New Zealand Audiological Society (NZAS)

Professional Practice Standards

Part A Practice Operations

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Acknowledgements


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

The New Zealand Audiological Society have adopted Audiology Australia’s Professional Practice Standards, with adjustments for the laws and government agencies in New Zealand.

The New Zealand Audiological Society appreciates the contribution and guidance provided in the development of the Australian package. We thank and acknowledge:

- Audiology Australia and the contributors to the Audiology Australia Professional Standards of Practice of Audiologists – March 2013
- The original contributors to the Audiology Australia Professional Standards of Practice of Audiologists – March 1997, which has been the foundation of this document.
- The Australian Physiotherapy Association (APA) and the Royal Australian College of General Practitioners (RAGCP), whose practice standards have been the framework and basis for these standards.
- Additional guidance provided by information from the Australian Commission on Safety and Quality in Health Care, who produced the National Safety and Quality Health Service Standards in 2011.
- The reviewers from the Audiology Australia membership, Federal Executive Council and Audiology Australia staff who assisted with development of this package.
- The resources and guidance from other various agencies. These helped provide Audiology Australia the information important in professional practice, and content for an integrated resource package for practice management. These agencies include:
  - Australian Human Rights Commission
  - Deafness Forum
  - Fair Work Australia
  - National Health and Medical Research Council
  - Office of the Australian Information Commissioner
  - Office of the Privacy Commissioner
  - Safe Work Australia
  - Standards Australia
The New Zealand Audiological Society appreciates the contribution and guidance provided in the amendment of the package for New Zealand. We thank and acknowledge:

- The reviewers from the membership, the Standards Subcommittee, Executive Council and New Zealand Audiology Society staff who assisted with development of this package.
- The resources and guidance from other various agencies. These helped provide the information important in professional practice, and content for an integrated resource package for practice management. These agencies include:
  - Accessable
  - Accident Compensation Corporation
  - Deaf Aotearoa
  - Department of Ethnic Affairs
  - Department of Labour
  - Enable New Zealand
  - Health and Disability Commissioner
  - Human Rights Commission
  - Mental Health Foundation of New Zealand
  - Ministry of Health
  - National Foundation for the Deaf
  - Office for Disability Issues
  - Office of the Privacy Commissioner
  - Standards New Zealand (Paerewa Aotearoa)
Welcome

Dear Members and Stakeholders,


The New Zealand Audiological Society (or NZAS) had its inception in 1979. Since that time, our framework of professional resources, by which our members are expected to abide and which the New Zealand Audiological Society promotes to the public and stakeholders on behalf of members, has evolved considerably.

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

The New Zealand Audiological Society Code of Ethics has been one foundation from which the community expects audiological care to be provided with ethical principles and professional integrity. Members of the New Zealand Audiological Society have a responsibility to abide by and enforce this code, which itself continues to be improved. In 2012 the New Zealand Audiological Society introduced a revised Code of Ethics.

Over time, the New Zealand Audiological Society raised the standard entry point for full New Zealand Audiological Society membership from university undergraduates trained in the workplace (generally trained within the Public Hospitals) to postgraduate qualifications in audiology. If qualifications are obtained from a tertiary education institution outside New Zealand, members have satisfactorily completed an examination of theoretical knowledge of the field of audiology equivalent to the master’s degree presently offered by New Zealand universities.

The public expects audiologists, as professionals, to continue to learn in their field and acquire skills and knowledge of contemporary evidence-based practice. The New Zealand Audiological Society has demonstrated a long-term commitment to continuing education and professional development. National conferences have been hosted every year since 1979. The New Zealand Audiological Society has continued to pursue and promote the practice and knowledge of audiology. The first edition of the New Zealand Audiological Society Bulletin was published in 1991. In 1999, the Australia and New Zealand Journal of Audiology was launched with a commitment to publishing original and scientific articles on all aspects of audiology. In 1984, the New Zealand Audiological Society introduced the Certificate of Clinical Competence program. A Certificate of Clinical Competence (CCC) was originally granted to full members of the New Zealand Audiological Society after two years of membership and supervised clinical work. The CCC is now granted to full members following a more robust and transparent internship of 12 months clinical supervision and a clinical exam.

The New Zealand Audiological Society introduced a formalised Continuing Education Scheme (CES) in 1994. Completion of the CES program along with membership is linked to the issuing of an Annual Practising Certificate.

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

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

- Attain the highest quality of care in audiological practice in an achievable and ongoing manner
- Keep the development of practice standards in the hands of the profession
- Provide a framework for educational and developmental purposes
- Encourage audiologists to adopt the standards voluntarily to assist with the process of regulation.
Since 1990 the New Zealand Audiological Society has managed accreditation of the New Zealand university programs for preparation of audiology. This has been through the assessment and auditing of the core skills and knowledge taught in the programs.

In 2006 the New Zealand Audiological Society and the university programs finalised guidelines of the expected core knowledge and competencies of master of audiology graduates. This ensures consistency and sets the range of standards that must be achieved prior to graduation and the skills and levels of expertise that may be expected of audiology graduates. These guidelines are a mandatory requirement linked to reaccreditation of the university Master of Audiology programs.

The New Zealand Audiological Society is an affiliated society of the International Society of Audiology.

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

The development of this resource, the New Zealand Audiological Society Professional Practice Standards – Part A Practice Operations 2015, builds on our original Best Practice Guidelines (2007).

The New Zealand Audiological Society is pleased to present the addition of standards that address practice operations. This latest milestone is another demonstration of our commitment to professional standards, quality and safety in hearing health care.

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

Executive Council
New Zealand Audiological Society
July 2015
Introduction

What are the New Zealand Audiological Society Professional Practice Standards?

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

The New Zealand Audiological Society Professional Practice Standards consists of two separate resources:

- **Part A Practice Operations**

  There are five sections that address practice operations:
  
  - Client-Centred Care
  - Co-ordination of Safety and Quality in Care
  - Physical Environment and Resources
  - Co-ordination of Clinical and Professional Issues
  - Governance and Business Management

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

- **Part B Clinical Practice**

  The New Zealand Audiological Society Professional Practice Standards – Part B Clinical Practice includes a set of standards that relate specifically to the quality of clinical care.

  This represents the scope of clinical practice within the profession, and acknowledges the importance of evidence-based practice, the original New Zealand Audiological Society Best Practice Guidelines (2007), expert opinions and the collective judgment and experience of practitioners in the field.

The New Zealand Audiological Society Professional Practice Standards position the profession of audiology in New Zealand at the frontline of safety and quality in evidence-based hearing health care.

Why are the New Zealand Audiological Society Professional Practice Standards important?

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

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

It is also the intention of the New Zealand Audiological Society that the New Zealand Health and Disability Act - Code of Rights and its fundamental principles of quality and safety in health care are reflected within the New Zealand Audiological Society Professional Practice Standards.

The New Zealand Health and Disability Act - Code of Rights

Everyone who is seeking or receiving care in the New Zealand health system has certain rights regarding the nature of that care. These are described in the Code of Rights that are produced by the New Zealand Health and Disability Commissioner:

1. **Consumers have Rights and Providers have Duties:**

   1) Every consumer has the rights in this Code.
2) Every provider is subject to the duties in this Code.

3) Every provider must take action to -
   a) Inform consumers of their rights; and
   b) Enable consumers to exercise their rights.

2. Rights of Consumers and Duties of Providers:
The rights of consumers and the duties of providers under this Code are as follows:

**RIGHT 1: Right to be Treated with Respect**
1) Every consumer has the right to be treated with respect.
2) Every consumer has the right to have his or her privacy respected.
3) Every consumer has the right to be provided with services that take into account the needs, values, and beliefs of different cultural, religious, social, and ethnic groups, including the needs, values, and beliefs of Maori.

**RIGHT 2: Right to Freedom from Discrimination, Coercion, Harassment, and Exploitation**
Every consumer has the right to be free from discrimination, coercion, harassment, and sexual, financial or other exploitation.

**RIGHT 3: Right to Dignity and Independence**
Every consumer has the right to have services provided in a manner that respects the dignity and independence of the individual.

**RIGHT 4: Right to Services of an Appropriate Standard**
1) Every consumer has the right to have services provided with reasonable care and skill.
2) Every consumer has the right to have services provided that comply with legal, professional, ethical, and other relevant standards.
3) Every consumer has the right to have services provided in a manner consistent with his or her needs.
4) Every consumer has the right to have services provided in a manner that minimises the potential harm to, and optimises the quality of life of, that consumer.
5) Every consumer has the right to co-operation among providers to ensure quality and continuity of services.

**RIGHT 5: Right to Effective Communication**
1) Every consumer has the right to effective communication in a form, language, and manner that enables the consumer to understand the information provided. Where necessary and reasonably practicable, this includes the right to a competent interpreter.
2) Every consumer has the right to an environment that enables both consumer and provider to communicate openly, honestly, and effectively.

**RIGHT 6: Right to be Fully Informed**
1) Every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, would expect to receive, including -
   a) An explanation of his or her condition; and
   b) An explanation of the options available, including an assessment of the expected risks, side effects, benefits, and costs of each option; and
   c) Advice of the estimated time within which the services will be provided; and
   d) Notification of any proposed participation in teaching or research, including whether the research requires and has received ethical approval; and
   e) Any other information required by legal, professional, ethical, and other relevant standards; and
f) The results of tests; and  
g) The results of procedures.

2) Before making a choice or giving consent, every consumer has the right to the information that a reasonable consumer, in that consumer's circumstances, needs to make an informed choice or give informed consent.

3) Every consumer has the right to honest and accurate answers to questions relating to services, including questions about -
   a) The identity and qualifications of the provider; and  
b) The recommendation of the provider; and  
c) How to obtain an opinion from another provider; and  
d) The results of research.

4) Every consumer has the right to receive, on request, a written summary of information provided.

RIGHT 7: Right to Make an Informed Choice and Give Informed Consent

1) Services may be provided to a consumer only if that consumer makes an informed choice and gives informed consent, except where any enactment, or the common law, or any other provision of this Code provides otherwise.

2) Every consumer must be presumed competent to make an informed choice and give informed consent, unless there are reasonable grounds for believing that the consumer is not competent.

3) Where a consumer has diminished competence, that consumer retains the right to make informed choices and give informed consent, to the extent appropriate to his or her level of competence.

4) Where a consumer is not competent to make an informed choice and give informed consent, and no person entitled to consent on behalf of the consumer is available, the provider may provide services where -
   a) It is in the best interests of the consumer; and  
b) Reasonable steps have been taken to ascertain the views of the consumer; and  
c) Either, -
      (i) If the consumer's views have been ascertained, and having regard to those views, the provider believes, on reasonable grounds, that the provision of the services is consistent with the informed choice the consumer would make if he or she were competent; or  
      (ii) If the consumer's views have not been ascertained, the provider takes into account the views of other suitable persons who are interested in the welfare of the consumer and available to advise the provider.

5) Every consumer may use an advance directive in accordance with the common law.

6) Where informed consent to a health care procedure is required, it must be in writing if -
   a) The consumer is to participate in any research; or  
b) The procedure is experimental; or  
c) The consumer will be under general anaesthetic; or  
d) There is a significant risk of adverse effects on the consumer.

7) Every consumer has the right to refuse services and to withdraw consent to services.

8) Every consumer has the right to express a preference as to who will provide services and have that preference met where practicable.

9) Every consumer has the right to make a decision about the return or disposal of any body parts or bodily substances removed or obtained in the course of a health care procedure.
10) No body part or bodily substance removed or obtained in the course of a health care procedure may be stored, preserved, or used otherwise than

(a) With the informed consent of the consumer; or

(b) For the purposes of research that has received the approval of an ethics committee; or

(c) For the purposes of 1 or more of the following activities, being activities that are each undertaken to assure or improve the quality of services:

(i) A professionally recognised quality assurance programme:

(ii) An external audit of services:

(iii) An external evaluation of services.

RIGHT 8: Right to Support
Every consumer has the right to have one or more support persons of his or her choice present, except where safety may be compromised or another consumer's rights may be unreasonably infringed.

