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

The Victoria Clinic

Prahran, VIC

Organisation Code: 22 17 80

Survey Date: 20-21 November 2018

ACHS Accreditation Status: ACCREDITED

Table of Contents

About The Australian Council on Healthcare Standards

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

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

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

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

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

What is Accreditation?

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

How to Use this Survey Report

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

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

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

1 Survey Team Summary Report
2 Actions Rating Summary Report
3 Recommendations from Current Survey
4 Recommendations from Previous Survey
5 Standards Rating Summary Report

1 Survey Team Summary Report

Consists of the following:

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

Ratings

Each action within a Standard is rated by the organisation and the survey team with one of the following ratings. The survey team also provides an overall rating for the Standard. If one core action is Not Met the overall rating for that Standard is Not Met.

The report will identify individual actions that have recommendations and/or comments.

The rating levels are:

NM – Not Met

The actions required have not been achieved

SM – Satisfactorily Met

The actions required have been achieved

MM - Met with Merit

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

Action Recommendations

Recommendations are highlighted areas for improvement due to a need to improve performance under an action. Surveyors are required to make a recommendation where an action is rated as Not Met to provide guidance and to provide an organisation with the maximum opportunity to improve.

Recommendations in the survey report need to be reviewed and prioritised for prompt action and will be reviewed by the survey team at the next on-site survey.

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

Risk ratings could be:

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

2 Actions Rating Summary Report

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

3 Recommendations from Current Survey

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular action.

Recommendations are structured as follows:

The action numbering relates to the Standard, Item and Action.

4 Recommendations from Previous Survey

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

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

5 Standards Rating Summary Report

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Survey Report

Survey Overview

The Victoria Clinic (TVC) is a 52-bed private psychiatric facility and part of the suite of hospitals for Healthscope. TVC provides inpatient and day programs for adult mental health treatment. Governance is through the Healthscope structure, with a General Manager/Nursing Director and Clinical Director.

There is a strong link to The Melbourne Clinic, a larger mental health hospital under the banner of Healthscope, with shared care and functions across the two sites. ECT is provided through The Melbourne Clinic and there are co-appointments, eg Nurse Educator, orientation and mandatory training. TVC also maintains a partnership with The Alfred Hospital, including links with the Emergency Department for medical backup and escalation of mental health treatment. This partnership with the public sector includes Medical Registrar training.

This report provides an overview of the findings of a two-day, two assessor site visit against the National Safety and Quality Health Service (NSQHS) Standards, undertaken 20-21 November 2018 at TVC. Interviews with key staff, HICMR, random interviews with staff on duty during the site visit, random audits, and a review of the evidence form the basis of this report.

Governance is provided through Healthscope for policies required under the NSQHS Standards, corporate, financial, human resources and clinical governance. TVC is supported through systems across the Healthscope group. The General Manager/Nursing Director reports through to Healthscope and has access to resources to support the clinical and corporate governance systems. Key staff are also supported through a range of Healthscope systems including shared learning, cluster meetings for key clinical systems, and comparative data for key performance indicators. Peak Healthscope governance committees have representatives from TVC.

The clinical governance system is inclusive of a risk register, which is monitored on a monthly basis; and a Quality Management Plan that outlines priorities and monitors actions identified through peak committees. Terms of Reference, attendance, minutes and actions arising demonstrated that the governance structures within TVC are sound.

A performance review system is in place across TVC, with a Medical Advisory Committee (MAC), supported through Healthscope; of note, the eCredentialing system, evidence-based practice; inclusive of ensuring scope of practice is considered in the introduction of new treatments and therapies.

RiskMan is utilised to capture clinical incidents, complaints and compliments and data is reviewed through governance structures across both Healthscope and TVC. Information is available for consumers on a range of strategies, inclusive of patient rights and responsibilities, patient-centred care, advance care directives, consent, to name but a few. The clinical record is a hard copy; random audits demonstrated good compliance with completion, as do the annual documentation audits, with actions arising monitored at several levels of governance.

Consumer involvement is both formal and informal, with consumer consultants employed and contributing at national and local levels. Consumer-driven quality improvement strategies were evident on survey and response to feedback from consumers experiencing services was also apparent.

Infection control systems are supported through Healthscope policy frameworks, a contract with HICMR, and a TVC champion on site. Key Performance Indicators are monitored through the peak Quality, Safety, WHS and IPC Committees. Audits are undertaken, inclusive of environmental audits and there was evidence that improvements, inclusive of capital works, improved processes and daily checklists drive the infection control systems.

While on survey, it was identified that the environment and audits for the kitchen could be improved, with a clearly articulated action plan to achieve this outcome provided to the survey team and the documented intent for this to be monitored through Healthscope's shared learning system and progress on the actions identified monitored through the peak committee. It is expected that oversight of this plan is in place through Healthscope reporting systems and internally at TVC.

Ongoing work to improve safety for medication was evident; a trial of bedside medication that was requested through the peak consumer group was evaluated and as a result returned to a medication station. Nursing staff wear a vest

that clearly states they are not to be disturbed during this process. Medication incidents are recorded through RiskMan and analysed, trended and responses put in place to minimise risk. Antimicrobial stewardship is communicated regularly, with presentations at the MAC. Information is available for individuals who are prescribed medication.

Clinical handover occurs at the bedside with ongoing improvement strategies, inclusive of education resources, for staff and evaluation.

Patient identification systems are in place, with photo identification and arm bands utilised across TVC.

Where escalation of care is required, transfer of care systems include standard documentation and more often than not, transfer is with an accompanying staff member to ensure a clinical handover occurs.

