Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey

Melbourne Private Hospital

Parkville, VIC

Organisation Code: 22 50 23

Survey Date: 14-16 March 2017

Advanced Completion: 22 June 2017

ACHS Accreditation Status: **ACCREDITED**

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About the Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation. The ACHS was established in 1974 and is the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations.

The ACHS mission is to 'improve the quality and safety of health care' and its vision is 'to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care.'

The principles upon which all ACHS programs are developed and the characteristics displayed by an improving organisation are:

- a customer focus
- strong leadership
- a culture of improving
- evidence of outcomes
- striving for best practice.

These principles can be applied to every aspect of service within an organisation.

What is Accreditation?

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

How to Use this Survey Report

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

- provide feedback to staff
- identify where improvements are needed
- compare the organisation's performance over time
- evaluate existing quality management procedures
- assist risk management monitoring
- highlight strengths and opportunities for improvement
- demonstrate evidence of achievement to stakeholders.

This report provides guidance for ACHS members for future quality improvement initiatives by documenting the findings from the organisations accreditation survey. This report is divided into five main sections.

1 Survey Team Summary Report
2 Actions Rating Summary Report
3 Recommendations from Current Survey

4 Recommendations from Previous Survey
5 Standards Rating Summary Report

1 Survey Team Summary Report

Consists of the following:

Standard Summaries - A Standard Summary provides a critical analysis for organisations to understand how they are performing and what is needed to improve. It provides an overview of performance for that Standard and comments are made on activities that are performed well and indicating areas for improvement.

Ratings

Each action within a Standard is rated by the organisation and the survey team with one of the following ratings. The survey team also provides an overall rating for the Standard. If one core action is Not Met the overall rating for that Standard is Not Met.
The report will identify individual actions that have recommendations and/or comments.

The rating levels are:

NM – Not Met
The actions required have not been achieved

SM – Satisfactorily Met
The actions required have been achieved

MM - Met with Merit
In addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the hospital in relation to the action or standard under review.

Action Recommendations

Recommendations are highlighted areas for improvement due to a need to improve performance under an action. Surveyors are required to make a recommendation where an action is rated as Not Met to provide guidance and to provide an organisation with the maximum opportunity to improve. Recommendations in the survey report need to be reviewed and prioritised for prompt action and will be reviewed by the survey team at the next on site survey.

Risk ratings and risk comments will be included where applicable. Risk ratings are applied to recommendations where the action rating is Not Met to show the level of risk associated with the particular action. A risk comment will be given if the risk is rated greater than low.
Risk ratings could be:

- E: extreme risk; immediate action required.
- H: high risk; senior management attention needed.
- M: moderate risk; management responsibility must be specified.
- L: low risk; manage by routine procedures

2 Actions Rating Summary Report

This section summarises the ratings for each action allocated by an organisation and also by the survey team.

3. Recommendations from Current Survey

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular action.
Recommendations are structured as follows:
The action numbering relates to the Standard, Item and Action.

4 Recommendations from Previous Survey

This section details the recommendations from the previous onsite survey. The actions taken by the organisation and comments from the survey team regarding progress in relation to those recommendations are also recorded.

The action numbering relates to the month and year of survey and the action number. For example recommendation number NSQHSS0613. 1.1.1 is a recommendation from a NSQHS Standards Survey conducted in June 2013 with an action number of 1.1.1.

5. Standards Rating Summary Report

This section summarises the ratings for each Standard allocated by the survey team.

Organisation: Melbourne Private Hospital
Orgcode: 225023

Survey Report

Survey Overview

Melbourne Private Hospital (MPH) is a 122 bed city-based hospital that undertakes complex surgical procedures including open heart surgery, intra cranial and spinal surgery. It is seen as a leader in innovation, treatment and in the use of advanced technologies. This has included the introduction of robotic spinal surgery and the Transcatheter Aortic Valve Implantation (TAVI) Replacement technique, which is the minimally invasive surgical procedure to replace the heart valve without removing the old damaged valve. These two new techniques provide great improvements to patient care.

Healthscope Corporate has appointed the Melbourne Private Hospital as the pilot and first hospital in the group to implement the electronic medical record, which will result in a broader range of clinical information being available electronically anywhere for all clinicians to treat patients, and in time, enhance patient health outcomes.

MPH is commended on its achievements in its extensive and broad range of education programs available to staff in various methods of training options. The focus by the MPH Board and senior staff to ensure that the staff are supported to progress through the hospital's structure, has led to a low level of staff turnover, which in turn helps to sustain continuity of care.

The MPH initiated a thorough review of its Neurological staff and services 18 months ago, and engaged the support of two interstate Neurologists to conduct the review, which is nearing completion. To the credit of the hospital, this has been used to thoroughly evaluate the management and governance structures, turning the matter into an opportunity to improve effectiveness.

The survey team acknowledges the disappointment with the rating of a Not Met in Standard 3 Infection Control, regarding the Sterilising Services Department (SSD) which does not provide an environment that complies with AS/NZS 4187_2003. The design does not allow for effective segregation of clean and dirty activities. All other Standards and criteria have been rated SM.

Advanced Completion (AC) Review – 22 June 2017

Two surveyors undertook a desk top review with MPH management and it is clear that a significant amount of work has been completed to address the cross contamination issues and the progression of the action plan for AS/NZS 4187:2014. A number of strategies have been implemented which address the issues raised at the time of survey. It was clearly articulated at this time that there was a commitment to ensure that the Sterilising Service Department would provide a safe and quality service to MPH patients and staff. Electronic evidence presented over a number of weeks demonstrated this commitment.

The amount of work that has been completed in a short timeframe needs to be acknowledged as does the fact that there has been no disruption in the delivery of patient care. The recommendation has been closed as there is clear ownership and commitment by management and staff and surveyors are confident that progress will continue.

STANDARD 1
GOVERNANCE FOR SAFETY AND QUALITY IN HEALTH SERVICE ORGANISATIONS

Surveyor Summary

Governance and quality improvement systems

The Melbourne Private Hospital has a strong governance framework to support the delivery of safe, high quality and effective clinical services. This is complimented with corporate policies and procedures. The MPH recently reviewed its policies, which are available on the Intranet that related to local requirements. This is to identify (1) Those that have been superseded by Healthscope Corporate Policies, and (2) Policies that may be modified to become procedures. An audit occurred in March, and found that all policies have been reviewed and updated.

There is a comprehensive structure of clinical governance committees, which monitor the performance of all departments and the delivery of quality and safe care. This committee structure is reviewed annually. The minutes of a number of these committees were reviewed by the surveyors.

There is a culture of patient safety and quality of care throughout the organisation, and the staff management, education program and policies framework reflect the importance of safety and quality of patient care. All staff are aware of their responsibilities in this area, which are included in the position descriptions, and as part of the induction and mandatory training sessions. The locum and agency workforce are required to have mandatory education as part of the agreements between the hospital and the Agency engaged.

If an incident occurs, after this has been entered into RiskMan and the investigation occurs – where relevant, the experience is used as a learning exercise to avoid such an incident reoccurring. Safety and quality of care are managed by committees and management, with the Board being involved through their review of reports focusing on performance measures and quality indicators.

The Melbourne Private Hospital is to be complimented on its extensive education and training programs, which include orientation, annual mandatory training, undergraduate, graduate, competency based and role specific training courses. The web-based training program, is impressive. However, the organisation in its' recognition that it can always do better is moving to a new elearning training tool. The ELMO system, which will provide staff with the ability to more easily modify their training programs. Once MPH has overcome the initial problems with the ELMO system, this tool will greatly assist staff in modifying training support on a more regular basis to suit the staff's changing requirements.

Records of mandatory training and other competency training attendance are in compliance with the standards. The support for and breadth of training courses and material available for staff is to be commended. The low staff turnover clearly reflects staff satisfaction regarding the organisation's focus on preparing staff for future roles and responsibilities.

A comprehensive Quality Plan for the period 2016-2017 documented the hospital's programs, strategies, responsibilities and expected outcomes. As programs are completed, this is noted in the Quality Plan. This is supported by a strong framework of committees. In addition, each of the Healthscope hospitals is required to report on 55 indicators or KPIs, with expected benchmarks established. Any indicators outside of the benchmark range are reviewed initially internally, and then at the Corporate level.

The Melbourne Private Hospital has an effective risk management process that is supported by the RiskMan tool with which all staff are familiar with.

The MPH is very effective in the way that it continually reviews its risks and incidents recorded, and in using these to ensure that incidents are reduced. Improvements to the workplace are made, where incidents and/or risks point to any inadequacies in the environment. Audits of the data collected occurs regularly, and has contributed to the reduction in the incidents reported.

Clinical practice

Clinical pathways, guidelines and procedures are well documented and support the clinical complexities and specialties that are part of Melbourne Private Hospital. The ten pathways used for Cardiothoracic Surgical and Medical patient treatment are based upon a process of development that is consultative and across a broad and relevant group of health professionals. Each pathway records the date of creation and revisions, where appropriate, and is stored on the share drive which is available to all staff.

Work is also occurring with the Health Funds to ensure that areas of high throughput and cost, such as hip and knee surgery, are areas where pathways and guidelines for patients are being introduced, and where compliance with the pathways becomes essential.

Patients who may be at increased risk of harm are identified from as early as during their pre-admission process, with the patient and record being flagged as “being at risk”. Patients are identified through a range of standard questions asked, and staff are kept informed of at-risk patients. In an example, a patient who was intellectually disabled was supported through the system of admission through the early identification of a need, and as an inpatient with a level of care required for a patient with special needs. Alert sheets are created for patients and specific alert colour boards are maintained close to the patient The surveyors were informed that the procedures for ensuring that patients at risk were identified, was recently reviewed to ensure that all at-risk patients are identified at any early stage.

The governance framework and procedures supporting the early identification and management of clinical deterioration of patients, are based on best practice. Systems are in place to support the recognition of any deterioration in the condition of the patient, with staff and carers at the bedside made aware of the process for escalating their concerns, if a patient’s condition worsens.

