

Explanatory Memorandum

for the

ACT Health Care Facilities

Code of Practice 2001

declared under the *Public Health Act 1997*

Overview

The ACT Health Care Facilities Code of Practice 2001 ('the Code') has been developed to protect the community from the public health risks associated with the operation and management of health care facilities that provide prescribed medical and dental procedures. Its objective is to protect and promote health and prevent illness, injury and disability.

The Code should be viewed, as the minimum set of standards required to operate a health care facility in the ACT and does not in any way prohibit more stringent and comprehensive requirements being applied to health care facilities.

The main focus of the Code is to encourage and in some cases mandate the use of external systems for improving the organisation and delivery of health services. These systems are ideally characterised by explicit, valid standards, by reliable assessment processes and by complementary mechanisms for implementing improvement.

The Code is an enforceable Code of Practice under the *Public Health Act 1997*. It is an objective of the code to provide the facility operators and the government with an agreed set of minimum standards that may be jointly worked toward. It is not intended that strong enforcement practices be implemented without first consulting with facilities and working together to address problems. In addition to this approach the Act provides extensive administrative mechanisms for facility operators to review the decisions of enforcement officers.

The operator of a health care facility is required to hold a Health Care Facility Public Health Licence in order to conduct the business of a health care facility. An annual fee will apply to the Health Care Facility Public Health Licence.

Application (Section 1)

Section 1 details the intended framework of the Code of Practice and its application.

Section 1.1 provides that the entire Code will apply to those health care facilities that do not hold a Department of Health, Housing and Community Care approved accreditation such as the accreditation provided by the Australian Council on Health Care Standards or equivalent. A "health care facility" is defined in the dictionary at the end of the Code.

Section 1.2 provides that sections 2, 3 and 6 of the Code will apply to those health care facilities that hold a recognised accreditation such as the accreditation provided by the Australian Council on Health Care Standards or equivalent. This has been provided to ensure that accredited health care facilities comply with the general provisions of the Code, produce an annual report and inform the Department of Health, Housing and Community Care of any incidents that occur in the facility which may impact on public health.

Section 1.3 provides that sections 1, 2, 4, 5, 6, 7, 8, 9, 11, 12 and 14 of the Code must be complied with if the Health Care Facility is operated by a Dental Practitioner that under-takes prescribed medical and dental procedures. A "prescribed medical procedure" is defined in the dictionary at the end of the Code. This provision has been provided to ensure that patient safety is maintained at dental surgeries that under take-high risk medical procedures. The provision exempts dental practitioners from provisions of the Code that do not relate directly to patient safety and may be too onerous for small practices to comply with.

Section 1.4 provides the Chief Health Officer with the power to determine a health care facility to be a health care facility to which the Code applies, regardless of the medical procedures carried out or the duration of patient stay at the facility. This determination must be made in writing and specify the sections of the Code which are to apply to the determined health care facility.

General Provisions (Section 2)

Section 2 sets out the general obligations of the licensee of a health care facility.

Section 2.1 requires the licensee to ensure that the Code is complied with at all health care facility premises operated by the licensee.

Section 2.2 requires the licensee to take reasonable steps to ensure that staff employed by or working in the health care facility are informed of the requirements of the Code and are made aware of the need to comply with it.

Section 2.3 requires the licensee to maintain financial solvency of a facility and to have contingencies in place in the event of financial difficulty. This provision is provided to ensure that patient care and safety is considered as the primary issue in the event of a health care facility incurring financial difficulty.

Reporting (Section 3)

Section 3 requires the licensee of a health care facility to produce and make available to the public an annual report detailing issues of quality and safety relating to the operation of the health care facility. These provisions have been provided in order to ensure health care consumers are provided with relevant information to make value judgements on the quality and safety of a health care facility and compare the performance of different facilities.

Section 3.1 requires the licensee of a health care facility to produce an annual report on each health care facility operated by the licensee. If a licensee operates more than one health care facility they may produce a single report which covers and clearly identifies all facilities operated by the licensee. The report must to be made available to the public at no cost.

Section 3.2 outlines the information that must be provided in a health care facility's annual report.

Section 3.3 provides for the licensee to include any further information in an annual report that is relevant to the operation of a health care facility. The purpose of this provision is to encourage licensees' to provide extra information in the annual report if it is considered that it would be relevant to health care consumers.

