Report of the ACHS EQuIPNational Corporate Health Services Organisation-Wide Survey

Healthscope Ltd

Melbourne, VIC

Organisation Code: 22 00 42

Survey Date: 3-5 December 2018

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 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 OWS 0614. 1.1.1 is a recommendation from an OWS conducted in June 2014 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.

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Survey Report

Survey Overview

There is widespread evidence that the Healthscope Ltd (Healthscope) Board, Corporate Executive, Senior Leadership team and staff are continuing to strive for excellence in the 43 hospitals managed by Healthscope. Since the last Organisation-Wide Survey (OWS) new governance structures have been established to ensure continual improvement in patient safety and quality through a refocus on the patient-centred care model to always create an exceptional patient care experience.

The new Purpose Statement "Working together for better care" identifies key areas that the patient is first and centre to ensure patient safety and quality, patient-centred care, Healthscope people and responsible business. Underpinning these key areas is Healthscope's commitment to providing better care for communities and environment.

Satisfaction and appreciation of services provided to hospital managers and staff by the National Quality, Risk and Compliance Management team is palpable.

It was evident that Healthscope create opportunities for workforce professional development, education and training with development and design of digital communication pathways an enabler in achieving the goal of creating extraordinary teams.

Clinical practice is evidence-based. There are mechanisms in place to support the early identification, intervention and management of patients at increased risk of harm with relevant and appropriate systems to escalate the level of care in the event of unexpected deterioration.

Management of the clinical record is comprehensive and well supported by the Health Information Cluster. The patient clinical record is well integrated and appropriate to good patient care.

Patient Rights and Responsibilities are well respected and included in information compendiums, brochures, on the website and at the point of care.

Consumer participation is actively sought. The Corporate team in collaboration with the Corporate Consumer Consultant Committee and cluster are continually engaged with patients' families and carers in activities that improve safety and quality.

Effective governance and management systems that use a risk management approach to Healthcare Associated Infections are well established. The effectiveness of the infection prevention and control systems is reviewed by the National Safety and Quality Committee. Outcome audits are evaluated by the Infection Control Cluster whilst results of infection control audits, action plans and reported incidents of hospital acquired infections and Shared Learnings with staff are overseen by the Healthscope Corporate Clinical Risk and Quality Unit.

There are established policies, procedures and processes in place for hospitals to manage medication safely. Documentation of patient information, continuity of medication management and the reconciliation of medicines are audited regularly with good results.

Patient identification and procedure matching, transfer of care and matching of patients and their care are well documented and audited for compliance by Corporate at every point of care of the patient's journey.

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Clinical Handover is well embedded across the hospital group, with some very good work currently underway as part of the Back to the Bedside and Rework projects, as well as results from Knox Hospital's time and motion study.

Blood management systems and blood product transfusion protocols are in place and audited to ensure blood and blood products are housed safely, prescribed appropriately and effective.

Skilled, caring and responsive staff are extremely well educated in recognising and responding to clinical deterioration with good systems to escalate unexpected deterioration in health status. Corporate office has a robust auditing system to review all Medical Emergency Team (MET) calls. The Shared Learnings Report is very valuable in providing recommendations in this regard.

Service delivery initiatives have been a major focus under the auspices of Pillar 1 and Pillar 2. Consent processes are managed effectively and audited regularly.

Population Health is of high importance for both the community and staff and are greatly supported by Healthscope Corporate Services.

Healthscope evidence-based best practice assessment guidelines and tools are well established and a comprehensive suite of audits to measure compliance is in place. Care planning is well covered from admission through to discharge or transfer of care.

Nutrition is well managed in accordance with Healthscope policies. The State Catering Project is underway and already gaining approval.

End of Life Care and Advance Care planning policies, procedures and information is continually under review to keep abreast of changes and to help clinicians support consumers and patients in decision making.

Robust and secure systems support the management of communication and information technology and are consistent with universal best practice. Continuous enhancements ensure information is secure and aligned with the content of the Strategic Plan.

Information technology is a critical component of corporate, clinical and operational functions. Enhancements to current systems and the installation of new software align Healthscope with national and international digital pathway design and safety.

Healthscope priorities described as the "Four Pillars" are all supported and reliant on the integrity and functionality of information management, design and security which are all very well developed.

All core, mandatory and developmental Actions are assessed as met. A number of Actions demonstrate consistent, well-established and sustained organisation-wide approaches that are subject to ongoing evaluation and improvement and have been assessed as Met with Merit (MM).

The Corporate Executive and staff are congratulated on their enthusiasm and achievements demonstrated during the survey.

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STANDARD 1
GOVERNANCE FOR SAFETY AND QUALITY IN HEALTH SERVICE ORGANISATIONS

Surveyor Summary

Governance and quality improvement systems

The Healthscope Ltd (Healthscope) integrated system of governance that oversees the performance of patient safety and quality of care, has been significantly enhanced since the last OWS. In the last two years the Healthscope Board has set a new strategic direction with four governance pillars: Quality Clinical Outcomes, Exceptional Patient Care, Extraordinary Teams and Market Leading Returns. The first two pillars reinforce the focus on quality and safety of patient care with two specific core KPIs required to be reported to the Board monthly in the revised Executive and Board Quality and Safety Report.

The new strategic direction clearly states the organisation's vision, values, strategic aims, purpose and priority areas for quality clinical outcomes and exceptional patient care.

Development of this new strategic direction followed extensive consultation with consumers, staff and key stakeholders as well as consideration of financial position and ASX requirements.

The National Hospital Quality Committee continues to be the peak quality and safety committee but now has a revised format which requires four to five nominated hospitals to present a report on outliers each meeting.

An organisation-wide system for management of Healthscope corporate and hospital site specific policies is well developed, regularly evaluated and improved as required. The system is overseen by a Corporate Document Controller and supported by document control policies, a policy template to facilitate a standardised approach and a tracking table to monitor review of policies. Systematic processes ensure compliance with legislative requirements and relevant industry standards, risk rating, document control and implementation throughout Healthscope facilities to inform the health workforce of policy changes.

Improvements include enhancement of the Corporate Tracking Table to identify other policies cited in each Corporate Policy; increased delegation to the Healthscope Corporate Document Controller (CDC) for ongoing maintenance and tracking of the forms register and publications; development of a new policy to define the creation, authorisation, distribution and review of all publications including patient information brochures; establishment of a Corporate Register that enables the review dates for all Healthscope brochures, posters and publications; standardisation of the Consumer Approved Publications (CAP) used for all newly created public-facing publications; standardisation of the Healthscope Forms Register that enables forms to be registered and maintained in one central place; introduction of the Backup Healthscope Corporate Policy Manuals on the Hospital L:Drive ensuring staff 24 hour access to Corporate Policies, thus negating the need for paper copies being retained in hospitals.

Patient safety and quality of strategic and business decision making is clearly articulated in the revised Healthscope Safety and Quality Plan and Clinical Governance Framework. As part of the new strategic direction, Core Strategy KPI's set for the first two pillars (1) Hospital Acquired Complications (HAC) rate and (2) Overall Quality of Patient Experience measured by the Patient Experience Survey: Qualtrics. Both Pillars 1 and 2 are implemented throughout the revised Safety and Quality Framework that is divided into three categories: Monitoring, Reducing Risk and Continuous Improvement. The continuous improvement in both overall patient experience (83% in July 2018) and HAC rate (0.69% June 2018) is evident.

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Further improvements include the appointment of a National Patient Experience Manager; promotion of the National Manager Quality and Compliance to the Senior Leadership Team and the Healthscope Executive team; corporate consultants involvement with Senior Executive and Managing Director/CEO in strategic planning discussions; National Cluster recommendations on resource allocation for specific projects; use of quality indicators and improvements (MyHealthscope) to negotiate with health funds and determine Short Term Incentive bonuses for Hospital Executives; appointment of Healthscope representatives on all ACSQHC working groups and committees, the National Hand Hygiene Advisory Committee and the ACHS Standards Committee.

The Corporate Clinical Risk, Quality and Compliance team continue to use an extensive suite of safety and quality indicators to monitor and report on organisation-wide performance.

The revised monthly Executive and Board Quality and Safety Report is now presented to the Healthscope Board, Senior Leadership Team, Corporate Executive, all General Managers, Directors of Nursing, Quality Managers and Health Information Managers with the expectation that relevant parts of the report are tabled at hospital clinical, quality and executive committees including Medical Advisory Committees. Quarterly Quality KPIs, ACHS Clinical Indicators, sentinel events and Shared Learnings continue to be evaluated by the National Hospital Quality Committee and included in the Executive and Board agendas.

The revised version of MyHealthscope website reports now on 26 core indicators with the recent introduction of 'Patient Experience' commencing in July 2018. The Healthscope Annual Report and the 2018 Sustainability Report include quality initiatives/ improvements and indicator results compared with benchmarks.

Workforce responsibility for safety and quality is clearly indicated in all position descriptions.

Organisational Charts depict reporting lines and responsibilities.

Safety and quality training is incorporated into orientation and in-service education and e-learning (ELMO) opportunities for the workforce. Enhanced training opportunities have been provided to support the implementation of using RiskMan to report Hospital Acquired Complications (HAC) and Medibank Identified Complications (MIC).

Various national conferences are held to support staff with delegated responsibility to understand and perform their specific roles.

The Healthscope Risk Management System (RiskMan) is well developed and supported by relevant policies that provide the framework for risk management. There are established processes for a prioritisation of risk, use of controls and mitigation strategies.

Risk Registers are at two levels; the Corporate Risk Register that comprises strategical and operational risk and Hospital Risk Registers for clinical and non-clinical risks. Whilst all hospitals have risk registers, these are monitored nationally to ensure that risks arising from sentinel events are able to be addressed in all relevant facilities through Shared Learnings. Risks are identified through learnings from sentinel events, statutory complaints, coroner's findings, common law, near misses and injury reports.

The quarterly Shared Learnings Report captures identified risks and arising actions. Shared Learnings Reports are used by The National Risk Management Team to provide ongoing education and support to hospital managers and staff. The number of Shared Learnings has continued to increase from 68 in 2015 to 112 in 2017 which is positive.

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Corporate risks are managed by the Healthscope Head of Assurance who provides support to the Board and the Board Audit Committee. The Head of Assurance develops and monitors the corporate risk register. The Board formally reviews the corporate risk register six monthly. The previous trend in reduction of high/extreme risks has continued to reduce.

A well-established organisation-wide quality management system continues to be effectively integrated with the risk management, incident, and patient feedback systems that are all supported with associated policies, and a comprehensive suite of quality and safety indicators for monitoring hospital and national performance.

Significant work has been undertaken to adjust the quality management system to reflect the intent of the Healthscope Board's defined purpose and direction including the strategic priority areas (Pillars) and Core Strategy KPIs.

The current National Safety and Quality Plan now has a clear structure with three categories and ten focus areas, the latter being divided into 38 objectives that are detailed in the National Safety & Quality Plan: Clinical Governance Framework that is the template for all hospital quality plans.

Hospital Quality plans are submitted as part of the quarterly clinical KPIs.

Healthscope Clinical Clusters continue to be the formal communication network and implementation of local hospital improvements that have national benefits.

Cluster groups are determined annually by the National Hospital Quality Committee and are grouped either as Quality, Clinical, Consumer Cluster or Working Groups.

Recently commenced clusters include the Aboriginal & Torres Strait Islander (ATSI) Cluster and the Comprehensive Care Cluster. Clinical Cluster Coordinators are required to achieve measured KPIs set by the National Hospital Quality Committee.

Annual reports are submitted to the Corporate Office from each Cluster on achieved quality improvements.

Results of patient experience surveys, the most recent staff survey and conversations between hospital staff and the Managing Director/CEO about what works well for staff and what continues to be a challenge, have translated into the development of a new strategy called "Back to Bedside" which aims to re-focus the patient-centred care model. The three components of this strategy currently in progress are 'Rework' (removal of wasted time/rework from processes; 'Always Events' (5 key behaviours to target the top areas that patients say impact on their experience) and 'Monitoring' (evaluation of 'rework' measured by time saved and whether 'always' events occur). It has been determined that the 'Back to Bedside 'strategy will be driven by the key principles of data, patient truth and local leadership and remains work in progress at time of survey.

Significant improvement of the comprehensive and integrated system of governance that oversees the performance of patient safety and quality of care in the last three years, has demonstrated strong strategic and cultural leadership of clinical governance. Consequently, a rating of MM has been awarded for Actions 1.1.1, 1.1.2, 1.2.1, 1.5.1, 1.5.2 and 1.6.1.

Clinical practice

The implementation of the four Pillars, particularly Pillar 1 Quality Clinical Outcomes and Pillar 2 Exceptional Patient Care has refocused and prioritised the way in which care is delivered for the hospital group.

Healthscope corporate services, in collaboration with the clusters, oversee and provide a raft of evidence based clinical policies and guidelines available on the Healthscope Intranet (HINT) to support clinicians at the bedside.

The National Forms Committee also ensures all clinical policies and guidelines are not published until they have been totally reviewed and referenced in this regard. There has also been some substantial work conducted in relation to standardisation of forms resulting in a reduction of costs but also reducing duplication and staffs time. This work also supports the Back to the Bedside and Rework projects as well as the Knox time and motion study which resulted in a review of the location of medical records and medical record forms. Dedicated secure medical record boxes are now being installed outside patient rooms. The standardisation of forms at the bedside has also been addressed.

The Healthscope library is dynamic, responsive and up-to-date; information is readily available to all staff. Access to reputable electronic resources and medical data bases are managed well by the Librarian.

Research is a key driver as well to keep abreast of new trends. Clinical Chairs have been appointed to further strengthen research capabilities and education. The Falls Research Project is a fine example. Compliance is monitored through rigorous reporting of adverse events, near misses, results from audits, patient complaints and feedback and Shared Learnings.

There are validated risk assessment tools used for assessing all patients on admission and in particular for specific specialty hospitals such as, the Victoria Clinic. Those patients deemed "high risk" or at-risk of harm are then subject to further screening and assessment. Benchmarking occurs at peer group level and monitored by the cluster committees. Hospital's results are regularly reported to Corporate office. The use by the clinical workforce in relation to guidelines and pathways across the group is monitored through the Governance Audit. Results achieved a 98% compliance rate in 2017/2018, as well as the quarterly KPIs agreed upon by all hospitals.

There are clear exclusion criteria and guidelines that outline the procedures that can be performed safely and within the clinical capacities of hospitals within the Group.

There has been significant work undertaken in relation to reviewing assessment documentation and pathways for patients at risk of harm. The assessors have acknowledged the outcomes of this quality improvement by awarding the rating of MM for action 1.8.1.

The hard copy patient's medical records are well collated and managed in accordance with relevant standards and guidelines. Specific medical records such as the National inpatient medication charts (NIMC) remain hard copy. The implementation of the electronic Medical Record (eMR) is progressing.

Clinical coding is of high priority and is a project across all Healthscope hospitals.

Documentation audits are conducted annually to address compliance. Clinical documentation audits have commenced in April this year (2018) to specifically focus on the quality and integrity of clinical note taking.

Performance and skills management

Systems for the defining and managing the Scope of Practice for medical and clinical staff are well structured, effective and with review and evaluation confirming alignment with Healthscope policy direction.

The credentialing processes and determination of the scope of clinical practice are appropriate for all clinical groups, including medical, nursing and allied health.

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The e-Credentialing system is embedded and utilised across all Healthscope sites for recording and monitoring of the clinicians' credentials, scope of practice and with systems in place to check on annual registration requirements. Each Healthscope site manage workforce recruitment and credentialing processes, with reporting to Healthscope Corporate through the committee pathway.

There was good evidence of monitoring of compliance with the defined scope of clinical practice. The annual performance review process is an opportunity to discuss any changes to scope of practice. For Nursing and Allied Health staff who are credentialed, the period of credentialing is one year. There was clear documentation that the scope of clinical practice for all clinicians was defined when new clinical services were introduced into the organisation.

There were appropriate policies and procedures regarding the introduction of new technology, with medical officer supervision and training managed by the Medical Advisory Committee.

Staff spoke of the value of "The Dr Lookup" module and the transparency, timeliness and ease of checking the Scope of Practice of medical staff, particularly in the theatre setting.

