QIC Health and Community Services Standards 8th Edition

Consultation Report from client, assessor and stakeholder feedback on the draft QIC Standards 8th Edition

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1 Introduction

In 2025, AGPAL and QIP conducted a consultation process to gather feedback on the draft QIC Health and Community Services Standards 8th Edition. The consultation aimed to ensure the Standards remain relevant, practical and reflective of the needs of clients, assessors and stakeholders across the health and community sector.

2 Purpose of the Consultation

The purpose of this consultation was to collect input from a wide range of stakeholders to ensure the draft indicators were clear, relevant and aligned with contemporary best practice. Feedback was reviewed and used to guide adjustments to specific indicators. This report outlines those changes made to the draft QIC Standards 8th Edition that supported the final development of the QIC Health and Community Services Standards 8th Edition.

3 How the Consultation was Conducted

AGPAL and QIP invited participation in the consultation on the draft QIC Health and Community Services Standards 8th Edition through direct email communication to current QIC clients and assessors. The invitation included a link to an online survey and offered participants the flexibility to choose between two survey formats based on their availability and level of engagement:

Option 1 – A targeted survey focusing only on the new indicators introduced in the draft Standards

Option 2 – A comprehensive survey covering all indicators within the draft Standards

This approach was designed to accommodate the varying time commitments of our clients and assessors while still encouraging meaningful participation.

In addition to direct outreach, the QIP website also hosted links to both surveys, enabling broader access for other stakeholders who wished to provide input. This ensured that the consultation process remained open, inclusive and transparent.

4 Response to the Consultation

The consultation process offered participants the option of completing either a focused survey on the new indicators or a comprehensive survey covering all indicators within the draft QIC Standards 8th Edition. In total, 36 people responded to the survey.

Survey – New Indicators Only
A total of 19 individuals responded:
QIP Clients – 11
QIP Assessors – 6
Stakeholders – 1

Other – 1

Survey – All Indicators
A total of 17 individuals responded:
QIP Clients – 11
QIP Assessors – 4
Stakeholders – 1
Other – 2

All feedback received across both survey formats was consolidated into a single dataset for detailed analysis. Each comment was reviewed for relevance, clarity and alignment with best practice. Where appropriate, indicators were revised to enhance clarity, consistency and applicability.

This collaborative approach ensured that the final version of the QIC Health and Community Services Standards 8th Edition reflects the practical experience and insights of clients, assessors and key stakeholders across the sector. It also reinforces AGPAL and QIP's commitment to transparency, responsiveness and continuous improvement.

5 Key Themes in Feedback

Requests for clearer and more consistent terminology across indicators
Greater emphasis on culturally safe and inclusive language
Desire for more actionable and measurable indicators
Suggestions to align indicators more closely with operational practice

6 Conclusion

AGPAL and QIP would like to thank all clients, assessors and stakeholders who contributed to this important consultation process. The following summary has de-identified any details that may identify the person/organisation who provided the feedback. Your feedback has been instrumental in shaping the final version of the Standards. We remain committed to continuous improvement and to ensuring that the QIC Health and Community Services Standards remain practical, contemporary and reflective of best practice.

7 Summary of Changes by Standard

Draft – QIC Health and Community Services Standards 8th Edition

Indicator Number	Original Indicator	Feedback Summary	Updated Indicator	Summary of Changes
1.1	Mission, values, ethics or code of behaviour and strategic objectives are clearly defined and documented in a formal plan that guides the organisations purpose and direction.	Good, clear and concise Add Vision. Also some organisations have a Purpose instead of a Mission. Speaking for an Aboriginal Community Controlled Organisation, the word 'mission' can have negative connotations. Suggest using the word 'vision' or 'purpose'. no feedback "Apostrophe is in the wrong place – should be organisation's Otherwise ok. "	Vision, purpose, values, ethics or code of behaviour and strategic objectives are clearly defined, promoted and documented in a formal plan that guides the organisation's purpose and direction.	Replaced “Mission” with “Vision” and “Purpose” to be more inclusive of diverse organisational language and culturally appropriate for Aboriginal Community Controlled Organisations. Retained “values, ethics or code of behaviour” and “strategic objectives” as these were not contested. Corrected the apostrophe in "organisation’s" to reflect correct grammar. Maintained the concise structure of the original wording, in line with the feedback that it was already clear and concise.
1.3	Strategic planning processes consider the impact of environmental issues, the sustainability of service delivery and opportunities to mitigate negative environmental effects resulting from organisational activities.	"There seems to be a lot in this? Hard to understand exactly what you are seeking to uncover? More information required to help me to understand this. " A good inclusion. Expect would be met by simple risk	Strategic planning considers the sustainability of service delivery over time, including environmental, financial, and operational factors, while prioritising the needs of clients. Where appropriate and within organisational capacity, opportunities to minimise negative environmental impacts are explored.	Added financial and operational factors to the concept of sustainability. Changed “mitigate negative environmental effects” to “minimise negative environmental impacts.”

		assessment against environmental factors. Use "Environmental Sustainability" instead of sustainability for clarity. Slightly unclear how this will be measured however assuming there will be more detail in the final standards. necessary indicator and relevant to org and may not be relevant to all services. Test Yes – woohoo! Very pleased to see this one. it will strive to deliver services in a way that minimizes environmental impact and promotes resource efficiency. The link between environmental and service sustainability needs to be defined as they can be seen as two discrete areas of business. Service sustainability is generally seen as having an element of financial sustainability to continue provision of service – there needs to be a strong definition of what you mean by sustainable service provision		Added a clause to prioritise the needs of clients. Included the phrase “where appropriate and within organisational capacity.” Reworded the indicator to shift from a prescriptive tone to a more flexible and inclusive phrasing.

