



NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment *Final Report*

The Melbourne Clinic

RICHMOND, VIC

Organisation Code: 220690
Health Service Facility ID: 101117
Assessment Date: 24-26 May 2022

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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Preamble

How to Use this Assessment Report

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

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

The Ratings:

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

A rating report is provided for each health service facility.

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

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

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

Suggestions for Improvement

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

Recommendations

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

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

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

Executive Summary

The Melbourne Clinic underwent a NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment (NS2.1 OWA) from 24/05/2022 to 26/05/2022. The NS2.1 OWA required three assessors for a period of three days. The Melbourne Clinic is a private health service. The Melbourne Clinic was last assessed between 10-12 July 2018.

The Melbourne Clinic (TMC) is situated in metropolitan Melbourne, Victoria and is one of Healthscope P/L Australian network of 43 hospitals. As a private mental health facility with 207 inpatient beds and 288.5 full time equivalent staff (FTE).

TMC participates in the active HSP Mental Health cluster of a number of HSP mental health facilities and contributes to and receives shared learnings from the cluster members.

The TMC Professorial Unit has a strong academic, research, peer review focus with a college accreditation program in place.

TMC conducts 12 specialist inpatient programs and services plus Day programs and an Outreach service. The credentialed medical staff have professional oversight by a Medical Director, Chief of Psychiatry and the related committees receive ongoing clinical reports as standing agenda items with these tabled at e.g., Medical Advisory Committee (MAC) and the Drugs and Therapeutics Committee.

All standards and actions have been Met with no recommendations.

All Advisories have been met and there are suggestions for improvement in-

2.1.

3.13b

6.5.

These have been discussed with the Executive at the Executive summation and the reasons for these suggestions.

Summary of Results

The Melbourne Clinic achieved a met rating for all facilities in all actions and therefore there is no requirement for a follow up assessment.

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

Org Name : Melbourne Clinic, The
Org Code : 220690

Sites for Assessment Melbourne Clinic, The

Site	HSFID	Address	Visited
Melbourne Clinic, The	101117	130 Church St RICHMOND VIC 3121	Yes

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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	
<p>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</p>	
Comments	
<p>The Melbourne Clinic (TMC) provides leadership and has a strong focus on partnering with other Healthscope (HSP) Mental Health facilities (HSP Mental Health Cluster) making use of TMC data and available HSP data and intelligence to maximise the depth and breadth of information used to continually assess and improve performance. TMC reports to HSP Corporate.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.02	
<p>The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people</p>	
Comments	
<p>TMCs profile- 2021 Admissions- data Aboriginal = 20. Aboriginal & Torres Strait Islander = 8. Whilst the % of these admissions are low the leadership team was able to describe how the specific health needs of ATSI admissions are addressed. HSP have an overall plan in place and TMC have engaged an Aboriginal Consultant to ensure the HSP RAP plan meets the mental health ATSI patients’ needs. The assessors initiated a teleconference with the ATSI consultant engaged to confirm this.</p>	

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ACTION 1.02	
The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
The organisation meets the requirements of Advisory AS 18/04.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.03	
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	
Comments	
The TMC Leadership team described the Clinical Governance Framework how it is used and the monitoring and reporting and any changes that may be made are used to drive improvements in safety and quality.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.04	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
Comments	
TMC demonstrated at interview that the organisation has strategies in place even with low admission numbers as evidenced in the 2021 admission data that the monitoring and effectiveness of quality and safety initiatives encompass good health outcomes for Aboriginal and Torres Strait Islander people.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 1.05	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
Comments	
TMC via its key committees comprehensively oversee its quality and safety performance by the monitoring of sufficient and relevant key performance indicators (KPIs) and act when performance does not meet its targets and/or benchmarks.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.06	
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	
Comments	
The Leadership team and interviews with senior staff demonstrated that there was an understanding that all staff working within their clinical and safety responsibilities and explained how TMC monitors, reports and evaluates staff performance.	
Rating	Applicable HSF IDs
Met	All

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	
Senior staff demonstrated the approach implemented for both HSP and TMC policy documents, procedures and protocols to ensure they are current, comprehensive, referenced and comply with legislative requirements. Risk management is a key approach in defining any revision that is required for all key documents.	
Rating	Applicable HSF IDs
Met	All

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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	
TMC has a defined quality management system with staff confirming they receive relevant quality information, active management was demonstrated with minutes confirming this. The recent introduction of eQuaMS HSPs electronic management system comprising of the major functions- *Standards Compliance Register *Quality Activities Register, will only strengthen this going forward.	
Rating	Applicable HSF IDs
Met	All

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	
TMC senior staff confirmed that quality and safety reports are provided to key committees and the workforce. All reporting is undertaken through the appropriate established mechanisms and in formats appropriate to the intended audience.	
Rating	Applicable HSF IDs
Met	All

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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	
TMC operates within a strong Risk Management framework that is influenced by staff patients and where appropriate carers. Risk management reporting is sound with reports regularly provided to the governing body, key committees and staff.	
Rating	Applicable HSF IDs
Met	All

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	
The incident management system RiskMan reports incidents and 'near misses. All staff are encouraged to report and explained to assessors they felt empowered to do so. The trend analysis of incident reports drives quality improvement activities that can be reflected in the TMC risk register. Incident investigations are reviewed on an individual basis to ensure the system is functioning as intended and to inform improvements as required.	
Rating	Applicable HSF IDs
Met	All

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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	
TMC uses an open disclosure program that is consistent with the Australian Open Disclosure Framework. Staff spoken to were able to articulate their training and role in open disclosure.	
Rating	Applicable HSF IDs
Met	All

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	
HSP and TMC use the established system/s in place to both seek and respond to feedback from patients, carers and staff in relation to the quality of care provided by TMC. All feedback is analysed, reported and used when appropriate to inform quality activities.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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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	
The established TMC complaints management system is supported by both policy and process. Staff may be involved in the review of a complaint to ensure that resolution is achieved in a timely manner. Individual complaints may inform the TMC risk register.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.15	
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	
Comments	
A comprehensive patient profile was available to the assessors identifying the diversity of the consumers using the services of TMC. This information is analysed and used to support decisions on service delivery.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.16	
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	
Comments	
TMC is well managed, and systems are in place to ensure the Healthcare Record (HR) is available at point of care. The Health Information Manager was interviewed by the assessors with information and evidence provided demonstrating that the TMC HR comply with privacy legislation and HRs are kept securely. Regular clinical documentation audits are undertaken per the audit schedule with reports provided and remedial actions taken as required.	
Rating	Applicable HSF IDs
Met	All

