



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

National Capital Private Hospital  
Garran, ACT

Organisation Code: 820001

Health Service Facility ID: 100769

Assessment Date: 11/05/2021 to 13/05/2021

Accreditation Cycle: 1

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# Contents

Preamble .....	1
Executive Summary .....	2
Sites for Assessment .....	4
National Capital Private Hospital .....	4
Standard 1 - Clinical Governance .....	5
Standard 2 - Partnering with Consumers .....	24
Standard 3 - Preventing and Controlling Healthcare-Associated Infection .....	33
Standard 4 - Medication Safety.....	45
Standard 5 - Comprehensive Care .....	54
Standard 6 - Communicating for Safety .....	73
Standard 7 - Blood Management .....	81
Standard 8 - Recognising and Responding to Acute Deterioration .....	87
Recommendations from Previous Assessment.....	93

# Preamble

## How to Use this Assessment Report

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

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

## The Ratings:

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

A rating report is provided for each health service facility.

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

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

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

## Suggestions for Improvement

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

## Recommendations

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

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

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

## Executive Summary

National Capital Private Hospital underwent an NSQHS Standards Second Edition Organisation-Wide Assessment (NS2 OWA) from 11/05/2021 to 13/05/2021. The NS2 OWA required three assessors for a period of three days. National Capital Private Hospital is a private health service. National Capital Private Hospital was last assessed between 14-16/11/2017.

National Capital Private Hospital (NCPH) is governed by Healthscope and is a 148-bed hospital. The hospital covers a number of specialties including an operating theatre complex, including a hybrid theatre; orthopaedic surgery, major general surgery; cardiothoracic surgery; Coronary Care Unit (CCU) cardiac angiography suite; oncology; day oncology and day surgery.

National Capital Private Hospital has an enthusiastic and committed executive and an appropriate governance structure with reporting both to Healthscope and to peak committees within the organisation, including the Executive Governance Committee, Medical Advisory Committee and Patient Care and Clinical Review Committee. A Clinical Governance Framework is in place, including a Strategic Plan and Clinical Governance Framework.

Aboriginal and Torres Strait Islander focus has been a priority with welcoming artworks at the entrance of the hospital and strategically placed throughout the hospital.

Policies and procedures are current and available from both Healthscope and National Capital local policies. The assessors noted the excellent work on local policies, with them being current and signed by the appropriate executive member. Quarterly Clinical Quality Key Performance Indicators (QKPIs) are submitted by NCPH to Healthscope National Hospital Quality Committee (NHQC) with key issues added to the Executive and Board agendas.

Incidents and near misses are reported on the RiskMan system and appropriate actions and improvements taken. Risks are entered onto the Risk register which is regularly reviewed.

Mandatory training and competency training is provided with excellent compliance with completion by staff. A robust credentialing system is in place with all new appointments also reviewed at the Medical Advisory Committee (MAC).

A culture of environmental safety was observed throughout the facility and from preventive maintenance plans and logs.

It was evident to the assessment team that consumers are at the heart of the service National Capital Private Hospital (NCPH) provides, and the inclusion of them in all aspects of the organisation and their care is commended. Consumer involvement in governance, development and quality improvements, measurement and evaluation of the organisation through their roles on various committees and the use of Consumer representatives to seek consumer feedback was evidenced.

Risk mitigation for patients and consumers is managed through the risk register, and incidents involving patients, carers and consumers are managed through RiskMan incident reporting system and reviewed by the Leadership and Management, Clinical and Quality Committees.

A lot of work has gone into how and when NCPH partners with consumers in the provision of their health care and this was clearly demonstrated during assessment.

The Infection Prevention and Control system across National Capitol Private Hospital (NCPH) is effectively supported by the multidisciplinary Infection Prevention and Control Committee (IPCC). The NCPH Infection Prevention and Control system is also supported through the Healthscope contract with Healthcare Infection Control Management Resources Pty Ltd (HICMR). It is evident that there is effective monitoring of infection prevention.

A COVID Plan was developed with reference to the Australian Government COVID guidelines. NCPH is compliant with the requirements of AS/NZS 4187:2014, including a gap analysis. Staff immunisation and occupational exposure are well managed, as is Antimicrobial stewardship.

There are appropriate policies from Healthscope and NCPH regarding admission, assessment and care planning guiding the provision of comprehensive care at National Capital Private Hospital. A range of KPIs including Health Acquired complications (HACs) informs quality improvements regarding comprehensive care. NCPH uses the Healthscope Comprehensive care and daily care plan. NCPH has risk assessments in place to identify patients, at risk and to minimise harm. Some examples of this are the increased focus on fall prevention and an education program regarding VTE, with the effect of improved awareness of staff and an increase in risk assessment being conducted.

There is evidence at NCPH of systems in place to ensure timely, effective communication that supports the provision of and documentation of continuing, coordinated best practice and safe patient care.

Strategies are in place across the organisation to clearly identify patients, communication of information both routine and critical for both patients and staff, ensuring continuity of care.

There is a determined intent to enable patients to be involved in communication of their goals of care during bedside handover.

Patient identification, time out and procedure matching were all observed and well done.

## Summary of Results

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

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

Org Name : National Capital Private Hospital  
Org Code : 820001

## Sites for Assessment

### National Capital Private Hospital

Site	HSFID	Address	Visited
National Capital Private Hospital	100769	Cnr Hospital Road and Gilmore Crescent GARRAN ACT 2605	Yes

Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 1 - Clinical Governance

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

ACTION 1.1	
<p>The governing body:</p> <p>a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance</p>	
Comments	Suggestion(s) for Improvement
<p>Healthscope National, Healthscope Board and National Capital Private Hospital (NCPH) Executive provide leadership to the hospital and guide management and clinical governance to provide high quality and safe healthcare. There is a clear reporting line with an organisational chart and committee structure in place. The peak committees at NCPH are the Leadership and Management Committee, the Clinical Management Committee and the Medical Advisory Committee (MAC). Both Healthscope National and National Capital Private Hospital (NCPH) have a Clinical Governance Framework and a Strategic plan to set direction.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.2	
<p>The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people</p>	
Comments	Suggestion(s) for Improvement
<p>NCPH has promoted the Aboriginal and Torres Strait Islander priorities in the past few years. They have celebrated National days such as NAIDOC Week and Sorry Day, and a range of Aboriginal Art is throughout the facility. Cultural Awareness training has been provided by local elders. Recruitment has been ongoing for an aboriginal representative as a consumer, this is to be encouraged.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.2</b>	
The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.3</b>	
The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A Clinical Governance Framework was in place for Healthscope Corporate and for NCPH. There was a clear commitment at all levels of staff to safety and quality with projects recently completed or in progress to provide improved care for patients.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.4</b>	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Healthscope developed a reconciliation action plan in 2019. This has a specific component on building relations with indigenous consumers, promoting positive relations, participation in NAIDOC week, cultural awareness training, indigenous workforce and identifying opportunities to improve health outcomes.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.5</b>	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Safety and quality of health care is considered in business decisions. This was very evident in the recent new build development, with a decision of an additional floor on the building. It was evident by minutes of meetings, quality plans and speaking with staff that quality and safety of patients is paramount.</p> <p>The standing agenda items and minutes of meetings reflect the key issues for the hospital and are discussed at these meetings.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.6</b>	
Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Clinicians throughout the facility are supported to understand their roles with working parties being developed for each of the eight national safety and quality health care standards. Champions in various areas have been developed, including cognitive impairment, infection control and prevention, VTE and clinical care standards.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.7</b>	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>National Capital Private Hospital (NCPH) has a range of policies from Healthscope National on the electronic system and local NCPH policies available on the L drive. A policy and compliance tracking system is available to advise when policies are due for review. Currency of policies is monitored and reported to the governing body and to local committees. Policies were current and written approval was provided by a senior executive member.</p> <p>Staff are also required to sign to indicate they have read and understood new and updated policies relevant to their area of practice.</p> <p>There is a clear process to implement changes to legislation, regulations, and standards. Where relevant, based on the risk, adherence to policies is monitored through audits.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.8</b>	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A large range of performance data is collected, and a quarterly report is provided to Healthscope National. Data and information are accessible to staff within the organisation and staff use this information to discuss performance improvements at their ward meetings. An annual quality plan has been developed. A detailed schedule for audits has been developed for the year.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.8</b>	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
Feedback is sought from staff and consumers regarding quality activities, including up to date patient experience measures. This was evident from reading relevant management and leadership and quality committee minutes.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.9</b>	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Safety and quality reports including performance data and Health Acquired Complications (HACs) are reviewed at monthly NCPH meeting and provided to Healthscope corporate and the Board. Safety and quality performance is also provided to heads of departments meetings and discussed at ward and department meetings. Consumers are integral to safety and quality at NCPH and it was obvious that their opinions were valued. Performance data is also available on the Internet at My Healthscope.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.10</b>	
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has an integrated risk register located in RiskMan, with risks being reviewed according to their level of severity. There are a number of Healthscope policies that support the governance of risk. Discussion of shared learnings from Healthscope Hospitals and review of KPIs has led to improvements to risk identification. Risks are discussed at Leadership and Management and clinical committees relevant to the risk and at local meetings with staff. All risks have mitigation strategies to minimise the risk. In the past 12 months an extraordinary committee for the Medical Advisory Committee was formed to address risks from the pandemic, the meeting met regularly, initially weekly, then fortnightly or monthly according to requirements.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.11</b>	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
All clinical and workplace health and safety incidents and near misses are reported through the RiskMan system with the executive receiving an initial email to alert them. Policy documents guide the reporting and management of incidents and near misses. Information is available to consumers on how to report concerns. Incidents were investigated and analysed in a timely fashion with feedback to the workforce. Trends are identified and action taken to improve systems for reporting and management where required.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.11</b>	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.12</b>	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework6 b. Monitors and acts to improve the effectiveness of open disclosure processes	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Open disclosure occurs with patients should an adverse event occur based on the Australian Open Disclosure Framework. Policy documents were available to support Open Disclosure. eLearning is mandatory for relevant staff on Open disclosure eLearning, with the current compliance being 100%.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.13</b>	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH receives feedback from patients and carers electronically post-discharge, the completion of this survey is voluntary and anonymous and the executive has	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.13</b>	
<p>The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems</p>	
<p>immediate access to the information via the Patient Experience Portal. This data has been consistently over 90% for the last month.</p> <p>“Your Voice Counts” organisation-wide employee engagement survey was completed by NCPH in 2018. In 2020 “Healthscope Employee Experience survey” was conducted with an action plan developed “quick win” and “big win”. In 2020 NCPH also participated in a pilot project with the Australian Commission on Health and Safety to gain insight into staff culture with an action plan developed based on trends. The VMO feedback survey includes questions related to safety/quality.</p> <p>The Safety and Quality Boards in each area are updated weekly with relevant information.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.14</b>	
<p>The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system</p>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A complaints management system is in place, with complaints being submitted by NCHP to Healthscope National and included in the quarterly reports. These are also discussed at relevant department meetings and communicated to staff to provide feedback and make improvements. It was noted by the assessment team that 100%</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.14</b>	
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	
of complaints are acknowledged within 2 days and closed within 28 days. Risks identified from complaints are added to the risk register.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.15</b>	
The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Demographic data has been collected for the catchment area of NCPH. In 2020 English was spoken by 97% of patients and 0.9% of patients identified as being Aboriginal or Torres Strait Islander. Processes are in place to identify patients that are of greater risk of harm. Gender affirmation training has commenced for staff who carer for patients undergoing gender reassignment.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.16</b>	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Health care records are available at the point of care and are currently paper-based clinical assessments and notes. webPAS is electronic and is available for pathology and imaging results and alerts. Clinical records are held securely, and staff receive education on privacy and security of records.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.17</b>	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A gap analysis and action plan was developed by NCPH in April 2019 and this complies with the milestones to meet Advisory 18/11 Implementing system that can provide clinical information into the My Health Record (MHR), NCPH is currently uploading event and discharge summaries into the My Health Record. Information is available to patients regarding the MHR.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.18</b>	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A gap analysis and action plan were developed by NCPH in April 2019 and this complies with the milestones to meet Advisory 18/11 Implementing system that can provide clinical information into the My Health Record (MHR). The Healthscope policy also describes authorised access.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.19</b>	
The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has a comprehensive orientation. There are orientation programs and checklists for agency and locum staff. Consumer consultants completed the Corporate Consumer orientation 2020.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.20</b>	
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The compliance with mandatory training was very impressive, with all compliance being in the high 90%; these included Manual Handling, personal protective	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.20</b>	
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	
equipment, basic life support, fire and emergency and hand hygiene, medication management, clinical handover and aseptic technique.	
There is good access to professional development and staff are well supported to undertake further education and training. An impressive plan has been developed based on the National Safety and Quality Standards, including critical care areas.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.21</b>	
The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
One hundred percent (100%) of staff completed the e learning module Share our Pride in 2019. A resource brochure was provided in 2020 to assist consumers and staff.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.22</b>	
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A well-established performance review process is in place for all staff working at NCPH. Compliance with annual performance review was over 90%.  Education opportunities are discussed, and staff are well supported to access and attend education relating to their field of work.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.23</b>	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Credentialing of staff occurs through the Medical Advisory Committee (MAC).  A Healthscope policy and robust processes in place for the review of qualifications, responsibilities, accountability and scope of practice. Policies and procedures are in place for the introduction of new procedures, with applications resource through the MAC, an example of this is the introduction of robotics. The assessors met with several members of the MAC who described robust processes regarding the credentialing and morbidity and mortality processes.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 1.24	
The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process	
Comments	Suggestion(s) for Improvement
The system utilised to track credentialing is the cGov Doctor e-credentialing system. Position descriptions clearly state the requirement of each position and include relevant safety and quality responsibilities. An audit of staff files indicated that 100% of files included scope of practice. Selection processes for professional staff are well structured.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.25	
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	
Comments	Suggestion(s) for Improvement
Healthscope and NCPH have policies in place to regarding employment and staff roles and responsibilities regarding quality and safety. A range of resources is also available to support staff fulfil their clinical roles.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.26	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
Comments	Suggestion(s) for Improvement
NCPH has annual individual performance reviews where education needs are discussed. Other supports include peer review, team time out review, succession planning and mentoring and the use of external education.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.26</b>	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.27</b>	
The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH provides information to clinicians regarding clinical practice and clinical care standards via meetings, memos, letters and education.</p> <p>The organisation was able to demonstrate that they had processes in place for several clinical care standards including antimicrobial stewardship, delirium, acute coronary syndrome, acute stroke and venous thromboembolism (VTE). A large amount of work has been undertaken regarding VTE with a marked increase in VTE risk screening occurring. The majority of colonoscopies are conducted at a private practice adjacent to NCPH with very few being conducted at NCPH. There has been a gap analysis conducted and all practitioners undertaking the procedure are credentialed and have certification for colonoscopy.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.28</b>	
The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH also provides data to several national registries that include Hand Hygiene, AROC (Rehabilitation Outcomes Centre), Australian, New Zealand Intensive Care Society (ANZICS) adult database, Australian Orthopaedic Joint Replacement Registry; NSW central cancer registry; Australian Breast device registry and cardiology database to assist with identifying clinical variation.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.29</b>	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH has well-established policies and processes in place to provide maintenance to buildings, plants and equipment to be serviced and maintained in compliance with legislative requirements through a planned maintenance schedule. The assessors observed that the building is clean and well maintained and logs and schedules were available to ensure that scheduled preventive maintenance occurs.</p> <p>The NCPH had a fire inspection and provided a report while the assessors were on site as the latest full fire report available was 2014. An interim report was conducted on the proposed new build in 2018, however, this did not include the remainder of the hospital and a certificate of occupancy provided for the new build in 2019.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.29</b>	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
A full fire report was conducted while the assessors were on site and a number of recommendations were provided in the 2021 report, the NCPH advised and provided evidence that these had been rectified via previous solutions. Confirmation was provided in writing that previous solutions had been implemented.	
An external company, MICOB provides preventative maintenance and repairs for biomedical equipment for NCPH and are on site most days, the company has individual records of the equipment service and history for each piece of equipment and the organisation has a succinct report allowing overview of the status of each piece of equipment in a database, including when he next service is due.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.30</b>	
The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A number of workplace health and safety policies are in place and audits are regularly conducted. An annual workplace and safety plan has been developed with each department required to identify hazards and provide a plan to improve these. Patients with unpredictable behaviours are identified on admission and throughout their admission. WAVE training and Acute EDDIE Training from Dementia Australia is provided.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 1.31</b>	
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The facility is well signed, and assessors were easily able to find their way in while at NCPH. It was noted that there is also signage in the surrounding streets to assist patients and visitors gaining access to NCPH.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.32</b>	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Accommodation for patients is based on clinical need and visiting hours are flexible for family or carers if required. Family and carers of patients with cognitive impairment and with end-of-life care are able to stay beyond visiting hours with prior arrangements.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 1.33</b>	
The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has endeavoured to create a welcoming environment through artwork and staff awareness. There is the Healthscope Aboriginal art at the entrance to the hospital and in other strategic areas within the hospital.	