Section 3.4 provides the Chief Health Officer with the power to require a licensee to publish particular information in an annual report. The licensee must be informed in writing of the further information required to be published no less than two months before the required publication date.

Section 3.5 requires the annual report to be published by 30 September of the financial year after the financial year to which the report relates. This provision will ensure that all health care facilities produce an annual report at the same time, which will allow for ease of consumer comparison between facilities.

Protective Systems (Section 4)

Section 4 outlines the minimum requirements for critical systems in the protection of patient safety.

Section 4.1 requires a health care facility to have back-up contingencies available for immediate implementation in the event of a failure of any critical systems. The term "critical systems" is defined in the dictionary at the back of the Code, but will include for example equipment such as respirators, oxy-vivas, oxygen units and defibrillators. The provision does not require the provision of any particular piece of equipment, as the provision and use of such equipment is the sole responsibility of the licensee and health care professional carrying out the procedure. (Refer section 7.1 of the Code) The provision merely requires that where these systems are used a back contingency must be in place in the event of failure.

Section 4.2 requires that a logbook be kept on site and maintained for all critical systems.

Section 4.3 requires that the logbook referred to in section 4.2 must be kept for a minimum of seven (7) years.

Information Management (Section 5)

Section 5 sets out the minimum requirements for the keeping of health care records. There is no discrimination between electronic and paper records, each method of keeping health care records is considered valid and both must equally comply with the requirements of the Code.

Section 5.1 requires the licensee of a health care facility to keep a health care record of each person admitted for treatment in the health care facility.

Section 5.2 outlines the minimum information that a health care record must contain. This provision has been provided to ensure that an accurate record of treatment, medication and other relevant events is maintained for every patient admitted to a health care facility.

Section 5.3 requires that health care records must be stored in a secure area of the health care facility and be protected from unauthorised access. This provision is provided to ensure that patient confidentiality is properly considered and maintained in the keeping of health care records.

Section 5.4 requires that all information kept on a health care record be accurate, legible and complete. This provision will ensure that patient safety is not compromised for reasons of inaccurate record keeping practice.

Section 5.5 sets out the minimum time a health care record is required to be kept. This provision restates accepted industry practice and has been included to ensure patient treatment history can be readily established as required.

Section 5.6 requires that health care records be disposed of in a manner that protects the confidentiality of the information contained in it. This provision is provided to ensure that patient confidentiality is properly considered and maintained in the disposal of health care records.

Section 5.7 requires general records that are not health care records to be kept in accordance with the applicable Australian Standard.

Incident Notification (Section 6)

Section 6 outlines the incident notification requirements a licensee must comply with in order to protect the health and safety of health care facility staff, patients and visitors.

Section 6.1 requires the licensee of a health care facility to notify an authorised officer of any incident that occurs at the licensee's facility that results in a major breach of the Code, may have transmitted disease, placed the safety of facility occupants at risk or may be detrimental to the general health of the community. The term "authorised officer" is defined in the dictionary at the back of the Code.

Section 6.2 requires that an incident notified under section 6.1 be reported by telephone within one working day of the incident taking place and be followed up with a written notification within three days of the incident taking place.

Section 6.3 requires that any notification given under section 6.2 also be accompanied by an outline of the actions taken by the licensee to rectify the situation and prevent it from re-occurring.

Emergency Procedures (Section 7)

Section 7 prescribes the minimum level of emergency procedures that must be installed in a health care facility to protect patient safety.

Section 7.1 requires the licensee of a health care facility to provide all equipment and instruments necessary to carry out the medical procedures undertaken at the facility. Advice should be obtained from the health care professional carrying out the medical procedures exactly what equipment is required for those particular medical procedures.

Section 7.2 requires that the medical equipment and instruments referred to in section 7.1 also include equipment and instruments that may be required in the event of complications or emergencies that may arise during the medical procedures being undertaken at the facility.

Section 7.3 requires that the licensee of a health care facility establishes and maintains written emergency procedures for the evacuation and protection of facility occupants. These procedures may include for example fire evacuation plans, power failure contingencies and bomb threat contingencies.

Section 7.4 requires that the emergency procedures required by section 7.3 be tested annually for effectiveness and staff training purposes.

Section 7.5 requires the licensee of a health care facility inform staff of the facility of the emergency procedures in place as a result of section 7.3 at the time of their employment and at regular intervals thereafter.