The Personal Appraisal process is an opportunity for staff to identify professional development and educational goals with employee feedback confirming high level satisfaction with the process. Staff described how opportunities to participate in the Leadership Program has resulted in career advancement. The 1000 nominations in the workforce Star Awards clearly demonstrate their value of recognition for a job well done.

In consultation with staff, Healthscope reviewed the mandatory training categories. Completion of the on-line mandatory training modules can be now achieved in 5 hours compared to the previous 15 hours. Staff consultation was critical in this decision and consistent with Healthscope's commitment to staff engagement. It is evident that the clinical and non-clinical workforce are supported to participate in education, training and professional development. Mandatory Training compliance rates are high, with training aligned with position requirements and consistently achieving well above the target of 75%.

Information on Safety and Quality is included at Orientation for newly recruited staff and thereafter as per the facilities education and training schedules.

Quality and Safety Training and Education for the 2017/18 period achieved an overall completion rate of 92%. Staff described the value and transparency of the ELMO eLearning platform which records training module completion in real time.

Quality and safety methodology is applied to all Healthscope workforce management practices.

Incident and complaints management

There is a comprehensive, organisation-wide incident and complaint reporting and investigation system that is appropriately designed, resourced and regularly monitored and strengthened.

A state of the art customised version of RiskMan has been regularly enhanced to meet the organisations specific requirements since it was initially implemented into Healthscope hospitals in 2015.

Processes, including staff education programs are well-established and enhanced to support the workforce recognition, reporting and analysis of clinical and non-clinical incidents and, adverse events, near misses and complaints. Well established process for analysis and review of performance by the Corporate Executive, National Hospital Quality Committee and The Healthscope Board are evident.

Support for the workforce in recognition and reporting of incidents has been substantially improved through enhancement to the existing systems and processes in the last three years.

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Major infrastructure upgrades to the RiskMan system include the development and implementation of Network Login for staff access; alignment with WebPas to save data entry time and elimination of patient identification errors; development and implementation of new Indicator Sets for incidents, sentinel events, feedback and inclusion of NSQHS Standards 3 to 10; enhanced Risk Register management and the new Work Health and Safety indicator set. In addition, there are now sets and alerts generated from the Medibank Identification Complication (MIC) Extension and more recently the Dementia Extension has been developed, customised and configured with an indicator set and customised reports. These initiatives coupled with the development and circulation of a Patient Incident Escalation Protocol Chart has contributed to increasing the workforce recognition and reporting of incidents and near misses.

Satisfaction and appreciation of services provided to hospitals by the National Clinical Risk team in the last Corporate Customer Survey received the highest result (88%) a 2% improvement on the previous survey result.

Existing systems and processes for the reporting of feedback and analysis of reported incidents have been substantially improved in the last three years. Improvements include focused education on Root Cause Analysis (RCA) and Critical System analysis; development of the Best Practice Action Library resources and reinforcement of Shared Learnings through the commencement of quarterly Discussion Groups facilitated by the National Risk Manager.

Evidence provided indicated that as at the end of 2017, there were 39,821 RiskMan feedback entries of which 55.1% were compliments and 44.9% were complaints. Patient complaints since May 2018 has been trending down significantly. This positive trend appears to be directly related to the opportunity for patients to provide feedback online shortly after their discharge. In addition, staff are now able to see the Qualtrics dashboard real time data at ward level, which combined with the current Back to Bedside change project, appears to indicate that staff are responding to patient concerns more readily before these become a complaint.

Shared Learnings include learning from serious complaints or national trends. All complaints are reported through the Quarterly KPIs and hospitals are required to complete action plans to address complaints.

Healthscope Policy 2.30 provides direction for the application of the National Open Disclosure Standard. All cases of sentinel events requiring open disclosure are assisted by the National Clinical Risk Manager. Documentation of the open disclosure is recorded in RiskMan with a specific Open Disclosure report able to be generated.

The assessors have acknowledged the outcomes of these sustained quality improvements to the incident and complaints management by awarding the rating of MM for actions 1.14.1. and 1.14.3.

Patient rights and engagement

The National Charter of Patient Rights and Responsibilities are well acknowledged throughout the hospitals and forms part of Healthscope's Corporate and Clinical governance directives. Information is provided to patients in many ways for example, as part of the patients' admission pack, the e-admission process, hospital's TV presentations and posters.

Consent forms are detailed and include procedure consent/treatment and informed financial consent. Compliance is monitored through the comprehensive suite of indicators for each hospital.

Privacy and confidentiality are managed well by Corporate office and all hospital staff are aware of their responsibilities.

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Qualtrics patient satisfaction surveys provide a question "How well do you understand your Rights and Responsibilities"? The timeliness of information and the enhancements made to the platform is impressive.

The dashboard is now the key communication tool used to drive quality improvement across the hospital group.

An MM rating has been awarded for action 1.20.1.

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Governance and quality improvement systems

Ratings

Action	Organisation	Surveyor
1.1.1	SM	MM
1.1.2	SM	MM
1.2.1	SM	MM
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	MM
1.5.2	SM	MM
1.6.1	SM	MM
1.6.2	SM	SM

Action 1.1.1 Core

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

Surveyor Comment:

A well-established organisation wide Policy Management System for Healthscope Corporate and site policies continues to be supported by document control policies, a policy template and proforma and a tracking table to enable standardisation, regular review and monitoring of policies. Key stakeholders are engaged in the development and review of policies to ensure compliance with legislative requirements, new evidence, relevant industry standards and risk rating of policies.

Significant and sustained improvements in the last three years include: enhancement of the Corporate Tracking Table to identify other policies cited in each Corporate Policy; development of a new policy to define the creation, authorisation, distribution and review of all publications including patient information brochures; establishment of a Corporate Register that enables the review dates for all Healthscope brochures, posters and publications; standardisation of the Consumer Approved Publications (CAP) used for all newly created public-facing publications; standardisation of the Healthscope Forms Register that enables forms to be registered and maintained in one central place; increased delegation to the Healthscope Corporate Document Controller (CDC) for ongoing maintenance and tracking of the forms register and publications; introduction of the Backup Healthscope Corporate Policy Manuals on the Hospital L:Drive ensuring staff 24 hour access to Corporate Policies, thus negating the need for paper copies being retained in hospitals.

A rating of MM has been awarded for this Action.

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Surveyor's Recommendation:

No recommendation

Action 1.1.2 Core

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

Surveyor Comment:

The 2018 sustainability report clearly identifies patients being at the centre of all Healthscope business decision making. The Managing Director/CEO and Healthscope Board development and implementation of a new Purpose statement and alignment with four strategic pillars, the first one being Quality Clinical Outcomes and the second Exceptional Patient Care, has set a new Healthscope strategic direction in business decision making. New core Quality KPIs that match these first two strategic pillars include Hospital Acquired Complications (HAC) and a Qualtrics patient experience rating. The Healthscope Safety and Quality Plan and Clinical Governance Framework clearly articulate the Healthscope plan for safety and quality in all business decision-making. Hospital strategic and operational plans are set up around the four pillars. Monthly reporting on the first two strategy areas ensures sustainability and focus of the strategy. This new strategic direction has resulted in significant improvement in both patient quality of treatment and care (83% compared to benchmark 70%) and hospital HAC rating (0.75%. compared to 2017 target rate of 1.02%).

A rating of MM has been awarded for this action.

Surveyor's Recommendation:

No recommendation

Action 1.2.1 Core

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

Surveyor Comment:

The revised Executive and Board Quality and Safety Report commenced in July 2017 as part of the new strategic direction. This report is now presented to the Healthscope Board, Senior Leadership Team, Corporate Executive, all General Managers and Directors of Nursing, Quality Managers and Health Information Managers in line with the Purpose Statement priority of working together for better care.

Hospital Executives are required to table relevant aspects of this report to clinical committees including Medical Advisory Committees. Hospital Quality Managers table the report at Quality and Executive Committees. This report includes safety and quality KPIs routinely collected by hospitals including monthly patient rated experience rates, MyHealthscope Indicators, adverse events including sentinel events. In addition, there is an annual Board Safety and Quality Report. The 2018 Sustainability Report contains a sizeable component of outcomes related Patient Safety and Quality, Clinical Performance Outcomes, Exceptional Patient Experience and Exceptional Patient-Centred Care.

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A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Action 1.5.1 Core

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

Surveyor Comment:

The Healthscope Risk Management System (RiskMan) is well developed and supported by relevant policies that provide the framework for risk management. There are established processes for a prioritisation of risk, use of controls and mitigation strategies. Risk Registers are at two levels; the Corporate Risk Register that comprises strategical and operational risk and Hospital Risk Registers for clinical and non-clinical risks. Whilst all hospitals have risk registers these are monitored nationally to ensure that risks arising from sentinel events are able to be addressed in all relevant facilities through Shared Learnings.

The National Risk Management Team provides ongoing education and support as required to hospital managers and staff.

Corporate risks are managed by the Healthscope Head of Assurance who provides support to the Board and the Board Audit Committee. The Head of Assurance develops and monitors the corporate risk register.

The Board formally reviews the corporate risk register six monthly.

The previous trend in reduction of high/extreme risks has continued to reduce.

The RiskMan compliance module purchased in 2015 has been determined to have saved management time on monitoring legislative changes; delivered a reliable, comprehensive and consistently updated relevant legislative register and provides appropriate case law updates and alerts to new and significant legislation. Whilst there have been no actual breaches of legislation in recent years there is an appreciated and strengthened assurance for the Board.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

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Action 1.5.2 Core
Organisation's Self Rating: SM   **Surveyor Rating:** MM

Surveyor Comment:

A comprehensive organisation-wide approach to minimisation of risks to patient safety and quality care has been well established and regularly evaluated and enhanced where indicated. This includes the development of risk management plans; education of the relevant workforce in risk identification and risk controls and/or risk mitigation, use of risk registers and monitoring of outcomes.

Risks are identified through key lessons learnt from sentinel events, never events, near misses, complaints, coroner's findings, common law, inquiry and publications, changes to legislation and standards. These risks, and the required actions arising from them, have been published in the Healthscope Shared Learning Report each quarter.

In 2017 the dissemination process was enhanced to provide explanation, context, and direction on implementation strategies through the introduction of Shared Learning Discussion Groups facilitated by the National Clinical Risk Manager. This value-added strategy was initially provided only to Quality Managers, Directors of Nursing and Clinical Educators; however, more recently has been opened to other clinical managers in response to demand.

There has been a consistent reduction in high/extreme risks as a proportion of total risk per patient bed day since 2008 (1.29%) to 2018 (0.69%).

Evidence of clinical risk reductions include a 32% reduction in the number of low Apgar scores and 38% reduction in the number of birth injuries, both since the implementation of the Electronic Foetal Monitoring within the K2 Central Monitoring System; substantial reduction of incidents of surgical fire events from 2012 (5) 2017 (0); a number of specific improvements in the Mental Health Leave System (iMatis) have been attributed to the 63% decrease in the rate of attempted suicide since 2012.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Action 1.6.1 Core
Organisation's Self Rating: SM   **Surveyor Rating:** MM

Surveyor Comment:

A well-established organisation-wide quality management system is effectively integrated with the risk management, incident, and patient feedback system that are supported with associated policies, and a comprehensive suite of quality and safety indicators for monitoring Hospital and National performance.

As part of the more recent Healthscope Board developed strategic purpose and directions, two of the four strategy areas (Pillars) are integral to the Safety and Quality Plan: 1. Quality Clinical Outcomes; 2. Exceptional Patient. Both are measured monthly by defined KPIs.

Substantial improvements were evident in the monthly Executive and Board Safety and Quality Reports with the 2018 result being 83% of hospitals achieved their target in HAC rate (Pillar 1) and 84% of hospitals achieved their target in Patient Experience (Pillar 2).

The current National Safety and Quality Plan now has a clear structure with three categories and ten focus areas, the latter being divided into 38 objectives that are detailed in the National Safety and Quality Plan: Clinical Governance Framework that is the template for all hospital quality plans. Hospital Quality plans are submitted as part of the quarterly clinical KPIs.

This well-established organisation-wide quality management system has been responsive to the more recent change in the Board's strategic purpose and direction and associated monitoring performance. Rigorous processes for ongoing monitoring and review of performance being sustained is clearly evident.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Clinical practice

Ratings

Action	Organisation	Surveyor
1.7.1	SM	SM
1.7.2	SM	SM
1.8.1	SM	MM
1.8.2	N/A	N/A
1.8.3	N/A	N/A
1.9.1	SM	SM
1.9.2	SM	SM

Action 1.8.1 Core

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

Surveyor Comment:

Excellent work has been undertaken in relation to the management of patients at risk of harm driven by results from incidents, near misses, patient experiences and Shared Learnings.

The Electronic Leave Register (iMatis) system for Mental Health patients not only manages patients leave, the system has a built in SMS and email alert to notify staff if the patient has not returned. The system has been reviewed and evaluated since implementation into all the Mental Health hospitals in 2017.

Over the past 18 months there has also been a continual review of pre-admission documentation, assessment and screening tools for the most vulnerable patients entering Healthscope hospitals based on the level of services at each hospital and on the highest risks identified on the risk register.
For example, the Mental Health Risk Assessment - suicide/harm, Falls Risk Assessment Tool (FRAT), malnutrition screening tool, infection control and venous thromboembolism (VTE).

The recognition of how important signage is for the patient who has a hearing deficit has also been acknowledged, reviewed and appropriate signage installed in the hospitals.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

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	MM
1.14.2	SM	SM
1.14.3	SM	MM
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

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1.16.1		SM	SM
1.16.2		SM	SM

Action 1.14.1 Core

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

Surveyor Comment:

Support for the workforce in recognition and reporting of incidents has been substantially improved through enhancement to the existing systems and processes in the last three years. Major infrastructure upgrades to the RiskMan system include the development and implementation of Network Login for staff access; alignment with WebPas to save data entry time and elimination of patient identification errors; development and implementation of new Indicator Sets for incidents, sentinel events, feedback and inclusion of NSQHS Standards 3 to 10; enhanced Risk Register management and the new Work Health and Safety indicator set. In addition, there are now sets and alerts generated from the Medibank Identification Complication (MIC) Extension and more recently the Dementia Extension has been developed, customised and configured with an indicator set and customised reports. These initiatives coupled with the development and circulation of a Patient Incident Escalation Protocol Chart has contributed to increasing the workforce recognition and reporting of incidents and near misses. Increases in reported incidents suggest an increased culture of reporting.

Satisfaction and appreciation of services provided to hospitals by the National Clinical Risk team in the last Corporate Customer Survey received the highest result (88%) a 2% improvement on the previous survey result.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Action 1.14.3 Core

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

Surveyor Comment:

Existing systems and processes for the reporting of feedback and analysis of reported incidents have been substantially improved in the last three years. Improvements include focused education on Root Cause Analysis and Critical System analysis, development of the Best Practice Action Library resources and reinforcement of Shared Learnings through the commencement of quarterly Discussion Groups facilitated by the National Risk Manager.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

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Orgcode: 220042

Patient rights and engagement

Ratings

Action	Organisation	Surveyor
1.17.1	SM	SM
1.17.2	N/A	N/A
1.17.3	N/A	N/A
1.18.1	SM	SM
1.18.2	SM	SM
1.18.3	N/A	N/A
1.18.4	N/A	N/A
1.19.1	SM	SM
1.19.2	SM	SM
1.20.1	SM	MM

Action 1.20.1 Core

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

Surveyor Comment:

The electronic Patient Experience Survey dashboard Qualtrics is innovative, dynamic, patient centred and managed in a real-time environment. Healthscope Corporate services oversee the feedback on a daily basis and are able to respond to the individual patient's overall experience relating to quality of treatment and care.

The Nurse Unit Managers (NUMs) are able to view their patient responses and address areas for improvement or have the opportunity to discuss and seek advice from Corporate services if needed. The response from patients is increasing each day and the hospitals are embracing the live information available at their fingertips.

Consumer consultants actively participate in reviewing responses in a timely way.

The feedback is also assisting with evaluating the Back to the Bedside project, the Rework Project and the Mystery Patient Program.

The dashboard is now the key communication tool used to drive quality improvement across the hospital group.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

STANDARD 2
PARTNERING WITH CONSUMERS

Surveyor Summary

Consumer partnership in service planning

Healthscope Safety and Quality Plan in conjunction with the "Patient Partners" Consumer Engagement Plan 2016-2019 provides policies, procedures and protocols to guide hospitals on how to engage with consumers in all aspects of care and service provision.