		within the context of environmental responsibility. Whilst Leadership supports his goal success depends on resources, integration, training and measurement within an organisation. When referring to sustainability, we suggest clarifying what kind e.g. here it would likely be environmental sustainability This seems like a requirement to carry out an environmental impact statement when developing new programs or strategies. I suspect the impact may include things we have stopped doing and things we intend to do instead. "XXX House is very aware of our environmental footprint. Reducing waste, conserving energy and water. Transportation – we have two electric cars." clear definition of sustainability required, including difference between essential and non-		

		essential services, and organisation's capacity to address issues depending upon funding source How on earth would you measure this effectively and within organisational resources (we do not receive funding for QI or CQI) Likely to be perceived as an unfair burden on small organisations given their limited resources Depending on sector and service delivery, the strategic planning could include environmental impact evaluation. "The environmental impact of organisational activities should not have precedence over meeting client needs. Sustainability of service provision is largely determined by funding contracts where the funder determines the mode and in some cases logistics. Strategic planning is about the goals and mission of the organisation and how they are		

		going to be achieved: fair, effective and efficient. Environmental impact is secondary to meeting the needs of clients. For example, digital-by-default service provision may be the most environmentally neutral means of service provision but it is unlikely to meet the needs of the majority of clients.		
1.5	A structured governance framework defines clear roles, responsibilities and accountability for: a) corporate governance b) clinical governance c) digital governance.	Excellent additions and combination here. Digital Governance is a very new distinction in governance, and will likely not be commonplace. Resources should be provided. for b) suggest adding (if applicable). New – digital governance. There will need to be some education about what this is.	A structured governance framework defines clear roles, responsibilities, and accountability for: a) corporate governance; b) clinical governance (if applicable); c) digital governance (as relevant to the organisation's services and systems).	Clarified that clinical governance is only required "if applicable" Added to reflect that not all organisations deliver clinical services. Added "as relevant to the organisation's services and systems" to digital governance Acknowledges that digital governance may not yet be common practice in all organisations and allows for proportional application. Maintained the core structure of listing the three governance domains, but updated the phrasing for clarity and flexibility.
1.8	Financial management processes ensure compliance with legislation and industry standards, supported by	While these points are relevant there is no reference to fraud or corruption which I feel needs to be addressed, as this is an area	Financial management processes ensure compliance with legislation and industry standards, and are supported by planning and	Added a new clause (c) addressing the need for measures to prevent, detect, and respond to fraud and corruption.

	planning and projections that include: a) regular financial reporting to management and the Board b) an annual operating budget aligned with strategic goals and approved by the Board to support accountability and effective use of resources.	where many an organisation has been affected.	projections that include: a) regular financial reporting to management and the Board b) an annual operating budget aligned with strategic goals and approved by the Board c) measures to prevent, detect and respond to fraud and corruption to support accountability and the effective use of resources.	Expanded the indicator to emphasise that financial management supports not only compliance and planning but also accountability and protection of resources. Integrated the fraud and corruption component directly into the indicator text rather than as a separate statement, maintaining a cohesive structure.
1.9	A structured risk management framework is implemented and maintained, using both proactive and reactive processes to identify, assess, mitigate and monitor risks. The framework includes: a) clearly assigned risk management responsibilities and accountability; b) a documented risk policy and risk register covering risks across all areas; c) a risk management and mitigation plan with defined responsibilities; d) regular reporting to the governing body (at least annually) on risks, outcomes, and lessons learned to support continuous improvement.	An improved approach for this standard Training for management and staff around risk identification, assessment and reporting needs to be addressed.	A structured risk management framework is implemented and maintained, using both proactive and reactive processes to identify, assess, mitigate and monitor risks. The framework includes: a) clearly assigned risk management responsibilities and accountability; b) a documented risk policy and risk register covering risks across all areas; c) a risk management and mitigation plan with defined responsibilities; d) regular reporting to the governing body (at least annually) on risks, outcomes, and lessons learned to support continuous improvement; e) training for management and staff to support risk identification, assessment and reporting.	added clause (e): “training for management and staff to support risk identification, assessment, and reporting.” This was added to explicitly address the need for building staff capability in risk management.
1.11	Compliance with relevant legal and health or social care policy	Compliance with relevant legal and health or social care policy	Compliance with relevant legal, regulatory and health or human	Clarify the structure and ownership of compliance processes

	requirements is supported by clear processes that are regularly reviewed, with procedures to identify and address any non-compliance.	requirements is supported by clear processes and procedures to identify and address any non-compliance with regular reviews."" wording? " With the ever increasing legislative changes happening I feel there is sometimes a lack of structured reporting/recording where non-compliance has been identified. Legal compliance tends to be left up to Management but is very much a large part of service delivery processes. Assigned responsibilities is sometimes lacking. I haven't seen social care before – again – may need some educate about this.	services policy requirements is supported by clear processes and assigned responsibilities. Procedures are in place to identify, record, report and respond to non-compliance, with regular review to ensure effectiveness.	Emphasise assigned responsibilities Include reporting and recording of non-compliance Use more widely understood and context-appropriate terminology (adjusted “social care” to health or human services policy requirements)
1.14	Document control processes are maintained for the development, approval, review, and updating of plans, policies, procedures and other operational documents. These processes include: a) standard naming conventions b) clear document dates c) assigned responsibilities for approval d) defined review intervals to ensure documents remain	Generally across all standards there needs to be an acceptance that automatic dating and version control occurs, soft copy documents are the norm and will not have names and dates printed on them as the information is present in the portals (e.g. LogiqcQMS) Communication of reviews of documents or document development is a clear	Document control processes are maintained for the development, approval, review and updating of plans, policies, procedures and other operational documents. These processes ensure: a) standardised naming and identification conventions, either through a digital document management system or other system b) visibility of version history and approval status c) assigned responsibilities for	Acceptance of digital document management systems (e.g. portals with embedded metadata such as version, date, and status) The need for communication around document development and review Retaining the importance of control processes, while modernising expectations for format and visibility