RIGHT 9: Rights in Respect of Teaching or Research
The rights in this Code extend to those occasions when a consumer is participating in, or it is proposed that a consumer participate in, teaching or research.

RIGHT 10: Right to Complain
1) Every consumer has the right to complain about a provider in any form appropriate to the consumer.

2) Every consumer may make a complaint to -

a) The individual or individuals who provided the services complained of; and

b) Any person authorised to receive complaints about that provider; and

c) Any other appropriate person, including -

(i) An independent advocate provided under the Health and Disability Commissioner Act 1994; and

(ii) The Health and Disability Commissioner.

3) Every provider must facilitate the fair, simple, speedy, and efficient resolution of complaints.

4) Every provider must inform a consumer about progress on the consumer's complaint at intervals of not more than 1 month.

5) Every provider must comply with all the other relevant rights in this Code when dealing with complaints.

6) Every provider, unless an employee of a provider, must have a complaints procedure that ensures that -

a) The complaint is acknowledged in writing within 5 working days of receipt, unless it has been resolved to the satisfaction of the consumer within that period; and

b) The consumer is informed of any relevant internal and external complaints procedures, including the availability of -

(i) Independent advocates provided under the Health and Disability Commissioner Act 1994; and

(ii) The Health and Disability Commissioner; and

c) The consumer's complaint and the actions of the provider regarding that complaint are documented; and

d) The consumer receives all information held by the provider that is or may be relevant to the complaint.

7) Within 10 working days of giving written acknowledgement of a complaint, the provider must, -
a) Decide whether the provider -
   (i) Accepts that the complaint is justified; or
   ii. Does not accept that the complaint is justified; or
b) If it decides that more time is needed to investigate the complaint, -
   (i) Determine how much additional time is needed; and
   (ii) If that additional time is more than 20 working days, inform the consumer of that
determination and of the reasons for it.

8) As soon as practicable after a provider decides whether or not it accepts that a complaint is justified, the
   provider must inform the consumer of -
   a) The reasons for the decision; and
   b) Any actions the provider proposes to take; and
   c) Any appeal procedure the provider has in place.

3. Provider Compliance
A provider is not in breach of this Code if the provider has taken reasonable actions in the circumstances to
give effect to the rights, and comply with the duties, in this Code.

The onus is on the provider to prove it took reasonable actions.

For the purposes of this clause, "the circumstances" means all the relevant circumstances, including the
consumer's clinical circumstances and the provider's resource constraints.

Refer to the Health and Disability Commissioner for additional information.
http://www.hdc.org.nz
Putting Standards into Practice

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

The New Zealand Audiological Society recommends audiology practices use the Part A Practice Operations to self-assess:
- The safety and quality of audiological care they provide to the New Zealand community
- The quality and robustness of their practice operations

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

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

The New Zealand Audiological Society Professional Practice Standards reflect current practice based on the best available knowledge. Because audiology is continually developing, future advances are expected to change current practice patterns.

As new clinical, scientific and technological developments take place, these standards will be reviewed and updated to reflect those changes. Any suggestions for change should be directed to the New Zealand Audiological Society.

The New Zealand Audiological Society recommends audiology practices use the Part B Clinical Practice to:
- Determine the scope of clinical services offered by the practice
- Self-assess clinical care within a quality framework

Client Feedback – Fundamental in the Quality Cycle
Ongoing learning and improvement for audiology practices underpin the New Zealand Audiological Society Professional Practice Standards. This learning is encapsulated in a quality cycle that is seen as a continuous process of planning, acting, evaluating and feedback.

Enabling client feedback and evaluating performance based on this feedback is a pivotal component of the quality enhancement process, and should improve day-to-day clinical care and practice operations. The ultimate quality test for any audiology practice is a client’s satisfaction with their health outcomes. This test lies at the heart of a successful quality system.
PLEASE NOTE:
The nature, scale and complexity of audiology practices and businesses within New Zealand Audiological Society will vary.

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

For example, interchangeable terms include:

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

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

- Clearly defined in writing
- Understandable
- Readily accessible
- Complied with by staff
Structure of the New Zealand Audiological Society Professional Practice Standards – Part A Practice Operations

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

The structure of the Part A Practice Operations is based on the framework of the Code of Rights by the New Zealand Health and Disability Commissioner Act (http://www.hdc.org.nz) as well as standards from other professional associations (the Australian Physiotherapy Association and the Royal Australian College of General Practitioners).

An overview of the structure is as follows:

**Standard – A statement of an intended action or strategy**
- A Statement of Intent which is an aspirational statement or desired outcome, or a Statement of Context, which is the rationale or context with which the Standard must be applied.

**Criterion - List of key criteria**
- Each criterion has a number of items that describe the specific activities and requirements for the standard.

**Guiding Principles**

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

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
<td></td>
</tr>
<tr>
<td>The measure by which criteria items will be assessed to verify that an audiology practice has achieved the expected standard in New Zealand health care and professional audiology practice.</td>
<td>For each assessment indicator, the guide to minimum requirements or equivalent evidence needed to satisfy requirements, and/or the ways that evidence is collected.</td>
</tr>
<tr>
<td>Assessment indicators are provided at the end of every criterion for each standard.</td>
<td>Evidence is not necessarily limited to the examples provided in this document.</td>
</tr>
</tbody>
</table>

**Further Information**

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

**Contact Details**

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

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

Auditor(s) will look for evidence that the practice meets each of the assessment indicators outlined in the *New Zealand Audiological Society Professional Practice Standards* and that it is committed to continuous quality improvement.

Such evidence will normally be collected by:

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

Evidence may take the form of:

- Policy statements and governance materials
- Procedures and processes
- Manuals and work instructions
- Forms, tools, pro-formas and records
- Documents and clinical notes
- Data control
- Risk management

Review and outcomes reporting processes

- Interview and observation notes

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

Each required assessment criteria will often be rated as follows:

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

Continuous Improvement

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

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

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

<table>
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<tr>
<th>SECTION</th>
<th>STANDARD</th>
<th>CRITERION</th>
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<tbody>
<tr>
<td>1. Client-centred care</td>
<td>1. Manage the rights and needs of clients</td>
<td>1. Respect for clients</td>
</tr>
<tr>
<td></td>
<td>Audiologists respect the rights and dignity of clients.</td>
<td>2. Confidentiality and privacy</td>
</tr>
<tr>
<td></td>
<td>Audiologists establish respectful partnerships with clients to promote a sense of mutual responsibility for achieving optimal health outcomes.</td>
<td>3. Informed consent</td>
</tr>
<tr>
<td></td>
<td>2. Co-ordination of safety and quality in care</td>
<td>4. Client communication</td>
</tr>
<tr>
<td></td>
<td>1. Client identification and health records</td>
<td>5. Culturally appropriate care</td>
</tr>
<tr>
<td></td>
<td>Clients are correctly identified prior any clinical activity and health records comply with legal and professional requirements.</td>
<td>6. Collaborative goal setting</td>
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<td>1. Matching clients to client records and clinical activities</td>
<td>7. Health promotion and consumer support</td>
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<td>2. Co-ordination of care with other health providers</td>
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<td>The workplace engages with other health providers as required to ensure optimal client care.</td>
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<td>1. Referrals</td>
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<td>2. Communication of care</td>
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<td>3. Access to services</td>
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<td>The workplace provides timely access to appropriate services.</td>
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<td>1. Responsive health care</td>
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<td>4. Health and safety</td>
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<td>The practice provides a healthy and safe workplace.</td>
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<td>1. Occupational health and safety</td>
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<td>2. Infection prevention and control</td>
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<td>3. Prevention of falls</td>
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<td>4. Manual handling</td>
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<td>5. Emergency systems</td>
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</table>
| 3. Physical environment and resources | 1. Physical environment and resources  
The practice operates with appropriate facilities in a safe environment. | 1. Workplace environment  
2. Compliance of facilities  
3. Physical access |
|--------------------------------------|------------------------------------------------------------------------------------------------|-----------------|
|                                      | 2. Equipment  
The workplace provides safe and appropriate equipment. | 1. Equipment safety and calibration |
Audiologists provide audiological services that are of a high quality, safe and consistent with recognised best practice. | 1. Recognised best practice  
2. Outcome measures  
3. Clinical risk management |
|                                      | 2. Conduct, supervision and development  
The practice fosters ethical and professional conduct by audiologists, supports professional development and provides appropriate supervision. | 1. Ethical and professional conduct  
2. Continuing professional development  
3. Clinical supervision |
|                                      | 3. Quality improvement  
The practice demonstrates continuous improvement in client care. | 1. Client feedback  
2. Improving clinical care |
| 5. Governance and business management. | 1. Effective governance and business management  
The practice has effective governance, robust business management and secure business systems. | 1. Effective governance and business management  
2. Strategic business plan  
3. Operational systems |
|                                      | 2. Human resource management  
The workplace values its staff and demonstrates effective human resource management. | 1. Credentials |
|                                      | 3. Health information systems  
The workplace manages clients’ health information in accordance with legal and professional obligations. | 1. Confidentiality and privacy  
2. Security  
3. Use and disclosure of information |
| 4. Access | 1. Risk management  
The workplace demonstrates effective risk management. |
|-----------|--------------------------------------------------------|
| 5. Improving workplace management  
The workplace actively seeks opportunities to improve its management. | 1. Quality improvement |
SECTION 1 – CLIENT-CENTRED CARE

Standard 1.1 Manage the Rights and Needs of Clients

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

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

Criterion 1.1.1 Respect for Clients

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

Guiding Principles

Respect for Clients

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

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

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

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

Client Responsibilities

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

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

Audiologists and workplace staff need to be aware of the requirements of the *New Zealand Human Rights Act 1993* (and subsequent amendments) which prohibit the discriminatory treatment of people based on their age, gender, ethnicity, beliefs, sexual preference or health status.

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

**Client Rights**

Clients have the right to know the qualifications of their treating health professional. Clients have the right to see the audiologist of their choice, refuse the service or seek a further opinion. Workplaces need to record such information in the client health record, including an explanation of the action taken. If a client elects to go to another health professional, appropriate health care information should be provided if requested. These rights are covered in the *Code of Health and Disability Services Consumer’s Rights (Health and Disability Commissioner)*.

**Health Professional Rights**

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

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

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

**Client Information**

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

**Client Feedback**

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

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>1.1.1A</td>
<td>The practice has a written policy on the rights and needs of clients</td>
</tr>
<tr>
<td>1.1.1B</td>
<td>The practice has a written policy on respect for clients</td>
</tr>
<tr>
<td>1.1.1C</td>
<td>Staff training includes the practice policy on respect for clients and staff abide by its principles</td>
</tr>
<tr>
<td>1.1.1D</td>
<td>The practice provides information to all clients on the rights and needs of clients and the practice</td>
</tr>
</tbody>
</table>
Further Information

The New Zealand Human Rights Act 1993 states the prohibited grounds for discrimination, which can be viewed at:

The Code of Rights is available from the New Zealand Health and Disability Commissioner:

The Health and Disability Commissioner also provides information for health consumers about making a complaint.

The New Zealand Audiological Society Code of Ethics provides guidance on ethical practice in audiology and allows non-members to understand the responsibilities that New Zealand Audiological Society members willingly undertake when they join the society. It is available to the public at:

The New Zealand Audiological Society public section of the website also has information about the advantages of consulting an audiologist.

Deaf Aotearoa is the peak body for deafness in New Zealand. It exists to improve the quality of life for New Zealanders who are deaf, have a hearing impairment or have a chronic disorder of the ear by advocating for government policy, generating public awareness, information sharing and creating better understanding.
http://www.deaf.co.nz/
Criterion 1.1.2 Confidentiality and Privacy

- The practice is committed to protecting client confidentiality and privacy

Guiding Principles

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

Identify Individual Privacy Needs

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

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

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

Auditory Privacy

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

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

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

Privacy Legislation and the Public and Private Sectors


The 12 Information Privacy Principles (IPPs) are the baseline privacy standards by which the New Zealand government agencies need to comply with in relation to personal information kept in their records.