The second Pillar, Exceptional Patient Care four outcome statements are testament to the drive and commitment by Healthscope to ensure patient-centred care is at the forefront. The in-depth Rework project includes clinical and support services engagement with oversight managed at Corporate level. KPIs relevant to these projects are in place to measure performance and to ensure consumer feedback is timely.

In 2018 Healthscope established the Aboriginal and/or Torres Strait Islander Cluster. Both aboriginal and non-aboriginal consumers are represented. The cluster governs all activities and oversees the Aboriginal and Torres Strait Islander (ATSI) project.

There is a consumer consultant role description that articulates responsibilities. The Corporate Consumer Consultant Committee (CCCC) meet regularly to discuss and review strategic and operational business including quality and risk data, education for staff and patients, consumer brochures and environmental risks.

There is a clearly defined orientation foundation program for Consumer Consultants. The training information packs are well designed, comprehensive and easily understood. There are both formal and informal processes that enable consumer feedback on healthcare publications. There are also feedback forms such as 'your impression of us' which has now transitioned to the electronic platform Qualtrics. Responses are managed by a very enthusiastic team at Corporate office. Response rates are increasing, and feedback is provided in real-time.

The Consumer Participation Cluster and the Corporate Consultant Committee activities; the improvements in relation to service planning; the Wellness booklets and informative publications clearly demonstrates the high level of commitment and respect shown by Healthscope to ensure Consumer engagement is sought and meeting the needs and expectations of the patient population is to be congratulated.

A rating of MM has been awarded for actions 2.1.1, 2.2.1 and 2.4.2.

Consumer partnership in designing care

Dedicated cluster committee and focus groups meetings are held regularly at all hospitals. Minutes are tabled and there is evidence demonstrating how consumers have been involved in the design and redesign of the health service. An excellent example is the Back to the Bedside project; clearly initiating change on the delivery of care at the bedside.

Clinical leaders are also assigned to complete the "Patient Centred Care" eLearning program annually.

Hospital based Consumers are included in education and training at orientation, particularly in relation to privacy and confidentiality as well as providing new staff with information regarding their customer service role.

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Feedback is provided to the Corporate Consumer Consultant Committee for further comments and recommendations.

Consumer partnership in service measurement and evaluation

MyHealthscope and MyHospital websites provide clinical outcome data to the general public to access at any time for example, falls and pressure injury rates, hand hygiene compliance and unplanned re-admissions.

There is evidence that Consumer Consultants participate in the analysis of quality and safety data and consumer feedback on a regular basis through the Corporate Consumer Consultant Committee.

Improvements in service provision is evident as a direct result of consumer consultant feedback.

A wealth of information is provided to patients and families regarding hospital services. The Corporate Consumer Consultant Committee is well engaged in ensuring patients and families are provide with up-to-date information. The committee reviews patient satisfaction surveys, complaints and compliments and have significant in-put into the publication of booklets and brochures. The website is also another area the consumers can provide feedback and assist with the content.

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Orgcode: 220042

Consumer partnership in service planning

Ratings

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

Action 2.1.1 Developmental

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

Surveyor Comment:

The Healthscope Board has consistently valued and acknowledged consumer participation in all aspects of their business. In the past 18 months the direction has been strengthened by the creation of the four Pillars which has changed the culture and focus of care delivery, particularly Pillar 2, Exceptional Patient Care measured by the Overall Rating of Care.

The appointment of a National Patient Experience Manager in April 2018 has provided the expertise necessary to manage the Qualtrics dashboard patient experience survey feedback tool in real-time, as well as ensuring hospital managers, staff and consumers have timely access to review and respond to their patients experience and report back to corporate office as part of their KPIs in this regard. The information is powerful, and the traffic light and word functionality are leading change.

Consumer participation in relation to foundation training for the consumers and staff is evident.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Action 2.2.1 Developmental

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

Surveyor Comment:

From the introduction of the online Qualtrics patient experience survey platform in 2017, further enhancements have been implemented to gain feedback in a measurable and meaningful way.

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In 2018 Healthscope has adopted the Australian Hospital Patient Experience Question Set (AHPEQs) as well as the Your Experience Survey (YES) for mental health patients in all 43 hospitals. Over 40,000 responses have been received from January 2018.

The Consumer Participation Cluster in collaboration with the Corporate Consumer Consultant Committee are actively engaged in identifying areas for improvement in relation to service planning and at the operational level.

Projects are multidisciplinary in approach, for example, the State Catering Project "Standard Approach" includes the National Support Manager and a team of chefs, dietician's, food monitors and also the catering staff who deliver and prepare the meals for the patients.

Consumers and staff have been consulted and are more informed about food services and the way in which menu choices and nutritional value is reviewed and evaluated and how patients are able to access the online menu.

The roll-out has been most successful and feedback thus far is extremely positive.

The Sustainability Report 2018 is another fine example whereby consumer engagement has been sought and included.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Action 2.4.2 Core

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

Surveyor Comment:

All Healthscope publications are endorsed by the Consumer Approved Publication Logo (CAP) which ensures publications have been scrutinised and signed off by the Corporate Consumer Consultant Committee and at cluster level.

Over the past two years there has been a review undertaken to improve the information provided to mental health patients at the time of admission. The result has been the development and introduction of the Inpatient Mental Health Agreement. The new agreement is comprehensive, detailed and explains the expectations during an episode of care for both patients and staff.

The Three Ways to Wellness booklets, Book 1 Making the most of your Stay, Book 2 Ideas and Skills and Book 3 Planning for Recovery, are testament to the rigour and the in-depth consumer input undertaken. The booklets are informative, easy to understand and truly patient centred.

Consumer engagement has also been sought in various ways to meet the needs of the patient population.

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Patient Journey Videos and Blogs on the website have been an enormous success. Back to the Bedside handover toolkit information is clear and concise. Reviews are continually on the move and it was evident through the Qualtrics patient experience survey feedback that continuous quality improvements are happening.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

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

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Orgcode: 220042

STANDARD 3
PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Surveyor Summary

Governance and systems for infection prevention, control and surveillance

The long established contractual relationship that Healthscope has with Health Care Infection Control Management Resources (HICMR) continues to ensure an effective governance and management system that uses a risk management approach to Healthcare Associated Infections. HICMR policies are available for staff via a HICMR portal within the Healthscope Intranet. In addition, an extensive suite of Healthscope policies is available to provide content specific direction over and above the HICMR content.

The Healthscope Infection Control program and organisation-wide compliance monitoring is overseen by the Infection Control Cluster and the National Safety and Quality Committee. Each hospital and HICMR has a representative on the Infection Control Cluster.

Evidenced-based Risk Assessment tools are used by HICMR consultants to assess facility wide compliance with Infection Prevention and Control Standards, Guidelines and Legislation. Reviewed facilities receive a HICMR Documented Risk Assessment, Risk Summary and Action Plan to address areas of non/low compliance. Hospital completion of action plans are overseen by Healthscope Corporate Clinical Risk and Quality Unit.

HICMR newsletters continue to be a valuable source of contemporary Infection Prevention and Control issues and changes. The opportunity for Shared Learnings through the Infection Prevention and Control Cluster continue to be valued by hospital teams.

The effectiveness of the infection prevention and control systems is reviewed by the National Safety and Quality Committee. Outcome audits are evaluated by the Infection Control Cluster whilst results of infection control audits, action plans and reported incidents of hospital acquired infections and Shared Learnings with staff, are overseen by the Healthscope Corporate Clinical Risk and Quality Unit.

Infection prevention and control strategies

Hand Hygiene rates continue to be above the National Benchmark; however, the 86.8% (2017) is only slightly more than the 85% achieved in 2015. Various improvement strategies are currently being undertaken by the Infection Control Cluster to reduce Staphylococcus Aureus Bacteraemia Infections (SAB), including compliance with hand hygiene and Aseptic Technique (AT) with a particular focus on Moment 2 and management of invasive devices especially peripherally inserted catheter (PIC) Lines. These initiatives have begun to be effective with the 2018 now at 0.26 cases per 10,000 days of patient care, a slight reduction on results for 2015-2017.

A workforce immunisation program consistent with the current national guideline and Healthscope Policy 6.29 is in place and closely monitored. The work undertaken to develop a Staff Immunisation Module into the existing RLSolutions (IT Infection Control Surveillance program) is a positive initiative that should benefit all hospitals in the future to capture staff immunisation status.

Healthscope's Health Safe program – Healthsafe Safety Management System and associated policies and procedures are well established. Staff meetings are used to communicate work health and safety infection prevention messages, results of audits such as compliance with Personal Protective Equipment (PPE) and introduce new products and procedures.

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Managing patients with infections or colonisations

HICMR policies and guidelines, based on the Australian Guidelines for Prevention and Control of Infections, for standard and transmission–based precautions are available for all clinical and non-clinical staff. Staff training and compliance monitoring is evident. It is suggested that hospitals be encouraged to undertake observational compliance audits when patients are being cared for with Transmission Based Precautions to identify opportunities for reducing hospital acquired infections.

Antimicrobial stewardship

An established antimicrobial stewardship (AMS) program is supported by Healthscope Policy 8.53 Antimicrobial Prescribing & Management, Healthscope Infection Control Cluster and the contracted service of Hospital Pharmacy Services (HPS), Hospital Medical Advisory Committees, HICMR and the Healthscope Corporate Clinical Risk and Quality Unit. Therapeutic guidelines are available at the point of care in all hospitals.

Cleaning, disinfection and sterilisation

HICMR policies and procedures for Environmental Services, based on risk management principles, are available on the intranet to ensure that infection prevention and control principles are consistently practiced in cleaning, waste management, laundry and line transportation, cleaning and storage. Annual HICMR audits and resulting action plans for cleaning, linen management, kitchens, PPE and maintenance schedules are overseen by each hospital executive and the Healthscope Corporate Clinical Risk and Quality Unit.

Communicating with patients and carers

A recent review by an external research company has resulted in the MyHealthscope website being enhanced and appears to be easier to read and understand, without reducing the intent of providing valuable information to the public on actions required to reduce the risk of infection. It will be important to continue to evaluate these changes to determine the needs of the target audience continue to be met.

Organisation: Healthscope Ltd
Orgcode: 220042

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	N/A	N/A
3.4.2	N/A	N/A
3.4.3	N/A	N/A

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	N/A	N/A
3.9.1	N/A	N/A
3.10.1	N/A	N/A
3.10.2	N/A	N/A
3.10.3	N/A	N/A

Managing patients with infections or colonisations

Ratings

Action	Organisation	Surveyor
3.11.1	SM	SM
3.11.2	SM	SM
3.11.3	N/A	N/A
3.11.4	SM	SM

EN CHS OWS

3.11.5	N/A	N/A
3.12.1	N/A	N/A
3.13.1	N/A	N/A
3.13.2	N/A	N/A

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	N/A	N/A
3.15.3	N/A	N/A
3.16.1	N/A	N/A
3.17.1	N/A	N/A
3.18.1	N/A	N/A

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
3.19.1	SM	SM
3.19.2	SM	SM

STANDARD 4
MEDICATION SAFETY

Surveyor Summary

Governance and systems for medication safety

Medication Safety policies, procedures and protocols are in place for medication prescribing, dispensing, supply, administration, storage and monitoring. These documents are consistent with national and state legislative requirements as well as jurisdictional regulations. There are clearly defined policies and procedures provided by Corporate for the identification and management of high-risk medications from the time of admission through to discharge.

Position descriptions are supported by medication safety policies and procedures to provide guidance on scope of clinical practice. A mandatory education module specific to medication management for registered and enrolled nurses 'Med Safe' is required by this cohort of staff to be undertaken annually. Since implementation in 2016 there has been a continual decrease in medication related sentinel events.

The medication management system is regularly audited in line with the national audit schedule.

RiskMan is used by the hospitals to capture all medication specific risks and incidents which can be accessed by all staff.

The medication authorisation system is regularly monitored by a range of activities including but not limited to Schedule 8 and Schedule 11 audits, National Inpatient Medication Chart (NIMC) audit, and by audits from external contracted Pharmacies.

There are a range of decision support tools and resources to support the clinical workforce at the point of care such as 'eMIMs, Therapeutic Guidelines (e.g.) and Neonatal (NETS) handbook.

Internal monitoring systems and regular audits are established to review the secure storage and safe distribution of medicines throughout the hospitals. Audit outcomes are regularly reviewed at relevant committees such as the Healthscope Medication Safety Cluster. Results are reported and discussed at hospital level. Healthscope Shared Learning's communication report is valued by all the hospitals and is increasing in participants since the introduction of teleconferencing.

Documentation of patient information

Not applicable

Medication management processes

Not applicable

Continuity of medication management

Not applicable

Communicating with patients and carers

Not applicable

Organisation: Healthscope Ltd
Orgcode: 220042

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	N/A	N/A
4.3.1	SM	SM
4.3.2	SM	SM
4.3.3	N/A	N/A
4.4.1	SM	SM
4.4.2	N/A	N/A
4.5.1	SM	SM
4.5.2	N/A	N/A

Documentation of patient information

Ratings

Action	Organisation	Surveyor
4.6.1	N/A	N/A
4.6.2	N/A	N/A
4.7.1	N/A	N/A
4.7.2	N/A	N/A
4.7.3	N/A	N/A
4.8.1	N/A	N/A

Medication management processes

Ratings

Action	Organisation	Surveyor
4.9.1	N/A	N/A
4.9.2	N/A	N/A
4.9.3	N/A	N/A
4.10.1	N/A	N/A
4.10.2	N/A	N/A
4.10.3	N/A	N/A
4.10.4	N/A	N/A
4.10.5	N/A	N/A

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4.10.6	N/A	N/A
4.11.1	N/A	N/A
4.11.2	N/A	N/A

Continuity of medication management

Ratings

Action	Organisation	Surveyor
4.12.1	N/A	N/A
4.12.2	N/A	N/A
4.12.3	N/A	N/A
4.12.4	N/A	N/A

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
4.13.1	N/A	N/A
4.13.2	N/A	N/A
4.14.1	N/A	N/A
4.15.1	N/A	N/A
4.15.2	N/A	N/A

STANDARD 5
PATIENT IDENTIFICATION AND PROCEDURE MATCHING

Surveyor Summary

Identification of individual patients

Patient identification and procedure matching is supported by numerous Healthscope policies, readily available on HINT.

Four identifiers are now mandated by Healthscope following a review against Standard 5 NSQHS by the Corporate Patient Identification working party.

Specific Healthscope policies and checklists guide the processes in particular for "high risk" policies such as; Correct Patient, Correct Procedure, Correct Site.

The Annual Audit Schedule is comprehensive and includes a number of questions relating to Patient Identification, Time Out and procedure matching results over the past two years have noted a high compliance in this regard.

Incidents are managed via the RiskMan system and risks are reviewed by hospitals as part of the Quality KPI reports. The Corporate Quality Department also monitors the risk register reviews against agreed targets. Monitoring by the department over the 2017/18 has seen improvements in expected targets by the Hospital Group.

Shared Learnings Reports are also used to identify areas for improvement if indicated.

Processes to transfer care

Not applicable

Processes to match patients and their care

Not applicable

Organisation: Healthscope Ltd
Orgcode: 220042

Identification of individual patients

Ratings

Action	Organisation	Surveyor
5.1.1	SM	SM
5.1.2	N/A	N/A
5.2.1	SM	SM
5.2.2	N/A	N/A
5.3.1	N/A	N/A

Processes to transfer care

Ratings

Action	Organisation	Surveyor
5.4.1	N/A	N/A

Processes to match patients and their care

Ratings

Action	Organisation	Surveyor
5.5.1	N/A	N/A
5.5.2	N/A	N/A
5.5.3	N/A	N/A

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Orgcode: 220042

STANDARD 6
CLINICAL HANDOVER

Surveyor Summary

Governance and leadership for effective clinical handover

A comprehensive range of Healthscope policies and procedures are in place to ensure hospitals identify handover at every point of care. There are systematic handover processes, tools, checklists and discharge criteria to support the compliance to policy recognising the specialist hospitals such as, Mental Health and Rehabilitation.

Clinical Handover education for staff commences at orientation and is provided face to face, via eLearning and videos.

Clinical handover processes

Key Clinical Handover Principles guide handover and includes all clinical participants involvement as well as place and time.