Org Name : National Capital Private Hospital  
Org Code : 820001

<b>ACTION 1.33</b>	
The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 2 - Partnering with Consumers

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

ACTION 2.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	
Comments	Suggestion(s) for Improvement
<p>It was evident to the assessment team that consumers are at the heart of the service National Capital Private Hospital (NCPH) provides, and the inclusion of them in all aspects of their care is commended. Evidence demonstrating consumer involvement in the governance structure, the development and quality improvement, displaying consistent alignment with the Partnering with Consumer's Standard. NCPH complies with Healthscope's Partnering with Consumers plan and has developed a Quality and Safety Plan and Consumer Engagement Plan with a Consumer Advisory Committee to guide its partnership with consumers.</p> <p>Risk mitigation for patients and consumers is managed through the risk register, and incidents involving patients, carers and consumers are managed through the RiskMan incident reporting system and reviewed by the Leadership and Management, Clinical and Quality Committees.</p> <p>Staff are trained in person and family-centred care and other training are developed through performance management, education requests, identification of needs based on incident reporting, or changes in practice.</p> <p>The community and clients are kept informed on the organisation's quality and safety performance through the ward-based quality boards, organisation website and annual report.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 2.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	
Comments	Suggestion(s) for Improvement
<p>Consumer involvement in governance, development and quality improvements, measurement and evaluation of the organisation through their roles on various committees and the use of Consumer representatives to seek consumer feedback. The Quality Committee receives detailed regular reports pertaining to service provision and areas of issue or complaint through written reports and organisation member's feedback. It is evident that the clinical governance standard and safety and quality systems are used when implementing policies/procedures and identifying training needs. The use of Consumer representatives to undertake consumer feedback audits on a regular basis with direct reporting to both the ward area and the Quality Manager enables real time assessment of care provided and consumer satisfaction and allows any issues or concerns identified to be dealt with immediately.</p> <p>Partnership in care with consumers is audited across the episode of care, with the results of documentation and observational audits reported through the committee structure, and the quality improvement system is used to demonstrate improvements that are fed back to staff and the governing body.</p> <p>Feedback from consumer satisfaction surveys, forums and discussions with all levels of consumers throughout the assessment were positive.</p>	<p>As with many places recruiting consumer representatives is difficult, maybe thinking outside the box and advertising through a local paper article by a current consumer representative relating to what they do may see an increase in recruitment.</p>
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.3</b>	
The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights16 b. Easily accessible for patients, carers, families and consumers	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH uses the National Charter of Patient’s Rights and Responsibilities, and this was observed displayed in public areas. A list of rights and responsibilities as stated in the Charter is included in the patient information, and the assessors verified with patients their knowledge of this. The assessment team also found evidence of appropriate information being disseminated to patients related to their episode of care. NCPH follows the Healthscope Reconciliation document, with art works displayed at the entrance and within the hospital.</p> <p>Currently few identifying Aboriginal or Torres Strait Islander people use the health service, but staff are confident they are able to provide a good service with the resources available should someone identify as Aboriginal.</p> <p>Information Pamphlets for high-risk areas for Aboriginal people are available.</p> <p>The community served by NCPH is very much English speaking with little language diversity affecting communications, however this is gradually changing and the use of interpreter services and family support for language interpretation.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.4</b>	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There is a mandatory approach to consent for treatments, procedures and financial arrangements taking place within the hospital with consent clearly documented in the clinical notes. Procedures for obtaining and documenting informed financial consent were observed by the assessors. Compliance with the informed consent	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.4</b>	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
process is monitored, reported and improved through education and resource development.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.5</b>	
The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Cognition is assessed on admission, and in the case of impairment processes are in place to identify and establish a substitute decision maker. Involvement of family in identifying areas of issue and the use of the Sunflower chart to assist in grounding patients with dementia during their admission assists in providing best practice care.  Family consultation prior to any chemical restraint is obtained should this be necessary.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.6</b>	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A lot of work has gone into how and when NCPH partners with consumers in the provision of their health care. The Back to the Bedside (B2B) is a great example of this and has increased consumer participation exponentially.	During consumer rounding during survey it appeared that not all patients seemed aware of the process for themselves or their family to escalate care; however, when questioned there appeared to be a common-sense approach to contacting the nurse or hospital.

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.6</b>	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
<p>There is a high level of engagement of consumers at NCPH. At the patient bedside, a strong connectivity between the patients' families and staff was observed.</p> <p>Processes are in place to actively involve the client in identifying and articulating their goals of care on admission. These are reviewed daily for achievement and new goals added if necessary.</p>	It is suggested that the hospital could consider reviewing how to strengthen processes to increase patient and family knowledge of escalation of care.
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.7</b>	
The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH uses Healthscope policies and procedures and mandatory education ensuring staff are cognisant of the methods and conversations used to partner with patients in their care. Goal-based care plans and clinical pathways are used to encourage true partnership, and a consumer representative has taken part in the patient surveys that seeks feedback from inpatients about the partnering experience.</p> <p>Advance Care Directives are included in the clinical notes for those who are admitted with one in place and discussed with patients and families where appropriate.</p> <p>Patients are supported in preparing these directives if they so wish and patient that have directives have these noted in the clinical records.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.8</b>	
The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Information on services, quality and safety record and outcomes of care through NCPH is available both electronically through the Healthscope NCPH website, on ward quality and safety boards and through paper-based publication such as the Annual Report.	<p>It is suggested that there be review of information currently displayed on wards quality boards which is of great value to staff but could be simplified and better formatted with pictorial graphs to demonstrate more clearly the quality and safety of the organisation and ward to patients and families.</p> <p>A possible suggestion could be to assist informing the community and consumers on the organisation's quality and safety performance via displays especially in waiting areas, and these could perhaps be augmented with educational snapshots of issues relevant to the community.</p>
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.9</b>	
Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH utilises Healthscope or other consumer reviewed and approved publications where available, with locally produced publications reviewed by the consumer consultants to ensure appropriateness of language, print and design.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.10</b>	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH provides information that is easy to understand and tailored to meet individual client needs, and while most publications are in English other language publications are available. Information relating to ongoing care is provided on discharge. Bedside audits and patient experience surveys seek feedback on information they receive, and the results are monitored and reported through the committee structure.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.11</b>	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Establishing and maintaining a Consumer Advisory Committee is a successful means of involving the community in the identification and development of a consumer-focused health service. Evidence in both the Quality Committee and Executive committee minutes, verify that consumers are involved in consumer engagement strategies including building skills and capacity to engage with consumers, policy development and risk management related to consumer engagement.</p> <p>The Quality Committee and Infection Control Committee with its Consumer consultant representative receives all the quality and safety reports and is involved in discussion and decision-making about action that will be taken to improve quality and safety. A Consumer Consultant was an active member of the group designing and developing the new hospital areas recently built.</p>	



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.11</b>	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.12</b>	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
All consumers involved in partnership with the organisation are fully orientated and educated to understand their role as a consumer in partnership with the organisation, and their education needs are met in accordance with identified or expanded roles.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.13</b>	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH catchment area has a low Aboriginal population, however, contacts have been made with the ACT Health Aboriginal Liaison Officer located at the Canberra Hospital, local tribal elders and the local Aboriginal Health Service to further links in this area to provide support for patients identifying as Aboriginal. Healthiscope follows the NSW Reconciliation Document, artworks are displayed in the hospital entrance and staff trained to “ask the question” and staff identified that they could provide good service should someone identify as Aboriginal.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 2.13</b>	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.14</b>	
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Few consumers are currently involved directly in staff education mainly through medical workshops and education sessions relating to specific medical conditions.</p> <p>Consumers in these sessions do however discuss how the patient journey was for them.</p>	<p>Patient journeys, scenarios, stories either face-to-face or videos could be utilised in staff orientation and education to highlight the level of care expected across the organisation. Videos could be considered by the hospital. Looking at using technology in the form of videoed patient journeys and patient feedback could be successful given that face-to-face places stringent time constraints on both consumers and staff.</p>
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

