



# NSQHS Standards Second Edition Organisation-Wide Assessment *Final Report*

Newcastle Private Hospital

NEW LAMBTON, NSW

Organisation Code: 120643

Health Service Facility ID: 101000

Assessment Date: 1-4 June 2021

Accreditation Cycle: 1

**Disclaimer:** The information contained in this report is based on the evidence provided by the participating organisation at the time of the accreditation survey and information that the organisation supplied through the reporting and editing process. Accreditation issued by ACHS/ACHSI does not guarantee the ongoing safety, quality or acceptability of an organisation or its services or programs, or that legislative and funding requirements are being met, or will be met.

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# Preamble

## How to Use this Assessment Report

The ACHS assessment report provides an overview of quality and performance and should be used to:

1. provide feedback to staff
2. identify where action is required to meet the requirements of the NSQHS Standards
3. compare the organisation's performance over time
4. evaluate existing quality management procedures
5. assist risk management monitoring
6. highlight strengths and opportunities for improvement
7. demonstrate evidence of achievement to stakeholders.

## The Ratings:

Each **Action** within a Standard is rated by the Assessment Team.

A rating report is provided for each health service facility.

The report will identify actions that have **recommendations** and/or comments for each health service facility.

The rating scale is in accordance with the Australian Commission on Safety and Quality in Health Care's Fact Sheet 4: Rating Scale for Assessment:

Assessor Rating	Definition
Met	All requirements of an action are fully met.
Met with Recommendations	The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required.
Not Met	Part or all of the requirements of the action have not been met.
Not Applicable	The action is not relevant in the health service context being assessed.

## Suggestions for Improvement

The Assessment Team may provide suggestions for improvement for the health service to consider implementing. They are not required to be implemented for an action to achieve a met rating. Suggestions for improvement are documented under the criterion level.

## Recommendations

Not Met/Met with Recommendation rating/s have a recommendation to address in order for the action to be rated fully met. An assessor's comment is also provided for each Not Met/Met with Recommendation rating.

Risk ratings are applied to actions where recommendations are given to show the level of risk associated with the particular action. A risk comment is included if the risk is rated greater than low. Risk ratings are:

1. E: **extreme (significant)** risk; immediate action required.
2. H: **high** risk; senior management attention needed.
3. M: **moderate** risk; management responsibility must be specified.
4. L: **low** risk; manage by routine procedures

## Executive Summary

Newcastle Private Hospital underwent a NSQHS Standards Second Edition Organisation-Wide Assessment (NS2 OWA) from 01/06/2021 to 04/06/2021. The NS2 OWA required 3 assessors for a period of 4 day(s). Newcastle Private Hospital is a Private health service. Newcastle Private Hospital was last assessed between 18-20 July 2017.

### Standard 1

The focus on safety and quality at Newcastle Private Hospital (NPH) is demonstrated in their robust quality performance program with data submissions and analysis systems. Peer review programs are used to benchmark internally through the corporate structure and clinically with ACHS Performance and Outcomes Service.

Strong leadership guide staff and consumers in a collaborative approach to safety and quality, evident in the many improvements over time. Incident reporting is through the electronic RiskMan platform and reports are submitted to corporate and hospital committees for discussion and analysis. Cultural diversity is appreciated, and education provided to staff to meet consumer expectations and reflect the vision of Healthscope.

Consideration has been given to implement strategies and programs to enhance partnering with Aboriginal and Torres Strait Islander Australians with a very active CERG that meets regularly and is involved in making recommendations on how services can be improved, building programs and consumer information.

A range of comprehensive corporate and hospital policies and procedures are readily available on the intranet for staff information.

GAP analyses were completed as per ACSQHC Advisories for: recognising and responding to acute deterioration standard, recognising deterioration in a person's mental state - AS/19, compliance with AS: 4187 – reprocessing of reusable medical devices in health service organisations, AS18/14 and AS 18/15 – Development and implementation of the comprehensive care standard and AS18/11 - Implementing the My Health record system. All staff interviewed at the time of clinical observation by the assessors demonstrated genuine commitment to safety, quality and patient care.

The recruitment of staff is shared with Healthscope and NPH managers. Credentialing and scope of practice for VMOs are well established and followed college and ACSQHC guidelines. Before submission to the MAC for advice, initial application with supporting documents such as medical indemnity and AHPRA registration are forwarded to the Executive Assistant to progress. A comprehensive data base records all details and reminders when renewals and re-applications are due.

The roles and responsibilities of staff members and Consumer Consultants at NPH were clearly defined in their position descriptions. Performance review processes were in place to guide practice. All staff receive hospital orientation and ongoing education and information from the QRM.

The Risk Register is detailed covering clinical and business risks, with a risk rating and mitigating strategies to minimise any risks to the business. There is a clear documented process for root cause analysis for sentinel events as legislated.

External service providers are contracted to meet Australian Standards, codes of practice and legislation, e.g. programmed maintenance schedules, cleaning, linen use and laundering and waste management services. Some contracts are maintained at corporate level and a few of the smaller and local maintenance service providers at NPH. A review of the preventive maintenance program is pending.

The Medical Advisory/Credentialing Committee (MAC), NPH Executive, Leadership and Management Committee and Nursing Executive Committee are the main forums to provide leadership to develop a culture of safety and quality improvement through a clinical governance framework. Other committees as described throughout the report are established to cover all the NSQHS standards and service provision of each department.

Policies, organisation chart, committee structure, strategic and business/clinical risk profiles, meeting schedules and audit schedules, terms of reference for committee meetings with standardised agendas covering the NSQHS standards, letters of appointment and credentialing were all found to be appropriate for the business conducted at NPH.

There is evidence of support for staff attendance at conferences, external and in-house education sessions and on-line training.

## **Standard 2**

Consumer activities are documented in the CERG minutes with reporting to clinical and executive meetings. Effective partnerships exist through collaboration and monitoring of consumer activities and planned projects.

The relationship between staff and the consumer is clearly visible and valued, facilitating ongoing projects to better involve consumers in service provision and care delivery. The response from patients and staff that were spoken to on the survey days were very positive and staff were complimented.

The Consumer Engagement Reference Group (CERG) plays an important role in hospital building projects, patient and family services, information for patients and care delivery. They are involved in making suggestions and comments on any major redevelopment, e.g. the rebuilding of the new CSSD or refurbishment planned with suggestions from consumers attending meetings and completing patient experience surveys.

The new and revised version of the Australian Charter of Healthcare Rights 2nd edition (August 2019) is clearly displayed and available to each patient and their families in different languages if required.

A number of information brochures and handouts, some designed and printed by Healthscope or Newcastle Private Hospital which will have a Consumer Approved Publication stamp if evaluated and approved by consumers.

The focus on acknowledging and understanding Aboriginal and Torres Strait Islander people has improved through the appointment of a Consumer Consultant with Aboriginal and Torres Strait Islander background and the appointment of an Aboriginal Liaison Officer in the hospital.

There was evidence of each patient receiving individualised and special care depending on their individual needs following discussion with inpatients during the assessment. Orientation and education of staff and consumers on cultural diversity prepares staff in managing care and services to patients with respect to individuality and special needs.

Consumer Consultants train staff through their experiences and knowledge base and staff are provided with education throughout their employment.

### **Standard 3**

Infection Control is well managed at NPH, policies and evidence-based systems are used to prevent and control health-care associated infections. The health service organisation is clean and hygienic. Systems are in place to support and promote prevention and control of healthcare associated infections. Evidence-based systems are used to prevent and control healthcare-associated infections. Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. Reprocessing of reusable medical devices  
Reprocessing of reusable equipment, instruments and devices is consistent with relevant current national standards and meets current best practice. NPH has systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program.

### **Standard 4**

NPH have appropriate clinical governance and quality improvement systems to support medication management. These systems support and promote safety for procuring, supplying, storing, prescribing, dispensing, administering and monitoring the effects of medicines.

The medication history and information relating to medicine allergies and adverse drug reactions are available to clinicians. A patient's medicines are reviewed, and information is provided to them about their medicine needs and risks.

### **Standard 5**

At NPH systems are in place to support clinicians to deliver comprehensive care. Integrated screening and assessment processes are used in collaboration with patients to develop a goal-directed comprehensive care plan.

Comprehensive care plans are well utilised across all clinical areas of Newcastle Private Hospital (NPH). Patients and family members are engaged in the development and reviewing of goals of treatment. Care provided at the end of life is well done, supportive of the patient and family members and there is access to external palliative care expertise. There has been improvement in the prevention and management of falls, pressure injuries and nutrition. NPH have effective policies and procedures implemented to minimise patient harm. The management of cognitive impairment and the prevention of delirium as well as the management of potential self-harm by patients is well done.

### **Standard 6**

There are good policies and processes to ensure effective communication and documentation at NPH. The assessors observed staff actively engaging with patients, carers and families and providing clear, supportive communication. The patient information booklet and pamphlets are well written and have consumer endorsement. Clinical handover is well done at the bedside and all critical clinical information is discussed with the patient. Patients' comments about the bedside handover were all very positive and appreciative of the care given by nursing and medical staff.

### **Standard 7**

All actions within the Blood Management standard are managed quite well. The policies and clinical governance ensure that the patient's own blood is optimised. Patient consent for blood transfusion and the information provided to patients about blood transfusion is very good. The processes for ordering, storage, tracking and minimising wastage are monitored by the Haemovigilance committee. The committee has identified five good quality improvement actions to be achieved by the end of the year.

### **Standard 8**

It was clear to the assessors that NPH views the detection and recognition of acute deterioration and response processes as a high priority. The governance structure and policies drive the effectiveness of the processes and procedures to ensure patient safety. The REACH system has been implemented and information is provided to patients and families on the system. The risk assessment tool used by staff is thorough and well utilised whenever a patient is admitted or transferred from one ward to another. Staff are vigilant and act quickly if physical or mental state begins to deteriorate. The Rapid Response Team to a great job in responding promptly and have the skills required to save lives.

## **Summary of Results**

Newcastle Private Hospital achieved a met rating for all facilities in all actions and therefore there is no requirement for a follow up assessment.

**Further details and specific performance to all of the actions within the standards is provided over the following pages.**

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## Sites for Assessment

### Newcastle Private Hospital

Site	HSFID	Address	Visited
Newcastle Private Hospital	101000	PO Box 466 NEW LAMBTON NSW 2305	Yes



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## Standard 1 - Clinical Governance

Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person centred, safe and effective.

