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Tweed Day Surgery

BUSINESS REVIEW REPORT





Date of Review	February 01, 2018
Type of Review	Recertification
Site	Suite 4, 38-44 Boyd Street Tweed Heads, 2485 NSW
Certification Standard	National Safety and Quality Health Service Standards
Scope of Certification	Day surgery procedures
Scope of Review	As per Business Review Booking and Plan
Review Team	Christine Roggenkamp (Lead Auditor) and Alison O'Brien
Report Signatory	Christine Roggenkamp
Non-Applicable Actions	7.1.1; 7.1.2; 7.1.3; 7.2.1; 7.2.2; 7.3.1; 7.3.2; 7.3.3; 7.4.1; 7.5.1; 7.5.2; 7.5.3; 7.6.1; 7.6.2; 7.6.3; 7.7.1; 7.7.2; 7.8.1; 7.8.2; 7.9.1; 7.9.2; 7.10.1; 7.11.1; 8.7.1; 8.7.2; 8.7.3; 8.7.4; 8.8.1; 8.8.2; 8.8.3; 8.8.4; 8.9.1; 8.10.1
Details and Registration of the Health Facility	NSW Health Licence DC 112 dated 17.02.2017
Certification Representative	Jane McLennan
Consumer Representative	UR# 24152
Shifts	AM - Day Only facility



Summary

Tweed Day Surgery continues to operate under Healthscope Pty Ltd Corporate Governance Structures and integrated Risk Management Framework.

Licensed by NSW Ministry of Health the facility provides Anaesthesia Cosmetic Surgery Gastrointestinal Endoscopy and General Surgical Services.

A visit from the NSW Health Regulation and Compliance Unit conducted May 31, 2017 records the facility as being compliant to requirements of record keeping and documentation systems including observation of practice and discussions with staff to confirm processes in place.

The facility demonstrates engagement with HICMR to support Infection Prevention and Control in line with current standards including AS/NZS 4187:2014

There has been significant Capital Expenditure over the previous 12 months based on Infection Control Action Planning, identified opportunities for improvement and asset management.

Surgical instrumentation has been purchased, a Zeiss Microscope and a Centurion Cataract Surgery platform, a new Uninterrupted Power Source (UPS) has been installed, a general refurbishment of the Recovery and Patient waiting areas as been conducted and ultrasounds have been purchased for use in Pain Management.

Commitment to staff skills and development is evident with staff opportunities being made available to attend ISO 9001:2016 Auditor Course and Gold Standard Hand Hygiene Auditor training.

There were 0 open findings at commencement of this audit and 0 raised at this time.

We believe that the health service organisation has the capability to systematically meet the requirements of the standard against the activities identified within the scope of certification. The auditor would like to thank the health service organisation for their openness, transparency and hospitality during the review.

Mandatory Reporting	
The management system includes an adequate process to identify the organisation’s key processes and determine their controls;	Yes
The system provides an adequate description of the organisation and its on-site processes;	Yes
The system includes an overview of the applicable regulations (including licences/permits), and agreements with authorities, and that any licenses necessary for the relevant activities of the organisation are in place; and	Yes
The management system is effective in achieving the organisation’s objectives.	Yes
Updates Since our Last Review	
If applicable, the effectiveness of taken corrective actions regarding previously identified nonconformities has been verified?	Yes
Any changes to the internal and external operating environment of the organisation?	No
Any changes to the documented management system?	No
Is there an awareness of and appropriate responses to changes in legislative requirements or recognised industry practices?	Yes
Has there been a balanced selection of standards audited such that all relevant standards are fully covered during the certification cycle?	Yes
Has there been any critical incidents/accidents (including transfers)?	There have been no reported significant quality and safety



	events. Patient transfers to a higher level of care are managed appropriately.
Inspection / audits by regulators?	NSW Ministry of Health - May 31, 2017
Review Team Findings	
Open at the start of this review	00
Raised at this review	00
Closed	00
Remaining open at the end of the review	00