	current and aligned with key functions.	necessity.	approval and oversight d) defined review intervals to keep documents current and aligned with key functions e) communication of document development and reviews to staff	
1.15	Feedback and complaints processes are documented and support continuous improvement. They include: a) mechanisms to collect both positive and constructive consumer feedback b) procedures for recording, investigating and resolving complaints within defined timeframes c) a systems-based approach to analyse complaints and support learning and service improvement d) public access to the complaints process in clear and accessible formats.	Not only collect positive and constructive consumer feedback, but record and report.	Feedback and complaints processes are documented and support continuous improvement. They include: a) mechanisms to collect, record and report both positive and constructive consumer feedback b) procedures for recording, investigating and resolving complaints within defined timeframes c) a systems-based approach to analyse complaints and support learning and service improvement d) public access to the complaints process in clear and accessible formats.	The indicator can be updated to reflect the recording and reporting of both positive and constructive consumer feedback—not just its collection.
2.3	A credentialing process ensures that all staff, health and/or social care practitioners, and contractors: a) hold the required qualifications, licences or professional scope of practice b) have a clearly defined scope of practice and do not work beyond it	Credentialing is not always the relevant term and doesn't fit in all contexts. Replace with something more generic.	A formal process is in place to verify and confirm that all staff, health and/or social care practitioners, and contractors: a) hold the required qualifications, licences, or professional scope of practice b) have a clearly defined scope of practice and do not work beyond it	Replaced the term “credentialing” with a more generic phrase: “a formal process to verify and confirm” to accommodate different contexts where credentialing may not be the appropriate term. Maintained the original intent and requirements around qualifications, scope of practice, and competence

	c) have the necessary training and competence for their roles.		c) have the necessary training and competence for their roles.	without using specific jargon. Ensured the wording remains clear and applicable across diverse health and social care settings.
2.6	Staff use current, evidence-based standards, protocols and guidelines relevant to their roles. These are regularly reviewed, adopted and implemented through defined organisational processes to support safe, high-quality care.	suggest adding 'or service delivery'. 'Care' feels exclusive to a health setting. NO need to say high quality – just quality as it is a tautology.	Staff use current, evidence-based standards, protocols and guidelines relevant to their roles. These are regularly reviewed, adopted and implemented through defined organisational processes to support safe, quality care or service delivery.	Added 'or service delivery' and changed to quality care instead of high quality care
2.7	Workplace management processes are in place to: a) support staff well-being and psychological safety b) address and resolve workplace issues to maintain a positive work environment c) investigate staff grievances and manage disciplinary matters d) protect staff from violence and aggression, including from consumers.	consumers – replace with clients	Workplace management processes are in place to: a) support staff well-being and psychological safety b) address and resolve workplace issues to maintain a positive work environment c) investigate staff grievances and manage disciplinary matters d) protect staff from violence and aggression, including from clients.	Changed wording from consumers to clients
2.8	Workforce data, including staff sick leave and reasons for leaving, is monitored and analysed to identify trends and inform improvements that	understand the trends, reason of leaving- exit feedback is very important- it gives a chance of improvement also satisfaction to the staff, that their feedback is taken into account.	Workforce data, including patterns in sick leave, turnover and feedback from exit or stay interviews is monitored and analysed to identify trends and inform initiatives that	Broadened the indicator to include not just sick leave and reasons for leaving, but also turnover patterns, exit and stay interviews, and feedback loops.

	support staff wellbeing, satisfaction and retention.	Important for understanding and managing employee well-being and retention In terms of why people leave, I dont think a lot of staff would provide honest responses. Reasons for leaving the organisation are not consistently available. This may not be useful; however, if the rates are measured year to year, it may show a trend and provide an opportunity to look at contributing factors. "Absolutely identifying patterns of staff – frequent short term absences. Leaders can uncover potential issues like burnout, poor management practices or workload imbalance." This appears to be a lag indicator and not a lead indicator of staff wellbeing. More focus should be on what policies/programs are in place	support staff wellbeing, satisfaction, performance and retention.	Added a focus on action: Emphasised that data should inform initiatives to support wellbeing, satisfaction, performance, and retention—not just measure outcomes. Acknowledged that data insights can also inform organisational performance and client outcomes, not only staff outcomes. Adjusted language to reflect flexibility and contextual relevance—particularly for smaller organisations and privacy concerns.

		to support staff wellbeing and retention and creating a healthy workplace environment Almost impossible to measure due to plethora of reasons staff are sick or leave – often provide an open reason or response is not provided as workers consider these matters private or confidential May not be relevant to small organisations given small sample sizes – ie not providing meaningful insights This would indicate a mature and contemporary HR functions, including exit interview, turnover calculation and employer wellbeing programming. Improvements arising from monitoring of workforce data are too narrow and exclusively focused on staff outcomes. What about identifying under-performance, increasing productivity and level of service to clients.		

		it is beneficial to understand the trend and support the staff accordingly, if work related.		
2.9	Equity, diversity, inclusion and fairness are monitored and addressed in recruitment, work allocation, scheduling and promotion to ensure transparent and inclusive workforce practices.	need to clarify further too many components in one indicator. This, like the old diversity and inclusion indicators presume the organisation is mainstream (i.e., white/Western and not an ACCO, for example). When you are the "other" this becomes less relevant as the meaning of diversity and inclusion is different. How can this be measured? "Suggest including in the indicator name ""diversity"" to align with the explanation of ""Equity, diversity, inclusion, and fairness are monitored and addressed in recruitment, work allocation, scheduling and promotion to ensure transparent and inclusive workforce practices."" Also recommend it be renamed to ""Diversity, equity, and inclusion"" as is a more familiar and recognised term. I'd simplify this – drop	Diversity, equity and inclusion are embedded in recruitment and workforce practices to support fairness, transparency, and representation. Processes are monitored and adapted to promote a culturally safe and inclusive environment.	Renamed the indicator to “Diversity, equity, and inclusion” to align with widely accepted terminology. Simplified the structure by removing “work allocation, scheduling, and promotion,” which were seen as overly complex or not applicable to all services. Added “representation” and “culturally safe environment” to address concerns raised by Aboriginal Community Controlled Organisations (ACCOs) and highlight that inclusion is context-specific. Broadened from a compliance mindset (“monitored and addressed”) to an embedded and responsive practice. Framed the indicator so it is relevant across organisations of all sizes and cultural contexts, while still supporting Commonwealth legislation and best practice principles.

