



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

Pine Rivers Private Hospital

STRATHPINE, QLD

Organisation Code: 721161

Health Service Facility ID: 101174

Assessment Date: 18-20 April 2023

Accreditation Cycle: 1

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

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Preamble

How to Use this Assessment Report

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

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

The Ratings:

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

A rating report is provided for each health service facility.

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

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

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

Suggestions for Improvement

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

Recommendations

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

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

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

Executive Summary

Pine Rivers Private Hospital underwent a NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment (NS2.1 OWA) from 18/04/2023 to 20/04/2023. The NS2.1 OWA required two assessors for a period of three days. Pine Rivers Private Hospital is a private health service. Pine Rivers Private Hospital was last assessed 2 – 3/4/2019.

This review was conducted by two assessors over a three-day period in April 2023. In addition to locally based staff, assessors had the opportunity to meet with the Healthscope National Quality Coordinator who was visiting from Sydney.

Pine Rivers Private Hospital is one of 42 hospitals owned and operated by Healthscope Ltd. It is a specialist mental health service providing inpatient and day patient services with up to 70 beds. Multiple therapeutic programs are provided by a multidisciplinary staff for those voluntary patients with the predominant treatments focused around mood disorders, anxiety, drug and alcohol addiction and dual diagnosis. Electroconvulsive Therapy and Transmagnetic Stimulation are offered to both inpatients and day patients. Eye Movement Desensitisation and Preprocessing (EDMR) is offered to inpatients.

Assessors acknowledge the strong leadership and commitment of local Executive staff to the provision of safe and quality focused care. The structure of the Healthscope organisation allows for shared learnings and benefits from networking across different sites. It was noted that staff from Pine Rivers are represented on several Healthscope committees with the local quality manager chairing the Healthscope group which is responsible for mental health-related policy development and review. The organisation has a clear commitment to supporting local staff in their own professional development. Pine Rivers offers clinical placement to nursing students from a nearby university and at time of this reviews, discussions were occurring about broadening support to health students from other universities.

Assessors confirmed that the two recommendations from the previous survey, which related to 1) ensuring telephone orders for medication were followed -up with appropriate authorisation in the clinical record by the prescriber and 2) issues associated with TMS consent had been appropriately addressed.

Whilst all the actions related to the Aboriginal and Torres Strait Islander community have been rated “Met”, assessors suggest that there are opportunities to more visibly “showcase” some of the strategies in place.

The outcome of this review, action 1.10 was rated Met with Recommendation. With the exception of those actions approved by the Commission for a “Not Applicable” rating, all other actions were rated “Met”.

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Summary of Results

At Pine Rivers Private Hospital's Organisation-Wide Assessment one Action was rated Met with Recommendation across 8 Standards. The following table identifies the Actions that was rated Met with Recommendation and lists the facilities to which the rating applies.

Actions Rated Met with Recommendations

Facilities (HSF IDs)	NS2.1 OWA 18/04/2023 - 20/04/2023
	MwR
Pine Rivers Private Hospital-101174	1.10

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

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Sites for Assessment

Pine Rivers Private Hospital

Site	HSFID	Address	Visited
Pine Rivers Private Hospital	101174	Dixon Street STRATHPINE QLD 4500	Yes

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Standard 1 - Clinical Governance

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

ACTION 1.01	
<p>The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation’s clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation’s progress on safety and quality performance</p>	
Comments	
<p>Leadership to promote a culture of safety and quality improvement is provided by an enthused local executive team together with strong corporate executive support. The corporate vision is to be recognised as a leader of quality private health care services. Values are summarised with the descriptors of “caring, doing, striving, taking safety seriously and teamwork”. The Healthscope Strategic Plan - OneHealthscope 2025, the Clinical Governance framework, the National and facility Safety and Quality Plans and local safety management systems all contribute to the corporate goals and realising of the vision.</p> <p>A well-established system of monthly reporting from the Pine Rivers Private Hospital General Manager to the Corporate Body provides the mechanism for tracking progress against Key Performance indicators, providing transparency of processes such as incident analysis and reflecting the local organisation’s progress against the established Corporate priorities.</p> <p>The organisation uses the Healthscope Plan 2022-2023, a document which was revised from the original 2021 plan. This document stresses accountability, developing partnerships, strong data analysis, openness and transparency, empowerment of staff and consumers and having effective processes for the management of risk and continuous improvement.</p>	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.02	
The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
Comments	
The Quality Manager works with the nearby Moreton Aboriginal and Torres Strait Islander Community Health service to ensure that the health needs of the local indigenous communities are identified. It was noted that in addition to the usual 4 questions asked of consumers about indigenous status, in this part of Australia, a fifth response option is available, allowing when appropriate for consumers to identify as being South Pacific Islanders. The work of the Lowitja O’Donoghue Institute is also used to inform the organisation of indigenous needs.	
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 Clinical Governance Framework has eight key pillars to support safe patient care, clinical outcomes and accountability for safety and outcomes. The Quality and Safety Plan for 2022- 2023 describes expectations for each quality activity and identifies quality improvement processes that can be used to assist. Assessors were provided with a 13-page Quality Action Plan which details quality activities, the person responsible and an update or final outcomes or progress reports.	
Rating	Applicable HSF IDs
Met	All

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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	
When necessary, the organisation seeks advice from the nearby Indigenous community centre. Until 2020 there was an indigenous consumer consultant. Since that time recruitment for a replacement has been unsuccessful. The front door of the hospital and wall of the reception counter contain an “acknowledgement” statement.	
Suggestion(s) for Improvement	
Posters associated with indigenous matters be enlarged and more prominently displayed to create a greater visual impact.	
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	
The following examples of the organisation considering the safety and quality of healthcare for patients in its business decision-making include:	
<ol style="list-style-type: none"> 1. Agreeing to readmit patients post discharge under “step-down” arrangements, when the clinical need is identified, even when this means there will be a lesser financial reimbursement from the health funds. 2. At time of this review, the organisation was in the process of reviewing its infrastructure in order to accommodate the needs of the expected increase aged care patients. 3. Whenever refurbishment of an area is required (e.g. post flood damage), carpeted floor surfaces have been replaced with vinyl, to promote easier cleaning. 	
Rating	Applicable HSF IDs
Met	All

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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	
Standardised job descriptions include a specific section on staff responsibilities related to the provision of safe care and providing service within the clinical governance framework. Healthscope has dedicated training available to provide standardised training for middle managers and professionally nurture future leaders. Examples of selected Pine Rivers staff participation in such programs were provided. Clear direction is provided to new staff on mandatory learning programs which must be completed to ensure they have required skills and knowledge to perform their roles safely.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.07	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
Comments	
<p>The Pine Rivers Quality and Risk Manager chairs the relevant Healthscope committee which is responsible for the generation and updating of policy related to mental health. Evidence was sighted of emails to staff reminding them of new policies and requirements for them to sign that they had been read. Staff have access to policies electronically. There is a system to ensure that local staff are made aware of legislative changes which may require policy revision. Three individual staff are on the Queensland Health list for notification in the event changes to Covid status or requirements are issued.</p> <p>Policies reviewed by assessors showed them to be clearly written, with appropriate content and “in date”.</p> <p>Assessors were provided with a list of Healthscope corporate policies. These are arranged in three Volumes, alphabetically listed under discrete subheadings such as “corporate governance”, “Human Resources” “Administration”. “Hospital Administration” and “Clinical “ - The Clinical component has further sections related to medication, mental health and other clinical subjects not relevant to Pine Rivers – e.g. rehabilitation and obstetrics. The infection control section of the Corporate policy manual contains only 6 policies, all of them issued in the last couple of years. In addition, there are policies produced locally for Pine Rivers Hospital and the extensive HICMR policy manual is available for staff for infection prevention and control matters. During this review, both assessors were individually challenged in successfully locating sample policies. Both assessors, also independently, asked randomly chosen staff to retrieve policies. On both occasions staff were unable to do so. Senior staff, when requested were able to retrieve policy. Assessor conclusion is that whilst there is a system for collation of policies, local knowledge, experience and patience is required to effect retrieval.</p>	
Suggestion(s) for Improvement	
The current arrangements for the management of policies be reviewed to ensure they are easily retrievable by all staff. Additional education on processes for policy retrieval may be indicated for new staff.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.08	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
Comments	
Minutes of the Quality and Risk committee were sighted. Standard agenda items include a review of KPIs, shared learnings, audit results, QI reports, incidents and sentinel events, consumer involvement and infection control.	
The organisation has recently moved to a new electronic system (MARS) to support its audit program. This initiative has removed the need to use manually compiled spread sheets to capture data. iPads are now used for data collection and benchmarking with other Healthscope facilities with similar roles can occur. Assessors were provided with a copy of the National Audit Schedule which outlines by month, which audits are to be conducted. The audits are linked to the relevant National Standard. The document contained notations indicating reviews of individual audits had occurred and, in some cases, additional audits had been scheduled to commence in 2023.	
It was noted that consumer representation on the Quality and Risk committee is rotated to provide greater opportunities for consumer involvement.	
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	
Assessors noted a variety of mechanisms to ensure timely reports on safety and quality systems and performance are reported to the governing body (via formal monthly CEO reports), to the workforce (newsletter, staff meetings), consumers and the local community (quality boards in public areas, community meetings, electronic boards).	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.10		
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters		
Comments		
<p>Managing Risk is one of the eight key pillars of the Clinical Governance Framework. The Riskman system is used for logging and documenting identified risks. Reporting arrangements throughout the Healthscope organisation ensure that there are opportunities for shared learnings after incident review.</p> <p>Business continuity plans are available to enable response to both internal and external emergencies and disasters and during this assessment, staff shared their first hand experiences of how the organisation responded to a significant flood event about a year ago when water from the neighbouring river compromised the organisation.</p> <p>Assessors were provided with an extensive register of risks (14 pages, approximately 9 per page). For each risk sampled there was evidence of mitigation strategy and risk review.</p>		
Suggestion(s) for Improvement		
A brief review of the risk document suggests there may be scope to archive some risks.		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Comments: At time of assessment all clinical staff are required to carry a personal duress alarm. Assessors noted and confirmed that student nurses on clinical placement (both morning and afternoon shifts) are not issued with a duress alarm. As there are times when students could be in parts of the ward but not in the presence of a staff member, assessors believe students in such situations would be exposed to the same potential risk as a staff member not issued with an alarm. This matter was discussed with the hospital executive during survey who concurred with assessors' concerns.</p> <p>Recommendation: Progress as soon as practicable the stated intention to issue student nurses with duress alarms during their clinical placement.</p> <p>Risk Rating: Low</p>

