NSQHSS2.1 Corporate Organisation-Wide Assessment
Final Report

Healthscope Ltd

Melbourne, VIC

Organisation Code: 220042
Health Service Facility ID: 100123
Assessment Date: 30-31 August 2022

Accreditation Cycle: 1

Contents

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

Healthscope Ltd underwent a NSQHSS2.1 Corporate OWA (NSQHSS2.1 Corporate OWA) from 30/08/2022 to 31/08/2022. The NSQHSS2.1 Corporate OWA required three assessors for a period of two days. Healthscope Ltd is a private health service. Healthscope Ltd has not previously been assessed against NSQHSS2.1 Corporate.

Standard 1

Healthscope Corporate is the national headquarters for the 41 Healthscope facilities located across the nation. The Chief Executive is accountable to the Board, and reports on governance regarding the 41 hospitals are provided through to the Board.

The Healthscope Executive have reviewed the governance system, committees are multidisciplinary and inclusive of clinicians. The reporting is robust, with trends monitored and risk identified, and it was apparent that a culture of continuous improvement is in place from the Board through to all levels of staff. Of particular significance is the work undertaken to provide real time information and data through the Measurement, Analysis and Reporting System (MARS) and Data Analytics Service Hub (DASH).

Education and information have been provided to staff regarding being culturally respectful towards the Aboriginal and the Torres Strait Islanders community and also have local artwork displayed.
Board members undertake annual training, and all staff have a thorough orientation to Healthscope. There are 25 key education courses with a focus on high-risk areas. Mandatory training reports indicate the levels of training are below target, this has been identified as a recording issue, and a detailed action plan has been developed to resolve the issue. Healthscope has good processes to ensure staff have the correct qualifications and skills to meet the skill capability defined for their position and organisation. Staff learning plans are linked to performance review with the identification of the individual's training and development needs. Well-established policy and processes ensure the application of National and State Guidelines for e credentialing and defining scope of practice for senior clinical staff. Safety and quality roles and responsibilities are embodied within position descriptions. Assessors confirmed that Healthscope has actively adopted the Clinical Care Standards and has developed registers and policy to record progress and assist facilities to comply with the standards. Information provided to the assessors confirmed Healthscope is fully compliant with Advisory 18/12 (1.27b) and ACSQHC Fact Sheet 11.

Standard 2

Healthscope has a comprehensive Consumer Participation Framework that includes the National Consumer Advisory Vision, Consumer Partnership Plan (2020-2023), Patient Experience Strategy and policies and procedures.

A strong commitment to partnering with consumers was evident during the assessment and expressed by the consumers (national and hospital-based) that participated in the interviews. Consumers are engaged in policy development, implementation and training.

The National Consumer Advisory Council and the hospital and service consumer committees receive extensive transparent information on Healthscope's performance. Interviews with members of the Consumer Advisory Committee (national and hospital) confirmed their active role in the governance and evaluation of health care across the organisation. Consumers are instrumental in the review of relevant patient information.

Healthscope National Consumer Advisory Council reports on partnering with consumer strategies and outcomes (Consumer QKPI Benchmarking Quarterly Report). An annual report is prepared, and information on key patient outcomes is also published on the Healthscope website. The organisation meets its obligations for ensuring the Charter of Healthcare Rights is available to consumers and informed financial consent is completed.

The organisation has pursued a range of activities to better partner with local Aboriginal and Torres Strait Islander communities and to better understand and meet their specific and unique healthcare needs.

Several quality improvements were evident with a number highlighted in the report.

Standard 3
All corporate accreditation actions under the Preventing and Controlling Infection, Standard 3 were found to be achieved. The National Infection Prevention and Control Committee (IPC) is supported by Healthcare Infection Control Management Resources (HICMR) systems and processes including comprehensive policies and procedures. The contracted external HICMR expertise, subsequent audits and action planning are strengths of Healthscope's infection prevention and control systems and processes.

Standard 3 reporting for Healthscope is robust across all levels of governance in the organisation. Trends are monitored, and risks are identified and remediated.

It was apparent that a culture of continuous improvement and excellent infection prevention and control governance operates from the hospitals and services and through to corporate and Board.
Surveillance of infections occurring for a range of Health Associated Infections (HAI) was sighted.
A National Antimicrobial Committee is currently being formed.

Healthscope has responded extensively to the COVID-19 pandemic by providing governance and leadership across the organisation to meet the various and changing State jurisdictional requirements and by supporting resource needs.
Several quality improvements were evident with a number highlighted in the report.

Standard 4
The management of medication safety risk at organisational level is well attended by means of risk management policy adherence, support to education and training, review of performance activities and evidence of patient collaboration on all aspects of their care.

Standard 5

A comprehensive care policy has been developed as the overarching framework supporting care assessment, planning and delivery. The comprehensive care policy articulates the requirement for risk assessment across Healthscope and utilising the results of the initial risk screening to develop the plan for care. A suite of policy and procedural documents are available to staff to assist in minimising patient harm. Risk assessments are completed on admission and repeated throughout the admission. Audit monitors compliance.

Staff providing care have access to a suite of tools to assist in the recognition and management of patients with cognitive impairment and/or delirium. Communication and care cues are obtained as part of the admission, allowing care teams to be aware of triggering actions that might precipitate aggression. Staff have received training in the use of de-escalation techniques to reduce instances of restraint. Changes in behaviour are communicated at handover and via patient journey board meetings to ensure the team are aware of triggers for potential escalation.

Standard 6

There has been a strong focus on communicating for safety with the implementation and monitoring of strategies to reduce the occurrence of incidents related to patient identification, clinical handover, procedure matching, clinical documentation and communication of critical information. Handover occurs at several points in the patient journey with scheduled handover times and locations within professional disciplines and across disciplines and shifts. Standardised tools are in use to support this process.

Standard 7

Blood and Blood Product Management (B&BPM) is supported by best practice policies and procedures in accordance with legislation, State and National Guidelines. Systems and processes for the management of blood and blood products (B&BP) were evident at the assessment. Healthscope utilises specific B&BP documentation to assist in safe administration. Training of the workforce is monitored corporately.

B&BPM is governed by the Healthscope Clinical Governance Committee and the Healthscope Transfusion Best Practice Team.

Appropriate monitoring, auditing, haemovigilance, and quarterly reporting are available to the workforce, hospitals and services, and Healthscope Corporate.

Standard 8

Healthscope has a Clinical Governance Framework and specific Clinical Deterioration Strategy that is consistent with the Australian Commission for Safety and Quality in Healthcare's clinical governance framework model. There is a corporate policy for Recognising and Responding to Acute Deterioration. Best practice policies and procedures and best practice tools for early recognition and response to deterioration are available to the Healthscope workforce. All unexpected deaths are reviewed and reported.