Discharge protocols are in place, inclusive of monitoring systems, to document performance against discharge summaries being provided to support ongoing care.

There are no blood products used at TVC, with no evidence on survey that this occurs, and the organisation is exempt from Standard 7.

Pressure injury management is supported through a range of strategies and tools made available by Healthscope, with screening for skin integrity and risk as a pre-admission check, and a risk management assessment undertaken on admission and throughout stay at TVC. Pressure injuries acquired during admission are zero for the previous three years and remain at this level at present.

Escalation of care systems is in place, with information provided in all rooms on how to escalate care; brochures are available across TVC programs and the ability to transfer in a timely manner across to tertiary health services.

Falls prevention is a key priority identified on the risk register, with a range of strategies to prevent falls. Most recently the addition of, and increased hours to provide, exercise physiology to support individuals at risk of falls demonstrates the findings of the survey team when reviewing TVC.

On survey it was noted, and evidence was provided, that demonstrated TVC and the commitment to constantly review programs, address risk, and improve the range of services available. TVC has been recognised through Healthscope as a hospital that is intent on engagement of staff, with evidence of the involvement of consumers in planning and delivery of services.

The next phase of growth, through an intended capital works that will grow the facility's bed base, will be supported through a clearly identified consultation process for all staff and the ongoing input from consumer feedback, the peak consumer group. and ongoing oversight by the governing body Healthscope. The management and leadership team is well placed to continue to deliver a high level of care, with a very clear focus on the safety and quality systems.

Overall, the survey team was provided with a timetable that enabled senior and management staff to be interviewed with access to staff and consumers throughout the site visit. The evidence was available on intranet and hard copy and was comprehensive and arranged in a manner that was accessible and relevant.

There appeared to be a culture of cooperation, enthusiasm, innovation and goodwill across all teams. This made it possible for the survey team to conduct the review over the two-day period and gather evidence against all the relevant standards.

STANDARD 1
GOVERNANCE FOR SAFETY AND QUALITY IN HEALTH SERVICE ORGANISATIONS

Surveyor Summary

Governance and quality improvement systems

The Victoria Clinic (TVC) overarching governance systems are through Healthscope, with policies available through the intranet. Policies are dated, refer to evidence and standards, and utilise a document control system, inclusive of review timelines. Communication of policy updates, inclusive of legislation, corporate and clinical requirements is by email via a system referred to as ELMO, which also documents eLearning across all facilities, inclusive of TVC. An overall vision for Healthscope and the strategic plan identifies clinical safety and quality systems, as does the risk management plan. Safety and quality indicators, inclusive of benchmarking across like facilities, inform the governance systems within Healthscope and TVC. A system of shared learning is in place, with representatives invited to present at peak committees, learning from initiatives with overall positive outcomes, as well as lessons to be learnt from incidents.

Governance structure and reporting lines are clearly defined within TVC and Healthscope. Committees regularly review Terms of Reference; attendance and minutes articulate decisions and follow through on actions. Evidence was provided on survey of the peak committees, Leadership, Quality, WHS and IPC, Medical Advisory Committee, Senior Nurse meeting and multidisciplinary meetings. There are standard agenda items, quality and safety measures are presented, and variations and actions to be taken are evident, particularly the peak Quality meeting. There is a Mental Health Cluster meeting across Healthscope that also enables shared learning.

Both Healthscope and TVC have a Quality Management Plan, and there is a comprehensive risk management plan. It is evident that as risks are identified through incidents these are considered; a recent example was the inclusion of medication errors with a range of risk mitigation strategies put into place. Training is in place for staff on safety and quality through both face-to-face and eLearning. Mandatory training is inclusive, for example; of national standards, basic life support, aseptic technique, open disclosure and mental health outcomes.

Across TVC there are key performance indicators to monitor the safety and quality of care and these are reported across the facility. Audits are scheduled, and results tabled, with clear recognition of sound performance and strategies, and discussions at service level on how to improve performance. There is a noticeboard that provides key information to inpatients and visitors. Consumer consultants have informed the type of information that is provided to consumers and carers.

Clinical practice

Clinicians have access to a range of resources to inform practice, many of which are available through Healthscope's intranet. Pre-admission identifies clinical risks, to facilitate entry into TVC and ensure that a person's assessed risk is able to be managed safely at TVC. Where there is risk identified, not suited to the type of services available at TVC, referral to a more appropriate setting is made. On admission and throughout the admission, there was evidence that mental health risk assessment, pressure injury and falls risks were routinely undertaken, with the documents also outlining the most appropriate actions to take in accordance with risks.

The clinical record is audited, with action plans for any improvements required. Whilst on survey a random audit of current medical records demonstrated a high level of compliance with risk identification and actions taken as a result. Medical records are stored on site; the format of the record has a sound clinical governance approval system and access to the medical record is available to clinicians. There are clear privacy statements and training provided to support this.

Agency nurses undergo an orientation process; in addition, contracts with suppliers outline education requirements. TVC states it does not use locums.

Performance and skills management

Safety and quality are included in role descriptions and performance reviews, which are tracked, with a 100% of staff requiring review every 12 months; performance is monitored; as is mandatory training.

Resources have been allocated to support orientation and training. There is an eCredentialing system; the reports are reviewed through the Medical Advisory Committee (MAC). Scope of practice is considered with the introduction of new therapies. Registrations are monitored and approvals through the MAC are provided; for instance, for TMS and DBT.

Training and supervision are in place, with supervisors identified for the registrar, allied health professionals and consumer advocates. Peer review is in place for the consultant workforce and within nursing. As stated, orientation and mandatory training are in place for all staff and monitored through key performance indicators and reporting systems. The Melbourne Clinic provides the mandatory training days with input of requirements by TVC. Where an incident may demonstrate the need for further training, face-to-face and one-on-one training is arranged.

