# Non-Emergency Patient Transport (NEPT) Licensing

## Clinical Governance Arrangements

## Checklist for Applicants

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| NEPT Service Name: |  |
| Contact: |  |

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| Element 1 – Governance for Safety and Quality | |
| LEGISLATIVE REQUIREMENTS | PROVIDED Yes / No |
| ESSENTIAL REQUIREMENTS The *Ambulance Service Act 1982* gives the Secretary power to issue licences for Non-Emergency Patient Transport and provides the Secretary with broad powers to require information in making licence determinations. As such, the Secretary requests information regarding the clinical governance arrangements, which includes adequate procedures for credentialing of staff, clinical case audit and review, clinical incident monitoring, quality assurance and complaints investigation with the aim of ensuring safe and high-quality service provision.  ***Minimum requirements to be provided with application are marked with an \****  Note: You may choose to submit a single document on clinical governance arrangements which incorporates components required below. |  |
| Is there a **Clinical Governance Plan?**  If **NO** go to Element 2  If **YES** check requirements listed at Element 2 |  |
| Is there a **Risk Management Plan?**  If **NO** go to Element 3  If **YES** check requirements listed at Element 3 |  |
| Is there a **Quality Assurance Plan?**  If **NO** go to Element 4  If **YES** check requirements listed at Element 4 |  |
| Are there **Clinical Care Procedures** in place?  If **NO** go to Element 5  If **YES** check requirements listed at Element 5 |  |
| **Comments:** | |

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| Element 2 – Clinical Governance Plan | | | |
| **Governance refers to the set of relationships and responsibilities established by a NEPT service between its executive, workforce, stakeholders, and consumers. Governance incorporates processes, customs, policy directives, legislation and conventions affecting the way the service is directed, administered or controlled.** | | | |
| **Do you have the following in place:** | **Yes / No** | **Comments** | **Request Support** |
| A documented vision, mission, and strategic objectives |  |  |  |
| Organisational chart |  |  |  |
| **\* A Clinical Governance Committee (however titled) with Terms of Reference, who provide advice to the Licensee regarding clinical matters concerning the provision of safe, high-quality NEPT services** |  |  |  |
| **\* A credentialing mechanism for staff** |  |  |  |
| **\* Staff education and training policy and program, eg in First Aid Competency and Hand Hygiene** |  |  |  |
| **\* Clinical Practice Guidelines for the NEPT service, referenced and dated** |  |  |  |
| Employee Statement of Duties, including responsibilities, delegations, reporting lines |  |  |  |
| Staff orientation manual/program regarding clinical practices and policies, processes, communication and conduct expectations |  |  |  |
| Policies/procedures/guidelines regarding clinical processes, recording patient information, communication with facilities |  |  |  |
| Staff performance management policy and program |  |  |  |
| Communication strategies with the NEPT crew members, stakeholders |  |  |  |
| Consumer engagement plan and tools |  |  |  |
| Review and evaluation timeframes for the above, and outcome measures used to monitor their effectiveness |  |  |  |

**\* *Minimum requirements to be provided with application***

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| Element 3 – Risk Management Plan | | | |
| **The design and implementation for a program to identify and avoid, or minimise risks to patients/clients, employees, escorts, carers, and the NEPT service.** | | | |
| **Do you have the following elements of a risk management plan in place:** | **Yes / No** | **Comments** | **Request Support** |
| A risk register and mitigation/management plan |  |  |  |
| **\* Policies/procedures to ensure infection prevention and control measures and management, ie applicable standard precautions, transmission based precautions, and staff education and awareness program** |  |  |  |
| Policies and procedures to ensure Work Health and Safety (WHS), particularly manual handling training |  |  |  |
| **\* Policies/procedures for reporting adverse events, near misses and sentinel events involving a patient, while being provided NEPT services; and a standard form** |  |  |  |
| **\* Policies/procedures for reporting WHS injuries or incidents involving a staff member; and a standard form** |  |  |  |
| **\* Policies/procedures for reporting complaints, management and investigation of complaints; and a standard form** |  |  |  |
| A workforce immunisation program |  |  |  |
| Review and evaluation timeframes for the above, and outcome measures used to monitor the effectiveness of the policy/program |  |  |  |

**\* *Minimum requirements to be provided with application***

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| Element 4 – Quality Assurance Plan | | | |
| **A systematic, ongoing effort to raise the NEPT service’s performance as measured against a set of standards, indicators, or recommendations.** | | | |
| **Do you have the following in place:** | **Yes / No** | **Comments** | **Request Support** |
| **\* Quality assurance plan, policies or programs** |  |  |  |
| **\* Clinical case audit and review process, and associated tools** |  |  |  |
| **\* Quality improvement plan resulting from outcomes of reporting clinical incidents, WHS incidents, near misses, complaints, clinical audit and review, follow up recommendations from the Clinical Governance Committee (however titled) meetings, and a process for implementation** |  |  |  |
| Plan and processes for collecting and reviewing data relating to the service and performance |  |  |  |
| Review and evaluation timeframes for the above, and outcome measures used to monitor the effectiveness of the policy/program |  |  |  |

**\* *Minimum requirements to be provided with application***

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| Element 5 – Clinical Governance Procedures | | | |
| **It is advisable to have the following clinical governance procedures in place.** | | | |
| **Do you have the following in place?** | **Yes / No** | **Comments** | **Request Support** |
| Policies/procedures/guidelines for handover of patients from/to health services/other establishment |  |  |  |
| Policies/procedures/guidelines for recognising and responding to clinical deterioration |  |  |  |
| Other relevant: |  |  |  |

**12 February 2019**