poor relationship between health service and the community	Negative stories in local media and limited engagement between the health service and the community	Neutral media coverage and some engagement between the health service and the community that requires improvement	Positive stories in local media and some engagement between the health service and the community that could be improved	Regular positive stories in local media, good relationship and engagement between health service and the community
Progress with rectification plan*	There remains a high proportion of 'not met' actions vs. the number of 'not met' actions at the beginning of the rectification period	There remains a moderate to high proportion of 'not met' actions vs. the number of 'not met' actions at the beginning of the rectification period	There remains a moderate proportion of 'not met' actions vs. the number of 'not met' actions at the beginning of the rectification period	There remains a moderate to low proportion of 'not met' actions vs. the number of 'not met' actions at the beginning of the rectification period	There remains a low proportion of 'not met' actions vs. the number of 'not met' actions at the beginning of the rectification period

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Factors	Catastrophic	Major	Moderate	Minor	Insignificant
Planning & Capability					
• <i>Resource allocation</i>	There is no commitment to the rectification plan	There is a low level of commitment to the rectification plan	Some resources have been allocated priority or achievement of the rectification plan is not adequate	Resources have been allocated, rectification plan actions are being implemented	Resources have been allocated, rectification plan actions are being implemented
• <i>Skills possessed</i>	Skills are not possessed by the health service to achieve the rectification plan and no outside services have been contracted	Skills or consulting services only recently established	Skill or consultancy has commenced	Skills or consultancy is in place and influencing priorities	Skills or consultancy is in place and influencing priorities
• <i>Financial position</i>	Position of debt or no funding capacity for rectification plan; unsustainable debt or deficit as a result of lost income from non-accreditation	No financial capacity for funding further rectification plan available; at risk of increasing budget deficit as a result of lost income from non-accreditation status	Limited financial capacity for funding further rectification plan available; at risk of a budget deficit as a result of lost income from non-accreditation status	Some financial capacity for funding further rectification plan available; short term loss of income is able to be absorbed into budget or capital reserves	There is financial capacity for funding further rectification plan available; short term loss of income is able to be absorbed into budget or capital reserves
• <i>Capital Restrictions</i>	Capital restrictions are unable to be rectified or a plan for rectification has not been developed	Capital restrictions are unable to be rectified or a plan for rectification has not been developed	Capital restrictions plan developed but works not yet started	Capital restrictions plan has been developed but works are incomplete	Capital restrictions plan has been developed, works completed

* This is a subjective measure dependant on the starting number, resources and size of the health service

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Table 4. Risk Rating Matrix - Once the **likelihood** and **consequence** have been determined, a risk rating is established by plotting the likelihood and consequence on to the risk matrix.

Likelihood	Consequence				
	Insignificant	Minor	Moderate	Major	Catastrophic
Rare	Low	Low	Low	Low	Low
Unlikely	Low	Low	Low	Medium	Medium
Possible	Low	Low	Medium	Medium	High
Likely	Low	Medium	Medium	High	Extreme
Almost Certain	Low	Medium	High	Extreme	Extreme

The Risk Rating Matrix is a guide, and the final rating should be discussed to ensure that all issues have been considered and consensus is reached. It is important to apply contextual knowledge to the rating and escalation including the table of factors for consideration.

