

Assessment Report

Pacific Private (Day) Hospital

Assessment dates 01/11/2018 to 01/11/2018 (Please refer to Appendix for details)
Assessment Location(s) Southport (000)
Report Author Jane McGarry
Assessment Standard(s) NSQHS:2012



Table of contents

Executive Summary	3
Changes in the organization since last assessment	4
NCR summary graphs	5
Your next steps.....	6
NCR close out process.....	6
Assessment objective, scope and criteria	7
Assessment Participants	8
Assessment conclusion	9
Findings from this assessment	10
See attached National Safety and Quality Health Services Standards 2012 report:	10
Next visit objectives, scope and criteria.....	11
Next Visit Plan	12
Appendix: Your certification structure & ongoing assessment programme.....	13
Scope of Certification.....	13
Assessed location(s).....	13
Certification assessment program	14
Definitions of findings:.....	14
How to contact BSI.....	15
Notes.....	15
Regulatory compliance	16

Executive Summary

Recommendation: Continued certification to the National Safety and Quality Health Service standard 2012 is recommended.

The Pacific Private Day Hospital (PPDH) safety and quality framework is supported by an organisational wide governance and quality improvement system monitored through incident management processes, customer feedback and complaints mechanisms, risk management processes, clinical indicator program and an internal audit program.

The organizations' vision which is based on four pillars of Service Excellence, Teamwork and Integrity, Aspiration and Responsibility. Service Excellence identifies Governance as the strategic initiative 'to improve the safety and clinical outcomes of all PPDH private patients through improved governance'

All risks associated with governance are linked within the strategic direction for governance and the National Safety Quality Health service standards 2012 – actions are identified with KPI/measures and responsibility and timing for each action.

PPDH continues to demonstrate continued and sustainable improvement in their day to day operations receiving eleven (11) nominations for the (Star Awards) relating to the four pillars of Service Excellence, Teamwork and Integrity, Aspiration and Responsibility).

It is evident the committed leadership team is working collaboratively to guide the hospital toward excellence and innovation in compassionate, patient centred care which has been demonstrated with the result of 98% achieved from a recent external staff engagement survey that has shown the hospital is focused on 'delivering exception care' achieving the highest staff engagement award in 2018.

Consumer engagement is a key commitment for the PPDH staff who recently met with the Aboriginal traditional land owners Jellurgal and participated in healing hands ceremony. Aboriginal art work by the traditional owners depicting healing hands is displayed in the patient reception area of the facility. Staff are committed to other community projects which involve staff and medical practitioners who volunteer their time visiting regional and remote areas on an annual basis.

Care provided by the clinical workforce is guided by current best practice guidelines as well as statutory and regulatory requirements and compliance is monitored through the clinical indicator program, incident management processes and customer feedback and complaints mechanisms.

The innovative organisational risk management, quality and safety system was found to be well embedded throughout the hospital and is reflected in the Hospital Quality Manual which serves as part of the Pacific Private Day Hospital quality management system and available as a resource for new and existing staff.

The intended results of the Quality Management System are detailed in the quality policy (vision) which includes delivering personalised services achieved by providing patients, visitors and colleagues an environment where safety, clinical excellence and professionalism is paramount.

"MET with MERIT was achieved for criterion: 1.1.1; 1.1.2; 1.2.2; 1.5.2; 1.6.2 in Standard 1 and 2.1.1 in Standard 2. All other criteria were satisfactorily met"

Changes in the organization since last assessment

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

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

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

NCR summary graphs

There have been no NCRs raised.

Your next steps

NCR close out process

There were no outstanding nonconformities to review from previous assessments.

