



# National Safety and Quality Health Service Standards 2.1 Short Notice Assessment

## *Final Report*

Hunter Valley Private Hospital

SHORTLAND, NSW

Organisation Code: 120308

Health Service Facility ID: 100795

ABN: 24 002 830 300

Assessment Date: 04 – 06 February 2025

Accreditation Cycle: 1

**Disclaimer:** The information contained in this report is based on the evidence provided by the participating organisation at the time of the accreditation survey and information that the organisation supplied through the reporting and editing process. Accreditation issued by ACHS/ACHSI does not guarantee the ongoing safety, quality or acceptability of an organisation or its services or programs, or that legislative and funding requirements are being met, or will be met.

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## Introduction

### **The Australian Council on Healthcare Standards**

The Australian Council on Healthcare Standards (ACHS) is Australia's leading healthcare assessment and accreditation provider. ACHS is an independent, not-for-profit organisation dedicated to improving quality and inspiring excellence in health care. We accredit organisations according to either government standards, or our own established standards.

ACHS is approved to accredit the following standards

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care Module (MPS Module)
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards
- National Clinical Trials Governance Framework
- Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition) and the RACGP Standards for point-of-care testing (5th edition)
- National Standards for Mental Health Services (NSMHS)
- Rainbow Tick Standards
- EQuIP Standards

Currently there are more than 1,600 healthcare organisations, including their associates, that undertake ACHS assessment and quality improvement programs. ACHS are proud to accredit the majority of all public and private hospitals in Australia.

With representation from governments, consumers and peak health bodies from throughout Australia, ACHS works with healthcare professionals, consumers, government and industry stakeholders to implement healthcare accreditation programs.

ACHS offers a variety of services including accreditation, education and training, data and benchmarking and consulting. We take a partnership approach to continuous improvement, tailored to the needs of individual services and health systems, using our expertise in accreditation, standards development and education.

### **Australian Commission on Safety and Quality in Health Care**

The Australian Commission on Safety and Quality in Health Care (Commission) leads and coordinates national improvements in healthcare safety and quality. It works in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission works in four priority areas:

1. Safe delivery of health care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value, and outcomes

### **The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme**

Under the National Health Reform Act 2011, the Commission is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the following safety and quality standards:

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care (MPS) Module
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards, and
- Any other set of standards that may be developed by the Commission from time to time

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, the NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

#### **Rating scale definitions**

Whenever the NSQHS Standards (2nd ed.) are assessed, actions are to be rated using the rating scale outline below:

<b>Rating</b>	<b>Description</b>
<b>Met</b>	All requirements of an action are fully met.
<b>Met with recommendations</b>	<p>The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required. If there are no not met actions across the health service organisation, actions rated met with recommendations will be assessed during the next assessment cycle. <b>Met with recommendations may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated not met.</b></p> <p>In circumstances where one or more actions are rated not met, the actions rated met with recommendations at initial assessment will be reassessed at the final assessment. If the action is not fully met at the final assessment, it can remain met with recommendations and reassessed during the next assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.</p>

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Rating	Description
<b>Not met</b>	Part or all of the requirements of the action have not been met.
<b>Not applicable</b>	The action is not relevant in the service context being assessed. The Commission's advisory relating to not applicable actions for the health sector need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

For further information, see [Fact sheet 4: Rating scale for assessment](#)

### Repeat Assessment

If a health service organisation has 16 or more percent of assessed actions **rated not met and /or met with recommendations**, and /or more than 8 actions from the Clinical Governance Standard not met at initial assessment and is subsequently awarded accreditation, the organisation is required to undertake a further assessment within six months of the assessment being finalised. All actions rated not met or met with recommendations from the initial assessment will be reassessed. The aim of the reassessment is to ensure the organisation has fully embedded the necessary improvements in their safety and quality systems to maintain compliance with the NSQHS Standards. This is a one-off assessment with a remediation period of 60 business days. **All actions must be met when the assessment is finalised for the organisation to retain its accreditation.**

For further information, see [Fact Sheet 3: Repeat assessment of health service organisations](#)

### Safety and Quality Advice Centre and Resources

The Advice Centre provides support for health service organisations, assessors, and accrediting agencies on NSQHS Standards implementation, the Primary and Community Healthcare Standards, the Digital Mental Health Standards, the National General Practice Accreditation (NGPA) Scheme, the National Pathology Accreditation Scheme, and the National Diagnostic Imaging Accreditation Scheme.

Telephone: 1800 304 056

Email: [AdviceCentre@safetyandquality.gov.au](mailto:AdviceCentre@safetyandquality.gov.au)

Further information can be found online at the [Commission's Advice Centre](#) via <https://www.safetyandquality.gov.au/>

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## Authority to act as an Accrediting Agency

I, Dr Karen Luxford, CEO of the Australian Council on Healthcare Standards (ACHS) declare that ACHS has the approval from the Australian Commission on Safety and Quality in Health Care to conduct assessment to the *National Safety and Quality Health Service Standards 2.1 Short Notice Assessment*. This approval is current until 31<sup>st</sup> December, 2024.

Under this authority, ACHS is authorised to assess health service organisations against the Australian Health Service Safety and Quality Accreditation Scheme.

## Conflicts of Interest

I, Dr Karen Luxford, declare that ACHS has complied with Australian Commission on Safety and Quality in Health Care policy on minimising and managing conflicts of interest.

No conflicts of interest were evident as part of this assessment and no Consultants or third parties participated in this assessment.

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## Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Lead Assessor	David Gunderson	Yes
Assessor	Ruth Melville	Yes

## Assessment Determination

ACHS has reviewed and verified the assessment report for Hunter Valley Private Hospital. The accreditation decision was made on 12/03/2025 and Hunter Valley Private Hospital was notified on 12/03/2025.

## How to Use this Assessment Report

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

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

### The Ratings:

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

A rating report is provided for each health service facility.

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

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

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

### Suggestions for Improvement

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

### Recommendations

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

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

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

## Executive Summary

Hunter Valley Private Hospital underwent a National Safety and Quality Health Service Standards 2.1 Short Notice Assessment (NS2.1 Short Notice Assessment) from 04/02/2025 to 06/02/2025. The assessment required two assessors for a period of three days. Hunter Valley Private Hospital is a Private health service. Hunter Valley Private Hospital was last assessed between 22/2/2022 and 24/2/2022.

PICMoRS was used to conduct this assessment. 75% of available time was spent in operational areas during this assessment.

Hunter Valley Private Hospital (HVPN) is an 83 bed private hospital located in Newcastle NSW. In February 2025 HVPN participated in a short notice NSQHS (second edition) organisation wide assessment. Assessors visited all wards, departments and services. During the assessment, the following methodologies were used to facilitate triangulation of the abundant evidence provided to the team:

- PICMORS.
- Patient Journeys – assessed in their entirety.
- Patient Interviews.
- Proof of Process Journeys – Medications, Blood Products and Reusable Medical Devices.
- High Risk Scenario review of a recent incident related to occupational violence and aggression. The high-risk scenario test was conducted by the General Manager and Director of Nursing.