TVC received a Healthscope award this year for the most improved engagement of staff, recognising the communication systems that have been developed to support staff across the facility. Staff interviewed reported a high level of confidence with raising safety and quality issues at all levels of TVC and are supported to initiate best practice.

Incident and complaints management

RiskMan is the reporting system for clinical incidents, complaints, compliments and management of the Risk Register. Staff are trained in RiskMan at orientation and staff interviewed were able to describe the requirements of reporting and the feedback loops through RiskMan. Information provided through RiskMan is trended and reported at all levels of TVC and Healthscope. Analysis of the data occurs and where there are anomalies, discussion is invited across Healthscope through Shared Learning, to enable a comprehensive review of trends, sentinel events and major incidents. Data presented at survey, for instance, recognised risk of self-harm, with data collected and clinical reviews undertaken at time of incident.

Consumer consultants are available to support individuals and where complaints are discussed, these are recorded on RiskMan. Information is available for patients to make complaints with a suggestion box available. Complaints are trended and reported in a manner that graphs types of complaints. Action taken as a result of complaints is also reported through peak committees. Open disclosure policies are in place, with staff receiving training on how to implement the intent of the policy.

Patient rights and engagement

Rights and responsibilities information is available through brochures and signage. In addition, consumer-led Wellness books have been produced that clearly outline how this would present itself during admission and treatment. The information provided very much focuses on patient-centred care and outlines consent and how to ensure that a person feels able to make informed decisions. The use of an interpreter is available.

Care planning is undertaken in partnership with an individual, and pre-admission processes outline shared agreements. A range of brochures is available and has been reviewed by consumer advocates. Brochures include advance care directives, open disclosure, complaints management, care planning and most recently, the Wellness project. There are some illustrated resources to enable people of every understanding to receive information.

Overall, there are sound systems in place at TVC to manage the key elements of governance for safety and quality in health care, supported by the extensive resources of Healthscope. Staff at all levels review these systems through audits, key performance indicators, escalating care and day-to-day delivery of mental health services in both inpatient and outpatient settings. Consumer opinions are sought formally and informally with the introduction of the YES Survey to capture feedback. The quality systems demonstrated sound intent and actions taken to constantly review and improve performance.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Governance and quality improvement systems

Ratings

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

Clinical practice

Ratings

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

Performance and skills management

Ratings

Action	Organisation	Surveyor
1.10.1	SM	SM
1.10.2	SM	SM
1.10.3	SM	SM
1.10.4	SM	SM

1.10.5	SM	SM
1.11.1	SM	SM
1.11.2	SM	SM
1.12.1	SM	SM
1.13.1	SM	SM
1.13.2	SM	SM

Incident and complaints management

Ratings

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

Patient rights and engagement

Ratings

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

Organisation: Victoria Clinic, The
Orgcode: 221780

STANDARD 2
PARTNERING WITH CONSUMERS

Surveyor Summary

Consumer partnership in service planning

Partnering with consumers is a principle that is well understood and lived through Healthscope's governance structures and the resource allocation and systems of governance in place at The Victoria Clinic (TVC). There are clear policies and a consumer-led committee that informs clinical governance and contributes to decisions and systems of service delivery. There are two Consumer Consultants, one who represents TVC at Healthscope's peak consumer committee. Likewise, representation on the peak quality committee is evident. There is also a Lived Experience Advisory Group (LEAG) which has membership from consumers who have experienced services at TVC. A review of the Advisory Group has been undertaken and from this the membership is to be expanded and the term for members of the group is to be extended. A review of the existing demographics for TVC has been undertaken and feedback from diverse clientele is undertaken through one-on-one support from the Consumer Advocate, patient surveys and the YES Survey. There is currently a strategic plan to expand TVC through extensive capital works and it is very apparent through minutes and interviews that involvement of consumers and carers has occurred and changes made from such feedback. This process is ongoing. Similarly, the consumer workforce is involved in the review of the quality plan and risks.

Consumers have driven and co-designed, with management, several quality improvement initiatives. The most recent is a Sensory Box and series of publications, the Wellness Books, to support people in their care journey. Each had broad consultation. As well, all brochures are reviewed by consumers and signed off as part of the adoption of such information.

Consumers are provided with orientation and ongoing training. As well, staff orientation and mandatory training includes a presentation from a consumer representation.

Consumer partnership in designing care

Consumers are involved in the design of care; an example provided was the design of bedside medication rounds. As part of implementation an evaluation occurred, and existing consumers provided feedback that they preferred a medication station. It is the ability to be involved in the design of systems and the evaluation of changes that also involves the formal committees, as well as people using the services of TVC that demonstrates compliance with the intent of partnerships in the design of care. Programs are often changed as a result of feedback and with the representation of a consumer on the peak quality committee, input from the consumer group is considered. A report is provided by the consumer consultant on current and proposed initiatives.

Consumer partnership in service measurement and evaluation

Consumers have access to quality indicators through a notice board in the inpatient unit. This includes the feedback from patients. It is suggested that some improvement activities also be included in this feedback as a result of the indicators. The Consumer Advocates have access to the range of key performance indicators, results of audits, and information from the recording of incidents, complaints and compliments. The ability to contribute to service improvements as a result of the key performance indicators is evident. To improve patient feedback the Consumer Consultant redesigned the inpatient community meeting and information is brought back from the Carers evening that they attend.

