

OVERVIEW

# 7th Edition Service Standards

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MSQH Hospital Accreditation Standards

Hospital Accreditation Orientation for Staff



# What We Will Cover Today

01



## The 7th Edition Standards

Total standards, changes & structure

02



## Person-Centred Care

EDI, shared decision-making & digital equity

03



## Business Continuity Management

Ensuring critical services during disruptions

04



## Pre-Hospital Care Component

New Std 8 prehospital integration

05



## Revised Performance Indicators

Updated & new clinical indicators

06



## ISQua Principles — Sustainability

Environmentally responsible healthcare

07



## Digital Care & AI

HIMS, cybersecurity, EMR & AI governance

08



## Supporting Care Workforce

Staff wellbeing, just culture & BCM roles

09



## Patient Care Matrix

Surveyor approach & evidence-based compliance

# 01

## The 7th Edition Standards

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Structure, scope & what changed

# Total Service Standards

# 51

**Service Standards**

in the 7th Edition

Reduced from 53 Standards

## Standards Removed (4 standards)

*No new Service Standard added. The following were removed:*

**09G**

Ophthalmology Related Services

**09H**

Otorhinolaryngology Services

**09J**


Orthopaedics Services

**17G**

Allied Health Professional Services – Health Education Services


# Accreditation Standards — Core Services (1-7)

01  Service Standard 01: Governance, Leadership and Direction

02  Service Standard 02: Environmental and Safety Services

03  Service Standard 03: Facility & Biomedical Equipment Management

04  Service Standard 04: Nursing Services

05  Service Standard 05: Prevention and Control of Infection

06  Service Standard 06: Patient and Family Rights

07  Service Standard 07: HIMS, Digital Care & Artificial Intelligence

# Clinical Services Standards (8–18)

08

Service Standard 08: Emergency Services

09

Service Standard 09: Clinical Services – Non Specialist Facility

09A

Service Standard 09A: Clinical Services – Medical Related Services

09B

Service Standard 09B: Clinical Services – Surgical Related Services

09C

Service Standard 09C: Clinical Services – Obstetrics and Gynaecology

09D

Service Standard 09D: Clinical Services – Paediatric Services

09E

Service Standard 09E: Clinical Services – Cardiology Services

09F

Service Standard 09F: Clinical Services – Oncology & Radiotherapy

09I

Service Standard 09I: Clinical Services – Psychiatry & Mental Health

09K

Service Standard 09K: Clinical Services – Palliative Care

09L

Service Standard 09L: Clinical Services – Dental / OMF Services

## Procedural & Support Services (19–29)

10 Service Standard 10: Anaesthetic Services

11 Service Standard 11: Operating Suite Services

12 Service Standard 12: Ambulatory Care – Day Care

12A Service Standard 12A: Ambulatory Care – Endoscopy

12B Service Standard 12B: Ambulatory Care – Ophthalmology

13 Service Standard 13: Critical Care – ICU/CCU/CICU/Burns

13A Service Standard 13A: Critical Care – SCN/NICU/PICU/PHDW

13B Service Standard 13B: Critical Care – Labour/Delivery

13C Service Standard 13C: Chronic Dialysis Treatment

14 Service Standard 14: Radiology Services

15 Service Standard 15: Pathology Services

# Allied Health & Support Services (30–51)

16	Blood Transfusion Services	18	Pharmacy Services
17	Rehabilitation Medicine	19	Sterilising Supply Services (SSS)
17A	Allied Health – Physiotherapy	20	Housekeeping Services
17B	Allied Health – Occupational Therapy	21	Linen & Laundry Services
17C	Allied Health – Dietetics	22	Food Services
17D	Allied Health – Speech-Language Therapy	23	Forensic Medicine Services
17E	Allied Health – Audiology	23A	Mortuary Services
17F	Allied Health – Optometry	24	Generic Standards
17H	Allied Health – Medical Social Work	25	Medical Assistant Services
17I	Allied Health – Counselling Psychology	26	Clinical Research Centre
17J	Allied Health – Clinical Psychology	27	Deceased Organ & Tissue Donation

# MSQH 7th Edition — What Changed?



## Person-Centred Care

Expanded EDI, shared decision-making, community involvement & digital equity



## Business Continuity Management

Structured BCM required across all services for disruption resilience



## Pre-Hospital Care (Std 8)

New integrated pre-hospital care component — not just transport



## Revised Performance Indicators

Updated current indicators; new specific clinical indicators added



## Sustainable Care

New ISQua principle — environmentally responsible healthcare practice



## Digital Care & AI

HIMS, EMR, cybersecurity, AI governance now embedded in standards



## Supporting Care Workforce

Staff wellbeing, psychological safety, just culture & burnout monitoring



## Patient Care Matrix

New surveyor methodology — evidence-based compliance with P&P mapping

# 02

## Person-Centred Care

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Equity, inclusion & shared decision-making

## 1.1 Person-Centred Care — What's New?

*Patients are no longer passive recipients — they are active partners in care.*



### Equity, Diversity & Inclusion (EDI)

Standards now explicitly address equity across patient groups including vulnerable and underserved populations