The MPH is being referred to as a leader in its research work that it conducts, and presents at conferences, regarding MET calls and deterioration of patients. The research that the MPH has been trying to do is to determine if patients who have been part of a MET call, have had more chance of survival, than those that have not. The surveyors were impressed with this work, although it is recognised that it would be very difficult to prove.

Although the MPH uses a combination of a hybrid of medical records, including the hard-copy patient record and the electronic WebPAS system, WebPAS is the primary electronic record for the patients which records all of the demographics as part of the Patient Administration process. In addition, this system includes the functionality of a theatre management record for a patient’s surgery. The MPH has been recognised as a leader of change, and as a pilot, MPH will the first hospital in the Healthscope group to implement the Emerging Systems Electronic Medical Record. The MPH is putting a great deal of thought into how this will integrate with the current WebPAS system, by involvement with a large number of staff, ensuring that the plans for this implementation are thorough and will benefit patients.

Evidence that a number of audits of the record have occurred, were in evidence and demonstrated that improvements were made over time. Two members of the surveying team conducted audits of the contents of a number of hard copy records, and found that in the main, they were complete. An instance found where there was an omission relating to informed consent regarding blood transfusions, that this is an area where improvements could be made.

Performance and skills management

The processing for credentialling and defining the scope of clinical practice for clinicians is thorough, and is consistent with the organisation's by-laws, governance, policies and procedures. A Credentialing Committee that includes both senior management and medical representatives from each specialty area, ensures that all staff credentials and scope of practice records are in order and up-to-date. There was evidence provided demonstrating that there are instances when clinicians are found by the Medical Advisory Committee (MAC) to be unsuitable for the organisation. The MAC determines the scope of practice for medical staff, and reviews their previous experience.

The strong framework of committees ensures that clinicians work within the agreed scope of practice and that their APRA registration and insurance coverage is up-to-date. There was evidence to support the fact that should there be any concerns regarding a clinician working outside their scope of practice, that this may be raised by a staff member and where relevant, an investigation occurs. A recent incident that occurred related to the misappropriation of Propofol resulted in a detailed investigation and a report being made to APRA regarding the clinician's inappropriate action.

Where new technologies or services are to be introduced to the MPH, there is a formal process that requires a submission being made to the MAC. The recent introduction of Robotic Spinal surgery was provided as an example, and required the introduction of specialised training for all surgeons, and that a specific credentialling pathway was established.

The performance and skills management of the culturally diverse nursing staff, where 50% have completed their education overseas are managed by the senior clinical staff and where relevant, with the appropriate committees.

The acuity level of patient care supported by the hospital requires a specific level of nursing education and experience, and regular performance reviews including a review within three months of the engagement of a nursing staff member. There is an extensive education program for nursing staff, which will be further enhanced by the new ELMO eLearning system, which will provide the ability to target one-off training. This is particularly beneficial where the MPH may have experienced a clinical incident which requires the further training in a particular area of specialisation. The tool is more flexible to these unique types of training requirements, and will benefit the staff, and patient care.

The performance development policy supports the requirements that appraisals occur regularly, and there is evidence that staff in all occupational groups have a current performance development review, with details recorded in Kronos.

All staff are evaluated on their understanding and use of the safety and quality systems on a regular basis. There has been a marked improvement in some aspects of the aspects of the surveys conducted, including "describing quality improvement projects implemented in their area" and "attendance in at least one education session relating to quality". The MPH provided a number of activities that it is undertaking to improve the workforce's understanding and use of safety and quality systems, which is to be commended.

Incident and complaints management

The organisation has a comprehensive incident reporting system, RiskMan, which all staff are trained to use. There has been a separate analysis recently of the WHS incidents, which has helped in the review and reporting to relevant committees, ensuring the appropriate focus when analysing and resolving incidents. Care has been taken to ensure that all staff, VMOs, patients, carers and visitors are aware of how they can report an incident and to whom. Incidents are reported to relevant committees and where they are of a severe nature, will be escalated to Legal Counsel and/or the National Risk Manager.

The survey team found evidence of action plans developed to address specific issues identified through incidents and complaints, and a number of incidents where the plans had been evaluated.

Having the Director of Nursing as the Complaints Officer is an excellent initiative ensuring that the few complaints that are received are understood and dealt with immediately. All complaints are acknowledged immediately using a complaints register ensuring an efficient turnaround and where feasible, resolution of the complaint. The Healthscope Corporate KPI that monitors reports, supports the effective method of approaching complaints management by MPH.

The change from the Patient Care Review Committee to become a Clinical Review Committee is considered by the surveyors as an effective way to provide a broad and comprehensive review, with a critical analysis of adverse events.

The introduction of patient rounding since the last survey has been a good initiative to reduce the number of falls and pressure injuries being reported. An audit that occurred following the introduction has shown a marked improvement in these two important areas.

A comprehensive multidisciplinary program to educate clinical staff in the practice of open communications and open disclosure has been in operation for some time. This has a robust framework of committees and policies to support Open Disclosure by all staff. Staff receive training in Open Disclosure and appreciate its importance. If an incident relating to Open Disclosure occurs, an entry is made into RiskMan to guarantee its investigation and resolution. As with other incident, feedback is provided to staff and the incident is used as a shared learning experience.

Patient consents are obtained before treatment is provided, which is consistent with the policies. In other parts of this survey report, reference has been made to remind clinicians that when consent for blood by patients occurs that the documentation supports this in the medical record. The surveyors understand that the MPH is introducing a new Blood Consent Form and that this may be the reason for any omission in the records.

Patient rights and engagement

The MPH has put a considerable amount of effort in recent years into its web-site, with a reference to the Charter of Patient Rights being one of those improvements. Patients are provided with a Patient Brochure which covers the rights of a patient and this is available on display in different areas of the hospital, as well as being part of the patient's admission pack. The Consumer Representative has been part of the review process for this document. Clinicians regularly check that a patient's dietary requirements are being taken care of, and with the patients from diverse cultures treated, that the MPH is respectful of their beliefs and customs.

The patient satisfaction survey that was conducted most recently in March 2016, reinforced a high level of support from staff regarding their understanding of their condition, medications and treatment, and that they are involved in decisions about their care and treatment. The results of the survey are most impressive.

Where the patients are at risk of not understanding their healthcare rights and the care being given, the MPH uses different approaches to managing this including interpreter services, family meetings, the bedside handovers which involve the patient and carer, and the involvement of Clinical Care Coordinators.

There are numerous examples of the MPH clinicians engaging with patients and carers in the planning of their care, which is part of the hospital's Patient Centred Care focus, and is being managed well by the MPH.

This is a continuous process during the inpatient stay, and the involvement of patients and carers in the clinical handover. A member of the survey team who was present at an MPH clinical handover confirmed the commitment by the staff to ensure patient involvement in their own care.

The MAC minutes referred to a number of discussions that have been occurring regarding Advance Care Directives and/or treatment-limiting orders and this is admirable. Patient information brochures addressing Advance Care Planning are available in the MPH, and Advance Care Plan education is conducted with staff. However, there was little reference to discussions occurring between clinicians and patients, and this is an area the MPH could improve.

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Governance and quality improvement systems

Ratings

Action	Organisation	Surveyor
1.1.1	SM	SM
1.1.2	SM	SM
1.2.1	SM	SM
1.2.2	SM	SM
1.3.1	SM	SM
1.3.2	SM	SM
1.3.3	SM	SM
1.4.1	SM	SM
1.4.2	SM	SM
1.4.3	SM	SM
1.4.4	SM	SM
1.5.1	SM	SM
1.5.2	SM	SM
1.6.1	SM	SM
1.6.2	SM	SM

Clinical practice

Ratings

Action	Organisation	Surveyor
1.7.1	SM	SM
1.7.2	SM	SM
1.8.1	SM	SM
1.8.2	SM	SM
1.8.3	SM	SM
1.9.1	SM	SM
1.9.2	SM	SM

Performance and skills management

Ratings

Action	Organisation	Surveyor
1.10.1	SM	SM
1.10.2	SM	SM

1.10.3	SM	SM
1.10.4	SM	SM
1.10.5	SM	SM
1.11.1	SM	SM
1.11.2	SM	SM
1.12.1	SM	SM
1.13.1	SM	SM
1.13.2	SM	SM

Incident and complaints management

Ratings

Action	Organisation	Surveyor
1.14.1	SM	SM
1.14.2	SM	SM
1.14.3	SM	SM
1.14.4	SM	SM
1.14.5	SM	SM
1.15.1	SM	SM
1.15.2	SM	SM
1.15.3	SM	SM
1.15.4	SM	SM
1.16.1	SM	SM
1.16.2	SM	SM

Patient rights and engagement

Ratings

Action	Organisation	Surveyor
1.17.1	SM	SM
1.17.2	SM	SM
1.17.3	SM	SM
1.18.1	SM	SM
1.18.2	SM	SM
1.18.3	SM	SM
1.18.4	SM	SM
1.19.1	SM	SM
1.19.2	SM	SM
1.20.1	SM	SM

STANDARD 2
PARTNERING WITH CONSUMERS

Surveyor Summary

Consumer partnership in service planning

The MPH has a corporate and local clinical governance framework that encompasses a vast amount of work that is being conducted with patients, carers and consumers. Although this involves engaging and empowering patients to participate in their care, there is unfortunately no Consumer Advisory Committee (CAC) as such from which the hospital would benefit, as many other hospitals in the Healthscope group do. The MPH has included in their “consumer” group VMOs, and the surveyors explained, on advice from the ACHS, that VMOs are partners in care, not consumers. In discussing this with VMOs during the consultation with the MAC, the VMOs confirmed that they considered themselves as “partners”.

The MPH has a Consumer Representative who has been with the hospital for approximately four years. The consumer representative plays an active part on a number of committees, and is well respected by the MPH clinicians. She attended the MPH strategic planning workshop, and is at present participating in the hospital’s planning days, providing valuable consumer feedback regarding requirements. The Consumer Representative is performing an excellent role and support for the hospital, but there needs to be better representation from the community. Further effort should occur by the MPH in engaging consumers who may have been patients at the hospital, or carers of patients who have experienced the patient journey with them.