The Back to the Bedside project in conjunction with the Rework project are at the forefront of significant change in relation to communication strategies for an effective handover.

Audit and incident reporting systems are in place and results monitored by Corporate and at cluster level. The monthly Shared Learnings Report also provides hospitals and peer groups with valuable information.

The electronic Patient Satisfaction Survey System, Qualtrics now includes a question "Have you been involved in handover," this information is captured and feedback to the departments in real time.

Patient and carer involvement in clinical handover

Not applicable

EN CHS OWS

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	N/A	N/A
6.3.1	N/A	N/A
6.3.2	N/A	N/A
6.3.3	N/A	N/A
6.3.4	SM	SM
6.3.4	SM	SM
6.4.1	SM	SM
6.4.1	SM	SM
6.4.2	N/A	N/A

Patient and carer involvement in clinical handover

Ratings

Action	Organisation	Surveyor
6.5.1	SM	SM

EN CHS OWS

STANDARD 7
BLOOD AND BLOOD PRODUCTS

Surveyor Summary

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

There are a range of evidenced based policies procedures and guidelines for the safe management of blood and blood products, overseen by the Corporate Transfusion Committee (Cluster). A Red Cross representative also attends the meetings.

The group wide audit tool is used to measure and monitor compliance with policy.

There are standardised Healthscope processes in place to increase awareness of the safety and appropriateness of prescribing and clinically using blood and blood products. There is documented evidence to show that risks associated with transfusion practices are understood and action is taken to reduce the associated risks. The clinical risk register includes Blood Management and Blood Safety Risks.

Adverse reactions to blood or blood products are reported on RiskMan and to Corporate, relevant personnel and committees.

A consent form for blood and blood products is in place. Consent audits are undertaken according to the prescribed schedule.

Documenting patient information

Policies and procedures for ordering and collecting blood are well established. Some notable quality initiatives in the area of managing blood safety has been the review and streamlining of the information on the Massive Blood Transfusion Form and Blood Pathway as well as the introduction of Time-Out for checking blood before administration.

Managing blood and blood product safety

BloodSafe eLearning is mandatory for all staff involved in blood and blood product use. Completion records are recorded in ELMO.

Utilisation and wastage audits are reported across the group of hospitals. Blood fridge registers are also required to be kept at all hospitals who manage blood.

ACHS indicators are collected and benchmarked by Healthscope Corporate.

There are comprehensive audit tools available and audits are conducted as part of the Quality KPI Report. Shared Learnings Reports are also provided.

Communicating with patients and carers

Whilst this criterion is rated Not Applicable (N/A), information is provided to all patients as part of the Patient Information Guide. For those patients requiring blood or blood products, brochures are available in multiple languages to assist the consenting process. The Interpreter services are also available at hospitals who manage blood and blood products.

Organisation: Healthscope Ltd
Orgcode: 220042

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	N/A	N/A
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	N/A	N/A
7.5.2	N/A	N/A
7.5.3	N/A	N/A
7.6.1	N/A	N/A
7.6.2	N/A	N/A
7.6.3	SM	SM

Managing blood and blood product safety

Ratings

Action	Organisation	Surveyor
7.7.1	SM	SM
7.7.2	N/A	N/A
7.8.1	SM	SM
7.8.2	N/A	N/A

EN CHS OWS

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
7.9.1	N/A	N/A
7.9.2	N/A	N/A
7.10.1	N/A	N/A
7.11.1	N/A	N/A

Organisation: Healthscope Ltd
Orgcode: 220042

STANDARD 8
PREVENTING AND MANAGING PRESSURE INJURIES

Surveyor Summary

Governance and systems for the prevention and management of pressure injuries

Healthscope policy and procedures are consistent with best practice and with evidence verifying validated comprehensive skin assessment occurs on admission and as required throughout the patient's journey. Assessments may engage clinical specialists for end-of-life, mental health and operating theatre patients.

Pressure injury assessment, wound care, photography, patient consent and nutrition screening are examples of information and interventions documented in the patient medical record.

Healthscope pressure injury information, rates and outcomes are available on the MyHealthscope website with the aggregated data showing a reduction in hospital acquired pressure injuries from 0.05% in 2017 to 0.02% in June 2018.

The clinical record audit captures patient responses to questions about information received and staff engagement in pressure injury management. This data is also consistent with pressure injury conversations included in the Clinical Record Care Plan.

Pressure injury education is provided, with a requirement for clinical staff to undertake skin integrity and pressure training. The education program includes processes for conducting skin assessment and the recognition of the various stages of pressure injuries, repositioning techniques and frequency. Pressure Injury Champions have been identified for most high-risk departments and with Wound Care Nurse Specialists available for assessment and treatment advice.

The facilities are described as being well resourced for pressure relieving devices.

Formal reporting on Pressure Injury Management and Key Performance Indicator data reports are scheduled and include reports to the National Clinical Risk Manager, State Manager and to the Healthscope Management Board.

Managing pressure injuries

Healthscope facilities use validated risk assessment tools which include the Waterlow, Norton and Braden Scale tools.

Staff described the "Below the Sheets" pressure injury prevention quality improvement that includes the monitoring and review of patients in all settings and may include orthopaedic, end- of-life, theatre and neonatal patients having regular skin inspections and the engaging of patients to self-check for areas of poor skin integrity.

The monitoring of hospital acquired pressure injuries is by registration of stage two and above as a clinical incident. These pressure injuries are identified by health professionals, subjective to their clinical judgement of each individual case. Once a notification of a pressure injury is registered on RiskMan, a structured clinical review is undertaken.

It was very evident that quality improvement is an integral component of pressure injury management with examples of consumer involvement in the development of their care plan, consultation with families for end-of-life planning and care of palliative patients prior to returning home.

EN CHS OWS

Healthscope pressure injury assessment and management is collaborative and may include the pharmacist, nutritionist and catering staff. Staff described a current project which empowers clinical staff to implement nutrition assessment outcomes while waiting for a patient nutritionist appointment.

This initiative is consistent with catering department training in food quality dietetics (food values). The Nutrition Working Party initiated a "Lunch and Learn" session to share pressure injury data, outcomes and new initiatives.

Audits are undertaken to ensure that a pressure injury management plan is developed in partnership with the patient and carers.

It was evident to the survey team that staff are committed to achieving improved compliance and patient outcomes for pressure injury management.

Organisation: Healthscope Ltd
Orgcode: 220042

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	N/A	N/A
8.3.1	N/A	N/A
8.4.1	N/A	N/A

Preventing pressure injuries

Ratings

Action	Organisation	Surveyor
8.5.1	N/A	N/A
8.5.2	N/A	N/A
8.5.3	N/A	N/A
8.6.1	N/A	N/A
8.6.2	N/A	N/A
8.6.3	N/A	N/A
8.7.1	N/A	N/A
8.7.2	N/A	N/A
8.7.3	N/A	N/A
8.7.4	N/A	N/A

Managing pressure injuries

Ratings

Action	Organisation	Surveyor
8.8.1	SM	SM
8.8.2	N/A	N/A
8.8.3	N/A	N/A
8.8.4	N/A	N/A

EN CHS OWS

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
8.9.1	N/A	N/A
8.10.1	N/A	N/A

EN CHS OWS

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

Surveyor Summary

Establishing recognition and response systems

Healthscope policies and procedures are well established and support the management of the deteriorating patient. All hospitals have Rapid Response Systems to recognise and escalate responses.

Evidence based tools are used which allows evaluation and auditing to be measured, compared and benchmarked in a systematic way by the Healthscope Group.

MET calls are monitored, reviewed and reported to hospital committees, Medical Advisory Committees, Morbidity and Mortality meetings and at Corporate level. The Shared Learnings Discussion group provides clinical staff with the opportunity to address incidents and review current practices to minimise risk.

The adoption of the two strategic Pillars and the Back to Bedside and Rework projects are driving improvements in this regard.

Track and trigger adult and paediatric observation charts and the ISBAR (Identify, Situation, Background, Assessment and Recommendation) communication tool is used to report clinical deterioration. Clinical deterioration events are registered on RiskMan and escalated to corporate and at cluster level.

Basic Life Support, Paediatric Life Support and clinical deterioration education forms part of the mandatory training for all clinical staff.

Information is provided at all levels by the staff and the treating clinician. Bedside handover, purposeful hourly rounding, care plans and whiteboards have enhanced the timeliness of identification and escalation of deterioration and has allowed patients and carers to be involved in the management of their care. Information for patients on how to escalate their care is included in a DVD patient information presentation and on the re-designed whiteboards.

Advance Care Directive (ACD) Policy, Not for Resuscitation (NFR) and treatment limiting order forms are available.

Recognising clinical deterioration and escalating care

Not applicable

Responding to clinical deterioration

Not applicable

Communicating with patients and carers

Not applicable

EN CHS OWS

Establishing recognition and response systems

Ratings

Action	Organisation	Surveyor
9.1.1	SM	SM
9.1.2	SM	SM
9.2.1	N/A	N/A
9.2.2	N/A	N/A
9.2.3	N/A	N/A
9.2.4	N/A	N/A

Recognising clinical deterioration and escalating care

Ratings

Action	Organisation	Surveyor
9.3.1	N/A	N/A
9.3.2	N/A	N/A
9.3.3	N/A	N/A
9.4.1	N/A	N/A
9.4.2	N/A	N/A
9.4.3	N/A	N/A

Responding to clinical deterioration

Ratings

Action	Organisation	Surveyor
9.5.1	N/A	N/A
9.5.2	N/A	N/A
9.6.1	N/A	N/A
9.6.2	N/A	N/A

EN CHS OWS

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
9.7.1	N/A	N/A
9.8.1	N/A	N/A
9.8.2	N/A	N/A
9.9.1	N/A	N/A
9.9.2	N/A	N/A
9.9.3	N/A	N/A
9.9.4	N/A	N/A

EN CHS OWS

STANDARD 10
PREVENTING FALLS AND HARM FROM FALLS

Surveyor Summary

Governance and systems for the prevention of falls

The Falls Prevention and Management – Patients Policy clearly defines falls prevention strategies. The Healthscope Falls Risk Assessment tool records patient falls assessment on admission and thereafter if re-assessment is required.

Incidents of patient falls are reported in RiskMan with escalation and investigation occurring relative to severity rating and with system reviews communicated via Shared Learnings.

The recent partnership in a falls research project positions Healthscope to become a leader in inpatient falls management. Early research outcomes and information are currently being implemented at Healthscope sites. Education for staff and a focus on patient conversations are a critical component in reducing the incidence and severity of falls.

The Falls Prevention Information Brochures presented to the survey team have recently been reviewed and are now aligned with current best practice and developed with consumer involvement.

The Healthscope Patient Falls rate has progressively decreased in the 4-year period 2013 to 2017. Sentinel event and Shared Learnings are reported at the National Safety and Quality Committee.

Falls are reported and reviewed by the site where they occur and with each hospital KPI based on the prior year rate. Sites may implement and structure falls prevention initiatives and improvements relative to the patient population, equipment and infrastructure.

The value of the Shared Learnings initiative was mentioned in almost all conversations with the survey team and as a communication tool, is a valued resource.

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Orgcode: 220042

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	N/A	N/A
10.3.1	N/A	N/A
10.4.1	N/A	N/A

Screening and assessing risks of falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.5.1	N/A	N/A
10.5.2	N/A	N/A
10.5.3	N/A	N/A
10.6.1	N/A	N/A
10.6.2	N/A	N/A
10.6.3	N/A	N/A

Preventing falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.7.1	N/A	N/A
10.7.2	N/A	N/A
10.7.3	N/A	N/A
10.8.1	N/A	N/A

EN CHS OWS

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
10.9.1	N/A	N/A
10.10.1	N/A	N/A

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Orgcode: 220042

STANDARD 11
SERVICE DELIVERY

Surveyor Summary

Information about services

The MyHealthscope website has comprehensive communication information for the community and patients. Patients are able to also look up services specific to their needs. Healthscope's Pulse Magazine provides updated information regarding projects and redevelopments and is easily accessed.

Consumers have been involved and endorsed the "Patient Information Guide", which is a very comprehensive guide that includes access to services, parking, privacy, support and advocacy, information on available services, patient rights and responsibilities.

Access and admission to services

Not applicable

Consumer / patient consent

All hospitals use the overarching Healthscope Consent Policy. The policy clarifies the different types of consent and also complies with jurisdictional legislation. Systems for obtaining and managing consent are governed by a comprehensive list of Healthscope consent forms that include, for example, consent to procedures and medical treatment, blood transfusions, Electroconvulsive Therapy (ECT) and Advance Care Directives.

Interpreter services are available at hospitals when consent and understanding is limited by language abilities and where translated documents are not available. Informed consent is audited using a variety of schedules and platforms including the Annual Documentation Audit, the annual team Time Out audit and the annual Mental Health Time Out ECT audit.

Appropriate and effective care

The acknowledgement by Healthscope of patients' different entry points to receive care and services is comprehensive and caters for a diverse population.

Strategic Planning, in-depth reviews of population growth, local demographics and consumer engagement are duly considered in business decision making.

Healthscope hospitals are required to measure the effectiveness and appropriateness of care using the Clinical Governance and Quality & Safety System and Healthscope By-laws.

Diverse needs and diverse backgrounds

The Healthscope policy on Interpreter Services ensures clear direction for staff needing to access services for their patients and/or carers. Healthscope also has specific policies in regard to patients cultural and spiritual needs, gender identity, Culturally and Linguistically Diverse (CALD) groups, End of Life and pastoral care.

Healthscope's ATSI working group are currently developing a National Reconciliation Action Plan, and when completed will assist hospitals work in regard to their local Aboriginal Elders and community.

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Resource guides for staff to access for ATSI patients are available on HINT and all Healthscope hospital points of contact ask ATSI patients to self-identify.

Staff are also supported to deliver culturally appropriate care to ensure that clinical assessments and risk assessments are conducted with the specific clients' needs being at the forefront of care.

The Corporate Consumer Consultative Committee is well engaged in reviewing information and ensuring publications are concise, informative and reflect patient diversity and reading capabilities.

"Rainbow Accreditation" has been awarded to Healthscope and is to be congratulated.

Population health

Better health and wellbeing is promoted in various ways by Healthscope that engage consumers, patients and the wider community. Population Health Promotion activities support a wide range of health promotion programs across the hospitals and are well supported by Corporate office.

Posters and social events, the beautiful Milestone stories, artwork booklet and Wellness booklets designed and published by the Corporate Consumer Consultants, have been met with great applause.

The assessors were also impressed with the suite of informative brochures to the hospitals on all sorts of topics. It was evident that consumers are involved and ensure patients and the community have the latest information available.

Staff wellness is of high priority and initiatives and ways to engage staff to participate in well-being promotions are always being sought, for example, STEPTEMBER to support fundraising for Cerebral Palsy.

The raft of promotional activities and the overwhelming responses to events is highly impressive.

A rating of MM has been awarded for this Action.

EN CHS OWS

Information about services

Ratings

Action	Organisation	Surveyor
11.1.1	SM	SM
11.1.2	N/A	N/A
11.2.1	N/A	N/A
11.2.2	N/A	N/A

Access and admission to services

Ratings

Action	Organisation	Surveyor
11.3.1	N/A	N/A

Consumer / Patient Consent

Ratings

Action	Organisation	Surveyor
11.4.1	SM	SM
11.4.2	SM	SM

Appropriate and effective care

Ratings

Action	Organisation	Surveyor
11.5.1	N/A	N/A
11.5.2	SM	SM

Diverse needs and diverse backgrounds

Ratings

Action	Organisation	Surveyor
11.6.1	SM	SM
11.7.1	SM	SM
11.7.2	N/A	N/A

Population health

Ratings

Action	Organisation	Surveyor
11.8.1	SM	MM
11.9.1	SM	SM
11.9.2	SM	SM
11.10.1	N/A	N/A

Action 11.8.1 Non-mandatory

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

Surveyor Comment:

There are a number of Population Health Promotion activities that have been initiated by Healthscope Corporate in collaboration with the Corporate Consumer Consultant Committee and clusters over the past two years which go beyond the recognised national campaigns.

The Mental Health Awareness Week "Your Journey Starts Here" commenced in 2017 in recognition of people who may be suffering some form of mental health problem or have been diagnosed and are seeking more help, support and understanding to manage their illness.

Posters and social events were held with patients and staff and the opportunity was opened up for patients and staff in other facilities and community services.