### Shared Decision-Making

Patients and families must be genuinely involved in clinical decisions about their own care



### Community Involvement

Healthcare services must engage with their community in planning and improving care delivery



### Access & Digital Equity

Ensuring all patients — including those with digital literacy gaps — can access care equitably

# Person-Centred Care — What Does It Mean for Staff?

## What Is It?

- Care focused on the patient as a whole person
- Respect for needs, values and preferences
- Involve patients in every decision about their care

## In Practice

- Communicate clearly and honestly
- Respect privacy, dignity and culture
- Involve family when appropriate
- Support patients to understand their options

## What Staff Do

- Be respectful in every interaction
- Actively listen to patients
- Show empathy and compassion
- Make patients a partner in their own care

**KEY MESSAGE: Where applied — Std 1.1.1, Stds 2, 6 & 7, and across ALL standards.**

# Std 06: Patient & Family Rights — Criterion 6.1.13.1 (Core)

## Hospital Admission — A Person-Centred Gateway

A systematic and person-centred approach to hospital admission must ensure that patients are received with dignity, efficiency, safety and respect. Accurate patient identification, consent, financial and clinical information must be obtained, verified and documented.



### Timely Access

Care facilitated without unnecessary delay



### Patient Identification

Accurate ID performed at every point of entry



### Clear Documentation

Clinical, admin & financial info communicated



### Hospital Orientation

Patients & families oriented to services & rights



### Special Needs

Language, disability & urgency managed appropriately



### Legal Compliance

Meets all legal, ethical & regulatory requirements

# 03

## Business Continuity Management

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Ensuring critical services continue during disruptions

## 1.2 Business Continuity Management (BCM)

*BCM ensures the hospital can continue critical services during disruptions — e.g. ICU, ED, Blood Supply, IT systems.*



### Risk Register

Identify and document all risks to critical service continuity



### Roles & Responsibilities

Clear ownership of BCM actions at every level of the organisation



### Action Plans

Documented, tested plans for restoring services after disruption



### Alternative Arrangements

Backup systems, manual processes and contingency resources



### Testing / Drills

Regular exercises to validate that BCM plans actually work



### Review & Improvement

BCM plans updated after every drill, incident or major change

**WHERE APPLIED:** Standards 1.1.1, 1.1.3.10 and 1.2.5 — also embedded across ALL service standards.

# Std 16: Blood Transfusion Services — BCM in Practice

## Standard 16.1.1 — Organisation & Management

Blood Transfusion Services shall be organised and administered to provide safe donation and transfusion of blood and blood components. A basic Business Continuity Management (BCM) programme shall also be developed and maintained to support the uninterrupted delivery of services. All activities shall align with applicable Acts, Regulations, By Laws and the Facility's strategic priorities.



### Safe Blood Supply

Uninterrupted blood and component availability



### Qualified Leadership

Head must be a medical practitioner with BTS experience



### BCM Programme

Documented, maintained BCM for blood services continuity



### Regulatory Alignment

Aligned with Acts, Regulations & facility priorities

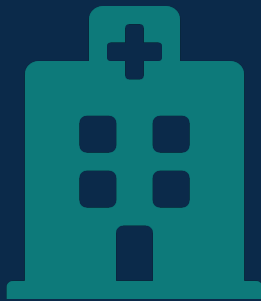
# 04

## Pre-Hospital Care Component

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New requirement under Std 8: Emergency Services

## 1.3 Pre-Hospital Care — Standard 8 Integration



### Emergency Services Standard 08

*An integrated emergency clinical service —  
not merely transport.*



#### Ambulance Dispatch System

First point of contact — coordinates emergency response & deploys vehicles



#### Clinical Advice & Referrals

Provides clinical advice when dispatch is not required



#### Scene-to-Hospital Continuity

Advanced care delivered at scene, in transit & at mass events



#### New: Topic 8.6 (Standards 8.6.1)

Formally structured requirement for Pre-Hospital Care Services (PHCS)

# 05

## Revised Performance Indicators

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Updated & new clinical measurement requirements

## 1.4 Revised Performance Indicators

### Revised Indicators

- Updated based on current & latest clinical references
- Specific indicators designed for each Clinical Service Standard
- Better aligned with evidence-based practice and outcomes

### New Indicators Added

- New performance indicators introduced in 7th Edition
- Example: Service Standard 06 has new measurable indicators
- Indicators now reflect patient experience and care quality

### Example: Service Standard 06 — Patient & Family Rights | New Performance Indicators

Performance Indicator	Target	Frequency
Percentage of patients receiving written information on their rights on admission	>95%	Quarterly
Percentage of staff aware of Patient and Family Rights (PFR) policy	>90%	Annually

# 06

## ISQua: Sustainable Care

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Environmentally responsible healthcare practice

## 2.1 Sustainable Care in Healthcare

*Provide care while minimising environmental harm — use resources wisely and ensure services can continue long-term.*



### Reduce Waste

Minimise clinical and general waste; implement responsible disposal practices



### Use EMR Over Paper

Electronic Medical Records reduce paper consumption and improve efficiency



### Energy-Saving Practices

Lights, equipment, HVAC — conscious energy management throughout the facility



### Green Procurement

Prefer environmentally sustainable products and suppliers where possible

WHERE APPLIED: 1.1.1.1 (Org & Mgmt) | 1.1.3.8 (Budget) | 2.2.8 (New Standard) | All service standards.