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

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

<b>ACTION 3.1</b>	
The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH has the required policies and procedures to support the safety and quality system for infections prevention of healthcare infections. There is an Infection Control Risk Management Plan and annual calendar in place which reflects the requirements of the NSQHS Standards and is updated annually.</p> <p>Risks are identified, reviewed, and monitored. Training is identified through audit processes and provided to all staff according to training timeframes or as necessary.</p> <p>Monitoring for the compliance of training is undertaken by Ward champions and overseen by the Infection Prevention (IP) Committee. The current focus has been on hand hygiene and PPE training. The evidence provided multiple examples of training, compliance audits and evaluation.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The Infection Prevention and Control system across National Capital Private Hospital (NCPH) is effectively supported by the multidisciplinary Infection Prevention and Control Committee (IPCC). The NCPH Infection Prevention and Control system is also supported through the Healthscope contract with Healthcare Infection Control Management Resources Pty Ltd (HICMR). It is evident that there is effective monitoring of infection prevention, primarily managed by the IP team with a significant number of reports provided for review at assessment. There are nominated department IP Champions to support the program. Infection control risks and outcomes are recorded in RiskMan, monitored by the IPCC and are reported through the Senior Leadership Team to the NCPH Executive Meeting. Infection prevention and control is a standing item on the NCPH Quality Meeting agenda which is attended by the Infection Control Co-ordinator (ICC).	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A diverse range of consumer reviewed and endorsed infection prevention and control literature is used to assist patients and visitors to understand infection control risks and responsibilities. The information ranges from the disease or organism specific to the requirement for prophylactic antibiotics.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
The consumer information is also readily available on the NCPH web page, in pre-admission information and at the point of care, and is also used when managing outbreaks to ensure that all patients and families have best practice information.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.4</b>	
The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that: a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare-associated infections and support appropriate antimicrobial prescribing c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH participates in national, jurisdictional and peer benchmarking surveillance activities through HICMR and the Australian Council on Healthcare Standards (ACHS) Clinical Indicator Program. The assessment team observed a consistent and comprehensive infection prevention program in place and were able to verify a range of successful improvement activities across the organisation. The infection control audit activities are reflected in the organisation-wide clinical audit schedule which ensures integration of all clinical monitoring strategies.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 3.5	
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup> , and jurisdictional requirements	
Comments	Suggestion(s) for Improvement
<p>Policies, procedures and guidelines for standard and transmission-based precautions used are compliant with the Australian Guidelines which are reference. Personal Protective Equipment is available and used with clear guidelines for implementing standard or transmission-based precautions available. Audits demonstrate compliance.</p> <p>Standard and transmission-based precautions, consistent with national guidelines, were observed to be in use across NCPH. Standardised signage for transmission-based precautions was seen by the assessment team, as was appropriate Personal &amp; Protective Equipment (PPE) relevant to the precautions required. Monitoring of compliance with standard and transmission-based precautions occurs in line with the IPC audit schedule and is reported at the IPCC.</p> <p>Communication of a client’s infectious status is clearly identified within the clinical notes, and for all clients being transferred or discharge. The infectious status is also reported to any agency involved in the transfer such as the ambulance service or patient transfer so that precautions can be taken.</p> <p>Training is provided for all staff required to use PPE both general and specialised, audited and demonstrating high compliance. Following discharge thorough environmental cleaning is carried out by trained cleaning staff.</p> <p>Clear signage is available to identify areas of potential infection prior to cleaning by trained staff. NCPH has achieved a hand hygiene (HH) result of 83.9% across the organisation, which is above the national benchmark, with strategies in place to raise any areas with identified lower levels and any areas of drop off. All employed and contracted members of staff are required to undertake online learning for HH. There are hand hygiene stands and posters in public areas, and alcohol-based hand rub (ABHR) is available to the public and is located in all clinical areas and in each patient, room close to the patient. The use of Hand Gel is actively promoted, readily available and used by staff across the unit and in client rooms.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.5</b>	
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup> , and jurisdictional requirements	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.6</b>	
Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs to manage infection risks d. The need to control the environment e. Precautions required when the patient is moved within the facility or to external services f. The need for additional environmental cleaning or disinfection g. Equipment requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A COVID Plan was developed with reference to the Australian Government COVID guidelines. This included the development of operational guidelines for the management of COVID-19. NCPH was identified as a COVID free hospital, providing backup for patient care to The Canberra Hospital a dedicated COVID facility. Client Pre-admission information includes advice on appropriate admission requirements and COVID-19 precautions. Actions included staff education and monitoring of infection prevention including the use of PPE.</p> <p>People (all staff and consumers) are still screened on entry to the hospital at all entrances to the facility. COVID action posters for staff and patients are displayed throughout the facility.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.7</b>	
The health service organisation has processes for communicating relevant details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There are processes for routine screening for patients on admission and processes to ensure infectious status is clearly documented and communicated on all transfers and on discharge.</p> <p>All patients with infections are flagged on the electronic patient administration system. The patient's infectious status is communicated during clinical handover, and whenever responsibility for care is transferred within or between departments or facilities.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.8</b>	
The health service organisation has a hand hygiene program that: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Hand hygiene (HH) training is provided to all levels of staff and audited as per the HH Australian audit guidelines. The IPC oversees the HH audit outcomes with action plans developed to support ongoing strategies to increase compliance. Most departments have their HH rate displayed on notice boards within their departments. HH champions have been trained and undertake audits. Hand Hygiene gel and instructions for use are available and used throughout the hospital.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.9</b>	
The health service organisation has processes for aseptic technique that: a. Identify the procedures where aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
An organisational risk analysis of the aseptic technique (AT) has been undertaken.  High-risk clinical areas and clinicians have been identified as have the aseptic technique competencies. A mandatory online training package is available to all clinicians and has been completed by 98% of all NCPH staff.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.10</b>	
The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has processes in place for the appropriate use and management of invasive medical devices consistent with the Australian Guidelines for the prevention and control of infections in Healthcare. The use of "Timertag" an IV assessment and decision tool to track the time a patient's IV device has been in situ was noted. This had been discontinued during 2020 due to COVID restrictions, however, following review of effectiveness audits it is understood that it is to be reintroduced to some areas of the hospital in the near future.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.11</b>	
The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare <sup>18</sup> , and jurisdictional requirements – that: a. Respond to environmental risks b. Require cleaning and disinfection in line with recommended cleaning frequencies c. Include training in the appropriate use of specialised personal protective equipment for the workforce	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The clinical and environmental processes in place across NCPH have ensured infection rates remain low and the assessment team was impressed with the standard of environmental cleaning, observed in all clinical and non-clinical areas with evidence of a culture of pride in maintaining a clean environment.</p> <p>An audit schedule is in place with results monitored by the IPCC. Legionella testing and risk mitigation is in place and as is annual High Efficiency Particulate Air (HEPA) Filtration testing. Training of staff in hand hygiene and the use of PPE is undertaken and observed during assessment.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.12</b>	
The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings c. Handling, transporting and storing linen	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Equipment utilised across NCPH is monitored by the IPC, Maintenance and a Biomedical company including the evaluation of new and existing equipment.</p> <p>Various reports include workplace inspection reports, preventive maintenance, general service report, engineering report are escalated through the organisation with work continuing on a hospital-wide database. Food services, linen and waste management are monitored by IPC and support services as these are delivered via The Canberra Hospital.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.12</b>	
The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings c. Handling, transporting and storing linen	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.13</b>	
The health service organisation has a risk-based workforce immunisation program that: a. Is consistent with the current edition of the Australian Immunisation Handbook <sup>19</sup> b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>There is an employee immunisation program that complies with national guidelines and jurisdictional policies. Staff immunisation information is collected prior to commencement and is reviewed by the ICC. Evidence was sighted by the assessment team demonstrating good compliance of staff with completed immunisation in high-risk clinical areas. An annual influenza vaccination program is in place and is being actively progressed, with participation rates reported to the IPCC, executive groups, and the Quality Committee.</p> <p>There are evidence-based policies and procedures for the prevention and management of occupational exposures available for all members of employed and contracted staff. Compliance audits are conducted which include the use of Personal Protective Equipment (PPE) and the safe use and disposal of sharps. Occupational exposure incidents are reported through RiskMan and are monitored by the IPCC.</p> <p>Evidence was presented of the management of an exposure incident including the initial management, ongoing support and educational learnings.</p> <p>All patients with infections are flagged on the electronic patient administration system. The patient's infectious status is communicated during clinical handover, and whenever responsibility for care is transferred within or between departments or facilities.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.13</b>	
The health service organisation has a risk-based workforce immunisation program that: a. Is consistent with the current edition of the Australian Immunisation Handbook <sup>19</sup> b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.14</b>	
Where reusable equipment, instruments and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH is compliant with AS/NZS4187 with the requirements of AS/NZS 4187:2014 Reprocessing of reusable medical devices in health service organisations and the Australian Commission on Safety and Quality in Health Care's Advisory (ACSQHC) A18/07 well understood. There is a formal training program conducted by HICMR with an annual audit of compliance that is consistent with industry standards, for all staff involved in the reprocessing of reusable medical devices, with competency assessments conducted regularly.</p> <p>At the time of assessment, it was noted that only two staff of the Central Sterilising &amp; Supply Department (CSSD) staff had yet to complete all units and assessments. A tracking system is in place for the tracking of all reusable devices and linking sterilising, instruments, trays and patients. Auditing of all areas of the reprocessing process is undertaken and recording of processes, equipment and check maintained demonstrating excellent compliance.</p> <p>Reprocessing of Trans Oesophageal Echo (TOE) probes is conducted using the Tristel System by accredited staff. Progress is regularly monitored by the IPCC and the Executive Committee. All instrument cleaning and sterilisation equipment is regularly serviced, and appropriate monitoring is in place.</p> <p>Cleaning service audits are conducted regularly and monitored by the ICC.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 3.14</b>	
Where reusable equipment, instruments and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 3.15</b>	
The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard <sup>20</sup>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH antimicrobial stewardship program is evidence based and includes the components from the Antimicrobial Stewardship Clinical Care Standard with endorsed therapeutic guidelines available. A gap analysis has been undertaken with a well-structured governance framework in place for strategy implementation, monitoring and reporting. Training of staff, guidelines for antibiotic decision making and prescription, access to Infection Control Specialists have ensured good policies, guidelines and processes are in place.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 3.16	
<p>The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy • antimicrobial use and resistance • appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing</p>	
Comments	Suggestion(s) for Improvement
<p>Improvements in compliance with guidelines and appropriate dosing for antimicrobial medications are reported to the Infection Control Committee and the MAC committee. Surgical prophylaxis reports are also reviewed by MAC.</p> <p>Appropriateness and usage of antibiotics are monitored and reported to the Infection Control Committee, the Clinical Governance and MAC Committees. The results clearly demonstrate appropriate antibiotics used and a reduction in the amount of antibiotics given.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 4 - Medication Safety