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	
The integration of TMC patient clinical information into the My Healthcare Record system has been well managed by good process, patient consent and policy. The data provided demonstrated that most patients approximately 70% in December 2021 had agreed to the MY Health Record Uptake. The My health record system was implemented during 2015/16 at all HSP hospitals.	
The requirements of Advisory 18/11 have been met.	
Rating	Applicable HSF IDs
Met	All

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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	
The TMC My Healthcare Record integration processes are compliant with legislative requirements and continuing review supports the accuracy and completeness of the information that is uploaded.	
HSP Policy 2.66 My Health Record describes the authorised access to the MyHR this is only by the General Manager (GM) following written consent.	
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	
Orientation and onboarding of staff, students, consumers and the proposed volunteers is well managed.	
Training records including mandatory training were made available to the assessment team and discussion confirmed the orientation program reflects the requirements of all new starters at TMC.	
Rating	Applicable HSF IDs
Met	All

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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	
Processes to ensure all clinicians are working within their defined scope of Clinical practice were confirmed. Clinicians administering Electroconvulsive Therapy (ECT) Trans Magnetic Stimulation (TMS) and the role of Nurse Practitioner all confirmed they are working within their 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 Awareness training is a key component of training and education across all HSP hospitals including TMC.	
Rating	Applicable HSF IDs
Met	All

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 undertaken for all staff. The reviews identify staff performance and training needs for the next twelve months. TMC staff were able to articulate the performance management system at TMC and their role with their managers in ensuring their training and other needs are acknowledged and documented.	
Rating	Applicable HSF IDs

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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	
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	
A clinician's scope of practice is competently defined by professional groups and guided by policy and procedures that are consistent with the National Standards. TMC is subject to the ongoing review of all clinicians and other relevant staff in accordance with HSP policy and By-Laws.	
The requirements of Advisory 18/12 have been met.	
Rating	Applicable HSF IDs
Met	All

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	
The HSP credentialing system is in place for clinicians at TMC and all professions subject to professional registration requirements are monitored and checked on the AHPRA database.	
Advisory 18/12 has been met.	
Rating	Applicable HSF IDs
Met	All

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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 discussed with assessors their roles and responsibilities for ensuring quality and safety systems are adhered to at TMC. These are defined in their position descriptions and orientation and onboarding ensures this is included in the information given to new staff.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.26	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
Comments	
TMC clinicians are provided with supervision according to their roles and designation.	
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	
TMC ensure that appropriate to the private mental health sector a range of tools e.g., clinical pathways and clinical care standards are available for staff to support their clinical practice. TMC is compliant with Advisory 18/12.	

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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	
Rating	Applicable HSF IDs
Met	All

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 to established practice is monitored by ongoing analysis with the results informing individual or aggregate performance and may inform change where needed.	
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	
TMC has a comprehensive maintenance plan in place that is subject to ongoing review. The maintenance plan identifies asset type, program description, frequency and includes asset categories such as electrical, fire, mechanical, fuel and chemical height safety and hydraulics.	
Rating	Applicable HSF IDs
Met	All

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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	
The risk of unpredictable behaviours and risk areas across inpatient units, day programs and outreach (with over 400 patients) are subject to ongoing management with strategies in place. Clinicians are trained to minimise and manage risk that may be emerging to ensure there is no harm to other patients, carers, or staff.	
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	
The internal and external signage is clear at TMC and fit for purpose. Way Finding exercises are conducted as required.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.32	
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	
Comments	
Visiting arrangements are in place well-advertised and whilst different with no visiting have been well managed during the COVID-19 pandemic.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 1.33	
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	
Comments	
The environment is welcoming and a display of artwork and flags in the foyer demonstrated that TMC acknowledged the importance and beliefs of Aboriginal and Torres Strait Islander peoples and welcomed them into the clinic.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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Standard 2 - Partnering with Consumers

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

ACTION 2.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	
Comments	
Governance for partnering for consumers is supported the Consumer Consultative Committee and also by Healthscope's Partnering with Consumers Policy, National Consumer Advisory Vision Statement and Patient Experience Strategy. Partnership meetings are held and on discussions with consumer consultants, they commented well on their involvement with consumer support and relevance of their positions. Staff consistently commented on the importance of consumer partnerships. Staff training undertaken at orientation and ongoing includes cultural awareness, care from the patient perspective and dual diagnosis as well as team meetings support practices. There does seem to be some opportunities to consider further professional development and networking for the consumer consultants and a suggestion will be provided to assist accordingly.	
Suggestion(s) for Improvement	
TMC considers processes that support networking and professional development opportunities for consumer representatives.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	
Comments	
Interviews with staff and patients demonstrates TMC aims to improve partnerships with consumers. This was seen consistently for inpatient, day and outreach with goals of care being considered and managed. Team, group and multidisciplinary meetings are undertaken to engage and consider strategies and report on partnerships. At Assessment, examples of suggestions from patients are noted on quality boards along with advice on what has been done about the matter. Assessors recognise the research undertaken by the Professorial Unit in supporting better practice.	

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ACTION 2.02	
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	
Rating	Applicable HSF IDs
Met	All

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	
The Charter of Rights that is consistent with the Australian Charter of Healthcare Rights is readily and prominently available throughout TMC and that action is taken to ensure that it can easily 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. This commences at Intake in determining those patients suitable for service clinically and financially. The consent policy and processes comply with legislation, and reference best practice. Rights and responsibilities are available in multilingual format. Compliance with consent is audited and well completed for ECT and TMS. The requirements of Advisory 18/10 have been met with respect to informed financial consent.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 2.05	
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	
Comments	
TMC is a fee-paying service (with some public beds available in collaboration with local health services). Intake processes determine suitability of patients and the patient will not be admitted if not considered appropriate for the service. A determination is made to establish a patient's capacity to make decisions regarding their own care. If an understanding of capacity is not established, the patient will not be admitted as admissions are voluntary.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.06	
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	
Comments	
Interviews with patients and clinicians confirmed that staff work with patients in shared decision making about their care planning and goals of care. This was well demonstrated throughout for all services assessed and it was evident that the discussion and meeting the goals of care are a priority. This was observed in group meetings and patient handover. The comprehensive care plan and risk screening processes do support patient goal setting with patient care boards available to assist with needed communication.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.07	
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	
Comments	
Staff and patients were able to describe to the Assessors how patients are actively involved in their care. Patients consistently commented on their involvement and are supported accordingly. On a group discussion with patients, comment was made this is well considered and supportive and at the same time they do discuss opportunities for improvement. Satisfaction surveys are undertaken by TMC and were seen to be actively considered with improvements communicated to patients and staff.	