Standard 8 reporting for Healthscope is robust across all levels of governance in the organisation. Trends are monitored, and risks are identified and remediated.

It was noted however that the training rates for all the emergency response courses were below the organisation's target benchmark. A recommendation has been made under 8.01(c).

Summary of Results

At Healthscope Ltd.'s Organisation-Wide Assessment, two Actions were rated Met with Recommendation across 8 Standards. The following table identifies the Action(s) that were rated Met with Recommendation and lists the facilities to which the rating applies.

Actions Rated Met with Recommendations

Facilities (HSF IDs)	NSQHSS2.1 Corporate OWA 30/08/2022 - 31/08/2022
	MwR
Healthscope Ltd-100123	1.20, 8.01

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

Sites for Assessment

Healthscope Ltd

Site	HSFID	Address	Visited
Healthscope Ltd	100123	Level 1, 312 St. Kilda Road Melbourne VIC 3000	Yes

Standard 1 - Clinical Governance

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

ACTION 1.01
The governing body a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance
Comments
There is real commitment at the governing body level to drive a safety and quality agenda throughout Healthscope. There is a strong culture where safety and quality priorities are the driving force for change. There are clear safety and quality priorities documented for the organisation which are supported by the Board, CEO and Executive Leadership Team and clinical governance framework. Staff at all levels are aware of their safety and quality responsibilities, and there is evidence of these being enacted in all areas. A review of available documentation for Healthscope was consistent with the requirements of the ACSQHC Checklist for Assessors – Reviewing information accessed and actioned by the Governing Body and supported by observation and interviews with key clinical governance leaders at Healthscope Corporate and across the Healthscope facilities, demonstrating that a culture of safety and quality improvement has been established. This was reinforced by the leadership team who set the strategic direction for Healthscope and ensures it is clearly communicated. A Clinical Governance Framework, together with a Healthscope One Strategic Plan 2025 and a Safety and Quality Plan 2022-2023, describes the governance-related roles and responsibilities across the services and supports staff to effectively partner with patients and families. A well-established Committee Structure is in place to monitor the effectiveness of the clinical quality system through audit, data analysis and incident reporting. Clinical Governance Committees receive and review a range of metrics which allow the progress of the organisation to be assessed against the set priorities – areas requiring improvement are noted, and additional actions to improve these results are requested and progress monitored. It was evident a risk management approach underpins all aspects of clinical safety and quality.

Rating	Applicable HSF IDs
Met	All

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
Comments
Significant work has been undertaken to develop and support partnerships with Aboriginal and Torres Strait Islander communities and controlled organisations, with formal key local and regional partnerships in place to address community needs. This plan also intersects with the Healthscope Reconciliation Action Plan. Advisory AS18/04: Advice on the applicability of Aboriginal and Torres Strait Islander specific actions has been met.

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 Healthscope Board-endorsed clinical governance framework provides information and direction for staff across the organisation. Clinical dashboards with key safety and quality metrics are in place and linked to organisational safety and quality priorities which are reviewed, along with audit and local risks. Staff in key clinical governance leadership roles were able to describe the Clinical Governance Framework for Healthscope and its services. Senior executives were able to demonstrate to the Assessment Team how the Framework is used, and how its effectiveness is monitored and reported, with changes made where indicated.

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
Healthscope captures data on its indigenous patient throughput from each of its services to ensure that appropriate localised strategies are implemented at point of need but are also considered across the breadth of the service. Education to ensure staff are equipped with knowledge on the provision of a culturally safe environment and to support the provision of culturally safe care is in place for all staff. Advisory AS18/04: Advice on the applicability of Aboriginal and Torres Strait Islander specific actions has been met.

Rating	Applicable HSF IDs
Met	All

ACTION 1.05
The health service organisation considers the safety and quality of health care for patients in its business decision-making
Comments
Healthscope has a range of data and data sources that are used to complement the business decision-making processes and that provide the information and data to support direction. There is significant reference to their suite of quality, safety and risk indicators and benchmarks when considering organisational business practice and potential opportunity for enhancement to practice and business growth.

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
Clear commitment to quality and safety was demonstrated by clinical leaders across the organisation. Responsibilities have been included in position statements for staff. The clinical governance framework supports staff with addressing their responsibilities. Training is provided for all levels of staff to assist with understanding their role in safety and quality and how their individual roles contribute to the quality of healthcare provided to patients. The introduction of the DASH, MARS and eQuaMS was impressive and pivotal to providing information in real time and planning for the future.

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

Rating	Applicable HSF IDs
Met	All

ACTION 1.08
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems
Comments
Healthscope has a defined quality management system that produces performance and outcome data. Staff confirmed that they received information on quality and safety performance and that it is actively managed with agendas and minutes of meetings at all levels throughout Healthscope supporting this. Outcome data and information is used to drive improvements through the clinical governance structure and is made available to staff, consumer representatives, the community and other stakeholders who are engaged in performance evaluation.

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
It was confirmed during interviews with all levels of staff how Healthscope manages the safety and quality systems throughout the organisation with reports provided to the Board and senior management, the workforce, consumers and other stakeholders. Reporting is undertaken through a range of appropriate mechanisms and in formats that are easily understood.

Rating	Applicable HSF IDs
Met	All

ACTION 1.10
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters
Comments
Management and staff explained how risks are identified and managed and how this is influenced by staff, patients and carers. Information from a broad range of sources informs the Board and leadership teams to define and operationalise the risk management system. The system is reviewed and refined as needed to ensure it remains effective in managing both corporate and clinical risks. The risk management system includes business continuity plans to support service delivery in the case of an emergency or disaster. The Assessors viewed evidence of crisis management with evidence that the system is actively managed, evaluated and improved as needed. Risk management reports are regularly provided to the governing body, management and staff. A crisis management manual has been provided to all senior staff, with one copy kept at home, if needed a QR code in the manual will allow access via their device.

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
Documents reviewed, plus interviews with staff, confirmed that all staff are encouraged to report any incidents or "near misses" through the incident reporting system. Patients and carers reported that they felt empowered to raise concerns. The clinical governance team provides analysis and feedback to all staff and key committees on incident reporting and trends. Trend analysis of incidents drives quality improvement activities which are reflected in the risk register. Information on the outcomes of incident investigations is reviewed.