Professional Supervision (Section 8)

Section 8 details the general requirements for the number of health care professionals that are to staff a health care facility.

Section 8.1 requires a health care facility to be staffed by an adequate number of health care professionals to ensure that occupant safety and care is maintained while the facility is operating.

Section 8.2 requires the licensee of a health care facility to maintain a written record of health care professional staffing levels and copies of the health care professional's current professional registration at the facility. This is to ensure that all professional staff working at a facility are properly qualified and registered by the relevant Board.

Quality Systems (Section 9)

Section 9.1 requires a health care facility to use a system of continuous improvement and quality assurance in the management of facility processes and services.

Section 9.2 requires the quality system to be documented in a manner that enables auditing of processes for compliance with the installed quality system.

Section 9.3 requires a licensee of a health care facility to make every effort to obtain goods and services from suppliers that use quality improvement systems. This provision will ensure that health care facilities that use quality systems are not let down by obtaining poor quality equipment and services from their suppliers.

Nutritional Assessment (Section 10)

Section 10.1 requires the licensee of a health care facility to ensure that food provided by the facility is consistent with National Health and Medical Research Council's *Dietary Guidelines for Australians*. This provision has been included to ensure that health care facilities provide an all round health care service and encourage healthy eating through a well balanced diet.

Section 10.2 requires the licensee of a health care facility to consult with a qualified Nutritionist when developing food menus for the occupants of the facility.

Section 10.3 ensures that the requirements of sections 10.1 and 10.2 do not interfere with any medical treatment the patient of a health care facility is receiving.

Structure of Facilities (Section 11)

Section 11 specifies the structural requirements of a health care facility beyond that required by the Building Code of Australia (BCA). Rather than prescribe detailed requirements in addition to the

requirements of the BCA general principles have been set out for licensees to follow, this will enable a more flexible approach to construction of health care facilities.

Section 11.1 requires that health care facilities be designed and constructed in a manner that provides a safe and comfortable environment consistent with patient and staff needs.

Sections 11.2 and 11.3 require the provision of washing and ablution facilities appropriate to modern medical practice and patient needs.

Security (Section 12)

Section 12.1 and 12.2 requires that the licensee of a health care facility must provide a safe and secure environment for patients, staff and visitors and take reasonable steps to ensure that unauthorised persons do not access the facility.

Laundering (Section 13)

Section 13 outlines the minimum requirements for the laundering of linen that is used in a health care facility. Reference is made to the Australian / New Zealand Standard for Laundry Practice as a means of cleaning linen, however, adherence to the standard is not a compulsory requirement. The section also sets out the minimum requirements for linen changing and storage.

Infection Control (Section 14)

Section 14.1 requires the installation and maintenance of an appropriate infection control program along with associated documentation. The term “infection control program” is defined in the dictionary at the back of the Code.

Section 14.2 provides that an accredited and peer reviewed infection control program will be considered an appropriate infection control program for the purposes of section 14.1. This provision allows for a wide range of infection control programs to be installed in health care facilities and comply with the requirements of section 14.1.

Sections 14.3 and 14.4 outline the appropriate elements an infection control program should contain.

Dictionary

The dictionary defines the following terms:

authorised officer, chief health officer, critical system, health care facility, health care professional, health care record, infection control program, proscribed medical and dental procedure, licensee and qualified auditor.

AUSTRALIAN CAPITAL TERRITORY

Public Health Act 1997

Determination of a Health Care Facilities Code of Practice

Explanatory Statement

Section 133(1) of the *Public Health Act 1997* (the Act) provides that the Minister may, by instrument, determine Codes of Practice setting minimum standards or guidelines for the purposes of the Act.

Section 133(2) of the Act provides that the Code of Practice may apply, adopt, incorporate any matter contained in the instrument or other writing as in force from time to time.

This instrument declares the *ACT Health Care Facilities Code of Practice 2001* to be a Code of Practice for the purposes of the Act and commences on 30 days from the day it is notified in the Gazette.

Any Code of Practice determined under Section 133 is enforceable through the Act. Legal proceedings may follow for failure to comply with Codes of Practice.

A determination under Section 133 of the Act is a disallowable instrument for the purposes of Section 10 of the *Subordinate Laws Act 1989*.