The MPH has a Patient Focused Care approach to the provision of healthcare services, and this is reflected in all of the patient information that is available to patients and carers, both on the website and in hard-copy. This information has been reviewed by the Consumer Representative. Patient/consumer stories are also available on the website, which demonstrate the high satisfaction levels achieved by the MPH, which are evidenced in the surveys conducted of patients who have been treated in the MPH.

Consumer partnership in designing care

Evidence demonstrates active engagement of consumers in MPH’s systems and processes of governance, and the underpinning of strategies by the inclusion of consumers in Patient Centre Care initiatives. The MPH uses data generated by Hardes which reflects market intelligence based on the Australian Bureau of Statistics census information. This is used by the hospital to determine clinical needs and services.

While there is evidence of consumer involvement in Quality Improvement activities that will enhance patient experience and health outcomes, there is scope to extend this further to people from the communities serviced by the MPH to ensure services are culturally appropriate, safe and effective.

The MPH has made great progress with its introduction under the Patient Centred Care initiative to involve patients in the clinical bedside handover. A member of the surveying team attended and found the process to be most beneficial to the patient and clinicians alike for it provides an opportunity for patients to ask questions and to provide advice to the clinical staff. This feedback is directed back to clinical staff which provides opportunities for improvements where feasible.

The Consumer Representative who regularly attends the hospital has been involved in presenting to groups of clinicians, which is an approach taken by the hospital to train the clinical workforce in the needs of consumers.

Patient satisfaction surveys are conducted across the Healthscope hospitals, and the MPH is one of the

highest achievers in the Peer group measured.

Consumer partnership in service measurement and evaluation

The sharing of quality and safety information with consumers occurs in a range of ways including web-based information, consumer participation in the annual strategic planning workshop, in planning days and through the participation in Safety and Quality committee meetings. The Consumer Representative has also participated in the Clinical Handover Staff Forum.

Other events where there is considerable consumer involvement include Heart Week, Diabetes Week, Antibiotic Awareness Week and Stroke Week. There are many other health promotion activities arranged throughout the year that involve and engage consumers. The MPH Patient newsletter also seeks feedback from consumers.

The MPH uses the information gathered through the complaints process, and were able to show improvements made as a result of the feedback received. If MPH had a greater number of consumer representatives in the hospital, an approach to gathering intelligence on the experience of patients would better determine areas for improvement.

Information is displayed on the MPH website regarding the numbers of falls experienced by the hospital, which demonstrates the low fall rate that is experienced in the wards when compared with the Industry Rate average. The hospital uses the website to communicate the improvements being made and the methods of attempting to reduce the falls experienced.

Possibly the two best initiatives that have occurred since the last survey include the patient rounding and the bedside clinical handover, which are two methods of improving patient safety and the quality of care. Both have been most successful and the MPH is to be congratulated on the progress that it has made in these areas.

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Consumer partnership in service planning

Ratings

Action	Organisation	Surveyor
2.1.1	SM	SM
2.1.2	SM	SM
2.2.1	SM	SM
2.2.2	SM	SM
2.3.1	SM	SM
2.4.1	SM	SM
2.4.2	SM	SM

Consumer partnership in designing care

Ratings

Action	Organisation	Surveyor
2.5.1	SM	SM
2.6.1	SM	SM
2.6.2	SM	SM

Consumer partnership in service measurement and evaluation

Ratings

Action	Organisation	Surveyor
2.7.1	SM	SM
2.8.1	SM	SM
2.8.2	SM	SM
2.9.1	SM	SM
2.9.2	SM	SM

STANDARD 3
PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Surveyor Summary

Governance and systems for infection prevention, control and surveillance

Melbourne Private Hospital has input from a HICMR infection control consultant and an onsite infection control coordinator. A governance framework which includes executive responsibility and a risk management approach allows for management and reporting of prevention and control of health associated infections. Policies, procedures, protocols and monitoring systems are based on risk assessment and provide direction to assist in minimising infection risks to patients, carers and staff. A number of strategies support the reduction of infections risks and management of infections when they occur. They include an Infection Control Committee, input from an infectious diseases physician and Infection Prevention and Control Risk Management plan which covers all aspects of this standard. Surveillance data is collected and reviewed by the Infection Control Committee (IPC), Medical Advisory Committee (MAC), Clinical Heads of Departments and Healthscope Quality Key Performance Indicators. Collected data is reviewed monthly and includes ACHS Infection indicators, Multi Resistance Organisms screening (MRO) and Hospital Acquired Infections (HAI). Other strategies include precaution signage, hand hygiene and aseptic technique. A number of infection control clinical resources across the organisation provide support to clinical and non-clinical staff. These resources would benefit from a position description, some dedicated hours and to met regularly as a group to share information and develop or improve infection control strategies.

Infection prevention and control strategies

A number of appropriate strategies are in place to allow for the prevention and control of healthcare associated infections. Firstly, there is a strong commitment to the national hand hygiene program. Compliance of hand hygiene is monitored at a governance level with monthly reports reviewed at the facility and corporate level. Overall compliance is above the national benchmark. Domestic staff compliance is not at an acceptable level and needs to improve. There is an immunisation program in place and which is supported by an electronic database which is a work in progress. There is infection prevention and control consultation in related to occupational health and safety that ensure policies and procedures and/or protocols address the components of this action. There are processes for the management of occupational exposures and a project to reduce the number of incidents in conjunction with work health and safety has commenced. There is education and competency assessment of workforce to ensure appropriate and competent use of personal protective equipment (PPE). New products are trialled and evaluated prior to purchase. Invasive devices have been identified and risk rated. Competency based training packages are available for staff to undertake with respect to invasive devices that are used by clinical staff. A self-directed learning package workbook has been distributed to nursing staff and includes a number of competencies associated with aseptic technique. Review of compliance indicates a reasonable uptake by clinical staff and there is ongoing monitoring of compliance across all craft groups.

Managing patients with infections or colonisations

Standard and transmission based precautions that are consistent with current national guidelines are in use. Auditing of isolation practices compliance occurs along with audits of PPE compliance, hand hygiene, and the environment with data being reported to governing body and staff. A number of processes are used to communicate infectious status. They include daily monitoring by the infection control coordinator and the pre-admission patient health history.

Antimicrobial stewardship

The Healthscope Antimicrobial Prescribing and Management Policy supports the need to change antimicrobial prescribing habits with the aim of reducing unnecessary use of antimicrobials and promote the use if agents less likely to reduce resistance. There is a focus on the reviewing of surgical prophylaxis across the various specialties. Results are reviewed by the IPC and MAC. The hospital pharmacist reviews inpatient medication chart of non-surgical patients and addresses issues as they occur. It would be beneficial to quantify these actions. Consideration is given to undertake a National Antimicrobial Utilisation Surveillance Program (NAUSP), and point prevalence survey using National Antimicrobial Prescribing Surveys (NAPS). Currently cumulative antibiograms information is not obtained from MPH pathology provider.

Cleaning, disinfection and sterilisation

Maintenance and cleaning schedules are in place and environmental auditing is undertaken with results indicating good compliance. There is a need to address the issue of walls and doors integrity across the organisation. Linen is well managed and the separation of clean and dirty is appropriate. Reprocessing of reusable medical equipment, instruments and devices 3.16.1 does not meet AS/NZS 4187 2003. A recommendation has been made in the body of the report. The Central Sterilising Supply Department has undertaken a gap analysis outlying compliance to AS/NZS 4187:2014 and a small number of non-compliant areas have been addressed. The remaining non-compliant areas are part of an action plan which includes a proposal that has been sent to Royal Melbourne Hospital to allow MPH access to their Central Sterilising Department. The endoscopy suite has completed a gap analysis against AS/NZS 4187_2014. A further gap analysis against the Gastroenterological Society of Australia (GESA) and the Gastroenterological Nurses College of Australia (GENCA) standards would be useful. A partial tracking system is in place. Staff are trained in the requirements of a sterilising department and undertake annual skills assessment.

Advanced Completion (AC) Review – 22 June 2017

The survey team acknowledged and appreciated all the improvements that have been made to rectify the problems identified during the accreditation review. The regular progress reports provided included photographic evidence of the reconstruction work occurring, and the resolution of the separation of the physical areas to support effective segregation of clean and dirty activities. There has also been demonstrated progress towards full implementation of the action plan for AS/NZS 4187:2014.

Communicating with patients and carers

Consumer specific information on the management and reduction of healthcare associated infections is provided to patients and carers. There has been limited evaluation of patient information to determine if it meets the needs of the target audience. There is recognition that this is an area that requires improvement.

Governance and systems for infection prevention, control and surveillance

Ratings

Action	Organisation	Surveyor
3.1.1	SM	SM
3.1.2	SM	SM
3.1.3	SM	SM
3.1.4	SM	SM
3.2.1	SM	SM
3.2.2	SM	SM
3.3.1	SM	SM
3.3.2	SM	SM
3.4.1	SM	SM
3.4.2	SM	SM
3.4.3	SM	SM

Infection prevention and control strategies

Ratings

Action	Organisation	Surveyor
3.5.1	SM	SM
3.5.2	SM	SM
3.5.3	SM	SM
3.6.1	SM	SM
3.7.1	SM	SM
3.8.1	SM	SM
3.9.1	SM	SM
3.10.1	SM	SM
3.10.2	SM	SM
3.10.3	SM	SM

Action 3.10.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

A comprehensive risk analysis of aseptic technique for clinicians working in high risk areas has occurred. The Infection Prevention and Control Risk Management Plan has been developed to assess clinical practice of clinician aseptic technique. Clinicians have access to an aseptic technique training package.