The Beautiful Milestone stories and artwork booklet designed and published by the Corporate Consumer Consultants for the second-year running is only to be admired.

The response to this book has been overwhelming by the community, staff and patients.

The Gathering for Kindness Day in November 2018 whereby a number of national and international key note speakers were invited to participate. The Consumer Consultant who attended has already bought back key messages to the cluster for consideration.

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The assessors were also impressed with the suite of informative brochures to the hospitals on all sorts of topics such as, Healthy Eating, Get Up and Grow Brochures and the Good Quick Tukka Facilitator. It was evident that consumers are involved and ensure patients and the community have the latest information available.

A rating of MM has been awarded for this Action.

<u>Surveyor's Recommendation:</u>

No recommendation

Organisation: Healthscope Ltd
Orgcode: 220042

STANDARD 12
PROVISION OF CARE

Surveyor Summary

Assessment and care planning

Healthscope assessment policies and tools are well established to assist staff with the assessment process, conducted in partnership with carers and patients to ensure that the admission includes their physical, social, cultural and spiritual needs.

The Healthscope Clinical Clusters review and approve the assessment tools to ensure they are evidenced based.

Nursing care plans are based on best practice guidelines for each clinical discipline or each individual risk, e.g. falls and pressure injury. Nursing care plans are currently under review as part of the Back to the Bedside and Rework projects. Consumer input has been sought as well in regard to the format and key wording.

The audit schedule also targets patient assessments and includes one for documentation, minimising patient harm and medication safety. The audit results are reported to and actioned by Corporate, the clusters and at hospital level.

The rates of completed discharge summaries is identified by regular audits across Healthscope and these statistics are uploaded onto the MyHealthscope Website.

Ongoing care and discharge / transfer

Not applicable

Management of nutrition

The management of nutrition is governed by a comprehensive Healthscope policy called Diet and Nutrition – adult inpatients and the Nutrition and Dietetics Assessment form which is based on national best practice guidelines. Policies, procedures and assessment tools are in place for the management of nutritional needs of patients.

The Comprehensive Care Cluster have established a dedicated Nutrition Working Party to oversee and monitor nutrition and malnutrition events for all hospitals.

The State Catering Project "Standard Approach" is currently being rolled-out. The projects goals and objectives are focused on ensuring patients are provided with not only choice but standard menu recipes that are nutritious and healthy.

Ongoing care and discharge / transfer

Not applicable

End-of-life care

It is evident that Healthscope has appropriate systems in place for supporting and managing End-of-Life care. There are Healthscope policies that cover advance care directives, spiritual care, organ donations, end-of-life decision making and death of a patient.

EN CHS OWS

Evidence based policies, procedures, work instructions and guidelines to support end-of-life care are the responsibility of the Oncology/Palliative Care Working Party.

It is noted that Healthscope is about to develop guidelines related to Voluntary Assisted Dying Bill Legislation.

EN CHS OWS

Assessment and care planning

Ratings

Action	Organisation	Surveyor
12.1.1	SM	SM
12.1.2	SM	SM
12.2.1	N/A	N/A
12.2.2	N/A	N/A
12.3.1	N/A	N/A
12.4.1	N/A	N/A

Management of nutrition

Ratings

Action	Organisation	Surveyor
12.5.1	SM	SM
12.5.2	N/A	N/A
12.6.1	N/A	N/A
12.6.2	N/A	N/A
12.6.3	N/A	N/A
12.7.1	N/A	N/A
12.7.2	N/A	N/A

Ongoing care and discharge / transfer

Ratings

Action	Organisation	Surveyor
12.8.1	N/A	N/A
12.8.2	N/A	N/A
12.8.3	N/A	N/A
12.9.1	N/A	N/A
12.10.1	N/A	N/A
12.10.2	N/A	N/A
12.10.3	N/A	N/A

EN CHS OWS

End-of-life care

Ratings

Action	Organisation	Surveyor
12.11.1	SM	SM
12.11.2	N/A	N/A
12.12.1	N/A	N/A
12.12.2	N/A	N/A

Organisation: Healthscope Ltd
Orgcode: 220042

STANDARD 13
WORKFORCE PLANNING AND MANAGEMENT

Surveyor Summary

Workforce planning

Workforce planning is underpinned by policies for Recruitment and Selection, Position Descriptions and Mandatory Training.

Contingency plans ensure the safety of patients, consumers and staff with planning specific to site clinical need and workforce capability. Recruitment to short term vacancies may be through recruitment agencies, internal systems that notify of shifts requiring backfill, internal networking and in NSW through the "students@AIN" software and University of Tasmania (UTAS) scholarship students for theatre backfill. Staff described how closely located sites effectively share staff.

Workforce skill mix and monitoring of rostering ensure that fatigue is minimised and managed.

Recruitment processes

Systems for the employment and ongoing monitoring of the clinical workforce, inclusive of professional registration, scope of clinical practice and the credentialing process are systematic and appropriate. The medical workforce Scope of Practice and credentialing information is linked to their Performance Review. The Credentialing database includes both credentialing and scope of practice for medical officers, allied health and nursing staff and flags annual renewal dates for currency of registrations.

The introduction of the ORACLE system has a large amount of valuable and supportive information for staff to access. All aspects of recruitment employment are managed within this one system from vacancy advertising, recruitment through to commencement.

Continuing employment and development

Personnel records are stored securely with education and training attendance stored on the ELMO database. Aggregated data reports inform work units of staff gaps in training compliance and it is the responsibility of the work unit manager to ensure mandatory training is completed. All staff are required to participate in the Performance Appraisal process.

Workplace injury and complaints management is consistent with policy and procedures and with examples presented at interview demonstrating timely, effective and ethical management and resolution.

Strategies are designed to create a workforce culture which is aligned with the Healthscope priorities, with evidence confirming staff have embraced opportunities to participate in professional development, education and training.

Staff are supported by their supervisor/managers to access assistance for both personal and work-related concerns. Templates guide managers through processes to support and coach/mentor staff to achieve satisfactory outcomes.

Employee support and workplace relations

Healthscope supports and engages in flexible work practices. In 2018 74% of staff had working arrangements on a part-time or casual basis. Evaluation of staff feedback confirmed the workforce high level of satisfaction with workplace culture.

EN CHS OWS

The workforce may access assistance and support from the Healthscope Human Resources Department, Healthscope Legal, the Employee Assistance Program (EAP) and industrial relations organisations.

EN CHS OWS

Organisation: Healthscope Ltd
Orgcode: 220042

Workforce planning

Ratings

Action	Organisation	Surveyor
13.1.1	SM	SM
13.1.2	SM	SM
13.2.1	SM	SM
13.3.1	SM	SM

Recruitment processes

Ratings

Action	Organisation	Surveyor
13.4.1	SM	SM
13.5.1	SM	SM
13.5.2	SM	SM
13.6.1	N/A	N/A

Continuing employment and development

Ratings

Action	Organisation	Surveyor
13.7.1	SM	SM
13.7.2	SM	SM
13.8.1	SM	SM
13.8.2	SM	SM
13.8.3	SM	SM
13.9.1	SM	SM
13.9.2	SM	SM

EN CHS OWS

Employee support and workplace relations

Ratings

Action	Organisation	Surveyor
13.10.1	SM	SM
13.10.2	SM	SM
13.11.1	SM	SM
13.12.1	SM	SM
13.13.1	SM	SM

STANDARD 14
INFORMATION MANAGEMENT

Surveyor Summary

Health records management

A suite of policies supports the management of health record information. All policy review is scheduled and/or when there is a change in process. Systems and process described confirm that staff are well informed in applying confidentiality, security, creation and archiving of the medical records.

Electronic patient information is password protected with staff access monitored and breaches identified.

Currently hard copy patient clinical records are kept in secure storage, at the nurse's station and with the patient current information available at the end of the bed.

Healthscope highlighted their major initiative to standardise national forms with the intention of reducing duplication and non-compliant forms. The National Forms Committee will oversight this project.

Healthscope patients/consumers are provided with advice regarding access to their health information through pamphlets and posters that are widely available throughout the sites. Application forms for the release of medical records, with instructions, are also readily available to patients/consumers.

Requests for information are processed in accordance with "Release of Information' Policy. Requests are initially managed at site level and with final determinations regarding release of information being made by the Healthscope FOI (Freedom of Information) Officer.

Corporate records management

Management of the corporate record is underpinned by policy which defines security, storage and legislative compliance requirements.

The quantity of hard copy corporate information is decreasing with computer technology the preferred platform for document development, distribution and storage.

Healthscope information technology has the capacity to provide secure and functional technology to manage administrative, clinical and corporate functions. All information is classified as sensitive and with appropriate security and monitoring processes in place.

Staff provided an example of a security breach, management strategies which were applied, resulting in the potential distribution of personal information effectively blocked.

Collection, use and storage of information

Systems for the management of Healthscope IT systems are well resourced, with responsibility and accountability managed by the Communication Committee. Continuous monitoring and evaluation of security and quality of data confirms the integrity of Healthscope information is of a high standard.

The methodology for disaster recovery is subject to testing of primary to secondary data storage centres. In the last two years testing has been performed several times to verify and validate that systems are safe and appropriate, and that the methodology is effective.

EN CHS OWS

Hard copy information is stored securely in locked cabinets, storage facilities and offices with access by coded locking devices and/or access keys.

Information and communication technology

Healthscope has robust and secure systems and governance that ensure the management of communication and information technology is consistent with universal best practice. Systems have the capacity to collect data and present aggregated reports that may compare outcomes with organisation and national targets. Continuous enhancements ensure information is secure and aligned with the content of the Strategic Plan.

The Information Technology (IT) Team provides on and off-site training and support. Staff bulletins via the Intranet inform staff of changes, upgrades, scheduled maintenance and promote guidance for staff developing "good habits" to manage their workplace and private internet security. The IT Team test workplace compliance with the use of workplace computers and access and manage breaches.

The IT Team described systems that have the capacity to detect and mitigate "Cyber" threats and attacks and alignment with universal monitoring capabilities.

Systems exist for the recording of software licenses, registration and compliance with the "LEX" purpose-built software managed by the legal department.

EN CHS OWS

Health records management

Ratings

Action	Organisation	Surveyor
14.1.1	SM	SM
14.2.1	N/A	N/A
14.3.1	N/A	N/A
14.3.2	N/A	N/A
14.4.1	SM	SM

Corporate records management

Ratings

Action	Organisation	Surveyor
14.5.1	SM	SM

Collection, use and storage of information

Ratings

Action	Organisation	Surveyor
14.6.1	SM	SM
14.6.2	SM	SM
14.7.1	SM	SM
14.8.1	N/A	N/A

Information and communication technology

Ratings

Action	Organisation	Surveyor
14.9.1	SM	SM
14.9.2	SM	SM

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Orgcode: 220042

STANDARD 15
CORPORATE SYSTEMS AND SAFETY

Surveyor Summary

Strategic and operational planning

The previous five-year strategic plan has been replaced by a new strategic plan that has a strong patient-centred focus to ensure the patient is first, and at the centre of all Healthscope decisions. The new strategic plan developed by the Board includes four governance Pillars: Quality Clinical Outcomes, Exceptional Patient Care, Creating Extraordinary Teams and Market Leading Returns. These Pillars are now part of the strategic planning template.

The Managing Director/CEO and the Board have set a new strategic direction to ensure that the first two Pillars directly relate to the Safety and Quality Plan and are measured by core KPI's: Hospital Acquired Complication (HAC) rates and overall quality of patient experience as measured by continuing patient feedback.

The new strategic direction clearly states the organisation's vision, values, strategic aims, purpose and priority areas for quality clinical outcomes and exceptional patient care. Development of the plan followed extensive consultation with consumers, staff and key stakeholders and consideration of financial position and ASX requirements.

A considered approach was undertaken by the Board to inform the Senior Leadership team, Executive, Hospital Managers and staff of the new strategic direction and associated Core Strategy KPIs in addition to the revised Safety and Quality Framework that articulates the ongoing monitoring of achievements and outcomes required in the new monthly Executive and Board Safety & Quality Report.

An enhanced Healthscope Sustainability Report informs stakeholders, shareholders, managers, staff and consumers of highlights and achievements in patient safety and quality, exceptional patient care outcomes, workforce achievements, responsible and ethical business outcomes, creating a shared value in communities and protecting the environment initiatives.

The new strategy implemented in July 2018 called 'Back to the Bedside' project in conjunction with the 'Rework' project have already had a sizeable impact on reducing clinical staff time spent on non- clinical functions and increasing time for direct patient care. This noticeable result, although early, appears to have had a very positive impact on staff satisfaction. Hospital staff spoken with expressed their appreciation in being listened to. The opportunity to seek and receive support from corporate teams was clearly appreciated. Similarly, there was definite positivity from corporate staff seeing themselves as service providers to hospital teams, suggesting a significant cultural change directly related to the new Healthscope Purpose Statement.

An employee engagement rate of 78% in the 2018 Employee Engagement Survey has improved since the 2016 survey. Keys areas of improvement included reward and recognition, communication and work health and safety.

The assessors have acknowledged the outcomes of these significant improvements achieved as a result of the new strategic direction implemented across Healthscope, by awarding the rating of MM for Actions 15.1.1 and 15.1.2.

EN CHS OWS

Systems and delegation practices

Board membership includes the Healthscope Managing Director/CEO and seven Non-Executive Directors. All Non-Executive Directors have substantial skills and experience. The Board is committed to conducting Healthscope's business in accordance with high standards of corporate governance and with a view to creating and delivering value for Healthscope's shareholders.

The Corporate Governance Statement sets out the key features of Healthscope's governance framework and reports against the Corporate Governance Principles and Recommendations published by the ASX (Australian Stock Exchange) Corporate Governance Council. Board Committees include the Audit, Risk and Compliance Committee; Nomination Committee and People and Remuneration Committee.

Mechanisms are established for orientation of new Board Members.

The Healthscope organisation chart, committee structure and lines of reporting and delegation are clearly documented.

The Healthscope Code of Conduct has been endorsed by the Board. All Healthscope employees are required to comply with the Code of Conduct.

Financial management processes that are consistent with legislation and government requirements are established and subject to internal and external audits. Budgets are linked to strategic and operational plans and subject to ongoing evaluation.

Healthscope is required under the ASX Listing rules, to lodge an annual aggregated financial report for the Healthscope Hospitals Group with the ASX.

External service providers

A corporate team oversees the organisation-wide management of external providers and contracts and ongoing evaluation and improvement of the system supported by a Lex Contract Management Database.

All contracts state the level of service expected by Healthscope and include agreed KPIs, defined monitoring periods and pre-determined penalties.

A Healthscope Supplier Code of Conduct is now included in all Contracts. The Contract Template requires suppliers to demonstrate how they share the values, principles and standards addressed in the Supplier Code of Contract.

In Financial Year 2018, 100% of new contracts with key supplier partners included a contractual requirement compliance with the Supplier Code of Contract.

All Healthscope Contracts go to tender and are required to follow the established 14 step process for Purchase of Goods Cycle. Introducing back-up vendors for critical products and services has reduced the timeliness of supply.

Evaluation of the significant and sustained improvements in the management of external service providers in the last three years is impressive.

A rating of MM has been awarded for action 15.9.2.

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Research governance

In accordance with Healthscope Policy 2.11 research and clinical trials are not a primary function of Healthscope hospitals. The policy is clear that all clinical trials and research must be formally approved by the Healthscope insurer and can only be undertaken by an accredited clinician who is required to take responsibility for a project.

Currently, Healthscope is involved in a public/private partnership between Holmesglen and La Trobe University and The National Health and Medical Research Council (NHRMC) to research fall prevention strategies. This research project involves most of Healthscope hospitals and has three components: Best Possible Falls Screening; Streamlining monitoring of falls in Day Procedure Units and Streaming all patient assessment to achieve holistic assessment of patient risk. The chair of the Healthscope Falls Cluster is the Research Project Manager.

Other research completed, and published projects have been undertaken by the Melbourne Clinic Professional Unit with six more studies currently underway.

The aim of this innovative research team is to foster the use of evidenced based practice in improving quality and safety, build research capability and literacy through education, training and partnering in the implementation of evidence and to facilitate a research culture.

Support for clinicians who are inspired to undertake research at the Masters or PHD levels is clearly evident and includes supervision, mentoring and partnering, access to resources such as the Library, Journal Club and Research Café.