Accreditation Regulatory Role: Risk Assessment and Risk Reduction Plan

Table 5: Performance monitoring, management and escalation

Rating	Escalation and Reporting Actions: Governance, Department reporting and monitoring	Resources / intervention
Low	<ul style="list-style-type: none"> • Same day notification of Secretary by Department of Health • Intensive monitoring requiring revised resource and rectification plan and options of peer review or external support within one week • Fortnightly discussions with Departmental performance lead (progress report by phone) • Ensure health service has notified insurer of outcome of survey 	<ul style="list-style-type: none"> • Options of peer review or external support
Medium	<ul style="list-style-type: none"> • Minister or Secretary to meet with CEO and board chair within 10 days • Intensive monitoring requiring revised resource and rectification plan and options of peer review or external support within one week • Fortnightly written progress report from health service CEO to Director of SPQRH • Ensure health service has notified insurer of outcome of survey 	<ul style="list-style-type: none"> • Options of peer review or external support • Consider Ministerial direction, appointment of a consultant to drive rectification plan
High	<ul style="list-style-type: none"> • Minister or Secretary to meet with CEO and board chair within 7 days • Intensive monitoring requiring revised resource and rectification plan and options of peer review or external support within one week • Weekly written progress report from health service CEO to Director of SPQRH • Ensure health service has notified insurer of outcome of survey 	<ul style="list-style-type: none"> • Options of peer review or external support • Department Secretary and /or Minister to meet with CEO and board chair within 7 days • Consider Ministerial direction, appointment of delegate to health service board, appointment of a consultant to drive rectification plan
Extreme	<ul style="list-style-type: none"> • Minister and/or Secretary meet with CEO and board chair within 5 days • Intensive monitoring requiring revised resource and rectification plan and options of peer review or external support within one week • Weekly written progress report and meeting between Secretary / Deputy Secretary HSPP with Board chair and CEO • Ensure health service has notified insurer of outcome of survey 	<ul style="list-style-type: none"> • Options of peer review or external support • Minister and/or Secretary meet with CEO and board chair within 5 days • Consider Ministerial direction, appointment of delegate to health service board, appointment of a consultant to drive rectification plan, suspend admissions, direct health service board to remove CEO and replace with interim CEO

The Risk Rating Matrix is a guide, and the final rating should be discussed to ensure that all issues have been considered and consensus is reached. It is important to apply contextual knowledge to the rating and escalation including the table of factors for consideration.

FIGURE 1: Health Service Accreditation Surveys: Operation Model of Regulatory Response

