

# Assessment Report

## Gold Coast Private Hospital Pty Ltd

Assessment dates 09/12/2019 to 13/12/2019  
 Assessment Location(s) Southport (000)  
 Report Author Jane McGarry  
 Assessment Standard(s) NSQHS: Version 2

**Please Note: Neurology and Palliative Care to be added to the scope**  
**Neurology has always been a service and was omitted on past certificates.**  
**Palliative Care to be included in this certificate – commenced service 18 months ago.**

### Table of contents

Executive Summary .....	3
Changes in the organization since last assessment .....	4
NCR summary graphs .....	4
Your next steps.....	4
NCR close out process.....	4
Assessment objective, scope and criteria .....	4
Statutory and regulatory requirements .....	4
Assessment Participants .....	5
Assessment conclusion .....	7
Findings from this assessment .....	8



Refer to NSQHS version 2 Objective Evidence Report :.....8

Next visit objectives, scope and criteria.....8

Next Visit Plan .....8

Appendix: Your certification structure & ongoing assessment programme.....9

    Scope of Certification.....9

    Assessed location(s).....9

    Shift Details .....10

    Certification assessment program .....10

    Mandatory requirements – re-certification.....10

    Definitions of findings:.....11

    How to contact BSI.....12

    Notes.....12

    Regulatory compliance .....12

## Executive Summary

**RECOMMENDATION:** Certification to the new National Safety and Quality Health Service Standards version 2 is recommended following the assessment visit on 9 – 12 December 2019.

The Gold Coast Private Hospital has been found in general compliance with the audit criteria as stated in the audit plan.

Gold Coast Private is a 314 bed, 21 operating theatre facility co-located with the Gold Coast University Hospital, and the Griffith University forming a major part of the Health and Knowledge Precinct

Changes since last audit

New ownership commenced on 6th June 2019 resulted in a new board - Healthscope Corporate

Gold Coast Hospital has appointed an Assistant Director of Nursing position replacing the previous deputy general manager position.

DOSA - Day surgery is now separate and opened with further four operating theatres; seventeen recover beds (Stages 1 & 2) and 23 chairs in the discharge lounge. Two paediatric bays with separate interview rooms. Brand new 30-bed ward catering for Bariatric patients.

The Gold Coast Private Hospital (GCPH) has demonstrated a robust Quality Management System (QMS) that supports the integration of Clinical and Corporate governance of the National Safety and Quality health service standards version two that is evident in the hospital's documented strategic plan, Hospital Safety and Quality Plan, Clinical Governance Framework, documented procedures and other documents ensuring effective planning, operation and control of the hospitals key processes of quality, safety and integrated approach to their clinical and corporate risk management systems.

The signatories to the Governing body attestation statement for Gold Coast Private Hospital dated 13/12/2019 was sighted as evidence of compliance relating to the actions in the National Safety and Quality Health Service Standards v2 and responsibilities of governing bodies for Governance, Leadership and Culture during the previous 12 months.

The scope of quality management system is structured to the requirements of the new National Safety and Quality Health Service Standards version 2 and ISO 9001:2015 Quality Management System requirements. Patient care services continue to be delivered within the hospitals certification scope with the addition of palliative care and neurosurgical services to the current medica / surgical I ward in response to customer and stakeholder needs.

The Strategic plan, Safety and Quality plan and Quality manual outlines the goals required to be met by the Executive team (Top Management) to measure business success and meeting patient safety objectives and intended results of Clinical and Corporate Governance system. These goals are cascaded from the Hospital Executive Management to the GCPH Heads of departments with identifiable and measurable targets that are monitored through monthly Round Table meetings between department managers and the executive team

It is evident the strong and enthusiastic leadership of the committed Executive team continues to foster a positive culture within the hospital engaging, directing and supporting staff to contribute to the effectiveness of the hospitals robust integrated clinical and corporate quality management system. The hospital is commended for their continued strong team spirit, caring attitude of staff, their innovation and sense of pride which was evident in departments visited during this survey and results from patient experience surveys.

There were no findings or opportunities for improvement identified during this Certification assessment visit. Enhanced detail relating to the overall assessment findings is contained within the subsequent sections of the report

## Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

## NCR summary graphs

There have been no NCRs raised.

## Your next steps

### NCR close out process

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

## Assessment objective, scope and criteria

The objective of the assessment was to conduct a re-assessment of the existing certification to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system

The scope of the assessment is the documented management system with relation to the requirements of National Safety and Quality Health Service Standard 2nd edition and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

National Safety and Quality Health Service Standard 2nd edition  
Gold Coast Private Hospital management system documentation

## Statutory and regulatory requirements

GCPH is licensed by Queensland Health - Private Health Unit; the requirements of the Clinical Services Capability Framework for Public and Licensed Private Health Facilities (2014).