ACTION 1.1	
<p>The governing body:</p> <p>a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation’s clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation’s progress on safety and quality performance</p>	
Comments	Suggestion(s) for Improvement
<p>Newcastle Private Hospital demonstrate a focus on patient-centred care that partners with consumers in the planning, delivery and evaluation of services and care delivery. A revised Consumer Partnership Plan 2020 – 2023 outlines the strategies to achieve consumer partnership goals and is embedded in the Clinical Governance Framework 2021 – 2025.</p> <p>An ATSI Liaison Officer has been appointed who is a member of staff and of the Healthscope ATSI Webex team.</p> <p>The National Sorry Day was acknowledged at NPH and NAIDOC celebrations are celebrated from the 04/ 07 - 11/07 this year.</p> <p>The Consumer Engagement Reference Group (CERG) is a very active forum comprised of consumers and hospital key personnel that meets regularly, at least 3-monthly, and engages with hospital staff providing valuable into strategies improve services for the community. The Minutes of the CERG meetings were sighted and it is noted that Consumer Consultants also attend the Patient Care and Quality Risk Committees and are able to participate in the presentation and discussion of safety and quality data.</p>	

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ACTION 1.1	
<p>The governing body:</p> <p>a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation’s clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation’s progress on safety and quality performance</p>	
<p>The Patient Information Directory was developed in April 2021 with consumers providing suggestions and has the Consumer Approval stamp for a publication. Hospital orientation of staff, VMO, volunteers and Consumer Consultants includes introduction to the ALO and the role she plays in recognising cultural diversity.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.2	
<p>The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people</p>	
Comments	Suggestion(s) for Improvement
<p>NPH reviewed the demographic profile of the patient population in the area and found that the numbers of Aboriginal and Torres Strait Islander patients are low (3.8%).</p> <p>Regardless of this, strategic directions to incorporate a culture of diversity and acknowledge and promote Aboriginal and Torres Strait Islander culture as a core objective in their strategic directions for the future.</p>	
Rating	Applicable HSF IDs
Met	All

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<b>ACTION 1.3</b>	
The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The Clinical Governance Framework drives improvements in safety and quality and is comprised of clinical and non-clinical policies, procedures and quality and risk management programs that are easily accessible by staff electronically with a hard copy kept in the Executive Office if required.</p> <p>Clinical and non-clinical data within KPIs are collected, collated and reported monthly to Healthscope with discussion by executive teams.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.4</b>	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Diverse culture training and education for staff continues to improve through orientation and feedback from the Consumer Engagement Referenced Group (CERG). Staff have enhanced acknowledgment and appropriate values instilled. On-line training modules are accessed by staff and expanded as new material becomes available.</p> <p>The NPH Executives implement and monitor strategies to meet safety and quality priorities for ATSI demonstrated by the development and implementation of the Reconciliation Action Plan (RAP).</p>	

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<b>ACTION 1.4</b>	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.5</b>	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There is a noticeable culture of patient-centred care, family and community support and striving for best practice as expressed informally by patients and staff on the days of assessment. Integrated into the core values of NPH is that the patient is the focus of all activities of the services. It was apparent that consumer input in improving patient information and services is recognised and valued.</p> <p>Business decision-making is a collaborative process between corporate office, NPH executives, VMOs, staff and consumers who expressed their views and input into change with the assessment team.</p> <p>Strategic and business planning is developed as a result of safety and quality outcomes.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 1.6</b>	
Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Staff are skilled and trained for their specific roles and responsibilities. Recruitment is carried out through Healthscope, NPH executive team and department managers. Staffing was a challenge given the number of changes in key roles over the last 12 months. However, new appointees show a high level of enthusiasm and knowledge base for their roles, defined in their position descriptions and following a comprehensive orientation and training sessions that includes the Healthscope eLearning programs.</p> <p>There was evidence of staff participation in all aspects of patient care along the continuum so as to achieve the highest standard of safety and care delivery. The quality and risk management programs ensure the clinicians operate within the defined clinical governance framework. This framework is well articulated to all staff at orientation and referred to regularly as performance measures are assessed.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.7</b>	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There is a risk management approach to NPH's extensive list of policies, procedures and guidelines. Many of the policies have been developed by Healthscope so that they suit the corporate values and are appropriate for similar hospitals within the group.</p>	

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<b>ACTION 1.7</b>	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
At the OWA it was apparent that evidence-based policies and procedures were utilised with formatting and the content of policies reflective of standardised best practice and these are easily accessible to all staff.  Adherence to policies is monitored and non-compliance issues documented and reported through RiskMan immediately and presented at committee meetings.  There is evidence to support that both policies and procedures are compliant with legislation, regulation and state requirements and are reviewed at least 3-yearly.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.8</b>	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There is a dynamic senior management team that supports Healthscope’s mission and values and actively encourages and mentors staff to fulfil their roles. The General Manager, Director of Nursing, ADON of Theatres and QRM displayed pivotal roles in maintaining a continuous improvements culture within the Hospital.  The assessors saw evidence of and appreciated that there is a systematic approach to quality improvements, with many projects being undertaken across the departments. Consultation and collaboration between staff and consumers is ensuring that quality initiatives are planned consistent with improvements in the provision of care.	

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<b>ACTION 1.8</b>	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
Patient feedback and suggestions for improvement are readily available to staff through patient experience surveys (Qualtrics) and are displayed in prominent places around the hospital.	
Robust quality performance systems are in place at NPH with data submissions and analysis systems and peer review programs used to benchmark the activities.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.9</b>	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The assessors noted that there is ongoing engagement with consumers to provide appropriate safety and performance information. There is ample evidence of the measurement of: quality activities, incident reporting through RiskMan and safety and quality outcomes at every point of care at NPH. Benchmarking data feedback utilising ACSQHC patient experience surveys, specific external data collection agencies such as NAPS, NHHI, AROC, Perinatal Data base and ACHS provide opportunities to monitor and compare outcomes.	
The assessors saw evidence of and appreciated that there is a systematic approach to quality improvements, with many projects being undertaken across the departments. Consultation and collaboration between staff and consumers are ensuring that quality initiatives are planned consistent with improvements in the provision of care and service delivery.	

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<b>ACTION 1.9</b>	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
Quality and incident reports are submitted to the corporate office and hospital committees, including the CERG meetings.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.10</b>	
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The Risk Register at NPH is detailed covering clinical and business risks, with a risk rating and mitigating strategies to minimise any risks to the business. The risk management system includes strategies, resources and clear accountability for remedying risks. This register is routinely reviewed, and prioritisation of the schedule was noted to occur.</p> <p>External service providers are contracted to meet Australian Standards, codes of practice and legislation, e.g. a reporting program for site maintenance, programmed maintenance schedules for equipment, contracts for cleaning, pest control and waste management services.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



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ACTION 1.11	
<p>The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems</p>	
Comments	Suggestion(s) for Improvement
<p>Newcastle Private Hospital has used the Incident Management System (RiskMan) tool for a number of years which also included an upgrade, so that staff are familiar with the system, and able to report incidents as soon as they have occurred. The no-blame culture that exists in NPH supports the timely recording of incidents, which are used for lessons-learned, and to ensure that further episodes of the incident can be avoided, wherever possible.</p> <p>There is a comprehensive framework of committees to support the effective management of incidents.</p> <p>Following the clinical observational auditing of the assessment team members and in discussions with staff, indications of improvement/s, a focus on the patient, monitoring and reporting methodology (PICMoRs methodology) and incidents identified that are reported and evaluated for trending, form the basis for ongoing education.</p>	
Rating	Applicable HSF IDs
Met	All

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<b>ACTION 1.12</b>	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework <sup>6</sup> b. Monitors and acts to improve the effectiveness of open disclosure processes	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The assessors noted that training and reporting was inclusive of open disclosure as well as reporting through to the Leadership and Management and MAC Committees.</p> <p>Open disclosure policies and procedures are consistent with the Australian Open Disclosure framework, and clinicians are trained and supported in this process. All events of Open disclosure are recorded and tracked.</p> <p>Understanding of open disclosure and its applications is monitored by the Quality and Risk Committee and is a component of the code of conduct of Healthscope and NPH.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.13</b>	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>At every opportunity along the patient journey, patients and their significant other are encouraged to provide feedback on their concerns and what improvements could be made to suit them and for the service based on their experience.</p> <p>This feedback is sought formally through surveys and informally from verbal conversations. Feedback is also obtained informally through incidental conversations with staff.</p>	

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<b>ACTION 1.13</b>	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
At the time of the assessment, patients were interviewed and throughout these conversations there were no complaints and many compliments of the service, care delivery, meals and staff. This feedback, both positive and negative, is collected and reviewed with the team along the continuum.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.14</b>	
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The complaints management system and Healthscope policy defines the limitations of responding to a complaint. This is provided to staff on orientation and is closely monitored for compliance.</p> <p>The initial contact person in the event of a complaint is the NUM of the ward and then escalation to the Director of Nursing or General Manager if required.</p> <p>The reporting and management of complaints is known to staff, patients and consumers. Directions for making a complaint is included in the patient directory and the Rights and responsibilities document. The complaints management system adopts an open disclosure procedure that is consistent with the Australian Open Disclosure Framework.</p>	

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ACTION 1.14	
<p>The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system</p>	
<p>The roles and responsibilities of those overseeing the complaints management system (including data analysis) are clearly defined. Whilst minimal complaints are received the system has been tested for rigor ensuring there is linking of the complaints management system to the organisation's policies on open disclosure, risk management policy, the credentialing and scope of clinical practice and the quality improvement systems.</p> <p>Complaints with any potential for a claim, are clinically significant or involving a statutory authority are also entered as a RiskMan Patient Incident Entry (via feedback 'pipeline').</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.15	
<p>The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care</p>	
Comments	Suggestion(s) for Improvement
<p>NPH has identified the diversity of their local community and supports a focus on specialised healthcare needs in structuring support systems and information to suit the diverse needs. Healthscope and hospital policies are developed to assist staff in providing diverse services and care delivery.</p> <p>Access to patient information material in other languages is provided as is access to interpreters if required.</p>	

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<b>ACTION 1.15</b>	
The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	
The patient's country of origin and self-identification as Aboriginal and Torres Strait Islander Australians is recorded on admission and utilised in the national database.	
There was evidence provided that cultural awareness training is provided at staff orientation and training in cultural awareness is part of the essential/mandatory training schedule.	
Diverse groups are identified according to their special, religious and cultural needs and risk factors. Documentation is noted in the health record and communicate to all caregivers at the point of care.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.16</b>	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Clinical records are currently paper based with limited personal details installed into the electronic platform, WebPAS. Plans are underway to completely change clinical record keeping to the electronic version. Non-compliance in record keeping is included in the overall Risk Register.	Regular reviewing of the transporting of clinical records from one department to another be undertaken to measure compliance with security and privacy guidelines and be incorporated into the quality schedule.
All elements of care are documented in the patient health care record from initial referral, risk assessments and treatment plans and delivery of treatments, through to completion of treatments and discharge back to the referrers for ongoing care and to the funding bodies. Any variances in treatment plans are alerted for peer review or raised as a risk or variance with the funding body (Insurer), documented and are	

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<b>ACTION 1.16</b>	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
followed up by the Clinical Managers and health information staff. There was evidence provided through audit results and meeting minutes that there is regular review of risks and active monitoring and reporting on outcomes through the risk management system.	
On the assessment days assessors noted the transporting of clinical record files in open mobile carts/trolleys and following review, this was changed immediately to a covered transport system to ensure the privacy and confidentiality of patient details.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.17</b>	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The paper-based medical record is used by the staff at the point of care. All components of the record are audited for compliance, use National patient and provider identifiers and use standard National terminology.	
MyHR is an online summary of a person's health information.	
The information required in My Health Record system is available, and includes the national patient and provider identifiers, using standard terminologies. All relevant staff have been trained to use the MyHR, and this was evident to the assessors.	