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

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

Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of the National Safety and Quality Health Service Standard 2012 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

National Safety and Quality Health Service Standard 2012
Pacific Private Day Hospital management system documentation

Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed (processes)
Jane McLennan	Director of Nursing	X	X	X
David Harper	General Manager	X	X	X
Nicole Scrom	Operating Theatre Manager	X	X	X
Debbie Clark	CSD Manager	X		
Serena Mills	Front Office Manager Administration	X	X	X
Amanda Ginger	National Accreditation Manager - Healthscope	X	X	
Kelly Mercuri	Quality Coordinator	X	X	X
Judy McCorey	CSD Technician			X
Di Rogers	CSD Technician			X
Tracey Ringa	CSD Technician			X
Jenny Patali	CSD Technician			X
Jo Mathews	RN PACU			X
Antionette Gouws	RN PACU			X
Rikki Griffiths	EN Discharge Lounge			X
Joy Potter	Consumer Representative		X	X

Assessment conclusion

BSI assessment team

Name	Position
Lynette Dasey	Team Member
Jane McGarry	Team Leader

Assessment conclusion and recommendation

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

RECOMMENDED - The audited organization can be recommended for certification / recertification / continued certification to the above listed standards, and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from this assessment

See attached National Safety and Quality Health Services Standards 2012 report:

Standards 1 - 3 attached to this

Next visit objectives, scope and criteria

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

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

Pacific Private Day Hospital management system documentation

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

Next Visit Plan

Date	Auditor	Time	Area/Process	Clause
01/08/2020			National Safety & Quality Health Service Standards - 2nd edition Clinical Governance - Standard 1	
01/08/2020			Partnering with Consumers - Standard 2	
01/08/2020			Preventing & Controlling Healthcare Associated Infection - Standard 3	
01/08/2020			Medication Safety - Standard 4	
01/08/2020			Comprehensive Care - Standard 5	
01/08/2020			Communicating for Safety - Standard 6	
01/08/2020			Blood Management - Standard 7	
01/08/2020			Recognising and Responding to Acute Deterioration- Standard 8	

Appendix: Your certification structure & ongoing assessment programme

Scope of Certification

NSQHS 614824 (NSQHS:2012)

For the provision of elective admissions for ophthalmic surgery, plastic surgery, gastroenterology, dental, orthopaedics and general surgery in private day surgery unit. Exclusions: Standard 7 National Safety and Quality and Health Service Standards

Assessed location(s)

The audit has been performed at Central Office.

Southport / NSQHS 614824 (NSQHS:2012)

Location reference	0047520130-000
Address	Pacific Private (Day) Hospital 123 Nerang Street Southport Queensland 4215 Australia
Visit type	Continuing assessment (surveillance)
Assessment reference	8834180
Assessment dates	01/11/2018
Audit Plan (Revision Date)	01/11/2018
Deviation from Audit Plan	No
Total number of Employees	83
Effective number of Employees	35.7
Scope of activities at the site	Main Certificate Scope applies.
Assessment duration	2 day(s)

Certification assessment program

Certificate Number - NSQHS 614824

Location reference - 0047520130-000

		Audit1	Audit2	Audit3	Audit4
Business area/Location	Date (mm/yy):	11/2017	11/2018	11/2019	11/2020
	Duration (days):	4	2	2	4
National Safety & Quality Health Service Standard 1 - 3			X	X	
National Safety & Quality Health Service Standards - 2nd edition Clinical Governance - Standard 1					X
Partnering with Consumers - Standard 2					X
Preventing & Controlling Healthcare Associated Infection - Standard 3					X
Medication Safety - Standard 4					X
Comprehensive Care - Standard 5					X
Communicating for Safety - Standard 6					X
Blood Management - Standard 7					X
Recognising and Responding to Acute Deterioration - Standard 8					X

Definitions of findings:

Non-conformity:

Non-fulfilment of a requirement.

Major nonconformity:

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

Nonconformities could be classified as major in the following circumstances:

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

Minor nonconformity:

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

Opportunity for improvement:

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

Observation:

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

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

How to contact BSI

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

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

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

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

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

Notes

This report and related documents are prepared for and only for BSI's client and for no other purpose. As such, BSI does not accept or assume any responsibility (legal or otherwise) or accept any liability for or in connection with any other purpose for which the Report may be used, or to any other person to whom the Report is shown or in to whose hands it may come, and no other persons shall be entitled to rely on the Report. If you wish to distribute copies of this report external to your organisation, then all pages must be included.

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

This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other

normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

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

Regulatory compliance

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