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ACTION 1.11	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
Comments	
The RiskMan system is used to record incidents. There is a Healthscope policy on incident reporting and investigation and assessors noted a Pine Rivers document titled "Nursing chain of command to manage risk". Minutes of the Quality and Risk committee contained evidence of monitoring and management of incidents through this committee. eLearning training modules to skill up staff to use RiskMan are available. These include dedicated modules for reporting WHS Hazard and incident-injury.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.12	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	
Comments	
The E learning module focused on open disclosure training showed 97% completion against a numerator of the 78 staff required to complete this training. A Healthscope policy providing guidance on Open disclosure was last published in August 2020. An incident report which demonstrated open disclosure had occurred was sighted during this review.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.13	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
Comments	
The patient experience measures, free text feedback forms and The Patient rights and responsibilities pamphlet all provide an invitation for consumers to provide feedback. A process flowchart describes how the information will be managed with reporting to both the Quality and Risk Committee and the LEAG (Lived Experience) group meetings. Records of staff training to ensure staff training on how to manage both feedback and complaints was noted. There may be opportunities to enhance the culture of staff recording complements when received.	
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	
There are systems to support patients and family members to provide feedback and make a complaint if indicated. The Patient Rights document, which is prominently displayed, and copies provided to each patient at the time of admission stresses the right to “make a complaint without it affecting the way that you are treated. The Patient Handbook provides detailed information about options for giving feedback such as speaking directly with staff, attending the daily communication meetings, use of feedback forms and suggestion boxes and completing the “your experience of service” survey. During this review, examples of issues raised, and matters addressed were provided to assessors.	
Rating	Applicable HSF IDs
Met	All

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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	
The organisation has a clear understanding of the predominant presenting problems and diagnoses of those accessing its services. Queensland Health directives provide the guidance to ensure those with Covid are treated according to current best practice guidelines. Admission criteria clearly details those for whom admission to services would not be appropriate. At time of this review, the organisation was considering how it will best be able to accommodate the needs of the expected increase in older people. Admission data shows that 95% of patients nominate English as the first language spoken at home. Approximately 4% of patients identify an indigenous.	
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	
The organisation uses hard copy clinical records. They are available to clinicians at the point of care. There are several approaches to auditing the content of records. These include the audits focused on clinical content, those audits of the record focused on non-clinical content and the external audits conducted by the Health Funds. Assessors confirmed arrangements to ensure security of clinical records. When psychiatrists see patients in their private rooms, records of these consultations are not linked to the Hospital clinical record. The organisation holds two years of clients records on site. Older records are in secure storage off site. It was reported that they can usually be retrieved on same day of request.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.17	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
Comments	
There is a standardised approach, led by Healthscope Corporate, to provide clinical information into the My Health Record. Currently nursing discharge summaries, pathology, imaging and medication profiles can be entered. National terminologies and identifiers 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	
A Healthscope “My Health Record System” explains the linkage between clinical records and the My Health System. Patients are informed of their right to “opt out” at the time of admission to the service. A Corporate Gap Analysis and action plan consistent with the Commission’s Advisory Note 18/11 has been completed.	
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	
All new staff, students and volunteers are required to complete a formalised orientation program which includes completion of prescribed electronic learning modules as well as Healthscope and local department checklists. There is a National Manager for Safety and Quality who is responsible for ensuring members of the governing body are cognisant of their roles related to safety and quality.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.20	
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce’s participation in training	
Comments	
Assessors were provided with an itemised list of mandatory training requirements with impressive detail related to volume of staff required to complete each module and statistics related to completion rates and other information. Healthscope provides executive and future leader training opportunities. During this review, assessors met with some managers who were participants of these programs. They reported very favourably on their acquired skills and support in professional development. The organisation currently provides clinical placement opportunities for student nurses from a nearby university. Under arrangement, clinical supervision is often provided by Pine Rivers staff. Assessors were informed of discussions currently underway which may broaden the organisation’s commitment to support other student health professionals with clinical placement.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.21	
The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	
Comments	
The Healthscope eLearning system includes a module titled “Share our Pride”. Records sighted during this survey noted completion rates for this module of 99% from a numerator of 136. This module provides an opportunity for participants to get a taste of traditional culture and shared history from an indigenous perspective.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.22	
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	
Comments	
There is an established system and a National Policy for performance review which includes opportunities for reflection on past achievements and goal identification for the future. After the first year of service formal performance reviews are conducted annually, consistent with the employee's anniversary date. At time of assessment compliance rate was about 88%.	
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	
A Healthscope Credentialing and Scope of Practice policy underpins the appointment of senior medical staff. (This includes VMO psychiatrists, anaesthetists, and general practitioners). Assessors were provided with a 101-page policy directive covering all related aspects. There is a dedicated staff member assigned responsibility for co-ordinating all aspects of the process. Documentation (reference checks, insurance arrangements and professional registration) are all prepared and confirmed by the General Manager, prior to review by the MAC. A random review of a psychiatrists documentation confirmed currency of all relevant documents). There are systems in place to ensure registration currency of all health professionals. Nursing position credentialing is the responsibility of the Director of Nursing.	
Rating	Applicable HSF IDs
Met	All

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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	
An automated system supports a continual process of ensuring relevant documentation relevant to senior clinicians is updated. Whilst the onus is on the individual practitioner to present documentation, alerts ensure any outstanding issues are followed up by the credentialing officer. Results of an audit of 42 VMO files were sighted. The result was 100% compliance against 14 criteria.	
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	
Online learning and orientation sessions support the staff to understand and perform their roles and responsibilities for safety and quality. Specific orientation to individual departments is provided. There are tailored orientation programs for volunteers, agency staff and student nurses. Some staff have portfolio roles (e.g. infection control) which reinforce their understanding of safety and quality. Clinical nurses lead educational sessions. Flowcharts are available to guide staff through some clinical situations.	
Rating	Applicable HSF IDs
Met	All

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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	
The hospital supports staff through the following arrangements: 1. There is a senior hospital coordinator (nurse) on duty at all times. 2. Whilst initial concerns of a patient's condition are referred to the treating psychiatrist, there is always a "psychiatrist on call" available as a backup. Psychiatrists have a "week on" call roster. 3. Twenty-four-hour Executive support is provided with the General Manager and Director of Nursing sharing this responsibility.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.27	
The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	
Comments	
A gap analysis and action plan has been developed for the management of delirium. The Commission's standards and advisories are used to assist in clinical decision making. E.g. there is now a Healthscope VTE policy, gap analysis and action plan. The MAC committee agenda shows consideration of clinical indicator results.	
Rating	Applicable HSF IDs
Met	All