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<b>ACTION 1.17</b>	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
<p>Healthscope has a corporate group that has addressed the organisation's requirement to meet the Advisory AS18/11 and the completion of a Gap Analysis for the extract of healthcare information to be submitted to My Health Record (MyHR).</p> <p>Patient information booklets and brochures developed by the Australian Government - Digital Health Agency were made available to patients and their relatives.</p> <p>On implementation, staff were provided with training and updates as the system progressed.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.18</b>	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Refer to action 1.17.</p> <p>NPH conducts regular audits to ensure that the information captured on the record is complete and consistent with regulations, and that only authorised staff have access to the EMR, which records the information that will be sent to MyHR.</p> <p>Non-compliance of clinical record documentation is included in the overall Risk Register and reported through RiskMan.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>

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<b>ACTION 1.18</b>	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
Met	All

<b>ACTION 1.19</b>	
The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The clinical team are credentialed in accordance with their individual craft groups, position or role descriptions. The level of involvement of staff in safety and quality is outlined in their individual position descriptions. Additionally, specific staff are allocated, or have been recruited to perform specified functions that support clinicians to collect and analyse audit results, performance measures and patient experience feedback and treatment outcomes.</p> <p>A performance review process is in place at NPH and there is a performance improvement plan and supportive tools available for use. One-on-one discussions with the General Manager, Director of Nursing and ADON produced feedback and the management of complaints from patients and improvement opportunities.</p> <p>Education and orientation is tailored to the individual which includes students and volunteers. The organisational chart describes the reporting lines of staff, management committees and clinical forums.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



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ACTION 1.20	
<p>The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce’s participation in training</p>	
Comments	Suggestion(s) for Improvement
<p>There is a comprehensive and well monitored staff training and education program, developed and maintained by Healthscope and NPH. A regular Education Meeting is held with agenda items reflecting the NSQHS standards to present education sessions, student and graduate programs, completed and planned programs for multidisciplinary staff.</p> <p>Online training, face-to-face sessions and self-directed learning packages focus on safety and quality and includes, but are not limited to: manual handling, hand hygiene, incident reporting and RiskMan use, aseptic technique, identifying and bullying and harassment, managing changes in behaviour, privacy awareness, patient identification &amp; procedure matching and team ‘time out’, co-design partnering with consumers, comprehensive care, medication management, first response evacuation and fire safety, preventing and controlling for healthcare associated infections and basic and advanced life support.</p> <p>Conference and seminar attendance opportunities have been limited and replaced with virtual programs during the Covid-19 pandemic period. There are plans in place to revisit these learning campaigns as restrictions are lifted.</p> <p>Mock emergency evacuation is incorporated into the Fire Evacuation Drill which is scheduled for June each year by the Fire Wardens and evaluated with outcomes used for further improvements.</p>	
Rating	Applicable HSF IDs
Met	All

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<b>ACTION 1.21</b>	
The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There is an indigenous consumer on the Consumer Engagement Reference Group who partners with executive staff and other hospital personnel on information, projects and specific needs. NPH orientation and education programs include cultural awareness training and lack of cultural understanding is incorporated into the Risk Register and closely monitored.</p> <p>The appointment of an ATSI Liaison Officer has introduced a focus on cultural awareness and competency and attention to detail to meet the needs of Aboriginal and Torres Strait Islander People.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.22</b>	
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A performance review process is in place at NPH and there is a performance improvement plan and supportive tools available for use. One-on-one discussions with staff include feedback and the management of complaints from patients and resolution opportunities.</p> <p>Feedback is used for future education programs and special focus projects.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 1.23</b>	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The level of involvement of staff in safety and quality is outlined in their individual position descriptions. Specific staff are allocated or have been recruited to perform specified functions that support clinicians to collect and analyse audit results, performance measures and patient experience and outcomes.</p> <p>All members of the clinical team are credentialed in accordance with their individual craft groups, formal qualifications and their position descriptions.</p> <p>Credentialling and scope practice for VMOs are well established and follows college guidelines and the Healthscope By-Laws.</p> <p>VMO applications are submitted with supporting documents, such as medical indemnity and AHPRA registration, to the General Manager for presentation at the Credentialling Committee, a sub-committee of the Medical Advisory Committee.</p> <p>Initial accreditation is given for 12 months and then followed up after this period for a further 4 years, totalling 5 years of accreditation before re-accreditation applies.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 1.24</b>	
The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Evidence of qualifications and currency of practice are required for all clinical staff. Annual registration with APHRA was verified in the Executive Assistant's data base nurses and doctors and through discussion with members of the Medical Advisory Committee (MAC) and as noted in the Healthscope By-laws.</p> <p>A record of education, qualifications and formal training are maintained for all health professionals in a secure database. The Executive Assistant maintains a comprehensive data base recording relevant details and reminders when renewals and re-applications are due. This has recently been revised to include additional information on credentialing approval timelines.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.25</b>	
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A performance review process is in place at NPH and there is a performance improvement plan and supportive tools available for use. Examples of these tools are: job descriptions, core competencies, orientation kits for: Clinicians/Agency staff/Consumers/Volunteer staff, and satisfaction surveys for all staff.</p> <p>Staff with dedicated safety and quality roles are assessed on these specific roles and reviews are undertaken annually. Competency based assessments are carried out by the Nurse Managers of the ward and are based on relevant clinical skills required for the clinical area.</p>	

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<b>ACTION 1.25</b>	
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.26</b>	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The organisation flow chart illustrates the lines of communication and supervision at NPH. Position descriptions identify roles and responsibilities and a comprehensive orientation program describes how they can fulfill these roles</p> <p>NPH has emergency procedures that are available for each of the departments. The support arrangements are available 24x7. There are after-hours services and staff on-call arrangements, e.g. for emergency surgical cases that are available to ensure that staff are supported and able to fulfill their roles and responsibilities.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 1.27</b>	
The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>At the assessment it was apparent that evidence-based policies and procedures were utilised with formatting and the content of policies reflective of standardised best practice and these are accessible to all staff.</p> <p>There is a combination of Healthscope (corporate) policies and those specific to Newcastle Private Hospital given the differences in services and craft groups. Comprehensive policies and procedures to comply with the NSQHS standards are developed and circulated with a three-yearly review and these standards form the basis of committee agendas.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.28</b>	
The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NPH staff members demonstrate a strong commitment to continuous improvement in the safety and quality programs referenced in the NSQHS (second edition) Standards accreditation program.</p> <p>The focus on safety is well demonstrated through a comprehensive Risk Register, Safety and Quality Plans and focus projects that are reviewed and updated annually</p>	

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<b>ACTION 1.28</b>	
<p>The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system</p>	
<p>or as required. Robust quality performance systems are in place which continuous to improve service delivery and is supported by data submission and an analysis system used to benchmark activities of the hospital with similar health facilities within the Healthscope group.</p> <p>The NPH Clinical Trial Unit has undertaken some important studies in cancer research and has been recognised for their outstanding work in 2020. Their efforts have supported clinical review and identified clinical variation to improve practices at NPH.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.29</b>	
<p>The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose</p>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There is an electronic preventative maintenance schedule at NPH maintained by the Maintenance Manager in collaboration with Healthscope and ensuring no down time is experienced at the hospital. Maintenance personnel are employed for general maintenance and external service providers are contracted for specialised equipment and fixtures.</p> <p>Healthscope recognises that safety of the environment is the responsibility of all staff. Workplace health and safety environmental inspections are carried out monthly as per schedule. The assessors observed records verifying the following: Annual Fire Safety Statement dated November 2020, annual Preventative Maintenance Schedule, biomedical testing, Fire Safety Equipment testing, Air</p>	

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ACTION 1.29	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
conditioning maintenance, new CSSD equipment still under warranty and managed by an external company.	
There are plans to revise contractual arrangements with external providers through a corporate arrangement in the near future.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.30	
The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required	
Comments	Suggestion(s) for Improvement
Security of property, building and people are a high priority at NPH. Patients are risk-assessed for admission and there are exclusion criteria that would apply for abnormal behaviour and acute psychiatric conditions.	
The ability to lock down is of primary importance in an emergency situation. A Healthscope policy defines the lockdown procedure to minimise risk and increase the safety of staff and patients. It is noted that emergency evacuation training are a yearly mandatory education requirement.	
A Code BLACK will be activated prior to Building Lock Down and evacuation plans guide staff in the event. Emergency exits are easily identified and may be used for ambulance access and exit if required for evacuation.	
Rating	Applicable HSF IDs
Met	All



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<b>ACTION 1.31</b>	
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NPH is co-located with the John Hunter Hospital and signage is clearly posted for the 3 buildings that comprise the private hospital. Some of the buildings are contemporary and functional. Since purchase, Healthscope has continually refurbished and expanded to meet modern health facility design, and to meet consumer expectations.</p> <p>The patients interviewed during the assessment all commented on the ambiance of their rooms and the comfortable facilities.</p> <p>External and internal signage shows clear direction and is regularly updated following suggestions from consumers.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.32</b>	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Patients who have an overnight stay are well prepared for their stay by the provision of pre-admission and admission. Information for patients and their relatives are described in the Patient Information Directory and the web site. Patient are assessed on their individual personal and clinical needs.</p> <p>Flexible visiting hours are set down for specific clinical wards such as Maternity, Birthing Suite, Oncology, Coronary Care, ICU and Rehabilitation. Visiting hours were reviewed and revised in November 2020. Visiting protocols vary for each ward with limitations on numbers and timeframes.</p>	

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<b>ACTION 1.32</b>	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.33</b>	
The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Assessors were impressed with the many Aboriginal and Torres Strait Islander canvases and paintings displayed throughout the buildings as well as the My Health Record booklets with Aboriginal and Torres Strait Islander artwork on the covers.</p> <p>In particular, the Acknowledgement Statement and 'dot paintings' in the reception area of the Croudace building and the information on the CERG and photographs and profiles of the Consumer Consultants. The Consumer Partnership Plan (2020 – 2023) details the contingencies in place for successful partnering with ATSI Australians. A gap analysis of ATSI resources by Healthscope has resulted in future plans for improvements at NPS.</p> <p>In order to capture all patients who have identified themselves as Aboriginal Torres Strait Islander a report is generated daily from the WebPAS patient management system and discussed at the daily operational meeting. This ensures the ALO is aware of their admission and will be prepared to introduce herself and meet them.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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## Standard 2 - Partnering with Consumers

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

ACTION 2.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	
Comments	Suggestion(s) for Improvement
<p>Newcastle Private Hospital demonstrate a focus on patient-centred care that partners with consumers in the planning, delivery and evaluation of services and care delivery. A revised Consumer Partnership Plan 2020 – 2023 outlines the strategies to achieve consumer partnership goals and is embedded in the Clinical Governance Framework 2021 – 2025.</p> <p>An ATSI Liaison Officer has been appointed who is a member of staff and of the Healthscope ATSI Webex team.</p> <p>The National Sorry Day was acknowledged at NPH and Naidoc celebrations will be celebrated from the 04/ 07 - 11/07 this year.</p> <p>The Consumer Engagement Reference Group (CERG) is a very active forum comprised of consumers and hospital key personnel that meets regularly, at least 3-monthly, and engages with hospital staff providing valuable into strategies improve services for the community. The Minutes of the CERG meetings were sighted and it is noted that Consumer Consultants also attend the Patient Care and Quality Risk Committees and are able to participate in the presentation and discussion of safety and quality data.</p> <p>The Patient Information Directory was developed in April 2021 with consumers providing suggestions and has the Consumer Approval stamp for a publication.</p> <p>Hospital orientation of staff, VMO, volunteers and Consumer Consultants includes introduction to the ALO and the role she plays in recognising cultural diversity.</p>	