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

ACTION 4.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	Suggestion(s) for Improvement
National Capital Private Hospital (NCPH) has in place sound hospital-wide systems for safety in the supply, storing, compounding, prescribing and administration of medication. NCPH has a robust system for the reporting of medication incidents and continues to always strive to operate in a culture that encourages staff to report any medication incident or near miss. Appropriately experienced and trained staff investigate any medication incident reported and current incident data is reported to the Standard 4 Committee Working Party who discuss and then ensure the data presented is disseminated and used as a basis for improvement activities and education.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
Comments	Suggestion(s) for Improvement
The NCPH medication system operates within a framework of quality improvement and includes the ongoing monitoring of both the effectiveness and performance improvement of medication management across the whole of the hospital.  Strategies to improve the NCPH medication management system are introduced if required and focus on the improvement of medication management outcomes and	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
processes that continue to ensure that any shortcomings in system are identified and addressed. These are then monitored and the outcomes reported to the relevant committee/s.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH has a strong focus on the involvement of consumers, carers and patients within the area of medication management. Every effort is made by staff to ensure that there is a clear understanding of the effects of prescribed medications and their correct use in conjunction with the pharmacists prior to patient discharge and during the patient's hospital stay.</p> <p>Patients and/or carers are actively involved in the recording of medication management plans with clinicians and are encouraged during a treatment phase to ask questions and importantly report any side effects or other reactions they may be experiencing.</p> <p>Patients can/are also provided with information in either verbal, written form or both to inform them for example on any special instructions, directions and/or precautions. This information is made available to the carers and /or families who may be monitoring the administration of a patient's prescribed medication post-discharge.</p>	



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.4</b>	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH has sound processes in place for ensuring that all relevant clinicians operate within their medicines scope of clinical practice.</p> <p>Any incidents that have been reported either as an incident or a near miss in either prescribing, dispensing and/or administration that may have occurred outside a clinicians scope of practice are subject to incident review, further reporting and when and if required further education. This education is planned and can be introduced either on a group or 1-1 basis with ongoing monitoring and data collection as required.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.5</b>	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The assigned clinician/s take a best possible medication history on admission or as soon as possible after a patient has been admitted to NCPH. This may be taken and documented with input from a carer or family member.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.5</b>	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
<p>Patients, carers and families are encouraged to be active participants in the recording of a best possible medication history if this is considered appropriate by both the patient and the clinician.</p> <p>Important information is documented on allergies and any adverse drug reactions with new staff guided and educated on the importance of obtaining a best possible medication history as this can form the basis for the initial prescribing and administration of medicines on admission and it forms part of the patients clinical record.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.6</b>	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The ongoing review of prescribed medications against a patient's initial best possible medication history is ongoing and forms part of the treatment plan for all patients.</p> <p>This is subject to ongoing review, prescribing of new medications the purpose and action of any new medication are monitored closely with regard to common side effects and interactions.</p> <p>The active involvement of all clinicians is paramount in accurate recording, medication reconciliation and review against both the documented treatment plan and at transitions of care.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.6</b>	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.7</b>	
The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH demonstrated the sound processes in place for relevant clinicians to accurately report and document in a patient's history any previous medicine allergies and adverse drug reactions on admission. This is supported by good clinical practice and NCPH clinicians continue to define their practice and demonstrate the importance placed on their responsibility and accountability for an accurate medication management plan commencing from a patient's initial admission.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.8</b>	
The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The NCPH medication error supporting systems are maintained by a hospital-wide approach to supporting and encouraging medication adverse drug reactions reporting by both documenting in the clinical record and the NCPH risk reporting system. This contributes to and continues to manage medication risks and uses the investigation of medication error/s and near misses to improve medication safety.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.8</b>	
The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.9</b>	
The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The NCPH has policies and guidelines in place to report adverse drug reactions experienced by patients in their care journey to the Therapeutic Goods Administration (TGA) as required by the relevant jurisdictions.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.10</b>	
The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Medication review/s are practiced at NCPH in line with best practice guidelines.  Medication reviews may be based on a patient's clinical presentation or due to a change in treatment. To continue to manage a patients medication regime there is a need to consider any medication/s prescribed by other facilities, the accuracy of all medication charts and that any discharge medication information and/or a verbal handover is both accurate and supported by clear and accurate charts and documentation.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.10</b>	
The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.11</b>	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has access to support clinicians in the provision of information for patients about their prescribed medications with support of Therapeutic Guidelines, their consultant, pharmacists meeting and talking to the patients or literature provided by pharmaceutical companies approved for use by NCPH.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.12</b>	
The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
At discharge a patient and/or carer collects their discharge medication from the hospital pharmacy where they are given information on any new medication, they have been prescribed during their treatment phase at NCPH.  A component of discharge documentation is the provision of a current medicines list which is given to the receiving clinician or sent to the referring general practitioner (GP) with any reason for a change documented clearly.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.12</b>	
The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.13</b>	
The health service organisation ensures that information and decision support tools for medicines are available to clinicians	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The sources for decision support tools are available for clinicians including the Therapeutic Guidelines, MIMS, discussion with the hospital pharmacists, Australian Pharmaceutical Advisory Council and the Australian Commission on Safety and Quality NSW Therapeutic Advisory group-National Quality Use of Medicines Indicators for Australian Hospitals.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.14</b>	
The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH adhere to the jurisdictional requirements for the safe and secure storage and administration of medication as evidenced by assessors. The storage of temperature sensitive medicines, storage, disposal including cytotoxics were all evidenced.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 4.15</b>	
The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The guidelines around the safe storage with identified high-risk medications is well managed at NCPH with standardised processes and guidelines in place.</p> <p>Any shortcomings or concerns are reported to and addressed by the Medication Safety Working party and any investigation/s required are undertaken by approved and appropriately trained staff.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 5 - Comprehensive Care