Safety management systems

There are comprehensive suites of policy, procedures, forms, templates and work health management and safety documents available on the Work Health and Safety (WHS) Portal in HINT. The HINT WHS page has readily identifiable links for quick access to WHS resources, tools and notice board, feedback and assistance with site navigation. Systems for WHS have undergone an extensive review with process and reporting changes implemented and managed by an enthusiastic and knowledgeable WHS team.

Staff take their Work Health Safety responsibilities seriously with site representatives, fire wardens and first aid officers contributing to staff and site safety. Communication, innovation and the enthusiasm of the Work Health Safety team was evident, as was their ability to engage and support staff in risk minimisation, education and the identification of risks and hazards.

Education and training is linked to risk and safety management systems, and with a focus on workforce manual handling, violence and aggression supported through Healthscope and outsourced training. Staff safety is a high priority and while manual handling has high frequency and low consequence, national occupational violence and aggression is increasing. Staff training, professional and legal support is available to empower staff to manage acts of unacceptable behaviour.

The Chemical Management Policy provides direction compliant and safe management practices. All sites use the on-line platform Chemwatch as a management tool for the safe management of their hazardous and dangerous goods. Work Health Safety Site coordinators monitor process, systems and staff compliance with safe work practice.

Evaluation of Work Health Safety (WHS) systems has resulted in improvements to reporting, training, monitoring and delegation of responsibilities to sites to ensure their environments are safe, the workforce trained, and risks reported and managed.

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The WHS Team has achieved significant progress in engaging the workforce to participate in WHS activities and volunteer for the positions of WHS, Fire Warden and First Aid representatives.

Incidents and hazards are reported in RiskMan with the escalation system supporting early intervention.

Buildings, plant and equipment

All procurement is aligned with the Procurement Guidelines and with the Procurement Team able to describe the rigorous systems applied to all steps of the purchasing process with Board approval needed for major projects.

The Procurement App powered by Legal Gateway is a new initiative. The purchase of goods is currently a 14-step process and The App will streamline it to 7 steps from pre-contract investigation, planning, negotiation, awarding, to post contract management. This system will provide secure, safe, timely and a financially beneficial procurement function.

Healthscope sites manage scheduled and planned maintenance, testing and tagging, emergency generators, biomedical equipment and infrastructure site inspection processes. Incidents and hazards are reported in RiskMan.

Staff were well able to describe management and maintenance systems relevant to the Corporate Office and expressed satisfaction with maintenance requests.

Internal and external signage by individual sites are reported through the WHS Committee. Signage audits confirm compliance with regulatory requirements and safety and that signage is consistent with the Healthscope Style guide.

Emergency and disaster management

Systems for Emergency and Disaster Management are well developed. Staff were able to describe their responsibilities, knowledge and participation in workplace safety, training and education requirements.

Emergency and Disaster Management functions for Healthscope sites are managed locally and aligned with their State authority requirements. The Healthscope Corporate office is located in a shared building and with alarm, egress, signage and evacuation exercises managed by the building management.

The Corporate office recently participated in a mock evacuation exercise and successfully evacuated the building.

WHS and Fire Warden training compliance is recorded in ELMO.

It was evident that staff are aware of their responsibilities, reporting lines, and participation in the event of an emergency.

All Healthscope sites have comprehensive Emergency Management, Disaster Management and Recovery Plans.

Staff can access emergency management policy, tools and templates and helpful links on the intranet WHS Landing Page.

The Healthscope Head Office is a leased property and with the building management responsible for safety audit processes and ensuring corrective actions are completed. Healthscope receive audit and fire safety compliance reports.

Physical and personal security

Healthscope physical and personal security practices are underpinned by policy, procedure and guidelines.

Security is managed locally at each site with detailed reports and risk assessments presented to the WHS Committee. It was evident that there is a systematic approach to security management with staff and external contractors consulted in relation to security systems, monitoring, risk management and improvements.

The WHS Coordinator engages staff in scheduled inspection and monitoring of the Corporate office to assess personal, physical, procedural and logical security.

Security risks and incidents are reported in RiskMan with escalation and management aligned with the risk category.

The Corporate office security risk was described as low. Authorised staff Access Passes are required to enter office locations within the building.

A review of violence and aggression has been undertaken. Staff training in de-escalation and how to manage physical and violent aggression are currently available. The introduction of new technology using virtual reality training will enhance the experience for staff with training targeted to specific areas e.g. Mental Health, Ward, Emergency Department.

The security of Healthscope staff, infrastructure, logical and intellectual security is of a high standard with audit and evaluation targeting areas of risk and opportunities for system improvement.

Waste and environmental management

Healthscope clinical and non-clinical waste and environmental management are underpinned by policy, procedure and guidelines that focus on strategies for minimisation, safe disposal and auditing of waste management in all facilities.

At the corporate office, waste management for the building is undertaken by an external contractor and includes provision of regular reports and corporate office workforce compliance with waste separation. A National waste contract and site contracts continue to be used and are all subject to ongoing monitoring against pre-determined KPIs.

At the hospital level, the system of waste management is reviewed by the General Manager, Director of Clinical Services, Infection Control Coordinator, Practice Manager and existing Work Health & Safety Committee members and overseen by the Healthscope Waste Management Committee and Infection Control Consultants to ensure compliance with standards and legislation.

Hospital site 'Green Teams' continue to focus on reducing waste by recycling cardboard, paper, materials (aluminium, PET plastic and glass), batteries, food organics, garden waste, confidential documents, printer cartridges and e-waste. Two recent Green Team identified projects have included redirection of 80kg of surplus uniforms from land fill to industry textile manufacturing for re-purposing and 80,000 unused newborn nappies destined for landfill have been donated to charities for distribution.

Some examples of energy saving initiatives include installation of LED lighting, replacement of inefficient air-handling units and air-conditioning duct work, change to water efficient shower heads, replacement of commercial dishwasher with a more efficient unit.

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Strategic and operational planning

Ratings

Action	Organisation	Surveyor
15.1.1	SM	MM
15.1.2	SM	MM
15.1.3	SM	SM
15.2.1	SM	SM
15.2.2	SM	SM

Action 15.1.1 Non-mandatory

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

Surveyor Comment:

Following an extensive consultation period with stakeholders, employees and consumers, the previous Healthscope Board's five-year strategic plan has been redeveloped and aligned to ensure that the patient is first, and centre of all Healthscope decisions. The Patient First vision is clearly articulated in the Healthscope Board's Purpose Statement that is underpinned by 4 Strategic Pillars: Quality Clinical Outcomes, Exceptional Patient Care, Creating Extraordinary Teams and Market Leading Returns. These pillars are now part of the strategic planning template. The Managing Director/CEO and the Board have set a new strategic direction to ensure that the first two pillars directly relate to the Safety and Quality Plan and measured by core KPIs: Hospital Acquired Complication (HAC) rates and overall quality of patient experience as measured by patient survey. In 2018, 82% of hospitals achieved their target HAC rate (Pillar 1) and 84% of hospitals achieved their target in patient experience (Pillar 2).

The enhanced Healthscope Sustainability Report informs stakeholders, managers, staff and consumers of highlights and achievements in patient safety and quality, exceptional patient care outcomes, workforce achievements, responsible and ethical business outcomes, creating a shared value in communities and protecting the environment initiatives.

The Back to the Bedside change project and the Rework Project generated as a result of employee and patient feedback have already had a sizeable impact on reducing clinical staff time spent on non- clinical functions and increasing time for direct patient care.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

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Action 15.1.2 Non-mandatory

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

Surveyor Comment:

Managers and staff positivity about the strategic and operational changes since the last Corporate Organisational Survey is palpable. Hospital staff spoken with expressed their appreciation in being listened to. The opportunity to seek and receive support from corporate teams was clearly appreciated. Similarly, there was definite positivity from corporate staff seeing themselves as service providers to hospital teams, suggesting a significant cultural change directly related to the new Healthscope Purpose Statement.

An employee engagement rate of 78% in the 2018 Employee Engagement Survey has improved since the 2016 survey. Keys areas of improvement included reward and recognition, communication and work health and safety.

Lost time injury frequency rate has been reduced by 29% since 2016 along with a total recordable injury frequency rate reducing by 46% over the same time period.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Systems and delegation practices

Ratings

Action	Organisation	Surveyor
15.3.1	SM	SM
15.4.1	SM	SM
15.5.1	SM	SM
15.6.1	SM	SM
15.7.1	SM	SM
15.8.1	SM	SM

External Service Providers

Ratings

Action	Organisation	Surveyor
15.9.1	SM	MM
15.9.2	SM	SM

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Action 15.9.1 Non-mandatory

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

Surveyor Comment:

Evaluation of the performance of external service providers has resulted in significant process improvements in the last three years. In 2017 system tasks were centralised to reduce non-contract spending and improve communication and relationships with key suppliers.

A Healthscope Supplier Code of Conduct is now included in all Contracts. The Contract Template requires suppliers to demonstrate how they share the values, principles and standards addressed in the Supplier Code of Contract.

FY2018, 100% of new contracts with key supplier partners included a contractual requirement for compliance with the Supplier Code of Contract.

All Healthscope Contracts go to tender and are required to follow the established 14 step process for Purchase of Goods Cycle. Introducing back-up vendors for critical products and services has reduced the timeliness of supply.

A rating of MM has been awarded for this Action.

Surveyor's Recommendation:

No recommendation

Research Governance

Ratings

Action	Organisation	Surveyor
15.10.1	SM	SM
15.10.2	N/A	N/A
15.11.1	SM	SM
15.11.2	SM	SM

Safety management systems

Ratings

Action	Organisation	Surveyor
15.12.1	SM	SM
15.13.1	SM	SM

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15.13.2	SM	SM
15.13.3	SM	SM
15.14.1	N/A	N/A

Buildings, plant and equipment

Ratings

Action	Organisation	Surveyor
15.15.1	SM	SM
15.15.2	SM	SM
15.16.1	SM	SM
15.16.2	SM	SM
15.17.1	SM	SM

Emergency and disaster management

Ratings

Action	Organisation	Surveyor
15.18.1	SM	SM
15.19.1	SM	SM
15.20.1	SM	SM
15.20.2	SM	SM

Physical and personal security

Ratings

Action	Organisation	Surveyor
15.21.1	SM	SM
15.21.2	SM	SM
15.22.1	SM	SM
15.22.2	SM	SM
15.23.1	SM	SM

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Waste and environmental management

Ratings

Action	Organisation	Surveyor
15.24.1	SM	SM
15.25.1	N/A	N/A
15.26.1	SM	SM

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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	MM
1.1.2	The impact on patient safety and quality of care is considered in business decision making	SM	MM
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	MM
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	MM
1.5.2	Actions are taken to minimise risks to patient safety and quality of care	SM	MM
1.6.1	An organisation-wide quality management system is used and regularly monitored	SM	MM
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	MM

1.8.2	Early action is taken to reduce the risks for at-risk patients	N/A	N/A
1.8.3	Systems exist to escalate the level of care when there is an unexpected deterioration in health status	N/A	N/A
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	MM
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	MM
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	SM	SM

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response to complaints

Action	Description	Organisation's self-rating	Surveyor Rating
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	N/A	N/A
1.17.3	Systems are in place to support patients who are at risk of not understanding their healthcare rights	N/A	N/A
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	N/A	N/A
1.18.4	Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders	N/A	N/A
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	MM

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	MM
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	MM
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	SM	SM

role

		Organisation's self-rating	Surveyor Rating
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	MM

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	SM	SM

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    • processing of reusable medical devices
    • single-use devices
    • 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	N/A	N/A
3.4.2	Compliance with changes in practice are monitored	N/A	N/A
3.4.3	The effectiveness of changes to practice are evaluated	N/A	N/A

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	N/A	N/A
3.9.1	Education and competency-based training in invasive devices	N/A	N/A

protocols and use is provided for the workforce who perform procedures with invasive devices

Action	Description		
3.10.1	The clinical workforce is trained in aseptic technique	N/A	N/A
3.10.2	Compliance with aseptic technique is regularly audited	N/A	N/A
3.10.3	Action is taken to increase compliance with the aseptic technique protocols	N/A	N/A

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	N/A	N/A
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	N/A	N/A
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	N/A	N/A
3.13.1	Mechanisms are in use for checking for pre-existing healthcare associated infections or communicable disease on presentation for care	N/A	N/A
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	N/A	N/A

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	SM	SM

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• risk assessment for cleaning and disinfection based on
transmission-based precautions and the infectious agent involved
• waste management within the clinical environment
• 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	N/A	N/A
3.15.3	An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly	N/A	N/A
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	N/A	N/A
3.17.1	A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place	N/A	N/A
3.18.1	Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices	N/A	N/A

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	N/A	N/A
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	N/A	N/A
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	N/A	N/A
4.5.1	The performance of the medication management system is	SM	SM

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	regularly assessed		
4.5.2	Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use	N/A	N/A

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	N/A	N/A
4.6.2	The medication history and current clinical information is available at the point of care	N/A	N/A
4.7.1	Known medication allergies and adverse drug reactions are documented in the patient clinical record	N/A	N/A
4.7.2	Action is taken to reduce the risk of adverse reactions	N/A	N/A
4.7.3	Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	N/A	N/A
4.8.1	Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	N/A	N/A

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	N/A	N/A
4.9.2	The use of information and decision support tools is regularly reviewed	N/A	N/A
4.9.3	Action is taken to improve the availability and effectiveness of information and decision support tools	N/A	N/A
4.10.1	Risks associated with secure storage and safe distribution of medicines are regularly reviewed	N/A	N/A
4.10.2	Action is taken to reduce the risks associated with storage and distribution of medicines	N/A	N/A
4.10.3	The storage of temperature-sensitive medicines is monitored	N/A	N/A
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	N/A	N/A
4.10.5	The system for disposal of unused, unwanted or expired medications is regularly monitored	N/A	N/A
4.10.6	Action is taken to increase compliance with the system for storage, distribution and disposal of medications	N/A	N/A
4.11.1	The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed	N/A	N/A
4.11.2	Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines	N/A	N/A

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 medicines	N/A	N/A
4.12.2	A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	N/A	N/A
4.12.3	A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	N/A	N/A
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	N/A	N/A

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	N/A	N/A
4.13.2	Information that is designed for distribution to patients is readily available to the clinical workforce	N/A	N/A
4.14.1	An agreed medication management plan is documented and available in the patient's clinical record	N/A	N/A
4.15.1	Information on medicines is provided to patients and carers in a format that is understood and meaningful	N/A	N/A
4.15.2	Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients	N/A	N/A

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	N/A	N/A
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	N/A	N/A
5.3.1	Inpatient bands are used that meet the national specifications for patient identification bands	N/A	N/A

Processes to transfer care

Action	Description	Organisation's self-rating	Surveyor Rating
5.4.1	A patient identification and matching system is implemented and	N/A	N/A

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regularly reviewed as part of structured clinical handover, transfer and discharge processes

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	N/A	N/A
5.5.2	The process to match patients to any intended procedure, treatment or investigation is regularly monitored	N/A	N/A
5.5.3	Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation	N/A	N/A

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	N/A	N/A
6.3.1	Regular evaluation and monitoring processes for clinical handover are in place	N/A	N/A
6.3.2	Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers	N/A	N/A
6.3.3	Action is taken to increase the effectiveness of clinical handover	N/A	N/A
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	N/A	N/A

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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 carer in clinical handover are in use	SM	SM

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	N/A	N/A
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	N/A	N/A
7.5.2	The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	N/A	N/A
7.5.3	Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	N/A	N/A
7.6.1	Adverse reactions to blood or blood products are documented in the patient clinical record	N/A	N/A
7.6.2	Action is taken to reduce the risk of adverse events from administering blood or blood products	N/A	N/A
7.6.3	Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider,	SM	SM

	blood service or product manufacturer whenever appropriate		

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	N/A	N/A
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	N/A	N/A

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	N/A	N/A
7.9.2	Plans for care that include the use of blood and blood products are developed in partnership with patients and carers	N/A	N/A
7.10.1	Information on blood and blood products is provided to patients and their carers in a format that is understood and meaningful	N/A	N/A
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	N/A	N/A

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	N/A	N/A
8.3.1	Quality improvement activities are undertaken to prevent pressure injuries and/or improve the management of pressure injuries	N/A	N/A
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	N/A	N/A