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<b>ACTION 2.1</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Consumers play an important role in assisting NPH to integrate clinical and non-clinical systems in partnership with consumers.</p> <p>The role of consumers is identified through job descriptions, orientation and education and is closely monitored by hospital executives and through the Qualtrics Patient Experience platform feedback system with improvements noted throughout this process. Examples of improvements are the review of patient handouts and booklets, review of Patient Care Boards and feedback regarding the “End-of-Life Toolkit”, to name a few.</p> <p>Standard duties include conducting surveys, attending committee meetings, reviewing publications, staff education, and assisting with accreditation.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 2.3</b>	
The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights16 b. Easily accessible for patients, carers, families and consumers	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The Australian Charter of Rights (2nd edition) is clearly visible throughout the hospital and provided to patients on admission.</p> <p>There is a comprehensive Patient Information Directory that includes the Healthscope Hospital Rights and Responsibilities available in each patient’s locker which also outlines complaints management.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.4</b>	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A consent policy and process cover consent for treatment, use of personal information and financial consent and follows regulation and best practice.</p> <p>There is also a Healthscope Corporate policy on obtaining patient consent for photography and audio-visual recordings for clinical management as well as non-clinical purposes to support the overall consent policy and process.</p> <p>Failure to obtain a valid consent and non-compliance in the consent process is included in the overall Risk Register.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 2.5</b>	
The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The consent policy includes consent by a guardian/relative if a patient is unable to make decisions for themselves. Discussions with staff and patients during the 4-day assessment supports this policy.</p> <p>A Healthscope policy describes the process for the use of an External Consent form when a disclaimer is to be signed.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.6</b>	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Shared decisions and planning care can be observed in the clinical handover, "Time Out" procedures in the operating theatres and ward patient rounding procedure. The introduction of the "Back to Bedside" handover has enhanced the communication of patient goals and therefore staff and patient expectations and goals.</p> <p>Staff discuss goals of care and treatments with the patient and with a relative if available. The Patient Care Board is in each patient room and records personal details attending Medical Practitioner, staff details for each shift and planned discharge. The Patient care Board is currently being revised to include goals of care delivery.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 2.7</b>	
The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Staff participate in orientation and education on strategies to observe consumer partnerships. Staff (VMOs included) are trained to be competent in responding to cultural diversity, Consumer Consultants play an important role, according to their job descriptions and their participatory goals, in providing feedback regarding patient experiences and their own experiences.</p> <p>The Aboriginal and Torres Strait Islander Liaison Officer plays a vital role in ensuring this cohort of patients are assisted in the admission, patient journey and discharge. She identifies with their specific needs and makes every effort that they understand information, instructions and treatments.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.8</b>	
The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There is evidence that the diversity of patients is acknowledged and respected culturally and linguistically. Patient information is provided in different languages and provided on request. Languages are varied and information will be provided on request.</p> <p>Feedback on documents and brochures from consumers and patients is through patient experience surveys, Consumer Consultants and informally to staff and volunteers.</p>	

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<b>ACTION 2.8</b>	
The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.9</b>	
Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NPH involves consumers in the development and revision of publications, referred to and stamped as a Consumer Approved Publication (CAPS), utilising the ACSQHC guidelines on health literacy.</p> <p>Assessors viewed some of these impressive documents such as the Healthscope Patient Journey, REACH Brochure and the Patient Information Directory.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.10</b>	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A number of improvements in the communication between patients, carers and families have occurred over time from suggestions from the CERG. Patient rounding is one of the improvements that have improved communications and strengthening the delivery of patient centred care.	



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<b>ACTION 2.10</b>	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
<p>Notice boards in patient areas display relevant hospital information and other health literacy. Patient outcomes such as hand hygiene compliance, results of safety and quality audits and patient experience surveys are also posted for staff, patient and carer interest.</p> <p>The booklet on “Top Tips for Safe Health Care is readily available on admission and on the Healthscope web site to all patients and their families.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.11</b>	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Access to interpreter services is available should they be required. Results of patient experience surveys (Qualtrics) indicate that patients and carers are aware of and can understand their rights and responsibilities and show good levels of satisfaction with the information provided and the service.</p> <p>NPH follows NSW Health Policy directives in planning care for culturally diverse communities. Staff are trained in multicultural diversity and respect for different cultures and religions. Consideration is given to patients’ culture, religion and personal and specific needs. Consultation with various groups such as people with disabilities, gender diversity, migrant and refugee families help to identify problems and help cater for their needs.</p>	

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<b>ACTION 2.11</b>	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
The appointment of an Aboriginal and Torres Strait Islander People's Liaison Officer (ALO) is an example of successful steps to effective partnership with the indigenous culture and community.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.12</b>	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A Healthscope policy, consistent with the views of the Australian Commission for Safety and Quality in Health Care (ACSQHC), outlines policy and procedures for patients to enhance their health and safety while partnering with staff.</p> <p>Consumer Consultants provide valuable input into any current or new information that is available to patients, hospital structural development and design, e.g. planned refurbishment and redevelopment of the Maternity Ward and patient clinical indicator and quality and safety outcomes.</p> <p>Agenda items of the CERG meetings demonstrate consumer involvement in building projects, refurbishment, consumer publications and safety and quality outcomes.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 2.13</b>	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The ALO is newly appointed and will be instrumental in defining important aspects of caring for and respecting Aboriginal and Torres Strait Islander People in partnership with staff.</p> <p>There is sufficient information and resources on Aboriginal and Torres Strait Islander patients and considerations for their specific care. Liaising with the CERG has increased competency and consistency of staff to care for sick Aboriginal and Torres Strait Islander people albeit a very small cohort at this stage.</p> <p>Assessors were impressed with the many improvements in acknowledging and working with Aboriginal and Torres Strait Islander Australians, detailed in the overall OWA report. The “Come together “- Healthscope Painting” displayed in key hospital areas is easily recognisable as a Healthscope contribution.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.14</b>	
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Foundation Training modules are developed by Healthscope and outline the roles and partnership strategies with staff at NPH.</p> <p>The ALO has developed strategic directions for incorporating a comprehensive program of respecting and managing cultural diversity.</p>	

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ACTION 2.14	
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	
The Consumer Consultant who has an Aboriginal and Torres Strait Islander background teaches staff about the culture, considerations, respect and expectations of his people.	
Rating	Applicable HSF IDs
Met	All

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## Standard 3 - Preventing and Controlling Healthcare-Associated Infection

Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients. The workforce uses these systems.

ACTION 3.1	
The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship	
Comments	Suggestion(s) for Improvement
<p>The Infection Control Committee uses the established clinical governance structures and processes of the framework with quality indicators and outcome measures to enable reporting and benchmarking internally and externally.</p> <p>Appropriate policies are ratified prior to release to staff. Risks are listed in the Risk Register and meeting minutes demonstrate their discussion and review. The Infection Prevention Committee manages the risks well, whilst ensuring compliance with policy. Staff have access to ongoing training to ensure compliance.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program	
Comments	Suggestion(s) for Improvement
NPH Infection Prevention committee evaluates the infection prevention program as part of the quality improvement program.	

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<b>ACTION 3.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program	
It monitors the AMS program and has documented strategies to improve outcomes. Reporting occurs through clinical governance of audit results and the AMS program.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH patients are an integral part of preventing and managing healthcare associated infections and AMS. Patients are involved in their care from pre-admission through to discharge. The need to use anti-microbial medication is discussed on an individual basis with patients, if able.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 3.4</b>	
The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that: a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH collects and publishes surveillance data internally and externally. Data is presented to appropriate meetings with improvements sought and discussed. Antimicrobial use across all services is discussed at relevant meetings and improvements in prescribing and reporting noted at time of survey.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.5</b>	
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup> , and jurisdictional requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has in place processes to ensure at all times standard precautions are adhered to with the ability to rapidly institute transmission-based precautions consistent with the Australian and NSW Ministry of Health guidelines.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 3.6</b>	
Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs to manage infection risks d. The need to control the environment e. Precautions required when the patient is moved within the facility or to external services f. The need for additional environmental cleaning or disinfection g. Equipment requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH assesses patient risk on admission or pre-admission as appropriate. Colonisations, communicable diseases or infections are noted so that all staff are aware of the risk. If there is need for the environment to be adjusted this is organised rapidly.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.7</b>	
The health service organisation has processes for communicating relevant details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has an alert regarding patient infectious status that they use on the physical file and on the electronic files. If patients are transferred to other facilities this information is included.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : Newcastle Private Hospital  
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<b>ACTION 3.8</b>	
The health service organisation has a hand hygiene program that: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has a robust hand hygiene program including the HHA online training, with sound results from their auditing. They utilise two gold standard auditors and other trained auditors. Results are reported to clinical meetings and issues of non-compliance are addressed as appropriate.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.9</b>	
The health service organisation has processes for aseptic technique that: a. Identify the procedures where aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has a policy regarding aseptic technique and an online training program followed by annual competency testing. Results demonstrate a high compliance rate and are reported to the organisation for monitoring.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 3.10</b>	
The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has processes regarding the use and management of invasive devices consistent with Australian Guidelines.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.11</b>	
The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup> , and jurisdictional requirements – that: a. Respond to environmental risks b. Require cleaning and disinfection in line with recommended cleaning frequencies c. Include training in the appropriate use of specialised personal protective equipment for the workforce	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH provides an excellent service to ensure that the environment is clean and hygienic. Assessors noted that they are responsive to risks. A cleaning schedule is used to ensure all areas are addressed. training is provided on the chemicals used and the use of personal protective equipment.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 3.12</b>	
The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings c. Handling, transporting and storing linen	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has processes to respond to infection risks. All new and existing equipment, devices and products are repaired and maintained as appropriate. There is a process to ensure the purchase of new equipment, furniture and fittings are considered from an infection control perspective. Linen is stored and transported appropriately.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.13</b>	
The health service organisation has a risk-based workforce immunisation program that: a. Is consistent with the current edition of the Australian Immunisation Handbook <sup>19</sup> b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Newcastle Private has a sound program in place to ensure all staff have appropriate immunisation based on state guidelines that are consistent with the Australian Immunisation Handbook. New employees must show proof of vaccine preventable disease immunisation prior to starting work.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
 Org Code : 120643

<b>ACTION 3.14</b>	
Where reusable equipment, instruments and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH processes for reprocessing reusable equipment and instruments are consistent with national and international standards. The traceability system for all processed items is state-of-the art and able to identify the patient, procedure and individual instruments used for each surgery/procedure. Staff are well trained in reprocessing and take their role very seriously.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.15</b>	
The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard <sup>20</sup>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has an antimicrobial stewardship policy, usage is reviewed as part of the Medical Advisory Committee (MAC). The program is consistent with current evidence-based guidelines. A formulary is available to guide clinicians in the restrictions and the approval process.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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ACTION 3.16	
<p>The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy • antimicrobial use and resistance • appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing</p>	
Comments	Suggestion(s) for Improvement
<p>Through a sub-committee of the MAC the data of antimicrobial prescribing and use as well as surveillance data is reviewed. Antimicrobial resistance is also discussed. The AMS program has been reviewed to identify areas for improvement and assessors noted where action had taken place to support the prescribing and use. Meeting minutes and reports are presented to the MAC for further scrutiny and to seek further improvements in line with evidence based Australian therapeutic guidelines.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Newcastle Private Hospital  
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## Standard 4 - Medication Safety

Leaders of a health service organisation describe, implement and monitor systems to reduce the occurrence of medication incidents, and improve the safety and quality of medication use. The workforce uses these systems.

ACTION 4.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	Suggestion(s) for Improvement
NPH uses their quality systems when implementing procedures and policies, including managing risks associated with medication management. Assessors saw evidence of identifying and delivering associated training requirements.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
Comments	Suggestion(s) for Improvement
NPH monitors the effectiveness of the medication management system and implements considered improvement strategies from results of audits and reviews.	
Rating	Applicable HSF IDs
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 4.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Assessors noted the active involvement of patients in their own care and shared decision making. Inpatient areas have access to a wealth of information to give patients regarding their care and medication choices.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.4</b>	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has policies to support the scope of practice in relation to prescribing, dispensing and administering medicine. Incidents are reported through the RiskMan system and reviewed appropriately. incident data is reported to the appropriate committee so review and inform whether more training or review of policy/procedure is required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 4.5</b>	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Currently, nursing staff complete the Comprehensive Risk Screening form on admission, which incorporates triggers in Part B to refer to Pharmacy for medication history (MMP) for identified risks.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.6</b>	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
When the comprehensive Risk Screening form triggers an action, then a referral is sent to Pharmacy for an MMP, or the MO can request a MMP even if there was not a specific trigger. High risk patients have Clinical Pharmacy review as well as an MMP.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : Newcastle Private Hospital  
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<b>ACTION 4.7</b>	
The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
On admission staff document medicine allergies and adverse drug reactions in the patient label and armband, this is checked by medical and nursing staff and any additional information is included in the clinical notes. At point of care the information is checked by the clinical staff to ensure that staff are aware of allergies or adverse drug reactions.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.8</b>	
The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
On admission all known allergies and adverse drug reactions are documented. During the episode of care if further drug reactions occur then these are included in the health record as well as a RiskMan report which is reviewed by the manager and tabled at the appropriate committee.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 4.9</b>	
The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has a process to report adverse drug reactions internally and to the TGA.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.10</b>	
The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH nursing staff complete the Comprehensive Risk Screening form on admission. This form has triggers for Pharmacy to do a review of medicines - MMP. All patients in high risk areas have reviews by a clinical pharmacist, e.g. chemotherapy. NPH has a MSSA action plan to address areas requiring action or for improvements.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.11</b>	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has a process to ensure that patients have information about their medications on discharge. If a new medication is being prescribed during their episode of care, the potential needs and risks are discussed with the patient by the doctor.	