Rating	Applicable HSF IDs
Met	All

ACTION 1.12
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework6 b. Monitors and acts to improve the effectiveness of open disclosure processes
Comments
Healthscope has established an open disclosure program which is consistent with the Australian Open Disclosure Framework. Healthscope monitors how, why and when open disclosure occurs, and staff were able to articulate their role in open disclosure. A training program for open disclosure is in place to equip staff in initiating and participating 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
There are a range of opportunities for patients and consumers to provide feedback to Healthscope on the services they have interacted with, or on the care provided. Regular surveys of service users are undertaken, and this data is analysed and provided back to service providers and the wider community. Both quantitative and qualitative data are collected and analysed; availability of these results are, quite often, in real time to allow action to be taken when or if required. Sentiment analysis has been introduced to the organisation through the use of both NPS, top two boxes and through the use of the Adoreboard report dashboards. The use of rounding, by managers and consumer representatives further support the organisational capacity to capture meaningful feedback from service users to improve service delivery and care.

Rating	Applicable HSF IDs
Met	All

ACTION 1.14
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system
Comments
Policy governs the management of complaints across Healthscope. Key indicators have been developed to monitor the effectiveness of the data collection, review analysis and response to complaints received from its consumers, either directly or via other sources. Data from incidents and internal KPI's are also used to interrogate complaint data to identify opportunities for improvement. Complaints, when received, are entered into RiskMan and timelines for response and finalisation closely monitored. Trend reports, KPI's and significant complaints are provided to the Board for review.

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
Demographic data is collected on all patients as they enter Healthscope services to allow appropriate services to be provided for patients. Access to resources and supports is available to patients and consumers from diverse backgrounds. Educational support is available to staff on working with people from diverse backgrounds and to normalise organisational process to facilitate care delivery. Interpreter services are available for patients where a need has been identified. There are good relationships in place with co-located public hospitals; supports are consequently able to be accessed from their indigenous liaison services. Indigenous consumer representatives are also available to ensure an indigenous lens is applied to service planning.

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	
Rating	**Applicable HSF IDs**
Met	All

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	
Policy and procedures are in place to guide the workforce on the management of the health record, health information and privacy. There are several electronic systems in place supplementing the paper-based record. There is some connectivity between these systems. The risk associated with the management of the hybrid record are recognised by the service, recorded within their risk management system and mitigation strategies employed to minimise the impact of this known risk. An annual audit calendar is in place and reviews documentation compliance. Secure file transfer process in use for the electronic transfer of information allowing information to be encrypted prior to transfer. Compliance with training regarding information security and privacy is currently at 97%. Storage of the health record is considered, and records are moved off site to secure storage 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
An action plan to address the requirements of Advisory AS18/11 in place and progress against required actions demonstrated. Progress against the action plan was reported. The health record utilises unique identifiers, and checks are in place to monitor the accuracy of personal health information collected. Standard national terminologies are used.

Rating	Applicable HSF IDs
Met	All

ACTION 1.18
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system
Comments
Healthscope is meeting the requirements for the provision of information to the My Health Record (MHR) system. Processes were developed to ensure that the staff are aware of the requirements to meet the flow of information into the system. An audit process to support compliance is in place. The requirements of Advisory 18/11 have been met.

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
The Assessment Team reviewed documentation that detailed the orientation provided to members of the governing body, staff, contractors, locum and agency staff, students and volunteers. The board has an annual 2-day training session, with the most recent being in December 2022. Although all members of the Board have had separate First Nations training, it may be prudent to formalise this. Training identified quality and safety roles and responsibilities, and contracts and position descriptions further supported this.
Suggestion(s) for Improvement
It is acknowledged that Board members undertake separate First Nation training, it is suggested that the Board undertake formalised First Nation training.

Rating	Applicable HSF IDs
Met	All

ACTION 1.20
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training
Comments
Interviews with executives and review of documentation confirmed that processes are in place to ensure that clinicians are working within the defined and agreed scope of clinical practice and that Clinicians' scope of practice is consistent with the role delineation of Healthscope. This is reviewed in accordance with policy and when required to accommodate new / altered procedures or technologies. The assessors identified that some rates of mandatory training were below target. Healthscope Corporate had also identified this issue, which appears to be a recording issue, and is working to rectify the situation. This is documented in the Chief Nursing Officer's report to the June 2022 Corporate Quality Committee. A detailed action plan for remediation was provided to the Assessors. A Met with recommendation has been made for action 1.20 d).

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		
Rating	**Applicable HSF IDs**	**Recommendation(s) / Risk Rating & Comment**
MWR	All	**Recommendation:** The Met with Recommendation refers to 1.20 d). Healthscope Corporate review the processes for recording mandatory education across its sites to ensure all staff who have completed the education are recorded as doing so and provide assurance that staff have completed the required education. **Risk Rating:** Low

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	
Compliance with Share our Pride training has been maintained with eLearning compliance across the organisation currently at 91%. Additional offerings are available to support cultural competence across the service. Additional work is being undertaken to expand this learning base. Acknowledgement of the need to address the specific needs of the local indigenous community is strong across the service, and Healthscope was able to demonstrate awareness of the need for cultural safety as part of service provision. Advisory AS18/04: Advice on the applicability of Aboriginal and Torres Strait Islander specific actions has been met.	
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 conducted for all staff and identify staff training needs. Education plans and training needs analysis are conducted in response to these reviews. The 'Cuppa Convo' is an innovative program to have conversations regarding a staff member's performance. Performance review completion is audited, and current compliance rates above target. Healthscope has heavily invested in recognising and developing talent and skill developing leaders and to retain these staff in the workforce.

Rating	Applicable HSF IDs
Met	All

ACTION 1.23
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered

Comments
Defining the scope of clinical practice is handled competently by the relevant professional groups, guided by policy and procedures consistent with National Standards. The process for defining scope of practice is monitored and regularly reviewed, and individual scope of practice is reviewed and revised in accordance with policy. 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
Credentialing at Healthscope is overseen by the Medical Advisory Committee and is well established and managed with a supporting policy which is reviewed regularly. All professions subject to professional registration requirements are monitored and checked on the Australian Health Practitioner Regulation Authority (AHPRA) database. The credentialing processes are monitored and regularly reviewed to ensure they remain robust. Re-credentialing is undertaken according to requirements for Healthscope By-laws. Advisory 18/12 'Implementing the Colonoscopy Clinical Care Standard' has been met.

Rating	Applicable HSF IDs
Met	All

ACTION 1.25
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff
Comments
Staff interviewed by the Assessors were able to articulate their roles and responsibilities for quality and safety. These are defined in position descriptions for staff employed by Healthscope and in contractual arrangements for the provision of agency and locum staff. Orientation and onboarding include information for staff on these responsibilities.

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
Not applicable supported.

Rating	Applicable HSF IDs
NA	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
Healthscope provides clinicians with access to a range of tools, best practice guidelines, care pathways and the clinical care standards to support their clinical practice. Healthscope are also very involved in workforce research and hospital falls prevention. Healthscope have commenced a register of all the Clinical Care Standards from the Australian Commission on Safety and Quality Commission in Health Care (ACSQHC) to support compliance.