		scheduling and promotion This will only be relevant to high-turnover agencies or ones with a large staff team. Another question that could be asked is how many people apply for positions, and does the cohort of applicants represent diversity? If not, the first question might be why not and what we would have to do to attract a more diverse group of applicants. We ensure that every employee feels valued, heard and empowered to contribute to our program. Almost impossible to measure within organisational resources Equity, diversity, inclusion, and fairness are applicable to Commonwealth legislation.		
3.1	Effective information management processes are in place and include: a) ongoing data security measures, including protection against cyber-attacks b) staff training in the use of	Aligns with current RACGP requirements. consider duplication of the business continuity plan Ok – no changes The only aspect missing or for consideration is the link with	Effective information management processes are in place and include: a) Data security measures to protect systems and information from unauthorised access, cyber-attacks and breaches of privacy b) Staff training in the use of	Privacy obligations added: Included reference to compliance with privacy legislation and breach response, addressing the gap identified in the feedback. Cybersecurity focus strengthened:

	information technology and internal data security practices c) a documented and routinely tested disaster recovery plan d) scheduled back-up of critical data.	privacy legal obligations and how breaches are managed. Yes, cybersecurity is a growing issue, and agencies need to demonstrate they are actively working to protect the privacy of their participants and safeguard their own systems. "Yes XXXX House is very UpToDate with our security systems. We have a program in place that will block any spam on our emails. We use Trend Micro. Our laptops are updated regularly the right people have access to the right information at the right time." For small organisations the interpretation of the words 'routinely tested disaster recovery plan' may be a challenge ICT interventions are absolutely important relevant and measurable.	information systems and internal data security practices c) A documented disaster recovery plan that is proportionate to the organisation's size and routinely reviewed or tested d) Scheduled back-up of critical data.	Expanded the reference to "cyber-attacks" to include broader unauthorised access and privacy breaches, highlighting active protection and compliance efforts. Scalability clarified: Adjusted the language around the disaster recovery plan to be "proportionate to the organisation's size," making it more achievable for smaller services. Clarified system and data protection: Reframed data security to cover both systems and information, reinforcing a holistic approach to information management. Training language refined: Specified training in "use of information systems" (not just technology in general), linking it clearly to data protection and privacy practices.
3.2	A documented data breach response plan is in place, covering detection, containment, recovery,	Aligns with current My Health Record requirements. as above	A documented data breach response plan is in place to meet legislative obligations. It outlines how the organisation will detect, contain and	Clarified the distinction from disaster recovery: Added a statement noting that the data breach response plan is separate

	communication with affected consumers and post-incident review.	This should be clarified as how it's different from a disaster recovery plan – there is double up between this one and the one above which also talks about data. Yes, it's an area that all agencies need to be vigilant about. We have set up a data breach response plan. Small organisations may perceive this as an unfair burden given their limited resources. Data breach is essential for legislative compliance.	recover from a data breach, communicate with affected individuals and regulators and conduct a post-incident review. The plan is distinct from the disaster recovery plan and proportionate to the organisation's size and risk exposure.	from broader disaster recovery planning, reducing confusion and perceived duplication. Included reference to legislative compliance: Reinforced that having a plan is not just best practice but required by law (e.g. Privacy Act 1988 (Cth), Notifiable Data Breaches Scheme). Addressed scalability concerns: Language was adjusted to indicate the plan should be proportionate to the organisation's size and risk, making expectations more realistic for small services. Expanded scope of the plan: Clarified that the plan should include detection, containment, recovery, communication, and review, providing clear components aligned with privacy requirements and sector expectations (e.g. My Health Record compliance).

3.3	A documented process guides the assessment, costing, implementation and ongoing management of digital care systems to ensure they are safe, effective and aligned with service needs.	As many services have supplied (contracted) IT services, this may incur additional costs to organisation. "This would be N/A for my org. Should it include 'or equivalent system' for non-health organisations? "Ongoing Management: Systems are not always integrated and may require use of additional work arounds that may make them hard to measure or achieve. Effective: Digital system improvements/ upgrades can be delayed due to funding or governance issues." "Digital Care Systems is not a common term in Australia – recommend defining it in accompanying documents. Or use other terms like ""Client Record Management Systems""." Further define what is meant by digital care systems- is this data security or more than this	A documented and proportionate process guides the assessment, costing, implementation and ongoing management of digital care systems to ensure they are safe, secure, respect privacy and confidentiality, and align with service needs and organisational capacity.	Added privacy and confidentiality: Reflects feedback that these aspects are critical in digital care. Acknowledged scalability: Included “proportionate” and “organisational capacity” to ensure this is achievable for small organisations. Broadened the intent: Emphasised safety and security without assuming that documentation alone guarantees effectiveness. Maintained alignment with service needs while recognising external constraints such as funding and resources.

		The cost of cybersecurity, much like insurance, may be prohibitive and force some agencies out of business unless the funding bodies provide assistance. We implemented and have ongoing management of digital care systems to ensure they are safe for all staff. Should they also ensure privacy and confidentiality This is dependent on organisational resources s – often digital needs or ideals cannot be met due to external factors (ie funding). Additionally, – documenting does not ensure safety or effectiveness (The previous standard addresses this area adequately) Small organisations may perceive this as an unfair burden given their limited resources.		

