

Health Libraries Inc

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Australian Commission on Safety and Quality in Health Care

GPO Box 5480

Sydney NSW 2001

Re: Consultation on the Third Edition of the National Safety and Quality Health Service (NSQHS) Standards- second consultation period

Dear Commissioners,

On behalf of *Health Libraries Inc (HLi)*, the professional network representing health librarians and library services across Victoria, we thank the Commission for the opportunity to provide input into the development of the third edition of the NSQHS Standards.

Health libraries are a critical, often underrecognised, enabler of safe, high-quality care. Librarians ensure that clinicians, managers, researchers, and educators have timely access to reliable evidence to enable patient care, support health literacy and critical appraisal of research. In addition, librarians support organisational implementation and governance of emerging technologies such as generative AI, and build capacity for continuous professional learning across organisations. Despite this central role, the NSQHS Standards have not yet explicitly recognised library and knowledge services. Inclusion of qualified library and information professionals, library services and spaces in the NSQHS Standards will strengthen evidence-informed practice, support for the new NSQHS standards and affirm the foundational role of health libraries in delivery of high-quality healthcare.

This document is a follow up from our previously submitted written response on 22 September 2025.

Our comments are listed below under the relevant questions provided in the written submission guidelines.

1. How well do the Standards reflect key safety and quality priorities? What is missing?

The draft Standards address many of the key safety and quality priorities of the current Australian Health System and have a strong emphasis on evidence-informed practice and person-centred care.

These two underpinning principles guide health information professionals (health librarians) and libraries in Victoria to support our clinical, allied health, nursing, research, educational and management/administrative workforces to locate and access the best evidence and build organisational skill to effectively integrate evidence into their practice.

One gap identified by our group is the explicit inclusion of clinical information specialists (such as qualified health information professionals and librarians) and library services in the draft Standards. Health librarians and libraries *indirectly* support the delivery of patient care and we know that the exclusion in the draft Standards is a gap that the commission can address in the 3rd edition.

In requirement 1.21, the draft Standards state that executives and leaders provide access to '*Clinical Care Standards, evidence-informed guidelines, care pathways and decision support tools*' as well as "*support clinicians to use these resources in providing high-quality care*". Health librarians manage various information and evidence resources, including some decision support information tools for their organisations. In addition, health librarians upskill their workforce in locating and utilising these resources.

2. What changes would strengthen the Standards to support the delivery of high-quality care and better health outcomes?

We have identified two ways that the draft Standards could be strengthened. Specifically when it comes to digital skills and health literacies.

Requirement 1.04 states that "*the board, executive and leaders have systems to uplift digital health literacy across the workforce with a focus on improving quality of care*". Health librarians play a key role in upskilling their workforces in accessing quality evidence-based digital tools and utilisation of these into patient care, research, quality projects including review of clinical guidelines and educational activities.

Health librarians also provide access to and support their organisational workforce in locating appropriate health literacy materials that support the development of such, in an effort to prevent misinformation and disinformation in our communities.

Health librarians and libraries also support skill development in utilising digital health technologies, especially those that provide access to evidence. An example is Artificial Intelligence (AI), which is a critical disruptor and could change the face of health care in the future.

Now in 2026 while digital governance of AI is being finalised in health organisations across Australia, health librarians have a critical role in supporting researchers and clinical staff in assessing the most reputable AI tools that locate evidence in order to prevent the risk of utilising fabricated or non-existent evidence.

The Standards could include libraries and qualified health librarians as part of the systems that the board, executive and leaders have the responsibility to provide to their healthcare workforce.

3. How well do the Standards support care delivery and coordination across services, settings, and providers? How could this be improved?

The draft Standards clearly support care delivery and coordination across services, settings and providers. This could be improved by clearly articulating that health librarians and libraries be included in the Standards.

Other improvements that are identified are:

Inconsistent access to evidence-based information: Many health services across Australia lack equitable access to a professionally staffed health library. This leads to an evidence accessibility gap, creating variation in clinicians' ability to access and apply best evidence, posing a significant risk to patient safety. Health librarians are responsible for access and discovery of information resources and their management and assessment over time. Furthermore, health librarians evaluate, appraise, and curate evidence, providing quality information for patient care for time-pressed clinicians.