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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	
Multidisciplinary team meetings provide a forum for monitoring variation in practice against unexpected outcomes. Those psychiatrists interviewed during this review reported a weekly psychiatrist meeting which provides a forum for clinical review and support for individual practice review. Evidence was sighted of a retrospective review of thirteen patients related to clinical deterioration between July-Oct 2021. The Healthscope system for conducting audits across all its hospitals has recently been reviewed. The new MARS system enables benchmarking against comparable sites. Assessors were provided with a copy of the review conducted following an unexpected clinical deterioration which resulted in patient transfer. The review confirmed appropriate interventions had occurred.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.29	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
Comments	
A Work Health and Safety Committee meeting is held second monthly. Membership of the committee is composed of delegates from each area of the hospital. The delegates themselves or managers are responsible for conducting WHS inspections and follow-up of any identified issues. Since the last review it was reported inspections are now occurring on a regular basis and issues raised are entered into the RiskMan system. Records sighted showed a 99% completion rate of the eLearning module related to "How to report a WHS hazard".	
Assessors were informed of arrangements for preventative maintenance through the use of contractors and the arrangements to respond to urgent building and maintenance issues. Monthly reports from the contractor are provided to the General Manager. Assessor random checks of testing and tagging of biomedical, fire equipment electrical equipment confirmed all were current.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.30	
The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required	
Comments	
Observation policy requires checks of each patient hourly throughout the night. Most patients are now accommodated in single rooms, providing both space and privacy. There are multiple group and breakout rooms, thus providing patients with multiple opportunities for a calm and quiet environment. Given the role of the facility, only admitting voluntary patients, and excluding patients whose behaviours would be predictably challenging, the risk of harm for patients and staff is minimised – but of course not eliminated. As mentioned in 1.10, all staff are required to carry a duress alarm.	
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	
Assessors largely found signage and way finding efficient. Multipurpose group rooms were noted to be labelled with the planned groups in that room for that particular day. The two inpatient wards are currently referred to as “nursing unit one and two”.	
Suggestion(s) for Improvement	
The organisation is encouraged to seek a more descriptive names for both inpatient wards.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
The Patient Handbook contains a specific entry related to visiting hours. It includes the comment "we understand that there are circumstances when visitors may need to attend the hospital outside these hours. Please discuss this in advance with the Nursing Unit Manager or/afterhours Manager".	
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	
Acknowledgement of indigenous culture and heritage is reflected in the signage at the front door of hospital and elsewhere throughout the building. Small versions of the Australian, Aboriginal and Torres Strait Islander flags are displayed at the front reception counter, and it was reported that larger flags are flown outside on commemorative days. Whilst not specifically identified as such, the second page of the patient handbook contains a full-page image of a male who might be identified as indigenous. In addition to the standard 4 questions asked at admission related to indigenous background, staff at this hospital also check for South Pacific Islander heritage. The Pine Rivers Private Hospital Aboriginal and Torres Strait Islander Engagement Plan acknowledges the traditional owners, The Turrbal People as custodians and acknowledges national days of recognition and celebration: Bridging the Gap, National Sorry Day, National Reconciliation week, NAIDOC week and the International day of the World's Indigenous Peoples. Systems are in place to monitor indigenous patients in both in and day patient settings to ensure their needs are being 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	
<p>The Consumer Partnership Strategy 2020- 2023 provides the strategies at both individual and service delivery level which support partnership with consumers. The strategy outlines initiatives consistent with the various actions associated with this standard. The emphasis is on empowerment of the individual consumer and maximising opportunities for consumer involvement in all aspects of individual care and through representation from consumer representatives and the members of the Lived Experience Advisory Group ensuring staff development and reflection from the above mentioned and that operational decision making is congruent with the concept of consumer partnership.</p> <p>The committee with responsibility for standard two has second-monthly meetings with the General Manager and Director of Nursing. Consumer consultants meet with the Quality and Risk Manager after every focus group. The LEAG Group of consumers with lived experience provide feedback and advice.</p>	
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	
<p>Consumer consultants are involved in quality activities, small group forums and analysis of consumer feedback. There is a position for a consumer consultant on the Quality and Risk committee and during this review examples were provided of changes and improvements made because of consumer initiatives and input. Printed pamphlet information after review is embossed with the “consumer approved publication endorsement” tick logo. Following consumer input, the patient handbook is now on public display and has capacity through a QR code for patients and their family to download this document onto phones.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 2.03	
The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	
Comments	
Assessors noted copies of a Healthscope Charter of Patient Rights posted on notice boards in public areas. The document contains the “tick” indicating consumers have been involved in its development. The content of the document is aligned with the Australian Charter of Healthcare Rights. Copies also appear in the patient handbook and patients are provided with a copy as part of the admission process.	
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	
There is a specific Healthscope “consent to medical/ surgical treatment”. Assessors sighted clinical documentation which confirmed consent processes related to the provision of ECT and TMS treatments were consistent with both the policy and Queensland associated legislation. Consent is one of the mandated audits listed under Standard Two on the Healthscope National Audit Schedule. Arrangements for ensuring financial consent are consistent with the Commission’s Advisory Note 18/10.	
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	
Healthscope has policies to address the issue of substitute decision makers if the patient does not have capacity to give informed consent. Given the nature of the services provided at Pine Rivers, use of this system is extremely rare.	
Assessment at time of admission or preadmission provides the opportunity for assessing a patient’s capacity to make decisions about their own care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
There are several strategies employed to ensure that clinician’s partner with consumers to plan, communicate, set goals, and make decisions about their current and future care. Since the last on-site review, a change in process has occurred which encourages consumers to commence the assessment and planning process prior to actual admission. Patients are encouraged to use their care plans, and these are referenced at the time of bedside handover. Consumer representatives described that one of their roles is to work through a consumer’s clinical record and ensure that the consumer understands its content. At time of this assessment, the existing “Recovery and Wellness plans” were under review with the aim of moving to a “ways of wellness concept”. A draft was provided to assessors. It has three components 1.) Making the most of your stay, 2.) Recovery Workbook – ideas, skills, and recovery plan and, 3.) Planning for recovery. This is an impressive document which requires active patient reflection and engagement.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.07	
The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	
Comments	
The Consumer Partnership Strategy 2020 – 2023 outlines the options open for individual consumers and for organisational arrangement to enable partnership development. At the individual level these include a focus on improved clinical documentation, care planning, health literacy individualised therapy programs and open dialogue meetings. At the organisational level, relevant structures include input from the Lived Experience Advisory Group, recognition and responding to diversity amongst the patient population, peer and carer support, improved feedback mechanisms , training and teaching and facilities improvement. During this review, examples were provided of initiatives associated with each initiative.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
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ACTION 2.08	
The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	
Comments	
A “diversity board” is affixed to the wall at the entrance of the hospital. At time of review, it contained information about access to spiritual services, other services associated with Aboriginal and Torres Strait Islander peoples and autism. Documents sighted during this review showed the organisation recognising special events such as NAIDOC week, and ANZAC day. Staff have access to eLearning “Share our Pride” - a program designed to provide a glimpse of life from the perspective of an Aboriginal and Torres Strait Islander perspective.	
Suggestion(s) for Improvement	
Currently, whilst the diversity board is well located at the front entrance foyer of the hospital, it is affixed to the wall at a height so low that most people would not be able to read the content. It is suggested a relocation to a more convenient height would promote greater access to the information offered.	
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	
There is a Healthscope “Consumer approved publications” policy which was published in November 2021. Printed material provided to assessors contained the “consumer tick of approval” logo.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
At time of discharge patients are provided with a hard copy of the nursing discharge summary and a medications list. All patients have the opportunity to discuss their needs with their treating psychiatrist. Multidisciplinary team meetings are a forum where patient clinical needs and progress are assessed. Assessors noted however that patients are not routinely participants in these meetings. Consumer Consultants spend time with patients to ensure that they understand information which is being used in the context of treatment planning and decision making. Patient Care Boards which are located in each patient bedroom are another avenue for patients to flag information needs.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.11	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
Comments	
On rotation, members of the consumer group are members of the Pine Rivers Quality and Risk Committee. At time of this review the organisation was still looking for a replacement indigenous consultant, given the departure of the previous occupant during the Covid epidemic. The Lived Experience Advisory Group is comprised of a pool of patients who provide feedback and advice to management. The core committee of this group also manage the volunteers program.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
There is a formal orientation program for volunteers and consumers who are engaged in governance, design, measurement, and evaluation of the organisation. Content of the program includes prohibited and controlled substances, restricted items, photo ID introduction to key staff, hand hygiene, emergency management procedures, professional boundaries, possible “red flag” triggers and the opportunity to review potential behavioural scenario issues. Consumer consultants meet with the Quality and Risk Manager after every focus group.	
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	
The organisation reported that until 2020, a consumer representative who identified as indigenous, provided a partnership linkage with Aboriginal and Torres Strait Islander communities. A replacement indigenous consumer representative is being sought. Whilst there is not a formal “partnership”, the organisation has links to the local indigenous community health centre and has on occasion sought advice on appropriate response to specific issues. At time of survey, there are no Pine Rivers staff who have chosen to identify as being of an Aboriginal or Torres Strait Islander background.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

