



Campbelltown Private Hospital

BUSINESS REVIEW REPORT





Details

Date/s of Review	Initial assessment - 28 & 29/6/2022 Final assessment – 04/10/2022
Type of Review	Announced onsite
Site	42 Parkside Crescent, Campbelltown. 2560
Standard	National Safety and Quality Health Service Standards
Scope of Certification	For the provision of anaesthetic, GIT endoscopy, medical, paediatric, rehabilitation and surgical services.
Scope of Review	Full system review as per Business Review Booking and Plan
Review Team	Wendy Adams (Lead Assessor for initial assessment) Dana Rowe (Assessor for initial assessment and Lead for final assessment) Susan Dunn (Team Members)
Report Signatory	Dana Rowe
Details and Registration of the Health Service	NSW Health Licence #PH2159 Anaesthesia, Cosmetic surgery, Gastrointestinal Endoscopy, Medical, Paediatric, Rehabilitation and Surgical Catering with Food Authority Certificate #22586 exp 20/10/22 Annual Fire Safety Statement 16/11/2021
Certification Representative	Jenny Connor
Shifts	AM, PM and ND



Executive Summary

Campbelltown Private Hospital was opened in April 2007 and provides medical, surgical and rehabilitation services with 8 operating theatres (including robotic, minimally invasive and laser surgery specialists) as well as day surgery, a 34-bed specialist rehabilitation centre, an on-site gymnasium and an 8-bed High Dependency Unit (HDU).

Healthscope supports the facility, including a number of corporate documents available on the Intranet for staff to access. In addition, the facility uses the intranet for its local documents. Other software is utilised to assist including (but not limited to) RiskMan for risks, incidents and feedback, the Patient Safety Company software for VMO Credentialing and E-Learning software for education and training and eQuarms. There is an extensive committee meeting structure that assists with reporting and monitoring at the local level, within the network and at a corporate level.

It was noted that there have been a number of challenges due to the COVID-19 pandemic including restrictions to elective surgery which also affected the rehabilitation unit. The facility supported NSW Health with 16 staff deployed as part of the Viability Agreement.

It was noted that the General Manager had only commenced 6 weeks prior to the initial assessment and many of the Nurse Unit Managers (NUMs) were new to the role.

A final assessment was undertaken on 4th October 2022, with the evidence sighted the Assessor was able to close out or downgrade the findings identified at the initial assessment to Met with Recommendations.

Since the initial assessment, there have been changes in key managerial positions that are well supported by the corporate team. The Assessor acknowledges the efforts of the team and the involvement of corporate personnel and structures which has resulted in the positive outcome of the final assessment. Significant efforts have assisted the positive outcome which includes appointing new management, review of processes which included but were not limited to revision of the Committee structure and calendar, implementation of a monthly Quality meeting, revision of standard agenda items for the MAC and setting a new standing agenda for the Quality Meeting, revision of terms of reference of the MAC, reinstated CRAFT group committees, revision of MARS audit processes and further developing the education program.

During the final assessment, the General Manager (GM) demonstrated her commitment to continuing to implement actions to ensure processes are fully embedded, effectively monitored, reported and reviewed including review by the highest clinical governance.

Eight actions items have been rated as 'Met with Recommendation' because although there is evidence of significant progress, the processes have not yet been fully implemented or monitored.

We believe that this facility 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?	No
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?	Yes
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 at initial assessment

	Opening	Closing
Susie Cicuto (Director of Clinical Services)	✓	✓
Damien Lloyd (Director- Clinical Governance)	✓	✓
Ann Knight (National Accreditation Manager)	✓	✓
Melissa Clune (National Quality Manager)	✓	✓
Anita Hodge (National Patient Experience Manager)	✓	✓
Anne Pallan (NUM – Rehab)	✓	✓
Stacey McIlveen (Team Leader – Surgical)	✓	✓
Sharee Martin (NUM – Recovery and Anaesthetics)	✓	✓
Sarah Cashmere (NUM – Day Surgery)	✓	✓
Peter Tully (Clinical Nurse Educator – Peri-op)	✓	✓
Karen Anastasov (CSSD and IPC Manager)	✓	✓
Lisa McVeigh (Finance Manager)	✓	✓
Edina Bali (Administration Manager)	✓	✓
Shivanthika Jayalatin (Allied Health Manager)	✓	x
George Kalogiannis	x	✓
Rebekah Short (Executive Assistant)	x	✓
Matthew D’Alessandro (WHS Specialist)	x	✓
Lachlan Ashe (Maintenance)	x	✓
Adrian Revie (Support Services)	x	✓
Stephanie Voges (Injury Management Specialist)	x	✓
Wendy Adams (Lead Assessor, Global-Mark)	✓	✓
Dana Rowe (Assessor, Global-Mark)	✓	✓
Susan Dunn (Assessor, Global-Mark)	✓	✓
Professor Ann Duggan (Observer, Australian Commission on Safety and Quality in Health Care)	✓	x

Attendance to Opening and Closing Meeting at final assessment

	Opening	Closing
Jenny Connor(General Manager)	✓	✓
Damien Lloyd (Director- Clinical Governance)	✓	✓
Ann Knight (National Accreditation Manager)	✓	✓
Jill McEvoy-Williams (Acting Director of Nursing)	✓	✓
Karen Anastasov (Acting Quality Manager)	✓	✓
Stacey McIlveen (Team Leader – Surgical)	✓	✓
Tanya Bailey(Registered Nurse)	✓	✓