Evidence was gathered from policy documents, committee and meeting records, audit results, communication with staff, patients and relatives, employment documents and observation by assessors. Greater than 75% of the assessment timetable was allocated to visiting operational and clinical departments. Where applicable, the requirements of the latest versions of the NSQHS (second edition) Advisories were assessed for compliance.

All clinical and non-clinical external contracted services that relate to the standards were verified by the assessment team as being current and reviewed in the last three years.

All actions contained in each of the standards were assessed as MET. One action (5.36) was assessed as not applicable. At the time of the assessment, opportunities for improvement were suggested to the hospital for their consideration and are included within this report as suggestions.

HVPN is led by an enthusiastic and effective executive and senior management team focused on the highest safety and quality outcomes for both patients and staff. Assessors were impressed with the passion and enthusiasm in which staff approached the assessment process and the willingness to share their successes.

HVPN has recognised the diversity of their community and the services they could offer Aboriginal and Torres Strait Islander people if they self-identify at admission. Their risk profile shows similar harm risks as the general patient population, but six specific actions have been implemented to provide culturally appropriate and inclusive care.

The 2024-2025 Healthscope Clinical Governance Plan has been implemented, supported by the HVPN Quality Plan. These documents are used to operationalise and monitor key objectives related to patient care and clinical outcomes. A national Clinical Risk Management Framework is managed

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and monitored on a local level. Performance indicators and clinical metrics are collected, analysed, and reported through the Quality Committee and Medical Advisory Committee, and the Healthscope Board.

HVPH has adopted a sustainable approach to person-centred care by collaborating with three consumer consultants. These consultants engage in various activities including bedside audits, health literacy reviews, and committee memberships. Assessors noted multiple instances of patient care involving partnerships with patients according to their preferences.

An education program is in place for all staff, conducted over a five-day orientation program with ongoing education available when communication gaps are identified. Excellent innovative education strategies are key to the continuing high achievements of staff compliance at HVPH with mandatory training and staff performance appraisals.

The HVPH demonstrated excellent leadership for the management of infection prevention and control and antimicrobial stewardship with overall compliance in all clinical areas consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. Documented evidence (Procedures and auditing) along with the patient journey and multidisciplinary staff interactions was observed by the assessors. It was obvious from the first day of assessment, the passion and commitment of the team working together collaboratively to achieve high standards related to infection control practices across all streams from cleaning to clinical practice.

The Antimicrobial Stewardship program is well established and guided by evidence based policies. HVPH contributes to both the Antimicrobial Utilisation Surveillance Program (NUASP) and Surgical National Antimicrobial Prescribing Survey (SNAPS).

Processes are well embedded to support the implementation of a safe medication management system to ensure that clinicians safely prescribe, dispense and administer appropriate medicines, and monitor medicine use. The medication system is regularly reviewed through audit and improvement plans initiated to address any areas identified as requiring further action. All high risk medications are handled appropriately to reduce the risk of improper use. Staff understand the significance of obtaining a Best Possible Medication History, including past adverse reactions, as well as participating in reconciliation and review of the medications taken by a patient. The hospital's outsourced pharmacy staff supports this work. Patients are provided with a range of resources about their medications, with care taken to meet a person's level of health literacy. Staff have easy access to information about medications, along with a range of decision support tools.

Clinicians at HVPH deliver comprehensive care to all patients (inpatient and outpatients) exceptionally well. Comprehensive care is embedded into daily practice at HVPH with systems and processes to support safe effective care across all disciplines. A collaborative approach from all teams was evident to the assessors, as clinicians support each other to achieve patient goals and mitigate specific risks to different patient cohorts as identified. Assessors observed many examples of clinical and non-clinical teams collaborating to meet the patient's needs, across the continuum of care. All staff work together to mitigate falls risk and pressure injuries.

End-of-Life care was provided to a very high standard within the facility in accordance with the National Consensus Statement's Guiding Principles. Staff provide end-of-life care in an environment that is patient/family/carer centred ensuring patient's wishes are met.

Across HVPH, Communicating for Safety is well supported by all (multidisciplinary) staff every day from welcoming the patient at the front door to communication and continuous improvement for safe patient care in all clinical and non-clinical areas across the facility. HVPH has a patient centred

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approach with communication to patients, family and carers about many aspects of their care including shared decision making supporting the delivery of continuous and safe care.

Many communication processes involving structured communication were observed by assessors over the three (3) days –clinical handovers, hospital transfers, Perioperative Surgical safety Checklist (SSC), referrals to other multidisciplinary teams; all of these were documented well whilst meeting mandatory patient identification processes every time.

The Healthscope Perioperative SSC was an excellent improvement initiative between HVPH and another Healthscope facility where a Fire Risk Assessment score has been added to this checklist to ensure the risk associated with fire is highlighted every time for every patient to ensure optimal safe care in the perioperative setting.

Clinical risks associated with patient identification, procedure matching or clinical handover are reported in RiskMan and escalated to the Quality Committee and Medical Advisory Committee as required.

The management of blood and blood products at HVPH aligns with the national approach to managing these products. The overall processes and procedures are understood by staff, they are reviewed and managed by the Quality Committee. Assessors were able to observe the rigorous systems and processes that staff have implemented when administering blood and blood products. HVPH works closely with the supplying laboratory for blood and blood products.

The management of recognising and responding to acute deterioration at HVPH is well supported by a range of local and Healthscope policies and procedures. Staff were able to articulate the key communication that is in place for the safe response to acute deterioration across the facility by the multidisciplinary teams including the Code Blue working party.

Other initiatives such as the involvement of consumers to redesign posters for the REACH program to ensure a clear understanding of escalation of care to consumers.

Clinicians are trained and supported to respond appropriately to any signs of deterioration not only with Basic Life Support (BLS) but also Advanced Life Support (ALS) both paediatric and adult in areas that require these specific responses. The ongoing support of ALS training to staff is to be commended.

HVPH has processes in place that staff were able to explain for the rapid referral and transfer for acute deteriorating patients including Anaphylaxis and Sepsis pathways of all patients.

## Summary of Results

Hunter Valley Private Hospital achieved a met rating for all actions and therefore there is no requirement for a follow up assessment.

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

## Sites for Assessment

### Hunter Valley Private Hospital

Site	HSFID	Address	Visited	Mode
Hunter Valley Private Hospital	100795	20 Mawson St SHORTLAND NSW 2307	Yes	On Site

## Contracted Services

The following contracted services are used by Hunter Valley Private Hospital.

Provider	Description of Services	Verified During Assessment
SC Medical	Anaesthetic machine maintenance	Yes
Invitro	Autoclave maintenance	Yes
SC Medical	Biomedical	Yes
BGIS	Electrical; fire; building maintenance	Yes
BGIS	Nurse Call System	Yes
Laverty Pathology	Pathology	Yes
Superior Pest Control	Pest Control	Yes
Slade Pharmacy	Pharmacy	Yes
Hunter Imaging Group	Radiography	Yes
Phillips	X-ray Room Equipment	Yes
Caterlec	Kitchen appliances	Yes
Initial	Sanitary waste	Yes
SNP/EastLakes	Security	Yes
Compass Dietitians	Dietetics	Yes
Shomatsu	X-ray processor	Yes
H5 Healthcare	Mattress hire	Yes
APC prosthetics	Prosthetist	Yes
SC Medical	Theatre Patient Trolleys	Yes
SC Medical	Theatre table maintenance	Yes
Hunter Bone Bank	Bone bank	Yes

Hunter Valley Private Hospital has reviewed these agreements for the listed services in the three years preceding this assessment.