At the heart of the Privacy Act are 12 Information Privacy Principles. The privacy principles cover:

- **Collection** of personal information (principles 1-4)
- **Storage and security** of personal information (principle 5)
- Requests for **access** to and **correction** of personal information (principles 6 and 7, plus parts 4 and 5 of the Act)
- **Accuracy** of personal information (principle 8)
- **Retention** of personal information (principle 9)
- **Use** and **disclosure** of personal information (principles 10 and 11), and
- Using **unique identifiers** (principle 12).

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

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

The Privacy Commissioner has approved two sets of legally binding guidelines, issued by the Health Research Council. Researchers need to follow guidelines when handling health information for research purposes without individuals’ consent. The guidelines also assist Human Research Ethics Committees (HRECs) in deciding whether to approve research applications.
Telepractice
Clients receiving services via telepractice have an equal right to privacy to those receiving face-to-face services. The workplace must have policies about client confidentiality and privacy that apply to local and remote sites of service, and workplace staff and other support personnel at local and remote sites must uphold these policies. Relevant national, state and territory privacy legislation at local and remote sites is applicable and must be met.

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

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

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

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

Clinic Review

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

Further Information
The Office of the New Zealand Privacy Commissioner is a Government agency, established under the Privacy Act 1993.

Guidelines and information on a wide range of topics including privacy legislation, requirements for business, government and the health sector, privacy resources and compliance is on the website.
The *New Zealand Audiological Society Code of Ethics* requires updating so that it provides guidance on professional obligations relating to privacy, confidentiality and the Privacy Act.

Criterion 1.1.3 Informed Consent

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

Guiding Principles

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

Clients may find it helpful to receive standard written and diagrammatic information (for example, New Zealand Audiological Society information brochures, Deaf Aotearoa information resources and other consumer support group materials on a range of topics).

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

Risks and Benefits of Intervention
Clients should be given a reasonable level of information in advance about the relative benefits of a proposed programme of care. Where relevant, clients should also be given a reasonable level of information about alternative options and the implications of having no intervention or rehabilitation.

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

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

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

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

Consent to a Programme of Health Care
In general, a client is asked to consent to a programme of health care related to their presenting condition. Consent may be implied or expressed/explicit.

Expressed/explicit consent refers to consent that is clearly and unmistakably stated (either in writing, orally, or in another fashion where consent is clearly communicated).

Implied consent refers to circumstances where it is reasonable for the health professional to infer that consent has been given by the client. For example, if a client presents to an audiologist, discloses health information, discusses intervention options and then participates in a particular programme of health care, this will generally be regarded as the client having given implied consent to that programme of health care.

Consent is Dynamic
Informed consent is dynamic. Once given, consent can be withdrawn at any time. If a new or altered intervention is provided then the health professional needs to seek the client's consent again.
In general, a standard model for obtaining informed consent from a client includes the following sequential steps:

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

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

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

**Documenting Consent**

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

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

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

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

**Research**

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

**Students and assistants**

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

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

**Third Party Presence**

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

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

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

Consent and child/youth health:

Consent and adult health (see rights 6/7):

### Contact Details

New Zealand Audiological Society  
[www.audiology.org.nz](http://www.audiology.org.nz)

Deaf Aotearoa  
[www.deaf.co.nz](http://www.deaf.co.nz)

National Foundation for the Deaf  
[www.nfd.org.nz](http://www.nfd.org.nz)
Criterion 1.1.4 Client Communication

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

Guiding Principles

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

Tailored Communication

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

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

Written Communication

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

Communication Support

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

Client Safety - Open Disclosure

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

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

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

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

- Health care professionals
- Health care professionals and clients and their support person(s)
- Health care professionals, health care managers and all staff

Effective communication for clients commences from the beginning of an episode of health care and continues throughout the entire episode.
For health care professionals, there is an ethical responsibility to maintain honest communication with clients and their support person(s), even when things go wrong. By ensuring good communication when an adverse event occurs, one can begin to look at ways to prevent them from recurring.

**Clinic Review**

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

**Further Information**

The Health and Disability Commissioner wishes to promote a clear and consistent approach to open disclosure by health care and disability services providers. It is what consumers want and are entitled to. Right 6 of the *Code of Health and Disability Services Consumers' Rights* gives all consumers the right to be fully informed (i.e. to receive the information that a reasonable consumer in his or her situation would expect to receive). Consumers have a right to know what has happened to them. See: [http://www.hdc.org.nz/decisions--case-notes/open-disclosure](http://www.hdc.org.nz/decisions--case-notes/open-disclosure)

**Contact Details**

Health and Disability Commissioner  
[www.hdc.org.nz](http://www.hdc.org.nz)
Criterion 1.1.5 Culturally Appropriate Care
- The practice accommodates the cultural and linguistic diversity of its predominant client base

Guiding Principles

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

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

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

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

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

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

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

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

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

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

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<th>required</th>
<th>staff</th>
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<tr>
<td>1.1.5D</td>
<td>Report of findings of appropriately targeted feedback or satisfaction outcomes data</td>
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</tbody>
</table>

**Further Information**

New Zealand Sign Language is recognised in law as an official language in New Zealand. The New Zealand Office for Disability Issues (ODI) has a website resource discussing guidelines for working with New Zealand Sign Language interpreters. An interpreter is booked by the audiology service if a deal person requests this or if the service knows that an interpreter will be needed. See:


Deaf people may have a particular choice regarding a suitable interpreter or have specific needs from an interpreter, and can advise the audiology service about this. To find an interpreter services in your local area, consult the Office for Disability Issues website at: http://www.odi.govt.nz/resources/guides-and-toolkits/working-with-nzsl-interpreters/3-finding-interpreters.html

One nationwide company that arranges New Zealand Sign Language interpreter bookings is at: www.isign.co.nz

The Department of Ethnic Affairs promotes a spoken language telephone translation service. More information can be found at:

http://ethnicaffairs.govt.nz/browse/language-line

Some regional centres have immigrant resettlement services who provide links to spoken language interpreters. An example is Christchurch Resettlement services:

http://www.crs.org.nz/

City Councils may provide free interpreter services, for example:

Criterion 1.1.6 Collaborative Goal Setting

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

Guiding Principles

Client Rights in Health Care
The Health and Disability Commissioner has produced resources to help educate health consumers about their rights in health care. These resources encourage clients to:

- Be actively involved in their own health care
- Speak up if they have any questions or concerns
- Learn more about their condition or treatments

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

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

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

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

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

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

Clinic Review

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<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.6A</td>
<td>Internal audit procedures include process for auditing goal-setting</td>
</tr>
<tr>
<td>A sample of each practitioner’s client health records is audited at least annually to ensure agreed intervention goals are documented</td>
<td>Documentation to show audit of the client health records has occurred</td>
</tr>
<tr>
<td>Feedback is provided to the practitioner for quality improvement</td>
<td>Interview with staff to confirm discussion and feedback has occurred</td>
</tr>
</tbody>
</table>
Further Information

The Health and Disability Commissioner produces a range of resources for patients, carers and health professionals. Refer to list of publications on website.
Criterion 1.1.7 Health Promotion and Consumer Support

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

Guiding Principles

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

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

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

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

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

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

Clinic Review

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<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1.1.7A</strong> The practice has a written policy and philosophy on providing relevant health promotion and injury prevention information to clients</td>
<td>Written policy</td>
</tr>
</tbody>
</table>
| **1.1.7B** The practice has relevant information about:  
  - Local health promotion programs  
  - Health promotion and injury prevention in general  
  This may be via brochures, videos or relevant websites available for patients | Example of promotional materials available in practice |
| **1.1.7C** The practice supports the aims of relevant consumer and support groups and promotes them to clients | Interview and observation findings.  
Information on relevant consumer and support groups observed to be accessible to clients |
Further Information

The New Zealand Ministry of Health has consumer information for people with disabilities at:

The New Zealand Ministry of Health has general and specific consumer information for people for health promotion at: www.health.govt.nz


Accessible has a focus within the community to offer both the public and private health sectors, services that enable independent lifestyles and equipment management. See:
http://www.accessable.co.nz/services/our-services

Enable New Zealand has a mission to facilitate and deliver quality access to resources for people with identified health and disability support needs. See: http://www.enable.co.nz/

The Mental Health Foundation of New Zealand is a charity that works towards creating a society free from discrimination, where all people enjoy positive mental health & wellbeing. See: http://mentalhealth.org.nz

The Department of Labour has a fact sheet about the effects of noise on hearing that can be viewed at:

The Accident Compensation Corporation has information about the prevention of noise induced hearing loss at: http://www.acc.co.nz/preventing-injuries/at-work/workplace-health-issues/PI00081
SECTION 2 - CO-ORDINATION OF SAFETY AND QUALITY IN CARE

Standard 2.1 Client Identification and Health Records

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

Criterion 2.1.1 Matching clients to client records and clinical activities

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

Guiding Principles

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

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

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

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

Patient identification is a key element and therefore staff must ask the patient to state (NOT confirm):

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

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

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

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

Further Information

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

Contact Details

New Zealand Commission on Safety and Quality in Health Care
http://www.hqsc.govt.nz
Criterion 2.1.2 Health Record Compliance

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

Guiding Principles

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Goals**

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

- Specific
- Measurable
- Achievable
- Realistic
- Timely

Goals may be developed to address:

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

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

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

**Plans**

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

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

**Precautions, Contraindications and Warnings**

The audiologist must record any:

- Physical abnormalities, pathologies and allergies


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

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

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

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

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

**Clinic Review**

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

** For electronic records, initials may suffice as long as it is clear which health professional treated the client

<table>
<thead>
<tr>
<th>2.1.2B</th>
<th>The practice has a policy for auditing a sample of client health records at least once a year to monitor compliance with recording standards</th>
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<tbody>
<tr>
<td></td>
<td>Documentary evidence of the findings and outcomes of such audits is maintained</td>
</tr>
<tr>
<td></td>
<td>The practice can demonstrate how poor compliance with health record standards is managed</td>
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<tr>
<th>Examples</th>
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<tbody>
<tr>
<td>Example of written policies and procedures</td>
<td></td>
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<tr>
<td>Example audit report</td>
<td></td>
</tr>
<tr>
<td>Example of written policy</td>
<td></td>
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<tr>
<td>Staff interview</td>
<td></td>
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</tbody>
</table>
Standard 2.2 Co-ordination of Care with Other Health Providers

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

Criterion 2.2.1 Referrals

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

Guiding Principles

Indicators for Referral

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

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

Consent to referral

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

Referral policy

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

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

Database of other health care providers

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

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<thead>
<tr>
<th>Assessment Indicators</th>
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</thead>
<tbody>
<tr>
<td>2.2.1A</td>
<td>There is a policy for referring a client to another health professional or health service</td>
</tr>
<tr>
<td>2.2.1B</td>
<td>Client health records confirm that audiologists and other health professionals exercise sound judgement when referring clients to more suitably qualified health professionals</td>
</tr>
</tbody>
</table>
2.2.1C The practice maintains up-to-date information about other local health care providers and the services they offer

| Documentation of local health services |
| Database links to local health services information |

Further Information

New Zealand Audiological Society manages a directory of audiological services in each region that employs New Zealand Audiological Society members. See: [www.audiology.org.nz](http://www.audiology.org.nz)

Allied Health Aotearoa New Zealand is an incorporated society of professional associations which work together to promote, advocate for and support allied health professionals. [http://www.alliedhealth.org.nz/](http://www.alliedhealth.org.nz/)

Primary health care relates to the professional health care provided in the community, usually from a general practitioner (GP), practice nurse, pharmacist or other health professional working within a general practice. [http://www.health.govt.nz/our-work/primary-health-care](http://www.health.govt.nz/our-work/primary-health-care)
Criterion 2.2.2 Communication of Care

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

Guiding Principles

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

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

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

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

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

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

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

Clinical handover refers to the transfer of information from one health care provider to another when:
- A patient has a change of location or venue of care
- The care or responsibility for that patient shifts from one provider to another

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

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

Each District Health Board has different mandatory requirements for staff and volunteers working with children to report suspected maltreatment. The workplace needs to understand the requirements for their particular region and ensure compliance and currency with these requirements.