3.4	A process ensures that consumers who lack internet access, digital literacy or devices are not disadvantaged in accessing care or services.	Expect would be met by having alternate methods of communication. Somewhat aligns with NDIS Provider Registration requirements. This would be near impossible to achieve for an organisation providing a digital service. Ok – no changes Not sure organisation as will understand the terminology of "Digital Care" – need to clearly define. "Not all documents are available in other formats. May lack a documented process that guarantees non-digital access to services" This should be one that is optional (NA) for some organisations. Also may need clarity with how this is different to 5.2.2 Digital Care Delivery says that the consumer needs to be able to access and understand the digital care process. So this indicator is ambiguous. While it is relatively easy to	A documented and proportionate process ensures that clients who lack internet access, digital literacy or digital devices are not disadvantaged in accessing services. Where full digital access is not possible, alternative methods of engagement are offered to support equitable service access and inclusion.	Clarified terminology: Reworded the indicator to avoid confusion about "digital care" and to emphasise access to services, not digital delivery methods alone. Acknowledged limits and variability: Included the concept of a proportionate process, recognising that small or fully digital services may not have full control. Added examples of alternative access: Referenced non-digital methods to reflect what many providers already do (e.g. phone, printed materials, face-to-face). Linked to equity and inclusion: Framed the indicator as supporting access and inclusion, not imposing an unrealistic requirement.

		measure those who do access a service, I don't know how you would develop a meaningful measurement for those who don't. That’s a crucial point—ensuring equity in access to care or services means actively removing digital barriers for our residents. For example, this kind of process might include alternative service channels, such as in-person appointments, phone-based support, translated printed materials, or even outreach via community partners who engage face-to-face. Access may be determined by funding for the program and its location/ability to reach those who may be disadvantaged e.g. people/services in remote areas Outside control Small organisations may perceive this as an unfair burden given their limited resources. Essential for 'access' equity.		

3.5	Where applicable, the use of artificial intelligence (AI) is introduced and managed in line with relevant legislation or, where none exists, according to recognised best practice to ensure safe and ethical use.	What is 'recognised best practice' in AI? Impossible to define, and forever changing. Ok – no changes "QIP has to define the standard for organisations. What do you mean by legislation? Privacy laws are relevant but there is no legislation other than privacy that guides or governs AI yet, especially as some AI programs are based overseas. The term ""relevant legislation"" needs to be replaced by the privacy acts – federal and states/territories and health records legislation and government regulatory obligations. DFFH have advised the sector that AI is not permitted to be used for any consumer information. Meetings involving consumer information cannot be recorded using AI. Meetings involving information that is not related to consumers can be recorded but only with consent from all attendees. "Barriers to achieve this include: Confidence and understanding of risks in work tasks & practice (Privacy & human error)	Where applicable, the use of artificial intelligence (AI) is introduced and managed in line with legislative requirements or, where these do not exist, with recognised ethical principles and sector guidance. AI is not used for client-related decisions or documentation unless explicitly permitted by law or contract and safeguards are in place to ensure safe, transparent and responsible use.	Aligned with sector-specific directives: Acknowledged advice from funders (e.g. DFFH) that AI must not be used for consumer information without explicit permission. Clarified scope of use: Differentiated between consumer-related and non-consumer applications of AI (e.g. meeting transcription, operational tasks). Added safeguards: Included reference to safeguards, transparency, and responsibility to reinforce ethical use and mitigate risks. Accounted for legislative gaps: Clarified that where laws don't yet exist, organisations should refer to ethical principles and sector guidance. Supported scalability and capacity: Avoided creating an expectation of mandatory AI use and acknowledged limited capacity in smaller organisations.

		Evolving AI tools require adaptation "I would have to say in this developing area there is no 'best practice' in AI. And who determines what that is??? AI is not for individual consumer support services." I think this is inevitable; it is already a component of many programs. "Using AI safely and ethically is all about balancing innovation with responsibility. More guidance on best practice is required for the not for profit sector – this is an emerging issue Subjective (in the absence of legislation) – also addressed in a previous standard Small organisations may perceive this as an unfair burden given their limited resources. This will require a highly continuous improvement approach as the sector and services adapt to AI		

		implementation.		
3.6	Where applicable, staff are consulted before introducing AI systems to understand practical implications and identify training needs.	Suggest would expect a template example to assist with meeting this one. How can an AI system support a client when everybody's needs are different. Community health is not about clinical processes where AI might be beneficial. Ok – no changes "Change to: Where AI is approved, staff are trained in its use and ethical implications. The terms ""consulted"" and ""before introducing"" will become outdated terms. " AI governance is not yet fully embedded, and training may struggle to keep up with evolving AI I think that " where applicable" is only helpful if there is a clear definition or examples to guide a decision about whether something is applicable. AI is such a broad term, and as I said earlier, it will be a part of many of the day-to-day programs that people use, and they will not	Where AI tools are approved for use, staff are informed, supported and trained in their application, limitations and ethical implications. Staff feedback is sought to understand practical impacts and identify ongoing support or training needs.	Replaced “consulted before introducing” with ongoing staff engagement to reflect the fast-moving and iterative nature of AI implementation. Clarified “where applicable” to “where approved for use” – focusing on AI tools the organisation has consciously introduced (rather than broad or invisible system-wide AI). Added training and support language, integrating both training and ethical awareness, which aligns with the future-ready workforce approach mentioned in feedback. Acknowledged ongoing support needs rather than implying a one-off consultation.

		even know or think about it. Engaging staff and providing effective training in the use of AI is essential for building a future-ready workforce. Again, this is addressed in a previous standard (regarding training)		
3.7	Where applicable, consumers are informed when any part of their care involves the use of artificial intelligence (AI) systems.	Suggest require details/templated ways to meet as this could be including in client files (and would be most likely place to have it), however current QIC does not require access to PIMS at time of assessment. Also note that it is highly likely that this would align with expected RACGP Ed 6 IT updates. I believe that a lot of consumers would not understand an AI system at all, particularly in many communities/services that provide programs to support clients. Ok – no changes "Where applicable, consumers are informed of potential privacy implications when any part of their care involves the use of artificial intelligence (AI).	Where applicable, consumers are informed when any part of their care or service involves the use of artificial intelligence (AI). Information is provided in accessible language and includes the purpose of AI use, any privacy implications and how consent is recorded when required.	Expanded the indicator to include privacy implications and consent, as suggested in feedback. Reinforced clarity and accessibility, recognising the challenge of explaining AI to diverse client groups. Clarified scope ("where applicable") to limit the burden on organisations not using AI in care delivery. Aligned with existing standards on transparency and informed consent, to avoid duplication.