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## Standard 1 - Clinical Governance

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

### ACTION 1.01

The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance

### Comments

A review of available documentation (Consistent with the requirements of the ACSQHC Checklist for Assessors – Reviewing information accessed and actioned by the Governing Body), supported by observation and interviews with a representative from Healthscope's Clinical Governance Unit, demonstrated that a culture of safety and quality improvement had been established. This was reinforced by the HVPH Executive Leadership Team who set the strategic direction and ensures it is clearly communicated. The standardised Healthscope Clinical Governance Framework describes the governance related roles and responsibilities across the services and supports staff to effectively partner with patients and families. A committee structure has been established to monitor the effectiveness of the clinical quality system through audit, data analysis and incident reporting. A risk management approach underpins all aspects of clinical safety and quality.

Rating	Applicable HSF IDs
Met	All

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<b>ACTION 1.02</b>	
The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 1.03</b>	
The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 1.04</b>	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

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<b>ACTION 1.05</b>	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 1.06</b>	
Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

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**ACTION 1.07**

The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements

**Comments**

Documents reviewed, plus interviews with the senior managers demonstrated how policy documents, procedures and protocols are managed to ensure that they are current, comprehensive, effective, appropriately referenced and comply with legislation and regulations, along with NSW Health and Healthscope requirements. Compliance is monitored through incident reporting, and trends influence the revision of specific policies, procedures and protocols where indicated. A risk management approach was evident in defining the scheduled revision of key documents.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.08**

The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems

**Comments**

HVPH has a defined quality management system that produces performance and outcome data. Staff, Medical Advisory Committee Chair and consumer consultants confirmed that they receive information on quality and safety performance and that it is actively managed with minutes of meetings. Outcome data and information is used to drive improvements through the clinical governance structure and is made available to staff and other stakeholders who are engaged in performance evaluation.

Rating	Applicable HSF IDs
Met	All

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**ACTION 1.09**

The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations

**Comments**

Senior staff confirmed during interviews how the organisation manages the safety and quality system. Reports are provided to the Healthscope Board and senior management, the workforce, consumers and other stakeholders. Reporting is undertaken through a range of appropriate mechanisms, and in formats that are appropriate to the intended audience(s).

Rating	Applicable HSF IDs
Met	All

**ACTION 1.10**

The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters

**Comments**

Management and staff explained how risks are identified and managed and how this is influenced by staff, patients and carers. Information from a broad range of sources informs the HVPH Executive Leadership Team to define and operationalise the risk management system. The system is reviewed and refined as needed to ensure it remains effective in managing both corporate and clinical risks. The risk management system includes business continuity plans to support service delivery in the case of an emergency or disaster. Assessors saw evidence that the system is actively managed, evaluated and improved as needed. This was further verified through a high-risk scenario discussion regarding a recent incident of occupational violence and aggression.

Rating	Applicable HSF IDs
Met	All

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**ACTION 1.11**

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

**Comments**

Documents reviewed, plus interviews with staff, confirmed that all staff are encouraged to report any incidents or "near misses" through the incident reporting system. Patients and carers reported that they felt empowered to raise concerns. The Quality Committee provides analysis and feedback to all staff on incident reporting and trends. Trend analysis of incidents drives multiple quality improvement activities and are reflected in the HVPH Risk Register. Information on the outcomes of incident investigations is reviewed at the individual incident and aggregate levels to ensure the system is functioning as intended and to inform improvements where indicated.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.12**

The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes

**Comments**

Healthscope has established an open disclosure program which is consistent with the Australian Open Disclosure Framework. The HVPH Director of Nursing and General Manager monitors how, why and when open disclosure occurs. Senior managers were able to articulate their role in open disclosure and felt supported in initiating and participating in open disclosure.

Rating	Applicable HSF IDs
Met	All

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**ACTION 1.13**

The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems

**Comments**

HVPH uses a variety of mechanisms to seek and respond to feedback from patients, carers, families and staff about the quality of care provided by the organisation. Feedback is analysed, trended, reported and used to inform quality improvement strategies. HVPH is commended on their use of two consumer consultants to conduct bedside audits.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.14**

The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system

**Comments**

Assessors were able to review the organisation's complaints management policy and processes. This demonstrated that an organisation-wide complaints management system is established, which supports patients, carers and the workforce to report complaints. Documentation shows that staff and consumers are appropriately involved in the review of complaints, which are resolved in a timely way. Feedback is provided to the governing body, the workforce and consumers on the analysis of complaints. Action is taken to inform improvements both in response to individual complaints where indicated and based on identified trends which also inform the risk register.

Rating	Applicable HSF IDs
Met	All

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<b>ACTION 1.15</b>	
The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	
<b>Comments</b>	
Documents reviewed, plus interviews with senior staff and management confirmed that HVPH analyses the demographics of its patient population and the broader community to identify those patients who are at a higher risk of harm. This information is used to support decisions on service delivery and planning to identify how to best address their needs. The two higher risk groups have been identified as paediatrics and special needs patients.	
<b>Suggestion(s) for Improvement</b>	
Many departments were able to reflect on their increasing admissions from the LGBTIQ+ Community. Suggestions were made to staff in all areas interacting with this community and seeking the reassurance of 'inclusivity' to consider the benefits of applying for accreditation with Rainbow Tick Australia.	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 1.16</b>	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
<b>Comments</b>	
The healthcare record is readily available to clinicians at the point of care and is organised in such a way as to support accurate, comprehensive and timely documentation. Healthcare records are maintained securely and comply with privacy legislation. Regular clinical documentation audits are undertaken, and reports are provided, to clinicians, departments, and key committees, with remedial activity required where indicated.	
Rating	Applicable HSF IDs
Met	All

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**ACTION 1.17**

The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies

**Comments**

Healthscope have been granted a formal extension for the fulfillment of the requirements of Advisory 18/11 until 4 June 2025.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.18**

The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system

**Comments**

Healthscope is actively progressing further integration of the clinical information in healthcare records with the My Health Record System. Information that is currently provided is compliant with legislative requirements and regular review supports the accuracy and completeness of the information that is uploaded. Healthscope have been granted a formal extension for the fulfillment of the requirements of Advisory 18/11 until 4 June 2025.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.19**

The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation

**Comments**

Assessors reviewed documentation that detailed the orientation provided to staff, agency staff, students and consumer consultants. Training identified quality and safety roles and responsibilities, and contracts and position descriptions further supported this.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 1.20**

The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training

**Comments**

Interviews with the HVPH Director of Nursing and Nurse Educators confirmed that processes are in place to ensure that clinicians are working within their defined and agreed scope of clinical practice.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.21**

The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients

**Comments**

Cultural Diversity and Sensitivity in Healthcare is part of the HVPH Mandatory Training Program. Completion of this training is currently reported as 97%.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 1.22**

The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system

#### **Comments**

Staff Performance Reviews are conducted annually for all staff that identifies professional development needs. Education plans and training needs analysis are conducted in response to these reviews. Performance review completion is audited, and current compliance rates are 95%. Staff can articulate the performance management system and their role in the process.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