Private Health Facilities Act 1999 (2017) Private Health Facilities Regulation 2016 (2018)

## Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed(processes)
David Harper	General Manager	X	X	X
Debra Billington	Director of Nursing	X	X	X
David Seton	Director of Finance	X		X
Kelly Harland	Assistant Director of Nursing	X	X	X
Linda Sawrey	Quality Manager	X	X	X
Suzanne Callaway	National Quality Improvement Manager	X	X	X
Courtney Dixon	Service Improvement Officer			X
Lydia Zambon	Credentialing Officer			X
Denzil Millar	Maintenance Administrator			X
Craig Pateman	Maintenance Manager			X
Jodie MaJaog	WPHS Coordinator			X
Helen Truscott	Infection Control Coordinator			X
Dr Andrew Jones	Infection Control Chair and MAC Chair			X
Jacinta Forge-Jones	Hospital Coordinator Manager			X
Judy Ross	NUM Maternity			X
Lynn Magree	Consumer Consultant			X
Christine Smith	NUM Ward 9			X
Anne-Marie Buhman	Peri-operative Manager			X
Nea Fisher	NUM Recovery			X
Bec Siebenhauser	NUM Anaesthetics			X
Helen Clarke	NUM CSD			X
Tamsin Meekle	NUM Day Surgery			X
Tanya Ray	Medico-legal Administrator			X

Brooke Atkins	Administration Manager			X
Lucy Danaher	Quality Nurse			X
Kara Anning	Educator Surgical			X
Tendi Smith	NUM - Ward 1 Medical			X
Stacey Crawford	Project Officer			X
Bernie Stark	NUM Ward 7			X
Kelly Telty	NUM Ward 8			X
Celeste Hearne	NUM Ward 6			X
Emily Bennett	NUM Ward 5			X
Nyree Luke	Quality Nurse Perioperative			X
Stuart Thompson Coleman	NUM Emergency			X
Sarah Morardi	NUM ICU			X
John Dalziel	Pharmacy Manager			X
Jenny O'Keefe	Quality Nurse			X
Jeven Rolfe	Housekeeping Supervisor			X
Sharra Artz	Clinical Nurse L2			X

## Assessment conclusion

BSI assessment team

Name	Position
Lynette Dasey	Team Member
Jane McGarry	Team Leader

### Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

**RECOMMENDED** - The audited organization can be recommended for certification to the National Safety and Quality Health Service standards and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

The use of the BSI certification document's and logo is effectively controlled.

## Findings from this assessment

### Refer to NSQHS version 2 Objective Evidence Report :

All NSQHS V 2 Criterion assessed in attached Objective evidence report.

## Next visit objectives, scope and criteria

The objective of the assessment is to conduct a re-assessment of the existing certification to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system.

The scope of the assessment is the documented management system with relation to the requirements of National Safety and Quality Health Service Standards version 2 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

National Safety and Quality Health Service Standards  
Gold Coast Private Hospital management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date.

## Next Visit Plan

Date	Auditor	Time	Area/Process	Clause
01/11/2022			Opening Meeting	
01/11/2022			National Standards for Safety and Quality in Healthcare 1	
01/11/2022			National Standards for Safety and Quality in Healthcare 2	
01/11/2022			National Standards for Safety and Quality in Healthcare 3	
01/11/2022			National Standards for Safety and Quality in Healthcare 4	
01/11/2022			National Standards for Safety and Quality in Healthcare 5	
01/11/2022			National Standards for Safety and Quality in Healthcare 6	
			National Standards for Safety and Quality in Healthcare 7	
01/11/2022			National Standards for Safety and Quality in Healthcare 8	



## Appendix: Your certification structure & ongoing assessment programme

### Scope of Certification

#### NSQHS 602772 (NSQHS:2012)

For the provision of Acute Care, Emergency Department 24 hours, Intensive Care Unit, Cardiac and Thoracic Surgery, Coronary Care Unit, Cardiac Catheterization, Children’s Medicine and Surgery, ENT, Gastroenterology, General Surgery, General Medicine, Medical Oncology, Gynaecology, Urology, Orthopaedics, Neurology, Plastic and reconstructive Surgery, Rehabilitation, Renal Medicine, Hospital in the Home, Respiratory Medicine, Maternity, special care and birthing suites. Hotel services and education and training, administration, operational infrastructure. Exclusions: Nil

### Assessed location(s)

The audit has been performed at Central Office.