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	
Members of the consumer group described to assessors their participation in education sessions with health professional students and new staff to enhance their skills in effectively communicating with patients. Following feedback and evaluation of the process, the contact with students was given additional priority to ensure the session was provided on the first day students visit the hospital rather than later in the program.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

Standard 3 - Preventing and Controlling Healthcare-Associated Infection

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

ACTION 3.01	
The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks	
Comments	
There is a 19-page Infection Prevention and Control Plan. At the local level, one staff member fulfils the role of Infection Control Coordinator. This registered nurse also works in the admissions office so is well placed to identify any infectious issue associated with prospective patients.	
Pine Rivers Private Hospital also has a contractual relationship with the HICMR organisation which provides policy advice and infection control auditing services to the hospital. Infection control matters are reviewed through the Quality and Risk Management Committee and also through the Medication Committee for matters associated with Antimicrobial Stewardship.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.02	
<p>The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks</p>	
Comments	
<p>Training calendars sighted during the review reflected planned or completed topics associated with infection prevention and control.</p> <p>There are well established plans to manage public health and pandemic risks. Assessors were acquainted with changes to practice as the guidelines for response to Covid have changed and they sighted the stock of personal protective equipment which is available to enable expeditious response to an infectious outbreak. The contracted pharmacy service collates data on the volume and appropriateness of antimicrobial usage. Reports sighted during this assessment showed very low usage.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.03	
<p>The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources</p>	
Comments	
<p>The Healthscope National Audit schedule contains a list of thirteen mandated audits which must be conducted throughout the year during nominated months. The content of the audits includes use of antimicrobials, aseptic non touch technique audit, hand hygiene, personal protective equipment, environmental cleaning, linen and laundry audit, sharps and waste handling. It was noted that some new audits have been added for 2023. These are not due for completion until later in the year. Infection control activity and audit results are monitored through the Quality and Risk Committee.</p> <p>Hand washing solution is strategically placed throughout the public areas of the hospital, with appropriate posters and solution at the front entrance to encourage use by all those entering the facility. Patients are encouraged to wash their hands immediately prior to entering the dining room and equipment is provided for patients to also wipe down tables before and after use.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.04	
<p>Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making</p>	
Comments	
<p>Patients are actively involved in their initial assessment, giving them the opportunity to declare any issues or concerns related to infection control. A Healthscope “plain English” brochure is available to acquaint patients and their families with information about infection prevention. This brochure has the consumer endorsement logo. The My Healthscope website also contains infection related information targeted for consumers. The patient handbook includes specific commentary on infection control and hand hygiene. A separate section is devoted to Covid Check-in requirements.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.05	
<p>The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups</p>	
Comments	
<p>Due to illness assessors did not have the opportunity to meet with the infection control coordinator. Several staff commented however on the “stealth” audits conducted in relation to hand hygiene and spot checks of surfaces using ultra violet light technology. As mentioned previously the national audit schedule contains a list of infection-related audits which are conducted throughout the year. Results of specific audits were sighted during this assessment.</p> <p>Meetings with maintenance staff confirmed processes for water testing and quarterly legionella surveillance.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.06	
<p>The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws</p>	
Comments	
<p>Processes to ensure the application of standard and transmission-based precautions consistent with the relevant Australian Guidelines, within the mental health context were confirmed. The HICMR publication provides relevant policy and procedural guidelines related to standard and transmission-based precautions. The audit schedule includes an audit against compliance with HICMR policies.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.07	
<p>The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions</p>	
Comments	
<p>The organisation has a Covid Plan and works within the Queensland Health tiered response requirements in the event of an emerging significant infection risk. At level three, in the event of an outbreak, quarantine procedures would be enacted. The Infection Prevention and Control pamphlet - "information for patients, carers, family and support persons has plain English explanations under three headings: "Why is IPC so important during your stay at Pine Rivers Private Hospital?", " How do we prevent infections at PRPH?" and "How can you prevent infections at PRPH?".</p> <p>Audit results sighted during this assessment showed 91% of staff had completed the P2(N95) Mask Fit checking training (theory).</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.08	
<p>Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider: a. Patients’ risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care</p>	
Comments	
<p>The assessment system ensures early identification of patients with a communicable disease. On the assumption they are not being transferred to a more acute hospital, accommodation at Pine Rivers is predominately in single rooms, thus facilitating implementation of any required segregation.</p> <p>All rooms receive a “terminal” clean when there is a change of occupant. Assessors sighted clearly labelled “outbreak kits”. Cleaner's cupboards and trolleys were well equipped.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.09	
<p>The health service organisation has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient’s infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection</p>	
Comments	
<p>Caring for patients with a serious infectious disease is beyond the scope of this hospital. Pre-admission screening would result in referral to a more appropriate acute care facility. For patients of Pine Rivers, if an infection risk was identified, both the clinical record and patient administration system would contain an alert and appropriate information would be provided at change of shift.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.10	
The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance	
Comments	
Staff have access to e learning hand hygiene modules. At time of this assessment there were two authorised hand hygiene auditors on staff. Poster displays related to hand hygiene are on public display through the hospital and information on the TV screens in public areas include screens on hand hygiene and infection prevention. Audit results related to hand hygiene sighted during this review showed compliance at 88%. The organisation contributes data to Hand Hygiene Australia. The Quality results boards on public display throughout the hospital contain hand hygiene compliance rates.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.11	
The health service organisation has processes for aseptic technique that: a. Identify the procedures in which aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation’s policies on aseptic technique	
Comments	
Healthscope has a corporate policy related to aseptic technique which was published in April 2022. At Pine Rivers, procedures requiring the practice of aseptic technique are limited to cannulation, injection and very occasionally wound care. An audit of VMO anaesthetist’s certification with aseptic technique has been conducted. For other staff, audits of compliance with aseptic technique are conducted annually between April and June. Rates of completion of the aseptic technique e learning module were around 90%.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
The organisation does not sterilise any invasive medical instruments on site. The limited number of items requiring sterilising are sent to Peninsula Private Hospital CSSD.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.13	
The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers’ instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy e. Use the results of audits to improve environmental cleaning processes and compliance with policy	
Comments	
Assessors confirmed the processes for environmental cleaning are consistent with the Australian Guidelines for the prevention and control of infection in healthcare. All patient bedrooms are cleaned at least daily. Appropriate records were sighted. ECOLAB products are used with automatic dispensers so that staff do not need to decant products. Microfibre mops are used. These are commercially cleaned off site. Material data sheets were noted in the cleaners’ stores. Equipment is available to support the management of novel infections. Assessors were impressed with the overall presentation of the facility including those areas which are carpeted. It was noted that whenever refurbishment works are required, there is a strategic direction to replace carpet with vinyl. As mentioned previously the infection control coordinator uses ultraviolet technology to confirm the efficacy of cleaning processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
Healthscope has a procurement policy which was issued in February 2023. Staff interviewed confirmed established procedures including development of a business case and trialling before any new equipment is purchased. Any proposed purchase will be discussed at the Quality and Risk Committee. Linen is supplied by an external contractor. A dedicated staff member provides oversight of linen supplies which are reported to be efficient and satisfactory. The patient handbook contains information about linen changes. The hospital has a patient laundry with commercial rated machines and appropriate cleaning arrangements.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.15	
The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients	
Comments	
Staff are immunised according to the guidelines provided by the Australian Immunisation Handbook, consistent with jurisdictional requirements. An active program to encourage uptake of influenza vaccines occurs each year. It was reported all staff are vaccinated against Covid. Immunisation week is celebrated.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.16	
<p>The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection</p>	
Comments	
<p>A variety of arrangements are in place to prevent and manage infections in the workforce. Some of these include:</p> <ul style="list-style-type: none"> • Procedures to follow in the event of a needlestick injury or body fluid exposure • Spill kits • Reporting risks on the risk register • E learning training related to outbreak management • Disaster contingency planning • A variety of HIMR related policies • Queensland Health guidelines are followed in the development and management of contingency plans related to infection control matters. Staff are supported to remain off duty in the event they show any signs of infection. 	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 3.17	
When reusable equipment and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections.	
Comments	
The only equipment which may be reused following sterilisation are those mouthpieces used for patients who are allergic to the single use item, and some suction equipment. These items are sent off- site for sterilisation at the Peninsula Private Hospital CSSD department.	
Protocols for the cleaning of equipment such as reusable blood pressure cuffs are in place.	
Rating	Applicable HSF IDs
Met	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 and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement	
Comments	
Healthscope has a corporate Antimicrobial Prescribing and Management policy. Monitoring and usage of antimicrobials is provided by the contracted pharmacy service. Assessors noted there was a copy of the "traffic light" system covering antibiotic usage in one of the two wards visited, however it was not clear that there was widespread understanding of the subject by nursing staff.	
Suggestion(s) for Improvement	
1. Additional education be provided to ensure all nursing staff are familiar with the antimicrobial stewardship program. 2. To enhance staff knowledge, AMS posters explaining the AMS traffic light system be posted on the walls in treatment rooms rather than being stored in folders.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