Clinic Review

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

Further Information

The New Zealand Health Quality & Safety Commission has produced a range of resources, including communication of care, effective handover and patient safety. Refer to list of publications on website.  
http://www.hqsc.govt.nz

Child and Family Protection Bill:  
Standard 2.3 Access to Services

- The workplace provides timely access to appropriate services

Criterion 2.3.1 Responsive Health Care

- The workplace provides fair and responsive access to health care

Guiding Principles

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

Access - A Right of Health Care

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

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

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

Defining a Service

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

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

Service and Fee Schedule

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

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

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

Booking Appointments

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

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

Prioritising Appointments

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

Access Outside a Booked Appointment

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

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

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

**Clinic Review**

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

**Contact Details**

New Zealand Audiological Society  
www.audiology.org.nz

New Zealand Health Quality & Safety Commission  
http://www.hqsc.govt.nz
Standard 2.4 Health and Safety

- The practice provides a healthy and safe workplace

Criterion 2.4.1 Occupational Health and Safety

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

Guiding Principles

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

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

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

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

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

Consultation
Occupational health and safety information should be provided in the orientation program for new staff. In addition, the workplace needs an established mechanism for consulting with workplace staff on occupational health and safety issues on an ongoing basis. The purpose of such consultations is to provide an opportunity for workplace staff to raise any concerns about occupational health and safety issues and collaborate on the identification, assessment and management of occupational hazards.

The workplace has an obligation to display occupational health and safety information (such as posters or booklets) in accordance with the relevant legislation.

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

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

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

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

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

**First aid in the workplace**

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

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

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

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

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

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

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

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

**Health and wellbeing**

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

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

**Clinic Review**

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

**Further Information**

ACC Workplace Safety Management Practices (WSMP)

New Zealand Health and Safety

Ministry of Business, Innovation & Employment
Criterion 2.4.2 Infection Prevention and Control

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

Guiding Principles

Infection prevention and control procedures

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

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

- Standard Precautions:
  - Hand hygiene
  - Cough etiquette
  - Use of personal protective equipment
  - Safe use and disposal of sharps
  - Routine environmental cleaning and processing
    - Frequently touched surfaces
    - Shared clinical equipment
    - Processing of instruments or implements to be reused
  - Transmission based precautions:
    - Contact precautions
    - Droplet precautions
    - Airborne precautions
  - Management of multi-resistant organisms
  - Staff health and safety
    - Recommended vaccinations for health care workers
    - Maintenance of staff immunisation records
    - Healthcare workers with specific circumstances
    - Pregnant worker
    - Immunocompromised workers
    - Workers with skin conditions

Training and implementation

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

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

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

Immunisation

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

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

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

Clinic Review

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

Further Information

The Infection Prevention and Control (IPC) programme aims to reduce the number of infections people get while being treated for a health problem. In 2003 it was estimated the annual cost of treating patients with infections picked up while in hospital was approximately $140 million. This doesn’t take into account the cost to the patient and family in delayed recovery times, extra doctor visits and time off work.

Infection prevention and control is everyone’s business and responsibility, whether you are a patient, family member or a health care professional.

Our projects will give you some ideas and strategies to avoid the harm caused by infection. Listen to the stories, take away ideas or email us with your own. Working together, we can ensure health care acquired infections are reduced across the entire health care sector.

The Health Quality & Safety Commission is currently working on three projects in this area:

1. Hand Hygiene
2. Central line associated bacteraemia
3. Surgical site infection surveillance
Contact Details

New Zealand Audiological Society Protocols-Infection Control

Health Quality & Safety Commission New Zealand
Criterion 2.4.3 Prevention of Falls

- The workplace understands its role in the prevention of falls

Guiding Principles

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

Allied health professionals have an important role to play to prevent clients and patients from falling and experiencing harm from falls.

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

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

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

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

Audiologists need to understand the role they play and should:

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

If there is a fall in the workplace, practices need to have a policy and procedure for:

- Immediate responses to falls
- Post-fall follow-up
- Analysis of the circumstances of the fall
- Review to identify areas for improvement
Clinic Review

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

Further Information

The New Zealand Health Quality & Safety Commission has produced a range of resources for patients, carers and allied health professionals relating to falls prevention guidelines.  

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

Contact Details

New Zealand Health Quality Commission on Safety and Quality in Health Care  
http://www.hqsc.govt.nz

World Health Organization (WHO)  
www.who.int
Criterion 2.4.4 Manual Handling

• The workplace supports safe manual handling

Guiding Principles

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

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

Control measures need to be suitable and practical. They could include:
• Redesigning the task or load that needs to be moved
• Providing the mechanical handling devices such as hoists or trolleys
• Safe work procedures such as team lifting
• Specific training for particular handling tasks

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

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

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

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

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

Clinic Review

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

**Further Information**

Department of Labour New Zealand Health and Safety policy has produced a range of publications on guidance material, national standards, national codes of practice and risk assessment.


**Contact Details**

Health Quality & Safety Commission New Zealand  
[http://www.hqsc.govt.nz](http://www.hqsc.govt.nz)
Criterion 2.4.5 Emergency Systems

- The workplace has systems to manage emergencies competently

Guiding Principles

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

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

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

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

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

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

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

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

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

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
<tbody>
<tr>
<td>2.4.5A  The workplace has emergency procedures that include the management of medical</td>
<td>Example written plan</td>
</tr>
<tr>
<td>emergencies, hazardous material accidents, physical threat, fire, hold-up or bomb</td>
<td></td>
</tr>
<tr>
<td>threat</td>
<td>Staff interview</td>
</tr>
</tbody>
</table>

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There is a procedure for emergency evacuation

<table>
<thead>
<tr>
<th>2.4.5B</th>
<th>There is a readily visible floor plan showing the location of fire and emergency equipment, designated exits and first aid facilities</th>
<th>Workplace observation</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.4.5C</td>
<td>Emergency exits are clear, accessible and operational</td>
<td>Workplace observation</td>
</tr>
<tr>
<td>2.4.5D</td>
<td>The workplace holds an emergency evacuation drill at least annually The workplace reviews other relevant emergency procedures</td>
<td>Staff interview Example written plan</td>
</tr>
</tbody>
</table>

**Further Information**

Department of Labour

**Contact Details**

New Zealand Health and Safety:
SECTION 3 - PHYSICAL ENVIRONMENT AND RESOURCES

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

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

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

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

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

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

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

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

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

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

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

**Further Information**

The Health Quality & Safety Commission was established under the [New Zealand Public Health & Disability Amendment Act 2010](http://www.hqsc.govt.nz/) to ensure all New Zealanders receive the best health and disability care within our available resources. [http://www.hqsc.govt.nz/](http://www.hqsc.govt.nz/)

**Contact Details**

Health Quality and Safety Commissioner  
Criterion 3.1.2 Compliance of Facilities

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

**WorkSafe New Zealand**

WorkSafe New Zealand is New Zealand’s workplace health and safety regulator.

Their focus is to embed and promote good workplace health and safety practices. They are also the regulator for electricity and gas safety in the workplace and home.

WorkSafe New Zealand’s approximately 350 staff are located in 20 offices across New Zealand.

They work closely with employers, employees and others to:

- Educate them about their workplace health and safety responsibilities
- Engage them in making changes that reduce the chances of harm
- Enforce workplace health and safety legislation

**Guiding Principles**

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

**Planning and building requirements**

Audiological workplace facilities must comply with the *New Zealand Building Code*, which is the first schedule to the *Building Regulations 1992*, and the *Building Code 2004*.

“The Building Code does not prescribe how work should be done but states, in general terms, how the completed building must perform in its intended use. The Building Code contains functional requirements and performance criteria that cover matters such as protection from fire, structural strength, moisture control and durability.” (Ministry of Business, n.d.)

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

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

“Building plans and specifications are assessed by building consent authorities (usually the local territorial authority) to ensure that the completed building work comply with the Building Code.” (Ministry of Business, n.d.)

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

**Electrical safety**

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

- Electric shock causing injury or death
- Arcing, explosion or fire causing burns
- Toxic gases released by burning or arcing and which cause illness or death

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Electrical outlets and wiring must be installed and maintained by a licensed electrician.

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

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

**Hazardous chemicals and materials**

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

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

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

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

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

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

The safety data sheet should always be referred to when assessing risks in the workplace. Regulations and best practice require that your workplace has a safety data sheet (SDS) available for each hazardous substance present.

**Fire protection**

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

If the workplace has disposable fire protection equipment, it must be within its use by date.
Workplace fire safety training should be undertaken including emergency warden training and use of fire equipment.

Smoke and fire alarm systems should preferably be hardwired with battery back-up. If they are battery operated, the battery should be replaced at least annually.

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

**Emergency and warning systems**

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

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

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

### Clinic Review

<table>
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<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>3.1.2A</td>
<td>Any new or recent building work, construction or refurbishment has been certified by an appropriate licensed inspector</td>
</tr>
<tr>
<td>3.1.2B</td>
<td>All electrical circuits in the workplace are protected by residual current devices (RCDs commonly referred as 'safety switches') and are clearly labelled RCDs are inspected and serviced at least annually</td>
</tr>
<tr>
<td>3.1.2C</td>
<td>All electrical equipment including portable devices, extension cords, portable outlet devices and portable RCDs are inspected and tested (‘tagged’)</td>
</tr>
<tr>
<td>3.1.2D</td>
<td>If the workplace stores or uses any hazardous chemicals or materials, there is an up-to-date register of hazardous substances and copies of safety data sheets</td>
</tr>
<tr>
<td>3.1.2E</td>
<td>The practice has adequate fire protection equipment and, where applicable, documented records of regular fire equipment inspections and services</td>
</tr>
<tr>
<td>3.1.2F</td>
<td>The practice has clearly marked emergency exits and relevant warning signs</td>
</tr>
<tr>
<td>3.1.2G</td>
<td>Inspections and service of emergency exit lights are documented</td>
</tr>
</tbody>
</table>

### Further Information

The New Zealand Building Code is a performance-based code, which means it states how a building must perform in its intended use rather than describing how the building must be designed and constructed. [http://www.dbh.govt.nz/the-building-code](http://www.dbh.govt.nz/the-building-code)
Standards New Zealand provides information on the safety testing of electrical equipment:

- **AS/NZS 3760:2010** In-services safety inspection and testing of electrical equipment.
  

Standards New Zealand provides information intended for application to all patient care areas where electrical equipment is used for medical diagnosis or therapy, surgery, dentistry and other related applications. **Note:** It is emphasised that all new installations (and alterations or additions thereto) and equipment should comply with the relevant Australian/New Zealand Standards.

  

Electroacoustic Calibration Services (ECS) can also provide information on, and undertake electrical safety testing of audiological equipment if required. Check whether this service is available from other calibration providers. [http://ecs-ltd.co.nz/about-us/](http://ecs-ltd.co.nz/about-us/)


Initial enquiries about firefighting equipment and fire safety training should be directed to the local firefighting authorities.

Additional information about Fire and Safety Training services in New Zealand can be found at: [http://www.fireandsafetytraining.co.nz/](http://www.fireandsafetytraining.co.nz/)

**Contact Details**

**New Zealand Building Code**

[http://www.dbh.govt.nz/contact-us-building](http://www.dbh.govt.nz/contact-us-building) Email: infodbh@mbie.govt.nz

**Fire Protection Association of New Zealand**


**Worksafe NZ**


**Standards New Zealand Paerewa Aotearoa**

[www.standards.co.nz](http://www.standards.co.nz)
Criterion 3.1.3 Physical Access

- The workplace provides appropriate physical access for clients

Guiding Principles

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

Safe access

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

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

Access for people with a disability

A compliance document for the New Zealand Building Code (Clause D1 Access Routes) has been prepared by the Department of Building and Housing and includes requirements and guidelines in building design and construction for disabled people.