Surveyor's Recommendation:

No recommendation

Managing patients with infections or colonisations

Ratings

Action	Organisation	Surveyor
3.11.1	SM	SM
3.11.2	SM	SM
3.11.3	SM	SM
3.11.4	SM	SM
3.11.5	SM	SM
3.12.1	SM	SM
3.13.1	SM	SM
3.13.2	SM	SM

Antimicrobial stewardship

Ratings

Action	Organisation	Surveyor
3.14.1	SM	SM
3.14.2	SM	SM
3.14.3	SM	SM
3.14.4	SM	SM

Cleaning, disinfection and sterilisation

Ratings

Action	Organisation	Surveyor
3.15.1	SM	SM
3.15.2	SM	SM
3.15.3	SM	SM
3.16.1	SM	SM
3.17.1	SM	SM
3.18.1	SM	SM

Action 3.16.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

Melbourne Private Hospital (MPH) undertakes complex surgical procedures including open heart surgery, intra cranial and spinal surgery. The Sterilising Services Department (SSD) does not provide an environment that complies with AS/NZS current and future. The present design does not allow for effective segregation of clean and dirty activities. The current design results in crossover of dirty and clean reusable medical devices (RMDs). The current designated area for processing of clean RMDs is a thoroughfare and therefore the processed RMDs are at risk of contamination as identified by the 02/02/2017 HICMR Assessment and Reporting Program, other areas including lack of space to facilitate the throughput of RMDs that require cleaning, provision of sufficient space for the manoeuvrings of washer disinfector unloading trolleys, insufficient space to enable cooling of RMDs and a number of other issues relating work stations and lack of space for the management of loan sets.

A number of these issues have been raised at least three times by the HICMR assessment and while there had been minor changes they do not address the major issues.

Regarding progress towards implementation of AS/NZS 4187:2014, a gap analysis has been completed and minimal deficits have been addressed.

Advanced Completion (AC) Review – 22 June 2017

It is clear that a significant amount of work has been completed in a short time frame to address the cross contamination issues and the progression of the action plan for AS/NZS 4187:2014. A number of strategies have been implemented which address the issues raised at the time of survey.

The overall management of the changes required has been the responsibility of Sterilising Service Department (SSD) Review Working Party which has planned and monitored progress. An external Sterilising Compliance Assessment Report and Gap Analysis has been undertaken which has identified areas of non-compliance which have been risk rated. Redesign of the (SSD) has occurred and work has been completed to reduce the risk of cross contamination with appropriate area segregation and correct air flow including the installation of HEPA filters. Review of the floor plan indicates appropriate flows and separation of contamination, packing, cooling and sterile stock storage areas.

Ongoing work that is required to progress actions identified in the gap analysis will be progressed, with a number of actions being completed by December 2017. A number of photographs have been reviewed and they clearly demonstrate the completion of the works to improve the SSD. A site visit by a HICMR Consultant indicates that MPH has addressed the issues raised by the survey team. Surveyors are confident that the changes to the SSD and the ongoing planned actions will ensure that the patient journey at MPH is one of quality and safety.

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
3.19.1	SM	SM
3.19.2	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

STANDARD 4
MEDICATION SAFETY

Surveyor Summary

Governance and systems for medication safety

Melbourne Private Hospital (MPH) has a wide range of policies relating to governance. These address the key elements of safety in medication. MPS is fortunate to have full-time pharmacists with Hospital Pharmacy services (HPS). They oversee the distribution and monitoring of medication. Evidence is provided of medication management group reporting to the Executive and any issues are conveyed to staff either through the MAC or at the ward level. It is noted that incidents have been reported to the TGA. The use of medication cluster groups is noted throughout the Healthscope Hospital network. E-Learning has been superseded with a new learning process, ELMO, and MPH are fully aware of their responsibilities in further auditing of this learning module. Areas of improvement requirements have been noted in the latest audit of the NIMC and actions are in place to address these issues. The NIMC is being replaced in the very near future with a new PBS chart and ongoing audits of the effectiveness of this are planned.

Documentation of patient information

A selection of patient charts were reviewed as was the audit of the NIMC. Certain percentages need to be improved but the organisation are aware of these and have an education process to address them. The MAC are also involved and are co-opted to increase the number of signed and completed charts to reach a satisfactory level. Charts are freely available at the point of care. As mentioned above the use of the hospital pharmacists is important in all aspects of medication usage. It is also noted that the SMMA for 2016 has been done but not reported and it is suggested that this important audit tool be continued and reported in 2017.

Medication management processes

The intranet which is freely available has a full MIMS application, as well as hard copies in the wards. HPS monitor all hazardous medication and they fulfil all legislative requirements pertaining to the disposal of DDA medications as well as non-DDA drugs. DDA records were perused and were compliant. The use of domestic fridges (apart from the Chemotherapy unit), is noted. Even though there are temperature monitors they are not of the data log variety. It is suggested that consideration be given in the short term to data log equipment purchase so an accurate record of temperature fluctuations is available and in the longer term replace these fridges with clinical fridges incorporating such data logs.

Continuity of medication management

There are good processes with active input from the on site pharmacists in all aspects of patient medication. There are protocols for timely distribution of discharge medications as well as in patient assessments regarding the medication that a patient uses. Surveyors had the opportunity of interacting with a number of patients and universally there was appreciation of the quality of their interaction concerning their medication.

Communicating with patients and carers

The pre-admission folders are well documented for medication of patients being admitted. MPH is encouraged to continue to monitor these developmental standards. Contact was made with a number of patients and there appeared to be good knowledge of their medication.

Governance and systems for medication safety

Ratings

Action	Organisation	Surveyor
4.1.1	SM	SM
4.1.2	SM	SM
4.2.1	SM	SM
4.2.2	SM	SM
4.3.1	SM	SM
4.3.2	SM	SM
4.3.3	SM	SM
4.4.1	SM	SM
4.4.2	SM	SM
4.5.1	SM	SM
4.5.2	SM	SM

Documentation of patient information

Ratings

Action	Organisation	Surveyor
4.6.1	SM	SM
4.6.2	SM	SM
4.7.1	SM	SM
4.7.2	SM	SM
4.7.3	SM	SM
4.8.1	SM	SM

Medication management processes

Ratings

Action	Organisation	Surveyor
4.9.1	SM	SM
4.9.2	SM	SM
4.9.3	SM	SM
4.10.1	SM	SM
4.10.2	SM	SM
4.10.3	SM	SM
4.10.4	SM	SM
4.10.5	SM	SM
4.10.6	SM	SM
4.11.1	SM	SM
4.11.2	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

Continuity of medication management

Ratings

Action	Organisation	Surveyor
4.12.1	SM	SM
4.12.2	SM	SM
4.12.3	SM	SM
4.12.4	SM	SM

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
4.13.1	SM	SM
4.13.2	SM	SM
4.14.1	SM	SM
4.15.1	SM	SM
4.15.2	SM	SM

STANDARD 5
PATIENT IDENTIFICATION AND PROCEDURE MATCHING

Surveyor Summary

Identification of individual patients

Policies and procedures are based on the organisation's corporate standards for patient identification.

There is a comprehensive system of patient identification and the allocation of UR numbers. The Melbourne Private Hospital uses WebPAS to record the patient's identification and demographic in the electronic WebPAS. There is now only the one armband used to identify the patient. The practice for specific cardiac operations was explained to the surveyors, where the armband is removed from the patient and attached to his/her forehead, ensuring identification of the patient remains valid and easy to verify correct identification of the patient. The removal of the armband allows clinicians to be able to put in arterial lines. The time-out process is conducted by the Nursing Scout and further ensures that the patient is identified and known to all staff, and that the procedure is consistent with the surgical plans for that patient. Three or four identifiers are used on the patient armband including: the UR Number, Patient's Name, Date of Birth and Gender. These are consistent with the WebPAS record, and the hard-copy medical record as evidenced by the surveyors. A patient will wear the appropriately coloured armband where he/she has clinical alerts.

Whiteboards have been introduced to wards, based upon a design involved the MPH Consumer Representative. Clinicians entering the ward are now able to easily identify patients, and to be aware of any at-risk patients or patients with alerts.

Where incidents occur of mis-matched patient's identification, at a near-miss which was experienced during the week prior to the survey review, the incident is reported immediately to all relevant staff by telephone where critical, and by email, in addition to being reported in RiskMan. It is then used as a shared learning experience. All clinicians and non-clinical staff are regularly made aware of the importance of continually checking that the patient's identification, medical record, specimens taken and medications given, are consistent with the arm-band of the patient. Patients are asked to give their identification details prior to being given medications.

Auditing of patient identification occurs on a regular basis. A review by the surveyors of approximately ten hard-copy medical records demonstrated high compliance with the requirements of a medical record, including patient and medical consent for treatment, operating theatre and medical records, and allergies and alerts where appropriate.

Processes to transfer care

There is a close relationship between Melbourne Private Hospital and the Melbourne Health Hospital, which requires approaches be developed to ensure that patients transferring between the two hospitals is thorough, and there are no opportunities for mis-identification of the patient. Generally, the transfer of the patient is from Melbourne Health to the Melbourne Private Hospital, for the patient to receive private healthcare. Patients are "discharged" from the Patient Administration System in Melbourne Health and are taken by wheelchair by an orderly across to the Melbourne Private Hospital with their previous armbands still attached. A copy of relevant parts of the patient's medical record is provided by Melbourne Health Hospital to the Melbourne Private Hospital. A new medical record and new patient identification is created by the Melbourne Private Hospital, with new armbands printed, replacing the Melbourne Health armbands. As this is a regular process, incidents should rarely occur, and none were in evidence to the surveyors.

Approximately 30% of the patients admitted to Melbourne Private Hospital are from the rural sector, and a similar process to that identified above occurs, whereby the patient from the rural, generally a public hospital, is discharged and transported to Melbourne Private Hospital with copies of relevant patient medical record information from the public hospital. The patient is then admitted to Melbourne Private and a new record and patient identification is created for the transferred patient.

Melbourne Private Hospital has a contract with Melbourne Health for radiology and pathology services, supported by a Service Level Agreement. When patients are taken by an orderly from MPH to the Melbourne Health Radiology department, the patient's identification remains that of the Melbourne Private Hospital while their imaging is undertaken. The patient with their MPH identification is then taken back to the hospital of origin.

Processes to match patients and their care

There is a policy to ensure Correct Patient, Correct Procedure and Correct Site identification of patients, in addition to other policies covering Patient Identification and auditing requirements, which are referred to as part of all patient treatment activities.

The time-out process has been a most effective method of ensuring that patients are matched appropriately. There has been a concerted effort to avoid any incidents in the operating theatre, and although there is currently no nurse educator on staff in this area, there are staff who provide training and guidance to all theatre clinicians. If specimens are taken, there has been a 15 step approach to ensuring that the specimen is for the correct patient and is clearly identified with the four patient identifiers. Where agency staff are required to be part of the theatre staff, there is a special selection process regarding their experience. Orderlys are oriented regularly regarding the importance of checking patient identifications, and where appropriate images and specimens taken for that patient.