Health misinformation and disinformation: The spread of unreliable or misleading information, including through digital platforms and unregulated AI tools, presents a growing risk to patient safety and quality. Librarians can collaborate with health professionals to evaluate, verify and contextualise information to counter these risks, supporting improved health literacy.

Digital inequities and research disparities: Smaller, rural, and regional services often lack the infrastructure and expertise provided by libraries, exacerbating inequities in quality and outcomes.

4. Are the Standards easy to understand and free from duplication? Where could they be clearer or simpler?

The draft Standards are clear and easy to understand. We suggest that health librarians and libraries are included in the new Standards, 3rd edition.

*Proposed wording for Standard 1.21 – Clinicians use **evidence-informed guidance and resources** to support clinical judgment and provide high quality care.*

“The executive and leaders have organisation systems to:

- a. provide clinicians with access to Clinical Care Standards, evidence-informed guidelines, care pathways and decision support tools

- b. support clinicians to use the evidence-informed tools to provide high-quality care and in shared decision making with patients
- c. provide clinicians with timely, tailored information about the quality and outcomes of care their multidisciplinary care team provides
- d. support clinicians to participate in clinical and peer-review, clinical research and quality improvement activities
- e. provide clinicians with access to a professionally staffed health library service that provides timely, reliable, and evidence-based information to support clinical decision-making, policy development, and quality improvement.

**5. How well do the Standards help health services learn, reflect and improve over time?
What could strengthen this?**

The rationale for change emphasises the importance that health organisations learn, develop and improve over time. This is reflected in the draft Standards explicitly.

Here the importance of health librarians and libraries can be emphasised and included in the draft Standards to support this principle.

6. What changes to the Standards would reduce the compliance burden, while maintaining safety and quality?

The draft Standards could explicitly include health librarians and libraries specifically to address these two points:

- A culture of continuous learning depends on access to current, reliable evidence and expertise in navigating it. This is the core function of health libraries.
- Health librarians support workforce education, critical appraisal skills, and reflective practice. Their role fosters genuine learning and quality improvement, rather than a solely compliance focus.

This is critical as it contributes to ensuring an evidence-informed and safe culture is further developed and embedded in our health organisations. Health librarians and libraries play a role in supporting consistent access to information and support to build skills across organisations in retrieving quality evidence, critical appraisal and other resources supporting research and education in health organisations.

Additional comments

We articulated these in our last submission however we wanted to raise these concerns again as we feel that they are not addressed by this new draft.

- The omission of health libraries from the first two editions of the NSQHS Standards has contributed to inconsistent visibility and resourcing of library services across Australia. This represents a systemic gap.
- Health libraries in Australia are currently experiencing a staffing shortfall of 34% as identified in recent research ¹. This gap may be driven by the absence of formal requirements or recognition within national standards. Without mandated inclusions library services risk being undervalued and support for evidence-based practice will diminish.
- Internationally, accreditation and quality frameworks rarely make explicit reference to library and knowledge services as enablers of safety and quality. By embedding such recognition, the NSQHS Standards would not only strengthen Australia's approach but also position the nation as an international leader in embedding evidence-based care at the core of health service delivery.
- To address this gap, the Commission should embed a cross-cutting principle in the introduction to the Standards:

Proposed cross-cutting principle:

"Health service organisations must provide equitable access to library and knowledge services, staffed by qualified information professionals, to enable clinicians, managers, and consumers to access, appraise, and apply evidence in decision-making."

Conclusion

Health libraries are a foundational enabler of safety, quality, and learning in health care. Without explicit recognition in the NSQHS Standards, their role remains undervalued and inconsistently supported, with direct consequences for equity and patient outcomes.

We therefore urge the Commission to include clear reference to health libraries and library professionals within the third edition of the NSQHS Standards, ensuring their critical contribution to evidence-informed care, workforce education, and continuous quality improvement is recognised.

We thank the Commission for considering this submission and would welcome the opportunity to provide further information or participate in consultation activities.

Yours sincerely,



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President
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References

1. Anderson A, Ondracek C. (2025) Too few health library workers: a national benchmarking study of staffing and structure in health libraries. *Australian Health Review* 49, AH25200. <https://doi.org/10.1071/AH25200>