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

Parking access

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

Clinic Review

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

Further Information

The New Zealand Human Rights Commission has information about human rights and people with special needs, including disability rights and access to premises. See: [http://www.hrc.co.nz/](http://www.hrc.co.nz/)

The Disability Access Review is a joint undertaking between the Ministry of Business, Innovation and Employment (MBIE) and the Office for Disability Issues (ODI). The review will look at whether the current
building regulatory system meets the needs of people with disabilities. To read more about this review, or the New Zealand Building code and compliance, visit: [http://www.dbh.govt.nz/the-building-code](http://www.dbh.govt.nz/the-building-code)

There are standards for accessibility of workplaces and other buildings and guidance on how to ensure the physical environmental is barrier-free. [http://www.dol.govt.nz/er/workable/accessibility/standards.asp](http://www.dol.govt.nz/er/workable/accessibility/standards.asp)

BeAccessible is a New Zealand social change initiative and a holistic framework for accessibility with a mission to create a truly accessible country for us all. [http://www.beaccessible.org.nz/the-movement/resources](http://www.beaccessible.org.nz/the-movement/resources)

**Contact Details**

**New Zealand Human Rights Commission**  
[http://www.hrc.co.nz/](http://www.hrc.co.nz/)

**The Department of Building and Housing**  

**BeAccessable**  
Standard 3.2 Equipment

- The workplace provides safe and appropriate equipment

Criterion 3.2.1 Equipment Safety and Calibration

- The workplace ensures equipment is suitable, safe and well maintained

Guiding Principles

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

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

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

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

**Audiological equipment**

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

Consideration should be given to how home visits are conducted.

**Equipment and calibration**

Equipment should be regularly inspected for safety and performance. It should be appropriately maintained and calibrated according to New Zealand standards at least every two years (more often as required for portable equipment), or as recommended by the equipment manufacturer/supplier.

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

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

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

**Office equipment**

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

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

**Electrical tagging**

All electrical equipment should be inspected and tagged by a licensed electrician on an annual basis. (Refer to Practice Operations Criterion 3.1.2 Compliance of Facilities).
### Clinic Review

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

### Further Information

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


- **AS ISO 8253.2-2009** Acoustics - Audiometric test methods - Sound field audiometry with pure tone and narrow-band test signals.
This is to specify the relevant test signal characteristics, requirements for free, diffuse and quasi-free sound fields, and the procedures for sound field audiometry using pure tones, frequency modulated tones or other narrow-band test signals presented by means of one or more loudspeakers.


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

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

- **AS IEC 60645.2-2002 Electroacoustics - Audiological equipment - Equipment for speech audiometry.**
  This specifies requirements for audiometers or parts thereof designed to provide a means of presenting speech sounds to a subject in a standardized manner.

- **AS IEC 60645.3-2002 Electroacoustics - Audiological equipment - Auditory test signals of short duration for audiometric and neuro-otological purposes.**
  This specifies a means of describing the physical characteristics of audiometric test and reference signals of short duration and methods for their measurement.

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

- **AS/NZS 1269 Set: 2005 Occupational Noise Management Set**
  This set includes the following titles for occupational noise management programs:
  
  - **AS/NZS 1269.0:2005 Occupational noise management - Overview**
  
  
  - **AS/NZS 1269.2:2005 Occupational noise management - Noise control management**
The National Acoustics Laboratory (NAL) has produced a report - *The Calculation of Maximum Permissible Ambient Noise Levels for Audiometric Testing to a Given Threshold Level with a Specified Uncertainty* (NAL Report No 133, January 2010, Warwick Williams). This report was produced to help guide a recognised calculation methodology for the determination of maximum permissible ambient sound pressure levels for reliable hearing threshold measurements, whatever they may be, to within a specified accuracy. This can be provided through the use of the International Standard *ISO 8253 Acoustics* – Audiometric test methods.

Section 11 of *ISO 8253* - 1 provides a method for calculating maximum permissible ambient sound pressure levels for testing with noise-excluding headsets and inserts and to hearing threshold levels other than 0dB. The report emphasises that this methodology does not determine what threshold test level is appropriate, for example 0dB, 10dB or 15dB. It recommends that the threshold test levels can only be set by the professionals and their governing bodies responsible for that testing.

This report also advises a further practical note of caution about the calibration and use of noise-excluding headsets.

Contact Details

**Standards New Zealand (Paerewa Aotearoa)**

[www.standards.co.nz](http://www.standards.co.nz)
SECTION 4 – CO-ORDINATION OF CLINICAL AND PROFESSIONAL ISSUES

Standard 4.1 Clinical Best Practice
• Audiologists provide audiological services that are of a high quality, safe and consistent with recognised best practice

Criterion 4.1.1 Recognised Best Practice
• Client care is based upon the best available evidence

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

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

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

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

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

In that context, the practice should at least provide access to tools such as the internet and scientific audiological journals. The practice should also be supportive of continuing education scheme activities (for example, journal clubs, attendance at the New Zealand Audiological Society conference, attendance at Paediatric Upskilling Workshops).

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.1A  Audiologists have access to resources that support current best practice</td>
<td>Written description or reference of resources/tools available within the workplace</td>
</tr>
<tr>
<td>4.1.1B  Client health records confirm that audiologists provide care that is consistent with the best available evidence</td>
<td>Examples of de-identified health records which sample the scope of practice</td>
</tr>
<tr>
<td>4.1.1C</td>
<td>The workplace director can describe how the best available evidence is integrated into client care</td>
</tr>
<tr>
<td>-------</td>
<td>--------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>4.1.1D</td>
<td>Client feedback confirms that clients are satisfied with the results of health care provided for their presenting condition</td>
</tr>
</tbody>
</table>

**Further Information**

The Health and Disability Commissioner guides efforts in improving safety and quality across the health care system in New Zealand.


New Zealand Audiological Society contributes to quality in audiological practice for the community and for members through its *Certificate of Clinical Competence*, *Continuing Education Scheme*, *Paediatric Certificates*, *Code of Ethics*, and the *Bulletin*.


**Contact Details**

**New Zealand Audiological Society**


**Health and Disability Commissioner**

Guiding Principles

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

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

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

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

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

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.1.2A Audiologists utilise recognised outcome measures to monitor, evaluate and justify client care</td>
<td>Examples of outcome measures in use</td>
</tr>
<tr>
<td>4.1.2B Client records confirm that audiologists utilise outcome measures</td>
<td>Example of de-identified client health records</td>
</tr>
</tbody>
</table>

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


American Speech-Language-Hearing Association [www.asha.org/aud/outcomesQ1.htm](http://www.asha.org/aud/outcomesQ1.htm)

Outcome 6: Client Outcomes (Service Provider Contract 2012-2015)

Contact Details

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

Audiology On-line
www.audiologyonline.com

Australian Office of Hearing Services
Criterion 4.1.3 Clinical Risk Management

- The workplace has a clinical risk management system

Guiding Principles

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

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

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

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

For example, the practice needs to demonstrate clear documentation of:
- Staff induction processes covering clinical risk management
- Policies and procedures for clinical risk management systems
- Informed consent
- Comprehensive assessment
- Warnings, contraindications and precautions
- Intervention and outcome

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

The clinical risk management system should incorporate the following kind of elements:
- **Risk identification**
  Identify risks and their level of impact, likely occurrence and consequences
- **Risk analysis**
  Differentiate between severity of risks and determine which risks are unacceptable and should be managed as a priority
- **Risk management**
  Evaluate the options for managing unacceptable clinical risks and implement a plan of action
- **Risk review**
  Monitor risks and revise risk management procedures on an ongoing basis to ensure the procedures remain effective both separately and collectively

Staff education
The workplace needs to educate all staff about its clinical risk management system to ensure all staff accept some level of responsibility for risk identification and risk management as part of their routine work.

Clinical risk management should be an integral part of the workplace’s induction and continuing education program and should be clearly outlined in staff position descriptions.
Managing adverse incidents
If there has been an adverse incident at the workplace that may give rise to a claim, or if a claim is made against the workplace, it is important to follow the practice’s or employer’s policy and procedures, and if appropriate, contact the insurer straight away to get expert advice on how to proceed (the exact pathway will depend on the practice’s or employer’s policy and procedures). It is important not to admit liability, offer compensation or commit anything to writing without first obtaining expert advice and/or contacting the insurer (although an expression of regret can be made).

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

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

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

Refer to Criterion 1.1.4 Client Communication

Clinic Review

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

Further Information

This provides a generic guide for managing risk. It may be applied to a wide range of activities or operations of any public, private or community enterprise, or group. Therefore, this International Standard is not specific to any industry or sector.
http://shop.standards.co.nz/catalog/31000%3A2009%28AS%7CNZS+ISO%29/view
The Health and Disability Commissioner has produced guidelines regarding open disclosure.
http://www.hdc.org.nz/decisions-case-notes/open-disclosure

Contact Details

Health and Disability Commissioner
http://www.hdc.org.nz/

Standards New Zealand (Paerewa Aotearoa)
http://www.standards.co.nz/
Standard 4.2 Conduct, Development and Supervision
• The practice fosters ethical and professional conduct by audiologists, supports professional development and provides appropriate supervision

Criterion 4.2.1 Ethical and Professional Conduct
• Audiologists demonstrate commitment to conduct that is in accordance with the New Zealand Audiological Society Code of Ethics
• Audiologists practise within appropriate scopes of practice

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

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

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

Audiologists who are members of the New Zealand Audiological Society are bound to uphold the New Zealand Audiological Society Code of Ethics. Alleged breaches of the Code will be referred to the New Zealand Audiological Society Complaints Board.

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

The training of a provisional member of the New Zealand Audiological Society should include a review of the New Zealand Audiological Society Code of Ethics.

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

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

Professional commitment
Audiologists should demonstrate a commitment to the standing of the audiological profession.

Membership of the New Zealand Audiological Society supports a commitment to the New Zealand Audiological Society's mission to 'To promote excellence in hearing care by establishing and maintaining a supportive, well trained, innovative membership that meets the needs of the hearing impaired community.' and vision 'To assist the hearing impaired community of all ages to participate as fully as possible in all aspects of life.'
Practices may choose to distribute or display professional or research publications to promote the benefits and evidence base of audiology.

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

Clinic Review

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

Further Information

The New Zealand Audiological Society Code of Ethics is designed to provide a transparent view of professional ethical behaviour to guide members and enable the community to understand the responsibilities that New Zealand Audiological Society members willingly undertake when they join the society. See: [http://www.audiology.org.nz/code-of-ethics.aspx](http://www.audiology.org.nz/code-of-ethics.aspx)

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

Audiologists must also act in accordance with the Health and Disability Commissioners Act and the Code of Rights.


Contact Details


International Society of Audiology [www.isa-audiology.org](http://www.isa-audiology.org)
Criterion 4.2.2 Continuing Education Scheme

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

Guiding Principles

In order to provide high quality hearing care consistent with evolving standards, audiologists must undertake regular continuing professional development. For the list of activities that can earn Continuing Education Points (CEP) please see the Continuing Education Scheme. This is located in the Member’s only area of the New Zealand Audiological Society website.

Workplace support

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

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

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

Professional development records

Participation by New Zealand Audiological Society members in its Continuing Education Scheme is one of the requirements for audiologists to retain their New Zealand Audiological Society Annual Practicing Certificate. Members are expected to maintain their own individual development log through the New Zealand Audiological Society website. However, records of continuing professional development activities occurring within the workplace should be retained by the workplace.

Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
</tr>
</thead>
</table>
| 4.2.2A The workplace has a record of audiologists employed in the practice and is satisfied with the current status of their Annual Practicing Certificate | Practice manager interview
Staff checklist and currency of clinical certification |
| 4.2.2B The professional development needs of individual audiologists are identified and addressed as part of the standard performance management system | Interview with practice manager
Samples of workplace development plans and/or performance management processes
Staff interview |
| 4.2.2C The workplace supports and/or provides continuing professional development     | Practice manager interview
Records of any recent development activities provided by the practice
Calendar of any in-house development and training activities |
Further Information

The Member’s only section of the New Zealand Audiological Society website has a ‘Continuing Education Scheme’ page which holds links to document which include details of the Continuing Education Scheme, and the activities which generate Continuing Education Points as well as links to all necessary forms for documentation of an individual’s Continuing Education Points. See: http://www.audiology.org.nz/

Contact Details

New Zealand Audiological Society
http://www.audiology.org.nz/
Guiding Principles

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

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

Supervision of Provisional Member New Zealand Audiological Society audiologists

All aspects of the Clinical Certificate of Competence (CCC) booklet must be complied with. This can be accessed on the member only section of the New Zealand Audiological Society website, under ‘CCC Forms, Modules and Portfolio’.