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 is monitored by analysing comparative clinical outcomes data with peer organisations, and results are used to inform individual and aggregate performance, support clinicians in actively participating in clinical reviews and to inform changes needed to minimise unwarranted clinical variation. Healthscope has developed the Measurement, Analysis and Reporting System (MARS) and Data Analytics Service Hub (DASH) which are live and provide real time information. Where clinical variation is identified, a risk management approach is used to minimise harm from unwarranted variation. Healthscope also submits data to several national databases. Healthscope is compliant with the requirements of Advisory 18/12.

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
Incidents impacting the safety of the patient care environment are escalated through the RiskMan incident management system and clinical governance structure. Preventative and reparative maintenance of buildings, plant, equipment, utilities, device, and other infrastructure is undertaken to ensure that they are fit for purpose. Services are contracted to experts for infrastructure and biomedical services. Contractors accessing services are inducted.

The safety of the environment is considered in service planning and design. The Healthscope Property and Infrastructure leadership structure provides the governance to ensure a safe and quality environment. At any time, a very large number of projects are being considered, planned, built or under commissioning.

Radiation safety is accredited annually by external contractors, and the Radiation Safety Plans are updated annually for all facilities. |

Rating	Applicable HSF IDs
Met	All

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 National Property and Infrastructure team provided significant leadership to services in response to COVID-19 and a safe environment. The organisation has undertaken an infrastructure design consultation for mental health to identify areas that have a high risk of unpredictable behaviours and also has processes to ensure emerging risk areas can be appropriately identified. Resources are made available to services for infrastructure improvements and a system of reporting through to the Board operates. Infrastructure project management decisions are made using a priority rating system (Grades 1-5) and is linked to the Healthscope 5-year plan. Strategies have been developed to ensure that people are treated in appropriate areas, and risks associated with unpredictable behaviours are considered.

Rating	Applicable HSF IDs
Met	All

ACTION 1.31
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose
Comments
Directional signage internally and externally is approved and implemented as per State and Building Infrastructure best practice.

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	
Facilities within Healthscope have processes to support flexible visiting where and when safe to do so.	
Rating	**Applicable HSF IDs**
Met	All

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	
Healthscope is continuing to improve its workplaces so that they are welcoming for people who identify as Aboriginal and/or Torres Strait Islander. Corporate artwork is in place. The completion of the initial Healthscope REFLECT Reconciliation Action Plan and the development process surrounding the draft INNOVATE RAP reflect the organisational commitment to inclusivity and respectful care environments and care delivery. Advisory AS18/04: Advice on the applicability of Aboriginal and Torres Strait Islander specific actions has been met.	
Rating	**Applicable HSF IDs**
Met	All

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
The Healthscope National Consumer Advisory Vision, Consumer Partnership Plan (2020-2023), and Patient Experience Strategy sets the strategic direction and a strong commitment to partnering with consumers was evident during the assessment. Policies and procedures and the minutes of the National Consumer Advisory Council committee meeting supported that the principles of safety and quality are considered in identifying risks associated with partnering with consumers and in decision-making. The National Consumer Advisory Council and service consumer committees receive extensive and transparent information on Healthscope's performance. Information on key patient outcomes is published on the Healthscope website. Consumers participate in all relevant Committees in line with the Clinical Governance Framework. Consumers are engaged in policy development, implementation and training. Training is provided to the workforce, and attendance rates are 97% (Consumer Participation / Patient Centred Care). Discussion of Consumer Participation / Patient Centred Care at the Quality meetings across Healthscope is audited (100% compliance). Healthscope's current Net Promoter Score is 78.5% and benchmarked against peer organisations.
Suggestion(s) for Improvement
A consumer has only once sat on the interview panel for the recruitment of nationally appointed executive leaders. A suggestion is made to consider the inclusion of a consumer on national executive leader panels in the future.

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
A review of documentation and interviews (Healthscope and consumers) confirmed that the organisation aims to improve partnerships with consumers at all levels. Healthscope sets the corporate Partnering with Consumers strategy and provides resources for service customisation. The hospital services are responsible for the primary relationship with consumers. Healthscope National Consumer Advisory Council reports on partnering with consumer strategies and outcomes (Consumer QKPI Benchmarking Quarterly Report). An annual report is prepared.   Some examples of quality improvements include: -   Healthscope Consumer Tool Kit (further customised by site)   -   Review of restraint policy   -   Consultation on uniforms   -   Consumer representatives "National Consumer Newsletter".   To better understand consumer comments and emotion-based insights, Healthscope has commenced building additional intelligence into patient experience data (Adoreboard).

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 Rights16 b. Easily accessible for patients, carers, families and consumers
Comments
The displaying and accessibility to the Charter of Rights (consistent with the Australian Charter of Healthcare Rights) is a mandatory requirement for all Healthscope services. Rights and Responsibility brochures are available in multilingual formats.

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	
The Healthscope consent policy and processes comply with relevant State jurisdictional legislation and reference best practices. Compliance with consent is audited and a key performance indicator. Compliance is reported as 100% for patients having "a written and signed consent". Healthscope complies with the requirements of Advisory18/10: Informed financial consent, and the Private Health Insurance Rule 2018. The Advisory has been met.	
Rating	**Applicable HSF IDs**
Met	All

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	
A review of Healthscope consent policy and procedures demonstrated currency and outlined the processes to establish a patient's capacity to make decisions regarding their own care, and subsequent actions if a substitute decision-maker is required. These are available and easily accessible to the workforce. The consent process is audited across Healthscope.	
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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Healthscope provides information to consumers through a wide range of mechanisms. Significant action has been undertaken to align communications with the needs of the patients, carers, and their families. Healthscope provided access to consumer communication and information that reflects the diversity of the community. Patient satisfaction with communication and information provided is sought via the Patient Experience Survey. An annual consumer audit is undertaken.	

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

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
Consumers are instrumental in the review of relevant information. There is a formal process (Consumer Approved Publication Form) and oversight by the Consumer Advisory Committee for the approval of information. Documentation reviewed during the assessment, and interviews with consumer representatives from the national and hospital committees, confirmed that any internally developed information has been reviewed by consumers to ensure that it is understandable and meets their needs. The change to digital newspapers for consumers (170 languages) occurred following consumer feedback.

Rating	Applicable HSF IDs
Met	All

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
Not applicable

Rating	Applicable HSF IDs
NA	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 members of the Consumer Advisory Committee (national and hospital) confirmed their active role in the governance and evaluation of health care across the organisation. This is supported by the role consumers play on a range of key committees and groups. In seeking feedback on service delivery, the organisation engages various mechanisms that encourage input from a diverse range of consumers and from the broader community. There is a national schedule of diversity days celebrated across the organisation. Consumer stories form part of training material for the workforce.