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

ACTION 5.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	Suggestion(s) for Improvement
<p>The provision of safe Comprehensive Care is governed by National Healthscope evidence-based policies and procedures. National Capital Private Hospital (NCPH) has developed local policies were required.</p> <p>NCPH has processes in place to manage clinical risks. The risk register demonstrates documentation of risks associated with providing Comprehensive Care and mitigation strategies that reduce the risks. Monitoring of events such as incidents, adverse events, and patient feedback are managed through the quality and risk systems, reported to the Patient Care and Clinical Committee and included in the National Healthscope auditing and feedback system.</p> <p>A range of mandatory training is required for staff regarding comprehensive care, and the compliance rate for all training attendance is in the high 90% range.</p>	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>A clinical governance quality and safety plan has been developed at NCPH with an audit schedule incorporated. Monitoring of the audits regarding comprehensive care is in place with a range of KPIs collected and reported.</p> <p>The audit results are reported to the results to the Clinical Committee, the workforce and all outcomes from the comprehensive care standard are reported to Healthscope National for analysis and feedback. Where results are outside the target an action plan is developed. An example of this is for the period October – December 2020 falls were slightly outside the target. A post fall huddle was introduced, a shift planner incorporating tidy rounds and participation in the Healthscope Falls Webex occurred.</p> <p>Falls rates have been reduced and are now within the target.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The assessors witnessed patient involvement in their care during handover with consistent use of the patient information boards. During patient interviews with the assessors, consumers spoke about the communication and actions between patients and staff and about participation and shared decision-making in their care.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.4</b>	
The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Healthscope and NCPH policies, plans and procedures support clinicians in developing comprehensive plans and treatment for their patients.</p> <p>Throughout the visit, assessors noted easy and effective communication between doctors, therapists and nurses that was supported by clinical notations. The provision of safe Comprehensive Care is directed through Healthscope evidence-based policies and procedures that are reviewed regularly and as needed to ensure the best possible Comprehensive Care is maintained.</p> <p>The clinician responsible for overall care is noted on the patient board as is the nurse for the shift.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.5</b>	
The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Clinicians are provided with Healthscope endorsed tools that comply with Advisory AS18/14 "Screening and Assessment of Risk of Harm" and ensures comprehensive screening processes are implemented. Documentation audits identify gaps.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 5.5	
The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	
Multidisciplinary meetings to discuss care of the patient and team time out are conducted.  Position descriptions were viewed by the assessors that define the role of clinicians, NCPH also conducts audits of position descriptions with 100% of those audited defining the scope of practice and responsibilities.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.6	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	Suggestion(s) for Improvement
Healthscope endorsed the comprehensive care plan in 2019 and this was implemented at NCPH with education for staff provided. There are also a number of toolkits available to assist staff to work and plan to provide collaborative care for the patients including the cognitive impairment toolkit and discharge planning tools electronically.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.7</b>	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The care plan is informed by the screening processes and developed by the multidisciplinary team in partnership with the patient and family towards meeting the patient's goals. The plan in partnership with the patient identifies and documents the support people who are to be involved in planning and implementing strategies to reflect the patient's individual needs. Plans for discharge are discussed on admission.</p> <p>NCPH completed an audit to verify the compliance with comprehensive care plans in 2020 and achieved 100% compliance with patient having a comprehensive care plan.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.8</b>	
The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There is a system in place on PAS to enable patients to identify as Aboriginal and Torres Strait Islander with training regarding this being available for staff.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 5.9	
Patients are supported to document clear advance care plans	
Comments	Suggestion(s) for Improvement
Policies are available at NCPH regarding Advance Care Planning. Patients are asked on admission if they have an Advance Care Plan (ACP).	
Rating	Applicable HSF IDs
Met	All

ACTION 5.10	
Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks	
Comments	Suggestion(s) for Improvement
Patients have a full history on admission and undergo a comprehensive screening process. Screening processes includes cognitive impairment, medication management, malnutrition, falls, VTE, mental health, behavioural and substance withdrawal and skin assessment.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	Suggestion(s) for Improvement
Screening assessments occur on admission, weekly or if there is a change in a patient's condition. Documentation audits demonstrate a high level of compliance with screening, assessment and care planning processes, with confirmation of the results of assessor findings when sighting the clinical records.	
Rating	Applicable HSF IDs

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.11</b>	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Met	All

<b>ACTION 5.12</b>	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Risk screening for all patients is documented in the Comprehensive risk screening document. A comprehensive daily care plan is also completed for each patient with skin integrity being recently added. An alert sheet is available at the front of the clinical notes to record any alerts. A recent audit indicated that 100% of notes audited for a comprehensive care plan and 99% for a daily care plan.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.13</b>	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The comprehensive care plan is sufficiently detailed to provide an individualised care plan that provides the complexity of the patient's health and risks of harm. Education is provided to staff regarding the comprehensive care plan and of the risks of harm. A Back to Bedside brochure is also available the provides information regarding comprehensive care for the patient where it informs them that they will be asked about their goals.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.13</b>	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
The care plan identifies the patient goals and actions required to provide treatment and care to each individual patient.	
Two discharge planners at NCPH provide information and coordination of the patient discharge which also includes DVA patients. The discharge planners have developed resources for staff which are available electronically for when they are not on site.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.14</b>	
The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Healthscope and NCP policies support practices that involve patients, carers and staff to use the comprehensive care plan. The Back to Bedside brochure explains this to patients. The plan is regularly audited to monitor this. If there is a change in condition reassessment occurs and documented in the clinical record.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care <sup>46</sup>	
Comments	Suggestion(s) for Improvement
NCPH implemented a Last Days of Life resource folder in 2020 which details the policies relating to end of life and provides resources for staff.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	Suggestion(s) for Improvement
Clinicians have access to specialist palliative care off site if required, this includes medical and social work services. Details of the contacts are provided in the last days of life folder and on webPAS.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.17	
The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	
Comments	Suggestion(s) for Improvement
Patients are asked on admission if they have an advance care plan, and if so to bring it on admission for inclusion in the healthcare record. If not, they are informed of the process, and if they wish are supported by clinicians in the process of documenting their plan.	



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.17</b>	
The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.18</b>	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Staff providing end of life care are provided education via the PEPA course and have access to the Employee Assistance Program (EAP).	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.19</b>	
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The NCPH has developed an End-of-Life Care Survey for Families that has not yet been conducted but were not able to fully demonstrate the patient and family wishes were provided at end of life. The assessment has been reviewed by consumers who have made some suggestions regarding this.	A review of clinical notes be undertaken to provide information that goals of care are provided as per the patient and family wishes at end of life.
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.20</b>	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care <sup>46</sup>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Healthscope and NCPH have access to the NSW Clinical Excellence Last Days of Life Toolkit that is compliant with the National consensus statement: Essential elements for safe and high quality end-of-life care, they also have access to the AMBER Care Bundle from guys and St Thomas' Hospitals in London. Staff have access to these resources electronically.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.21</b>	
The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Best practice guidelines based on the Pan Pacific Guidelines for the prevention of pressure injuries are used to screen all patients on admission for pressure injury and manage stage one and above pressure injuries and wounds as required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.22</b>	
Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
A skin integrity inspection is conducted within eight hours of admission and daily thereafter. The initial inspection is recorded on the comprehensive care plan and on	

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 5.22	
Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency	
the daily care plan from Day 2. Audits of the charts indicate that the compliance with this is high.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.23	
The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries	
Comments	Suggestion(s) for Improvement
Patients receive written information on the prevention of pressure injuries and an explanation on how to prevent pressure injuries, and all beds are equipped with pressure relieving mattresses. Numerous pressure-relieving devices are available in inpatient areas and operating theatres.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	Suggestion(s) for Improvement
The Falls Risk Assessment Tool (FRAT) is utilised to assess falls risk. A number of strategies are used to manage falls including, maintaining functioning walking aids and wheelchairs, adjusting chair heights, appropriate footwear, observing in a room that is closer to the nurses' station, calls bells in reach, always escorting to the bathroom if required.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Olley ward recently implemented a shift planner including toileting and tidy rounds to reduce fall and trip hazards for patients. The current falls rate was 0.23 %, the incidence of falls is below the industry rate.	
Rehabilitation is provided for patients post-operatively following joint replacement and reconditioning is provided in the gymnasium. A recent initiative is to provide a second session in the afternoons, which has proven to be very popular with patients.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.25	
The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls	
Comments	Suggestion(s) for Improvement
There are a number of devices available to manage falls safely with an invisibeam falls prevention device purchased in 2020.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.26	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
Comments	Suggestion(s) for Improvement
Falls prevention information in the form of a Falls Prevention brochure is provided to patients and families. There is also information regarding falls provided on the website.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.26</b>	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.27</b>	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Malnutrition screening occurs for all patients on admission with referral to a dietitian as required. Meals are supplied by the Canberra Health service who have a dedicated kitchen that is audited annually by the ACT Health Food Authority. The Canberra Health service kitchen has a sustained 'A' grade rating monitoring hygiene, food storage practices, equipment maintenance, training and environmental service standards.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.28</b>	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Meals are freshly prepared and approved by a dietitian. Referral to dietetics and speech pathology are available as required. Patients requiring texture modified diets are provided with information and education. Total Parenteral Nutrition (TPN) is available to ICU patients where required. Assistance is provided to patients as required to open packing and with feeding.	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.28</b>	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.29</b>	
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard <sup>47</sup> , where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>All patients have a Cognitive Impairment Risk (CIRAT) on admission. If there are more than two risk factors identified, the 4AT risk assessment for delirium is conducted. Patients who are identified also have an alert sheet completed.</p> <p>Anti-psychotics and psychotropic drugs are stored according to legislation. It is rare to use chemical restraint for patients with delirium or cognitive impairment, however if this is required family are consulted.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.30</b>	
Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
The NCPH has recently introduced the sunflower method, which is completed with the family to identify triggers and to provide information regarding the patient likes and dislikes. To identify triggers and possible solutions to reduce agitation. Families are encouraged to partake in the patients care where this is their wish. A cognitive impairment information brochure is provided to the patient and their family. Care of patients with cognitive impairment and delirium are referenced by the Delirium clinical care standard.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.31</b>	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Screening for self-harm and suicide occurs at admission and an alert sheet is completed and an alert placed on webPAS. NCPH has access to psychiatrists if required and monitoring for the patient.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

