



Tweed Day Surgery - Healthscope

BUSINESS REVIEW REPORT





Details

Date of Review	13/12/2021
Type of Review	Announced- Hybrid Assessment
Site	Suite 4, 38-44 Boyd Street, Tweed Heads, 2485 NSW
Standard	National Safety and Quality Health Service Standards
Scope of Certification	Day surgery procedures
Scope of Review	As per Business Review Booking and Plan
Review Team	Donna Close (Lead Assessor) Susan Dunn (Assessor-remote)
Report Signatory	Donna Close
Details and Registration of the Health Service	NSW licence No. DC112 01/7/2021 for Anaesthesia, cosmetic, gastrointestinal endoscopy, paediatric and surgical procedures. Capacity is listed as 11 first stage and 9 second sate spaces,
Certification Representative	Linda Sawrey (Quality Manager GCPH)
Shifts	Day only facility



Executive Summary

Tweed Day Surgery is situated on the border of Queensland and New South Wales. This has caused significant hardship for the staff in the last two years. The Director of Nursing/General Manger transitioned out of the facility in September 2021. This has resulted in a management restructure. Staff from Gold Coast Private Hospital now support the facility and are awaiting the appointment of an Assistant Director of Nursing with the overall corporate support from Healthscope. Infection control; work, health and safety; quality and education is now managed out of gold Coast Private Hospital, which is situated approximately 35km over the Qld border.

The facility currently only admits patients over the age of 14 years. Specialties include cosmetic, gastrointestinal endoscopy and general surgical procedures.

There were five met with recommendations identified during the assessment. We believe that the health service organisation has the capacity to systematically meet the requirements of the NSQHSS against the activities identified within the scope of certification. The auditor team would like to thank the health service organisation for their openness, transparency and hospitality during the review.

Mandatory Reporting

The management system includes an adequate process to identify the organisation’s key systems and determine their controls.	Yes
The system provides an adequate description of the organisation and its onsite processes.	Yes
The system includes an overview of the applicable regulations (including licenses and permits) and agreements with authorities, and that any licenses necessary for the relevant activities of the organisation are in place.	Yes
The management system is effective in achieving the organisation’s objective.	Yes
High risk scenarios have been tested by the auditors during the review.	Yes
Safety and quality consultants have been declared at the opening meeting, and where applicable, have met the requirements of Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme Requirements for managing conflicts of interest in accreditation.	N/A
The governing body’s attestation statement is current and has been submitted to Global-Mark	Yes
Consumers were involved in the review in a meaningful way.	Yes



Updates Since Our Last Review

If applicable, the effectiveness of correction and corrective actions have been verified.	Yes
Any changes to the internal and external operating environment of the organisation?	Yes
Any changes to the documented management system?	Yes
Is there an awareness of and appropriate responses to changes in legislative requirements or recognised industry practices?	Yes
Has there been any critical incidents/accidents?	No
Has there been any major safety or quality reviews undertaken?	No
Has there been any inspections/audits by regulators?	No

Attendance to Opening and Closing Meeting

	Opening	Closing
Donna Close (Assessor)	✓	✓
Susan Dunn (Assessor)	Zoom	Zoom
Ann Knight (National Accreditation Manager)	✓	x
Linda Sawrey (Gold Coast Private Quality Manager)	✓	✓
Matthew Josie (Perioperative Services Manager)	✓	✓
Bec Siebenhausen (AADON)	✓	✓
Rowena Baker (Acting NUM)	✓	✓
Laurinda Heller (CNS)	✓	✓
Kimberley Pierce (GM GCPH and TDS)	✓	x
Denise Hartley (DON GCPH and TDS)	✓	x