#### Southport / NSQHS 602772 (NSQHS:2012)

<b>Location reference</b>	0047481180-000
<b>Address</b>	Gold Coast Private Hospital Pty Ltd 14 Hill Street Southport Queensland 4215 Australia
<b>Visit type</b>	Re-certification Audit (RA Opt 2)
<b>Assessment reference</b>	3021318
<b>Assessment dates</b>	09/12/2019
<b>Audit Plan (Revision Date)</b>	09/12/2019
<b>Deviation from Audit Plan</b>	No
<b>Total number of Employees</b>	1143
<b>Effective number of Employees</b>	605.2
<b>Scope of activities at the site</b>	Main Certificate Scope applies.
<b>Assessment duration</b>	8.5 day(s)

## Shift Details

The shift patterns within the organisation rotate on a regular and frequent basis ensuring that a representative sample of shifts and appropriate staff are interviewed and seen over the certification cycle.

Handover from night Hospital Coordinator to day shift Hospital Coordinator  
 Clinical Handover observed in ICU - Night shift to day shift.

Certification assessment program

**Certificate Number - NSQHS 602772**  
**Location reference - 0047481180-000**

		Audit1	Audit2	Audit3	Audit4	Audit5	Audit6
<b>Business area/Location</b>	<b>Date (mm/yy):</b>	08/2015	06/2016	08/2017	07/2018	12/2019	11/2022
	<b>Duration (days):</b>	5	3.5	7	3.5	8.5	8.5
Opening Meeting		X	X	X	X	X	X
National Standards for Safety and Quality in Healthcare 1		X	X	X	X	X	X
National Standards for Safety and Quality in Healthcare 2		X	X	X	X	X	X
National Standards for Safety and Quality in Healthcare 3		X	X	X	X	X	X
National Standards for Safety and Quality in Healthcare 4				X		X	X
National Standards for Safety and Quality in Healthcare 5				X		X	X
National Standards for Safety and Quality in Healthcare 6				X		X	X
National Standards for Safety and Quality in Healthcare 7				X		X	X
National Standards for Safety and Quality in Healthcare 8				X		X	
National Standards for Safety and Quality in Healthcare 9				X			
National Standards for Safety and Quality in Healthcare 10				X			

## Mandatory requirements – re-certification.

**Review of assessment finding regarding conformity, effectiveness and relevance of the management system:**

Gold Coast Private hospital has demonstrated a robust quality management system during the assessment of the new NSQHS Standards and has demonstrated clinical governance is an integrated component of corporate governance demonstrating clinical performance and effectiveness of the workforce to provide safe, high quality health care to patients.

**Management system strategy and objectives:**

Strategic Plan 2019 - 2022 is to be reviewed in April with the hospital moving to a calendar year reporting format following Healthscope change of ownership and corporate structure.

**Review of progress in relation to the organisation's objectives:**

Four strategic pillars are described in the Strategic Plan: – Quality clinical outcomes; Exceptional patient care; Creating extraordinary teams and Delivering market leading financial returns.

Each of the four strategic pillars has a goal descriptive with actions, responsibility, timing, progress and outcome, KPI, Saving /cost per annum.

The goals are cascaded from the hospital executive management to the GCPH heads of departments with identifiable and measurable targets for their departments.

**Review of assessment progress and the re-certification plan:**

Certification to the New National Safety and Quality Health Service Standards completed 12/12/2019.

Recertification to the NSQHS standards due in 2022

**BSI Client Management Impartiality and Surveillance Strategy:**

Both auditors maintained impartiality and had the appropriate qualifications and codes to conduct the audit.

Continue with the current Total assessment days / Cycle.

**Definitions of findings:****Non-conformity:**

Non-fulfilment of a requirement.

**Major nonconformity:**

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;
- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

**Minor nonconformity:**

Nonconformity that does not affect the capability of the management system to achieve the intended results.

**Opportunity for improvement:**

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices, but no specific solution shall be provided as a part of an opportunity for improvement.

**Observation:**

It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement.

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

## How to contact BSI

Should you wish to speak with BSI in relation to your registration, please contact your customer service officer.

BSI Group ANZ Pty Ltd  
Suite 2, Level 7  
15 Talavera Road  
Macquarie Park  
NSW 2113

Tel: 1300 730 134 (International: +61 (2) 8877 7100)

Fax: 1300 730 135 (International: +61 (2) 8877 7120)

E-mail (for corrective action plans): Please e-mail your corrective action plan to [clientservices.au@bsigroup.com](mailto:clientservices.au@bsigroup.com)

## Notes

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*BSI, its staff and agents shall keep confidential all information relating to your organisation and shall not disclose any such information to any third party, except that in the public domain or required by law or relevant accreditation bodies. BSI staff, agents and accreditation bodies have signed individual confidentiality undertakings and will only receive confidential information on a 'need to know' basis.*

*This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.*

*As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.*

## Regulatory compliance

*BSI requires to be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to BSI as soon as practical after the event.*