Rating	Applicable HSF IDs
Met	All

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 they felt very supported in their roles. This includes orientation for consumer representatives and ongoing education where needed. Consumer representatives reported being satisfied with the level of support. As a result of consumer feedback and the impact of the pandemic, the orientation (Foundations Training) and ongoing education programs have been reviewed and revamped. The Healthscope Consumer Tool Kit was found to be comprehensive and professionally presented. Consumers interviewed stated that the organisation was responsive to their information needs in interpreting data/reports/documents etc and praised the organisation for the transparency of information provided.

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
Strategies have been implemented at corporate office and locally to ensure that the care needs of indigenous patients are met within their services. There is strong acknowledgment within corporate office that this is important to the business and is driving decision-making. The transition from REFLECT to INNOVATE RAP demonstrates the work that has been undertaken in partnership with local indigenous groups and staff to ensure healthcare needs are met. Advisory AS18/04: Advice on the applicability of Aboriginal and Torres Strait Islander specific actions has been met.

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 and managers were able to explain how the organisation works with consumers to incorporate their views and experiences into training and education for the workforce. Staff interviewed were also able to provide examples of this training. Examples include: -   consumer stories incorporated into workforce education -   consumer network meetings and workshops -   training modules and ongoing education

Rating	Applicable HSF IDs
Met	All

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 infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks
Comments

Healthscope has a National Infection Control Plan (2021-2025).

Assessors reviewed infection control documents that were consistent with the safety and quality systems from the Clinical Governance Standard. These principles underpin the implementation of policies and procedures, risk management and determining training requirements for preventing and controlling healthcare-associated infections and antimicrobial stewardship. The National Infection Prevention and Control Committee provides governance oversight for infection prevention and control (IP&C). All Healthscope sites have a designated Infection Coordinator and Infection Prevention and Control or Quality Committee. IP&C reporting to the Board occurs for key performance indicators.

The infection prevention and control systems and practices are supported with current industry expertise and review from the contracted Healthcare Infection Control Management Resources (HICMR) service. There are many Healthscope IP&C and HICMR audits undertaken across the organisation. A National Infection Prevention, Control and Radiation Safety Manager was appointed in 2021.

The workforce interview (national and hospital) was able to describe how they operationalise infection control-related policies and procedures, how associated risks are managed and also describe the training provided regarding antimicrobial stewardship and preventing and controlling healthcare-associated infections. HAI monitoring is undertaken by HICMR (HAI Surveillance Summary Report) quarterly.

Overall Infection Prevention and Control training was noted to be 97%. Infection prevention and control key performance indicators and annual audits have been reviewed and streamlined as part of the transition to the new MARS system. Results are benchmarked and shared across Healthscope and reported to the Board.

The Infection Control and Management policies have been updated to incorporate the requirements of the 2021 edition of the Preventing and Controlling Infection Standard. Evidence was noted that AS/NZS 4187:2014 Gap Analysis has been completed for all hospitals (AS 4187 Register), and the plans are updated annually.

A COVID-Safe plan and associated risk reduction strategies were observed to be in place and escalated in accordance with community prevalence and jurisdictional requirements.

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 infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks
The organisation is compliant with Advisory AS20/02 (COVID-19).

Rating	Applicable HSF IDs
Met	All

ACTION 3.02
The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with access to, training to prevent and control infections c. Has processes to ensure 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 the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks
Comments
The National Infection Prevention and Control Committee is multidisciplinary, with current Terms of Reference that clearly describe responsibilities for monitoring and improving infection prevention and the effectiveness of the surveillance system and workforce training. Healthscope's overall governance and committee structure for antimicrobial stewardship is developing with a national Infectious Disease Physician recently being appointed.

Monthly reporting to the Infection Prevention and Control Committee occurs, and the Board scorecard includes Infection Indicators.

The COVID-19 Plan includes a risk-based tiered response approach that is responsive to the various State and relevant community-based risk level. |

Rating	Applicable HSF IDs
Met	All

ACTION 3.03
The health service organisation applies the quality improvement system in the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources
Comments
There is a comprehensive schedule of auditing for Infection prevention and control systems and audit results are provided to the hospitals, and aggregate data is provided through the governance structure to the Board. Infection control and prevention and antimicrobial stewardship are discussed at relevant committee meetings, and strategies are identified to improve performance where gaps are identified. The following best practice bundles are examples of quality improvements: PIVC, UTI, CVAD.

Rating	Applicable HSF IDs
Met	All

ACTION 3.04
Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision making
Comments
Consumers are engaged in infection prevention and control policy development, implementation and training (as relevant). Healthscope consumers interviewed were able to describe the actions taken to involve and inform them about infection prevention and control and AMS measures. Information is available to patients, carers and families in a format that is easily understood. There is a consumer representative on the National Infection Prevention and Control Committee. Hospital Acquired Infections data is published on the MyHealthscope website.

Rating	Applicable HSF IDs
Met	All

ACTION 3.05
The health service organisation has a surveillance strategy for infections, infection risk and antimicrobial use 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, governing body, consumers and other relevant groups
Comments
Healthscope monitors and collects data on healthcare-related infections and antimicrobial use as well as broader infection control surveillance data. Reports on healthcare-related infections and antimicrobial use are viewed nationally and are provided to the hospitals and clinicians and reported up through the Healthscope governance structure. The type and scope of surveillance have been determined across Healthscope and reporting is robust, accessible, benchmarked and monitored. HICMR Surveillance Tools and Plans are utilised. The organisation is compliant with Advisory AS20/02 COVID-19.

Rating	Applicable HSF IDs
Met	All

ACTION 3.06
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, and jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws
Comments
The review of infection control documents indicates that processes consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions are in place. Healthscope signage and other resources were consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. HICMR information newsletters and information were sighted.

Rating	Applicable HSF IDs
Met	All

ACTION 3.07
The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training 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 g. Processes to improve compliance with standard and transmission-based precautions
Comments
Organisation-wide policy and processes for management of organism-specific risks, including prevalence in the community, are in place that are consistent with jurisdictional and Public Health advice. Procurement and product selection have been strengthened in response to the pandemic to ensure the adequacy of supply. Competency-based infection control training occurs for the appropriate use of standard and transmission-based precautions. Reporting is robust and monitored. HICMR audits and action plans are utilised.

Rating	Applicable HSF IDs
Met	All

ACTION 3.08
Members of the workforce apply standard precautions and transmission based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems, work flow design, facility design, surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care
Comments
Policies and procedures (HICMR) are available for implementing standard and transmission-based precautions, and the workforce is provided with relevant training. The standard of accommodation, workflow and ability to isolate patients has been reviewed as part of the significant pandemic planning undertaken across Healthscope. Breaches are reported and escalated via the RiskMan system.