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

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

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

Supervision of audiology students

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

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

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

Supervision of audiometrists

The supervision requirements of audiometrists are detailed in the New Zealand Audiological Society Audiometrist Scope of Practice. Audiologists need to accept a duty of care for clinical services provided by audiometrists under their supervision. Audiometry provided by audiometrists must be within the scope of their training and competence.

In supervising an audiometrist, the audiologist must comply with the provisions of the New Zealand Audiological Society Code of Ethics that preclude the delegation of any activity that requires the skill, knowledge and judgement of an audiologist.

Supervision of Full New Zealand Audiological Society Member audiologists working in Paediatrics

All aspects of the Paediatric Certificate Booklet must be complied with.
### Clinic Review

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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</thead>
</table>
| **4.2.3A** The workplace, where indicated, has a policy for the provision of structured supervision and/or peer support for:  
  • Audiologists who are provisional members of the New Zealand Audiological Society completing the Certificate of Clinical Competence year  
  • Audiologists with a Certificate of Clinical Competence (CCC)  
  • Audiologists working with the Paediatric population |  
  Practice manager interview  
  Written policy  
  For sole practitioners with CCC, evidence of peer support or mentoring arrangement  
  Evidence of Supervision Hours for audiologists who hold a Paediatric certificate. |
| **4.2.3B** Provisional MNZAS Audiologists can describe how structured supervision meets their professional development needs | Interview of a provisional member of the New Zealand Audiological Society |
| **4.2.3C** If the workplace offers clinical placements for students, there is a policy for providing structured supervision for audiology students | Written policy or guidelines |
| **4.2.3D** There is a policy for the supervision of audiometrists and student audiometrists that meets the requirements of the relevant approved professional body | Written policy or guidelines |

### Further Information

The Australian Health Education and Training Institute (HETI) have published “The Superguide”, a handbook for supervising allied health professionals. It provides guidelines and templates around supervision of allied health professionals. This includes information on such things as setting up expectations, supervision contracts, teaching non-clinical skill etc. There is a link to The Superguide document on the ‘CCC Forms, Modules and Portfolio’ page of the members only section of the New Zealand Audiological Society website.

#### Student Audiologist Supervision

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

#### Provisional MNZAS

Provisional members of the New Zealand Audiological Society (MNZAS) are completing their supervision program that culminates in the award of the Certificate of Clinical Competence.

Audiologists should appreciate the staggered levels of supervision required by the provisional MNZAS within their first 11 to 36 months of work as their competence improves. The terms “at elbow”, “in room”, “in house” and “mentoring” show the required proximity of the supervisor to the intern.

- **Novice**
  - The intern is not familiar with this activity in a clinical setting
  - The activity is performed by the supervisor
  - The intern is learning through observation and discussion
  - At elbow supervision is required at all times
• Developing
  o The intern performs the activity with significant supervision and guidance
  o The intern performs basic routines and predictable tasks
  o The intern has little or no responsibility or autonomy
  o At elbow supervision is required at all times

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

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

• Independent:
  o The intern can develop others in the activity
  o The intern performs activities across a wide range of complex and non-routine contexts
  o The intern can take a strategic view
  o The intern applies a significant range of fundamental principles and complex techniques across a wide and often unpredictable variety of contexts
  o The intern has a wide scope of personal autonomy
  o The supervisor has primarily a mentoring role and is required to be easily accessible to the intern

Additional information on the supervisory requirements for provisional members may be found in the members only section on the NZAS website.
www.audiology.org.nz

Contact Details
New Zealand Audiological Society
http://www.audiology.org.nz/

Universities providing post graduate programs in audiology:
University of Canterbury
www.cmds.canterbury.ac.nz

University of Auckland
www.auckland.ac.nz
**Standard 4.3 Quality Improvement**
- The practice demonstrates continuous improvement in client care

**Criterion 4.3.1 Client Feedback**
- The practice encourages and responds to client feedback

### Guiding Principles

#### Comment – A health care right
Patients have a right to comment or provide feedback on their health care and to have concerns addressed.

The opportunity to comment is important and enhanced by being attentive to the concerns of patients or consumers and/or carers and encouraging them to engage in two-way communication. They should be helped to articulate their concerns and be informed of comment options available to them.

#### Feedback systems

Clients should be made aware of how they can provide feedback.

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

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

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

#### Managing complaints

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

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

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

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

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

Members of the public or New Zealand Audiological Society Members may correspond with the New Zealand Audiological Society regarding perceived breaches of ethical behaviour by a New Zealand Audiological Society Member requesting further investigation. The New Zealand Audiological Society would encourage the parties to seek resolution directly with one another, however would refer all official complaints to the Complaints Board.
Learning from client feedback
Practices should look for improvements in service provision as an outcome from interactions with patients, consumers, their carers and their families.

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

Clinic Review

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

Further Information

The Health and Disability Commissioner has a range of information resources for patients, carers and health professionals regarding health care rights (such as the right to comment) and making improvements from consumer reported incidents. Refer to Publications section on their website: http://www.hdc.org.nz/

The Ministry of Health has developed brochures regarding the Ministry of Health’s subsidy and full funding contributions towards hearing aids, the benefits of hearing aid and what consumers can expect form audiology services. These brochures are available on the Accessable website: http://www.accessable.co.nz/hearing/resources

The New Zealand Audiological Society has a Code of Ethics. There is also information about what consumers should expect when consulting an audiologist on the website.

The Complaints Procedures and guide to filing a complaint regarding a breach of ethical behaviour can be found on the New Zealand Audiological Society website: www.audiology.org.nz

Contact Details

New Zealand Audiological Society
http://www.audiology.org.nz/

Health and Disability Commissioner
http://www.hdc.org.nz/

Accessible
http://www.accessable.co.nz/hearing/resources
Criterion 4.3.2 Improving Clinical Care

• The practice actively seeks opportunities to improve clinical care

Guiding Principles

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

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

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

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

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

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

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

Clinic Review

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<tr>
<th>Assessment Indicators</th>
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<tbody>
<tr>
<td>4.3.2A</td>
<td></td>
</tr>
<tr>
<td>The workplace undertakes at least one structured clinical review annually as part of its strategic plan</td>
<td>Written report</td>
</tr>
<tr>
<td>4.3.2B</td>
<td></td>
</tr>
<tr>
<td>The findings of a clinical review are used to implement changes to improve the quality of clinical care</td>
<td>Interview or written report that describes the findings of the most recent clinical review, any changes implemented as a result and the outcome of such changes</td>
</tr>
</tbody>
</table>

Further Information

Standards New Zealand has produced a standard:

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

http://shop.standards.co.nz/catalog/9004.4%3A1994%28NZS%29/view

Contact Details

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

Standards New Zealand (Paerewa Aotearoa)
http://www.standards.co.nz/
SECTION 5 – GOVERNANCE AND BUSINESS MANAGEMENT

Standard 5.1 Effective Governance and Business Management

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

Criterion 5.1.1 Effective governance and business management

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

Guiding Principles

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

- Appropriate company, board and management structures and processes. These are fundamental to manage risk, ensure compliance with all legal and fiduciary responsibilities, ensure financial viability and accountability, and to retain skills across corporate and health care expertise.

- A capacity to manage and improve efficient utilisation of health and administrative resources (including contract management, resource allocation and acquittal, budget management).

- Sufficient capacity and expertise to manage revenue sources in order to provide services as identified in a business plan.

- Appropriate data collection, performance monitoring and reporting processes. This includes a monitoring of definitive outcomes related to core business requirements as well as focus on risk, quality and safety.

- Decision making processes that are responsive to local health needs and business stakeholders.

- An understanding by all that vigilance and co-operation of the whole workforce is required for safety and high quality care.

- A capacity to remain flexible and responsive to evolving circumstances.

Clinic Review

<table>
<thead>
<tr>
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<tbody>
<tr>
<td>5.1.1A  The board, chief executive officer or equivalent higher governance level in smaller practices (such as practice owner or manager) take responsibility for safety and quality</td>
<td>Safety and Quality policy</td>
</tr>
<tr>
<td></td>
<td>Meeting minutes</td>
</tr>
<tr>
<td></td>
<td>Example documentation of quality and safety performance data</td>
</tr>
<tr>
<td></td>
<td>Staff orientation training and annual reviews address the requirements of these Professional Practice Standards</td>
</tr>
<tr>
<td>5.1.1B  Workforce roles, responsibilities and accountabilities for each of these New Zealand</td>
<td>Workplace director interview</td>
</tr>
</tbody>
</table>
Audiological Society Professional Practice Standards are defined and staff are supported in these roles

Staff roles and responsibilities regarding safety and quality are documented

Examples of any relevant training provided

Examples of actions and outcomes in management of these New Zealand Audiological Society Professional Practice Standards

<table>
<thead>
<tr>
<th>5.1.1C</th>
<th>An organisation-wide risk and quality management system is used and regularly monitored</th>
<th>Risk management policy</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Staff interview</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Example of system used and actions taken</td>
</tr>
</tbody>
</table>

Further Information

The Health Quality & Safety Commission was established under the New Zealand Public Health & Disability Amendment Act 2010 to ensure all New Zealanders receive the best health and disability care within our available resources.

The Ministry of Business, Innovation, and Development (MBIE) helps businesses to become more productive and internationally competitive. The MBIE has a business portal which has information and resources such as starting and stopping a company, staff and HR, tax and reporting, and laws and regulation. See: www.business.govt.nz

The Inland Revenue Department has a business portal for information regarding taxation issues. See: https://www.ird.govt.nz/

The New Zealand Institute of Directors (IoD) is a member-based organisation of over 6,000 individuals representing the spectrum of New Zealand enterprise, from the public and private sectors. It has on-line resources for governance, services for boards, and director development. See: https://www.iod.org.nz/

The New Zealand Institute of Management (NZIM) is not-for-profit organisation whose aim is to support the professional development of managers. It has on-line information for training, events, study, and mentorship. See: http://www.nzim.co.nz/

Standards New Zealand has released an updated standard AS/NZS ISO 31000:2009 Risk management - Principles and guidelines, which is a joint adoption of ISO 31000:2009, and supersedes AS/NZS 4360:2004. This provides a generic guide for managing risk. It may be applied to a wide range of activities or operations of any public, private or community enterprise, or group. Therefore, this international standard is not specific to any industry or sector. http://infostore.saiglobal.com/store/Details.aspx?ProductID=1378670

Contact Details

Health Quality and Safety Commission
www.hqsc.govt.nz

Institute of Directors in New Zealand
www.iiod.org.nz

New Zealand Institute of Management
www.nzim.co.nz
Criterion 5.1.2 Strategic Business Plan

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

Guiding Principles

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

The basic elements of the plan could include:

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

The plan may also include:

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

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

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

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

Aligning Staff Responsibilities with the Strategic Plan
Practice staff should be familiar with the strategic plan and given responsibility for working towards specified objectives.

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

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

### Further Information

The development and growth of business in New Zealand is supported by the regional business partner network, operating under New Zealand Trade and Enterprise. See: [www.nzte.govt.nz](http://www.nzte.govt.nz)
Criterion 5.1.3 Operational Systems

- The workplace has systems that support effective and efficient operations

Guiding Principles

Policy and Procedure Manual

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

- Clearly defined in writing
- Understandable
- Readily accessible
- Compiled by staff

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

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

Policies and procedures should be documented and include the date of approval and revision. Policies and procedures should cover all the issues outlined in the assessment indicators for workplace accreditation. They should also promote workplace rights and responsibilities and refer to materials available from the Department of Labour (www.dol.govt.nz). There should be additional policies and procedures to cover any areas that are unique to a workplace.