		Where a consumer agrees to the use of AI, a consent form is completed. AI not used in our organisation for care I don't recall when new technology, such as typewriters, calculators, or computers, caused such a fear response. Much like the technology I have just mentioned, it will become ordinary, and no one will even consider a time when it didn't exist. "Transparency in the use of AI in residential rehabilitation is all about building trust between residents and staff and the systems that support them. It means being open about how AI tools are used, what data they rely on and explaining how decisions are made or supported."		
3.8	Consumer records are managed to support safe, effective care and ensure confidentiality, security, and compliance with legal and organisational requirements. Records are:	Suggest adding 'or service delivery' after 'effective care', as care reads as exclusive to health-related services/environments.	Consumer records are managed to support safe, effective care or service delivery and ensure confidentiality, security and compliance with legal and organisational requirements.	Added "or service delivery" after "effective care" to reflect that the standard applies broadly across health and community services, not only clinical environments.

	a) current, complete and accurate b) accessed only by authorised personnel and stored securely in line with privacy principles and organisational policy c) retained in accordance with relevant legislation and regulations d) securely destroyed in a way that protects confidentiality.		Records are: a) current, complete and accurate b) accessed only by authorised personnel and stored securely in line with privacy principles and organisational policy c) retained in accordance with relevant legislation and regulations d) securely destroyed in a way that protects confidentiality	
4.1	A strategic, organisation-wide approach to safety is implemented to protect workforce health and safety, support safe care delivery and regularly assess the organisation's safety culture and systems.	Aligns with most standards in health/community care 'support safe care (or service) delivery' I think this is just a lot of words put together without giving an organisation anything to work with, while encompassing too many areas together – staff, service delivery, culture. These elements are too important to lump together. This is very broad. To be measurable it might be beneficial to bullet point the systems that will be assessed to determine whether this indicator is met. For example, Child Safe Standards.	A structured and strategic approach to organisational safety is implemented to: a) protect workforce health and safety, b) support safe care or service delivery, and c) promote a positive safety culture across all levels of the organisation.	Replaces a single broad statement with three focused components. Aligns with feedback to separate WHS, service safety, and culture. Includes "care or service" to reflect the broader sector. Retains the intent of a whole-of-organisation safety approach but makes it clearer and more measurable.

		New standards are always emerging which requires ongoing investment in policy review and workforce development and relies heavily on resources. "This indicator tries to cover too many areas that can not be described in one process. Work Health and Safety is different to Service Delivery Safety which is different again to the organisation's Safety Culture." Depends where this indicator sits. In the current standards its is somewhat confusing about where the evidence sits- WHS and clinical governance often get confused or are not well understood. "A whole-of-organisation approach to safety means embedding safety into every layer of an organisation—from leadership and governance to frontline operations and support services. It’s not just about having a safety department; it’s about making safety a shared responsibility and a core part of how the		

		organisation functions. At XXXX House all staff must read and sign our Health & Safety Handbook upon entry to XXXXX House." This is consistent to workforce and workplace cultural and safety requirements. Impact measurement would be ideal for the client to demonstrate.		
4.3	Staff are trained in the safe operation of all equipment relevant to their role (including medical devices if applicable) and only individuals who are trained and assessed as competent are assigned to operate specialised or high-risk equipment.	I think this tends to lead more into a clinical medical procedure approach.	Staff are trained in the safe and appropriate use of all equipment relevant to their role. Only individuals who have been trained and assessed as competent operate specialised or high-risk equipment.	removed including medical devices
4.5	Information about the organisation's strategic approach to environmentally sustainable care and its related goals is communicated to staff and service users.	Definitely will align with upcoming RACGP inclusion of environment practice. I don't feel needs to be included. It could be covered off in other indicators. Ok – no changes Very pleased to see this addition. what is environmentally sustainable care – needs defining May need work communicating this with service users	The organisation communicates its commitment to environmentally sustainable care or service delivery strategies with staff and consumers, including relevant goals or actions.	Defining what is meant by environmentally sustainable care or service delivery strategies Focusing on the communication of existing commitments, rather than requiring a new standalone strategy Acknowledging sector and size variations Avoiding duplication with strategic planning indicators

		Again, please define as Environmentally Sustainable Care Strategies (as there are many types of sustainability) Very unclear and broad At XXXX House sustainable care strategies thrive on effective information sharing – its the glue that connects policy, practice and people. Is there a universal/consistent applied definition of environmentally sustainable care that would make sense to both clients and service providers – is it's purpose for comparison by staff/clients? There is already a lot of green wash by organisations. This may just add to the compliance burden of small to medium organisations or a tick box. This may be highly sector and service specific.		
4.7	Staff are trained to manage health and safety risks, respond to incidents and emergencies and follow reporting and	Expect already exists for most organisations. Clarification around all staff vs designated staff should be made in the indicator.	Relevant staff are trained to identify and manage health and safety risks, respond to incidents and emergencies, and follow reporting and investigation procedures. All	Clarifying that all relevant staff must be trained, not necessarily all staff Highlighting the importance of reporting all incidents, including near

	investigation procedures.	Yes, too often staff will only identify or report serious incidents, whereas reporting all, including near misses and minor incidents, will give the organisation as basis for trending and improvement. Very similar to how 2.6.3 and 2.6.6 is currently worded – assuming it's a combining of them "At XXX House we regularly perform emergency drill procedures – due to new support staff and high turnover of residents in care. It's the cornerstone of creating a safe, informed and resilient workplace."	incidents, including near misses, are reported to support continuous improvement.	misses Aligning with existing practice but strengthening expectations for consistency and improvement
4.8	Incident management processes support: a) reporting, investigating and responding to safety incidents, including near misses and adverse events involving consumers, staff or visitors b) providing support to staff involved in incidents c) analysing incidents to identify system factors and using findings to prevent	Adverse events are only applicable to health services. Suggest adding (if applicable) and also a definition of an adverse event. Ok – no changes	Incident management processes support: a) reporting, investigating and responding to safety incidents, including serious incidents (near misses and adverse events)involving clients, staff or visitors b) providing support to staff involved in incidents c) analysing incidents to identify system factors and using findings to prevent recurrence and improve	Acknowledge that "adverse events" may not apply to all services by adding serious incidents Flag that a definition of adverse event should be provided in the glossary or guidance Retain the core principles of good incident management: reporting, support, analysis, and communication