ACTION 3.08
Members of the workforce apply standard precautions and transmission based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems, work flow design, facility design, surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care
Environmental management and cleaning practices are consistent with policy.

Rating	Applicable HSF IDs
Met	All

ACTION 3.09
The health service organisation has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectiousstatus 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 precautions and their duration to minimise the spread of infection
Comments
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 3.10
The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance
Comments
The Hand Hygiene program is consistent with the current National Hand Hygiene (HH) Initiative and jurisdictional requirements. The organisation has access to Gold Standard Hand Hygiene auditors.

Regular compliance and observational audits are undertaken and provided to the workforce and monitored through the Healthscope governance structure and dashboard reporting. Current compliance rates are 86.7%. The organisation is compliant with the requirements of Advisory AS20/01. |

Rating	Applicable HSF IDs
Met	All

ACTION 3.11
The health service organisation has processes for aseptic technique that: a. Identify the procedures where 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
Not Applicable in ACHS Corporate National Standards.

Rating	Applicable HSF IDs
NA	All

ACTION 3.12
The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare
Comments
Not Applicable in ACHS Corporate National Standards.

Rating	Applicable HSF IDs
NA	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
Standardised cleaning procedures, schedules and products are in place (HICMR) and were reviewed in 2021. Regular Healthscope auditing and reports are made available and reported through the governance structure.

Healthscope has several training modules available for the workforce on cleaning processes for routine, outbreak situations and novel infections to ensure a clean and hygienic environment. Training compliance is monitored across the organisation and reports indicated some lagging completion rates. Refer to training comments in Action 1.20 (c). |

Rating	Applicable HSF IDs
Met	All

ACTION 3.14
The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning
Comments
Not applicable

Rating	Applicable HSF IDs
NA	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 Handbook19 b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients
Comments
There is a comprehensive workforce immunisation program and policy (Immunisation for Vaccines Preventable Diseases for Healthcare Workers) that complies with jurisdictional policy and national guidelines. Healthscope has further invested in an electronic staff health module and is updating the immunisation records for the entire workforce. Immunisation status is captured during the recruitment process and currently retrospectively. Key performance indicators (3) are monitored.

Rating	Applicable HSF IDs
Met	All

ACTION 3.16
The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection 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 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, 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 where there is a increased risk of transmission of infection
Comments
There is an annual risk-assessed influenza vaccination program and a COVID-19 vaccination program. 100% of the workforce is fully vaccinated for COVID-19. The immunisation program is monitored and reported through the governance structure. Policies and procedures are consistent with jurisdictional regulations to prevent and manage infections in the workforce. Workforce fatigue is monitored for the employed workforce. The program for workforce screening and workplace exclusion is aligned with the State health directions. Policies and procedures for the management and monitoring of the workforce, patients and consumers were sighted. A tiered approach to outbreak and pandemic planning and management is in place.

Rating	Applicable HSF IDs
Met	All

Org Name   :   Healthscope Ltd
Org Code   :   220042

ACTION 3.17
Where reusable equipment, instruments 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 mange reprocessing requirements and additional controls for novel and emerging infections
Comments
Not applicable in the ACHS National Corporate Program.

Rating	Applicable HSF IDs
NA	All

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 or 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
Healthscope has established an Antimicrobial Stewardship (AMS) program that is guided by evidence-based policy and endorsed guidelines (Antibiotic Prescribing and Management). Resources are available to the hospital clinical workforce and include processes to define (and monitor) antimicrobial restrictions and rules. A Gap Analysis for AS 21/02 was completed for each hospital in 2021.

Healthscope contributes to the National Antibiotic Prescribing Survey (Hospital and Surgical).

The National Antimicrobial Stewardship Steering Committee is being formed to further strengthen Healthscope's performance. The organisation complies with the requirements of Advisory 18/08 and ACSQHC Fact Sheet 11 (3.15d). |

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 in relation to compliance with the antimicrobial stewardship policy. areas of action for antimicrobial resistance. areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing, the health service organisation's performance over time for use and appropriateness of use of antimicrobials
Comments
Documentation reviewed demonstrated that the Healthscope antimicrobial stewardship program included the review of antimicrobial prescribing and use and surveillance data on antimicrobial resistance. The AMS program is evaluated, performance audited and monitored with reports provided to the governing body. Clinicians interviewed were able to describe the processes to evaluate antimicrobial use and how surveillance data on local antimicrobial resistance is used to support appropriate prescribing. The requirements of the Advisory AS18/08 have been met.

Rating	Applicable HSF IDs
Met	All

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
A suite of current policies is in place to support practice that is closely monitored through a program of audit and review; incidents are noted and trends examined. Medication risks are logged, and mitigations strategies are monitored by the relevant medication management committee. A comprehensive contract is in place to govern the provision of pharmacy services at Healthscope facilities; compliance with contractual requirement is monitored at corporate office.

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
Regular reports are provided to the Medication Safety Team on the performance of the system, including audit results, incident reports and risk mitigation updates. Actions are taken to progress less than desired results.

Rating	Applicable HSF IDs
Met	All

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
Not applicable

Rating	Applicable HSF IDs
NA	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
A formulary is not maintained by Healthscope – a contracted pharmacy service is in place with compliance with contractual arrangement monitored. Only approved clinicians have prescribing rights under the PBS.

Rating	Applicable HSF IDs
Met	All

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
Not applicable

Rating	Applicable HSF IDs
NA	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	
Not applicable	

Rating	Applicable HSF IDs
NA	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	
Not applicable	

Rating	Applicable HSF IDs
NA	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	
A clear policy directive is in place across Healthscope defining the process to be undertaken for the recording, documentation and reporting of adverse drug reactions, including criteria for reporting to the TGA. All occurrences of adverse drug reactions are reported in RiskMan to allow for organisational analysis to be undertaken and trends within the service to be identified. The Medication Safety Team reviews clinical incident reports associated with medication allergies and adverse reactions and identified improvement activities aimed at improving outcomes for patients and improving documentation compliance.	

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 4.13
The health service organisation ensures that information and decision support tools for medicines are available to clinicians
Comments
A range of electronic and other decision-making tools, including eMIMS and access to Therapeutic Guidelines are made available to all service for use by clinical staff. The contracted pharmacy service is also available to assist with decisions around medication orders.

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
A contracted pharmacy service is responsible for the dispensing of medications within the service. A suite of medication management policies and audits is in place to ensure compliance with requirements at Healthscope facilities. A formulary is not maintained.