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

Workplace Systems

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

Information Technology (IT) Systems

The workplace should have a level of information technology sufficient to manage client data, and should include backup systems. Where relevant for submitting and making claims, the workplace’s IT systems will need to interface with external systems.

The workplace should have suitable IT support and adequate protection through anti-viral and firewall software and components.

Financial Systems

The workplace must have financial systems based on sound accounting and bookkeeping principles. It would be expected that these are software based. Larger organisations would be expected to have different levels of access depending on staff level of responsibility and authority.

The financial systems should include transparent billing arrangements so that clients and third parties understand the fee and payment structure.

Systems should support the ability to efficiently manage payroll, creditors and debtors, operational needs such as inventory requirements, compliance with taxation and other reporting.

There should be a regular review of income and expenditure, cash flow and financial position.

Debt Management Systems

The workplace should have a debt management strategy that is both efficient and professional.
**Human Resource Systems**

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

**Clinic Review**

<table>
<thead>
<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tbody>
<tr>
<td>5.1.3A The workplace has a policy and procedures manual</td>
<td>Policy and procedures manual covers a range of procedures</td>
</tr>
<tr>
<td>5.1.3B Policies and procedures are updated on an ongoing basis</td>
<td>Interview with director, Documented evidence of updated information</td>
</tr>
<tr>
<td>5.1.3C The workplace utilises information technology systems with appropriate back-up procedures</td>
<td>Written documentation and discussion describing systems used</td>
</tr>
<tr>
<td>5.1.3D The workplace has appropriate financial systems</td>
<td>Written description and discussion of system used</td>
</tr>
<tr>
<td>5.1.3E The workplace has transparent billing systems</td>
<td>Documentation in policy and procedures manual on billing procedure</td>
</tr>
<tr>
<td>5.1.3F The workplace has professional debt management systems</td>
<td>Written policy</td>
</tr>
<tr>
<td>5.1.3G The workplace has a human resources system appropriate for its size and nature</td>
<td>Interview with director, Observation of system</td>
</tr>
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</table>

**Further Information**

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

The Ministry of Business, Innovation, and Employment (MBIE) provides information to better understand employment relations, health and safety, and immigration on their Employment Relations website. See: [www.dol.govt.nz](http://www.dol.govt.nz)

**Contact Details**

*Ministry of Business, Innovation, and Employment – Employment Relations*

*The Department of Labour*
[www.dol.govt.nz](http://www.dol.govt.nz)
Standard 5.2 Human Resource Management

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

Criterion 5.2.1 Credentials

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

Guiding Principles

Clinical Currency

For each health professional in the workplace, the local practice director must verify evidence of a Certificate of Clinical Competence and current Annual Practicing Certificate for New Zealand Audiological Society members and equivalent for other non-member audiologists and audiometrists.

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

Qualifications

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

Insurance for Health Professionals

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

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

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

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

Clinic Review

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<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tbody>
<tr>
<td>5.2.1A All health professionals in the workplace have</td>
<td>Documentation that details all health professionals and</td>
</tr>
<tr>
<td>appropriate qualifications</td>
<td>their qualifications</td>
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</tbody>
</table>

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

Checklist of health professional staff records and sample of documentation

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

Checklist of staff and evidence of premiums

Further Information
New Zealand Audiological Society’s website has additional information on the requirements of membership. Contact insurance companies that specialise in professional indemnity and public liability.

Contact Details
New Zealand Audiological Society
www.audiology.org.nz
Standard 5.3 Health Information Systems

- The workplace manages clients’ health information in accordance with legal and professional obligations

Criterion 5.3.1 Confidentiality and Privacy

- The practice has health information systems which maintain confidentiality and privacy of clients’ health information

Guiding Principles

Privacy and confidentiality are absolutely central to good audiological practice. The relationship between a person and their health professional is based on trust and confidentiality. A breach of that trust or confidence can have a serious impact on the person’s willingness to seek treatment both now and in the future. Audiology practices handle information about people on a regular basis. Health information is highly sensitive and needs to be treated with great care. New technologies can enhance the quality of health care, but those enhancements can also create privacy risks if they are not properly designed or implemented. Health professionals may find it difficult to balance patient rights to privacy with the desire for greater efficiency.

Health information privacy is about making sure patients and staff know what's being done with their health information, and why.

Patient confidentiality is covered by the Privacy Act – which controls how ‘agencies’ collect, use, disclose, store and give access to ‘personal information’.

The Health Information Privacy Code sets specific rules for agencies in the health sector. It covers health information collected, used, held and disclosed by health agencies and takes the place of the information privacy principles for the health sector.

Privacy and confidentiality also falls under the ambit of Right 4(2) of the Code of Health and Disability Services Consumers’ Rights.

The New Zealand Audiological Society Code of Ethics covers privacy and confidentiality in Principles of Ethics 1: Members must honour their responsibilities and hold paramount the rights, needs and dignity of the people they serve professionally.

1.14 Members must not reveal, without authorisation, any professional or personal information about any person served professionally, unless required by law to do so, or unless doing so is necessary to protect the welfare of the person or the community.

Thus it is both a legal and ethical duty.

Audiology practices are expected to set high standards for information handling.

Clinic Review

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<tbody>
<tr>
<td>5.3.1A Collection of information - the workplace only collects health information that is necessary to provide quality health care</td>
<td>Policy and procedure of what and how health information is collected</td>
</tr>
<tr>
<td></td>
<td>Staff interview</td>
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</table>
5.3.1B Protection of confidentiality and privacy

Workplace director interview regarding systems in place to protect confidentiality and privacy of client information

Further Information

The Office of the Privacy Commissioner Health Privacy Toolkit brings together guidance material. “On the Record – A practical guide to Health Information Privacy (https://privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf) which needs to be read alongside the rules in the Health Information Privacy Code 1994 and other relevant legislation such as the Health Act. There are training workshops available on the Health Information Privacy Code. For more information see: www.privacy.org.nz/training-and-education-introduction

You also need to comply with the Code of Health & Disability Services Consumers’ Rights and the New Zealand Audiological Society Code of Ethics.

Contact Details

Health and Disability Commissioner
http://www.hdc.org.nz

Office of the Privacy Commissioner
0800 803 909 (or Auckland 09 302 8655) or
Website: www.privacy.org.nz.

New Zealand Audiological Society – Code of Ethics
Criterion 5.3.2 Security

- The workplace protects the security of health information

Guiding Principles

The Health Information Privacy Code 1994 is the main law governing privacy of health information. The rules of the Code are very similar to the privacy principles in the Privacy Act, but with some changes that better suit the health environment.

**Storage**

The workplace must store both active and inactive health information records securely. (An inactive client health record is generally defined as the record of a client who has not had active contact with the practice for at least two years).

The workplace must take reasonable steps to protect the health information it holds from misuse and loss as well as from unauthorised access, modification or disclosure.

Health information, whether in hard or electronic copy, should be controlled and restricted to relevant staff.

Where health information is kept in electronic copy, the workplace should have adequate IT support.

Culling of inactive client health records from the main filing system is permitted where it improves the efficient management of health information.

**Retention**

The Health Information Privacy Code 1994 Rule 9 provides that health information must not be kept longer than is required for the purposes for which it may lawfully be used. In other words, as long as there is a purpose for holding the information, Rule 9 allows it to be kept. When all purposes for holding the information have expired, it should be securely destroyed or returned to the patient.

The Health (Retention of Health Information) Regulations require health records to be kept for at least ten years from the last date of treatment or care.

These regulations allow information to be transferred to another provider in this time, so if a patient moves to another town the records can be forwarded to a new doctor or health provider.

The Regulations also allow agencies to transfer information to the patient or (where the patient has died) to the executor of their estate.

However, the workplace may wish to retain inactive health information records indefinitely depending on the advice of their professional liability insurer.

**Destruction**

The workplace must take reasonable steps to delete, destroy or de-identify health information that is no longer needed for any further purposes.

The destruction of documents, whether they be electronic or hard copy, must be carried out in a secure and confidential manner. Where a private contractor is used, the workplace should obtain a certificate of document destruction.

Clinic Review

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<tr>
<th>Assessment Indicators</th>
<th>Evidence Guide</th>
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<tbody>
<tr>
<td>5.3.2A The practice maintains the security of client health information</td>
<td>Interview with workplace principal Procedure for management of documents and records</td>
</tr>
</tbody>
</table>
### Observation

| 5.3.2B | Practice staff have access only to the elements of client information needed to perform their work | Written policy and procedures of measures to manage staff access |
| 5.3.2C | A client’s information is not stored or left visible in areas of the workplace with unrestricted or unsupervised access | Direct observation  
Staff interview |
| 5.3.2D | The practice would confidently be able to retrieve information, including client health records, following any adverse event affecting access and integrity of information (information disaster) | Documented information disaster recovery plan and procedure |
| 5.3.2E | If the practice uses computers and electronic records to store client information, there are:  
Personal passwords to authorise appropriate levels of access to health information  
Screensavers or other automated privacy protection devices  
Regular backups of electronic information integrated with an information disaster recovery plan  
Secure offsite storage arrangements for electronic backups  
Firewalls for all computers connected to the internet  
Antivirus systems with provision for regular or automated updates | Description/demonstration of measures in place  
Staff interview |
| 5.3.2F | The practice retains client health records and personal details based on the legislation and the advice of the workplace’s professional liability insurer | Written policy |
| 5.3.2G | The practice manages inactive client health records | Written policy |
| 5.3.2H | The practice destroys health information in a secure and confidential manner | Interview with practice director and systematic documentation of procedures undertaken  
Written policy |

### Further Information

The Office of the Privacy Commissioner Health Privacy Toolkit brings together guidance material. “On the Record – A practical guide to Health Information Privacy ([https://privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf](https://privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf)) which needs to be read alongside the rules in the Health Information Privacy Code 1994 and other relevant legislation such as the Health Act. There are training workshops available on the Health Information Privacy Code. See [www.privacy.org.nz/training-and-education-introduction](http://www.privacy.org.nz/training-and-education-introduction) for more information.

### Contact Details

Office of the Privacy Commissioner  
0800 803 909 (or Auckland 09 302 8655) or  
Website: [www.privacy.org.nz](http://www.privacy.org.nz).
Criterion 5.3.3 Use and Disclosure of Information

- In general, the workplace only uses or discloses health information for the primary purpose for which it was collected

Guiding Principles

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

A health service provider may use or disclose health information:

- For the main reason it was collected (the primary purpose)
- For directly related secondary purposes, if the consumer would reasonably expect these
- If the consumer gives consent to the proposed use or disclosure
- If one of the other provisions under this principle applies

The key is to make sure that there is alignment between the expectations of the health service provider and those of the consumer about what will be done with the health information.

Terminology

'Use' refers to the handling of client health information within a workplace.

'Disclosure' refers to the transfer of information outside the workplace.

Primary Purpose

In general, the workplace’s primary purpose of data collection will be to provide quality health care.

Secondary Purpose

The workplace may use and disclose health information for directly related secondary purposes if these purposes fall within the reasonable expectations of clients.

Open communication between the audiologist and the client is important because there is ordinarily a strong link between ‘reasonable expectations’ and what the client has been told about how their health information will be used and disclosed. In other words, it is important that the understanding and expectations of audiologists are aligned with the understanding and expectations of clients in relation to how health information is being handled.

Audiologists providing health care for the primary purpose and/or directly related secondary purposes would not generally need to seek further consent for necessary uses and disclosures. For example, if an audiologist refers a client to a general practitioner, necessary information sharing would usually be deemed to fall within a reasonable expectation.

Directly related secondary purposes may also include activities necessary to the functioning of the health sector such as billing or debt recovery; reporting an adverse incident to an insurer; disclosure to a lawyer for the defence of legal proceedings and quality assurance or clinical audit activities which seek to improve a clinical service.

Other purposes

The workplace should only use and disclose health information for other than primary or directly related secondary purposes, if the client gives consent (express or implied) or if an exception applies.