#### **ACTION 1.23**

The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered

#### **Comments**

Defining the scope of clinical practice is handled competently by HVPH Medical Advisory Committee and the C-GOV credentialing software. The requirements of Advisory 18/12 have been met for practicing proceduralists and endoscopists. The four mandated quality indicators for colonoscopy are collected and reported.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 1.24**

The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process

**Comments**

Credentialing is overseen by the HVPH General Manager and MAC Chair and is well established and managed with a supporting Healthscope policy which is reviewed regularly. All professions subject to professional registration requirements are monitored and checked on the AHPRA database. The credentialing processes are monitored and regularly reviewed to ensure they remain robust. The requirements of Advisory 18/12 have been met.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.25**

The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff

**Comments**

Staff interviewed by assessors were able to articulate their roles and responsibilities for quality and safety. These are defined in position descriptions for staff employed by the organisation and in contractual arrangements for the provision of agency staff. Orientation and onboarding includes information for staff on these responsibilities.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 1.26**

The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate

**Comments**

Clinicians are provided with adequate supervision according to their designated roles and responsibilities and this is supported by position descriptions and the organisation structure. Access to after-hours advice if provided through an Executive on-call system.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.27**

The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care

**Comments**

HVPH provides their staff with access to a range of tools, best practice guidelines, care pathways and the clinical care standards to support their clinical practice.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 1.28**

The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system

**Comments**

Clinical variation is monitored by analysing comparative clinical outcomes data (both internal and external) and results are used to inform individual and aggregate performance, support clinicians in actively participating in clinical reviews and to inform changes needed to minimise unwarranted clinical variation. Where clinical variation is identified, a risk management approach is used to minimise harm from unwarranted variation.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.29**

The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose

**Comments**

A review of safety and quality documentation substantiated by staff interviews and a Safe Environment walkaround verified that the preventative and reparative maintenance of buildings, plant, equipment, utilities, devices and other infrastructure is undertaken to ensure that they are fit for purpose. Safety of the environment is considered in service planning and design.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 1.30**

The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required

**Comments**

HVPH has undertaken a review to identify areas that have a high risk of unpredictable behaviours and has processes to ensure emerging risk areas can be appropriately identified. Strategies have been developed to ensure that people are treated in appropriate areas and risks associated with unpredictable behaviours are considered. Processes are in place to minimise the risk of harm to consumers and staff by unpredictable behaviours. This was also verified through the high-risk scenario related to occupational violence and aggression.

Rating	Applicable HSF IDs
Met	All

**ACTION 1.31**

The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose

**Comments**

Directional signage internally and externally is clear and fit for purpose. The assessment team were able to successfully navigate an unfamiliar environment.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 1.32</b>	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
<b>Comments</b>	
Flexible visiting arrangements are in place. Patients reported satisfaction with all visiting arrangements.	
Rating	Applicable HSF IDs
Met	All

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

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Standard 2 - Partnering with Consumers

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

<b>ACTION 2.01</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 2.02</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 2.03**

The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers

**Comments**

A review of the health service demonstrated that the Charter of Rights (consistent with the Australian Charter of Healthcare Rights) is readily available throughout, and that action is taken to ensure that it can easily be accessed and understood.

Rating	Applicable HSF IDs
Met	All

**ACTION 2.04**

The health service organisation ensures that its informed consent processes comply with legislation and best practice

**Comments**

Interviews with staff indicated that they understood their responsibilities with respect to informed consent. The consent policy and processes comply with legislation, and reference best practice. Compliance with consent is audited and compliance is reported as 100%. The requirements of Advisory 18/10 have been met with respect to informed financial consent.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 2.05</b>	
The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.06</b>	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 2.07</b>	
The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 2.08**

The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community

**Comments**

A review of information provided to consumers through a wide range of mechanisms demonstrated that significant action has been undertaken to align communications with the needs of the patients, carers and their families. The diversity of the local community has informed communication and information that is available that reflects this diversity. Patient satisfaction with communication and information provided to them is included in satisfaction surveys and reported positively. This was also corroborated by patient interviews.

Rating	Applicable HSF IDs
Met	All

**ACTION 2.09**

Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review

**Comments**

Documentation reviewed by assessors, and interviews with the three consumer consultants confirmed that any internally developed information has been reviewed by consumers to ensure that it is understandable and meets their needs. An excellent example was the recent review of the information provided to patients for the REACH Program.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 2.10**

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge

#### **Comments**

Clinicians were able to articulate how they effectively partner with patients in their care whilst accessing services provided by the organisation, and how they work with patients to support their ongoing care needs. Patient satisfaction with the information provided to them is reported as high as is their satisfaction with discharge planning. Patients who were interviewed by assessors also supported that they felt information was provided to them in a manner and format they could understand.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 2.11**

The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community

#### **Comments**

Interviews with three consumer consultants confirmed their active role in the governance and evaluation of health care across this organisation.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 2.12</b>	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

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

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 2.14**

The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce

**Comments**

Consumer consultants and senior managers were able to explain how the organisation works with consumers to incorporate their views and experiences into training and education for the workforce. Assessors were able to verify an excellent example during a blood product infusion. Severe discomfort was reported by the patient requiring the staff to adapt their treatment protocols based on the patient's feedback.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

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

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

<b>ACTION 3.01</b>	
The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks	
<b>Comments</b>	
HVPH has an established Infection Control Program, including antimicrobial stewardship, with all infection control documents aligned with the quality and safety systems. The implementation of these documents (policies and procedures) can be observed across all clinical care areas within HVPH.  The HVPH and overarching Healthscope policies and procedures are reflective of current evidence-based practice. They identify and manage risks whilst aligning with the requirements of the 2021 edition of the Preventing and Controlling Infection Standard.  The organisation is compliant with Advisory AS20/02.	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.02**

The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks

#### **Comments**

The HVPH governance include multidisciplinary memberships for both the Infection Prevention and Control and AMS committees with Terms of Reference that clearly describe their responsibilities of monitoring and improving infection prevention and the effectiveness of the surveillance system and workforce training.

Training provided is available both virtually and face to face regarding infection prevention and antimicrobial stewardship to maintain safe and effective practice across HVPH.

The HVPH has processes in place to manage and mitigate Pandemic Management and the Infection Control Management plans reflect the expectations and practices to be implemented by staff and are available.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.03**

The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources

#### **Comments**

HVPH has a comprehensive schedule of auditing for Infection prevention and control systems and audit results are provided to individual units and aggregate data is provided through the governance structure both locally and across other Healthscope facilities.

As verified by assessors from minutes, the Infection control and prevention and antimicrobial stewardship are discussed at relevant HVPH committee meetings and strategies are documented to improve performance where gaps are identified.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 3.04**

Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

#### **Comments**

HVPH has practices that underpin infection control and AMS programs consistent with those of Partnering with Consumers. Though patient and staff interviews assessors identified that consumers and staff were able to describe the actions taken to involve consumers and inform them about infection prevention and control and AMS measures.