Overall TVC has aligned the consumer involvement strategies with Healthscope and has an active consumer workforce to contribute to the overall design of services, based on a range of information gathered either through interaction with consumers and carers or through formal surveys and performance data.

The management systems support the involvement of consumers in the clinical governance systems and there is a good intent to involve consumers in the design of day-to-day service delivery.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Consumer partnership in service planning

Ratings

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

Consumer partnership in designing care

Ratings

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

Consumer partnership in service measurement and evaluation

Ratings

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

STANDARD 3
PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Surveyor Summary

Governance and systems for infection prevention, control and surveillance

The Victoria Clinic (TVC) retains the consultative services of HICMR, which is responsible for the control of service policies relating to infection control to ensure that they are in line with relevant Australian and international guidelines. The HICMR policies for Infection Prevention and Control are accessible to all staff via the HICMR portal and the login and password are on the Resources Access Guide located on each computer.

A range of quality measures identifies that TVC has an established infection control program that is supported by the appropriate expertise, policies and education.

Water safety monitoring is undertaken, and results directed to the relevant and responsible committee.

Infection incidents are entered into RiskMan and minutes of meetings demonstrated review and action where necessary by appropriate committees.

Influenza vaccinations are offered to all staff and an increased uptake of vaccination by staff is a strategic goal of TVC. The vaccination status of current staff is recorded on a database and the survey team was informed that consideration is being given to introducing pre-employment screening for vaccination status of staff prior to commencing employment.

Infection prevention and control strategies

All patient and visitor areas were clean, well-organised and free from clutter. It was obvious staff took pride in their workplace which was supported by environmental cleaning and a regular auditing schedule.

Personal Protective Equipment (PPE) was available to staff and a waste management system was evident. The only reusable devices or equipment used at TVC are the sphygmanometer cuffs which are cleaned between each patient.

Infection control is part of annual mandatory training for staff which includes a training package on aseptic technique. At time of survey, 100% of staff had completed training. There is a gold standard trained auditor and an additional two staff trained to conduct hand hygiene audits. Results of the audits exceed the national benchmark and are reported through to the Quality, WPS and IPC Committees. Clean and soiled linen was appropriately stored in all areas of TVC. It was pleasing to see the patient washing machines had instructions for cleaning each machine after use. The MSDS registers were up-to-date and located at point of use. The cleaning point was extremely well-organised and presented, and containers were appropriately labelled and stored.

Managing patients with infections or colonisations

Although the risk and incidence of healthcare acquired infections is very low there are clear efforts taken to mitigate the risk of patients acquiring an infection.

Staff are trained in and were seen to use standard precautions. All patients receive a comprehensive physical assessment on admission by the General Practitioner. The assessment includes infection control screening and if indicated, further tests are ordered to clarify the patient's health status and an alert placed in the patient's medical record. Patients who acquire an infection are identified promptly and given the necessary management and treatment. Single rooms are available for isolation with bathroom facilities**.** HICMR is also available 24 hours a day for consultation and advice.

Gastroenteritis and influenza kits were evident and available if required**.**

On transfer or discharge, the patient's infectious status is documented and communicated to the receiving service provider.

Antimicrobial stewardship

This appears well-managed by supporting policies and therapeutic guidelines. Antibiotic prescribing is monitored by the pharmacist during medication chart reviews. AMS is incorporated in Pharmacy meetings; infection rates are reviewed, monitored and presented at Medical Advisory Committee meetings. Information sheets are given to patients who are prescribed antibiotics.

Cleaning, disinfection and sterilisation

Cleaning schedules and audits were evident throughout all areas of the clinic. However, the survey team found that parts of the kitchen areas and patient dining room to be of an unsatisfactory cleaning standard, with regular environmental audits failing to identify the areas for improvement. Management put in place an action plan and began rectifying issues that had been identified before the end of the survey, with a thorough clean undertaken and a revised cleaning and audit schedule put into place. The survey team is confident the action plan will ensure a more robust audit and inspection system will be implemented to maintain the required cleaning standards. Given the actions taken whilst on survey and the robust plan which is to be monitored internally at TVC, it is also expected that oversight of the plan will be undertaken at Healthscope to ensure that the kitchen and dining areas are maintained to the very high standard that is required when handling food and serving to patients and staff. It should be noted that food preparation and the meals provided are monitored and feedback sought, with improvements made as required.

The newly set up Clinical Stock room provides access to stores needed and out-of-date items are more easily identified.

Communicating with patients and carers

A range of written material is available for patients and carers to assist in broadening their knowledge and understanding of infection risks. There is visible signage throughout TVC advising of hand washing guidelines and providing examples of precautions to help decrease the spread of airborne infections. Information and posters also request that friends/family do not visit patients if they are unwell. The infection control brochures have been reviewed by the consumer consultants and an audit conducted to gauge consumer satisfaction that the information available was understood and meaningful.

Overall, the infection control systems across TVC are aligned with Healthscope and supported through industry leader HICMR. There are local champions and data is collected and reviewed at all levels of the organisation through peak committees. Benchmarking is in place across Healthscope sites, inclusive of TVC.

Organisation: Victoria Clinic, The
Orgcode: 221780

Governance and systems for infection prevention, control and surveillance

Ratings

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

Infection prevention and control strategies

Ratings

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

Action 3.10.1 Core

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

Surveyor Comment:

Compliance with these requirements is reported monthly at the peak governance committee and sits at 100% on survey.

Surveyor's Recommendation:

No recommendation

Managing patients with infections or colonisations

Ratings

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

Antimicrobial stewardship

Ratings

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

Cleaning, disinfection and sterilisation

Ratings

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

Action 3.16.1 Core

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

Surveyor Comment:

There is no sterilising or reprocessing of medical equipment, instruments or devices at TVC.