ACTION 3.19	
The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation's performance over time for use and appropriateness of use of antimicrobials	
Comments	
The contracted pharmacy service submits data to the National Antimicrobial Prescribing Survey (NAPS). Locally, data is tabled at Medication Committee and the Medical Advisory Committee. A copy of a recent report was sighted during this survey.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

Standard 4 - Medication Safety

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

ACTION 4.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	
<p>The governance of medication management is defined by policies and procedures that apply a risk-based approach to effectively minimise incidents and harm.</p> <p>Med+Safe is an eLearning nursing education program that has been implemented to support medication management.</p> <p>Furthermore, training is linked to incidents by using a reflective practice tool and the outcomes of regular audits.</p> <p>It was evident there are a number of quality improvement activities undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medication management systems.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

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	
At PR there is good committee structure, reporting and governance oversight in place for medication management with incidents reported and analysed and audits regularly undertaken and evaluated.	
Medication incidents are reported via the national Quality KPI report and benchmarked across Healthscope. Action plans are developed for any identified trended medication errors.	
A “shared learnings” report is distributed across the Healthscope hospitals that includes medication incidents and controls that may impact on medication incidents. This incident reporting and “shared learnings” are used to support educational activities.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 4.03	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
<p>The Patient Information Directory given to patients on admission and is available via the website. It provides an overview of medication management during the patient journey and the importance of understanding medication and why certain medication may be prescribed.</p> <p>Electronic and hard copy medication information is accessible for patients and the pharmacist is available to provide individual education to patients and their family/carers.</p> <p>During admission, a comprehensive assessment includes the best possible medication history and current and past medications are recorded. This forms part of the medication management process that includes the treating team and patient.</p> <p>Medication was included in the daily bedside handover observed by the assessors ensuring patients were included in a discussion on their medication and any concerns were able to be identified and addressed.</p> <p>A list of current medication is provided to the patient and their GP on discharge.</p> <p>The results of the Your Experience Survey are utilised to determine the patient experience of medication management.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 4.04	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
Comments	
Scope of practice with respect to medication management is defined in policy and supported with mandatory training for Registered and Endorsed Enrolled Nurses. The assessors were informed of the processes for clinical governance, and delineation of clinical privileges and checking of registration of clinicians via AHPRA.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
<p>During the admission process patients and carers (if appropriate) are involved in development of the Patient Care Plan that includes medication management. Any change to medication is documented in the medical record and the Medication Management Plan.</p> <p>There is a system in place to ensure more detailed medication reconciliation activities are undertaken as required.</p> <p>A best practice medication history is undertaken at admission and documented in the medical record.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 4.06	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
Comments	
<p>Medication charts are checked at change of shift by nursing staff and at bedside handover to ensure prescribed medication has been administered and orders in the medication charts have been entered correctly.</p> <p>Medication reconciliation is monitored by audits of the MMP.</p> <p>The discharge summary provided to patients and their General Practitioner contains information about their current medication regime and any ongoing monitoring requirements</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 4.07	
The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
Comments	
Any known allergies and adverse drug reactions are highlighted in WebPAS, recorded on the alert sheet in the medical record and on the medication chart. Red arm bands are used to alert staff to allergies and there is an associated arm band audit	
Rating	Applicable HSF IDs
Met	All

ACTION 4.08	
The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	
Comments	
Medication incidents are documented in the patient's medical record entered into RiskMan and reviewed at appropriate committees. Serious incidents are tabled and reviewed at the MAC meeting.	
Patients and their family/carers are informed of any identified adverse drug reaction or allergy.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.09	
The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	
Comments	
Any suspected drug reactions are reported to the Therapeutic Goods Administration (TGA) via their website.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
<p>The pharmacist reviews medication charts within 48 hours of admission. Any concerns with prescribed medication are discussed with the treating psychiatrist. Medication reviews are prioritised based on patient clinical need on admission and can be triggered during their hospital stay for reasons that may include routine review, change in condition, transfer, and if requested by the patient or their family/carers.</p> <p>The pharmacist is available to ensure patients understand the reason certain medications have been prescribed and the importance of medication adherence in their treatment outcomes.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 4.11	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
Comments	
<p>The success of medication treatment is dependent on the patient's adherence to their medication regimen. Patients spoken to by the assessors were included in decision making regarding their medications and had a sense of ownership and felt included in the care planning process.</p> <p>The pharmacist supports both staff and patients in the monitoring of medication management. The MMP is monitored throughout the patients stay and this is supported by the Patient Health History designed to ensure all current and past medications are documented on admission. During the patients stay medications are reviewed during clinical review and daily clinical handover. Nursing and medical staff are available to discuss issues or concerns both with the patient and their family/carer regarding medication management. Medication information is also available in other languages if needed.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 4.12	
The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes	
Comments	
Comprehensive information on the prescribed medication for each patient is provided to the treating GPs/Psychiatrists on the patients' medical discharge summary. Patients are provided with comprehensive information regarding their prescribed medication including any possible side effects and the reasons for any changes to their medication during their stay and on discharge.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.13	
The health service organisation ensures that information and decision support tools for medicines are available to clinicians	
Comments	
Medication management forms part of staff orientation and staff were able to demonstrate and provide evidence to the assessors on several systems and processes implemented to promote and support medication safety.	
There is ready access to decision support information for clinicians that is updated as required. A list of high-risk medications and related policies and guidelines were displayed in medication areas. Electronic and hard copy reference literature is available and easily accessible to support medication practice.	
The medication error reflection form exists and is actioned as a non-punitive tool designed to help staff identify strategies that may avoid similar medication errors in the future.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
PR has clean and secured medication rooms with clear work benches. Schedules 8, 4 and 11 restricted medications were appropriately stored, and the registers maintained and audited.	
Medication fridges are monitored to ensure appropriate temperature control and there are guidelines to be followed if the temperature deviates from the required range.	
A regular review of ward medication stock lists is undertaken by the pharmacist to ensure stock and products are aligned to the clinical needs of the ward and modified in response to changing needs of the patient population.	
Out of date medication is appropriately disposed. There are good practices in place to guide storage and return of patients' own medications.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.15	
The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely	
Comments	
Interviews with staff and a review of documents supported the assessors' observation that high risk medications are clearly identified and that there is an appropriate management system in place for the storage, dispensing and administration of those medications.	
Although few patients are prescribed Clozapine there are systems in place to ensure appropriate administration and storage.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