A recent incident that occurred that was reported in RiskMan identified not only that the instructions for this process needed to be reviewed and revised, but that the policy around the taking of blood and subsequent identification process, was also required to be updated. Training in the new procedures occurred after the changes, and audits were arranged to ensure that the new procedures were being followed and were effective. The MPH manages its incidents well, including ensuring that clinicians benefit from shared learnings.

Identification of individual patients

Ratings

Action	Organisation	Surveyor
5.1.1	SM	SM
5.1.2	SM	SM
5.2.1	SM	SM
5.2.2	SM	SM
5.3.1	SM	SM

Processes to transfer care

Ratings

Action	Organisation	Surveyor
5.4.1	SM	SM

Processes to match patients and their care

Ratings

Action	Organisation	Surveyor
5.5.1	SM	SM
5.5.2	SM	SM
5.5.3	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

STANDARD 6
CLINICAL HANDOVER

Surveyor Summary

Governance and leadership for effective clinical handover

There are a considerable number of policies for clinical handover in both the corporate area and the local Melbourne Private Hospital. There are substantive reporting structures in place. A review of the minutes of the various committees indicated reports are passed on to the executive and there are actions noted by the executive. The use of Clinical Coordinators is again highlighted and is to be commended.

Clinical handover processes

The handover of care is accomplished in a seamless fashion with full involvement of the patient at the bedside at least once in the 24 hour cycle usually when the afternoon shift takes over from the morning shift. Handover was observed at the ward level and on the ICU at the so called 9.20 review which is a unit review each day. The previous survey noted the issue of privacy which is continuing. This is due to the usual room having two or more beds. The staff are aware of this and are sensitive to the patient's need for personal privacy. A master sheet is created before each shift change and is used extensively in the handover. An initiative noted and commended is the action of the cardiac catheter lab in reviewing the pre-op evaluation to incorporate cardiac specific indicators. There is a plan to introduce this later in the year and there are audits planned to assess these new charts. MPH has over 90% compliance in a Nurse Discharge Summary being dispatched within 48 hours of discharge.

Patient and carer involvement in clinical handover

Patients and their carers are involved with handover. Review of audits available indicate that there is widespread satisfaction from the patients with their involvement. The surveyors had the opportunity to speak with a range of consumers who all expressed satisfaction with their involvement. MPH has a contract with BUPA regarding the contact of their patients within 24 hours of their discharge and audit revealed a high percentage of patients so contacted.

Governance and leadership for effective clinical handover

Ratings

Action	Organisation	Surveyor
6.1.1	SM	SM
6.1.2	SM	SM
6.1.3	SM	SM

Clinical handover processes

Ratings

Action	Organisation	Surveyor
6.2.1	SM	SM
6.3.1	SM	SM
6.3.2	SM	SM
6.3.3	SM	SM
6.3.4	SM	SM
6.4.1	SM	SM
6.4.2	SM	SM

Patient and carer involvement in clinical handover

Ratings

Action	Organisation	Surveyor
6.5.1	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

STANDARD 7
BLOOD AND BLOOD PRODUCTS

Surveyor Summary

Governance and systems for blood and blood product prescribing and clinical use

Melbourne Private Hospital (MPH) is co-located with Royal Melbourne Hospital (Melbourne Health [MH]). This allows a significant synergy with the larger institution as it applies to all aspect of this standard. MPH has a representative on the MH transfusion committee and consequently they are factored in to all the various governance issues. This includes blood wastage, haemovigilance and reporting of transfusion reactions. MH through their cluster relationships with other Healthscope institutions are involved in feedback on all governance issues affecting blood and blood products across these institutions. Minutes of these meetings are available and confirm this interaction. Audits revealed very good documentation for the reasons for transfusion (over 90%). It is noted that an external waste audit is to be done and MPH is encouraged to move forward with this in conjunction with MH.

Documenting patient information

Two audits were available, November 2015 and October 2016v, relating to a number of criteria with blood usage. A number of the percentages achieved were acceptable, particularly in relation to reasons for transfusions and pre transfusion haemoglobin. Other documentation was less well done particularly in areas of informed consent and evidence that written information was given to patients. MPH is encouraged to concentrate on those areas which have low compliance rates particularly in the area of legibility of the referring medical officer and regarding documentation of informed consent. It is accepted that the majority of consents are done by the admitting doctor in their rooms so MPH needs to continue and stress the importance of such documentation in the patient file.

Managing blood and blood product safety

MPH has a synergistic relationship (as alluded to above) with MH and consequently their management of blood and blood products is well done. It was noted that the wastage of products from MPH was unacceptable. This has led to the distribution of blood and blood products being now sourced from MH. Because of this there is no need for a blood fridge at MPH and this potential risk has been ameliorated.

Communicating with patients and carers

There are a number of pamphlets and literature available within MPH to inform patients and their carers of the benefits and potential risks of the use of blood products. It is noted however that the documentation of whether or not patients have been given access to these appears scanty at best. It is suggested that MPH continues their audit program with emphasis directed to improving their documentation as it applies to this communication area. A visit to the Chemotherapy unit enabled conversation with patients and their carers. In this area they were well informed about the benefits and risks of their blood product regime.

Organisation: Melbourne Private Hospital
Orgcode: 225023

Governance and systems for blood and blood product prescribing and clinical use

Ratings

Action	Organisation	Surveyor
7.1.1	SM	SM
7.1.2	SM	SM
7.1.3	SM	SM
7.2.1	SM	SM
7.2.2	SM	SM
7.3.1	SM	SM
7.3.2	SM	SM
7.3.3	SM	SM
7.4.1	SM	SM

Documenting patient information

Ratings

Action	Organisation	Surveyor
7.5.1	SM	SM
7.5.2	SM	SM
7.5.3	SM	SM
7.6.1	SM	SM
7.6.2	SM	SM
7.6.3	SM	SM

Managing blood and blood product safety

Ratings

Action	Organisation	Surveyor
7.7.1	SM	SM
7.7.2	SM	SM
7.8.1	SM	SM
7.8.2	SM	SM

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
7.9.1	SM	SM
7.9.2	SM	SM
7.10.1	SM	SM
7.11.1	SM	SM

STANDARD 8
PREVENTING AND MANAGING PRESSURE INJURIES

Surveyor Summary

Governance and systems for the prevention and management of pressure injuries

The Healthscope Pressure Injury - Identification and Managements Policy provides the framework to enable development of relevant systems and programs to reduce the development of pressure injury or minimise the risk from an existing pressure injury and management of pressure injuries should they occur. There have been no significant pressure injuries since 2012 and those that have been reported in RiskMan are stage one. It was not possible to clearly identify from the RiskMan data what was a pressure injury and what was a skin tear. MPH is addressing this issue so that they are able to report validated pressure injury numbers. Policies, procedures and protocols are consistent with national evidence-based guidelines for the prevention and management of pressure injuries. Auditing of staff awareness has occurred and indicates a reasonable level of knowledge. The governing body responsible for the prevention and management of pressure injuries is the PC& SC. Pressure injuries should they occur are reported to corporate office and RiskMan. Equipment to assist in pressure injury prevention is available if required.

Preventing pressure injuries

The commitment to the prevention of pressure injuries was evident with two major projects currently being progressed. These projects are reviewing the use of prophylactic dressings and use of alternative products for incontinent patients. Patients are screened on presentation and if required progress to a full assessment using the Waterlow Assessment tool. Comprehensive skin assessments are undertaken. A Pressure Area Prevention Management Plan that is aligned to the results of the Waterlow Assessment tool is utilised. Nutrition (Malnutrition Screening Tool) is part of the assessment process and referral will occur if required to dietetics.

Managing pressure injuries

There is an evidence-based wound management system that includes protocols and processes for patient care when a pressure injury is identified. This assessment form includes management of pain and wound care. There is access to a wound consultant.

Communicating with patients and carers

Patients and carers are provided with pressure injury prevention brochures. Information is also available in the patient information booklet. Auditing of patient understanding is occurring.

Governance and systems for the prevention and management of pressure injuries

Ratings

Action	Organisation	Surveyor
8.1.1	SM	SM
8.1.2	SM	SM
8.2.1	SM	SM
8.2.2	SM	SM
8.2.3	SM	SM
8.2.4	SM	SM
8.3.1	SM	SM
8.4.1	SM	SM

Preventing pressure injuries

Ratings

Action	Organisation	Surveyor
8.5.1	SM	SM
8.5.2	SM	SM
8.5.3	SM	SM
8.6.1	SM	SM
8.6.2	SM	SM
8.6.3	SM	SM
8.7.1	SM	SM
8.7.2	SM	SM
8.7.3	SM	SM
8.7.4	SM	SM

Managing pressure injuries

Ratings

Action	Organisation	Surveyor
8.8.1	SM	SM
8.8.2	SM	SM
8.8.3	SM	SM
8.8.4	SM	SM

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
8.9.1	SM	SM
8.10.1	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

STANDARD 9
RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION IN ACUTE HEALTH CARE

Surveyor Summary

Establishing recognition and response systems

The Deteriorating Patient Committee has responsibility for the governance of the recognition and response systems and monitors responsibilities are clearly documented. Policies and procedures include measurement and documentation of observations, escalation of care, rapid response systems and communication strategies for patients and carers about clinical deterioration. Cardiac arrests and deaths are reviewed using a Serious Incident Investigation tool. These results are reviewed by the MAC and if necessary changes to clinical practice are implemented.

Recognising clinical deterioration and escalating care

The observation chart and response chart records physiological observations and incorporates triggers to escalate care when deterioration occurs, is utilised. Auditing of observation and response chart indicates high compliance with results ranging from 95.4%-100%. There are clear guidelines that provide direction for clinicians to escalate care and call for emergency assistance. Where escalation of care occurs these incidents are recorded in RiskMan and are reviewed using a serious incident form.