The only non-invasive reusable devices used are shower chairs and blood pressure cuffs; these are cleaned following each use and this is monitored.

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
3.19.1	SM	SM
3.19.2	SM	SM

STANDARD 4
MEDICATION SAFETY

Surveyor Summary

Governance and systems for medication safety

There is an extensive suite of policies, procedures, guidelines and protocols available to support safe medication management. All medication incidents are recorded, reviewed, and organisation monitoring is ongoing. An excellent example is when The Victoria Clinic (TVC) medication incidents spiked and systems were implemented to reduce the identified risks. This was placed on the risk register, with clearly documented risk mitigation strategies and actions taken were monitored. To address one risk, brightly coloured plastic inserts were introduced to identify phone orders that needed to be written. As well, tamper proof bags to store patients' own S4/8 medications were introduced to reduce discrepancies in the drug count. Ongoing audits will evaluate the effectiveness of revised systems.

iPads were noted at the point of dispensing and the survey team was informed staff could access online MIMS information for themselves or patients.

Documentation of patient information

On admission to TVC a comprehensive medication history is documented including allergic reaction to any medication. Any allergies and alerts are recorded in the patient's medical record and an alert sticker placed in the medical record and on the medication chart. There is regular auditing of the medication charts and a list of staff signatures and their initials was available and updated as required.

Medication management processes

TVC has clean and swipe access medication rooms with clear work benches. Schedules 8 and 4 restricted medications were appropriately stored, and the registers maintained.

All patients have photographic identification on the front of their medication chart and a medication management plan. The nurse dispensing medication was seen to wear an apron requesting she not be disturbed during medication time to reduce the risk of disturbance and error.

Medication fridges are monitored to ensure appropriate temperature control and there are guidelines to be followed if the temperature deviates from the required range. It is suggested that consideration be given to using technology to allow the monitoring to occur centrally by the use of Wi-Fi enabled monitors on the fridges.

Continuity of medication management

There are good practices in place to guide storage and return of patients' own medications, instructions regarding new medications, and disposal where indicated. The medication management plan is completed on admission and used to obtain the best possible medication history of patients admitted to TVC. Medications are discussed with the patient during bedside handover and medication charts reviewed at the clinical handover. TVC has representation on the Medication Safety Clinical Cluster meetings and minutes of these meetings demonstrated attendance and involvement.

Although very few patients are on Clozapine, TVC has a dedicated Clozapine coordinator.

Communicating with patients and carers

Nursing and medical staff are available to discuss medication issues or concerns with patients and their families. The prescription of antibiotics is reviewed regularly to ensure compliance with procedure is made. Patients who are prescribed antibiotics are given an information fact sheet. There are signs advising of medication times and the need for patients to wear their ID arm bands. If patients do not have an ID band they are asked to have it replaced before medication is administered. Patients with known allergies wear a red arm band.

At discharge, patients are provided with a reconciled medication list completed by the pharmacist which includes an explanation of any medication changes/cessations. Information regarding medication is also provided to the service supplying ongoing care within the discharge process.

Overall, there is support through a private pharmacist and staff and patients are focused on medication safety. There have been trials to improve medication delivery, inclusive of bedside administration. As with many initiatives across TVC a review of improvements is undertaken, and this trial ceased following patient feedback. More recently, aprons to ensure that the nurse administrating medication is not disturbed have been introduced. Information is provided about medication to patients and there is a range of literature to support the safe delivery of medication.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Governance and systems for medication safety

Ratings

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

Documentation of patient information

Ratings

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

Medication management processes

Ratings

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

4.11.1	SM	SM
4.11.2	SM	SM

Continuity of medication management

Ratings

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

Communicating with patients and carers

Ratings

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

Organisation: Victoria Clinic, The
Orgcode: 221780

STANDARD 5
PATIENT IDENTIFICATION AND PROCEDURE MATCHING

Surveyor Summary

Identification of individual patients

All patients admitted to TVC have identification photos in their medical records and medication charts. A review of medical records by the survey team found large good quality photos of patients, including consent for this form of identification. The patient identification and procedure matching systems include the use of the three nationally approved identifiers for inpatients and outpatients. A white identity wrist band listing the three patient identifiers is attached to the patient unless the patient has an alert, when the band is red. Patient identification and procedure matching are well understood and it is given appropriate attention by all staff.

Processes to transfer care

Introduction, situation, background, assessment, recommendation (ISBAR) is used for all transfer of care including handover, transfer to another provider, and discharge.

Transfer of care is well documented and regular audits occur. Time out procedures are used in the TMS suite to match the patient to the procedure and Time Out audits were seen to have excellent compliance rates. The handover process is audited. Sound practices were in place for the transfer of patients to and from other providers. There is a three-tiered identification system for patients proceeding on leave to ensure all patients return at the agreed time.

Processes to match patients and their care

Patients are not able to participate in any group programs as an inpatient or TMS without an identification arm band. Staff, during survey, were able to clearly demonstrate sound patient identification procedures.

Appropriate guidelines are in place to continually check that patients are matched to their intended care and treatment. Any variation to this process is recorded and reviewed through RiskMan.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Identification of individual patients

Ratings

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

Processes to transfer care

Ratings

Action	Organisation	Surveyor
5.4.1	SM	SM

Processes to match patients and their care

Ratings

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

Organisation: Victoria Clinic, The
Orgcode: 221780

STANDARD 6
CLINICAL HANDOVER

Surveyor Summary

Governance and leadership for effective clinical handover

There is evidence that The Victoria Clinic (TVC) has systems in place to demonstrate appropriate clinical handover. There is a patient-centred approach to clinical handover. Staff use the ISOBAR format at the daily bedside handover and clinical handover occurs between each shift. ISOBAR is well embedded in documentation as well as verbal handover. Discharge summaries are given to the patient and faxed to the referring GP within 24 hours of discharge. This process is audited.