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ACTION 2.07	
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	
Rating	Applicable HSF IDs
Met	All

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	
TMC considers patient diversity with a stated minimal number of patients admitted identifying as Aboriginal and Torres Strait Islanders. Other diverse population groups are said to be Italian and Chinese. TMC also supports those identifying as members of the LGBTIQI+ community with previous Rainbow Tick Accreditation noted. The Healthscope Diversity and Inclusion Policy is available. A review of information provided to consumers demonstrates that significant action has been undertaken to align communications with the needs of the patients, carers and their families.	
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 the Assessors, and interviews with consumer representatives confirmed that internally developed information has been reviewed by consumers to ensure that it is understandable and meets their needs. The consumer tick on publications was consistently seen on brochures etc. The consumer representatives discussed their involvement in supporting appropriate patient / consumer information. The Consumer Information Brochures Data Base holds available resources.	
Rating	Applicable HSF IDs
Met	All

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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 discussed how they effectively partner with patients, carers and family and this was seen to occur to support ongoing care needs. Patient consumer information is readily available and has been consumer checked an appropriate with multi-language information available. Risk screening on admission and as needed throughout care is undertaken to support the clinical needs of patients. Discharge and transfer information is appropriately provided to support ongoing care. This may include discharge summaries provided to general practitioners with copies provided to the patient.	
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 the consumer representatives confirmed their role in the governance and evaluation of health care across TMC. However, reference is made to the improvement suggestion at 2.01. Seeking feedback on service delivery was evident at Assessment in that patient feedback is actively sought, actioned and communicated. TMC engages various mechanisms that encourage input from a diverse range of consumers and from the broader community. Research in collaboration with the professorial unit is undertaken that demonstrates support of design, measurement and evaluation of healthcare. TMS's Quality Unit supports practices for interpreting data / reports / documents etc.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 2.12	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
Comments	
Documentation and interviews with consumer representatives confirmed that felt supported in their roles. This includes orientation for consumer representatives and ongoing education where needed. Consumer representatives reported being generally satisfied with the level of support provided to them but with some improvement opportunities available.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
TMC has engaged with an Aboriginal and Torres Strait Islander mentor to pursue with a range of activities to better partner with local Aboriginal and Torres Strait Islander communities to help meet their specific and unique healthcare needs. At Assessment it was seen this engagement is genuine and this was confirmed in discussions with the mentor.	
Rating	Applicable HSF IDs
Met	All

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 representatives, managers and staff were able to explain how TMC works with patients / consumers to incorporate their views and experiences into training and education for the workforce with staff commenting on relevant training provided.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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.

ACTION 3.01	
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	
Comments	
<p>All patient and visitor areas at TMC were clean, well-organised, and free from clutter. It was obvious staff took pride in their workplace which was supported by environmental cleaning and a regular auditing schedule.</p> <p>Infection control is part of annual mandatory training for staff which includes a training package on aseptic technique. There is a gold standard trained auditor to conduct hand hygiene audits. Results of the audits are reported through to the Quality, WPS and IPC Committees.</p> <p>Personal Protective Equipment (PPE) was available for staff and sharps containers were securely stored in the units and waste management strategies were evident. However, the clinical waste and sharps containers were stored for collection on a congested loading dock at the front of the clinic. During the assessment, an action plan was developed that included a review of the loading dock and possible re location of the clinical waste and sharps containers to an area in the staff underground car park. The potential risk identified was included in the risk register.</p> <p>It was noted by the assessors that the patient washing machines located in all the units had no signage or instructions for cleaning. This was immediately rectified to ensure all patient washing machines had instructions displayed for cleaning after each use and wipes were made available for this purpose. Any reusable devices or equipment including sensory items used by patients and staff are cleaned each time they are used.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 3.02	
<p>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</p>	
Comments	
<p>The governing committees of TMC are the MAC and the Quality, Work Health Safety and Infection Control Committees. A risk management approach is used when addressing infection prevention and control matters.</p> <p>Antimicrobial Stewardship appears well-managed by supporting policies and therapeutic guidelines. Antibiotic prescribing is monitored by the pharmacist during medication chart reviews. AMS is incorporated in Pharmacy meetings where infection rates are reviewed, monitored and presented at Medical Advisory Committee meetings. Both medical and nursing staff demonstrated a high level of commitment to safe and judicious antimicrobial prescribing.</p> <p>TMC is to be commended on the Pandemic Action Plan implemented at the beginning of the COVID-19 lock down to minimise and ensure the safety of staff and patients. COVID safe procedures were seen by the assessors to be strictly enforced and monitored in all units visited.</p> <p>An Infection Management Plan was implemented that included comprehensive guidelines and appropriate actions to take if staff or clients displayed any signs or symptoms of COVID-19.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.03	
<p>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</p>	
Comments	
<p>There is an established infection control program that is supported by the appropriate expertise, policies and education.</p> <p>Infection control management is part of the Quality Improvement Plan and regular audits are conducted to monitor and evaluate compliance.</p>	