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	
There is a raft of Healthscope policies pertaining to this standard complemented by locally developed policies.	
On admission PR utilises a standardised suite of clinical assessment forms. The assessment process is comprehensive commencing with the information received on admission and then followed by medical, nursing, and allied health input. Clinical information is documented in the medical record and communicated via huddles, patient rounding, MDT reviews, and clinical and bedside handovers and forms the basis for ongoing treatment, ensuring patient needs are understood and considered in the planning and delivery of care.	
The clinical governance system is inclusive of a risk register, which is monitored monthly and a Quality Management Plan that outlines priorities and actions identified through peak committees. Terms of Reference, attendance, minutes and actions arising demonstrated that the governance structures are sound.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
There was evidence on the assessment of quality improvement activities relating to comprehensive care. Clinical and administrative audits were used to inform quality improvement activities. These included reviews of screening, assessment, and comprehensive care plans. Consumer and carer experience survey results are used to inform quality improvement activities. Adverse events are used to inform quality improvement activities concerning the delivery of comprehensive care.	
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	
Patients' Rights and Responsibilities were displayed throughout the hospital and included in the patient information handbook, given to patients on admission. The handbook also outlines how patients can be actively involved in their own care and provide feedback on their hospital experience. Assessments and care plans are completed with the patient, and when relevant their family/carer. Medical records viewed by the assessors included recovery-based care plans that were regularly updated and included patient signatures. Patient rounding, bedside handover and morning patient meetings provide daily opportunities for patients to be involved in their care and have concerns or issues addressed or clarified.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.04	
The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care	
Comments	
Clinicians are supported by policies and procedures to establish effective comprehensive plans for patients' care and treatment. The PR offers a raft of programs for inpatients and outpatients designed to meet the current needs of the patient population.	
The programs are regularly reviewed and evaluated to ensure they are appropriate and have the desired outcomes. The allied staff spoken to by the assessors were passionate about providing and being part of the therapeutic group structure.	
The medical officer with the overall accountability for a patient's care is clearly identified.	
Rating	Applicable HSF IDs
Met	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	
The Multidisciplinary team (MDT) is well established, and the role of team members in case reviews and throughout the patient journey is well defined. Position descriptions include quality and safety responsibilities, and annual staff reviews are linked to ensure all clinicians are appropriately credentialed and working within their scope of practice.	
Separate processes are in place to ensure that compliance is achieved for non-registered professions (e.g., Social Work) which includes affiliation with the relevant professional body.	
An organisational chart that outlines the reporting lines and relationships was available.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
As well as the identified routine clinical handover processes, weekly case conferences are held for all patients during their admission. All members of the multidisciplinary team attend and contribute to determine the patients' status, goals, and discharge planning.	
Stickers easily identified which discipline had documented in the medical record.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.07	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Comments	
Overall, the assessors felt the intake, assessment, care planning and discharge process to be of a high standard underpinned by appropriate policies and guidelines. The Initial intake and assessment procedures were clear and used to identify the suitability of patients into the programs available. Referrals can be made directly by the person, their families, GPs, or external agencies. The initial triage assessment may be undertaken via telephone, but admission occurs once a face-to-face assessment is undertaken. The intake and assessment process also ensures the persons needs were understood and considered. There is a system for prioritising referrals according to risk and distress and if a referral was not assessed as suitable options for a more appropriate service were provided.	
The principles of recovery were embedded within all therapies and wellbeing is promoted to ensure all patients develop strategies, with support, to maintain their own physical and mental health.	
Staff impressed the assessors as being passionate about providing a high standard of care and displaying empathy and understanding toward the patients admitted to their service.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
On admission all patients are routinely asked if they identify as Aboriginal or Torres Strait Islander. This information is entered into WebPAS.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
The admission process includes a section on the presence of a current Advance Care Directive, and this is discussed, and information provided to the patient and their family/carers if appropriate.	
Rating	Applicable HSF IDs
Met	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	
Risk assessment screening tools are completed on admission and at regular intervals to identify any potential risks during the patient's journey. The patient and their family/carer are important contributors to this process to provide any background information or any known triggers that can exacerbate a change in presentation. Risk screening processes are subject to audit and reports are provided through the organisation's governance structure. A review of clinical documentation by the assessors found risk screening documentation to be well completed.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
<p>Assessment tools and resources are available at point of care for clinicians and education is provided on the use of the assessment and screening tools.</p> <p>The documentation audit identifies any areas of non-compliance with documentation of the screening and assessment and areas of non-compliance are identified and action plans formulated.</p> <p>It was pleasing to note routine outcome measures were collected and formed part of the routine assessment and identification of risk although there was little evidence that they guided clinical care and discharge planning.</p>	
Suggestion(s) for Improvement	
Outcome measures such as the HoNOS and MHQ14 be included in MDT reviews to guide case management decisions.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
<p>Following screening and clinical assessment any alerts or risks are documented in WebPAS, included in the medical record alert sheet and the patients care plan is updated as required.</p> <p>Alerts are also included on the clinical handover sheets and the patient care boards for inclusion and review at clinical handover.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.13	
<p>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</p>	
Comments	
<p>A comprehensive structured patient assessment is completed on admission and identified risks are documented and updated as required.</p> <p>The comprehensive care plan includes, if appropriate, a nominated support person to be involved in decision making regarding care and identified goals are documented as an outcome of the admission to hospital.</p> <p>The medical records viewed by the assessors included medical and nursing assessments, changes in clinical state, care provided and pertinent patient information to support the multidisciplinary team to deliver care.</p> <p>Regular documentation audits are conducted to ensure the medical records meet legal and professional requirements.</p> <p>Assessors witnessed interactions between staff and patients that demonstrated a partnership in care and decision making.</p> <p>Discharge planning was seen to commence at admission and included anticipated health care needs, to ensure a safe transition from hospital that may include PR Day or community programs for ongoing supportive care.</p> <p>It was noted that in March 2023 11% of inpatients were discharged into PR outpatient programs.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
Any identified changes in a patient's behaviour, cognition or mental state are updated in the care plan and reviewed at the multidisciplinary case conference.	
Patients spoken to by the assessors were able to articulate the level of engagement in their care and expressed satisfaction that they actively participated in decision making at all points of care and review.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
PR does not provide palliative or end-of-life care. Patients admitted are voluntary and an Exclusion Policy is available that determines who is suitable for admission including the criteria to be medically stable.	
Patients who become medically compromised are transferred to more appropriate facilities.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

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	
PRPH does not provide palliative or end-of-life care.	
Rating	Applicable HSF IDs
NA	All

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

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
PRPH does not provide palliative or end-of-life care.	
Rating	Applicable HSF IDs
NA	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

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	
PRPH does not provide palliative or end-of-life care.	
Rating	Applicable HSF IDs
NA	All

ACTION 5.20	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
PR does not treat patients at End-of-Life Care, such patients are directed to contact their GP to discuss appropriate care options.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.21	
The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines	
Comments	
<p>Although patients admitted are ambulant, it is evident that PR is aware of possible risks and has an appropriate system to prevent, identify, report, manage and monitor any pressure injuries.</p> <p>All patients have a routine pressure area risk assessment undertaken on admission, and a physical health assessment within 24 hours of admission. Patients who become bed ridden or medically unwell are transferred to a more appropriate facility.</p> <p>However, in the event of a pressure injury there is equipment available from nearby hospitals to assist in the management of these injuries.</p> <p>Information is provided to patients on the importance of mobility, and they are encouraged to be active. It was noted during survey that early morning walks along the river bank formed part of the daily activity program.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.22	
Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency	
Comments	
<p>All patients have a routine pressure area risk assessment on admission that is updated during their stay if indicated. Pressure injury screening was evident in the medical records viewed by the assessors.</p> <p>All pressure injuries and other skin related injuries identified on admission or hospital acquired are recorded in RiskMan and investigated. Staff when interviewed, were clear on the process for pressure injury care and this is reflected in the fact there have been no instances of acquired pressure injuries in recent years.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.23	
The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries	
Comments	
Patients their families/carers are provided with relevant information specific to the prevention and management of pressure injuries on admission, during their stay and upon discharge. This information includes patient brochures that are displayed throughout the hospital.	
Staff receive education in pressure injury identification, prevention, and management.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	
Falls screening commences on pre-admission at intake and this information assists in appropriate bed allocation and suitability for admission.	
All patients admitted are routinely screened for falls risk. This forms part of their comprehensive care plan that is reviewed every 7 days for any change in health status.	
Falls alert information is recorded in the patient's medical record, alert sheet and in WebPAS.	
The discharge summary includes information regarding falls risk and associated management strategies.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
Information is available to patients, families and carers on falls and fall prevention. Items from home that can assist patients who are at risk of falls may be used during their hospital stay.	
The patient care boards, and the clinical handover process includes discussion of patients identified as a falls risk. Patients can be allocated a bed near the nurses' station if needed for greater observation.	
Ongoing review and monitoring of falls data is reported at appropriate committees and forms part of Healthscope shared learnings	
Rating	Applicable HSF IDs
Met	All