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<b>ACTION 4.11</b>	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.12</b>	
The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has processes to generate a current list of medicines for distribution to the patient on discharge or to another hospital at transfer of care, if required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.13</b>	
The health service organisation ensures that information and decision support tools for medicines are available to clinicians	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH provides online and hard copy information at point of care for clinicians. Staff education and awareness was witnessed throughout all clinical areas.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 4.14</b>	
The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has appropriate processes in place for safe and secure storage of all medicines on site which comply with legislation and jurisdictional requirements. They have monitored vaccine fridges to store vaccinations. Assessors noted other monitored fridges to store temperature sensitive medicines. Policies and procedures are in place to support the cold chain. The process for safe disposal of unused and expired medicines is in place.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.15</b>	
The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH identifies high risk medicines and has polices to support their storage, prescribing and dispensing and administering. Assessors noted the use of APINCH posters in drug rooms and notes to identify high risk medicines for staff.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
 Org Code : 120643

## Standard 5 - Comprehensive Care

Leaders of a health service organisation set up and maintain systems and processes to support clinicians to deliver comprehensive care. They also set up and maintain systems to prevent and manage specific risks of harm to patients during the delivery of health care. The workforce uses the systems to deliver comprehensive care and manage risk.

ACTION 5.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	Suggestion(s) for Improvement
Clinicians at NPH use the ratified policies of the Hospital and the quality approach to ensure that comprehensive care is delivered, risks are managed, and training needs are identified.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	
Comments	Suggestion(s) for Improvement
NPH monitors the delivery of comprehensive care, presenting at the clinical meetings and uses a quality improvement approach to implement changes or improvements.	
Rating	Applicable HSF IDs
Met	All

Org Name : Newcastle Private Hospital  
 Org Code : 120643

<b>ACTION 5.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Patients are actively involved in their care decision making from pre-admission to discharge. In rehabilitation the patient set goals and weekly case conferences are undertaken and the patient is informed of any changes to the care plan. Staff in all areas have access to a myriad of resources to give the patients regarding their condition and treatment options. Assessors noted the involvement of patients in each handover, which patients said they were very happy with.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.4</b>	
The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Care is provided in the best possible setting with active bed management to achieve the outcome that is best for the patient. The bed boards are used as a communication tool to ensure the patients are aware of their treatment team. The nurses name for each shift is placed on the board which patients say is very useful to them.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
 Org Code : 120643

ACTION 5.5	
The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	
Comments	Suggestion(s) for Improvement
Assessors noted processes and evidence that support multidisciplinary collaboration and teamwork. It was noted that there was collaboration between occupational groups which enhances clinical care for the patients of Newcastle Private. Clinician roles and responsibilities are defined in their position descriptions.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.6	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	Suggestion(s) for Improvement
Clinicians work collaboratively with their patients to plan and deliver comprehensive care that meets individual patient needs.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.7	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Comments	Suggestion(s) for Improvement
Assessors noted effective collaborative work in many of the clinical areas to plan and deliver comprehensive patient focused care.	

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 Org Code : 120643

ACTION 5.7	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Planning of care involves completion of comprehensive risk assessments to identify risks and to plan actions to minimise the risks during the hospital stay.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.8	
The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	
Comments	Suggestion(s) for Improvement
At NPH on admission a question is asked, and patients have the right identify and to change their mind during their admission period. Records are used to plan and review services.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.9	
Patients are supported to document clear advance care plans	
Comments	Suggestion(s) for Improvement
NPH supports advanced care plans and these are entered into the health record. If a new advanced care plan is completed during a hospital stay these are also keep on the patient file. Staff have had training to understand the use of an advanced care plan.	



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<b>ACTION 5.9</b>	
Patients are supported to document clear advance care plans	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.10</b>	
Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Newcastle Private has a comprehensive suite of assessment papers to ensure that all patients are assessed appropriately, and certain results trigger further referrals and review. Newcastle Private is well placed to support conditions requiring additional attention, e.g. delirium and early stage dementia.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.11</b>	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH clinicians use a suite of assessments to ensure that each patient is thoroughly assessed, and risks are identified, and referrals are triggered to ensure that each episode of care is well managed.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 5.12</b>	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
All assessments and interactions with the patient are documented in the health care record. Assessors noted evidence of alerts in health records.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.13</b>	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient’s health issues and risks of harm b. Identifies agreed goals and actions for the patient’s treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A comprehensive care plan is used at NPH.</p> <p>The plan addresses which healthcare discipline is involved in the plan, goals of treatment, various risk assessments, e.g. falls, nutrition, cognition, mental state, and discharge plans. There are two components to the comprehensive care plan, the Comprehensive Care Plan – Daily IV Access and the Comprehensive Care Plan - daily. The development of the comprehensive care plan document, supporting policy and procedures, are consistent with best practice.</p>	It is suggested that a uniform process be implemented which ensures all pathology/diagnostic paper reports are signed by the doctor.
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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ACTION 5.14	
The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	
Comments	Suggestion(s) for Improvement
There is good evidence that the staff, patients and family/carers develop a comprehensive care plan in partnership. Care plans are reviewed regularly by the nurses and doctors to monitor effectiveness. This is discussed with the patient if there are changes. Any changes in the patient's mental state, physical condition or general behavioural changes are quickly noted by the nursing staff and care is reassessed.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care <sup>46</sup>	
Comments	Suggestion(s) for Improvement
NPH uses the very good guide for recognising dying produced by Healthscope. The guide is one component of The Last Days of Life Toolkit, for adult patients. The other guide in the toolkit is the Guidance for prescribing last days of life medications.	
Rating	Applicable HSF IDs
Met	All

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ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	Suggestion(s) for Improvement
NPH has access to specialist palliative care physicians and advice. The process to access specialist advice is well documented and staff are aware of the protocols to access end of life specialist advice.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.17	
The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	
Comments	Suggestion(s) for Improvement
NPH has clear procedures to ask if the patient has an advance care plan on admission. If there is an advance care plan there is a designated place in the front of the medical record. Audits of the medical records show that it is rare to see an advance care plan in the medical record.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	Suggestion(s) for Improvement
End-of-life care is provided in Oncology ward and post-surgical areas as appropriate. Care is consistent with contemporary practice and staff have access to education to guide their practice.	

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<b>ACTION 5.18</b>	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Staff have access to a Social Worker and other Allied Health staff as appropriate. Oncology medication management is closely monitored with a system where new staff must complete a training program and be buddied with other more experienced staff prior to them being able to administer pumps and infusions. In Maternity a program is available for intrauterine foetal death or neonatal deaths. A particular birth suite is allocated which has minimal 'clinical' equipment and a cold cot is provided. Families are given as much time as they need to grieve in this first stage. Staff have developed packs for the family with printed resources guiding them to local and national support groups.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.19</b>	
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has processes in place to review care provided against the needs and wishes of the patient. Staff are responsive to changing needs and stages of palliation. Staff demonstrated good rapport with patients which assists in the review to ensure that patients' needs are met.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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ACTION 5.20	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care <sup>46</sup>	
Comments	Suggestion(s) for Improvement
Once patients decide that acute treatment is no longer an option, discussions regarding palliative care are undertaken with the patient making decisions about what they would like for their final weeks. Staff are supportive and responsive to their needs. Goals are reviewed frequently as the patient deteriorates.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.21	
The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines	
Comments	Suggestion(s) for Improvement
The Healthscope policy on pressure injury prevention and management is well articulated. It clearly sets out the processes for identifying on admission the presence of any pressure injury. Results from audits show that compliance in completing the skin integrity risk assessment is 100%. No hospital acquired pressure injuries were reported during the audit period 2020 to 2021.	
Rating	Applicable HSF IDs
Met	All

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<b>ACTION 5.22</b>	
Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Risk factors that may lead to a pressure injury are reviewed by the nursing staff and skin inspections are completed when a risk is identified.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.23</b>	
The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has equipment available to manage pressure injuries. Special mattresses can be used to relieve pressure injuries in conjunction with wound management. Family members and carers are informed about pressure injuries and what can be done upon discharge to manage pressure injuries at home. Good information is available to patients and family in the Patient Information Directory about prevention of pressure injuries.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 5.24</b>	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has done good work over the past year to bring down the falls incident rate. Additional staff training and vigilance if a patient has been assessed as a falls risk. The Healthscope policy on falls prevention and management is current and consistent with best practice. All patients are falls risk assessed on admission. If a patient is a falls risk, then the FRAT tool is used to develop a care plan.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.25</b>	
The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has a range of equipment to minimise the risk of patients falling. Footwear grip socks, bedside pressure mats connected to the patient alert system, lowering beds and use of bedrails where appropriate. Education is given to the patient and the family about falls prevention. All falls are entered into RiskMan and trend data shows a decline in fall incidents over past year.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



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<b>ACTION 5.26</b>	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The Patient Information Directory gives good information for the patient and carers about falls prevention whilst in hospital. The assessors observed at nurse handover, nurses discussing with the patient about falls risks and prevention. On the patient journey board, in each patient room, it is indicated if the patient is a falls risk and this is discussed with the patient.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.27</b>	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
All patients that are admitted after hours and those for overnight stays have food and fluids that are matched to their care plans. Part of the comprehensive risk screening tool is nutrition and hydration assessment. The assessments occur at each shift change. The Nutrition & Dietetics Initial Assessment form is completed by the Dietician for a more detailed care plan when required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 5.28</b>	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are good processes for the preparation and delivery of specialised nutritional foods and fluid supplements for patients who have difficulty swallowing or have specialised dietary requirements.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.29</b>	
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard <sup>47</sup> , where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are clear policies and procedures for the detection of cognitive impairment. Staff have been trained in the used of the 4AT chart. The use of antipsychotic medications are minimised and are used in accordance with best practice.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 5.30</b>	
Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Staff have received training in the care and management of patients with cognitive impairment and or at risk of developing delirium. Communication with the patient, family and carers is done in a sensitive and caring way as to not unduly distress the patient and or family members. The 4AT behaviour chart is completed as required until the result is within acceptable range.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.31</b>	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has an effective risk assessment document which is backed up by policies and procedures to identify and act if a patient is displaying behaviours of self-harm, distress or aggression. Staff have been trained in the WAVE de-escalation program. A code Black or RRT call can be initiated if the patient's behaviour escalates. Staff know to try to engage with the patient and any relatives present to help reassure them and to calm the situation.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 5.32</b>	
The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are clear protocols to follow if a patient expresses suicidal thoughts and the behaviour cannot be managed safely on the ward. The Rapid Response Team is called, and the patient is transferred to the nearest mental health facility. The family is informed and supported throughout the process. If necessary other patients on the ward are supported and de-briefed, as are the staff involved in the incident.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.33</b>	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The training in using the comprehensive risk assessment document and the WAVE training supports staff in identifying potential aggression signs or behaviours.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.34</b>	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Incidents where patients, carers or family members who become aggressive or violent at NPH are rare.	