Responding to clinical deterioration

Criteria for triggering a call for emergency assistance are included in the escalation policies, procedures and/or protocols. A Medical Emergency Team (MET) responds to MET and code blue calls. The circumstances and outcome of calls for emergency assistance are regularly reviewed using a standardised tool and are attached to the Emergency Response Data Collection form. Clinical Review of this information occurs. A study of the outcomes of MET calls in a private hospital is occurring. The MET has staff who are trained in advanced life support and provide 24/7 cover. Mock arrests are regularly scheduled in clinical areas to ensure that first responders are able to manage the deteriorating patient.

Communicating with patients and carers

There are a number of strategies being utilised to provide information to patients and carers about how to escalate care response. They include use of nurse call bell and the emergency buzzer photograph on the patient white board which are discussed at the time of admission. There has been some evaluation of the escalation process and there are plans to strengthen this audit tool. Processes for the management of patients with Advance Care Plans are available. The current cardiac pulmonary resuscitation plan is being reviewed.

Establishing recognition and response systems

Ratings

Action	Organisation	Surveyor
9.1.1	SM	SM
9.1.2	SM	SM
9.2.1	SM	SM
9.2.2	SM	SM
9.2.3	SM	SM
9.2.4	SM	SM

Recognising clinical deterioration and escalating care

Ratings

Action	Organisation	Surveyor
9.3.1	SM	SM
9.3.2	SM	SM
9.3.3	SM	SM
9.4.1	SM	SM
9.4.2	SM	SM
9.4.3	SM	SM

Responding to clinical deterioration

Ratings

Action	Organisation	Surveyor
9.5.1	SM	SM
9.5.2	SM	SM
9.6.1	SM	SM
9.6.2	SM	SM

Action 9.6.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

The action is fully met.

Organisation: Melbourne Private Hospital
Orgcode: 225023

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
9.7.1	SM	SM
9.8.1	SM	SM
9.8.2	SM	SM
9.9.1	SM	SM
9.9.2	SM	SM
9.9.3	SM	SM
9.9.4	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

STANDARD 10
PREVENTING FALLS AND HARM FROM FALLS

Surveyor Summary

Governance and systems for the prevention of falls

The commitment to the prevention of falls and harm from falls was evident. Healthscope Falls Prevention and Management - Patient Policy provides the framework for falls management and is consistent with the National Preventing Falls and Harm best practice guidelines. Incidents of falls are logged in RiskMan. Reporting and investigation of falls incidents occur with trended data which includes dialogue, is discussed at the ward level regularly.

Screening and assessing risks of falls and harm from falling

On admission patients are assessed using the Frat assessment tool. Auditing of compliance occurs. A Patient Health Questionnaire is completed by patients before admission allows for screening of patients who are at risk of falling.

Preventing falls and harm from falling

Multifactorial falls prevention and harm minimisation care plans are in place and auditing of this plan occurs. There is regular monitoring of patient functional status, incidents of falls and pre and post implementation of care plans by a multidisciplinary team. A number of strategies are utilised to assist in falls reduction i.e. white board alerts, non-slip grip socks and alarmed chair and bed alert pads. Physiotherapist assesses potential at risk of falling patients and where necessary home assessments are undertaken. Falls prevention is part of the discharge process and ongoing referrals to appropriate agencies are made. Analysis of falls data identified that the specialty of neurosciences has the highest risk for falls across MPH. Education sessions are to occur and a new alert risk sheet is to be launched next month. A mock fall scenario which is an innovative initiative is utilised to assess staff knowledge of actions required post fall.

Communicating with patients and carers

Information about falls prevention strategies are provided to patients and/or carers. Evaluation of patient and carer understanding has commenced but the process needs to be strengthened.

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Governance and systems for the prevention of falls

Ratings

Action	Organisation	Surveyor
10.1.1	SM	SM
10.1.2	SM	SM
10.2.1	SM	SM
10.2.2	SM	SM
10.2.3	SM	SM
10.2.4	SM	SM
10.3.1	SM	SM
10.4.1	SM	SM

Screening and assessing risks of falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.5.1	SM	SM
10.5.2	SM	SM
10.5.3	SM	SM
10.6.1	SM	SM
10.6.2	SM	SM
10.6.3	SM	SM

Preventing falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.7.1	SM	SM
10.7.2	SM	SM
10.7.3	SM	SM
10.8.1	SM	SM

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
10.9.1	SM	SM
10.10.1	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

Actions Rating Summary

Governance for Safety and Quality in Health Service Organisations

Governance and quality improvement systems

Action	Description	Organisation's self-rating	Surveyor Rating
1.1.1	An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols	SM	SM
1.1.2	The impact on patient safety and quality of care is considered in business decision making	SM	SM
1.2.1	Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance	SM	SM
1.2.2	Action is taken to improve the safety and quality of patient care	SM	SM
1.3.1	Workforce are aware of their delegated safety and quality roles and responsibilities	SM	SM
1.3.2	Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards	SM	SM
1.3.3	Agency or locum workforce are aware of their designated roles and responsibilities	SM	SM
1.4.1	Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities	SM	SM
1.4.2	Annual mandatory training programs to meet the requirements of these Standards	SM	SM
1.4.3	Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities	SM	SM
1.4.4	Competency-based training is provided to the clinical workforce to improve safety and quality	SM	SM
1.5.1	An organisation-wide risk register is used and regularly monitored	SM	SM
1.5.2	Actions are taken to minimise risks to patient safety and quality of care	SM	SM
1.6.1	An organisation-wide quality management system is used and regularly monitored	SM	SM
1.6.2	Actions are taken to maximise patient quality of care	SM	SM

Clinical practice

Action	Description	Organisation's self-rating	Surveyor Rating
1.7.1	Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	SM	SM
1.7.2	The use of agreed clinical guidelines by the clinical workforce is monitored	SM	SM
1.8.1	Mechanisms are in place to identify patients at increased risk of harm	SM	SM
1.8.2	Early action is taken to reduce the risks for at-risk patients	SM	SM

1.8.3	Systems exist to escalate the level of care when there is an unexpected deterioration in health status	SM	SM
1.9.1	Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care	SM	SM
1.9.2	The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards	SM	SM

Performance and skills management

Action	Description	Organisation's self-rating	Surveyor Rating
1.10.1	A system is in place to define and regularly review the scope of practice for the clinical workforce	SM	SM
1.10.2	Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice	SM	SM
1.10.3	Organisational clinical service capability, planning and scope of practice is directly linked to the clinical service roles of the organisation	SM	SM
1.10.4	The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced	SM	SM
1.10.5	Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role	SM	SM
1.11.1	A valid and reliable performance review process is in place for the clinical workforce	SM	SM
1.11.2	The clinical workforce participates in regular performance reviews that support individual development and improvement	SM	SM
1.12.1	The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	SM	SM
1.13.1	Analyse feedback from the workforce on their understanding and use of safety and quality systems	SM	SM
1.13.2	Action is taken to increase workforce understanding and use of safety and quality systems	SM	SM

Incident and complaints management

Action	Description	Organisation's self-rating	Surveyor Rating
1.14.1	Processes are in place to support the workforce recognition and reporting of incidents and near misses	SM	SM
1.14.2	Systems are in place to analyse and report on incidents	SM	SM
1.14.3	Feedback on the analysis of reported incidents is provided to the workforce	SM	SM
1.14.4	Action is taken to reduce risks to patients identified through the incident management system	SM	SM
1.14.5	Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation	SM	SM
1.15.1	Processes are in place to support the workforce to recognise and report complaints	SM	SM
1.15.2	Systems are in place to analyse and implement improvements in response to complaints	SM	SM

1.15.3	Feedback is provided to the workforce on the analysis of reported complaints	SM	SM
1.15.4	Patient feedback and complaints are reviewed at the highest level of governance in the organisation	SM	SM
1.16.1	An open disclosure program is in place and is consistent with the national open disclosure standard	SM	SM
1.16.2	The clinical workforce are trained in open disclosure processes	SM	SM

Patient rights and engagement

Action	Description	Organisation's self-rating	Surveyor Rating
1.17.1	The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights	SM	SM
1.17.2	Information on patient rights is provided and explained to patients and carers	SM	SM
1.17.3	Systems are in place to support patients who are at risk of not understanding their healthcare rights	SM	SM
1.18.1	Patients and carers are partners in the planning for their treatment	SM	SM
1.18.2	Mechanisms are in place to monitor and improve documentation of informed consent	SM	SM
1.18.3	Mechanisms are in place to align the information provided to patients with their capacity to understand	SM	SM
1.18.4	Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders	SM	SM
1.19.1	Patient clinical records are available at the point of care	SM	SM
1.19.2	Systems are in place to restrict inappropriate access to and dissemination of patient clinical information	SM	SM
1.20.1	Data collected from patient feedback systems are used to measure and improve health services in the organisation	SM	SM

Partnering with Consumers

Consumer partnership in service planning

Action	Description	Organisation's self-rating	Surveyor Rating
2.1.1	Consumers and/or carers are involved in the governance of the health service organisation	SM	SM
2.1.2	Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people who do not usually provide feedback	SM	SM
2.2.1	The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation	SM	SM
2.2.2	Consumers and/or carers are actively involved in decision making about safety and quality	SM	SM
2.3.1	Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	SM	SM

2.4.1	Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	SM	SM
2.4.2	Action is taken to incorporate consumer and/or carers' feedback into publications prepared by the health service organisation for distribution to patients	SM	SM

Consumer partnership in designing care

Action	Description	Organisation's self-rating	Surveyor Rating
2.5.1	Consumers and/or carers participate in the design and redesign of health services	SM	SM
2.6.1	Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care	SM	SM
2.6.2	Consumers and/or carers are involved in training the clinical workforce	SM	SM

Consumer partnership in service measurement and evaluation

Action	Description	Organisation's self-rating	Surveyor Rating
2.7.1	The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance	SM	SM
2.8.1	Consumers and/or carers participate in the analysis of organisational safety and quality performance	SM	SM
2.8.2	Consumers and/or carers participate in the planning and implementation of quality improvements	SM	SM
2.9.1	Consumers and/or carers participate in the evaluation of patient feedback data	SM	SM
2.9.2	Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data	SM	SM