ACTION 5.32	
The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	
Comments	Suggestion(s) for Improvement
If acute deterioration of a patient's mental state should occur policies are in place for transfer to the Canberra Hospital Emergency Department.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	Suggestion(s) for Improvement
All staff have had training in Workplace Aggression and Violence Education (WAVE) and use of family experience and/or intervention aid in calming and de-escalating situations.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.34	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
Comments	Suggestion(s) for Improvement
NCPH has a risk assessment on admission to identify patients who may have a mental health history or dependencies that may lead to violence and aggression. Alternate therapies are offered where indicated.	
An emergency code black response procedure is included in induction.	



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 5.34</b>	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
Incidents are reported through the risk management system. Duress alarms are available throughout the hospital.	
Should a patient become aggressive or violent the staff enact the Code Black Emergency Policy.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.35</b>	
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Health scope has a restrictive practices policy for use of restraint where clinically indicated. This practice only occurs in the ICU at NCPH. All episodes of restraint are documented in RiskMan.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.36</b>	
Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
There are no mental health beds at NCPH and therefore this should be rated as N/A.	

Org Name : National Capital Private Hospital  
Org Code : 820001

<b>ACTION 5.36</b>	
Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body	
<b>Rating</b>	<b>Applicable HSF IDs</b>
NA	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 6 - Communicating for Safety

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

ACTION 6.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	
Comments	Suggestion(s) for Improvement
<p>Governance, policies, procedures and reporting are all well-established locally and nationally. There is evidence at NCPH of systems in place to ensure timely, effective communication that supports continuing, coordinated and safe patient care. These systems are supported by executive leadership and a culture of patient-centred care.</p> <p>Communication for patient safety is well embedded in the clinical governance framework and there is a maturing culture of patient participation in care with evidence that the patient is at the centre of care. There is evidence that systems and strategies are in place to ensure that communication for patient safety is integrated and is used to inform changes and future directions.</p> <p>NCPH has good relationships with its VMOs. Evidence of these relationships were seen by the assessment team.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.2</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Strategies are in place across the organisation to clearly identify patients, communication of information both routine and critical for both patients and staff so ensuring continuity of care, sharing of information and patient safety including follow up phone calls following discharge. There are systems in place to monitor effectiveness of communication for patient safety. This includes audits of patient records, patient surveys, complaints management and audit of clinical handover.</p> <p>These are reported via the Quality Committee to the Executive. The risk register includes matters relating to communication such as consumer feedback, clinical handover and discharge planning. There is no evidence of adverse outcomes relating to communication.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Examples of improvement in communication for patient safety were witnessed during the assessment. Once again, the Back to the Bedside Project, bedside handover, multidisciplinary meetings, manager and hourly rounding.</p> <p>A review of a sample of hospital records found clear, accurate, detailed records that assist both the provision of and transfer of care between clinicians.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<p>The Quality Action Plan reinforces teamwork to identify areas for improvement. It encourages patient participation in goal setting and other aspects of their care.</p> <p>Clinicians described good working relationships and communication with VMOs.</p> <p>There is a determined intent to enable patients to be involved in communication of their goals of care during bedside handover. During assessment, the assessors observed this and patients were well prepared and had their questions ready for the clinicians. There is an extensive range of information available to support and inform patients and families during their episode of care.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.4</b>	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The development and introduction of the Patient Finder, a guide assisting families and friends to track the status and location of a patient, together with clear directional signage throughout the hospital are all effective ways to communicate with patients, families and the wider community.</p> <p>The invaluable role of a Concierge at the hospital entrance assisting with COVID requirements is to be commended. There is information and signage identifying discharge time which has caused some anxiety for patients and families in the past, but discussion with staff ensures appropriate discharge times especially for out-of-town patients.</p>	<p>Opportunities exist for the implementation of further strategies to improve communication with carers and patients relating to the use of bedside whiteboards, the sunflower, ward quality boards and the patient escalation of concerns.</p>

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.4</b>	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.5</b>	
The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
During the assessment, many checkpoints confirm patient identification utilising approved identifiers were observed by the assessment team all were extremely well done. Identity was checked at admission, bedside handover, time out and any transfer to and from wards, on reception to and from theatre or clinical departments.  All clinical staff attending the patient confirmed their identity, with non-clinical staff addressing patients by name.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.6</b>	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Time out and procedure matching in theatre and departments also included patient identification. Monitoring and reporting of ID matching is in place and there is no	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.6</b>	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
evidence of any adverse outcomes. Food service staff have procedures for patient identification at meal delivery including talking to the patient and checking the bedside whiteboard.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.7</b>	
The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Standardised handover sheets are used by clinical staff to ensure the handover of all appropriate, critical information, identified risks and patient needs. There is a systematic approach to handover using the ISBAR framework with evidence of bedside handover with patient participation. Bedside handover enables the staff and patient to reinforce goals of care and patient progress as well as discharge planning. Where observed, the patients seemed to really appreciate bedside handover and used it as an opportunity to ask questions.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.8</b>	
<p>Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care</p>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The assessors attended both shift and transfer handovers in clinical areas as well as time out in theatre. The intent of handing over responsibility and accountability for care was evident.</p> <p>Monitoring of clinical handover occurs with high compliance and this is reported up to the Quality Committee and Executive. There has been no negative feedback from patients about their participation in handover and no evidence of privacy breaches.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.9</b>	
<p>Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient</p>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Clinical communication processes are in place to ensure the timely reporting of risks and alerts to ensure clinicians are able to make care decisions and in accordance with patient and family wishes.</p> <p>A multidisciplinary handover was not observed during the assessment, however, there are good processes for referral and review across the treating team.</p> <p>The use of track and trigger charts provide clear guidance for staff in identifying critical information for reporting, together with new information gathered from patients or family which impacts patient care and safety.</p>	



Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.9</b>	
Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	
Processes are in place for staff to contact VMOs should this be necessary and clear lines of communication for escalating information within NCPH are in place and known by staff. Critical information is also transferred during ward handover.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.10</b>	
The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH has a policy and process for the escalation of care and critical information by patients and families. This allows the patients or family to escalate clinical concerns or questions about care. Information is given to patients on admission.</p> <p>While the intent of the system is good, a number of patients spoken to identified they had not needed to use it with others apparently with no knowledge of this process. Staff also indicated they had not received any concerns or questions. For it to be effective more promotion may be required.</p> <p>The introduction of hourly rounding is a good initiative for patient safety and increasing communication and these may be the reason escalation of care communication has not been needed.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 6.11</b>	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Policies and processes are in place guiding the documenting of patient information at NCPH where a paper medical record document system is used.</p> <p>Regular medical record audits are conducted as per the audit schedule and demonstrate high compliance with all aspects of documentation and storage.</p> <p>Patients' clinical notes are available to all clinicians at the bedside enclosed in drop down boxes for privacy and to provide a documenting area, again taking care back to the bedside. Discharge summaries from both the emergency department and wards are faxed to GP surgeries with 98% sent within 48-hr of discharge. Patient admissions and registration areas were visited with Medical Record Departments having restricted access. Systems are in place for secondary storage and archiving. Medical records are delivered to clinical areas as requested by trolley courier service which maintain privacy and accurate and speedy transfer. Good systems are in place to minimise risk of duplicate medical record numbers. While some patient admission and risk information are available electronically through the whiteboards, there is no evidence of systems in place as yet for an electronic health record.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 7 - Blood Management