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ACTION 3.03	
<p>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</p>	
<p>All patients have a comprehensive medical review within 24 hours of admission. The medical review includes infection control screening and if further tests are required to clarify the patient's health status this is referred for further investigations. During admission routine clinical observations are conducted and any patient who becomes medically compromised is transferred to more appropriate hospital care.</p> <p>The patient fridges are checked daily to ensure all food is labelled and in date. The temperature checklist of these fridges was updated during assessment.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.04	
<p>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</p>	
Comments	
<p>Interviews during the assessment demonstrated that the workforce understands the process of partnering with consumers. There is information available to patients, family and carers on infection control throughout the clinic. Posters display hand washing techniques and the correct method to sneeze or cough. Whilst rates of infection in the patient population are low minutes of the infection control meeting showed evidence of routine surveillance and actions taken in response to any identified infection.</p> <p>In unit 4 they are trialling a system called the 'Bedroom Door Notice' where patients are able to identify by indicating in the appropriate box what cleaning is needed in their bedroom area. This actively involves the patients in maintaining the cleanliness of their environment.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 3.05	
<p>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</p>	
Comments	
<p>There are processes in place to apply standard and transmission-based precautions consistent with relevant legislative, State, Professional and local policy requirements. Strategies include hand hygiene, personal protective equipment, cleaning and appropriate handling and disposal of sharps, all of which are the organisations' first-line approach to infection prevention and control. TMC surveillance program ensures data is collected, monitored and reported with appropriate actions and decision making to prevent healthcare-associated infections and also includes a comprehensive antimicrobial stewardship program.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.06	
<p>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</p>	
Comments	
<p>TMC retains the long-standing consultative services of HICMR which is responsible for the control and distribution of service policies relating to Infection Prevention and Control (IP&C) to ensure that they are in line with relevant Australian and International guidelines. Staff have access to the full range of Healthscope and HICMR policies. The policies for IP&C are accessible to all staff via eQarMS with the processes in place to inform staff of any new or updated policies.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 3.07	
<p>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</p>	
Comments	
<p>A training program for aseptic technique theory and practical competency checks linked to clinical practices has had variable compliance across professional groups. A revised action plan has been developed to ensure expected requirements are consistently completed. Staff education on Personal Protective Equipment (PPE) is carried out and staff confirmed to the assessors they have been fit tested for masks. Throughout this three-day assessment it was apparent to the assessors that all staff were aware of the importance of mandatory screening requirements including social distancing and hand hygiene. TMC took part in World Hand Hygiene Day by organising a series of activities and competitions for staff to highlight the importance of hand hygiene and infection prevention and control.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.08	
<p>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</p>	
Comments	
<p>On admission TMC utilises a standardised suite of clinical assessment forms that include infection control screening that was increased during the COVID pandemic. The assessment process is comprehensive commencing with the information received on intake and identified infection issues or concerns are followed up by medical and nursing staff. Healthcare-associated infection/disease is recognised as a risk of significant harm to patients and is registered on the risk register. RiskMan is the quality system used to report any risks in relation to infection prevention and control and assists in the monitoring of controls in place.</p>	

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ACTION 3.08	
<p>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</p>	
<p>The daily communication meeting with senior staff is an opportunity to discuss patient accommodation and infection control strategies. There are single rooms with ensuite facilities that can be used for isolation purposes if needed.</p> <p>Monitoring of the environment and equipment is through daily and weekly checklists, quality audits and external cleaning audits. Results and reports are provided to the relevant committees with any recommendations.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.09	
<p>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</p>	
Comments	
<p>Patients are provided with information regarding their health status including any identified infection. Patients and their family/cares are informed of the treatment and precautions that can be used to prevent and minimise the spread of infection. Patients Infection status is documented in their medical record and included in discharge summaries and transfer documents. Hand hygiene stations and signage were evident throughout all the units reminding visitors, patients and staff of hand hygiene as a preventative infection control measure.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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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	
TMC has processes in place to apply standard and transmission-based precautions consistent with relevant legislative, State, Professional and local policy requirements. Strategies include hand hygiene, personal protective equipment, cleaning and appropriate handling and disposal of sharps, all of which are the organisations' first-line approach to infection prevention and control. There was evidence on assessment of routine hand hygiene audits and meeting minutes where strategies to improve compliance were discussed.	
Rating	Applicable HSF IDs
Met	All

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	
Policy documents identify clinical procedures that require aseptic techniques. There was evidence on assessment of workforce training and competence in performing aseptic technique. Compliance with aseptic technique protocols are monitored by observational audit for competency. Audits of compliance were available and documented action plans implemented to ensure ongoing compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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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	
There is no sterilising or reprocessing of medical equipment, instruments or devices at TMC. The only non-invasive reusable devices used are blood pressure cuffs; these are cleaned following each use and this was seen to be monitored. TMC does not perform any invasive procedures and in the event of patients requiring such interventions they are transferred to a more appropriate facility.	
Rating	Applicable HSF IDs
Met	All

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	
There is an environmental cleaning policy and audit results are used to improve the cleaning process. All cleaning products were appropriately stored, clearly labelled and used as per manufactures instructions. on the cleaning trolleys attached to each unit. The cleaning points in some units contained inappropriate items and were untidy and cluttered. It is accepted that space is limited but cupboards and shelving would assist with storage, order and cleanliness in this area. Several MSDS were out of date and not always present for the cleaning products in use. This was rectified during the assessment.	
Suggestion(s) for Improvement	
The cleaning points that contain the cleaning trolleys be reviewed to ensure appropriate items are stored in a safe and secure manner.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
There is a Work Health and Safety Program that includes WHS Workplace Inspections to assess any infection control risks associated with capital works, new equipment and furnishings. Clean linen was appropriately delivered and stored in enclosed cupboards in all units. Soiled linen was placed in red/pink soluble laundry bags. There was signage above the soiled linen bags advising they were not to be overfilled and securely closed. The assessors observed that some soiled linen bags were open and overflowing at the point of collection on the loading dock. TMC developed a comprehensive Pandemic Action Plan that outlined the strategies that would be implemented to continue to provide care and services and included an internal resilience for future public health emergencies.	
Suggestion(s) for Improvement	
A system be introduced to ensure soiled linen bags on all units are not over filled before collection and appropriately secured before they are transported to the loading dock.	
Rating	Applicable HSF IDs
Met	All

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	
All newly appointed staff must provide evidence of their immunisation status that includes COVID vaccinations before they commence employment. TMC runs an active annual immunisation program for all staff with good compliance rates. Over 200 staff have received the flu vaccination this year which is made available to all staff including the night shift. Any patients or staff who present with COVID symptoms are immediately tested and current COVID protocols followed pending the result.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 3.16	
<p>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</p>	
Comments	
<p>Policies and procedures are available that include legislative, and state requirements for management of infection control practice and is overseen by the qualified infection control clinicians.</p> <p>There are good controls and treatment action plans in place to minimise the incidents of health care associated infection to patients. Staff are encouraged to stay off work if they are unwell and there are process in place to ensure an adequate workforce.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.17	
<p>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.</p>	
Comments	
<p>The only reusable devices at TMC are blood pressure machines and these were observed to be cleaned with appropriate wipes each time they are used.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
There is an antimicrobial Stewardship System in place underpinned by appropriate policy and procedures. Therapeutic guidelines are available to medical officers and clinicians and the use of antimicrobials is monitored and reviewed and reported to the MAC meeting.	
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	
The policies and procedures for antimicrobial stewardship (AMS) align and comply with the Australian Commission on Safety and Quality in Health Care Antimicrobial Clinical Care Standards and Therapeutic Guidelines. The pharmacist works closely with the medical team to ensure appropriate antibiotic prescribing and administration. The Antimicrobial Stewardship & Pharmacy meeting reports to the MAC and Quality WHS and infection control meeting.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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Standard 4 - Medication Safety