Preventing and Controlling Healthcare Associated Infections

Governance and systems for infection prevention, control and surveillance

Action	Description	Organisation's self-rating	Surveyor Rating
3.1.1	A risk management approach is taken when implementing policies, procedures and/or protocols for: • standard infection control precautions • transmission-based precautions • aseptic non-touch technique • safe handling and disposal of sharps • prevention and management of occupational exposure to blood and body substances • environmental cleaning and disinfection • antimicrobial prescribing • outbreaks or unusual clusters of communicable infection • processing of reusable medical devices • single-use devices	SM	SM

	• surveillance and reporting of data where relevant • reporting of communicable and notifiable diseases • provision of risk assessment guidelines to workforce • exposure-prone procedures		
3.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
3.1.3	The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation	SM	SM
3.1.4	Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols	SM	SM
3.2.1	Surveillance systems for healthcare associated infections are in place	SM	SM
3.2.2	Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees	SM	SM
3.3.1	Mechanisms to regularly assess the healthcare associated infection risks are in place	SM	SM
3.3.2	Action is taken to reduce the risks of healthcare associated infection	SM	SM
3.4.1	Quality improvement activities are implemented to reduce and prevent healthcare associated infections	SM	SM
3.4.2	Compliance with changes in practice are monitored	SM	SM
3.4.3	The effectiveness of changes to practice are evaluated	SM	SM

Infection prevention and control strategies

Action	Description	Organisation's self-rating	Surveyor Rating
3.5.1	Workforce compliance with current national hand hygiene guidelines is regularly audited	SM	SM
3.5.2	Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation	SM	SM
3.5.3	Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines	SM	SM
3.6.1	A workforce immunisation program that complies with current national guidelines is in use	SM	SM
3.7.1	Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are implemented to address: • communicable disease status • occupational management and prophylaxis • work restrictions • personal protective equipment • assessment of risk to healthcare workers for occupational allergies • evaluation of new products and procedures	SM	SM
3.8.1	Compliance with the system for the use and management of invasive devices in monitored	SM	SM
3.9.1	Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices	SM	SM
3.10.1	The clinical workforce is trained in aseptic technique	SM	SM

3.10.2	Compliance with aseptic technique is regularly audited	SM	SM
3.10.3	Action is taken to increase compliance with the aseptic technique protocols	SM	SM

Managing patients with infections or colonisations

Action	Description	Organisation's self-rating	Surveyor Rating
3.11.1	Standard precautions and transmission-based precautions consistent with the current national guidelines are in use	SM	SM
3.11.2	Compliance with standard precautions is monitored	SM	SM
3.11.3	Action is taken to improve compliance with standard precautions	SM	SM
3.11.4	Compliance with transmission-based precautions is monitored	SM	SM
3.11.5	Action is taken to improve compliance with transmission-based precautions	SM	SM
3.12.1	A risk analysis is undertaken to consider the need for transmission-based precautions including: • accommodation based on the mode of transmission • environmental controls through air flow • transportation within and outside the facility • cleaning procedures • equipment requirements	SM	SM
3.13.1	Mechanisms are in use for checking for pre-existing healthcare associated infections or communicable disease on presentation for care	SM	SM
3.13.2	A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between service providers or facilities	SM	SM

Antimicrobial stewardship

Action	Description	Organisation's self-rating	Surveyor Rating
3.14.1	An antimicrobial stewardship program is in place	SM	SM
3.14.2	The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage	SM	SM
3.14.3	Monitoring of antimicrobial usage and resistance is undertaken	SM	SM
3.14.4	Action is taken to improve the effectiveness of antimicrobial stewardship	SM	SM

Cleaning, disinfection and sterilisation

Action	Description	Organisation's self-rating	Surveyor Rating
3.15.1	Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including: • maintenance of building facilities • cleaning resources and services • risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved • waste management within the clinical environment	SM	SM

• laundry and linen transportation, cleaning and storage
• appropriate use of personal protective equipment

3.15.2	Policies, procedures and/or protocols for environmental cleaning are regularly reviewed	SM	SM
3.15.3	An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly	SM	SM
3.16.1	Compliance with relevant national or international standards and manufacturer's instructions for cleaning, disinfection and sterilisation of reusable instruments and devices is regularly monitored	SM	SM
3.17.1	A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place	SM	SM
3.18.1	Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
3.19.1	Information on the organisation's corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers	SM	SM
3.19.2	Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience	SM	SM

Medication Safety

Governance and systems for medication safety

Action	Description	Organisation's self-rating	Surveyor Rating
4.1.1	Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems	SM	SM
4.1.2	Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines	SM	SM
4.2.1	The medication management system is regularly assessed	SM	SM
4.2.2	Action is taken to reduce the risks identified in the medication management system	SM	SM
4.3.1	A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice	SM	SM
4.3.2	The use of the medication authorisation system is regularly monitored	SM	SM
4.3.3	Action is taken to increase the effectiveness of the medication authority system	SM	SM
4.4.1	Medication incidents are regularly monitored, reported and investigated	SM	SM
4.4.2	Action is taken to reduce the risk of adverse medication incidents	SM	SM
4.5.1	The performance of the medication management system is regularly assessed	SM	SM
4.5.2	Quality improvement activities are undertaken to reduce the risk of	SM	SM

patient harm and increase the quality and effectiveness of medicines use

Documentation of patient information

Action	Description	Organisation's self-rating	Surveyor Rating
4.6.1	A best possible medication history is documented for each patient	SM	SM
4.6.2	The medication history and current clinical information is available at the point of care	SM	SM
4.7.1	Known medication allergies and adverse drug reactions are documented in the patient clinical record	SM	SM
4.7.2	Action is taken to reduce the risk of adverse reactions	SM	SM
4.7.3	Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	SM	SM
4.8.1	Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	SM	SM

Medication management processes

Action	Description	Organisation's self-rating	Surveyor Rating
4.9.1	Information and decision support tools for medicines are available to the clinical workforce at the point of care	SM	SM
4.9.2	The use of information and decision support tools is regularly reviewed	SM	SM
4.9.3	Action is taken to improve the availability and effectiveness of information and decision support tools	SM	SM
4.10.1	Risks associated with secure storage and safe distribution of medicines are regularly reviewed	SM	SM
4.10.2	Action is taken to reduce the risks associated with storage and distribution of medicines	SM	SM
4.10.3	The storage of temperature-sensitive medicines is monitored	SM	SM
4.10.4	A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place	SM	SM
4.10.5	The system for disposal of unused, unwanted or expired medications is regularly monitored	SM	SM
4.10.6	Action is taken to increase compliance with the system for storage, distribution and disposal of medications	SM	SM
4.11.1	The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed	SM	SM
4.11.2	Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines	SM	SM

Continuity of medication management

Action	Description	Organisation's self-rating	Surveyor Rating
4.12.1	A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in	SM	SM

	medicines		
4.12.2	A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	SM	SM
4.12.3	A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	SM	SM
4.12.4	Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
4.13.1	The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks	SM	SM
4.13.2	Information that is designed for distribution to patients is readily available to the clinical workforce	SM	SM
4.14.1	An agreed medication management plan is documented and available in the patient's clinical record	SM	SM
4.15.1	Information on medicines is provided to patients and carers in a format that is understood and meaningful	SM	SM
4.15.2	Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients	SM	SM

Patient Identification and Procedure Matching

Identification of individual patients

Action	Description	Organisation's self-rating	Surveyor Rating
5.1.1	Use of an organisation-wide patient identification system is regularly monitored	SM	SM
5.1.2	Action is taken to improve compliance with the patient identification matching system	SM	SM
5.2.1	The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored	SM	SM
5.2.2	Action is taken to reduce mismatching events	SM	SM
5.3.1	Inpatient bands are used that meet the national specifications for patient identification bands	SM	SM

Processes to transfer care

Action	Description	Organisation's self-rating	Surveyor Rating
5.4.1	A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes	SM	SM

Processes to match patients and their care

Action	Description	Organisation's self-rating	Surveyor Rating
5.5.1	A documented process to match patients and their intended treatment is in use	SM	SM
5.5.2	The process to match patients to any intended procedure, treatment or investigation is regularly monitored	SM	SM
5.5.3	Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation	SM	SM

Clinical Handover

Governance and leadership for effective clinical handover

Action	Description	Organisation's self-rating	Surveyor Rating
6.1.1	Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored	SM	SM
6.1.2	Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols	SM	SM
6.1.3	Tools and guides are periodically reviewed	SM	SM

Clinical handover processes

Action	Description	Organisation's self-rating	Surveyor Rating
6.2.1	The workforce has access to documented structured processes for clinical handover that include: • preparing for handover, including setting the location and time while maintaining continuity of patient care • organising relevant workforce members to participate • being aware of the clinical context and patient needs • participating in effective handover resulting in transfer of responsibility and accountability for care	SM	SM
6.3.1	Regular evaluation and monitoring processes for clinical handover are in place	SM	SM
6.3.2	Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers	SM	SM
6.3.3	Action is taken to increase the effectiveness of clinical handover	SM	SM
6.3.4	The actions taken and the outcomes of local clinical handover reviews are reported to the executive level of governance	SM	SM
6.4.1	Regular reporting, investigating and monitoring of clinical handover incidents is in place	SM	SM
6.4.2	Action is taken to reduce the risk of adverse clinical handover incidents	SM	SM

Patient and carer involvement in clinical handover

Action	Description	Organisation's self-rating	Surveyor Rating
6.5.1	Mechanisms to involve a patient and, where relevant, their	SM	SM

carer in clinical handover are in use

Blood and Blood Products

Governance and systems for blood and blood product prescribing and clinical use

Action	Description	Organisation's self-rating	Surveyor Rating
7.1.1	Blood and blood product policies, procedures and/or protocols are consistent with national evidence-based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products	SM	SM
7.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
7.1.3	Action is taken to increase the safety and appropriateness of prescribing and clinically using blood and blood products	SM	SM
7.2.1	The risks associated with transfusion practices and clinical use of blood and blood products are regularly assessed	SM	SM
7.2.2	Action is taken to reduce the risks associated with transfusion practices and the clinical use of blood and blood products	SM	SM
7.3.1	Reporting on blood and blood product incidents is included in regular incident reports	SM	SM
7.3.2	Adverse blood and blood product incidents are reported to and reviewed by the highest level of governance in the health service organisation	SM	SM
7.3.3	Health service organisations participate in relevant haemovigilance activities conducted by the organisation or at state or national level	SM	SM
7.4.1	Quality improvement activities are undertaken to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	SM	SM