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

ACTION 7.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	
Comments	Suggestion(s) for Improvement
NCPH has a system in place to manage sample collection of blood, blood components, blood products and it ensures that the patient blood management system continues to encompass both safe and appropriate practice across all areas of the hospital. Training is ongoing and can be specific to identified areas such as operating theatres and oncology.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
Comments	Suggestion(s) for Improvement
At NCPH the ongoing performance of the blood management system is subject to ongoing monitoring with quality improvement and incident reporting principles applied.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 7.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Patients are actively involved in the provision of safe blood management wherever possible. This commences from the initial consent process, an explanation when the blood is "put up" and a further explanation of the checking procedures that occur when a patient is receiving blood. If a patient is a Jehovah's Witness, different blood products are used and the patient discusses this with the Consultant with clinicians guided by the Jehovah's Witness other blood Policy that is in place.</p> <p>Patients are also informed when receiving an Iron Infusion of the possible risk of skin staining and the required immobilisation of the arm and the importance of this when the procedure is in place.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.4</b>	
Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Patient blood management including blood conservation strategies are or may be in relation to choice and their clinical situation.</p> <p>These decisions are evaluated and discussed with the patient wherever possible by the Consultant before consent is given. Whole blood, blood components referring to fresh components and/or blood products referring to plasma derivatives are a clinical decision by the treating doctor and is at all times aligned to the clinical need of the patient and related risk.</p>	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 7.4</b>	
Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.5</b>	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The blood consent form, and clinical documentation clearly stating the need for a blood or blood product transfusion becomes part of the patient's clinical record. The Standard 7- Blood Committee Working Party is the body at NCPH which has oversight of blood management and any transfusion relation issues that may have been reported with data reported to the Medical Advisory Committee (MAC) as required.</p> <p>The documentation in the clinical record demonstrates the clinical need for blood, the pathology results, request forms and labels as required to ensure correct patient identification.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.6</b>	
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH ensures all clinicians who prescribe and administer blood and blood products are appropriately trained in the correct techniques and procedures for the	

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 7.6</b>	
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	
administration of blood and blood products in accordance with the National Guidelines and Healthscope policies and procedures.	
These are based on best practice using the best available evidence that supports clinical practice and guide clinicians' decisions and improve patient outcomes by good medical and surgical management when blood or blood products are required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.7</b>	
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
An incident such as a transfusion related adverse event is an incident that could have resulted in harm during the transfusion or it may have been classified as a near miss.	
A potential incident that was averted and did not cause patient harm during the transfusion, but it had the potential to do so.	
These are reported into the NCPH incident management system with the related data reported and tabled at the Standard 4 Committee Working Party meeting.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 7.8</b>	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH participates in haemovigilance activities in accordance with the national framework.</p> <p>NCPH has representation on the Quarterly ACT Appropriate Use of Blood Products group that reviews incidents, wastage and monitors industry best practice and initiatives. The committee representation is both medical and nursing from NCPH, The Canberra Hospital, Calvary, John James Private Hospital, Calvary Public Hospital, National Blood Authority, Red Cross Lifeblood, ACT Health, ACT Pathology and Capital Pathology are all represented with all minutes distributed to key clinicians at NCPH.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.9</b>	
The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH complies with the Healthscope policy -Blood Fridge-Contents of Management and Unused Blood Products.</p> <p>The Blood fridge is located within the Theatre area. There is a blood register at this fridge with all staff provided with education on tracking blood products into and out of the fridge. The blood fridge temperature is monitored by Capitol Pathology according to Australian Standard 3864.2-2012. A chart recording the temperature is attached to the fridge with this changed weekly and retained by Capitol Pathology, ACT Pathology and NCPH.</p> <p>There is one manual blood register located at the blood fridge to allow NCPH to control both visibility and traceability.</p>	<p>NCPH continues on the path to introduce BloodTrack (that has commenced) to ensure the cold chain for blood and will also allow for a more robust and efficient traceability system for NCPH blood products.</p>

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 7.9</b>	
The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	
Documentation in the clinical record allows traceability of the blood product, investigation, analysis, evaluation of and improvement in clinical outcomes and clinical practice.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.10</b>	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>NCPH pre-admission processes ensure all those patients with a high clinical risk are screened to ascertain those risks including haematological risk.</p> <p>Risk assessment when completed may highlight risk/s such as medications (anticoagulants), a previous transfusion history and/or requests for a group and hold as applicable prior to surgery. This assures the prompt availability of blood/products during surgery.</p> <p>Patients are provided with the risks and benefits of transfusion information at this time and are also provided with the opportunity and time to ask questions of the clinician.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : National Capital Private Hospital  
 Org Code : 820001

## Standard 8 - Recognising and Responding to Acute Deterioration

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

ACTION 8.1	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	
Comments	Suggestion(s) for Improvement
NCPH has policies and procedures in place for the response and recognition to acute deterioration. Training and education is well advanced and is consistent with both clear outcomes and competency measures in place.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.2	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
Comments	Suggestion(s) for Improvement
The recognition and response systems are sound effective with outcomes reported on in a consistent manner. NCPH submits data on all MET calls into the RiskMan system these are investigated and reported on with the Quality manager providing a monthly report to the Clinical Management Committee.  Audit results are reported to Healthscope as a component of the KPI reporting tool.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 8.3</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
Clinicians actively involve patients in their own care and have a focus on inclusion and shared decision making at all times ensuring that the patient is able to comprehend the information being shared. The Qualtrics patient experience survey provides NCPH with data on patient's involvement in clinical decision making. NCPH have developed a consumer partnership plan 2021-2023.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.4</b>	
The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH processes allow clinicians to detect acute physiological deterioration by accurate documentation and the monitoring of vital signs. Individual patients are monitored by their own monitoring plan formulated, reviewed and changed as required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 8.5</b>	
<p>The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state</p>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>All patients are subject to close monitoring and if a patient's observed mental state is deteriorating or delirium is identified an intervention is actioned.</p> <p>This is determined by observation and documentation that the patient's clinical presentation has changed and/or deteriorating and includes changes in both physiological measurements and abnormal observations and includes behaviour, cognitive function, perception and emotional states. The interventions are actioned in consultation with the treating team.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.6</b>	
<p>The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration</p>	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The current Healthscope Patient Rounding form HMR-7.19 related to Policy 2.63 requires accurate and improved documentation throughout each 24/24 period. At NCPH the documenting of the actual time a patient is observed- for example if a patient on the 01.00 round is sighted at 01.20 the actual time must be documented.</p> <p>If a patient is sighted on their Left (L) or Right (R) side at night, the position could also be documented with relevant comments added as required.</p>	<p>It is suggested that time and position of patient be recorded during night rounds.</p>
<b>Rating</b>	<b>Applicable HSF IDs</b>

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 8.6</b>	
The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	
Met	All

<b>ACTION 8.7</b>	
The health service organisation has processes for patients, carers or families to directly escalate care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has in place patient care boards at each bedside and in the room to ensure clear communication between all participants on patient care. Next to each yellow staff assist button the REACH procedure clearly explaining to patients, carers and families the process of the escalation of care.	NCPH is reviewing the size of the current patient care boards as they are small with planning in place to begin to introduce a larger one, e.g. A3 that is easier to read for the patient in the bed. Assessors suggest this planning continues and a roll out occurs.
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.8</b>	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has processes in place to escalate care and/or initiate any emergency response. Clinicians are well trained with medical management plans and policies in place these are developed and reviewed in consultation with the Standard 8 Committee Working Party and tested in consultation with relevant clinicians.  Equipment and emergency trolleys are standardised and are positioned and available to meet the hospital's needs.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 8.9</b>	
The workforce uses the recognition and response systems to escalate care	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>The staff use the NCPH recognition and response systems that are in place in which clinicians are trained to use in an escalation of care. Clinicians have ongoing training at NCPH to ensure they provide the correct response to all medical emergencies.</p> <p>Mock emergencies are a component of the ongoing clinician training at NCPH.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.10</b>	
The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
<p>Timely response of MET Teams is measured and reviewed after every MET team response of Advanced Life Support (ALS) trained clinicians.</p> <p>All MET calls are entered into RiskMan and are subject to investigation and report to the Standard 8 Committee-Working party for continuing review and shared learning.</p>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
 Org Code : 820001

<b>ACTION 8.11</b>	
The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
ICU onsite ALS trained clinical staff provide cover 24/24. Rapid referral to the Canberra Hospital which is in close proximity via a covered walkway if required.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.12</b>	
The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH has processes in place to transfer a patient to the Canberra Hospital Emergency Department (ED) to ensure rapid referral for mental health care.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.13</b>	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
<b>Comments</b>	<b>Suggestion(s) for Improvement</b>
NCPH is in close proximity to the Canberra Hospital via a covered walkway if rapid referral is required to their available services.	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

## Recommendations from Previous Assessment

Nil