Reviews of health record documentation evidenced patient discussions about treatment decisions, including use of antimicrobials.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.05**

The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups

#### **Comments**

HVPH monitors and collects data on healthcare related infections and antimicrobial use as well as broader infection control surveillance data. Reports on Healthcare related infection and antimicrobial use including Hospital acquired Infections (HAI's) and Hospital Acquired Complications (HAC's) are provided and reported to relevant committee structures for monitoring and review.

HVPH is compliant with Advisory AS20/02. An outbreak policy, and information and strategies to manage outbreaks are readily available, including COVID 19 influenza.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 3.06**

The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws

#### **Comments**

The HVPH transmission-based precautions policies and procedures are consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions requirements.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.07**

The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions

#### **Comments**

HVPH has organisational-wide policy and processes to identify and manage patients with infection risks and that they are appropriately placed into the type of isolation associated with the mode of transmission.

Staff training and competencies associated with transmission- based precautions specifically donning and doffing and annual fit testing is maintained at 100%, with training either at the commencement of employment or ongoing sessions for all staff.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 3.08**

Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care

#### **Comments**

HVPH has procedures and policies in place for transmission-based precautions. Staff were able to verify their understanding of these processes related to the environmental management and cleaning practices consistent to procedural documentation.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.09**

The health service organisation has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection

#### **Comments**

HVPH has processes to identify the patient's infectious status is included at all transfer of care / handover points. This includes the use of posters available at entry points to isolation rooms as required describing information regarding the infectious status, modes of transmission, and the rationale for wearing PPE. This ensures all staff, patients, family and carers are well informed and minimise the risk of transmission.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 3.10**

The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance

#### **Comments**

The Hand Hygiene program at HVPH is consistent with the current National Hand Hygiene (HH) Initiative and jurisdictional requirements.

Regular compliance and observational audits are undertaken and provided to staff and through ward-based Infection control leads and committees. Assessors observed hand hygiene results displayed at HVPH entrance and in ward areas throughout their facilities. Current compliance rates are consistently in the high 90%. The organisation is compliant with the requirements of Advisory AS20/01.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 3.11**

The health service organisation has processes for aseptic technique that: a. Identify the procedures in which aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation's policies on aseptic technique

**Comments**

HVPH has processes for multidisciplinary training of various aseptic procedures in place across the facility. Staff are appropriately trained, and competency / compliance is monitored. Assessor was able to review good audit results and identified high training compliance for aseptic technique.

Rating	Applicable HSF IDs
Met	All

**ACTION 3.12**

The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare

**Comments**

HVPH staff are provided with training and competency assessments, aligned with current legislation, for the management of invasive devices. Associated infection rates are monitored and reported with results that are noted to be negligible.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.13**

The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy e. Use the results of audits to improve environmental cleaning processes and compliance with policy

#### **Comments**

Overall, evidence observed by the assessors and the staff ownership of the high cleaning standards was obvious throughout the HVPH. HVPH has cleaning procedures and schedules in place aligning with legislation and other professional requirements (ACORN). Regular environmental cleaning audits (MARS) are undertaken with reporting made available for monitoring through the committee structure. Cleaning schedules specifically for the operating theatres was visualised by the assessor and staff interviewed across HVPH regarding cleaning processes had a good knowledge and understanding of the cleaning requirements.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 3.14**

The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning

#### **Comments**

HVPH has infection control processes, policies, and procedures to respond to infection risks for equipment, devices, products, buildings, and linen that is responsive to novel infections risks and pandemic planning. All new products are reviewed and assessed for infection related risk. Maintenance is both scheduled and responsive to failure.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 3.15**

The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients

**Comments**

HVPH has a comprehensive workforce immunisation program in place that complies with the jurisdictional policy and national guidelines. Immunisation status is captured during the recruitment process. There is an annual influenza vaccination program with a proactive approach to mitigate identified low compliance, for example, a staff clinic will be stood up to provide additional access for both screening and immunisation.

Rating	Applicable HSF IDs
Met	All

**ACTION 3.16**

The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection

**Comments**

HVPH has policies and procedures consistent with jurisdictional regulations to prevent and manage infections in the workforce. HVPH has immunisation records of multidisciplinary staff, including both appointed and locum staff.

There are processes in place should staff need to isolate or quarantine.

HVPH and Healthscope have processes in place for informing staff and consumers of any public health or local outbreaks relevant to their services.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.17**

When reusable equipment and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections.

#### **Comments**

The HVPH upgraded CSSD has processes in place for reprocessing of Reusable Medical Devices (RMD'S) consistent with meeting the requirements of advisory AS24/01: National Safety and Quality Health Service Standards requirements for reprocessing of reusable medical devices in health service organisations.

The assessors noted that the CSSD currently meets full compliance for quality management of reprocessing reusable equipment, instruments and devices whilst also having a strong emphasis on staff WH&S within both the operating theatre and CSSD. The flow and processes that have been put in place are excellent with support for surgical activity into the future.

The processing of flexible scopes was observed in the CSSD, that undertook decontamination, cleaning and high-level disinfection of flexible scopes confirming compliance of all the parameters required for decontamination and disinfection processes of flexible scopes.

HVPH has the TDOC traceability process in place that facilitates routine monitoring and recall when required.

The storage of sterile stock (consumables and Reusable Medical Devices) meets all the requirements within the Operating Theatres and has been a major focus of quality improvement with an allocated consistent staff member to manage both flow of sterile stock and consumables and undertake setups for the next day ensuring accountability and minimising delays to surgery. There is positive culture between both CSSD and Operating Theatres to ensure any non-conformance of RMD's are monitored and reported as a quality assurance process.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 3.18**

The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement

#### **Comments**

HVPH has established an antimicrobial stewardship program that is guided by evidenced based policy. Resources are available to staff and processes are in place to define the restriction and rules with respect to antimicrobial use. HVPH complies with the requirements of Advisory 18/08 (version 2.0).

Rating	Applicable HSF IDs
Met	All

#### **ACTION 3.19**

The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation's performance over time for use and appropriateness of use of antimicrobials

#### **Comments**

Documentation showed that the antimicrobial stewardship program included the review of antimicrobial prescribing and use and surveillance data on antimicrobial resistance. The program is evaluated, and performance is monitored with reports provided to clinicians and the HVPH Infection Prevention and Control Committee. Clinicians interviewed were able to describe the processes in place to evaluate antimicrobial use and how surveillance data on local antimicrobial resistance is used to support appropriate prescribing. The requirements of the Advisory AS18/08 (version 2.0) have been met.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Standard 4 - Medication Safety

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

<b>ACTION 4.01</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 4.02</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 4.03</b>	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
<b>Comments</b>	
HVPH aims to involve patients in their care by providing appropriate information about medications and treatments, fostering shared decision making within the constraints of the person's legal status or capacity. Patients interviewed, indicated that medication management was discussed with them and that they felt involved in the process and were able to understand the information provided. This was further validated by the Consumer Consultants when conducting their regular bedside audits.	
<b>Rating</b> <b>Applicable HSF IDs</b>	
Met	All

<b>ACTION 4.04</b>	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
<b>Comments</b>	
Scope of practice with respect to medication management is defined in policy and, where appropriate, in position descriptions for clinicians.	
<b>Rating</b> <b>Applicable HSF IDs</b>	
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 4.05</b>	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
<b>Comments</b>	
A best practice medication history (BPMH) is undertaken as soon as practicable and documented in the clinical record. Compliance with completing the BPMH is reported as high with the excellent career medical officer support.	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 4.06</b>	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
<b>Comments</b>	
Interviews with clinicians, together with a review of documentation and observations made by assessors, confirmed that current medications are reviewed for accuracy and congruence with the best possible medication history on presentation and at transition points.	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 4.07</b>	
The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
<b>Comments</b>	
The process for identifying and documenting medication allergies and adverse drug reactions is well defined and monitored. Records reviewed by assessors confirmed their consistent use. There is a high level of compliance with documenting medication related alerts in medication charts.	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 4.08**

The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system

**Comments**

Adverse drug reactions are reported through the incident management system and HVPH has a strong culture of reporting incidents and near misses. Medication related incidents are reviewed by the Quality and Pharmacy Committees.