Documenting patient information

Action	Description	Organisation's self-rating	Surveyor Rating
7.5.1	A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record	SM	SM
7.5.2	The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	SM	SM
7.5.3	Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	SM	SM
7.6.1	Adverse reactions to blood or blood products are documented in the patient clinical record	SM	SM
7.6.2	Action is taken to reduce the risk of adverse events from administering blood or blood products	SM	SM
7.6.3	Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider, blood service or product manufacturer whenever appropriate	SM	SM

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Managing blood and blood product safety

Action	Description	Organisation's self-rating	Surveyor Rating
7.7.1	Regular review of the risks associated with receipt, storage, collection and transport of blood and blood products is undertaken	SM	SM
7.7.2	Action is taken to reduce the risk of incidents arising from the use of blood and blood product control systems	SM	SM
7.8.1	Blood and blood product wastage is regularly monitored	SM	SM
7.8.2	Action is taken to minimise wastage of blood and blood products	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
7.9.1	Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce	SM	SM
7.9.2	Plans for care that include the use of blood and blood products are developed in partnership with patients and carers	SM	SM
7.10.1	Information on blood and blood products is provided to patients and their carers in a format that is understood and meaningful	SM	SM
7.11.1	Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation	SM	SM

Preventing and Managing Pressure Injuries

Governance and systems for the prevention and management of pressure injuries

Action	Description	Organisation's self-rating	Surveyor Rating
8.1.1	Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	SM	SM
8.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
8.2.1	An organisation-wide system for reporting pressure injuries is in use	SM	SM
8.2.2	Administrative and clinical data are used to regularly monitor and investigate the frequency and severity of pressure injuries	SM	SM
8.2.3	Information on pressure injuries is regularly reported to the highest level of governance in the health service organisation	SM	SM
8.2.4	Action is taken to reduce the frequency and severity of pressure injuries	SM	SM
8.3.1	Quality improvement activities are undertaken to prevent pressure injuries and/or improve the management of pressure injuries	SM	SM
8.4.1	Equipment and devices are available to effectively implement prevention strategies for patients at risk and plans for the management of patients with pressure injuries	SM	SM

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Preventing pressure injuries

Action	Description	Organisation's self-rating	Surveyor Rating
8.5.1	An agreed tool to screen for pressure injury risk is used by the clinical workforce to identify patients at risk of a pressure injury	SM	SM
8.5.2	The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on presentation	SM	SM
8.5.3	Action is taken to maximise the proportion of patients who are screened for pressure injury on presentation	SM	SM
8.6.1	Comprehensive skin inspections are undertaken and documented in the patient clinical record for patients at risk of pressure injuries	SM	SM
8.6.2	Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments	SM	SM
8.6.3	Action is taken to increase the proportion of skin assessments documented on patients at risk of pressure injuries	SM	SM
8.7.1	Prevention plans for all patients at risk of a pressure injury are consistent with best practice guidelines and are documented in the patient clinical record	SM	SM
8.7.2	The effectiveness and appropriateness of pressure injury prevention plans are regularly reviewed	SM	SM
8.7.3	Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan	SM	SM
8.7.4	Action is taken to increase the proportion of patients at risk of pressure injuries who have an implemented prevention plan	SM	SM

Managing pressure injuries

Action	Description	Organisation's self-rating	Surveyor Rating
8.8.1	An evidence-based wound management system is in place within the health service organisation	SM	SM
8.8.2	Management plans for patients with pressure injuries are consistent with best practice and documented in the patient clinical record	SM	SM
8.8.3	Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans	SM	SM
8.8.4	Action is taken to increase compliance with evidence-based pressure injury management plans	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
8.9.1	Patient information on prevention and management of pressure injuries is provided to patients and carers in a format that is understood and is meaningful	SM	SM
8.10.1	Pressure injury management plans are developed in partnership	SM	SM

	with patients and carers

Recognising and Responding to Clinical Deterioration in Acute Health Care

Establishing recognition and response systems

Action	Description	Organisation's self-rating	Surveyor Rating
9.1.1	Governance arrangements are in place to support the development, implementation, and maintenance of organisation-wide recognition and response systems	SM	SM
9.1.2	Policies, procedures and/or protocols for the organisation are implemented in areas such as: • measurement and documentation of observations • escalation of care • establishment of a rapid response system • communication about clinical deterioration	SM	SM
9.2.1	Feedback is actively sought from the clinical workforce on the responsiveness of the recognition and response systems	SM	SM
9.2.2	Deaths or cardiac arrests for a patient without an agreed treatment-limiting order (such as not for resuscitation or do not resuscitate) are reviewed to identify the use of the recognition and response systems, and any failures in these systems	SM	SM
9.2.3	Data collected about recognition and response systems are provided to the clinical workforce as soon as practicable	SM	SM
9.2.4	Action is taken to improve the responsiveness and effectiveness of the recognition and response systems	SM	SM

Recognising clinical deterioration and escalating care

Action	Description	Organisation's self-rating	Surveyor Rating
9.3.1	When using a general observation chart, ensure that it: • is designed according to human factors principles • includes the capacity to record information about respiratory rate, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness graphically over time • includes thresholds for each physiological parameter or combination of parameters that indicate abnormality • specifies the physiological abnormalities and other factors that trigger the escalation of care • includes actions required when care is escalated	SM	SM
9.3.2	Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan	SM	SM
9.3.3	Action is taken to increase the proportion of patients with complete sets of recorded observations, as specified in the patient's monitoring plan	SM	SM
9.4.1	Mechanisms are in place to escalate care and call for emergency assistance	SM	SM
9.4.2	Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited	SM	SM
9.4.3	Action is taken to maximise the appropriate use of escalation	SM	SM

	processes

Responding to clinical deterioration

Action	Description	Organisation's self-rating	Surveyor Rating
9.5.1	Criteria for triggering a call for emergency assistance are included in the escalation policies, procedures and/or protocols	SM	SM
9.5.2	The circumstances and outcome of calls for emergency assistance are regularly reviewed	SM	SM
9.6.1	The clinical workforce is trained and proficient in basic life support	SM	SM
9.6.2	A system is in place for ensuring access at all times to at least one clinician, either on-site or in close proximity, who can practise advanced life support	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
9.7.1	Information is provided to patients, families and carers in a format that is understood and meaningful. The information should include: • the importance of communicating concerns and signs/symptoms of deterioration, which are relevant to the patient's condition, to the clinical workforce • local systems for responding to clinical deterioration, including how they can raise concerns about potential deterioration	SM	SM
9.8.1	A system is in place for preparing and/or receiving advance care plans in partnership with patients, families and carers	SM	SM
9.8.2	Advance care plans and other treatment-limiting orders are documented in the patient clinical record	SM	SM
9.9.1	Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response	SM	SM
9.9.2	Information about the system for family escalation of care is provided to patients, families and carers	SM	SM
9.9.3	The performance and effectiveness of the system for family escalation of care is periodically reviewed	SM	SM
9.9.4	Action is taken to improve the system performance for family escalation of care	SM	SM

Preventing Falls and Harm from Falls

Governance and systems for the prevention of falls

Action	Description	Organisation's self-rating	Surveyor Rating
10.1.1	Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools	SM	SM
10.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
10.2.1	Regular reporting, investigating and monitoring of falls incidents is in place	SM	SM
10.2.2	Administrative and clinical data are used to monitor and investigate	SM	SM

	regularly the frequency and severity of falls in the health service organisation		
10.2.3	Information on falls is reported to the highest level of governance in the health service organisation	SM	SM
10.2.4	Action is taken to reduce the frequency and severity of falls in the health service organisation	SM	SM
10.3.1	Quality improvement activities are undertaken to prevent falls and minimise patient harm	SM	SM
10.4.1	Equipment and devices are available to implement prevention strategies for patients at risk of falling and management plans to reduce the harm from falls	SM	SM

Screening and assessing risks of falls and harm from falling

Action	Description	Organisation's self-rating	Surveyor Rating
10.5.1	A best practice screening tool is used by the clinical workforce to identify the risk of falls	SM	SM
10.5.2	Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls	SM	SM
10.5.3	Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission	SM	SM
10.6.1	A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling	SM	SM
10.6.2	The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment	SM	SM
10.6.3	Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment	SM	SM

Preventing falls and harm from falling

Action	Description	Organisation's self-rating	Surveyor Rating
10.7.1	Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record	SM	SM
10.7.2	The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored	SM	SM
10.7.3	Action is taken to reduce falls and minimise harm for at-risk patients	SM	SM
10.8.1	Discharge planning includes referral to appropriate services, where available	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
10.9.1	Patient information on falls risks and prevention strategies is provided to patients and their carers in a format that is understood and meaningful	SM	SM
10.10.1	Falls prevention plans are developed in partnership with patients and carers	SM	SM

Organisation: Melbourne Private Hospital
Orgcode: 225023

Recommendations from Current Survey

Not applicable

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Orgcode: 225023

Recommendations from Previous Survey

Not applicable

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Standards Rating Summary

Organisation - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	20	0	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	**0**	**209**	**0**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	3	0	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	**0**	**47**	**0**	**47**

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	20	0	20
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	**209**	**0**	**209**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	3	0	3
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	**47**	**0**	**47**

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	23	0	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	**0**	**256**	**0**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	23	0	23	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	**256**	**0**	**256**	**Met**

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Surveyor - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	20	0	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	**0**	**209**	**0**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	3	0	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	**0**	**47**	**0**	**47**

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	20	0	20
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	**209**	**0**	**209**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	3	0	3
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	**47**	**0**	**47**

NSQHSS Survey

Organisation: Melbourne Private Hospital
Orgcode: 225023

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	23	0	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	**0**	**256**	**0**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	23	0	23	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	**256**	**0**	**256**	**Met**