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

ACTION 4.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	
<p>There are comprehensive policies and protocols in place that support the continuous safety and quality of this standard. All policies are available to staff and staff are notified by email of any updated policies relating to medication safety.</p> <p>Staff were able to demonstrate and provide evidence to the assessors on a number of systems and processes used to promote and support medication safety during the three-day assessment.</p> <p>Medication risks have been identified and are included in the risk register and medication management education is part of the nursing education program.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 4.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
Comments	
<p>Medication incidents are reported via the RiskMan system. Medication incidents are reviewed by the Medical Advisory Committee, the Medication management committee and the Quality and Safety committee. Trended medication error reporting is available for review. Regular medication chart audits are undertaken with appropriate reporting.</p> <p>A “shared learnings” report is distributed across the Healthscope hospitals that includes medication incidents and controls that may impact on medication incidents. This incident reporting and “shared learnings” are used to support both online and local educational activities.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 4.03	
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	
Comments	
<p>During pre-admission, a comprehensive assessment includes the best possible medication history and current and past medications are recorded. This forms part of the medication management process that is updated and included when patients are transferred or discharged.</p> <p>Electronic and hard copy medication information is easily accessible for patients and clinical staff. The on-site pharmacist is available to assist with education in response to particular needs of patients. The Working Towards Recovery handbook has a section where patients can record their medications and the reason they are taking them and any known side effects. There was signage on the medication room advising patients of the times when medications are dispensed and the need for appropriate distancing. Medication was included in the daily bedside handover ensuring patients are included in a discussion on their medication and any concerns are able to be identified and addressed. A list of medication is provided to the patient and their GP on discharge.</p> <p>The results of the Your Experience Survey are utilised to determine the patient experience of medication management.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 4.04	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
Comments	
<p>There are policies and procedures in place for clinical staff to guide their practice in relation to prescribing, dispensing and administration of medication. Medical practitioners are appropriately credentialled to prescribe medication and position descriptions outline the scope of clinical practice for registered and endorsed enrolled nurses in the administration of medication. Nursing registrations are checked annually.</p> <p>The MAC meeting has medication as a standing agenda item and issues relating to the prescribing, dispensing and administration of medication are reviewed as required.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
Org Code : 220690

ACTION 4.05	
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	
Comments	
During the admission process patients and if appropriate family carers are involved in the development of the Comprehensive Care Plan that includes a past and current medication history. Clinical staff receive training in Medication Management Plan Reconciliation underpinned by a flow chart and guidelines. Any changes to medication is documented in the medical record and the Medication Management Plan.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.06	
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	
Comments	
Medication charts are checked at change of shift by nursing staff and at bedside handover to ensure prescribed medication has been administered and orders in the medication charts have been entered correctly. Medication reconciliation is monitored by audits of the MMP. The audits indicate compliance with medication reconciliation on transfer and discharge of patients. The discharge summary provided to patients and their General Practitioner contains information about their medication regime and ongoing monitoring requirements.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.07	
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	
Comments	
Any known allergies and adverse drug reactions are highlighted on medication chart and the patients medical record. Red arm bands are used to alert staff to allergies and there is an associated arm band audit.	

Org Name : Melbourne Clinic, The
Org Code : 220690

ACTION 4.07	
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	
Rating	Applicable HSF IDs
Met	All

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	
Medication incidents are documented in the patient's medical record entered into RiskMan and reviewed at appropriate committees. Serious incidents are tabled and reviewed at the MAC meeting. Patients and their family/carers are informed of any identified adverse drug reaction or allergy.	
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	
Any suspected drug reactions are reported to the Therapeutic Goods Administration (TGA) via their website.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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 pharmacist reviews medication charts within 48 hours of admission. Any concerns with prescribed medication are discussed with the treating psychiatrist. Medication reviews are prioritised based on patient clinical need on admission and can be triggered during their hospital stay for reasons that may include routine review, change in condition, transfer, and if requested by the patient or their family/carers. The pharmacist is available to ensure patients understand the reason certain medications have been prescribed and the importance of medication adherence in their treatment outcomes.	
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	
The success of medication treatment is dependent on the patient's adherence to their medication regimen. Patients spoken to by the assessors were included in decision making regarding their medications and had a sense of ownership, and felt included in the care planning process. The pharmacist supports both staff and patients in the monitoring of medication management. The MMP is monitored throughout the patients stay and this is supported by the Patient Health History designed to ensure all current and past medications are documented on admission. During the patients stay medications are reviewed during clinical review and daily clinical handover. Nursing and medical staff are available to discuss issues or concerns both with the patient and their family/carer regarding medication management. Medication information is also available in other languages if needed.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
Comprehensive information on the prescribed medication for each patient is provided to the treating GPs/Psychiatrists (with consent) on the patients' medical discharge summary. Patients are provided with comprehensive information regarding their prescribed medication including any possible side effects and the reasons for any changes to their medication during their stay and on discharge.	
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	
Medication management forms part of staff orientation and staff were able to demonstrate and provide evidence to the assessors on several systems and processes implemented to promote and support medication safety. There is ready access to decision support information for clinicians that is updated as required. A list of high-risk medications and related policies and guidelines were displayed in medication areas. Electronic and hard copy reference literature is available and easily accessible to support medication practice. The medication error reflection form exists and is actioned as a non-punitive tool designed to help staff identify strategies that may avoid similar medication errors in the future.	
Rating	Applicable HSF IDs
Met	All

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	
TMC has clean and secured medication rooms with clear work benches. Schedules 8, 4 and 11 restricted medications were appropriately stored, and the registers maintained and audited.	