Rating	Applicable HSF IDs
Met	All

**ACTION 4.09**

The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements

**Comments**

HVPH has established processes for reporting adverse drug reactions to the TGA where required. There have been nil notifications over the past year.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 4.10**

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

**Comments**

The process for indicating the need for a medication review is evidence based and based on risk and clinical need. Discussion with the Slade Pharmacy's pharmacists demonstrated a thorough commitment to regular medication review. Nursing and medical staff were able to describe this process, how it is documented and how action taken in response to the review are followed through. Clinical documentation reviewed by assessors supported this.

Rating	Applicable HSF IDs
Met	All

**ACTION 4.11**

The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks

**Comments**

Information for patients on specific medications is available to clinicians and appropriate to the patient population. Only the approved Consumer Medicines Information (CMI) is distributed by the pharmacy to ensure appropriate literacy levels of information provided. Patients reported being able to understand information about medications that was provided to them.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 4.12**

The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes

**Comments**

Staff interviews and document reviews confirmed that a list of current medications can be produced whenever a patient is discharged or transferred. A medication list is provided to patients and their GP on discharge. Performance is audited and compliance is high.

**Suggestion(s) for Improvement**

Consider the benefits of including additional information to those patients who may not fully understand why there has been a change in their medications. This could be best managed through an adjustment in the Slade Pharmacy software.

Rating	Applicable HSF IDs
Met	All

**ACTION 4.13**

The health service organisation ensures that information and decision support tools for medicines are available to clinicians

**Comments**

Clinicians have access to information and medication management support tools via the Healthscope Intranet and hard copy guidelines. Clinicians reported being able to readily access this information.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 4.14**

The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines

**Comments**

HVPH and Slade Pharmacy monitor compliance with manufacturers' directions, legislation, and jurisdictional requirements for the safe and secure storage (including cold chain management), distribution and disposal of medications. Incidents are reported through the incident management system to the HVPH Quality and Pharmacy Committees.

Rating	Applicable HSF IDs
Met	All

**ACTION 4.15**

The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely

**Comments**

Interviews with VMO, CMO and Nursing staff and a review of documents supported assessor observation that high-risk medications are clearly identified and that there is an appropriate management system in place for the storage, dispensing and administration of those medications. There were minimal reported incidents related to high-risk medications over the previous 12 months. Compliance with the completion of VTE Risk Assessments along with indication for use is high and commendable.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Standard 5 - Comprehensive Care

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

<b>ACTION 5.01</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.02</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.03**

Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

**Comments**

Processes are in place to partner with patients in their care and associated decision making as best suits the patient. Staff were able to describe to the assessors how they actively achieve this, and patients reported that they felt actively engaged in, and informed about their care.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.04**

The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care

**Comments**

Clinicians are supported by policies and procedures to establish effective comprehensive plans for patients' care and treatment. HVPH operates within their scope of service to provide care that best meets the patient's needs and has well established multidisciplinary protocols and processes for referrals to ensure access to specialist services. The clinician with overall accountability for a patient's care is defined as admitting VMO at HVPH.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.05**

The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team

**Comments**

At HVPH, the emphasis is on relationships within the multidisciplinary team, ensuring a collaborative approach to all patient care given. All roles and responsibilities are clearly defined through contracts and position descriptions.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.06**

Clinicians work collaboratively to plan and deliver comprehensive care

**Comments**

The assessors witnessed collaborative engagement with staff, to plan and deliver comprehensive care to their patients. This was supported by interviews with patients, documentation and multi-disciplinary team meetings as well as the overall positive attribute within the teams.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.07**

The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion

**Comments**

HVPH screen and assess patients for risks, aimed at minimising preventable harm prior to admission. Clinicians were able to describe the risk assessment process completed at admission and transfer of patients from other facilities. Regular audits are undertaken to support that timely and comprehensive risk screening and patient assessment is completed. The organisation is compliant with the requirements of Advisory AS18/14.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.08**

The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems

**Comments**

HVPH has processes in place for identifying and recording Aboriginal and Torres Strait Islander patients on admission. This is audited with 100 % compliance.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.09**

Patients are supported to document clear advance care plans

**Comments**

HVPH has a processes and staff awareness in place for receiving and documenting advance care plans as required.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.10**

Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks

**Comments**

HVPH has strict screening guidelines in place to identify patients at high risk with cognitive, behavioural, mental, and physical conditions, issues, and risks of harm that are not suitable for admission. VMO's have this in place for elective admissions and all transfers are screened by HVPH nursing liaison officer at transferring health facility. A comprehensive assessment is conducted on admission to identify any other circumstances that may affect these risks. The organisation is compliant with the requirements of Advisory AS18/14.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.11**

Clinicians comprehensively assess the conditions and risks identified through the screening process

**Comments**

The system and process at HVPH for recognising and capturing cognitive function is provided by the compliance with the admission criteria. Risks are identified using standardised screening tools which identify the level of risk and appropriate actions to mitigate them. High risk patients are largely excluded through compliance with the admission criteria. Continuous monitoring is undertaken by the multidisciplinary teams to ensure compliance with elective and transferring patients.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 5.12</b>	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
<b>Comments</b>	
Documentation reviewed by the assessors, demonstrated that procedures are in place to identify screening and clinical assessments processes including alerts are in place.	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 5.13</b>	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
<b>Comments</b>	
Clinicians and patients were able to describe the role patients, carers and families play in their care and in determining patient centred goals and how it aims to best meet their specific needs. A review of clinical documentation by the assessors reflected this and demonstrated that comprehensive discharge planning is initiated as early as possible in the patient's journey. The assessors witnessed interactions between staff, patients, their carers and families, that demonstrated this partnership in care and decision-making. The requirements of Advisory AS18/15 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.14**

The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur

**Comments**

Consumers have an opportunity to be involved with the clinical care and decision-making through pre-admission, admission and discharge procedures and consumer feedback mechanisms.

Evidence provided supported that the care planning process is patient centred and well documented.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.15**

The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care

**Comments**

At HVPH, the patients, and family/ carers have an opportunity to be involved with the clinical care and decision-making with end-of-life care. This is consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 5.16</b>	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

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

<b>ACTION 5.18</b>	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 5.19</b>	
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.20</b>	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 5.21</b>	
The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 5.22**

Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency

#### **Comments**

At HVPH, regular skin assessment are part of the daily patient assessments undertaken. Appropriate care and advice is given, with staff ensuring that the primary care teams are aware of any compromise to skin integrity. Any pressure injury is recorded in the RiskMan system, although this is a rare occurrence consistent with incidence rate.