07

# ISQua Digital Care & Artificial Intelligence

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HIMS, EMR, cybersecurity & AI governance

## 2.2 Digital Care & Artificial Intelligence (AI)



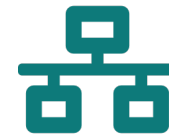
### Digital Care & AI under HIMS

Digital transformation now formally embedded in Standard 7



### Leadership Accountability

Leadership is accountable for digital transformation & cybersecurity



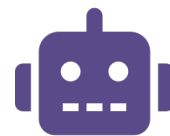
### EMR & Integrated Systems

Electronic Medical Records and integrated systems are core requirements



### Cybersecurity & Data Privacy

Mobile, BYOD, messaging, email — all covered by data protection policy



### AI in Care Delivery

Clinical & technical validation; equitable access; staff training required



### Digital Equity

Alternatives (face-to-face, phone) must exist for those with digital barriers

# Digital Care & AI — Where It's Applied

Std 1.1.1	Governance — digital transformation & cybersecurity risk
Crit 1.1.1.1	Strategic risk includes digital infrastructure risk
Crit 1.1.1.6	BCM includes IT & systems continuity planning
Crit 1.1.3.8	Budget must include allocation for technology investment
Crit 1.1.3.10	ICT, EMR & cybersecurity — CORE requirement
Crit 1.4.1.4	Adopting AI for care delivery with governance policies
Std 07	HIMS, Digital Care & AI — the main dedicated standard

## Example: Crit 1.4.1.4

When adopting AI for care delivery, management must establish policies covering:

- Clinical relevance & technical feasibility
- Stakeholder engagement
- Cybersecurity & data privacy risk assessment
- Staff training & continuous monitoring
- Equitable access — with alternatives for those facing digital barriers

# 08

## ISQua: Supporting Care Workforce

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Staff wellbeing, just culture & psychological safety

## 2.3 Supporting the Care Workforce



### Psychological Safety & Just Culture

Staff must feel safe to speak up, report incidents & raise concerns without blame



### Staff Wellbeing

Physical, mental and spiritual wellbeing actively promoted through policy & practice



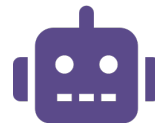
### Burnout & Workload Monitoring

Systems in place to identify overload and protect staff from excessive demands



### Workforce Feedback Systems

Structured channels for staff to provide input on safety, quality and working conditions



### Digital & AI Competency

Staff trained and supported to use digital tools, EMR and AI systems safely



### Workforce Role in BCM

Every staff member knows their role in maintaining services during disruptions

WHERE APPLIED: Standard 1.1 (Governance) | Standard 1.2.7 (HR Management) | All service standards (Criterion ending with 2.2.1)

# Std 1: Governance — Criterion 1.2.7.1 (Core)

## Standard 1: Governance, Leadership & Direction — Criterion 1.2.7.1 (CORE)

*The organisation shall have policies and procedures for the promotion of staff physical, mental and spiritual well-being.*



### Physical Wellbeing

Occupational health, safe working environment, ergonomics, PPE, and injury prevention



### Mental Wellbeing

Access to counselling, mental health support, stress management and burnout prevention



### Spiritual Wellbeing

Respect for spiritual needs; dedicated space and time for religious or spiritual practice



### Policy Requirement

Written policies, documented procedures and evidence of active implementation required

# 09

## Patient Care Matrix

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Evidence-based compliance & surveyor methodology

## 3. Patient Care Matrix — Surveyor Approach

### What is the Patient Care Matrix?

Evidence-Based Compliance — assessment mapped against Policies & Procedures (P&P)

Stronger focus on Patient & Family Rights in every assessment

Data-Driven — surveyors look for measurable proof of implementation, not just documentation

Minor changes to the interview approach for more objective assessment

### Areas of Focus



#### Clinical Entry & Treatment Foundations

How patients are admitted, assessed and treatment planned



#### Clinical Care Delivery

Standards of care provided throughout the patient's stay



#### Care Continuity & Safety Monitoring

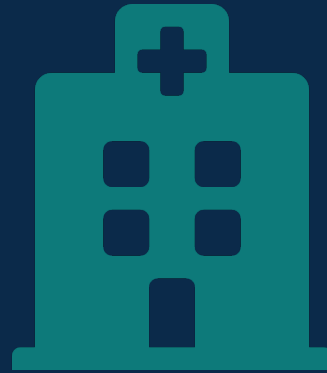
Discharge, handover, follow-up and ongoing safety surveillance

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**QUALITY HAS TO BE MANAGED;  
IT WILL NOT JUST HAPPEN.**

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MSQH 7th Edition Hospital Accreditation Standards



# MSQH

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*Thank you*