Clinical handover processes

Bedside handover has been introduced at TVC. Patients are provided with a clinical bedside handover brochure on admission that explains the process. Families and carers are also encouraged to be present. Staff have developed their own training video to guide them in conducting the handover and the clinicians are commended for taking the lead in this initiative. Clinical handover sheets used at shift handover are generated from webPAS and include diagnosis, past history, risk investigation and the discharge plan.

Patient and carer involvement in clinical handover

Patients are given the opportunity to be involved in bedside handover. They are informed of the shift handover times and advised to be at their bed if they would like to be involved. Although most patients are ambulant, having handover in their bed area helps ensure a degree of confidentiality.

The bedside handover demonstrated a systematic approach to the handing over of information including ongoing care, current medications and discharge plans (if appropriate) and having feedback from the patient, family and carer when they are present. Patients were able to have their immediate needs and concerns identified and they described to the survey team a high level of satisfaction with being included in the handover process.

Overall, TVC has in place a system that involves the consumer workforce and the Lived Experience Advisory Group to provide advice on how to continually review and improve clinical handover in a manner that is patient centred and involves patients and carers. Information is provided at the bedside, as is handover at each shift, should a person and their family wish to contribute to handover from one shift to another. There are resources that inform patients of their rights, inclusive of being involved in day-to-day care and decisions.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Governance and leadership for effective clinical handover

Ratings

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

Clinical handover processes

Ratings

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

Patient and carer involvement in clinical handover

Ratings

Action	Organisation	Surveyor
6.5.1	SM	SM

Organisation: Victoria Clinic, The
Orgcode: 221780

STANDARD 7
BLOOD AND BLOOD PRODUCTS

Surveyor Summary

There was no evidence, whilst on survey, that blood products were used at The Victoria Clinic and the survey team confirms that this standard is not applicable.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

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

Ratings

Action	Organisation	Surveyor
7.1.1	N/A	N/A
7.1.2	N/A	N/A
7.1.3	N/A	N/A
7.2.1	N/A	N/A
7.2.2	N/A	N/A
7.3.1	N/A	N/A
7.3.2	N/A	N/A
7.3.3	N/A	N/A
7.4.1	N/A	N/A

Documenting patient information

Ratings

Action	Organisation	Surveyor
7.5.1	N/A	N/A
7.5.2	N/A	N/A
7.5.3	N/A	N/A
7.6.1	N/A	N/A
7.6.2	N/A	N/A
7.6.3	N/A	N/A

Managing blood and blood product safety

Ratings

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Communicating with patients and carers

Ratings

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

Organisation: Victoria Clinic, The
Orgcode: 221780

STANDARD 8
PREVENTING AND MANAGING PRESSURE INJURIES

Surveyor Summary

Governance and systems for the prevention and management of pressure injuries

The Victoria Clinic (TVC) follows the suite of policies and processes that Healthscope has designed to ensure that there are systems in place to assess, prevent, intervene and treat pressure injury. There are contracts in place should equipment be required. Pre-admission assessment identifies risk to skin integrity and on admission, a risk assessment is undertaken. The medical record is audited to check compliance and a random audit conducted during survey demonstrated sound compliance for existing patients. There is a key performance indicator and the rate of hospital acquired pressure injury is zero percent.

Preventing pressure injuries

A review of practices has occurred with a self-assessment against the Pan Pacific guidelines by the Pressure Injury Cluster/Working Party and these results have been disseminated through the committee structures at TVC.

Managing pressure injuries

Systems are in place to report through RiskMan any wound that is present on admission or during admission. A comprehensive wound management policy framework and treatment regimen is in place, with wound charts inclusive of photographs of wound progress. Transfer of care and discharge records risk. Movement strategies for people who are inclined to bed rest are also considered with involvement of the Exercise Physiologist to facilitate movement.

Communicating with patients and carers

Information is provided to consumers and carers on the prevention and management of pressure injuries through a consumer endorsed brochure. Care plans are signed off by staff and patient, and this includes reducing risks when they have been identified.

Overall, there are sound systems in place. In the first instance a person with high risk may not be admitted. There are systems to treat wounds; these are more likely to be from self-harm and can be applied for a break in skin integrity. TVC is acknowledged for the ongoing attention to pressure injury in the absence of the presence of pressure injuries.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Governance and systems for the prevention and management of pressure injuries

Ratings

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

Preventing pressure injuries

Ratings

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

Managing pressure injuries

Ratings

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
8.9.1	SM	SM
8.10.1	SM	SM

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

Surveyor Summary

Establishing recognition and response systems

There is a raft of policies in place to support the development, implementation and maintenance of recognition and response systems. This includes patients who are admitted or attend the outpatient day programs. The admission process includes a section on the presence of a current Advance Care Directive. On admission to TVC all patients have a routine physical assessment completed. This provides a valuable tool to facilitate trending of their physical health status. If there is any concern that the patient may be medically compromised, further investigations are requested.

The mental state of patients is monitored daily, and appropriate action taken should deterioration become evident. Both clinician and consumer-rated outcome measures that have been introduced support the ongoing mental health assessment process.

All staff (100%) at TVC have attended basic life support training.

Recognising clinical deterioration and escalating care

Episodes of deterioration are trended via RiskMan and reported to the Medical Advisory Committee and appropriate committees. Standard observation charts are used which clearly define trigger mechanisms for escalation of care.