ACTION 5.26	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
Comments	
Patient care boards indicate for staff and family and carers the level of assistance and any walking aids that are necessary.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.27	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
Comments	
No patients are admitted to the PR overnight. All admissions are planned and admitted during routine business hours. There is a small supply of sandwiches available if patients return late from leave.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.28	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
Comments	
Malnutrition screening is completed on all patients on admission that includes height and weight and an overview of eating patterns. Food allergies and any cultural dietary restrictions are documented in the patients' medical record and in WebPAS. Food and fluid charts are commenced to monitor intake if needed and patients can be assisted with eating and drinking if necessary. Patients and their families are advised they can bring special food items from home into the hospital providing they do not need to be stored or heated.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.29	
<p>The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation</p>	
Comments	
<p>There are policies in place to ensure that best practice approaches are adopted in the management of cognitive impairment and delirium. There are validated tools and resources available and staff training provided. Patients identified at risk of delirium or cognitive impairment are identified in the alert sheet and entered in WebPAS. Family and carers play an important role in providing staff with information about the patient and how they normally present.</p> <p>The medication assessment completed on admission identifies patients that are taking high risk medications including antipsychotic medication. The patients are then referred to the pharmacist for ongoing management and review.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.30	
<p>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</p>	
Comments	
<p>There are policies aimed at recognising and managing cognitive impairment. This includes audits of screening on admission for cognitive impairment in patients over the age of 65. There are systems in place to ensure that people who are suspected of having cognitive impairment on discharge receive appropriate referral for follow up and family/carers are provided with appropriate information.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.31	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
Comments	
<p>Identification of risk commences on intake and admission and is reviewed during the patient journey. Family and carers play an important role when obtaining a collaborative patient history to identify past or current suicidal or self-harm behaviours.</p> <p>During admission if there are concerns for patient safety patient rounding is increased and patients can be allocated a bed near the nurses' station to provide a higher level of care and increased observation.</p> <p>There is an identified risk assessment tool and attempted suicide, and self-harm is included in the risk register.</p> <p>Incident reporting including incidents relating to self-harm are monitored and reviewed to identify any opportunities for improvement.</p> <p>There are systems in place to enable family and carers to escalate care if they are concerned during admission about a patient's mental or physical deterioration.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.32	
The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	
Comments	
<p>There is a comprehensive assessment and intake process at PR that includes an assessment of risk across a variety of domains including self-harm and aggression. All patients are contacted 24 hours prior to admission to confirm their health status has not changed.</p> <p>The discharge summary includes an overview of the patient admission and outcomes of care and any ongoing concerns for safety.</p> <p>Patients are also contacted following discharge to review their mental state and ensure all aspects of the transfer of care have been attended.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
All staff (100%) are trained in WAVE for the de-escalation and management of actual or potential aggression.	
Patients have a routine risk assessment conducted during admission and this is regularly reviewed during their inpatient stay.	
Any potential risk of aggression is documented in the medical record and included at the clinical shift handover and patient care plans are updated as required.	
Any incidents relating to aggressive behaviour are entered into RiskMan and reviewed for quality improvement purposes.	
Suggestion(s) for Improvement	
Sensory areas and items be made available to provide a calm space to help patients regain control of their emotions, when needed, in a low-stress environment.	
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	
PR does not tolerate physical or verbal aggression, or abuse towards staff, patients, or visitors. There are procedures in place which outline aggression risk factors and the need for de-escalation as the first response to aggression. Staff receive WAVE training in de-escalation techniques that include respecting personal space, making verbal contact and the identification of the patients wants and needs. If de-escalation is not possible patients are transferred to a more secure mental health facility. During the assessment it was noted that the workforce had access to duress call buttons and a response system was in place for any incidents of aggressive behaviours. Posters displayed in the hospital advised that any form of aggression is unacceptable.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

ACTION 5.35	
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	
Comments	
The aggression management procedure identifies the need for alternatives to restraint in the management of aggressive patients that include a comprehensive assessment on admission and daily risk assessments to determine the patient's mental health status.	
Restraint is not an accepted practice at PR. If restraint is clinically indicated police or ambulance are called to transport the patient to a more secure environment.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.36	
Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body	
Comments	
There are no seclusion facilities at PRPH.	
Rating	Applicable HSF IDs
NA	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

Standard 6 - Communicating for Safety

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

ACTION 6.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	
Comments	
Policies and procedures are in place to support effective clinical communication including handover. These policies identify risk management strategies and also the training requirements / expectation of all staff in support of effective clinical communication. Staff interviewed were able to describe the processes for clinical communication including the bedside handover, group and MDT meetings during the 3-day assessment.	
All incidents and complaints relating to communication are reported and investigated through RiskMan.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
Comments	
Incidents relating to failure in clinical communication are reported through the incident management system and identified in patient feedback. Communication is patient centred and the importance of this being clear, current and factual was seen. The effectiveness of clinical communication, including handover is monitored through feedback and audit including the clinical handover audit with action plans developed for any areas of noncompliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
<p>The bedside handover in between the AM and PM shifts demonstrated a systematic approach to the handing over of patient information including medication management, treatment planning, goal setting and discharge plans.</p> <p>The bedside handover observed by the assessors involved patients and if appropriate their family and carers. It provided an opportunity to discuss ongoing care and to have any concerns clarified.</p> <p>Patients described to the assessors a high level of satisfaction with being included in the handover process. Care boards were in all bedroom areas and information was seen to be updated during bedside handover.</p> <p>Patient rounding was another way PR was able to meet patient care needs, ensure patient safety and proactively address problems before they occurred. There are resources available that inform patients of their rights, inclusive of being involved in day-to-day care.</p>	
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	
<p>Clinical communication is included in regular staff huddles, shift-to-shift handovers, bedside handover and the afterhours nurse manager handover.</p> <p>Appropriate guidelines are in place to continually check that patients are matched to their intended care and treatment. Any variation to this process is recorded and reviewed through RiskMan.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
<p>Patient identification and procedure matching is well understood, and it is given appropriate attention by all staff. The patient identification and procedure matching system include the use of the three nationally approved identifiers for inpatients and outpatients. A white identity wrist band listing the three patient identifiers is worn unless the patient has an alert when the arm band is red. The inpatient bands used are consistent with the national standard. Patients are made aware of the protocol that staff are required to follow to establish correct personal identification.</p> <p>ID bands were seen to be checked during bedside handover each day and replaced when needed.</p> <p>All patients admitted have identification photos on WebPAS and attached to their medication charts. Unfortunately, the patient photos on the medication charts were extremely small, black, and white and poor quality.</p> <p>Signed consent forms for photo identification were evident in the medical records viewed by the assessors.</p>	
Suggestion(s) for Improvement	
Photos of patients be large and of good quality to assist in the patient identification process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 6.06	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
Comments	
The Assessors noted the use of approved patient identifiers as noted in action 6.05. Additionally, processes are in place for time-out for electro convulsive therapy and transcranial magnetic stimulation and these are documented and audited. It was noted that the records for "time out" for ECT do not contain a field to confirm the actual siting of the electrodes (e.g. unilateral/ Left or Right Bilateral). This information is contained in a separate document.	
Suggestion(s) for Improvement	
Review the time out record for ECT to include capacity to confirm correct siting of electrodes.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.07	
The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	
Comments	
The handover process ensures information relating to the ongoing care of patients is communicated at the change of every shift. The handover observed by the assessors was structured and met the needs of the staff who were active participants in the process. The clinical handover sheet used by staff provided prompts on any actions needed and demographic information about each patient. There was a flexible approach to handover whilst operating within a framework of good communication. The handover included any challenging patient behaviours or incidents relating to aggression, physical health or missed medication. A handover was given by the day staff to the afterhours nurse manager to ensure continuity of care across the hospital.	
As well as the identified routine clinical handover processes weekly MDT case conferences are held for all patients during their admission. All members of the multidisciplinary team attend and contribute to determine the patient's health status, goals, and discharge plans.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
Communication was seen to embrace all aspects of care and across all domains verbal and written. From a governance perspective, there are a range of policies to support the clinical handover process. Clinicians used a structured framework, ISOBAR and there was evidence of actions to increase the effectiveness of clinical handover using contemporary practice. The care boards in the bedroom areas contained information on each patient including goal setting, diet, risk alerts and possible discharge dates and was updated as necessary and complimented the shift-to-shift handover process. The assessors attended several clinical handovers and observed the multidisciplinary patient centred approach to the handover of ongoing 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	
The situations where and when clinical handover should and do occur are clearly identified with resources available to facilitate a structured communication process. Whether a nursing or multidisciplinary handover, there were defined roles and responsibilities of clinicians and the involvement of the MDT in handover was well established.	
Alerts and risks are included in the regular huddles, bedside handover and patient rounding.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
<p>The assessors met with staff who demonstrated passion and commitment to providing evidence-based care to partnering with patients and carers and to the principles and the philosophy of recovery in clinical service delivery.</p> <p>Patients and families/carers can speak to staff at any time regarding any aspect of their care.</p> <p>The escalation of care protocols to address any unexpected deterioration in a patient's health status are displayed in public areas.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 6.11	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
Comments	
<p>Assessors reviewed several medical records that were available at point of care, and found them to be well structured, integrated, and suitably organised to facilitate various regular audits of progress notes, patient pathways, care plans and alerts to cite a few.</p> <p>Documentation by different clinical disciplines were highlighted by an appropriate identification sticker.</p> <p>A comprehensive structured patient assessment was completed on admission and identified risks were documented and updated weekly and as required.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
Org Code : 721161

Standard 7 - Blood Management

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

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

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

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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