Exceptions include uses or disclosures required or authorised by law; uses or disclosures necessary to manage a threat to someone’s life, health or safety; and uses or disclosures for research provided certain conditions are met.
Mandatory Reporting
Health professionals in the workplace must use or disclose health information if the law requires them to do so. For example, health professionals are required to report child abuse (under care and protection laws) and notify the diagnosis of certain communicable diseases (under public health laws).

Legal Proceedings
Health professionals served with a subpoena or other form of court order requiring the production of documents to the court are generally required to supply the documents. If a health professional is concerned about how to proceed, he/she can seek advice from the registrar of the court or tribunal that issued the order, or from a lawyer.

Training and Education
The use of health information for training and education will usually require the client’s consent. Where consent is sought, the individual should have a genuine choice and not be pressured to agree.

If the workplace uses de-identified health information for training, client consent is not required.

Public Health and Safety Research and Statistics
The workplace may use or disclose health information without consent for research or statistics that are relevant to public health or safety. The health information may be used or disclosed only if:

- The activities cannot be undertaken with de-identified data
- Seeking consent is impracticable
- The activities are carried out in accordance with guidelines of the National Health and Medical Research Council
- The workplace reasonably believes the organisation to which the health information is disclosed will not further disclose it

Transfer of Information to another Health Service Provider
Clients requesting to transfer to an audiologist in another workplace can authorise the disclosure of health information from the original workplace to a new workplace. A copy of the health information could be transferred in this way.

Client health information that is transmitted electronically over a public network such as the internet can pose significant privacy risks. It is technically possible for a third party to intercept and read emails or for emails to be inadvertently sent to the wrong person. Practices should not transfer client information by email unless it is encrypted.

If the original workplace does not transfer the health information, the client may seek access to the information, request a copy and then take it to the new workplace.

Clinic Review

<table>
<thead>
<tr>
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</table>
| 5.3.3A | The practice and staff can describe how they inform clients about the use and disclosure of their health information | Staff interview  
Sample of tools used to inform clients. |
| 5.3.3B | The practice has a policy for transferring a client’s health information to another workplace on the client’s request | Written policy and evidence of activity |
| 5.3.3C | Where the workplace uses health information (name, address, email address, phone number) for workplace marketing purposes, this should be disclosed in the privacy policy and provision made for clients to opt out of the workplace marketing database | Written policy  
Description/interview of how opt out preference is managed |
Further Information

The Office of the Privacy Commissioner Health Privacy Toolkit brings together guidance material. “On the Record – A practical guide to Health Information Privacy (https://privacy.org.nz/assets/Files/Health-toolkit/On-The-Record.pdf) which needs to be read alongside the rules in the Health Information Privacy Code 1994 and other relevant legislation such as the Health Act. There are training workshops available on the Health Information Privacy Code. See www.privacy.org.nz/training-and-education-introduction for more information.

Contact Details

Office of the Privacy Commissioner
0800 803 909 (or Auckland 09 302 8655) or
Website: www.privacy.org.nz.
Criterion 5.3.4 Access

• The workplace enables clients to access their own health information on request

Guiding Principles

Access – A Core Privacy Principle
Consumers have a general right of access to their own health records.

Access can only be denied in certain circumstances - for instance where access can pose a serious risk to a person's life or health.

Access
The Privacy Commissioner's view is that access should generally be given in the form that the individual requests (such as a copy of an original record or an accurate summary), unless there are significant reasons for not doing so.

An individual can request access, and a practice may provide it, in a variety of forms including:
  • A photocopy (or a secure electronic copy) of the information requested
  • A copy and explaining the information face-to-face
  • The individual allowed to inspect their personal information held by the organisation
  • The individual allowed to take notes about the contents of the record
  • Access through a mutually agreed intermediary

When a client seeks access to their health information, it may be helpful for the treating audiologist to discuss it with them to prevent the information being misunderstood or taken out of context.

The workplace is not obliged to reformat or summarise health information in response to a request for access. However, if the audiologist believes a summary may be more useful and the client accepts this, a summary could be provided instead of or as well as the original record.

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

Charging for Access
Clients may be charged for the administrative costs involved in providing access to their own health information. Fees should be reasonable and should not discourage individuals from seeking access to their own health information.

The provider may charge a fee for giving access, but under the New Zealand Audiological Society Rules of Ethics 1.16, the fee must not:
  • Be excessive
  • Apply to merely making an application for access

The Privacy Commissioner generally assesses cost-related factors under two categories - cost of resources and costs for time and labour.

The organisation should consider which staff are appropriate to process an access request, and what proportion of costs for time and labour should be passed on to the patient. These costs may include:
  • Administrative (e.g. clerical staff photocopying, printing, collating and posting documents, and collecting files from off-site archives). These tasks may be charged at a reasonable clerical rate, but should not be charged at a professional rate
• Professional (e.g. when a health professional needs to play a role in providing access). It may be reasonable for the health professional to charge for this time at their professional rate (or a proportion of it). For example:
  o Where necessary, sitting with a patient and going through the record to explain its contents
  o Reviewing records before giving access, in case an exception under the Privacy Act permits denial of access to some or all of the information

Withholding Access
In a limited number of situations, the workplace may withhold access to a client’s own health information.

For example, if it is deemed the information would pose a significant threat to the life or health of any individual, access may be denied. In this kind of situation, it may be possible to provide the information in a form that would remove the threat such as by discussing the information in person.

Access may also be withheld where the client health record contains information about another person and the privacy of that person may be unreasonably affected.

In this kind of situation, it may be possible to provide the information once the identifying details of the other person have been removed or by contacting the other person to seek consent to the release of their information, provided such contact does not cause privacy risks for the client.

Clinic Review

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<td>Staff interview</td>
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<td>Written policy</td>
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<tr>
<td>5.3.4B If fees are levied for accessing health information, there is a reasonable schedule of fees</td>
<td>Schedule of fees if applicable</td>
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Website: www.privacy.org.nz.
Standard 5.4 Risk Management
• The workplace demonstrates effective risk management

Criterion 5.4.1 Risk Management
• There is a systematic, proactive and responsive approach to risk management

Guiding Principles

Philosophy
Risk management should be built into the day-to-day operations of the workplace. Risk management encompasses a culture of ongoing learning combined with practical policies and procedures that enable workplace staff to identify, manage or eliminate risks to clients, staff, visitors and the workplace itself.

Risk management can also provide a useful system for setting priorities when there are competing demands for finite workplace resources.

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

Scope of Risk
Areas of potential risk may include:

• Inadequate policies and procedures for managing factors such as safety, security, infection control, hazardous substances, fire protection
• Inadequate management of compliance with policies and procedures
• Inadequate staff training
• Workplace environment including access, amenities, fixtures and fittings
• Equipment and electrical circuits
• Individual activity such as breach of confidentiality, unprofessional conduct, poor performance, misappropriation of funds, fraud, vandalism, illegal entry, information misappropriation and human error
• Commercial and legal relationships including contractual risk, product liability, professional liability and public liability
• Natural events including fire, water damage, earthquakes, disease and contamination
• Technology and technical issues
• Environmental circumstances including legislative, policy or funding changes and competition within the health care industry

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

The risk management system should incorporate the following basic elements:

Risk Identification
Identify risks and their level of impact, likely occurrence and consequences.

**Risk Analysis**
Differentiate between severities of risks and determine which risks are unacceptable and should be managed as a priority.

**Risk Management**
Evaluate the options for managing unacceptable risks and implement a plan of action.

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

Policies and procedures should include clear guidance on identifying, analysing, reporting, managing and documenting risk, and learning from the experience.

The policy and procedure manual is an important tool for effective risk management. The manual should be used as a day-to-day resource and form an integral part of the staff orientation program. The development and regular review of workplace policies and procedures is itself a valuable risk management exercise.

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

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

**Clinic Review**

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<td><strong>5.4.1A</strong> The workplace has appropriate insurance cover including:</td>
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<td>• Building and contents</td>
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<td>• Public liability</td>
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<td>Checklist of insurance cover</td>
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<td>Evidence of current premiums</td>
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<td><strong>5.4.1B</strong> The practice has a procedure for identifying, reporting, managing and documenting risks (including near misses and adverse incidents)</td>
<td>Policy and procedures manual</td>
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<tr>
<td><strong>5.4.1D</strong> The practice is responsive to and continuously improves from risk management procedures</td>
<td>Quality policy</td>
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<td></td>
<td>Interview with workplace director</td>
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<td>Example of corrective action</td>
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Further Information

The Health Quality & Safety Commission was established under the New Zealand Public Health & Disability Amendment Act 2010 to ensure all New Zealanders receive the best health and disability care within our available resources.

The Ministry of Business, Innovation, and Development (MBIE) helps businesses to become more productive and internationally competitive. The MBIE has a business portal which has information and resources such as starting and stopping a company, staff and HR, tax and reporting, and laws and regulation. See: www.business.govt.nz

The Inland Revenue Department has a business portal for information regarding taxation issues. See: https://www.ird.govt.nz/

The New Zealand Institute of Directors (IoD) is a member-based organisation of over 6,000 individuals representing the spectrum of New Zealand enterprise, from the public and private sectors. It has on-line resources for governance, services for boards, and director development. See: https://www.irod.org.nz/

The New Zealand Institute of Management (NZIM) is not-for-profit organisation whose aim is to support the professional development of managers. It has on-line information for training, events, study, and mentorship. See: http://www.nzim.co.nz/

Standards New Zealand has released an updated standard AS/NZS ISO 31000:2009 Risk management - Principles and guidelines, which is a joint adoption of ISO 31000:2009, and supersedes AS/NZS 4360:2004. This provides a generic guide for managing risk. It may be applied to a wide range of activities or operations of any public, private or community enterprise, or group. Therefore, this international standard is not specific to any industry or sector. See: http://infostore.saiglobal.com/store/Details.aspx?ProductID=1378670

Contact Details

Health Quality and Safety Commission
www.hqsc.govt.nz

Institute of Directors in New Zealand
www.irod.org.nz

New Zealand Institute of Management
www.nzim.co.nz

Ministry of Business, Innovation, and Employment (MBIE)
www.business.govt.nz
Standard 5.5 Improving Workplace Management

- The workplace actively seeks opportunities to improve its management

Criterion 5.5.1 Quality Improvement

- The workplace demonstrates continuous improvement in its management

Guiding Principles

Continual improvement of overall performance should be a permanent objective of the workplace. The ways of adopting and implementing quality improvement guidelines depend upon factors such as the culture, size, nature of the organization, the types of products or services offered, and the markets and customer needs served. Therefore, an organisation should develop an improvement process suited to its own needs and resources.

Quality Cycle

The quality cycle is seen as a continuous process of planning, acting, evaluating and feedback. The quality cycle applies to the process of workplace management as well as the outcomes of workplace management. Quality initiatives should follow the basic steps outlined below to ensure activity being undertaken by staff is meeting desired goals.

- **Plan**  Assess the status quo before any changes are made to provide a baseline for future reference.
- **Act**  Enact initiatives to meet quality improvement goals.
- **Evaluate**  Check in the short term to see if planned activity is producing desired outcomes and then check again in the longer term to see if the quality improvement is being sustained.
- **Feedback**  Review if/how activity needs to change to achieve or sustain the desired quality improvement and start again.

Benefits of the Quality Cycle

Applying the principles of management-by-continual-improvement should deliver tangible benefits to the workplace such as:

- Clarity of purpose through quality objectives defined in the strategic plan
- Consistency in evaluating and improving workplace performance using agreed measures
- Improved capacity and flexibility to respond to market opportunities
- Acknowledgement of improved performance
- Objective basis for performance reward
- Staff who are motivated to seek improvement in their day-to-day work
Clinic Review

Assessment Indicators | Evidence Guide
---|---
5.5.1A The practice undertakes at least one structured management review annually as part of its strategic plan | Quality policy  
Meeting minutes with action items  
Staff interview  
Interview with practice director about the last management review, any changes implemented to improve the quality of workplace management and the outcome of such changes

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