Regular audits are built into the annual audit schedule. Staff interviews and verification from review of patient notes, demonstrated any escalation of care includes the allied health team.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 5.23**

The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries

#### **Comments**

At HVPH, processes are in place to ensure that equipment, devices and products to prevent and effectively manage pressure injuries are available and used appropriately.

Staff have appropriate equipment and education available to them to aid in managing risks to skin integrity. Equipment, products and devices, including positioning gel pads and other surgical positioning accessories, are available to prevent and manage pressure injuries, the assessor witnessed these products in use.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.24**

The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management

**Comments**

Staff were able to describe the processes and monitoring of risk assessment of falls that were undertaken at HVPH both at admission and continuously with daily updates of the care plans. Falls risks are minimal, as patient selection for surgery is very selective and prevention strategies include asking the patient to bring any aids, they may use to assist them to walk, such as a stick, wheelie walker and in some cases a family member or carer to assist them. However, an increase in falls on the rehabilitation ward was identified. A working party was established involving nursing staff and allied health to identify and implement mitigating strategies to minimise the risks and ensure implementation of post fall management processes. Some of these strategies include identification of high-risk patients with continuously monitoring aides; posters related stop the use of slip resistant socks based on the evidence that it actually increases the risk to high-risk patients; diversional therapies for patients that are at high risk.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.25**

The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls

**Comments**

The physical environment at HVPH is particularly conducive to safe patient mobility, and patients according to admission criteria must demonstrate a certain level of ambulation to be eligible for surgery at HVPH. Due to the specialist nature of HVPH case mix, falls risk is minimal and incidents have always been low. Staff have access equipment (bed alarms, etc) to minimise falls for identified high risk patients.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.26**

Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies

**Comments**

Information is available to patients, their carers / families about falls prevention and risk management strategies. This information is in a user-friendly format, available electronically or in print.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.27**

The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice

**Comments**

Patients are assessed for nutritional needs upon admission with a multidisciplinary approach with access to allied health both dietitians and speech therapists as required. Staff and patients were able to verify with assessors their understanding of processes related to screening and referral processes.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.28**

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

**Comments**

HVPH has a patient focused approach to ensure patients dietary requirements are met from meal preparation to meal delivery. Support is available from dietary assistants to staff that deliver the meals. The day surgical patients are provided with nutritious sandwiches, snack-like refreshments and appropriate fluids. Inpatients are provided with nutritious and tasty meals that are planned on four (4) weekly rotational menus that offer a wide selection of meals.

Nursing staff assist patients identified as requiring assistance with meals and staff that pick up the meals are also aware if any patients not eating meals and escalate this to nursing staff.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.29**

The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation

**Comments**

HVPH admission exclusion criteria preclude patients with diagnosed cognitive impairment, dementia, or mental health risk factors from being accepted for surgery. At HVPH antipsychotic medications are not prescribed, however monitoring still occurs at facility level of all HAC data for the use of anti-psychotic drugs and appropriate use of medications is reviewed by the medication auditing as required. HVPH is compliant with the requirements of Advisory S22/01 Advice on implementing the updated Delirium Clinical Care Standards.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 5.30**

Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care

#### **Comments**

HVPH has implemented processes for recognising, and managing patients with cognitive impairment with the use of Sunflower picture used to identify patients with cognitive impairment. These processes include instructions to prompt nursing staff when to seek further medical assessment and to collaborate with patients, carers and families.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 5.31**

The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed

#### **Comments**

HVPH does not provide treatment for self-harm or suicide patients and would refer them to other care providers or facilities. There are screening tools and process to identify any patient that escalates to any self-harm risk. There are quiet spaces within the facility to remove the patients from the immediate acute setting and de-escalate the immediate situation if required.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.32**

The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts

**Comments**

Patients are risk-assessed for admission and there are exclusion criteria that would apply for abnormal behaviour and acute psychiatric conditions.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.33**

The health service organisation has processes to identify and mitigate situations that may precipitate aggression

**Comments**

Assessors noted that HVPH has processes in place to act on behalf of a patient/other who is presenting as aggressive or at risk of harm to themselves or others. In most scenarios this would involve calling emergency services.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 5.34**

The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce

**Comments**

HVPH has undertaken a review to identify areas that have a high risk of unpredictable behaviours from both patients and family/ carers and has processes to ensure emerging risk areas can be appropriately identified. Strategies have been developed to ensure that people are treated in appropriate areas and risks associated with unpredictable behaviours are considered. Processes are in place to minimise the risk of harm to consumers and staff by unpredictable behaviours. This was also verified through the high-risk scenario related to occupational violence and aggression.

Rating	Applicable HSF IDs
Met	All

**ACTION 5.35**

Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body

**Comments**

Processes are in place to govern and manage the use of alternative strategies to the use of restraints consistent with legislation. This is evidenced by the monitoring appropriate use of medication that is reviewed by the medication committee.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 5.36**

Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body

#### **Comments**

Assessors verified the not applicable status of this action.

NA	All	<b>NA Comment:</b> Non gazetted service does not use seclusion.  <b>Verified During Assessment:</b> Yes <b>Complies with AS 18/01:</b> Yes <b>Approved by ACSQHC:</b> No
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Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Standard 6 - Communicating for Safety

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

<b>ACTION 6.01</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.02</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 6.03**

Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

#### **Comments**

HVPH has a patient centred approach with communication to patients, family and carers about many aspects of their care, including shared decision-making, supporting the delivery of continuous and safe care. Patients are involved in clinical handover, and the assessors witnessed handover supporting this. Patients who were interviewed reported being engaged in their care and that they had information available to them to make informed decisions about their care.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 6.04**

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

#### **Comments**

HVPH has policies and processes in place to support appropriate identifiers are used, in procedure matching, transfer of care, handover, discharge and where changes in clinical care / patient risk profile are identified. Many communication processes involving structured communication were observed by assessors over the three days – clinical handovers, hospital transfers, Perioperative Surgical safety Checklist (SSC), referrals to other multidisciplinary teams; all of these were documented very well whilst meeting mandatory patient identification processes every time.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 6.05</b>	
The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	
<b>Comments</b>	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 6.06</b>	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
<b>Comments</b>	
Assessors noted the use of approved patient identifiers. Additionally, processes are in place for Surgical Safety Checklist (SSC) procedural time-out, and this is documented and audited, with compliance at 100%. The Healthscope Perioperative SSC was an excellent improvement initiative between HVPH and another Healthscope facility where a Fire Risk Assessment score has been added to this checklist to ensure the risk associated with fire is highlighted every for time for every patient to ensure optimal safe care in the perioperative setting.	
<b>Suggestion(s) for Improvement</b>	
For preoperative paediatric/ special needs patients consider the use of armbands for both parents/ carers to ensure smooth safe transition if other cares/ family is required to support patient undergoing surgery or procedures.	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 6.07**