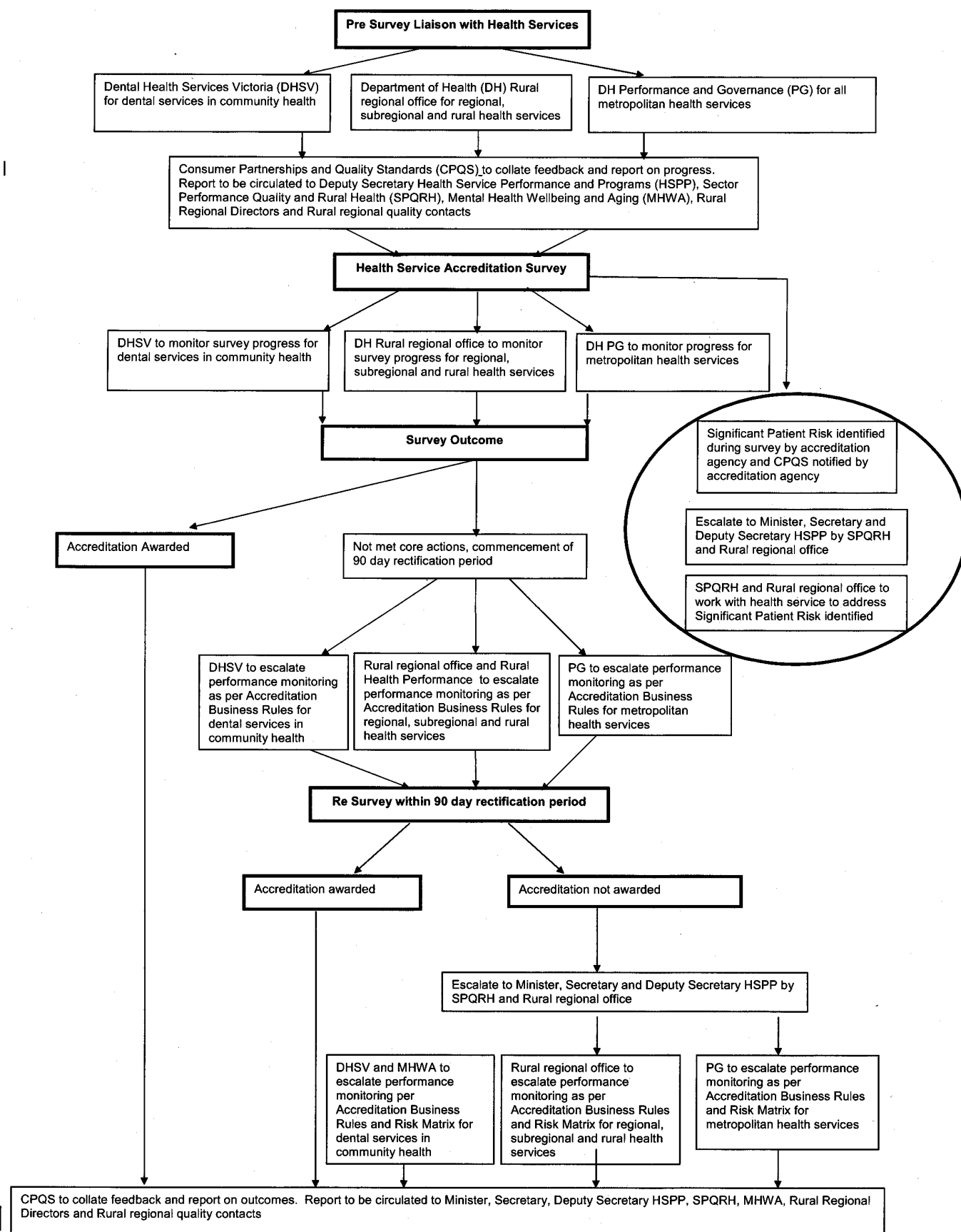
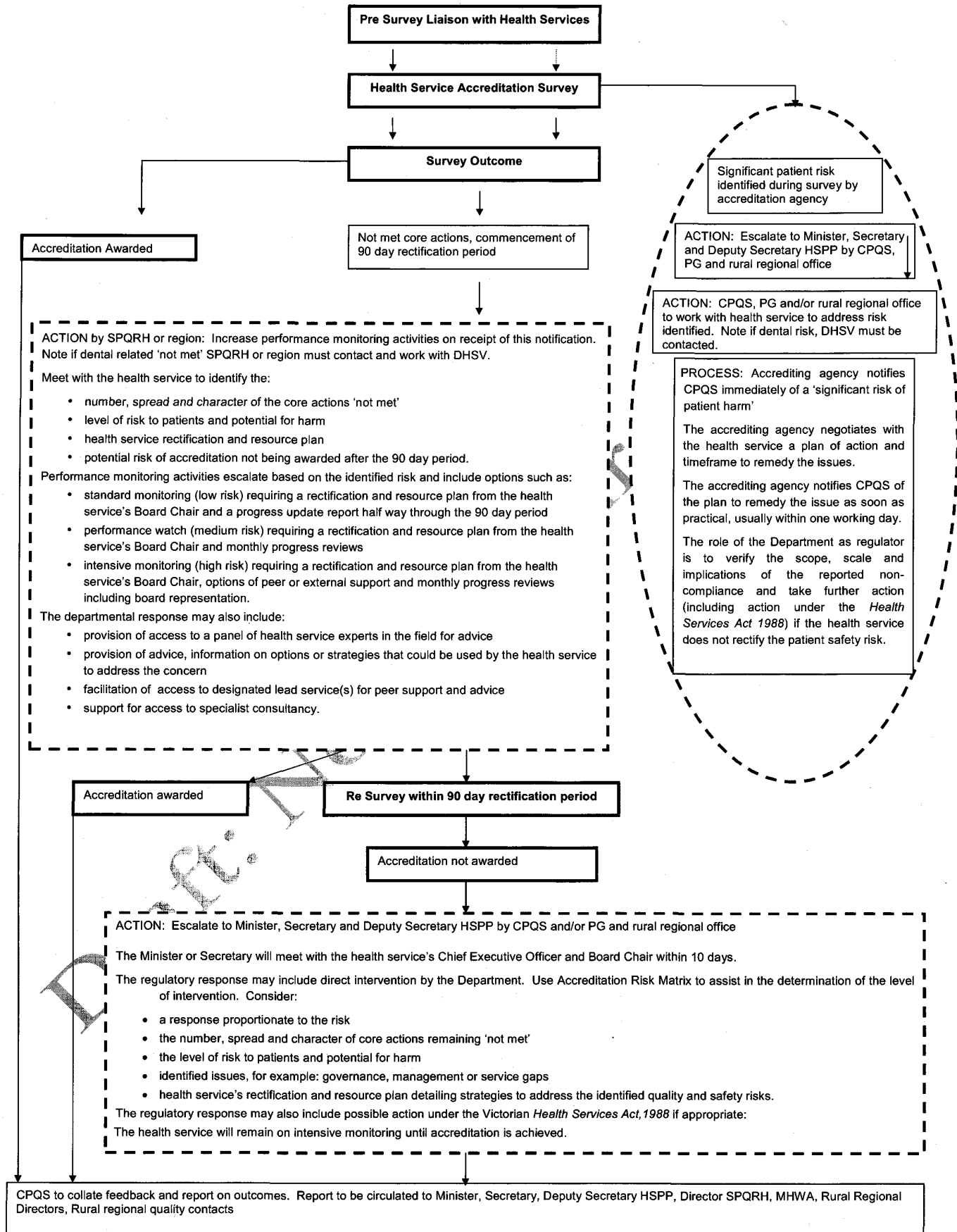