REQUIREMENT	EVIDENCE	COMPLIANCE
Use of Certificate, Mark(s) and Advertising Material	Certificates are on display in reception however; marks are not used.	Yes



<p>Patient Episode and Consumer Interview</p>	<p>With permission various parts of the patient episode for UR# 24152 were observed and a patient interview of the same patient was undertaken. Processes observed or assessed included:</p> <ul style="list-style-type: none">• The nursing admission in the preop area• Use of Clinical pathway• Clinical assessments• Clinical handover using ISOBAR and COLD acronyms was observed• Identification process included use of approved identifiers at each interaction including during the team time out process, which included the entire surgical team and the patient medical record and prothesis.• Pathology handling process was observed• Handling of patient belongings was sighted• Emergency management processes including systems for clinical deterioration, use of a track and trigger chart with parameters for emergency calls and clinical review and a place to document modifications, interventions and PARU and discharge lounge discharge criteria• Storage of medication and management of high risk drugs was observed and the dangerous drug register was sampled• CSSD processes observed included the decontamination area, and daily checks, cleaning records and equipment records were sampled, the sterilising area was also observed and the tracking system was sampled and the sterile stock management was sighted• Hand hygiene was appropriately undertaken, PPE was used applicably, disposable curtains are used and are dated and staff were observed cleaning reusable medical devices. <p>The consumer interview occurred with the patient as above (UR#24152), who was a current and past patient of the hospital. The patient was satisfied with the care received at each admission. She stated she was aware of her rights and responsibilities and she was provided with information prior to her visit about her admission. She stated she was also kept informed throughout her admission.</p> <p>The consumer observed staff using hand hygiene before they instilled her eye drops and before the insertion and removal of the IV cannula and before she was provided food. She remembered staff asking her to state her name, address and date of birth on numerous occasions and they checked her armband and chart before they did anything to her.</p> <p>The consumer also remembered the team in the operating theatre checking her band, chart and asking her about the procedure and the side of the surgery and she said that when she arrived in the Stage 2 discharge lounge the staff who</p>	<p>Yes</p>
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REQUIREMENT	EVIDENCE	COMPLIANCE
	<p>brought her in gave information to the nurse in that area and she was provided with a call bell.</p> <p>She stated she was provided with a discharge prescription and some discharge instructions and the last time she was a patient they phoned her the next day to see how she was</p>	



Particulars

Review Team Declaration

We confirm that for the purpose of this review, the review team:

- Were independent from the company listed above and did not have any conflict of interest;
- Had sufficient resources and competences to complete its review and reach its conclusions; and
- Had the appropriate credentials to perform this review in accordance with Global-Mark and applicable accreditation requirements.

Comment and Disclaimer on this Report

- This report does not and should not be seen as advice. Please consult a qualified advisor or consultant for advice.
- Due to the sampling nature of third party business reviews, the time available and samples size, some issues, non-compliances or improvements might not have been identified in the present report. This does not imply that these issues do not exist, or are in compliance. Employees, management and other stakeholders of the organisation need to and are responsible for, continuously identifying and taking necessary controls to ensure continued compliance with the standard(s) and continual improvement.
- Readers of this report should make judgement taking the above into account.
- The report is confidential, and is owned by the organisation listed above, Global-Mark Pty Ltd and the review team members who participated in its preparation.
- Global-Mark reserves the right to make this report available to regulators, and/or funding providers if requested.

When reading or using this report the compliance column should be completed as:

- Yes complies
- No, does not comply- refer to Health Review Form

NSQHSS Determinants

- This BRR NSQHSS 01 is supported by the BRR NSQHSS 02 spreadsheet, and they should be read in conjunction.
- Health Review Form (HRF): please refer to the HRF for enhanced information which includes finalised review findings, safety and quality reports summary, not applicable action items and NSQHSS self-assessment details.
- Draft Health Findings form (DHF): your client manager will leave you with a documented summary of findings. The DFF may be subject to change during the report finalisation process. Findings are finalised within the HRF, which is sent to you with your final report/s.

Attendance to Opening and Closing Meeting	Opening	Closing
As per attendance sheet		