Rating	Applicable HSF IDs
Met	All

Org Name   :   Healthscope Ltd
Org Code   :   220042

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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
Healthscope has clearly defined for its staff the requirements for comprehensive care; a suite of policy supports its implementation and an extensive audit program and KPI suite monitor its implementation. Clinical risk is well articulated and validated tools are used to ensure that a comprehensive risk assessment is undertaken for all patients as part of the admission to a service. The audit, risk and KPI reports are regularly provided to the Healthscope Board. A review of education offerings has recently been undertaken to streamline available options and to improve service delivery.

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
Improvement plans are developed to address areas identified from audit or KPI review to improve compliance and as part of the overall service improvement strategy. Feedback from consumers is sought and actioned as part of the quality improvement program and to focus improvements to the delivery of care. Best Practice Teams lead improvements or changes to practice; these include representation from relevant services and service providers. Reports on achievements from these teams feed into the overall governess structures.

Rating	Applicable HSF IDs
Met	All

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 5.06
Clinicians work collaboratively to plan and deliver comprehensive care
Comments
Not applicable

Rating	Applicable HSF IDs
NA	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
Not applicable

Rating	Applicable HSF IDs
NA	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
Healthscope has policy in place which requires all services to identify the indigenous status of all patients. Staff undertaking this process are required to attend training to support the "Asking the Question" – compliance with completion of training monitored at corporate office. Staff compliance is 97% at time of assessment.

Rating	Applicable HSF IDs
Met	All

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care[46]	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 5.18
The health service organisation provides access to supervision and support for the workforce providing end-of-life care
Comments
Not applicable

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 protocols for services are consistent with the national consensus statement. Education is provided to staff so that there is an understanding of the care and dignity to be provided during end-of-life care. Monitoring of care is undertaken to determine compliance with requirements. Dedicated care bundles and an end-of-life tool kit are available to support patients and their families. The end-of-life toolkit also contains supports for staff who may not have specialist palliative care training. Audits are in place to monitor compliance with requirements as part of the comprehensive care audit. A death review process for all deaths is also in place.

Rating	Applicable HSF IDs
Met	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
Not applicable

Rating	Applicable HSF IDs
NA	All

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
Healthscope has evidence-based policies and procedures for pressure injury prevention and wound management. These are well referenced and regularly reviewed. Risk assessments using a validated tool are undertaken on admission and repeated as required by policy throughout the admission.   The comprehensive care audit and HAC reviews monitor compliance with policy implementation, and point prevalence studies are undertaken. All pressure injuries are reported in RiskMan where the severity trend has been noted as declining.

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	
Not applicable	

Rating	Applicable HSF IDs
NA	All

ACTION 5.23
The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries

Comments	
Not applicable	

Rating	Applicable HSF IDs
NA	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
A policy provides advice for staff on the prevention and management of patient falls. Risk assessments are undertaken on patients to identify the risk of falls and mitigation strategies implemented to mitigate the risk.

Compliance with undertaking falls risk assessments and falls management action plans is audited. All falls are reported within RiskMan and trends monitored and reported through the governance structures.

Non-slip socks are no longer in use. |

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	
Rating	**Applicable HSF IDs**
Met	All

ACTION 5.25	
The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 5.27	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
The organisation provides nutritional support to patients based on their specific needs that are identified through risk screening. Patients who are at risk of malnutrition or who require assistance with eating and / or drinking are provided with assistance. Audits are in place to monitor that risk assessment, supportive nutrition and dietary needs are met.	
Rating	**Applicable HSF IDs**
Met	All

ACTION 5.29
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard47, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation
Comments
Cognition screening is undertaken on admission and as required throughout a patient's admission where clinically indicated. Evidence-based policies and procedures support staff in developing appropriate management / care plans, and these strategies are reviewed for effectiveness. Carers and families are informed of the changes in condition and are encouraged to participate in the development of management plans to assist in the care of patients. Carers and families are encouraged to participate in care as much as they are willing and able. There are policies to support behavioural management and the use of antipsychotics in consultation with the medical team, should the behaviour management plans not maintain patient or staff safety. The organisation is compliant with the requirements of Advisory 18/12 (1.27b) and ACSQHC Fact Sheet 11 (5.29a).

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
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 5.31
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed
Comments
Strategies and screening tools are in place to identify patients at risk of self-harm and / or suicide. On identification of patients who may be at risk, there are documented intervention strategies implemented in line with policy. Staff are trained in their use. All incidents are reported in RiskMan with reports on incidents and trends provided to governance committees. Should an incident occur, patients undergo further assessment and may be transferred to a higher level of care when needed.

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
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 5.33
The health service organisation has processes to identify and mitigate situations that may precipitate aggression
Comments
Communication and care cues are collected on admission to allow these to be included in care plans to reduce potential triggers. Staff are aware of how to use these tools to support care delivery. Staff are encouraged to report all occasions of occupational violence so the appropriate management and supports can be implements. Events reported through RiskMan are reviewed, trended and reported to governance committees. Staff are provided with training to assist them with the management of behaviours, should they be displayed by patients, their families or other visitors.

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
Not applicable

Rating	**Applicable HSF IDs**
NA	All

ACTION 5.35
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body
Comments
Behavioural management guidelines are in place to manage challenging behaviours. Staff are trained in de-escalation techniques and hands-on restraint. Mechanical restraint may be used on rare occasion, e.g. post-surgical intervention, should the patient require; chemical restraint is used as a last resort when all other behavioural modification techniques have been exhausted and in consultation with family under the approval of a medical officer – policy clearly stipulate the conditions under which this is approved. Data on the use of restraint is collected and reported.

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
Seclusion is highly restricted in clinical services with policy providing strict protocols around initiation and length of time. Approval must be provided by the treating medical officer. Seclusion rates are reported. Staff are provided with training on de-escalation techniques as part of a suite of training to support patients with behavioural issues and the management of occupational violence incidents.

Rating	Applicable HSF IDs
Met	All

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
There is a range of policies and procedures to guide practice and the communication of care throughout the patient admission and supporting discharge. A communication framework has been developed and is distributed widely across services, which clearly articulates Healthscope process and requirements. Patient feedback is reviewed to identify areas where communication did not meet expectation and improvement plans developed to address any identified gaps. Training has been incorporated into the learning and development program to support staff in meeting Healthscope requirements for safety, communication, patient identification and correct patient correct site.

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. This drives improvements and changes in communication strategies and processes. The effectiveness of clinical communication including handover is monitored through feedback and audit. A suite of audits is undertaken including all identifiers on ID bands, handover, documentation and discharge summary completion and consent. Patients are encouraged to provide feedback on "always" events, such as did handover at the bedside occur, and use and update of care boards.

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

Rating	Applicable HSF IDs
Met	All

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
Healthscope 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 at the bedside and are formally surveyed as to whether this occurs. Patient feedback captures their reports of being engaged in their care and that they had information available to them to make informed decisions about their care. In conversations and presentations with Executive, the Governing Body and staff, the importance of care, engagement and collaboration was evident.