FIGURE 2: Operation Model of Regulatory Response: Not met core actions and Significant Patient Risk



Summary of family violence screening in hospital emergency departments and antenatal/postnatal clinics.

Key facts & figures

Family violence has a major health impact. On its own, intimate partner violence is responsible for more ill-health and premature death in Victorian women aged 15 to 44 years than any of the other preventable risk factors.

The health system plays an important role in identifying people at risk of family violence as it is often the initial point of contact.

A recent study (yet to be published in Hazard) by the Victorian Injury Surveillance Unit (VISU) has found that over the 5 year period 2009/10 to 2013/14 there were 2,968 intimate partner violence related assault injury cases, among women aged 15 years and over, treated in Victorian hospitals. Of these, there were 1,660 hospital admissions and 1,308 Emergency Department presentations.

Studies since the 1970s have shown that victims of family violence are more likely to attend a medical facility due to the violence and associated problems than other services. Studies since the early 2000s have found that women who report family violence during pregnancy also typically report a prior history of family violence.

These facts are reflected in Australia's *National Plan to Reduce Violence against Women and their Children 2010-2022*. The National Plan includes a focus on strengthening the role of health services in identifying and responding to family violence, including a common risk assessment framework and training for the health sector (that aligns with specialist family violence services).

The focus of Victorian Family Violence Reforms has been on ensuring alignment of risk screening/assessment tools and training across health and social services to promote a coordinated, effective and streamlined response. It is essential that all service providers including health service providers are resourced through training, policies and protocols to respond in ways which are helpful and empowering for victims to prevent further harm.

Screening/Assessment in Hospital Emergency Departments

The *Guidelines for the Victorian Emergency Department Care Coordination Program 2009* require health services to use risk assessment and risk management frameworks developed or endorsed by the Department for initial assessment/screening and comprehensive needs assessment of individuals presenting to the emergency department. This includes specific reference to the Department's:

- *Vulnerable babies, children and young people at risk of harm: Best practice framework for acute health services, 2006;*
- *Family Violence Risk Assessment and Risk Management Framework 2012*, which includes the *Common Risk Assessment Framework (CRAF)* for family violence
- *Service Coordination Tools and Templates (SCTT)* templates, which since 2012 include questions for identifying family violence including risk factors.

Aligning risk screening/assessment approaches is intended to ensure timely and appropriate identification of the individual's care needs, and to ensure that the 'first door is the right door'. The level of risk is then used to determine safety plans within the emergency department and make appropriate referrals to care coordination and specialist services.