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<b>ACTION 5.34</b>	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
Good, clear and repeated communications about the patient's clinical condition and changes mitigates the risk of increased aggression or violence. Staff manage very well the increased anxiety that patients and relatives often have when health status of the patient becomes seriously complicated or compromised. Processes are enacted in the rare occasions when open communications do not work to ensure the safety of all.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.35</b>	
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The only physical restraints that are sometimes used at NPH are the soft wrist cuffs. It is very infrequent that the doctor orders the use of the cuffs and it is always to ensure the safety of the patient. A policy exists outlining the use of physical restraints in Healthscope hospitals. Any use of the restraint cuffs requires a RiskMan entry to be made the review of the circumstances around the event is done.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 5.36</b>	
Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Not Applicable	
<b>Rating</b>	<b>Applicable HSF IDs</b>
NA	All

## Standard 6 - Communicating for Safety

Leaders of a health service organisation set up and maintain systems and processes to support effective communication with patients, carers and families; between multidisciplinary teams and clinicians; and across health service organisations. The workforce uses these systems to effectively communicate to ensure safety.

ACTION 6.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	
Comments	Suggestion(s) for Improvement
Healthscope and NPH have numerous policies and procedures which support effective clinical communication. The policies clearly indicate what communication is required at the point of care, what staff are to be involved and how the patient, family and carers are engaged. Nurse shift handover using the ISOBAR tool, the CMO to CMO handover, nurse rounding, bedside handover and clinical team meetings are a few examples of how NPH effectively communicates clinical care between staff and with the patient.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
Comments	Suggestion(s) for Improvement
Clinical communication processes are audited and there are also observational audits. Staff are provided training in the use of the ISOBAR format.	
There are set times and duration for the clinical handover between nursing staff, however the bedside handover and the important discussions with the patient and	

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<b>ACTION 6.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
relatives, if present, takes longer to complete. The electronic patient board in the nursing station provide excellent, present time, information on each patient in the ward. If there is an incident regarding clinical communication, then it is entered into RiskMan and discussed/reviewed at the Patient Care Committee.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The staff at NPH are very good communicating with patients, carers and families whenever there is a change in clinical care, any high-risk situations and collaborating with the patient and carers about future care plans and goals. It is clear from the processes from admission and throughout the care journey that the staff want the patient to be as actively involved in their care as possible and that clear information, verbal and written information is given to them. The REACH system has been implemented at NPH and patients, carers and family are informed about the process.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



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ACTION 6.4	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	
Comments	Suggestion(s) for Improvement
At bedside handover the assessors witnessed the staff checking the patients' wrist bands and asking for identification response from the patient. Procedure matching processes work well. The surgical pre-admission process was observed, and it was performed very well, and the patients were put at ease by the nurse. Transfer of care between wards is managed well, the comprehensive risk assessment form is completed at the time of transfer. If the patient is transferred to a public hospital a discharge summary accompanies the patient.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.5	
The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	
Comments	Suggestion(s) for Improvement
All patients have wrist bands with the three approved identifiers. There is a policy which states that patients who have an Advance Care Directive wear a red wrist band. The three approved identifiers are visible on all clinical progress notes, forms, medication charts and on transfer and discharge documents. Patient identification is always checked prior to any intervention, medication given and at handover times.	
Rating	Applicable HSF IDs
Met	All

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<b>ACTION 6.6</b>	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Policies and well established procedures support that patients are correctly matched to the procedure/intervention prior to it being performed. Staff have received training to ensure correct matching occurs. Time out processes in the operating theatres and in interventional cardiology is well done. Any incidents are entered into RiskMan and reviewed at the relevant committee. Audits are carried out on the completion of forms to ensure there is compliance.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.7</b>	
The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The ISOBAR handover format is used at NPH. Essential clinical information is communicated between staff at handover. The Day Oncology ward has developed a Medical Alert card which the patients carry with them and if they are admitted to an Emergency Department it alerts the treating doctor that the patient is receiving chemotherapy. The patients of the NPH day oncology ward helped to design the Medical Alert card.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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ACTION 6.8	
Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	
Comments	Suggestion(s) for Improvement
Some VMOs at NPH request that their patient have a pre-operative assessment prior to admission. This process is very thorough and comprehensive medical history and other pathology tests are done by the pre-operative clinic nurse. This process is in essence a clinical handover done a few days prior to the patient being admitted for surgery, thus clinical risks are reduced, and the patient is less anxious. The assessors witnessed many bedside handovers and all were done professionally, according to the policy guidelines and all patients spoke positively about being involved in their care. The Nursing Care Boards in each patient room is a good visual reminder for the patient about which nurse is looking after them on the shift, expected discharge date and other clinical risk indicators, e.g. falls, nutrition.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.9	
Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	
Comments	Suggestion(s) for Improvement
Alert sheets are used to alert medical and other clinicians of physical, behavioural or other clinical changes that need urgent attention. There is an effective process where a clinical review of the patient by the CMO can be called if the nurses have observed a change in the patients' clinical status. The REACH program also enables the patient, carers and family to escalate care if they have concerns.	

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<b>ACTION 6.9</b>	
Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.10</b>	
The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are several ways patients, carers, family members can alert staff about any concern. The bedside handover, REACH process and direct communication with a staff member are the main processes used. All patients and relatives are given on admission information about how to communicate care concerns to the staff. The Patient Information Directory booklet is at each bedside. Patients spoken with by the assessors said that they have had no issues about communicating their wishes/concerns to staff.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.11</b>	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The health care record at NPH is paper based. All clinical information is documented in the medical record. A bedside medical record is at each bed with current observation charts and other critical information.	

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ACTION 6.11	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
The main medical record with progress notes and other documentation are kept at the nurse's station. The comprehensive care plan, current risk assessments, clinical investigation reports and critical alerts are in the medical record and they are readily available to all treating staff. Entries into the medical record are legible and the record is well maintained.	
Rating	Applicable HSF IDs
Met	All

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 Org Code : 120643

## Standard 7 - Blood Management

Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems.

ACTION 7.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	
Comments	Suggestion(s) for Improvement
NPH has overarching governance systems in place that are consistent with national guidelines. Policies and protocols on blood management are efficient and effective. At present there are eight blood related risks on the organisation's risk register. The Haemovigilance committee is reviewing all risks registered to determine if the risk continues on the register. Any incident concerning the management of blood and blood products are entered into RiskMan and reported and reviewed at the relevant committee(s). Through audits and quality reviews several improvements have been made to the management of blood. Improvements include, irradiated blood is now only kept for oncology not babies, blood registers have improved, and new policies are being prepared to replace existing policies on refusal of blood components and the policy on Jehovah's Witnesses.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
Comments	Suggestion(s) for Improvement
Blood usage is included in the quarterly report to the ANZSCTS Database. The Pathology service provider monitors the usage of blood and blood products.	

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 Org Code : 120643

<b>ACTION 7.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
The Haemovigilance Committee has set several good quality improvement projects for the coming year. They include, cell salvage processes, automated blood testing and cross matching antibodies electronically, improve targeting transfusions, group and holding and continuing to improve cardiac transfusion rate which has decreased by 50% for one surgeon. Consent for blood transfusion is documented on pre-operative forms. The eLearning Blood Safe module is provided to staff and the completion rate is 83% in April 2021. The Haemovigilance Committee will continue to monitor completion rates.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Consent is always obtained from patients regarding blood transfusion. The Patient Information Directory booklet provides very good information on blood transfusion, possible reactions, why a transfusion might be needed and other plain language information. There is a policy on Jehovah's Witnesses and other patients who refuse blood or blood products. The staff are aware of the protocols to follow if a patient refuses blood transfusion. An incident relating to this about a year ago was well managed by the staff and the outcome was good for the patient.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 7.4</b>	
Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has policies and procedures in using the patient's own red cell mass, whether the patient is in need of iron infusion in order to reduce transfusions. Pre-surgery checks are done to determine any existing risks the patient might have regarding bleeding or other disorders; the amount of blood the surgeon believes will be needed for the particular surgery. Blood is registered out of the pathology blood fridge and registered into the blood fridge in theatre for use if needed.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.5</b>	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Consent for blood transfusion, blood and blood products prescription and transfusion record form are completed and kept in the medical record.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



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<b>ACTION 7.6</b>	
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH provides eLearning modules on blood safe management to staff. Target for completion of the modules is 92%; NPH has room for improvement. Last quarter of 2020 completion rate was 90+% but first quarter of 2021 the rate has gone to 83%. The prescription and administering of blood and blood products adheres to well defined protocols and incidents are rare.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.7</b>	
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Any adverse event involving transfusion is reported into RiskMan and then reviewed by the Quality Committee and MAC. Sentinel events are reported to Healthscope and the M&M Committee would also review the incident.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 7.8</b>	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The Haemovigilance Committee at NPH is very active and well-functioning committee. All committee members and the Perfusionist is the chair and is leading several very good quality activities. The committee reports data into the National Blood Authority Fresh Blood Product Report regularly.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.9</b>	
The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH has good systems to order, track, store and distribute blood across the hospital sites. The blood fridges are electronically alarmed and designated staff attend day or night id the alarm is activated. The pathology laboratory is well equipped and is able to provide blood analysis results back to the doctors very quickly.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 7.10</b>	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Blood wastage at NPH has had a slight increase in the past few months. The possible causes are being investigated and strategies are in place to reduce the wastage. Blood product expiry dates are checked regularly and when it is nearing expiry date the pathology department contacts other nearby hospitals to see if they need any blood products, thus minimising wastage. Work continues with surgeons to identify areas of improvement in blood management.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

## Standard 8 - Recognising and Responding to Acute Deterioration

Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response systems.

ACTION 8.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	
Comments	Suggestion(s) for Improvement
NPH has good policies and processes to recognise and respond to acute deterioration. The clinical governance framework supports the management of and implementation of the policies and procedures. Data regarding risks of clinical deterioration and actual incidents are reported to the MAC. A comprehensive set of KPIs are presented for review and action. Hospital acquired complications, sentinel events, M and M information, and infection control data and other data is presented. From the review of RiskMan data, areas of training needed is identified and actioned.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
Comments	Suggestion(s) for Improvement
NPH has a very effective and efficient Rapid Response Team (RRT). There are clear guidelines for ward staff to follow to initiate the RRT to attend. Every attendance of the RRT is recorded in RiskMan and the clinical record and reviewed to seek improvement to the response system.	

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<b>ACTION 8.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
When responding to acute deterioration NHP have good processes to ensure patients are aware and involved, whenever possible in the acute care responses and plans for ongoing care. Family members are also informed of actions taken.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.4</b>	
The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The staff at NPH use the observation charts very well to monitor physiological status. There are policies and protocols as to which type of observation chart is to be used and frequency of observations for the age of the patient (baby, adolescent, adult). NPH has a policy and process/ flowchart on Intensive Care Unit Internal Escalation.	