Org Name : Melbourne Clinic, The
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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	
<p>Medication management plans were evident in the medical records viewed by the assessors.</p> <p>Medication fridges are monitored to ensure appropriate temperature control and there are guidelines to be followed if the temperature deviates from the required range.</p> <p>A regular review of ward medication stock lists is undertaken by the pharmacist to ensure stock and products are aligned to the clinical needs of the ward and modified in response to changing needs of the patient population.</p> <p>Out of date medication is appropriately disposed. There are good practices in place to guide storage and return of patients' own medications.</p>	
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	
<p>Emergency medical kits are available on all units to provide a rapid response to any emergency incidents that include anaphylactic reaction to medication.</p> <p>Patients on high-risk medications are reviewed by the Pharmacist and have a medication profile.</p> <p>Although few patients are prescribed Clozapine there are systems in place to ensure appropriate administration and storage.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

Standard 5 - Comprehensive Care

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

ACTION 5.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	
Documentation demonstrates the processes that are in place for implementing policies, managing risks and identifying the training required to deliver comprehensive care. Healthscope policies including the Comprehensive Care Plan Policy and the Comprehensive Risk Screening Tool are available to support practice. Members of the multidisciplinary team were able to describe how the organisation's safety and quality systems in collaboration with patients. Team meetings consider matters affecting comprehensive care. Clinical documentation confirms that processes are in place for managing risks associated with comprehensive care.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.02	
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	
Comments	
Comprehensive care is defined and monitored with a wide range of quality improvement activities being established to improve care including documenting in the comprehensive care plan. The organisation uses feedback, data and outcomes together with evidenced based practice to support improvements in care. The patient is encouraged to provide feedback and suggest improvements and this was seen to occur with improvement suggestions and action taken noted.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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. Patients were able to discuss their involvement in process in how to best suit their needs and this was consistently described by patients who were open in their discussions with Assessors. Staff were able to describe to the Assessors how they actively achieve this and that consumer representatives are available in supporting both staff and patients. A significant range of brochure information, reviewed by consumers is available in supporting communication streams.	
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. TMC operates within their scope of service to provide care that best meets the patient's needs and has established protocols and processes for referral where needed. The medical officer with the overall accountability for a patient's care is clearly identified.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
The Multidisciplinary team (MDT) is well established, and the role of team members is well defined across TMC. Many discussions were held with members of the MDT and they described the processes, practices and support provided to them. An Assessor attended an MDT meeting to observe the communication.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Clinicians and patients were able to describe how they work collaboratively to plan and deliver comprehensive care. The availability of Registrars for units are a valuable resource for the MDT and patient care. This was supported by clinical documentation and witnessed multidisciplinary meetings confirmed this.	
Rating	Applicable HSF IDs
Met	All

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	
Processes are in place to screen and assess patients for risks aimed at minimising preventable harm in the mental health setting with clinical risks also considered. Policy support includes Healthscope Alerts Documentation Management, Admission of a Patient to a Mental Health Hospital as well as Risk Assessment & Levels of Observation. TMC Exclusion Policy also considers appropriate patient admission.	
Clinicians were able to describe the risk assessment process and evidence was sighted in clinical documentation. Regular audits are undertaken to support that timely and comprehensive risk screening and patient assessment is completed.	

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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	
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	
TMC as part of the admission process encourages patients to self-identify as Aboriginal and Torres Strait Islander and this information is captured in the WebPAS administration system. Although those who identify as Aboriginal and Torres Strait Islander patients are not high, about 22 in 2021 it was noted support is given to identify accordingly.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
The Healthscope Advance Care Directive (ACD) Policy supports TMC's Advance Care Directive to inform on required practice. On intake the patient is asked whether they have an advance care directive and if yes, to bring the ACD or a copy when admitted for filing on their health record.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
A comprehensive assessment is conducted on admission, which commences at intake and is repeated when clinically indicated. This includes screening for a range of risks for preventable harm, including cognitive, behavioural, mental, physical risks and social and other issues that may compound risk. Risk screening processes are subject to audit and reports are provided through the organisation's governance structure. A review of clinical documentation by Assessors found risk screening documentation is well completed. TMC 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	
Risks are identified using standardised screening tools which identify the level of risk and appropriate actions to mitigate them. Staff at interview were able to describe the risk screening process and ongoing care requirements.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
Risks identified during screening and assessment are documented with appropriate action plans developed as needed to mitigate them, including alerts and responses to identified risk. A TMC Exclusion Policy is available to consider those patients not suitable for services offered by TMC.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 5.13	
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	
Comments	
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. The availability of a suitable other is requested where possible for each patient. 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. Assessors witnessed interactions between staff and patients that demonstrated this partnership in care and decision making. It was stated that TMC is looking at developing champions amongst staff to help manage care plans and risk screening audits and this improvement is well supported. The requirements of Advisory AS18/15 have been met.	
Rating	Applicable HSF IDs
Met	All

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	
Patients able to articulate their level of engagement in their care expressed satisfaction that they actively participated in decision making at all points of care and transition. Goals of care are monitored, and care planning modified in response to any change in goals, changing clinical status needs or a risk profile.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
TMC does not provide palliative or end-of-life care. Patients admitted to TMC are voluntary and the Exclusion Policy is available that determines those to be admitted and the patient must be medically stable.	
If a patient was to die at TMC guidelines are available to staff for the management of deceased patients.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	
End-of-Life Care is not provided by TMC and this is confirmed by an Exclusion Policy and Intake processes.	
Rating	Applicable HSF IDs
NA	All

ACTION 5.17	
The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	
Comments	
Advanced care plans are able to be received from patients and this is clearly demonstrated by Intake processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
End-of-life care is not provided, however a death of a patient may occur at TMC. On discussion with staff the Employee Assistance Program and clinical debriefs are available to support the welfare of staff.	
Rating	Applicable HSF IDs
NA	All

ACTION 5.19	
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	
Comments	
End-of-Life Care is not provided by TMC and this is confirmed by an Exclusion Policy and Intake processes.	
Rating	Applicable HSF IDs
NA	All