	recurrence and improve services d) open and supportive communication with consumers about incidents that affect them.		services d) open and supportive communication with clients about incidents that affect them.	
4.9	Consumers and/or their families are openly and respectfully informed when an adverse event occurs, including an expression of regret, an explanation, the opportunity to share their experience and information on actions taken to prevent recurrence.	This should align with existing standards e.g. RACGP, not sure it does with the specific things being asked for e.g. opportunity to share experience – what does that actually mean (possibilities are endless I think). Surely this should be part of normal service delivery and incident management, having respect for the client, not a dedicated indicator. What does this mean "expression of regret"? This standard seems to be about incidents and complaints but is not specific so difficult to interpret. This indicator aligns with requirements of the strengthened aged care standards and NDIS standards and provides an opportunity to develop consistency across programs	Open disclosure is practiced when a serious incident or adverse event involving a client occurs. This includes: a) timely and respectful communication with the clients and/or their family or support person b) an honest explanation of what happened and where appropriate, an apology c) the opportunity for the client to ask questions and share their experience D) information on actions taken to prevent recurrence and improve service quality.	removal expression of regret, rewording to open disclosure

		Open disclosure is the process of opening discussing adverse events with residents.		
4.11	High-risk procedures, treatments and aspects of care are identified, with documented measures in place to mitigate risks and ensure safe, quality care.	This sounds to me like something required in a clinical environment such as a hospital, not a community health setting.	High-risk service activities, interventions or procedures are identified and systems are in place to manage and reduce associated risks to ensure the safety of clients and staff.	reworded
4.12	Medication management processes are in place that align with the scope of services and include safe prescribing, storage, administration, reconciliation, and disposal.	Prescribing of medication is a very clinical process, not community support. This is not relevant to many organisations. Please add – where relevant to the service. This should be one that is optional (NA) for organisations that don't handle medication. Not applicable to service provided by this organisation – if introduced would require the option of selecting not applicable during assessment. "Safe and appropriate medication management is all about ensuring medicines are used Effectively while minimising the risk of harm.	Where relevant to the service, medication management processes are in place that ensure safe prescribing, storage, administration, reconciliation and disposal, aligned with the scope of services and staff roles.	reworded

		This involves: Clinical governance, accurate documentation, resident involvement with high risk medications. Our staff have regular staff meetings to update on all medication procedures.		
6.1	Privacy, dignity and confidentiality of consumers are upheld at all times through respectful communication, appropriate environments and secure handling of personal information.	Would (should) already be in place fine This aligns with requirements of other standards – mental health, NDIS and aged care. This is already dealt with in the standards- not sure where this new criterion will be added This is a human right. XX House has five pillars which we abide by: Respect, Concern, Honesty, Trust and Love. how do you measure appropriate environments?	The privacy, dignity and confidentiality of clients are upheld at all times through respectful communication, private and culturally appropriate environments and secure handling of personal information.	update to private and culturally appropriate environments
6.3	Service and program coordination are regularly monitored and evaluated across the organisation, with feedback from consumers, families, staff and where	Seems similar to indicator 5.2 Ok – no changes	Service and program coordination are regularly monitored and evaluated across the organisation, with feedback from consumers, families, staff and where possible, the wider community used to guide	Merged into 5.2 and deleted 6.3

	possible, the wider community used to guide future planning and continuous improvement.		future planning and continuous improvement.	
6.4	Care is coordinated across departments and with external providers to ensure integrated, continuous and person-centred support for consumers.	Expect would already be met by most community health services. Assuming this is replacing 5.1.4 and 5.1.5 Supports client journey and positive outcomes. Feel like this is already covered- where is to be added? Important addition Policy and procedures should not take away an individual's right to choice. If it is with consent, it is a good thing. If there is no consent, then it becomes a privacy issue and a questionable practice. I can see the benefits of this; however, there are inherent risks as well. "Coordinated and integrated care is all about making the healthcare journey smoother—especially for residents with complex or chronic conditions who interact with multiple services.	Care and support are coordinated within the organisation and with external providers to ensure continuity, reduce fragmentation, and improve outcomes—particularly for consumers with complex or ongoing needs. Services are integrated in a way that is person-centred, culturally safe, and based on the consumer's goals, preferences, and informed consent.	Broadened scope to include non-clinical support (more suitable for community settings). Clarifies that coordination happens both internally and externally. Adds more depth to the purpose and outcomes of coordination. Highlights those who most benefit from coordinated care.

6.9	The physical environment and facilities are designed, maintained and updated to be safe, accessible and inclusive for all, including people with physical, sensory or cognitive impairments. Barriers to access are identified, addressed and reviewed on an ongoing basis.	Barriers to access are about more that just the physical environment and facilities. Ok – no changes	The physical environment, facilities, and service delivery practices are designed, maintained, and updated to be safe, accessible, and inclusive for all consumers, including those with physical, sensory, cognitive, or communication impairments. Barriers to access—physical, sensory, cultural, or systemic—are identified, addressed, and regularly reviewed.	Updated barriers to access to include other types of barriers
7.1	Consumers are supported to make informed decisions about their care or participation in services through clear and accessible information. This includes: a) services offered by the provider b) eligibility, entry and re-entry processes c) rights and responsibilities and how staff uphold and respect them d) how privacy and personal information are managed e) how to provide complaints and feedback.	What about Informed Consent. How about consent?	Consumers are supported to make informed decisions about their care or participation in services through clear, accessible, and culturally appropriate information and processes. This includes: a) services offered by the provider b) eligibility, entry and re-entry processes c) rights and responsibilities and how staff uphold and respect them d) how privacy and personal information are managed e) how to provide complaints and feedback f) how informed consent is obtained, documented and reviewed as appropriate.	Added section f) informed consent