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<b>ACTION 8.4</b>	
The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.5</b>	
The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NPH Healthscope have policies on the recognition and management of patients whose mental state changes. Staff are able to recognise and/or seek advice on whether the mental state change is due to a possible delirium or some other cause. The individual monitoring plan alters to meet the current mental and physical condition of the patient. The patient may be moved to a room closer to the nurse's station for better observation. External expert consultation can be requested to assist in clarifying the condition of the patient.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Newcastle Private Hospital  
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<b>ACTION 8.6</b>	
The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are clear protocols on vital sign parameters and when to escalate care. A yellow sticker is placed in the medical record to indicate that the nurse/midwife has escalated care for a clinical review by the CMO. VMO or ICU. The reason for the clinical review and outcome plan is documented in the medical record.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.7</b>	
The health service organisation has processes for patients, carers or families to directly escalate care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The NSW Clinical Excellence Commission REACH system is in place across NPH. Patients and families are given a brochure describing the system and how and when to activate it. REACH posters are displayed in all patient rooms and around the hospital.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 8.8</b>	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are good processes and procedures for staff to escalate care. Staff have been trained in how to call for emergency assistance, the RRT or '000' in emergencies requiring external assistance, for example if a patient or relatives are becoming violent or aggressive and the situation cannot be controlled within hospital resources.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.9</b>	
The workforce uses the recognition and response systems to escalate care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Staff are very well familiar with the NPH recognition and response systems. The yellow sticker for a clinical review are often seen in medical records. The RRT is called to respond on average every second day.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



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<b>ACTION 8.10</b>	
The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
All members of the RRT have done ACCN Accredited Advanced Life Support training. NPH has implemented in-house training on Newborn Resuscitation and 90% of staff in Birthing Suite, Special Care Nursery and Antenatal Postnatal clinical staff have been trained.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.11</b>	
The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Trained nurses and doctors are rostered on each shift to be on the Rapid Response Team. Majority of RRT members are rostered from the Intensive Care Unit.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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<b>ACTION 8.12</b>	
The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
If a patient becomes mentally unwell and cannot be managed within the NPH a transfer to the nearest mental health facility is arranged very quickly. This ensures appropriate treatment for the patient's mental health condition and the safety of the patient, staff and other ward patients is provided.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.13</b>	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The NPH is located on the grounds of the tertiary referral hospital, the John Hunter Hospital. If an adult or newborn infant requires acute clinical care that NPH cannot provide then a referral and transfer is made to the John Hunter Hospital. Transfers to the John Hunter Hospital take about 5 minutes.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

## Recommendations from Previous Assessment

### Standard 1

<b>ACTION 1.8</b>				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
Not Met	Newcastle Private Hospital	<p><b>Recommendation NSQHSS Survey 0717.2.8.1</b></p> <p>Identify and implement a mechanism to engage consumers and/or carers in the analysis of the health service's safety and quality performance.</p> <p><b>Risk Rating: Low</b></p> <p><b>Risk Comment:</b></p>	<p>At NPH The Consumer Engagement Reference Group (CERG) was established in 2013 with the primary objective of providing a forum to actively engage consumers in strategic and operational planning, decision making about safety and quality initiatives and quality improvement activities at NPH.</p> <p>This Committee provides the Consumer Consultants with an opportunity to provide feedback and ask any questions of the organisation. Since 2018 there has been consistent membership with the same three Consumer Consultants.</p> <p>The Committee meets quarterly and is chaired by the General Manager. Committee members include the Director of Nursing, the Quality Risk Manager and three Consumer Consultants.</p>	<p><b>Recommendation Closed: Yes</b></p> <p>There is an established Consumer Engagement Reference Group (CERG) that meets regularly to provide recommendations and comments on patient outcomes, new developments and refurbishment of the hospital and input into patient documents, booklets and leaflets. This recommendation is closed.</p>

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<b>ACTION 1.8</b>				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>Of the three Consumer Consultant members, two have been inpatients at the hospital and have provided invaluable feedback regarding Rehabilitation programs, family/carer support, facility upgrade (painting refurbishment) and signage.</p> <p>The core agenda items include:</p> <p>Service Planning issues requiring consumer input</p> <p>Consumer Consultant feedback</p> <p>Quality and Data reporting</p> <p>Strategic and Operational Planning</p> <p>NPH is committed to involving patients and carers in their own care at every contact with our organisation, as well partnering with consumers in service planning, designing care and service evaluation. Strategies for partnering with consumers include hourly rounding, bedside handover, care boards, patient nominated staff awards and consumer approved publications.</p>	

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<b>ACTION 1.8</b>				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>A panel of Consumer Consultants are available at Healthscope Corporate. They assist in providing input nationally for all Healthscope hospitals. Consumer representatives provide valuable feedback and suggestions on how Healthscope hospitals can improve service delivery and assist with consumer strategies.</p> <p>Examples of improvements through analysis of safety and quality performance:</p> <ul style="list-style-type: none"> <li>In September 2019 the Consumers were provided with safety and quality data regarding end of life care. They were ask to review the 'Last Days of Life Folder' - feedback was provided by email with an overwhelmingly positive response to this patient, carer and staff information. This information is available in all the clinical areas of the hospital.</li> </ul>	

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<b>ACTION 1.8</b>				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<ul style="list-style-type: none"> <li>• Patient feedback is also discussed at the CERG and the Consumers have provided input into strategies to improve customer service. One of the Consumer Consultants has had significant experience in the hospitality industry and prior to the COVID pandemic was working with the Front Reception staff assisting in escorting patients to the Surgical Admission Unit and providing informal education on customer service given his vast experience in the hospitality industry as a Concierge.</li> <li>• Adjustment of signage for Recovery patients on Level 1 in the Kingston Building as it was noted to be obscured by new signage as visitors alighted from the lift resulting in some</li> </ul>	

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ACTION 1.8				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
			<p>confusion. The newer sign was adjusted so as to allow a clear line of sight to the Recovery sign</p> <ul style="list-style-type: none"> <li>Feedback from one of our Consumer Consultants who assists as a Concierge, escorting patients to their designated destination within the hospital, has identified some aggressive behaviours exhibited by the public towards staff. In his life experience in the hospitality industry he made comment he has dealt with intoxicated patrons, but has rarely experienced some of the behaviours the reception staff encounter. Resulting from this feedback, reception staff have been provided with information pertaining to Rights and Responsibilities for both staff and visitors.</li> </ul>	

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ACTION 1.8				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
			<b>Completion Due By:</b> 2021 <b>Responsibility:</b> <b>Organisation Completed:</b> Yes	

ACTION 1.8				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
Not Met	Newcastle Private Hospital	<b>Recommendation NSQHSS Survey 0717.2.8.2</b> Identify and implement a mechanism to engage consumers and/or carers in the planning and implementation of quality improvements. <b>Risk Rating: Low</b> <b>Risk Comment:</b>	At NPH the following Committees have consumer representation which provide the forums for consumers to engage in the planning and implementation of quality improvements: Consumer Engagement Reference Group Patient Care Committee Quality Risk Committee	<b>Recommendation Closed: Yes</b> This recommendation is closed. There is clear evidence of mechanisms that involve consumers and carers in the implementation of safety and quality improvements. Patient experience surveys, on-line feedback and comments to VMOs and staff are some of the strategies available. During the OWA, several examples of improvements, some of these quite recently, were evidenced in each clinical and non-clinical area of the hospital. Discussion with Consumer Consultants,



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<b>ACTION 1.8</b>				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>All newly developed patient information is provided to the Consumer Consultants to ensure they are given an opportunity to provide feedback and input. This is also in adherence with Healthscope Policy 2.60 'Consumer Approved Publication'.</p> <p>In 2019 Healthscope introduced the Qualtrics Patient Experience platform which provides the hospital with 'real time' patient experience information.</p> <p>Quality improvement issues identified are presented to the above Committees.</p> <p>Consumer Consultants were actively engaged in the development of patient information for the Patient Escalation - REACH program which was implemented in July 2018 and revised in 2020</p> <p>NPH Consumer Consultants were also involved with the design of the Patient Care Boards which have been implemented across</p>	<p>patients and their relatives, described the many improvements that they have been involved in and what they are planning to commence. Consumer Consultants were involved in the development and implementation of the REACH Program and Patient Care Boards in each patient room.</p> <p>The booklet 'Helping me Helping You' was developed in collaboration with the newly appointed Aboriginal and Torres Strait Islander Consumer Consultant.</p>

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<b>ACTION 1.8</b>				
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>the hospital in late 2018 and 2019 .</p> <p>Previous Rehabilitation inpatients attending the Day Rehabilitation Program provided feedback and input to the revised Rehabilitation Patient Information Booklet</p> <p>In March 2021, the recently recruited Aboriginal and Torres Strait Islander Consumer Consultant has worked in collaboration with the Acting QRM to develop a resource booklet for patients who identify as ATSI on admission to NPH. The booklet 'Helping me Helping You' provides information for patients identifying as ATSI on medical conditions and other relevant information (culturally appropriate).</p> <p><b>Completion Due By: 2020</b></p> <p><b>Responsibility:</b></p> <p><b>Organisation Completed: Yes</b></p>	

<b>ACTION 1.14</b>				
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
Not Met	Newcastle Private Hospital	<p><b>Recommendation NSQHSS Survey 0717.2.9.2</b></p> <p>Identify and implement a mechanism to enable consumers and/or carers to participate in the implementation of quality activities relating to patient feedback data.</p> <p><b>Risk Rating: Low</b></p> <p><b>Risk Comment:</b></p>	<p>In 2019 the Qualtrics Patient Experience platform was introduced by Healthscope. This platform allows real time patient experience feedback to be monitored and reviewed by the organisation.</p> <p>Patient experience data and feedback is discussed (with reports made available to all Committee members) at the following Committees which have Consumer representation:</p> <p>Consumer Engagement Reference Group</p> <p>Patient Care Committee</p> <p>Quality Risk Committee</p> <p>Some examples where the consumers have participated in a quality activities related to patient feedback since 2018 are:</p> <p>The annual review of the patient compendium. Feedback from patients and carers ensures the</p>	<p><b>Recommendation Closed: Yes</b></p> <p>These include, but are not limited to, implementation of patient Care Boards, End of Life To, information on the Oncology Clinical Research website and the Rehabilitation Brochure. It is acknowledged that Consumer Consultants attend the CERG and other committees such as Clinical Care and Quality Committees. Examples of quality initiatives were sighted, the CERG was interviewed and minutes of meets confirm their involvement in improvements. The Qualtrics Patient Experience platform is used across all Healthscope hospitals and presented and discussed at all committees including the CERC. Information from this survey is used for an analyses and improvements wherever possible. Several examples of improvements as a result of patient feedback were discussed and acknowledged by the assessment team.</p>

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ACTION 1.14				
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
			information provided in the compendium is understandable and provides the patients with all the information required prior to admission.  End of Life Toolkit  Input into the Oncology Clinical Research website which provides information for patients involved in clinical research trials  The REACH patient and carer brochure  Patient Care Boards  Rehabilitation Patient Information Booklet  <b>Completion Due By: 2021</b> <b>Responsibility:</b> <b>Organisation Completed: Yes</b>	

## Standard 2

Org Name : Newcastle Private Hospital  
 Org Code : 120643

<b>ACTION 2.11</b>				
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
Not Met	Newcastle Private Hospital	<p><b>Recommendation NSQHSS Survey 0717.2.2.2</b></p> <p>Identify and implement a mechanism for involving consumers and/or carers in decision making about safety and quality.</p> <p><b>Risk Rating: Low</b></p> <p><b>Risk Comment:</b></p>	<p>Newcastle Private Hospital has employed many strategies since 2017 to implement mechanisms to involve consumers and/or carers in decisions about safety and quality. This has included:</p> <p>Internal and external advertisements (Brochure developed and placed in all patient rooms to elicit interest and local paper advertisements)</p> <p>Discussions with complainants re the opportunity for them to become Consumer Consultants</p> <p>Patient rounding by Executive and Nurse Unit Managers to elicit interest in the role of NPH Consumer Consultant</p> <p>In April 2021 Healthscope will have an additional question on the Qualtrix Patient Experience questions inviting patients who are interested in becoming a hospital Consumer Consultant to leave their details and the hospital will contact them.</p>	<p><b>Recommendation Closed: Yes</b></p> <p>A new Consumer Consultant has been appointed to the CERG who identifies as an Aboriginal and Torres Strait Islander Australian. Valuable input from the Aboriginal Consumer Consultant includes advice regarding the contents of the information package for Aboriginal or Torres Strait Islander patients. This document is comprehensively collated and is called "Helping Me helping You" expressing the views in plain language that is easily understood.</p> <p>The agenda items of the CERG meetings cover patient quality and safety outcomes for each period so that Consumer Consultants are informed of the performance of the hospital in ensuring high quality care. Some of the data includes key performance indicators, ACHS clinical indicators, clinical variances, accidents and adverse incidents, sentinel events and patient experience data. This recommendation is closed.</p>