Screening/Assessment in Hospital Maternity & Newborn Services

The *Capability Framework for Victorian Maternity and Newborn Services, 2010* delineates the role of each service in metropolitan, regional and rural areas. It describes six levels of care and their corresponding scope and relationships with other maternity and newborn services. All levels are required to provide the following support services:

- Family support services with established referral pathways and communication with ChildFIRST, Child Protection Services and Maternal and Child Health(MCH) Nurses.
- Drug and alcohol services with established referral pathways to specialist services.
- Mental health services with established referral pathways to specialist mental health practitioners and facilities.

These requirements are reinforced by the *Postnatal Care Guidelines for Victorian Health Services (2012)* which state that:

- Health services must establish and maintain effective linkages with other health services and community-based providers of maternity and newborn care to enable women to access appropriately qualified and skilled health professionals.
- Health services must ensure MCH services are appropriately notified of infants and children that are vulnerable, including those known to Child Protection, Placement and Family Services.
- Health services must ensure MCH services are appropriately notified of women who are vulnerable or disadvantaged or who have high needs. Health services must take measures to ensure continuity of care, a seamless transition between services and that there is no gap in care provision.

The guidelines include a requirement to undertake a comprehensive assessment of factors that may impact on the health and wellbeing of women and their families, which should be initiated during the antenatal care period and be ongoing during the postnatal period.

The guidelines also identify relevant programs for identifying and supporting vulnerable women and children including:

- Koori Maternity Services which are funded by the Department of Health & Human Services and delivered through Aboriginal Community Controlled Health Organisations (ACCHOs) and some metropolitan public hospitals (i.e. Northern, Sunshine and Frankston).
- The Enhanced Maternal and Child Health Service which provides a more intense level of support than the universal MCH service to families with one or more risk factors, including drug and alcohol issues, mental health issues, family violence issues, homelessness and low income, socially isolated and single-parent families (Department of Education and Early Childhood Development, 2011).

Communication and information sharing between the woman, health and other professionals is supported by the *Victorian Maternity Record (VMR)* which is designed to provide pregnant women with a uniform printed maternity record of their pregnancy care and progress. The VMR encourages the woman's involvement in decisions regarding their own care and assists in improving communication between the woman's care providers. The maternal history and examination section of the VMR includes a record of Social/Other issues including Work/home/social relationships/domestic situations. Guidance for health professionals is provided in relation to key topic for discussion with each woman' including a "recommended discussions for going home postnatally" (p17) which aims to support a discussion related to any support services that may be required.

In addition, the protocol *Continuity of Care: A communication protocol for Victorian public maternity services and the Maternal and Child Health Service (2004)* is currently being updated jointly by the Department of Health and Human Services and Department of Education and Training. A draft was released for public consultation in June 2015 with a view to finalising the protocol in 2015-16.

The Victorian policy frameworks and guidance are aligned with the *National Evidence-Based Antenatal Care Guidelines*, which have been developed by the Australian Government in collaboration with state and territory governments (<http://www.health.gov.au/antenatal>). In particular:

Module one, contains a section on domestic violence including assessment, intervention and support (p82-90). Recommendations related to domestic violence include:

- At the first antenatal visit, explain to all women that asking about domestic violence is a routine part of antenatal care and enquire about each woman's exposure to domestic violence.
- Ask about domestic violence when alone with the woman, tailoring the approach to her individual situation and your own skills and experience (eg use open-ended questions about her perception of safety at home or use an assessment tool).
- Be aware that training programs improve the confidence and competency of health professionals in identifying and caring for women experiencing domestic violence
- Responses to assisting Aboriginal and Torres Strait Islander women who are experiencing domestic violence need to be appropriate to the woman and her community. Health professionals should be aware of family and community structures and support.
- Health professionals should be aware of resources for domestic violence services in their community that can be called for urgent assistance. This may include local safe houses or the Strong Women Workers in their community

Module 2, addresses care in the second and third trimesters of pregnancy and provides guidance on core practices, lifestyle considerations, clinical assessments, common conditions and maternal health tests for healthy pregnant women.