Business Review Report

REQUIREMENT	ASSESSMENT OUTCOME	COMPLIES
Review of Previous Findings	There were no findings raised at the previous assessment.	N/A
Use of Certificate, Mark(s) and Advertising Material	Evidence has been sighted during the review to verify that the health service organisation uses their certificate, marks and advertising materials in accordance with certification requirements.	Yes
High-Risk Scenario Testing	<p>The management team described the processes used at Tweed Day Surgery to identify and manage high-risk scenarios.</p> <p>The facility personnel described controlling for several high risk events such as:</p> <ul style="list-style-type: none"> • Loan scopes and equipment failure • Power loss • Medical practitioner cover arrangements • Clinical deterioration • Equipment breakdown • Malignant hypertension 	Yes
Patient Episode	<p>Several patient episodes were sampled during the audit. Time out processes were sighted for MRN#69471 using three identifiers. Allergies or alerts were discussed operative procedure, consent and confirmation of the procedure was undertaken.</p> <p>Handover from Theatre from the anaesthetists to recovery staff for MRN#567367 includes three identifiers, observations, surgical procedure, allergies, drugs used and specimens taken.</p> <p>Emergency trolley and equipment was sampled in recovery and was seen to be checked daily.</p> <p>Malignant hypertension, difficult intubation equipment/trolleys were present and had current checklists in place.</p> <p>Appraisal and competency completion rates sighted with excellent compliance. Staff communication is via the Staff Board and meeting minutes.</p> <p>Preventive maintenance stickers were present on biomedical equipment sampled.</p> <p>A sample of medical records were reviewed to confirm adherence to documentation requirements for MRN#69959, #69571, #62003, #69509, #69883, #69563, #69684 and #038920.</p>	Yes
Consumer Interview	The Consumer Representative was present in the facility on the day of audit. She has been in the role for a long time and was able	Yes



REQUIREMENT	ASSESSMENT OUTCOME	COMPLIES
	to describe her ongoing contact with patients and staff and how she views her role in ensuring safety and quality is maintained. She attended the Management Review Committee Meetings; this has been via Zoom for most off 2020 and 2021 due to COVID.	



Post-Certification Plan

NSQHSS	Announced Ax
Opening Meeting	✓
Tour of Facility	✓
Review of Previous Findings	✓
Use of Certificate, Mark(s) and Advertising Material	✓
NS 1 Clinical Governance	✓
NS 2 Partnering with Consumers	✓
NS 3 Healthcare-Associated Infection	✓
NS 4 Medication Safety	✓
NS 5 Comprehensive Care	✓
NS 6 Communicating for Safety	✓
NS 7 Blood Management	✓
NS 8 Recognising and Responding to Acute Deterioration	✓
High-Risk Scenario Testing	✓
Patient Episode	✓
Consumer Interview	✓
Auditor Conference	✓
Closing Meeting	✓
Shifts	AM
Sites	1
Announced Assessment Date	12/2024
Expected Duration	2

Comments
Nil.



Particulars

Review Team Declaration

We confirm that for the purpose of this review, the review team: were independent from the organisation listed above and did not have any conflict of interest; had sufficient resources and competencies to complete this review and reach the audit conclusions; and had the appropriate credentials to perform this review in accordance with Global-Mark and applicable accreditation and approval requirements.

Comment and Disclaimer on This Report

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

NSQHSS Determinants

This Business Review Report (BRR) NSQHSS 01 report is supported by the BRR NSQHSS 02 spreadsheet, and they should be read in conjunction. Please refer to the Health Review Form for enhanced information which includes finalised review findings, safety and quality summary reports, not applicable action items and NSQHSS self-assessment details. The Preliminary Outcome Report is left with the organisation at the end of the audit, however, the BRR's are the finalised audit outcome documents.

Consent to Disclosure

Any contract, agreement or understanding that Global-Mark enters into to provide accreditation assessments and/or programs using the scheme to health service organisations, includes an express written provision for consent on the part of the relevant health service organisation: to the provision to the commission, by Global-Mark, of demographic information, accreditation outcome data or other information in respect of the health service organisation, or any of its facilities or services, of the kind required to be reported in accordance with conditions of approval (reportable information); to the disclosure of any such reportable information to the relevant regulator by Global-Mark or the commission at any time; to the inclusion of certain reportable information relating to demography and accreditation assessment outcomes of the health service organisation, as determined by the commission from time to time, in public reporting on individual health service organisations; and to the inclusion of certain reportable information relating to demography and accreditation assessment outcomes of the health service organisation, as determined by the commission from time to time, in routine aggregated public reporting by the commission of accreditation assessment outcomes of health service organisations.