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	N/A	N/A
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	N/A	N/A
8.5.3	Action is taken to maximise the proportion of patients who are screened for pressure injury on presentation	N/A	N/A
8.6.1	Comprehensive skin inspections are undertaken and documented in the patient clinical record for patients at risk of pressure injuries	N/A	N/A
8.6.2	Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments	N/A	N/A
8.6.3	Action is taken to increase the proportion of skin assessments documented on patients at risk of pressure injuries	N/A	N/A
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	N/A	N/A
8.7.2	The effectiveness and appropriateness of pressure injury prevention plans are regularly reviewed	N/A	N/A
8.7.3	Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan	N/A	N/A
8.7.4	Action is taken to increase the proportion of patients at risk of pressure injuries who have an implemented prevention plan	N/A	N/A

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	N/A	N/A
8.8.3	Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans	N/A	N/A
8.8.4	Action is taken to increase compliance with evidence-based pressure injury management plans	N/A	N/A

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	N/A	N/A
8.10.1	Pressure injury management plans are developed in partnership	N/A	N/A

	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	N/A	N/A
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 system	N/A	N/A
9.2.3	Data collected about recognition and response systems are provided to the clinical workforce as soon as practicable	N/A	N/A
9.2.4	Action is taken to improve the responsiveness and effectiveness of the recognition and response systems	N/A	N/A

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	N/A	N/A
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	N/A	N/A
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	N/A	N/A
9.4.1	Mechanisms are in place to escalate care and call for emergency assistance	N/A	N/A
9.4.2	Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited	N/A	N/A
9.4.3	Action is taken to maximise the appropriate use of escalation	N/A	N/A

	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	N/A	N/A
9.5.2	The circumstances and outcome of calls for emergency assistance are regularly reviewed	N/A	N/A
9.6.1	The clinical workforce is trained and proficient in basic life support	N/A	N/A
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	N/A	N/A

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	N/A	N/A
9.8.1	A system is in place for preparing and/or receiving advance care plans in partnership with patients, families and carers	N/A	N/A
9.8.2	Advance care plans and other treatment-limiting orders are documented in the patient clinical record	N/A	N/A
9.9.1	Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response	N/A	N/A
9.9.2	Information about the system for family escalation of care is provided to patients, families and carers	N/A	N/A
9.9.3	The performance and effectiveness of the system for family escalation of care is periodically reviewed	N/A	N/A
9.9.4	Action is taken to improve the system performance for family escalation of care	N/A	N/A

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	N/A	N/A
10.3.1	Quality improvement activities are undertaken to prevent falls and minimise patient harm	N/A	N/A
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	N/A	N/A

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

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	N/A	N/A
10.7.2	The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored	N/A	N/A
10.7.3	Action is taken to reduce falls and minimise harm for at-risk patients	N/A	N/A
10.8.1	Discharge planning includes referral to appropriate services, where available	N/A	N/A

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	N/A	N/A
10.10.1	Falls prevention plans are developed in partnership with patients and carers	N/A	N/A

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Service Delivery

Information about services

Action	Description	Organisation's self-rating	Surveyor Rating
11.1.1	There is evidence of evaluation and improvement of the quality of information provided to consumers / patients and the community about: • services provided by the organisation • access to support services, including advocacy.	SM	SM
11.1.2	The organisation's processes for disseminating information on healthcare services are evaluated, and improved as required.	N/A	N/A
11.2.1	Healthcare providers within the organisation have information on relevant external services.	N/A	N/A
11.2.2	Relevant external service providers are provided with information on the health service and are informed of referral and entry processes.	N/A	N/A

Access and admission to services

Action	Description	Organisation's self-rating	Surveyor Rating
11.3.1	The organisation evaluates and improves its system for admission / entry and prioritisation of care, which includes: • documented processes for prioritisation • clear inclusion and/or exclusion criteria • management of waiting lists • minimisation of duplication • utilisation of information in referral documents from other service providers received on admission of the consumer / patient • management of access block.	N/A	N/A

Consumer / Patient Consent

Action	Description	Organisation's self-rating	Surveyor Rating
11.4.1	The organisation has implemented policies and procedures that address: • how consent is obtained • situations where implied consent is acceptable • situations where consent is unable to be given • when consent is not required • the limits of consent.	SM	SM
11.4.2	The consent system is evaluated, and improved as required.	SM	SM

Appropriate and effective care

Action	Description	Organisation's self-rating	Surveyor Rating
11.5.1	The organisation ensures appropriate and effective care through: • processes used to assess the appropriateness of care • an evaluation of the appropriateness of services provided • the involvement of clinicians, managers and consumers / patients in the evaluation of care and services.	N/A	N/A

11.5.2	Policy / guidelines are implemented that address the appropriateness of the setting in which care is provided including when consumers / patients are accommodated outside the specialty ward area.	SM	SM

Diverse needs and diverse backgrounds

Action	Description	Organisation's self-rating	Surveyor Rating
11.6.1	The organisation obtains demographic data to: • identify the diverse needs and diverse backgrounds of consumers / patients and carers • monitor and improve access to appropriate services • improve cultural competence, awareness and safety.	SM	SM
11.7.1	Policies and procedures that consider cultural and spiritual needs are implemented to ensure that care, services and food are provided in a manner that is appropriate to consumers / patients with diverse needs and from diverse backgrounds.	SM	SM
11.7.2	Mechanisms are implemented to improve the delivery of care to diverse populations through: • demonstrated partnerships with local and national organisations • providing staff with opportunities for training.	N/A	N/A

Population health

Action	Description	Organisation's self-rating	Surveyor Rating
11.8.1	Performance measures are developed, and quantitative and/or qualitative data collected, to evaluate the effectiveness / outcomes of health promotion programs and interventions implemented by the organisation.	SM	MM
11.9.1	The organisation identifies and responds to emerging health trends.	SM	SM
11.9.2	The organisation meets its legislative requirements for reporting on public health matters.	SM	SM
11.10.1	There is evidence of evaluation and improvement of strategies to promote better health and wellbeing, which include: • undertaking opportunistic health promotion / education strategies in partnership with consumers / patients, carers, staff and the community • providing education, training and resources for staff to support the development of evidence-based health promotion programs and interventions.	N/A	N/A

Provision of Care
Assessment and care planning

Action	Description	Organisation's self-rating	Surveyor Rating
12.1.1	Guidelines are available and accessible by staff to assess physical, spiritual, cultural, psychological and social, and health promotion needs.	SM	SM
12.1.2	Guidelines are available and accessible by staff on the specific health needs of self-identified Aboriginal and Torres Strait Islander consumers / patients.	SM	SM

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Action	Description	Organisation's self-rating	Surveyor Rating
12.2.1	The assessment process is evaluated to ensure that it includes: • timely assessment with consumer / patient and, where appropriate, carer participation • regular assessment of the consumer / patient need for pain / symptom management • provision of information to the consumer / patient on their health status.	N/A	N/A
12.2.2	Referral systems to other relevant service providers are evaluated, and improved as required.	N/A	N/A
12.3.1	Care planning and delivery are evaluated to ensure that they are: • effective • comprehensive • multidisciplinary • informed by assessment • documented in the health record • carried out with consumer / patient consent and, where appropriate, carer participation.	N/A	N/A
12.4.1	Planning for discharge / transfer of care is evaluated to ensure that it: • commences at assessment • is coordinated • consistently occurs • is multidisciplinary where appropriate • meets consumer / patient and carer needs.	N/A	N/A

Management of nutrition

Action	Description	Organisation's self-rating	Surveyor Rating
12.5.1	Policy / guidelines for: • delivery of nutritional care • prevention of malnutrition • assessment of need for assistance with meals are consistent with jurisdictional guidelines, adapted to local needs and implemented across the organisation.	SM	SM
12.5.2	The organisation's strategic and coordinated approach to delivering consumer / patient-centred nutritional care is evaluated, and improved as required.	N/A	N/A
12.6.1	Food, fluid and nutritional care form part of an intervention and clinical treatment plan.	N/A	N/A
12.6.2	Relevant healthcare providers use an approved nutrition risk screening tool to assess consumers / patients: • on admission • following a change of health status • weekly thereafter and referrals to nutrition-related services occur when needed.	N/A	N/A
12.6.3	The adequacy of consumer / patient nutrition is actively monitored and reported, and improvement is made to the nutritional care as required.	N/A	N/A
12.7.1	A multidisciplinary team oversees the organisation's nutrition management strategy to ensure that provision of food and fluid to consumers / patients is consistent with best-practice nutritional care.	N/A	N/A

12.7.2	Education programs for relevant staff about their roles and responsibilities for delivering best-practice nutritional care and preventing malnutrition are evaluated, and improved as required.	N/A	N/A

Ongoing care and discharge / transfer

Action	Description	Organisation's self-rating	Surveyor Rating
12.8.1	Discharge / transfer information is discussed with the consumer / patient and a written discharge summary and/or discharge instructions are provided.	N/A	N/A
12.8.2	Arrangements with other service providers and, where appropriate, the carer are made with consumer / patient consent and input, and confirmed prior to discharge / transfer of care.	N/A	N/A
12.8.3	Results of investigations follow the consumer / patient through the referral system.	N/A	N/A
12.9.1	Formalised follow up occurs for identified at-risk consumers / patients.	N/A	N/A
12.10.1	Formal processes for timely, multidisciplinary care coordination and/or case management for consumers / patients with ongoing care needs are evaluated, and improved as required.	N/A	N/A
12.10.2	Systems for screening and prioritising consumers / patients with ongoing care needs who regularly require readmission are evaluated, and improved as required.	N/A	N/A
12.10.3	Education is provided to consumers / patients requiring ongoing care and, where appropriate, to their carers.	N/A	N/A

End-of-life care

Action	Description	Organisation's self-rating	Surveyor Rating
12.11.1	Policy and procedures for the management of consumer / patient end-of-life care consistent with jurisdictional legislation, policy and common law are available and staff receive relevant education.	SM	SM
12.11.2	There is policy / guidelines for supporting staff, consumers / patients and carers involved in organ and tissue donation.	N/A	N/A
12.12.1	Access to and effectiveness of end-of-life care is evaluated, including through the use of clinical review committees.	N/A	N/A
12.12.2	A support system is used to assist staff, relatives, carers and consumers / patients affected by a death.	N/A	N/A

Workforce Planning and Management
Workforce planning

Action	Description	Organisation's self-rating	Surveyor Rating
13.1.1	Workforce management functions and responsibilities are clearly identified and documented.	SM	SM
13.1.2	The workforce policy, procedures, plan, goals and strategic direction are regularly reviewed, evaluated, and improved as required.	SM	SM
13.2.1	Contingency plans are developed to maintain safe, quality care if prescribed levels of skill mix of clinical and support staff are not	SM	SM

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available, and in order to manage workforce shortages.

Action	Description	Organisation's self-rating	Surveyor Rating
13.3.1	The system for managing safe working hours and fatigue prevention is evaluated, and improved as required.	SM	SM

Recruitment processes

Action	Description	Organisation's self-rating	Surveyor Rating
13.4.1	The organisation-wide recruitment, selection and appointment systems are evaluated, and adapted to changing service needs where required.	SM	SM
13.5.1	Recruitment processes ensure adequate staff numbers and that the workforce has the necessary licences, registration, qualifications, skills and experience to perform its work.	SM	SM
13.5.2	The credentialling system to confirm the formal qualifications, training, experience and clinical competence of clinicians, which is consistent with national standards and guidelines and with organisational policy, is evaluated, and improved as required.	SM	SM
13.6.1	The volunteer recruitment system supports an adequate number and mix of volunteers to complement the work undertaken by paid staff.	N/A	N/A

Continuing employment and development

Action	Description	Organisation's self-rating	Surveyor Rating
13.7.1	Accurate and complete personnel records, including training records, are maintained and kept confidential.	SM	SM
13.7.2	There is a system to document training for staff and volunteers which is identified as necessary by the organisation.	SM	SM
13.8.1	The performance assessment and development system includes: • review of position descriptions • review of competencies • monitoring of compliance with published codes of professional practice • assessment of learning and development needs • provision of adequate resources for learning and development • management of identified performance needs.	SM	SM
13.8.2	Ongoing monitoring and review of clinicians' performance is linked to the credentialling system.	SM	SM
13.8.3	The performance assessment and development system is evaluated through appropriate stakeholder consultation, and improved as required.	SM	SM
13.9.1	Processes are in place for managing a complaint or concern about a clinician, and there is evidence that they have been used.	SM	SM
13.9.2	Processes are in place for managing a complaint or concern about a member of staff, including contracted staff and volunteers, and there is evidence they have been used.	SM	SM

Employee support and workplace relations

Action	Description	Organisation's self-rating	Surveyor Rating
13.10.1	The workplace rights and responsibilities of management, staff and	SM	SM

volunteers are clearly defined and communicated.

Action	Description	Organisation's self-rating	Surveyor Rating
13.10.2	Managers take action on at-risk behaviour of staff and volunteers.	SM	SM
13.11.1	There is a consultative and transparent system to identify, manage and resolve workplace relations issues which is evaluated, and improved as required.	SM	SM
13.12.1	Strategies to: • motivate staff • acknowledge the value of staff • support flexible work practices are evaluated with staff participation, and improved as required.	SM	SM
13.13.1	Performance measures are used regularly to assess staff access to an employee assistance program and to evaluate the staff support services, and improvements are made as required.	SM	SM

Information Management

Health records management

Action	Description	Organisation's self-rating	Surveyor Rating
14.1.1	Health records management systems are evaluated to ensure that they include: • reference to all relevant legislation / standards / policy / guidelines • defined governance and accountability • the secure, safe and systematic storage and transport of data and records • timely and accurate retrieval of records stored on or off site, or electronically • appropriate retention and destruction of records • training for relevant staff in health records management.	SM	SM
14.2.1	The system for the allocation and maintenance of the organisation-specific consumer / patient identifier, including a process for checking multiple identifiers, is evaluated, and improved as required.	N/A	N/A
14.3.1	Healthcare workers participate in the analysis of data including clinical classification information.	N/A	N/A
14.3.2	Clinical coding and reporting time frames that meet internal and external requirements are evaluated, and improved as required.	N/A	N/A
14.4.1	Consumers / patients are given advice / written guidelines on how to access their health information, and requests for access are met.	SM	SM

Corporate records management

Action	Description	Organisation's self-rating	Surveyor Rating
14.5.1	Corporate records management systems are evaluated to ensure that they include: • reference to all relevant legislation / standards / policy / guidelines • defined governance and accountability • the secure, safe and systematic storage and transport of data and records • standardised record creation and tracking • appropriate retention and destruction of records • training for relevant staff in corporate records management.	SM	SM

Organisation: Healthscope Ltd
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Collection, use and storage of information

Action	Description	Organisation's self-rating	Surveyor Rating
14.6.1	Monitoring and analysis of clinical and non-clinical data and information occur to ensure: • accuracy, integrity and completeness • the timeliness of information and reports • that the needs of the organisation are met and improvements are made as required.	SM	SM
14.6.2	The information management system is evaluated to ensure that it includes: • identification of the needs of the organisation at all levels • compliance with professional and statutory requirements for collection, storage and use of data • the validation and protection of data and information • delineation of responsibility and accountability for action on data and information • adequate resourcing for the assessment, analysis and use of data • data storage and retrieval facilitated through effective classification and indexing • contribution to external databases and registers • training of relevant staff in information and data management.	SM	SM
14.7.1	The organisation uses data from external databases and registers for: • research • development • improvement activities • education • corporate and clinical decision making • improvement of care and services.	SM	SM
14.8.1	Staff have access to contemporary reference and resource material.	N/A	N/A

Information and communication technology

Action	Description	Organisation's self-rating	Surveyor Rating
14.9.1	The ICT system is evaluated to ensure that it includes: • backup • security • redundancy • protection of privacy • virus detection • preventative maintenance and repair • disaster recovery / business continuity • risk and crisis management • monitoring of compliance with ICT policy and procedures.	SM	SM
14.9.2	Licences are purchased as required to ensure intellectual property rights and title to products are retained by product owners.	SM	SM

Organisation: Healthscope Ltd
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Corporate Systems and Safety