The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover

#### **Comments**

Clinical handover documentation contains the required minimum content, relevant risk and needs of the patient, and the clinicians involved in handover. Compliance with these requirements is audited and reported to the HVPH committee structure. Staff could explain their respective roles in clinical handover the processes used to support this including the minimum information communicated at clinical handover. This supported the clinical handovers witnessed by members of the assessment team.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 6.08**

Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care

#### **Comments**

The assessment team witnessed clinical handover that was structured and effectively engaged with patients, their carers and families in defining goals of care and decision making during the preadmission and discharge processes. The processes in place for clinical handover ensure the relevant clinicians are actively engaged in the process and members of the multidisciplinary team are encouraged to be involved as necessary. Both patients and staff were able to articulate the process of handover and provide confirmation of patients, care and family in decision making. Assessor was given evidence of the Clinical handover audits undertaken regularly and where quality improvement activities have been made undertaken to improve compliance.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 6.09</b>	
Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 6.10</b>	
The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 6.11</b>	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
<b>Comments</b>	
Clinical documentation reviewed by the assessors confirmed compliance with HVPH processes to ensure complete, accurate and up to date information is recorded in the healthcare record and monitored regularly with audits with high compliance rates.	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Standard 7 - Blood Management

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

<b>ACTION 7.01</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.02</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 7.03**

Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

**Comments**

HVPH supports the engagement of consumers in care related to blood management including informed decision making. One patient who was receiving the blood product (Privigen) was interviewed and confirmed her engagement in informed consent.

Rating	Applicable HSF IDs
Met	All

**ACTION 7.04**

Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks

**Comments**

HVPH processes and policies support the clinically effective and efficient use of blood and blood products. Utilisation is monitored and action has been taken to minimise wastage and the inappropriate use of blood and blood products which is reported through the Quality Committee.

Rating	Applicable HSF IDs
Met	All

**ACTION 7.05**

Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record

**Comments**

Assessors reviewed a limited number of transfusion records in the clinical records and found evidence to support the effective documentation of decision making and transfusion details. This is supported by regular audit of transfusion records.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 7.06**

The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria

#### **Comments**

Policies consistent with the national guidelines and national criteria for the prescription and administration of blood and blood products are in place and available to clinicians. There have been no incidents related to blood management over the past year.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

#### **ACTION 7.07**

The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria

#### **Comments**

Policies and processes are in place to support compliant reporting of adverse events related to transfusions. These are monitored and reported through the Quality Committee.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

#### **ACTION 7.08**

The health service organisation participates in haemovigilance activities, in accordance with the national framework

#### **Comments**

HVPH contributes to the NSW Health Haemovigilance Program when required.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 7.09</b>	
The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 7.10</b>	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Standard 8 - Recognising and Responding to Acute Deterioration

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

<b>ACTION 8.01</b>	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

<b>ACTION 8.02</b>	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
<b>Comments</b>	
<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 8.03**

Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making

**Comments**

HVPH has documents that were reviewed to show there is a process in place that supports partnering with consumers in recognising and responding to acute deterioration, for example, Anaphylaxis and Sepsis pathways. The HVPH consent to treatment process includes involving patients, meeting their information needs and shared decision making.

Rating	Applicable HSF IDs
Met	All

**ACTION 8.04**

The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient

**Comments**

Vital signs are monitored according to HVPH policy using the observation chart, and a review of clinical documentation supported this as did regular auditing of clinical documentation. Observations are undertaken in response to each patient's individual circumstances and the chart highlights potential clinical deterioration and the need for escalation or interventions.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

#### **ACTION 8.05**

The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state

#### **Comments**

HVPH has policies and procedures to support staff in identifying acute deterioration in mental state including the risk of delirium. HVPH clinical Pathways documentation reviewed by the assessors also supported that assessment drives the establishment of individualised and appropriate management plans for patients with acute mental deterioration and / or delirium. Clinical documentation is audited regularly for compliance with documentation of any acute deterioration. Processes are in place to support timely communication between members of the treating team and the patient, carers and family members as detailed in Standard 6.

The requirements of Advisory AS 19/01 have been met.

Rating	Applicable HSF IDs
Met	All

#### **ACTION 8.06**

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

#### **Comments**

HVPH staff and patients interviewed were aware of these processes and able to describe them to members of the assessment team, including the process for escalation of care where needed.

Documentation reviewed identified policies and procedures are in place to support clinical staff in the management and escalation of clinical deterioration. The requirements of Advisory AS 19/01 have been met (8.6 b,c,d,e).

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 8.07**

The health service organisation has processes for patients, carers or families to directly escalate care

**Comments**

At HVPH, the REACH initiative recently involved the consumers to redesign posters for the REACH program to ensure a clear understanding of escalation of care to consumers. Therefore, the REACH processes are in place for patients, carers or families to directly escalate care. Interviews with clinical staff, patients and carers confirmed this and observation of the escalation system used across the organisation further supported this process.

Rating	Applicable HSF IDs
Met	All

**ACTION 8.08**

The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance

**Comments**

The HVPH policy for escalation of care is clear and provides direction for staff to escalate care and respond to a clinical emergency. Staff were able to describe this process and the assessors were provided with documentation to support the evaluation of these processes.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

**ACTION 8.09**

The workforce uses the recognition and response systems to escalate care

**Comments**

HVPH staff were able to articulate the key communication and systems in place to escalate care consistent with the HVPH policy and procedure that is in place for the safe response to acute deterioration across the facility by the multidisciplinary teams. An example of consistent improvement was the setup of the Code Blue working party to ensure consistent communication and improvements as identified were made. Audit compliance reports provided to the assessment team confirmed the effectiveness of these processes.

Rating	Applicable HSF IDs
Met	All

**ACTION 8.10**

The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration

**Comments**

Education is provided to clinicians to support the timely and effective management of patients who acutely deteriorate. Clinicians are trained and supported to respond appropriately to any signs of deterioration not only with Basic Life Support (BLS) but also Advanced Life Support (ALS) both paediatric and adult in areas that require these specific responses. The ongoing support of ALS training to staff is to be commended.

Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

<b>ACTION 8.11</b>	
The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	
<b>Comments</b>	
HVPH provides access to clinicians with advanced life support skills and competency. Training records were made available to the assessors with 100% of current staff with BLS, 60% of staff with ALS with continuous plan in place with more training for ALS.	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 8.12</b>	
The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	
<b>Comments</b>	
HVPH has processes in place to ensure timely referral to mental health services if such an event occurred. Admission exclusion criteria preclude patients with diagnosed cognitive impairment, dementia, or mental health risk factors from being accepted for surgery. All HVPH patients complete a preop health assessment tool and have a phone call preop to identify any psychosocial/ delirium concerns which determine if patient is deemed appropriate for admission to HVPH. The requirements of Advisory AS 19/01 have been met.	
Rating	Applicable HSF IDs
Met	All

<b>ACTION 8.13</b>	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
<b>Comments</b>	
HVPH has processes in place that staff were able to explain for the rapid referral and transfer for acute deteriorating patients including Anaphylaxis and Sepsis pathways of all patients. Staff were able to explain these processes to members of the assessment team with clear escalation pathways for referral of acute physical deteriorating patients.	
Rating	Applicable HSF IDs
Met	All

Org Name : Hunter Valley Private Hospital  
Org Code : 120308

## Recommendations from Previous Assessment

Nil.