Appropriate reviews are conducted following the incidence of mental or clinical deterioration of patients and staff are encouraged to escalate care with no blame or wrongdoing apportioned.

Responding to clinical deterioration

Duress call buttons are located throughout TVC and the phone system worn by nursing staff supports a response system. Mock code blue responses are held in various areas of TVC with the Staff Emergency Response Team. In the case of a medical emergency an ambulance is called, and the patient is transferred to a more appropriate facility.

The emergency trolley was available to both clinical units and checked regularly with a system in place to identify out-of-date stock.

There are protocols to ensure appropriate observation of patients receiving Clozapine which is monitored by the Clozapine coordinator.

Communicating with patients and carers

Strong systems were evident and in place for informing patients, families and carers in recognition and response systems. All brochures available to patients, families and carers are excellent in quality and content. The information provided on Rapid Response has been developed in partnership with consumers and encourages family interaction with staff if they have any concerns. There is an escalation of care sign and call button that can be activated in every patient bedroom.

Overall, there is a system in place that monitors patients through regular observation of both physical and mental health, with a risk assessment system that aims to identify when care needs to be escalated. A transfer of care system to support those patients requiring a higher level of care as a result of deterioration is in place and the capacity to report concerns is described for both patients and their carers.

Organisation: Victoria Clinic, The
Orgcode: 221780

Establishing recognition and response systems

Ratings

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

Recognising clinical deterioration and escalating care

Ratings

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

Responding to clinical deterioration

Ratings

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

Action 9.6.1 Core

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

Surveyor Comment:

Compliance is monitored monthly at the peak governance committee and at survey was 100%.

Organisation: Victoria Clinic, The
Orgcode: 221780

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

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

Organisation: Victoria Clinic, The
Orgcode: 221780

STANDARD 10
PREVENTING FALLS AND HARM FROM FALLS

Surveyor Summary

Governance and systems for the prevention of falls

The Victoria Clinic (TVC) utilises Healthscope's policy platform for falls with attention to identification, prevention and intervention. A falls risk assessment is undertaken at pre-admission and on admission. A person identified as at risk of falls will automatically be referred to the Exercise Physiologist to tailor an individual plan to reduce risk of falls. Falls are entered into RiskMan and reviewed at peak committees, including analysis. Corrective action is taken as required to reduce risk. Healthscope has a Cluster meeting to discuss the management of falls across all facilities, with Shared Learning protocols in place.

Screening and assessing risks of falls and harm from falling

Screening occurs throughout admission, with medical staff increasing observations if a medication change may increase risk of falls. During admission most patients have daily observations. Families are requested to provide appropriate footwear should a risk arise and there is access to equipment. The Exercise Physiologist is involved in patients identified at risk of falling and develops a tailor-made exercise program aimed at reducing risk of falling. Falls risk assessment is undertaken in the day program. Environmental audits also capture risks.

Preventing falls and harm from falling

Assessment for falls is monitored and action taken where this has not occurred; the most recent data is 84% with the peak committee determining how best to increase risk assessment for falls. Analysis of falls data is reviewed through the peak committees and there remain opportunities to decrease the number of falls within the facility.

Communicating with patients and carers

Information brochures are available, and the Exercise Physiologist will work with the client, carers and staff to initiate and maintain balance and reduce the risk of falls. Discharge processes include referrals and information to the next service provider to record risk and types of intervention.

Overall, there are some good initiatives in place at TVC to identify risk and prevent falls. Falls do occur, and the continued monitoring and consideration of improvements are to be continued to remain vigilant and prevent harm from falls.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Governance and systems for the prevention of falls

Ratings

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

Screening and assessing risks of falls and harm from falling

Ratings

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

Preventing falls and harm from falling

Ratings

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
10.9.1	SM	SM
10.10.1	SM	SM

Organisation: Victoria Clinic, The
Orgcode: 221780

Actions Rating Summary

Governance for Safety and Quality in Health Service Organisations

Governance and quality improvement systems

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

Clinical practice

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

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

Performance and skills management

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

Incident and complaints management

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

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

Patient rights and engagement

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

Partnering with Consumers

Consumer partnership in service planning

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

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

Consumer partnership in designing care

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

Consumer partnership in service measurement and evaluation

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

Preventing and Controlling Healthcare Associated Infections

Governance and systems for infection prevention, control and surveillance

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

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

Infection prevention and control strategies

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

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

Managing patients with infections or colonisations

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

Antimicrobial stewardship

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

Cleaning, disinfection and sterilisation

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

- waste management within the clinical environment
- laundry and linen transportation, cleaning and storage
- appropriate use of personal protective equipment

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

Communicating with patients and carers

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

Medication Safety

Governance and systems for medication safety

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

4.5.2	Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use	SM	SM

Documentation of patient information

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

Medication management processes

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Continuity of medication management

Action	Description	Organisation's self-rating	Surveyor Rating
4.12.1	A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in medicines	SM	SM
4.12.2	A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	SM	SM
4.12.3	A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	SM	SM
4.12.4	Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover	SM	SM

Communicating with patients and carers

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

Patient Identification and Procedure Matching

Identification of individual patients

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

Processes to transfer care

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

Processes to match patients and their care

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

Clinical Handover

Governance and leadership for effective clinical handover

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

Clinical handover processes

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

6.4.2	Action is taken to reduce the risk of adverse clinical handover incidents	SM	SM

Patient and carer involvement in clinical handover

Action	Description	Organisation's self-rating	Surveyor Rating
6.5.1	Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use	SM	SM