Strategic and operational planning

Action	Description	Organisation's self-rating	Surveyor Rating
15.1.1	The strategic plan that: • includes vision, mission and values • identifies priority areas for care, service delivery and facility development • considers the most efficient use of resources • includes analysis of community needs in the delivery of services • formally recognises relationships with relevant external organisations is regularly reviewed by the governing body.	SM	MM
15.1.2	Leaders and managers act to promote a positive organisational culture.	SM	MM
15.1.3	Operational plans developed to achieve the organisation's goals and objectives and day-to-day activities comply with appropriate by-laws, articles of association and/or policies and procedures.	SM	SM
15.2.1	Changes driven by the strategic plan are communicated to, and evaluated in consultation with, relevant stakeholders.	SM	SM
15.2.2	Change management strategies are implemented to achieve the objectives of the strategic and operational plans.	SM	SM

Systems and delegation practices

Action	Description	Organisation's self-rating	Surveyor Rating
15.3.1	The processes of governance and the performance of the governing body are evaluated to ensure that they include: • formal orientation and ongoing education for members of the governing body • defined terms of reference, composition and procedures for meetings of the governing body • communication of information about governing body activities and decisions with relevant stakeholders • defined duties and responsibilities and a role for strategy and monitoring.	SM	SM
15.4.1	Compliance with delegations is monitored and evaluated, and improved as required.	SM	SM
15.5.1	Organisational structures and processes are reviewed to ensure that quality services are delivered.	SM	SM
15.6.1	There is evidence of evaluation and improvement of the system to govern and document decision making with ethical implications, which includes: • a nominated consultative body • a process to receive, monitor and assess issues • review of outcomes.	SM	SM
15.7.1	Organisational committees: • have access to terms of reference, membership and procedures • record and confirm minutes and actions of meetings • implement decisions and are evaluated, and improved as required.	SM	SM

Action	Description	Organisation's self-rating	Surveyor Rating
15.8.1	The organisation has sound financial management processes that: • are consistent with legislative and government requirements • include budget development and review • allocate resources based on service requirements identified in strategic and operational planning • ensure that useful, timely and accurate financial reports are provided to the governing body and relevant managers • include an external audit.	SM	SM

External Service Providers

Action	Description	Organisation's self-rating	Surveyor Rating
15.9.1	There is evidence of evaluation and improvement of systems to manage external service providers, which: • are governed by implemented policy and procedure • include documented service agreements • define dispute resolution mechanisms • monitor compliance of service providers with relevant regulatory requirements and specified standards • require evidence from service providers of internal evaluation of the services they provide • ensure that external service providers comply with organisational policy and procedures.	SM	MM
15.9.2	The organisation evaluates the performance of external service providers through agreed performance measures, including clinical outcomes and financial performance where appropriate, and improvements are made as required.	SM	SM

Research Governance

Action	Description	Organisation's self-rating	Surveyor Rating
15.10.1	The system that: • determines what research requires ethical approval • oversees the ethical conduct of organisational research • monitors the completion of required reporting is evaluated, and improved as required.	SM	SM
15.10.2	Consumers and researchers work in partnership to make decisions about research priorities, policy and practices.	N/A	N/A
15.11.1	Systems are implemented to effectively govern research through policy / guidelines consistent with: • jurisdictional legislation • key NHMRC statements • codes of conduct • scientific review standards.	SM	SM
15.11.2	The governance of research through: • documented accountability and responsibility • establishing formal agreements with collaborating agencies • adequately resourcing the organisation's human research ethics committee (HREC), where applicable is evaluated, and improved as required.	SM	SM

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Safety management systems

Action	Description	Organisation's self-rating	Surveyor Rating
15.12.1	Safety management systems include policies and procedures for: • work health and safety (WHS) • manual handling • injury management • management of dangerous goods and hazardous substances • staff education and training in WHS responsibilities.	SM	SM
15.13.1	The system for ensuring WHS includes: • identification of risks and hazards • documented safe work practices / safety rules for all relevant procedures and tasks in both clinical and non-clinical areas • staff consultation • staff education and provision of information • an injury management program • communication of risks to consumers / patients and visitors and is implemented, evaluated, and improved as required.	SM	SM
15.13.2	Staff with formal WHS responsibilities are appropriately trained.	SM	SM
15.13.3	A register of dangerous goods and hazardous substances is maintained and Material Safety Data Sheets (MSDSs) are available to staff.	SM	SM
15.14.1	There is evidence of evaluation and improvement of the radiation safety management plan, which: • is coordinated with external authorities • includes radiation equipment, a register for all radioactive substances, and safe disposal of all radioactive waste • ensures staff exposure to radiation is kept as low as reasonably achievable (ALARA) • keeps consumer / patient radiation to a minimum whilst maintaining good diagnostic quality • includes a personal radiation monitoring system and any relevant area monitoring.	N/A	N/A

Buildings, plant and equipment

Action	Description	Organisation's self-rating	Surveyor Rating
15.15.1	The procurement, management, risk reduction and maintenance system includes: • buildings / workplaces • plant • medical devices / equipment • other equipment • supplies • utilities • consumables • workplace design.	SM	SM
15.15.2	Plant and other equipment are installed and operated in accordance with manufacturer specifications, and plant logs are maintained.	SM	SM
15.16.1	Incidents and hazards associated with:	SM	SM

• buildings / workplaces
• plant
• medical devices / equipment
• other equipment
• supplies
• utilities
• consumables
are documented and evaluated, and action is taken to reduce risk.

Action	Description	Organisation's self-rating	Surveyor Rating
15.16.2	The safety and accessibility of buildings / workplaces, and the safe and consistent operation of plant and equipment, are evaluated, and improvements are made to reduce risk.	SM	SM
15.17.1	Access to the organisation is facilitated by: • clear internal and external signage • the use of relevant languages and multilingual / international symbols • the provision of disability access • facility design that meets legislative requirements and/or is based on recognised guidelines.	SM	SM

Emergency and disaster management

Action	Description	Organisation's self-rating	Surveyor Rating
15.18.1	There is evidence of evaluation and improvement of the emergency and disaster management systems, which include: • identification of potential internal and external emergencies and disasters • coordination with relevant external authorities • installation of an appropriate communication system • development of a response, evacuation and relocation plan • display of relevant signage and evacuation routes • planning for business continuity.	SM	SM
15.19.1	There is evidence of evaluation and improvement of staff training and competence in emergency procedures, which includes: • education at orientation • annual training in emergency, evacuation and relocation procedures • regularly conducted emergency practice / drill exercises • the appointment of an appropriately trained fire officer • access to first aid equipment and supplies, and training of relevant staff.	SM	SM
15.20.1	There is documented evidence that an authorised external provider undertakes a full fire report on the premises at least once within each EQuIPNational cycle and/or in accordance with jurisdictional legislation.	SM	SM
15.20.2	There is a documented plan to implement recommendations from the fire inspection.	SM	SM

Physical and personal security

Action	Description	Organisation's self-rating	Surveyor Rating
15.21.1	Service planning includes strategies for security management.	SM	SM

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Action	Description		
15.21.2	The organisation-wide system to identify and assess security risks, determine priorities and eliminate risks or implement controls is evaluated, and improved as required.	SM	SM
15.22.1	Staff are consulted in decision making that affects organisational and personal risk, and are informed of security risks and responsibilities.	SM	SM
15.22.2	Security management plans are coordinated with relevant external authorities.	SM	SM
15.23.1	The violence and aggression management plan is evaluated to ensure that it includes: • policies / procedures for the minimisation and management of violence and aggression • staff education and training • appropriate response to incidents.	SM	SM

Waste and environmental management

Action	Description	Organisation's self-rating	Surveyor Rating
15.24.1	The waste and environmental management system is evaluated to ensure that it includes: • development and implementation of policy • coordination with external authorities • staff instruction and provision of information on their responsibilities.	SM	SM
15.25.1	Controls are implemented to manage: • identification • handling • separation and segregation of clinical, radioactive, hazardous and non-clinical waste, and the controls are evaluated, and improved as required.	N/A	N/A
15.26.1	The system to: • increase the efficiency of energy and water use • improve environmental sustainability • reduce carbon emissions is evaluated, and improved as required.	SM	SM

Recommendations from Current Survey

Nil

Organisation: Healthscope Ltd
Orgcode: 220042

Recommendations from Previous Survey

Nil

Organisation: Healthscope Ltd
Orgcode: 220042

Standards Rating Summary

Organisation - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	41	3	44
Standard 2	0	4	0	4
Standard 3	0	22	17	39
Standard 4	0	7	24	31
Standard 5	0	2	7	9
Standard 6	0	5	4	9
Standard 7	0	11	9	20
Standard 8	0	6	14	20
Standard 9	0	2	13	15
Standard 10	0	5	13	18
Total	**0**	**105**	**104**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	6	3	9
Standard 2	0	11	0	11
Standard 3	0	1	1	2
Standard 4	0	0	6	6
Standard 5	0	0	0	0
Standard 6	0	1	1	2
Standard 7	0	0	3	3
Standard 8	0	0	4	4
Standard 9	0	0	8	8
Standard 10	0	0	2	2
Total	**0**	**19**	**28**	**47**

EN CHS OWS

Organisation: Healthscope Ltd
Orgcode: 220042

Standard	SM	MM	Total
Standard 1	41	0	41
Standard 2	4	0	4
Standard 3	22	0	22
Standard 4	7	0	7
Standard 5	2	0	2
Standard 6	5	0	5
Standard 7	11	0	11
Standard 8	6	0	6
Standard 9	2	0	2
Standard 10	5	0	5
Total	**105**	**0**	**105**

Standard	SM	MM	Total
Standard 1	6	0	6
Standard 2	11	0	11
Standard 3	1	0	1
Standard 4	0	0	0
Standard 5	0	0	0
Standard 6	1	0	1
Standard 7	0	0	0
Standard 8	0	0	0
Standard 9	0	0	0
Standard 10	0	0	0
Total	**19**	**0**	**19**

EN CHS OWS

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	47	6	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	23	18	41	Met
Standard 4	0	7	30	37	Met
Standard 5	0	2	7	9	Met
Standard 6	0	6	5	11	Met
Standard 7	0	11	12	23	Met
Standard 8	0	6	18	24	Met
Standard 9	0	2	21	23	Met
Standard 10	0	5	15	20	Met
Total	**0**	**124**	**132**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	47	0	47	Met
Standard 2	15	0	15	Met
Standard 3	23	0	23	Met
Standard 4	7	0	7	Met
Standard 5	2	0	2	Met
Standard 6	6	0	6	Met
Standard 7	11	0	11	Met
Standard 8	6	0	6	Met
Standard 9	2	0	2	Met
Standard 10	5	0	5	Met
Total	**124**	**0**	**124**	**Met**

EN CHS OWS

Organisation - EQuIPNational

Mandatory

Standard	Not Met	Met	N/A	Total
Standard 11	0	2	0	2
Standard 12	0	2	8	10
Standard 13	0	2	0	2
Standard 14	0	1	0	1
Standard 15	0	8	1	9
Total	**0**	**15**	**9**	**24**

Non-Mandatory

Standard	Not Met	Met	N/A	Total
Standard 11	0	7	7	14
Standard 12	0	2	12	14
Standard 13	0	17	1	18
Standard 14	0	7	4	11
Standard 15	0	28	2	30
Total	**0**	**61**	**26**	**87**

Standard	SM	MM	Total
Standard 11	2	0	2
Standard 12	2	0	2
Standard 13	2	0	2
Standard 14	1	0	1
Standard 15	8	0	8
Total	**15**	**0**	**15**

Standard	SM	MM	Total
Standard 11	7	0	7
Standard 12	2	0	2
Standard 13	17	0	17
Standard 14	7	0	7
Standard 15	28	0	28
Total	**61**	**0**	**61**

EN CHS OWS

Organisation: Healthscope Ltd
Orgcode: 220042

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 11	0	9	7	16	Met
Standard 12	0	4	20	24	Met
Standard 13	0	19	1	20	Met
Standard 14	0	8	4	12	Met
Standard 15	0	36	3	39	Met
Total	**0**	**76**	**35**	**111**	**Met**

Standard	SM	MM	Total	Overall
Standard 11	9	0	9	Met
Standard 12	4	0	4	Met
Standard 13	19	0	19	Met
Standard 14	8	0	8	Met
Standard 15	36	0	36	Met
Total	**76**	**0**	**76**	**Met**

EN CHS OWS

Organisation: Healthscope Ltd
Orgcode: 220042

Surveyor - NSQHSS V01

Core   **Developmental**

Standard	Not Met	Met	N/A	Total
Standard 1	0	41	3	44
Standard 2	0	4	0	4
Standard 3	0	22	17	39
Standard 4	0	7	24	31
Standard 5	0	2	7	9
Standard 6	0	5	4	9
Standard 7	0	11	9	20
Standard 8	0	6	14	20
Standard 9	0	2	13	15
Standard 10	0	5	13	18
Total	**0**	**105**	**104**	**209**

Standard	Not Met	Met	N/A	Total
Standard 1	0	6	3	9
Standard 2	0	11	0	11
Standard 3	0	1	1	2
Standard 4	0	0	6	6
Standard 5	0	0	0	0
Standard 6	0	1	1	2
Standard 7	0	0	3	3
Standard 8	0	0	4	4
Standard 9	0	0	8	8
Standard 10	0	0	2	2
Total	**0**	**19**	**28**	**47**

Standard	SM	MM	Total
Standard 1	31	10	41
Standard 2	3	1	4
Standard 3	22	0	22
Standard 4	7	0	7
Standard 5	2	0	2
Standard 6	5	0	5
Standard 7	11	0	11
Standard 8	6	0	6
Standard 9	2	0	2
Standard 10	5	0	5
Total	**94**	**11**	**105**

Standard	SM	MM	Total
Standard 1	6	0	6
Standard 2	9	2	11
Standard 3	1	0	1
Standard 4	0	0	0
Standard 5	0	0	0
Standard 6	1	0	1
Standard 7	0	0	0
Standard 8	0	0	0
Standard 9	0	0	0
Standard 10	0	0	0
Total	**17**	**2**	**19**

EN CHS OWS

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	47	6	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	23	18	41	Met
Standard 4	0	7	30	37	Met
Standard 5	0	2	7	9	Met
Standard 6	0	6	5	11	Met
Standard 7	0	11	12	23	Met
Standard 8	0	6	18	24	Met
Standard 9	0	2	21	23	Met
Standard 10	0	5	15	20	Met
Total	**0**	**124**	**132**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	37	10	47	Met
Standard 2	12	3	15	Met
Standard 3	23	0	23	Met
Standard 4	7	0	7	Met
Standard 5	2	0	2	Met
Standard 6	6	0	6	Met
Standard 7	11	0	11	Met
Standard 8	6	0	6	Met
Standard 9	2	0	2	Met
Standard 10	5	0	5	Met
Total	**111**	**13**	**124**	**Met**

Organisation: Healthscope Ltd
Orgcode: 220042

Surveyor - EQuIPNational

Mandatory

Standard	Not Met	Met	N/A	Total
Standard 11	0	2	0	2
Standard 12	0	2	8	10
Standard 13	0	2	0	2
Standard 14	0	1	0	1
Standard 15	0	8	1	9
Total	**0**	**15**	**9**	**24**

Non-Mandatory

Standard	Not Met	Met	N/A	Total
Standard 11	0	7	7	14
Standard 12	0	2	12	14
Standard 13	0	17	1	18
Standard 14	0	7	4	11
Standard 15	0	28	2	30
Total	**0**	**61**	**26**	**87**

Standard	SM	MM	Total
Standard 11	2	0	2
Standard 12	2	0	2
Standard 13	2	0	2
Standard 14	1	0	1
Standard 15	8	0	8
Total	**15**	**0**	**15**

Standard	SM	MM	Total
Standard 11	6	1	7
Standard 12	2	0	2
Standard 13	17	0	17
Standard 14	7	0	7
Standard 15	25	3	28
Total	**57**	**4**	**61**

EN CHS OWS

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 11	0	9	7	16	Met
Standard 12	0	4	20	24	Met
Standard 13	0	19	1	20	Met
Standard 14	0	8	4	12	Met
Standard 15	0	36	3	39	Met
Total	**0**	**76**	**35**	**111**	**Met**

Standard	SM	MM	Total	Overall
Standard 11	8	1	9	Met
Standard 12	4	0	4	Met
Standard 13	19	0	19	Met
Standard 14	8	0	8	Met
Standard 15	33	3	36	Met
Total	**72**	**4**	**76**	**Met**