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 that appropriate identifiers are used in procedure matching, transfer of care, handover, discharge and where changes in clinical care / patient risk profile are identified. Audit monitors compliance with the use of specified identifiers in these situations. Safety huddles and Intentional Rounding processes are well in place to provide advice on and support communicating for safety matters.

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

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 Healthscope Patient Identification policy describes the process of identification for all patients when admitted and throughout the admission of care. Audit monitors compliance with policy. The policy also articulates the process to be undertaken should the removal of an ID band be required, such as may occur in Theatre, or when it is identified that a band is not in place. White patient identification band with three patient identifiers is routinely used for inpatients. Red bands are only used as an alert for a known adverse drug reaction or allergy and replace the white ID band. The agreed identifiers for each patient have been defined and meet ASQHC requirements. An additional identifier has been used to allow for appropriate identification of patients within external provider systems, such as pathology, where access to the facility PAS is not enabled.

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
Not applicable

Rating	Applicable HSF IDs
NA	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
Not applicable

Rating	Applicable HSF IDs
NA	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
Healthscope policy prescribes the use of a standardised tool ISBAR/ISOBAR for clinical handover; its use was confirmed with service-based staff interviewed by the assessment team. The policy articulates responsibility for the handover and when it will be conducted. A comprehensive admission and assessment process identifies goals of care and risk factors for each patient which are included in the handover. Audit monitors compliance.

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

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
Not applicable

Rating	Applicable HSF IDs
NA	All

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
Not applicable

Rating	Applicable HSF IDs
NA	All

Org Name   :   Healthscope Ltd
Org Code   :   220042

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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

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
Policies and procedures and a specific blood pathway, blood register and consent process are consistent with the evidence-based guidelines. Healthscope has safety and quality systems in place for blood management and the management of associated risks. Quarterly Healthscope reporting occurs on blood and blood product incidents. Healthscope has a designated transfusion resource intranet page. Training is mandatory and provided to the eligible clinical workforce however current compliance was reported at 78%. Refer to comments in Standard 1 Action 1.20 (d).

Rating	Applicable HSF IDs
Met	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
The organisation monitors the blood management process in terms of blood and blood product utilisation, quality and safety and patient outcomes. Reports are escalated to the Healthscope Clinical Governance Committee via the Healthscope Transfusion Best Practice Team with Blood and Blood Management responsibility. Key performance indicators are collected, benchmarked and reported on a quarterly (MARS Dashboard National Blood Management), and an annual report is completed. As an example, a quality improvement project was undertaken in 2021 following a massive blood transfusion event and resulted in an organisation-wide review of the hospital system and processes.

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	
Rating	**Applicable HSF IDs**
Met	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	
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

ACTION 7.06
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria
Comments
Policies consistent with the national guidelines and national criteria for the prescription and administration of blood and blood products are in place and available to clinicians. Healthscope blood management incidents are tracked via RiskMan and reported through the governance structure.

Rating	Applicable HSF IDs
Met	All

ACTION 7.07
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria
Comments
Policies and processes are in place to support services to comply with the reporting of adverse events related to transfusions to external bodies. These are monitored and further reported to the Healthscope Transfusion Best Practice Team. The RiskMan incident report was sighted on assessment.

Rating	Applicable HSF IDs
Met	All

ACTION 7.08
The health service organisation participates in haemovigilance activities, in accordance with the national framework
Comments
The organisation meets the legislative and statutory requirements for haemovigilance activities. Performance is monitored using the Healthscope Risk Indicator Set for Blood and benchmarked. Learnings across Healthscope are shared, and incidents are closely monitored across Healthscope.

Rating	Applicable HSF IDs
Met	All

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
Resources are available to promote best practices for the storage, distribution, traceability and management of blood and blood products, including legislative and regulatory requirement compliance. Processes are monitored and reported through the Healthscope Transfusion Best Practice Team. Any incidents are reported and managed through the RiskMan incident management system. Blood wastage performance (KPIs) is tracked.

Rating	Applicable HSF IDs
Met	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

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
Healthscope has current policies and procedures and a Clinical Deterioration Strategy for recognising and responding to acute physiological and mental state deterioration. These systems and processes are consistent with the National Consensus Statement(s).   Monitoring of risks and patient outcomes occurs corporately. Healthscope has identified that 20% of patient incidents included a component of patient deterioration, which is a further quality improvement focus. All unexpected deaths across Healthscope are audited with lessons learned shared via a bulletin across the organisation. An annual Clinical Deterioration Annual Report is received.   Each service has a patient, carer and family escalation pathway relevant to the specific State-based preferred program. Planning is underway to standardise the escalation pathway tool and other processes where possible. As an example, the emergency phone number has been standardised across the Healthscope hospitals.   Risks and training needs are identified, and the Healthscope system issues on capturing the training results for both online and practical learning were noted. However, the emergency response training records were found to be below the Healthscope target training compliance rate for all programs (adult, paediatric, neonatal and obstetric). Healthscope has prepared a remediation action plan to action and improve the training compliance during the assessment. Refer also to comments and the recommendation in Action 1.20 (d). A recommendation under 8.01 (c) has been made.

Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating & Comment
MWR	All	**Recommendation:** It is recommended that compliance with the completion of required workforce emergency response training (Basic and Advanced Life Support (adult and paediatric), neonatal, newborn and obstetric) is completed as soon as practicable following the assessment. Ongoing monitoring to occur to ensure the targeted benchmark training rate is met and maintained. **Risk Rating:** Moderate

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
Healthscope has systems for monitoring the effectiveness of processes for identifying and managing acute deterioration. Reports and patient outcomes are reviewed by the Healthscope National Clinical Deterioration Committee and escalate further through the clinical governance framework as required. Lessons learned are shared via a bulletin across the organisation. Improvements have been made in response to clinical practice initiative, lagging benchmarked outcomes or audit results, clinical incidents and/or concerns. Some examples include: - Track and trigger alert charts (Adult, paediatric, obstetric, newborn and post anaesthetic) - Adult Sepsis Pathway - Emergency risk screening tools - Neurological assessment - Clinical deterioration benchmarking

Rating	Applicable HSF IDs
Met	All

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
Not applicable

Rating	Applicable HSF IDs
NA	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
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 8.05
The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state

Comments
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 8.06
The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration

Comments
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 8.07
The health service organisation has processes for patients, carers or families to directly escalate care

Comments
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 8.08
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance

Comments
Not applicable

Rating	Applicable HSF IDs
NA	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	All

ACTION 8.10	
The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	
Comments	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	**Applicable HSF IDs**
NA	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	
Not applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
Not applicable	
Rating	Applicable HSF IDs
NA	All

Recommendations from Previous Assessment

Nil