Blood and Blood Products

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

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

Documenting patient information

Action	Description	Organisation's self-rating	Surveyor Rating
7.5.1	A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record	N/A	N/A
7.5.2	The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	N/A	N/A
7.5.3	Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	N/A	N/A
7.6.1	Adverse reactions to blood or blood products are documented in the patient clinical record	N/A	N/A
7.6.2	Action is taken to reduce the risk of adverse events from administering blood or blood products	N/A	N/A

7.6.3	Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider, blood service or product manufacturer whenever appropriate	N/A	N/A

Managing blood and blood product safety

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

Communicating with patients and carers

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

Preventing and Managing Pressure Injuries

Governance and systems for the prevention and management of pressure injuries

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

8.4.1	Equipment and devices are available to effectively implement prevention strategies for patients at risk and plans for the management of patients with pressure injuries	SM	SM

Preventing pressure injuries

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

Managing pressure injuries

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Communicating with patients and carers

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

Recognising and Responding to Clinical Deterioration in Acute Health Care

Establishing recognition and response systems

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

Recognising clinical deterioration and escalating care

Action	Description	Organisation's self-rating	Surveyor Rating
9.3.1	When using a general observation chart, ensure that it: • is designed according to human factors principles • includes the capacity to record information about respiratory rate, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness graphically over time • includes thresholds for each physiological parameter or combination of parameters that indicate abnormality • specifies the physiological abnormalities and other factors that trigger the escalation of care • includes actions required when care is escalated	SM	SM
9.3.2	Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan	SM	SM

9.3.3	Action is taken to increase the proportion of patients with complete sets of recorded observations, as specified in the patient's monitoring plan	SM	SM
9.4.1	Mechanisms are in place to escalate care and call for emergency assistance	SM	SM
9.4.2	Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited	SM	SM
9.4.3	Action is taken to maximise the appropriate use of escalation processes	SM	SM

Responding to clinical deterioration

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

Communicating with patients and carers

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

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Preventing Falls and Harm from Falls

Governance and systems for the prevention of falls

Action	Description	Organisation's self-rating	Surveyor Rating
10.1.1	Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools	SM	SM
10.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
10.2.1	Regular reporting, investigating and monitoring of falls incidents is in place	SM	SM
10.2.2	Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation	SM	SM
10.2.3	Information on falls is reported to the highest level of governance in the health service organisation	SM	SM
10.2.4	Action is taken to reduce the frequency and severity of falls in the health service organisation	SM	SM
10.3.1	Quality improvement activities are undertaken to prevent falls and minimise patient harm	SM	SM
10.4.1	Equipment and devices are available to implement prevention strategies for patients at risk of falling and management plans to reduce the harm from falls	SM	SM

Screening and assessing risks of falls and harm from falling

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

Preventing falls and harm from falling

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

10.8.1	Discharge planning includes referral to appropriate services, where available	SM	SM

Communicating with patients and carers

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

Organisation: Victoria Clinic, The
Orgcode: 221780

Recommendations from Current Survey

Nil

Organisation: Victoria Clinic, The
Orgcode: 221780

Recommendations from Previous Survey

Standard: Preventing and Controlling Healthcare Associated Infections
Criterion: Infection prevention and control strategies
Action: 3.10.1 The clinical workforce is trained in aseptic technique

Recommendation: NSQHSS Survey 1115.3.10.1

Recommendation:

Progress to meeting the full intent of the core action by ensuring 100% of the clinical workforce is trained in aseptic technique.

Action:

Clinical Educator commenced 30/10/16 following position being vacant for 6 months.

Permanent appointment of experienced Nurse Unit Manager in November 2016 following extended vacancy.

Permanent appointment of Infection Prevention and Control Coordinator in August 2016.

Compliance is reported monthly at IPC, Quality and Leadership Committees.

Completion Due By:

Responsibility:

Organisation Completed: No

Surveyor's Comments: **Recomm. Closed:** Yes

The current clinical workforce has 100% compliance for training in aseptic technique.

Standard: Recognising and Responding to Clinical Deterioration in Acute Health Care
Criterion: Responding to clinical deterioration
Action: 9.6.1 The clinical workforce is trained and proficient in basic life support

Recommendation: NSQHSS Survey 1115.9.6.1

Recommendation:

Progress to meeting the full intent of the core action by ensuring 100% of the clinical workforce is trained in basic life support.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Action:

Clinical Educator commenced 30/10/16 following position being vacant for 6 months.

Orientation Day (5 hours) reinstated November 2016 and to be held quarterly, orientation includes Basic Life Support practical training.

Basic Life Support eLearning is reported monthly at WHS, Quality and Leadership Committees.

Completion Due By:

Responsibility:

Organisation Completed: No

Surveyor's Comments: **Recomm. Closed:** Yes

100% of the clinical workforce has been trained in basic life support.

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Standards Rating Summary

Organisation - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	0	20	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	**0**	**189**	**20**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	0	3	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	**0**	**44**	**3**	**47**

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	0	0	0
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	**189**	**0**	**189**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	0	0	0
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	**44**	**0**	**44**

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	0	23	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	**0**	**233**	**23**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	0	0	0	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	**233**	**0**	**233**	**Met**

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Surveyor - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	0	20	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	**0**	**189**	**20**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	0	3	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	**0**	**44**	**3**	**47**

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	0	0	0
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	**189**	**0**	**189**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	0	0	0
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	**44**	**0**	**44**

NSQHSS Survey

Organisation: Victoria Clinic, The
Orgcode: 221780

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	0	23	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	**0**	**233**	**23**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	0	0	0	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	**233**	**0**	**233**	**Met**