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			<p>The QRM has made contact with the local Aboriginal Network, Awabakal.</p> <p>In February 2021 a patient identifying as Aboriginal and Torres Strait Islander has expressed an interest in being a Consumer Consultant and has been actively engaged in discussion with the Quality Risk Manager.</p> <p>The NPH Aboriginal Consumer Consultant has provided input and advice regarding an information package for patients admitted to NPH who are of Aboriginal or Torres Strait Islander background. The name of the document "Helping Me helping You" was determined by the patient.</p> <p>As of 2020 NPH has five (5) active Consumer Consultants. There is consumer representation on the following Committees where the consumers are involved in decision making regarding safety and</p>	

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<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>quality. Safety and quality data is presented at all these committees and includes key performance indicators, ACHS clinical indicators, adverse incidents, sentinel events and patient experience data :</p> <p>Consumer Engagement Reference Group</p> <p>Patient Care Committee</p> <p>Quality Risk Committee</p> <p>Discussions and reports are tabled at these Committees regarding safety and quality data and information. Consumers are provided the opportunity at these forums to discuss with the Management team decisions regarding the safety and quality framework at NPH.</p> <p><b>Completion Due By: 2021</b></p> <p><b>Responsibility:</b></p> <p><b>Organisation Completed: Yes</b></p>	

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The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
Not Met	Newcastle Private Hospital	<p><b>Recommendation NSQHSS Survey 0717.2.5.1</b></p> <p>Identify and implement a mechanism for the involving of consumers and/or carers in the design and redesign of the health service.</p> <p><b>Risk Rating: Low</b></p> <p><b>Risk Comment:</b></p>	<p>The Consumer Engagement Reference Group actively engages the current Consumer Consultants with information and discussion regarding design and redesign of the service.</p> <p>One of the objectives of this Committee is to provide a forum to discuss strategic and operational/planning issues requiring consumer input. A standing agenda item on this Committee is service planning issues requiring consumer input.</p> <p>Examples of discussions regarding design and redesign of the health service that have occurred in 2018-2020 are:</p> <p>Floor plans and layout of the new Coronary Care Unit which was commissioned in August 2017. The Consumer Consultants were provided with a tour of the building and provided the opportunity to give feedback. The issue of signage was featured in these discussions.</p>	<p><b>Recommendation Closed: Yes</b></p> <p>There are several examples of consumers being involved in the design and redesign of Newcastle Private Hospital. This was discussed on the assessment days with the CERG members and hospital managers. To name a few major projects where partnering occurred; refurbishment of the Croudace and Kingston building reception areas and the CSSD major rebuild. Standing agenda items in their committee meetings ensure participation. This recommendation is closed.</p>



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<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>Refurbishment of the Kingston and Croudace Reception areas with consumer input regarding the inclusion of an area for patients and carers who required wheelchair access</p> <p>Repainting of the Croudace building</p> <p>Refurbishment of bathrooms on Level 2 in the Kingston Building</p> <p>Consumer Consultants Guide for Appraising a Hospital Environment is conducted annually by one of the Consumer Consultants. This appraisal reviews cleanliness of the hospital, noise levels, privacy for patients, adequate lighting, parking, emergency procedures, displays, water and room temperature and signage. Last appraisal was conducted in April 2021.</p> <p>There is currently activity to refurbish the Special Care Nursery and the ADON Maternity Services will seek to actively involve both current and future inpatients</p> <p><b>Completion Due By: 2020</b></p>	

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ACTION 2.11				
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Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
			<b>Responsibility:</b> <b>Organisation Completed: Yes</b>	

ACTION 2.14				
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
Not Met	Newcastle Private Hospital	<b>Recommendation NSQHSS Survey 0717.2.6.2</b> Identify and implement a mechanism for the involving of consumers and/or carers in the training of the clinical workforce.  <b>Risk Rating: Low</b>  <b>Risk Comment:</b>	NPH has five Consumer Consultants actively engaged with the hospital. The Consumer Consultants have provided a consumer perspective on proposed initiatives, service changes, safety and quality information and patient information to improve health literacy.  There is Consumer Consultant representation on the following NPH Committees: Patient Care Committee, Quality Risk	<b>Recommendation Closed: Yes</b> There is a focus on providing staff with an enhanced perspective of patient experience ad expectations. Suggestions and comments are welcomed by hospital executive and staff. This is noted in patient experience surveys through Qualtric and The Patient Journey. Staff are trained by Consumer Consultants when they participate in other clinical meetings.  The creation of a short film (Empathy the Human Connection to Care) for staff information by Consumer Consultants is

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<b>ACTION 2.14</b>				
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			<p>Committee and the Consumer Engagement Reference Group.</p> <p>The Consumer Consultants have worked closely with the Executive and the Quality Risk Manager to identify and implement mechanisms for involving consumers and carers in the training of the clinical workforce. These strategies have included:</p> <ol style="list-style-type: none"> <li>1. Proposal to present at hospital orientation. This was discussed with all the Consumer Consultants. Unfortunately, due to external commitments a Consumer Consultant presence at the monthly hospital orientation was not possible with the current group. The group developed the idea of having a Consumer Consultant PowerPoint presentation at hospital orientation which included a slide from each of the Consumer Consultants who share their perspective and advice to new staff regarding how they should interact with patients entering the healthcare system.</li> </ol>	<p>an excellent example of training in partnership.</p>

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<b>ACTION 2.14</b>				
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			<p>2. In August 2018 in consultation with the NPH Consumer Consultants a short film clip is shown to all new staff titled "Empathy the Human Connection to Care". This clip displays the importance of empathising will patients, relatives and visitors.</p> <p>3. The Patient Experience Portal (Qualtrics) provides invaluable patient feedback in real time. As patients respond to electronic surveys 24-48 hours after discharge this feedback can be not only discussed at relevant NPH Committees but each Manager has access to the comments made by patients who have been admitted to their areas. Such feedback informs staff education and training. An example has been feedback received from a patients relative regarding the escalation process for relatives when they are concerned about their loved ones' condition. Following this feedback signage and patient and carer brochures were revised.</p> <p>4. The inclusion of information and feedback from Day</p>	

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<b>ACTION 2.14</b>				
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<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
			Rehabilitation patients to develop the Rehabilitation Admission Booklet. This booklet has been developed with the intent to provide Rehabilitation patients with the information necessary to optimise their Rehabilitation journey. This has also provided staff with consumer expectations regarding the Rehabilitation Service  <b>Completion Due By:</b> April 2021  <b>Responsibility:</b>  <b>Organisation Completed:</b> Yes	

### Standard 3

<b>ACTION 3.9</b>				
The health service organisation has processes for aseptic technique that: a. Identify the procedures where aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique				
<b>Rating</b>	<b>Applicable</b>	<b>Recommendation(s) / Risk Rating &amp; Comment</b>	<b>Organisation Action taken</b>	<b>Assessor's Response</b>
Met	Newcastle Private Hospital	<b>Recommendation NSQHSS Survey 0717.3.10.1</b>  Establish a detailed action plan to ensure all relevant staff complete	Following the last survey in 2017 an action plan was developed to manage and monitor Aseptic Technique (AT) mandatory training and annual competency	<b>Recommendation Closed:</b> Yes  The action plan in response to this recommendation has covered all the issues described with reference to the ACSQHC Aseptic Technique Risk Matrix

ACTION 3.9				
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Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
		<p>ANTT mandatory training and annual competency assessment.</p> <p><b>Risk Rating: Moderate</b></p> <p><b>Risk Comment:</b> Inadequate or incorrect aseptic technique increases the potential to compromise safe patient care and increases the risk of acquired infection.</p>	<p>assessment. The Australian Commission on Safety and Quality Healthcare (ACSQHC) Aseptic Technique Risk Matrix (published in August 2018) document has been utilised to assess risk within NPH. This risk matrix assisted NPH to prioritise competency assessments and identify clinical areas and/or procedures of high risk. At NPH clinical staff complete a competency incorporating AT.</p> <p>The ACSQHC risk matrix determined that Operating Theatre and Intensive Care were high risk areas at NPH. Competency assessment depends on the staff members' clinical area and speciality.</p> <p>For example:</p> <p>Clinical staff in ward areas complete IV medication administration or urinary catheterisation competency inclusive of AT.</p> <p>Circulating and Instrument clinical staff in the Perioperative setting complete the following competencies in relation to AT -</p>	<p>and supported with a range of competency-based assessments in various clinical areas and services. Aseptic technique is taught to clinical staff on orientation and then annually and this was sighted in the Mandatory Training Program document. Non-compliance in aseptic technique features in the overall Risk Register. This recommendation is closed.</p>

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			<p>Critical aseptic field; establishing and maintaining surgical hand antisepsis and gowning and gloving Speciality areas such as ICU and Oncology complete insertion and management of vascular access devices which includes peripheral and central lines</p> <p>The determination from this Aseptic Technique Risk Matrix that high risk areas rated by treatment type were the Operating Theatre and Intensive Care Unit.</p> <p>NPH is also guided by Healthscope policy 8.38 Aseptic Technique.</p> <p>This policy informs clinicians on how to prepare for an aseptic procedure. It provides guidelines on Aseptic Technique (AT) as the safe and effective technique for all aseptic procedures. It encompasses the necessary infection control measures to prevent pathogenic microorganisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice. This policy informs staff of the two types of</p>	

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			<p>AT 'surgical' and 'standard' as described by the Association for Safe Aseptic Practice (ASAP).</p> <p>If a Clinical staff are required to complete mandatory AT training via the Healthscope eLearning platform (formerly known as ELMO). Aseptic technique mandatory training compliance as of 22<sup>nd</sup> April 2021 is 77% completed and 13% in progress (training allocated in December). Actions to monitor compliance are available on individual Units action plans and on the Facility IPC action plan. This training is required at orientation and as per audit results. Audit results are available.</p> <p>In order to maintain currency and compliance with ANTT NPH included four (4) components to the AT training which included:</p> <ol style="list-style-type: none"> <li>1. AT competency (required annually)</li> <li>2. ANTT workbook (required as a one-off).</li> </ol>	



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			<p>Prior to the transition to Healthscope eLearning (formerly ELMO) this was managed by Education Team. Staff completed a hard copy workbook and records were maintained by the hospital. With the transition to Healthscope eLearning (December 2020) staff who had already completed the workbook were reassigned this component. This requires the Education Team to cross check if staff members had completed this component and manually enter this information into the new Healthscope eLearning system</p> <p>3. Handwashing (required annually and assessed</p>	

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			<p>with the competency task)</p> <p>4. 4 DVD (required as a one-off)</p> <p>NPH compliance has improved over these four modules since 2017. With the transition of ELMO to Healthscope eLearning some challenges have occurred with accuracy of eLearning reports.</p> <p><b>Completion Due by: 2021</b></p> <p><b>Responsibility:</b></p> <p><b>Organisation Completed: Yes</b></p>	