ACTION 5.20	
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	
Comments	
Organisation does not treat patients at End-of-Life Care, such patients are directed to contact their GP to discuss appropriate care options.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 5.21	
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	
Comments	
<p>Although patients admitted to TMC are ambulant, it is evident that the organisation is aware of possible risks and has an appropriate system to prevent, identify, report, manage and monitor any pressure injuries. Patients who become bed ridden and medically unwell are transferred to a more appropriate facility. All patients have a routine pressure area risk assessment on admission, and this was evident in medical records viewed by the assessors. However, in the event of pressure injuries there is a range of equipment available at TMC to assist in the management of these injuries and wound care clinicians are available. Patients are encouraged to be active, and a daily walking activity was seen to be included in the programs available.</p> <p>Staff had a good understanding of the reporting process and quality boards in each unit visited by the assessors displayed monthly pressure area incident data for staff and patients/carers to view.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>All patients have a routine pressure area risk assessment on admission that is updated and a final assessment completed on discharge. Pressure injury screening was evident in the medical records viewed by the assessors.</p> <p>All pressure injuries and other skin related injuries identified on admission or hospital acquired are recorded on RiskMan and investigated. Staff when interviewed, were clear on the process for pressure injury care and this is reflected in the fact there have been no instances of TMC acquired pressure injuries in recent years.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
Patients their families/carers are provided with relevant information specific to the prevention and management of pressure injuries on admission, during their stay and upon discharge. This information includes patient brochures that are displayed throughout the units. Staff receive education in pressure injury identification, prevention and management.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	
Falls screening commences on intake and all patients admitted are routinely screened for falls that is included in their comprehensive care plan. The care plan is regularly reviewed and updated if appropriate. All patients admitted to Unit 6 (older persons unit) are assessed by the physiotherapist. There was signage advising of how to minimise the risk of falls and the quality boards in each unit displayed monthly fall information data. Falls alert information is recorded in the medical record, alert sheet and in WebPAS. Although patients admitted to the mental health units at TMC are mobile falls screening is still conducted and audited for compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
<p>Falls prevention equipment to help reduce the rates of falls within the TMC is readily available.</p> <p>The clinical handover process includes discussion of patients identified as a high falls risk. Patients can be allocated a bed near the nurses' station if needed for greater observation.</p> <p>Ongoing review and monitoring of falls data is reported at appropriate committees and forms part of Healthscopes shared learnings.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.26	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
Comments	
<p>Information is available to patients, families and carers on falls and fall prevention. Items from home that can assist patients who are at risk of falls may be used during their hospital stay.</p> <p>The Physiotherapist and Occupational Therapist are involved in assessing patients and providing advice to both patients and caregivers of interventions and prevention strategies that can be used in hospital and when going home.</p> <p>Patient care boards indicate for staff and family and carers the level of assistance and any walking aids that are necessary.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
No patients are admitted to the TMC overnight. All admissions are planned and admitted during routine business hours.	
Rating	Applicable HSF IDs
Met	All

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	
Malnutrition screening is completed on all patients on admission that includes height and weight and an overview of eating patterns. If indicated patients are referred to the dietitian for nutritional support and individual meal management. Food allergies and any cultural dietary restrictions are documented in the patients' medical record and in WebPAS. Food and fluid charts are commenced to monitor intake if needed and patients are assisted with eating and drinking if necessary. The 'Preparing for your stay' information advises patients that they can bring special food items from home into the clinic providing they are appropriately stored. There are several specific eating disorders programs that are conducted for day only and inpatients. The assessors were impressed with the Eating Disorders Workbook and the Nourish to Flourish handbook that provided practical information (including recipes) to assist patients to manage their eating on discharge.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
The organisation has policies in place to ensure that best practice approaches are adopted in the management of cognitive impairment and delirium. There are validated tools and resources available and staff training provided. Patients identified at risk of delirium or cognitive impairment are identified in the alert sheet and entered into WebPAS. Family and carers play an important role in providing staff with information about the patient and how they normally present. The medication risk assessment completed on admission identifies patients that are taking high risk medications including antipsychotic medication. The patients are then referred to the pharmacist for ongoing management and review.	
Rating	Applicable HSF IDs
Met	All

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	
TMC has policies aimed at recognising and managing cognitive impairment. This includes audits of screening on admission for cognitive impairment in patients over the age of 65. There are systems in place to ensure that people who are suspected of having cognitive impairment on discharge receive appropriate referral for follow up and family/carers are provided with appropriate information.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
<p>Identification of risk commences on intake and admission and is reviewed during the patient journey. Family and carers play an important role when obtaining a collaborative patient history to identify past or current suicidal or self-harm behaviours.</p> <p>During admission if there are concerns for patient safety an ICU is available to provide a higher level of care and increased observation.</p> <p>There is an identified risk assessment tool and attempted suicide and self-harm is included in the risk register.</p> <p>Incident reporting including incidents relating to self-harm are monitored and reviewed to identify any opportunities for improvement.</p> <p>There are systems in place to enable family and carers to escalate care if they are concerned during admission about a patient's mental or physical deterioration.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>There is a comprehensive assessment and intake process at TMC that includes an assessment of risk across a variety of domains including, self-harm and aggression. All patients are contacted 24 hours prior to admission to confirm their health status has not changed.</p> <p>The discharge summary includes an overview of the patient admission and outcomes and any ongoing concerns for safety.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
<p>All staff are trained in WAVE for the de-escalation and management of actual or potential aggression. Sensory items and quiet spaces were observed throughout the units and provided a calm space to help patients regain control of their emotions in a low-stress environment.</p> <p>Patients have a routine risk assessment conducted during admission. Any potential risk of aggression is documented and included at the clinical shift handover. Patient care plans are reviewed and updated as required.</p> <p>Any incidents relating to aggressive behaviour are entered into RiskMan and reviewed for quality improvement purposes.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.34	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
Comments	
<p>TMC does not tolerate physical or verbal aggression, or abuse towards staff, patients, family members or visitors. There are procedures in place which outline aggression risk factors and the need for de-escalation as the first response to aggression. Staff receive WAVE training in de-escalation techniques that include respecting personal space, making verbal contact and the identification of the patients wants and needs. If de-escalation is not possible and patients are unable to be nursed safely in ICU, they are transferred to a more secure mental health facility.</p> <p>During the assessment it was noted that the workforce had access to duress call buttons and a response system was in place for any incidents of aggressive behaviours</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
The aggression management procedure identifies the need for alternatives to restraint in the management of aggressive patients that include a comprehensive assessment on admission and daily risk assessments to determine the patient's mental health status. Restraint is not an accepted practice at TMC. If restraint is clinically indicated police or ambulance are called to transport the patient to a more secure environment.	
Rating	Applicable HSF IDs
Met	All