Anne Pallan (NUM – Rehab)		✓
Sharee Martin (NUM – Recovery and Anaesthetics)		✓
Sarah Cashmere (NUM – Day Surgery)		✓
Joanne Higginson(ANUM)		✓
Rachel Bush(AH)		✓
Neil Mistry (Pharmacy HPS)		✓
Jessica Bland(NUM)		✓
Lisa McVeigh (Finance Manager)		✓
Shivanthika Jayalatin (Allied Health Manager)		✓
Stephanie Voges (Injury Management Specialist)		✓
Dana Rowe (Assessor, Global-Mark)	✓	✓



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REQUIREMENT	ASSESSMENT OUTCOME	COMPLIES
Review of Previous Findings	Although there were no actions rated as not met at the previous assessment, the Opportunities for Improvements have been addressed.	Yes
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 following High-Risk scenarios were tested during the initial assessment as appropriate for the scope of this facility:</p> <ul style="list-style-type: none"> - Staffing flexibility during pandemic - Rostering of medical cover out of ours - Rostering of ALS trained staff - Adult and paediatric advanced life support, emergency and difficult airway equipment - Availability of paramedic support in event of deteriorating patient - Local anaesthetic toxicity - Malignant hyperthermia - Anaphylaxis - Emergency drugs and equipment in all clinical areas - Rostering of nursing out of hours coordinator - Laser safety - Breakdown of steriliser and endoscope reprocessor - Loss of power and other utilities 	Yes
Patient Episode	<p>Initial Assessment</p> <p>With verbal consent during the initial assessment, there was an opportunity to observe various aspects of the following patient episodes throughout the hospital including:</p> <ul style="list-style-type: none"> - Preadmission process - Admission processes - Handover of care from theatre staff to the Ward Staff - Handover of care from morning staff to afternoon staff - Handover from night duty to morning staff - Administration of Scheduled 8 medication on two wards - Episodes of care in the Gym provided by members of the Allied Health Team - Change of a Patient Controlled Analgesia syringe - Emergency trolleys checks - Fire equipment and 6-monthly maintenance - Preventive and reactive maintenance on biomedical equipment. - Staffing and skill mix 	Yes



REQUIREMENT	ASSESSMENT OUTCOME	COMPLIES
	<ul style="list-style-type: none"> – Handover from night to day and day to evening – Multidisciplinary meetings reviewing rehabilitation patients progress and their relevant discharge planning – Sharps and waste storage and disposal – General ward cleanliness and tidiness – S8 and S4 medication storage and random DD Register checks. – Patient alarm systems duress requirements – Digital patient board with the capacity to pull up contemporaneous information e.g., biochemistry results – Patient whiteboards in their rooms outlining appointments and names of clinical team – Linen storage – Ward fridge with daily temperature testing – Transmission based precautions including managing the risk of aerosol generating procedures for COVID-19 – Hand hygiene moments – Expiry dates on disposable curtains – Staff communication including communication with team and upline management – Quality Boards – Riskman Dashboard, Quality Improvement Plan, audit results for the ward – Consumer engagement, including handover, feedback – Environmental cleaning and chemicals register – WHS processes including relevant spill kits – Dietetics nutritional assessments of patients and their management plans – Speech pathologist assessments of patients with dysphagia and their nutritional management <p>Patient identification was consistently conducted by staff observed in the above episodes with three identifies utilised with comprehensive clinical handover undertaken by staff utilising ISOBAR to guide this process and documentation completed in the medical record.</p> <p>Administration of scheduled 8 medications were observed to be well managed with two registered nurses checking the medication and appropriately documentation in the Register and the NIMC. Each clinical area has a secure medication room with swipe access only to staff. Temperature sensitive medication were managed with temperatures consistently recorded. Appropriate medication labelling was available and use witnessed with change in a Patient Controlled Analgesia syringe.</p> <p>Issues were identified during the assessment with the reconciliation of medication. Refer to HRF for further information.</p> <p>Good hand hygiene practices were observed throughout the assessment. Cleaning of equipment between patient use was evident in the clinical areas and the gym</p>	



REQUIREMENT	ASSESSMENT OUTCOME	COMPLIES
	<p>The introduction of a Comprehensive Risk Screening records provides for a wide ranging risk assessment undertaken which includes cognitive impairment, medication management, malnutrition risk screen, falls risk screening, VTE risk screen, mental health, behavioural and substance abuse, skin assessment and pressure injury.</p> <p>A sample of medical records (n18) were also reviewed to further verify documentation of processes. This included, but not limited to: recognition and response of clinical deterioration via observations response chart with stated parameters and instructions; medical history; medication management plan; infectious status; pre-admission screening; risk assessments; consent processes (financial and treatment); alerts; clinical alerts, progress notes; goals of care and MDT care plans</p> <p>Final Assessment</p> <p>The final assessment included aspects of patient care which was witnessed to verify progress meeting the requirements of the NSQHSS. Staff were engaged and informed throughout the process. Episodes included Team huddle on the surgical ward and Clinical handover from morning to afternoon shifts on both the surgical and rehabilitation ward.</p> <p>A sample of medical records (n=5) were also reviewed to further verify documentation of processes.</p>	
<p>Consumer Interview</p>	<p>There were a number of opportunities to meet with consumers throughout the clinical assessment during the initial assessment while patient care was being observed.</p> <p>Feedback from all patients and carers verified that patient centred care processes are in place with a stated high level of patient/carer satisfaction.</p>	<p>Yes</p>



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	All shifts
Sites	1
Announced Assessment Date	07/2025
Expected Duration	6.0

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.