Org Name : Pine Rivers Private Hospital
Org Code : 721161

ACTION 7.06	
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	
Comments	
not applicable	
Rating	Applicable HSF IDs
NA	All

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

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

Org Name : Pine Rivers Private Hospital
Org Code : 721161

ACTION 7.09	
The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	
Comments	
not applicable	
Rating	Applicable HSF IDs
NA	All

ACTION 7.10	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
Comments	
not applicable	
Rating	Applicable HSF IDs
NA	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
A National Committee which meets quarterly provides oversight of the Recognising and Responding to Acute Deterioration Standard. Staff from Pine Rivers are on this committee, and they report back to colleagues on relevant information - for example, in addition to the use of the 4AT chart, work is currently occurring on the introduction of a national behaviour chart. The Pine Rivers policy document addresses issues of both physical and mental state deterioration and delirium.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
Comments	
Evidence was sighted of toolbox education sessions related to responding to deterioration. Relevant matters associated with this standard are reviewed at both the Clinical Services Working Group and the Quality and Risk Committee. The National Audit Schedule includes a requirement for auditing of the Observation charts. Assessors confirmed processes for the routine checking of emergency trolleys.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
At time of admission and assessment, patients are asked if they have an Advanced Care Directive. If so, a copy is placed in the clinical record. Information about escalation of care is noted on posters in bedrooms, on the TV display units, in the patient handbook and on “Pine Rules” - this organisation’s system for supporting family-initiated escalation of care. This later system was introduced following advice from the previous survey. Assessors were provided with results of a consumer lead audit which included the question “Do you know how to escalate care?”. Five of the eight responders were positive for this question.	
Patients spoken to by assessors described how they were included in their own care and assessors observed examples of shared decision making at bed-side handover.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.04	
The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	
Comments	
Documented clinical observations are taken on admission. Thereafter they are only routinely taken if a clinical need has been identified. In such cases the SAGO colour coded chart is utilised. There are established observational practices followed to monitor patient recovery post ECT treatment.	
Observational charts and clinical documentation supported the importance of observation and accurate charting that highlighted any clinical deterioration and/or the need for escalation/or intervention.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 8.05	
<p>The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state</p>	
Comments	
<p>Cognitive screening is conducted on admission to PR and provides a baseline to identify any decline in cognition that may be due to delirium, dementia, or depression. Patient's mental state is also monitored routinely during the multiple therapeutic interactions with staff and at group meetings.</p> <p>There is a pathway for staff to follow for a deteriorating patient that includes escalation, documentation, communication, and transfer procedure if required.</p> <p>During a clinical handover attended by one assessor during this review part of the discussion with a patient was focused on her perception of her mental state with the patient verbalising the triggers and warning signs that both she and staff should be alert for.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
Staff spoken to were aware of the monitoring requirements for both acute physiological and mental health status and how to address any concerns raised by patients, carers and/or families.	
Policies are in place to support clinicians in both the management of a deteriorating patient and escalation processes.	
Pine Rivers has a rapid response Team which consists predominately of senior nursing staff. Whenever ECT is being provided there is a nurse with Advanced Life Support skills on duty. The system for escalating care has been evaluated and mock exercises have been held.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
Following the last review, the processes for patients, carers, or families to escalate care has been reviewed. During this assessment, there were clear posters displayed in public areas which clearly outline steps that can be taken for family escalation of care. Information on care escalation also forms part of the rolling information on the TV display screens in public areas of the hospital. As part of the orientation process patients and their family/carers are also provided with information on the use of the wall mounted emergency buzzers located in the bedroom areas.	
Any family-initiated escalation of care request is recorded in RiskMan and reviewed through the incident review process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

ACTION 8.08	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
Comments	
During the “non-office” hours, there is always a senior nurse on duty. The General Manager and Director of Nursing share responsibilities for providing “out of hours” on call support. Escalation protocols are on lanyards. All staff on duty carry a duress alarm. Nurse assist bells are in every patient bedroom. The patient’s nominated psychiatrist is always contacted in the event of any concern about a patient. On a rotational basis, the psychiatrist team also share on a week at a time basis an “on call” roster so that specialist psychiatry support is always available.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
Staff were able to describe the recognition and response systems in place to escalate care consistent with Healthscope policy. All incidents are recorded in RiskMan. SAGO observation charts are used to record observations. These are colour coded allowing for trending of observations over time, providing visual impact alerts should observations fall outside of clinically acceptable parameters.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
At time of this review, the records of mandatory training in basic life support showed a compliance rate of 89%. This represented 83 staff out of a required 93 having completed both the required e learning and practical assessment. Assessors were informed that another 7 were waiting to complete the practical component. Practical assessment opportunities were scheduled for May.	
Suggestion(s) for Improvement	
<ol style="list-style-type: none"> 1. Enhance the system for documenting completion of basic life support by providing separate completion rates for the eLearning and the practical components. 2. Review staff rostering arrangements to ensure that staff working “out of hours” are always up to date with both theoretical and practical components of BLS skills assessment. 	
Rating	Applicable HSF IDs
Met	All

ACTION 8.11	
The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	
Comments	
During days when ECT is being provided, there is always a staff member on duty who has advanced life support skills. At other times in the event of a clinical emergency, following immediate intervention by staff with basic life support skills, the assistance of the Queensland Ambulance Service is sought.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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	
In the event of rapid referral to a more acute mental health service was warranted, the Queensland Ambulance Service would in most cases decide which of the public health services would be the destination point. There are established processes underpinning transfer of patients.	
Rating	Applicable HSF IDs
Met	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	
Situations of acute physical deterioration which cannot be handed “in house” will result in transfer via Queensland Ambulance Services to the most appropriate facility. In most cases this will be a public hospital, although sometime referral to Peninsula Private or another Healthscope acute care hospital may be possible. Clinical staff were able to describe to the assessors the procedures in place for timely and rapid referral for any patient who physically deteriorates.	
Rating	Applicable HSF IDs
Met	All

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

Recommendations from Previous Assessment

Standard 2

ACTION 2.04				
The health service organisation ensures that its informed consent processes comply with legislation and best practice				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
Met with Recommendation	Pine Rivers Private Hospital	<p>Recommendation NS2 OWA 0419.2.04</p> <p>Following consultation with staff and consumers, alter the content of the rTMS Informed Consent Form to include more detailed information on the treatment proposed.</p> <p>Risk Rating: Low</p>	<p>Escalated to Mental Health National Committee for discussion, all Healthscope sites with Mental Health facilities reviewed and agreed to suggested changes requested by Pine Rivers. Medical Record Consent Form for TMS was updated nationally and implements across all Healthscope Mental Health facilities. Use of the updated HMR forms can be observed in the procedures area and patient charts.</p> <p>Completion Due By: June 2019 (last updated April 2021)</p> <p>Responsibility:</p> <p>Organisation Completed: Yes</p>	<p>Recommendation Closed: Yes</p> <p>The consent form has been amended and implemented as required. Assessors confirm this recommendation can now be closed</p>

Standard 4

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				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
Met with Recommendation	Pine Rivers Private Hospital	<p>Recommendation NS2 OWA 0419.4.02</p> <p>The organisation review its existing policy related to telephone orders, clarify clinician expectations and ensure they reflect Queensland legislation and reasoned clinical practice.</p> <p>Risk Rating: Low</p>	<p>Raised for discussion nationally with Healthscope Head Office, locally tabled for discussion at the Medical Advisory Committee (May 2019) National Policy for approval of medication orders through alternative means i.e. email, text message, was drafted for discussion and legal review National policy 18.50 was approved in April 2020 and included actions for collection of signed orders by email / text, local process was developed (as attached), as was put to Quality & Risk and Medical Advisory Committee. Noted by Head Office that processes were to be confirmed to ensure state privacy laws were abided, this process continued into 2020 and was interrupted by the Global Pandemic. National policy currently under review (April 2023) to be implemented at site when completed / approved. Although National Action has been</p>	<p>Recommendation Closed: Yes</p> <p>Assessors can confirm that the process for telephone medication orders has been updated. The National Policy has been amended and changes implemented at Pine Rivers. Monitoring of the new process will need to continue whilst the practice is embedded. The assessors have closed this previous recommendation.</p>

Org Name : Pine Rivers Private Hospital
 Org Code : 721161

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				
Rating	Applicable	Recommendation(s) / Risk Rating & Comment	Organisation Action taken	Assessor's Response
			<p>taken and completed and Pine Rivers maintains compliance with national policy, monitoring and follow up actions with VMOs for signing of orders, continues to be undertaken.</p> <p>Completion Due By: April 2020</p> <p>Responsibility:</p> <p>Organisation Completed: Yes</p>	