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	
There are no seclusion facilities at TMC which is not a gazetted MH facility.	
Rating	Applicable HSF IDs
NA	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

Standard 6 - Communicating for Safety

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

ACTION 6.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	
Comments	
Policies and procedures are in place to support effective clinical communication including handover. These policies identify risk management strategies and also the training requirements / expectation of all staff in support of effective clinical communication. Staff interviewed were able to describe the processes for clinical communication and many processes including the bedside handover, group and MDT meetings, were demonstrated at Assessment.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.02	
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	
Comments	
Incidents relating to failure in clinical communication are reported through the incident management system and identified in patient feedback. Communication is patient centred and the importance of this being clear, current and factual was seen. The effectiveness of clinical communication, including handover is monitored through feedback and audit including the clinical handover audit with high rates of completion.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
 Org Code : 220690

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	
TMC has policy that supports the engagement of patients, their carers and families in their own care and shared decision making. 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	
Policies and processes are 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. Documentation viewed by the Assessors supports the use of specified identifiers in these situations.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.05	
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	
Comments	
The Patient Identification Band Policy advises on needed practice. This includes the use of 3 identifiers and clinical staff and patients were aware of and did discuss the application of identifier use, including at clinical handover and with medication administration. On discussion with patients there are some opportunities to confirm needed practice, particularly with the wearing of identification bands.	

Org Name : Melbourne Clinic, The
 Org Code : 220690

ACTION 6.05	
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	
Suggestion(s) for Improvement	
Ensure processes are in place that identification bands are worn by patients.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.06	
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	
Comments	
The Assessors noted the use of approved patient identifiers as noted in Action 6.5. Additionally, processes are in place for surgical / procedural time-out for electro convulsive therapy and transcranial magnetic stimulation and these are documented and audited, with needed compliance A review of clinical documentation and viewing of procedures supported these findings.	
Rating	Applicable HSF IDs
Met	All

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 occurs and this was seen to be suitable applied at Assessment. The Patient Rounding Policy is available to further support practice. This supported the clinical handovers witnessed by members of the Assessment Team, which were seen to consider the relevant risk and needs of the patient in collaboration with the patient.	

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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	
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 using the ISBAR tool, and effectively engaged with patients, their carers and families in defining goals of care and decision making. 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. Clinical handover is audited regularly.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.09	
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	
Comments	
MDT has policies and procedures to guide staff in effective communication and handover of critical information including risks and alerts. Both patients and staff were able to describe to the Assessors how this worked and how patients, their carers and families were involved when they wanted / needed to be. Clinical handover is audited, and incidents / feedback related to communication issues are addressed appropriately.	
Rating	Applicable HSF IDs
Met	All

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ACTION 6.10	
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	
Comments	
Documentation shows communication processes are in place for patients, carers and families to directly communicate critical information and risks about care. Clinicians and patients interviewed confirmed this and the Assessors observed information available to support and facilitate this process. This was demonstrated in sessions such as clinical handover and group sessions.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.11	
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	
Comments	
Clinical documentation reviewed by the Assessors was seen to be consistently well completed by the MDT. Documentation audit completion supports compliance for complete, accurate and up to date information being recorded in the healthcare record.	
Rating	Applicable HSF IDs
Met	All

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Standard 7 - Blood Management

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

ACTION 7.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 7.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

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	
Not Applicable	

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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	
Rating	Applicable HSF IDs
NA	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	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 7.05	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

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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	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 7.07	
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 7.08	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

Org Name : Melbourne Clinic, The
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ACTION 7.09	
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	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 7.10	
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	
Comments	
Not Applicable	
Rating	Applicable HSF IDs
NA	All

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Standard 8 - Recognising and Responding to Acute Deterioration

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

ACTION 8.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	
Comments	
Policies and procedures are in place to recognise and respond to acute deterioration and staff ably described their role should such an event occur.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
Comments	
The reporting of any deteriorating patient event is reported through the relevant key committees enabling clinical review and a response to any improvements that may be made.	
Rating	Applicable HSF IDs
Met	All

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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	
Processes are in place to actively support patients and consumers involvement in their own care reflecting shared decision making. Patients spoken to by assessors described how they were included in their own care and assessors observed examples of shared decision making at bed-side handover.	
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	
Observational charts and clinical documentation support the importance of observation and accurate charting that can highlight any clinical deterioration and/or the need for escalation/or intervention.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 8.05	
<p>The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state</p>	
Comments	
<p>Deterioration of a person's mental state in TMC a mental health facility is driven by ongoing and continued accurate observation with good clinical documentation and reporting. This observation occurs whether an inpatient, participating as a Day Patient or being visited in their home as a patient in the TMC Outreach program. Advisory AS 19/01 has been met.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 8.06	
<p>The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration</p>	
Comments	
<p>Staff spoken to were aware of the monitoring requirements for both acute physiological and mental health status and how to address any concerns raised by staff, patients, carers and/or families. Policies are in place to support clinicians in both the management of a deteriorating patient and escalation processes. The requirements of Advisory AS 19/01 have been met.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
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ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
Processes and information in patient rooms advises patients and carers how to escalate care.	
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	
Policies and processes are clear and provide good direction for staff to escalate care, call for emergency assistance and respond to clinical emergencies should they arise.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
Staff in discussion described how they escalate care that is consistent with TMC policy.	
Rating	Applicable HSF IDs
Met	All

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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 and training are provided to clinicians to ensure they have and maintain the skills required to manage episodes of clinical deterioration. This was supported by evidence of recent Basic Life Support (BLS) training and mock drills.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.11	
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	
Comments	
TMC is a mental health facility and therefore Advance Life Support skills and training is not mandatory. In the case of a patient admitted for mental health treatment who physically deteriorates Ambulance Victoria (AV) is called for the patient transfer out to an acute facility.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.12	
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	
Comments	
If a patient in this voluntary mental health facility deteriorates to the extent that their mental health state can no longer be managed at TMC a process is implemented for transfer out by recommendation under the Mental Health Act 2014 (Victoria) to a gazetted mental health facility by ambulance with police support if required.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
Org Code : 220690

ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
Clinical staff were able to describe to assessors the procedures in place for timely and rapid referral out for any patient who physically deteriorates.	
Rating	Applicable HSF IDs
Met	All

Org Name : Melbourne Clinic, The
Org Code : 220690

Recommendations from Previous Assessment

Nil