7.2	Consumers, families and/or carers are provided with information about care needs, available options, preventive care and ways to improve health. Information is delivered in a format that is accessible, inclusive and easy to understand.	Aligns with National Standards for Mental Health Services Seems to overlap with indicator 7.1, can probably be incorporated into one indicator. Ok – no changes This should be one that is optional (NA) for some organisations as preventive care may be out of scope. Supports the integration of health literacy principles. Check for repetition "Wording is a bit odd? What is preventive care? For whom? And ways to improve health, is this the health of the Carer? Perhaps it could be more well-being focussed as this is a more holistic approach. " Health information platforms are designed to help residents feel more confident navigating the healthcare system. Make it clear that not all will apply to every service IF your service does this, then it would be covered in other	Consumers, families and/or carers are supported with clear, inclusive and culturally safe education, resources and information to promote understanding and active participation in care. This includes: a) Information about care needs and available service options b) Education and support to understand health needs and make informed decisions c) Resources to support preventive care, health promotion, and self-management where relevant d) Delivery of information in formats that are tailored, accessible, inclusive, and responsive to individual needs	Merged 7.10 with 7.2 provided with information changed to supported with clear, inclusive and culturally safe information" "preventive care and ways to improve health" changed to" where appropriate, this includes information about preventive care, health promotion and self-management strategies" ways to improve health" changed to" maintain or improve their health and wellbeing" "Information is delivered in a format that is accessible, inclusive and easy to understand" changed to"Information is tailored to individual needs and delivered in accessible formats"

		standards Links to person centred care/patient centred care.		
7.4	A process is in place to verify a consumer's identity before providing any test, care, treatment or intervention, to ensure safety and prevent errors.	Aligns with RACGP requirements For health services only At what point does the service delivery staff member not know who they are working with? Again this sounds very clinically based. Unclear how will this be measured. relevant to the privacy act, what is available in services may not have any ID such photo ID. More aligned to health services Ok – no changes Care and treatment should be reconsidered as they are very vague e.g. counselling. This organisation does not provide clinical care so this indicator is not applicable in terms of preventing treatment errors, however agree that identify verification should be included in practice. I can clearly understand this in a clinical setting, but I have assessed services where this	A process is in place to respectfully verify a consumer's identity, where appropriate and with consent, before providing care, treatment, support, or services, to ensure safety and prevent errors.	The indicator on identity verification has been updated to ensure greater clarity, flexibility, and relevance across diverse service settings, including community health and non-clinical environments.

		would not always be welcome before an intervention. What about the right to anonymity in some circumstances? Treatment is a broad term. Key methods we use at XX House for identify verifications their documentation is signed and dated by the resident. We also use their medicare and HCC numbers. Breach of privacy act – consumers have the right to use a pseudonym or not disclose their identity Consistent with best practice.		
7.5	A documented policy guides individual assessments at the start of care or treatment, ensuring that: a) relevant professional disciplines are involved based on the consumer's needs b) assessments are carried out by appropriately qualified individuals c) assessments are completed and documented in line with policy requirements.	For health services only	A documented policy guides individual intake and/or assessment processes at the commencement of support, care or service provision. The policy ensures that: a) relevant staff or practitioners are involved based on the consumer's needs b) assessments or screenings are carried out by appropriately trained or qualified individuals c) the process is completed and documented in accordance with	Uses more inclusive language (e.g. support, service provision instead of just care or treatment) Applies to a wider range of organisations, not just health services Clarifies that the qualifications or training required are context-dependent Emphasises alignment with each

			organisational policy and service scope.	organisation's own policy, avoiding a one-size-fits-all model
7.7	Staff and practitioners involve consumers in decisions about their care by discussing available options, explaining potential risks and benefits and respecting individual preferences, choices and the right to decline treatment.	For health services only 'Treatment' again sounds like a clinical treatment such as a hospital or GP would deliver. consider AOD services are picking diversion program and doesn't align with how that works in practice. Ok – no changes	Clients are involved in decisions about their care or support by discussing available options, explaining potential risks and benefits, and respecting individual preferences, choices, and the right to decline.	language adjusted to suit broader community and support settings.
7.8	Informed consent is obtained from consumers before services or programs are provided. Consumers are fully informed of their options, supported to understand their right to decline care or treatment and all decisions whether consent or refusal are respected and documented.	What are withdrawal of consent, this is one area that is often overlooked. Also that consent is reviewed as people can change their minds	Informed consent processes ensure that: a) Consumers are fully informed of their options regarding services or programs. b) Consumers are supported to understand their rights to give, decline or withdraw consent at any time. c) All decisions, whether consent, refusal or withdrawal,are respected and documented. d) Consent is regularly reviewed and updated throughout the course of service delivery.	The original points about informing consumers, supporting understanding of their rights (including declining), respecting decisions, and documenting them were reorganised and consolidated for clarity. Points about declining and withdrawal of consent were merged to emphasize consumers' ongoing right to change their minds. The concept of regular review and updating of consent was added to reflect that consent is not a one-time event but a continuous process. The language was simplified and structured into clearer sub-points to improve readability and focus.
7.10	Consumers are provided with education, resources and	Similar to 7.2	Merged with 7.2	Merged with 7.2

	support to understand their health needs and take an active role in maintaining and improving their health and wellbeing.			
7.11	Care planning, handover and case closure are coordinated across internal teams and external services. Transitions of care, whether planned or in emergencies, are supported by clear processes that involve the consumer in discharge or referral planning and ensure all relevant information is shared with the receiving service and the individual.	For health services only Ok – no changes	Care planning, coordination and case closure are supported by clear and consistent processes that: a) Ensure internal teams and external service providers work collaboratively to support consumers b) Involve consumers, families and/or carers in planning for transitions between services or at case closure c) Support planned and unplanned transitions by sharing relevant and appropriate information with receiving services and the consumer d) Promote continuity of care and support through respectful handover practices, especially for consumers with complex or multiple needs	removes clinical language like "handover" and "discharge" that may be less relevant outside of hospital settings Emphasises collaboration, continuity of care, and consumer involvement—key elements of community-based service delivery Supports diverse service types, including those offering social, wellbeing, mental health or outreach support