



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

Peninsula Private Hospital

KIPPA-RING, QLD

Organisation Code: 720861
Health Service Facility ID: 101179
Assessment Date: 4-6 April 2023

Accreditation Cycle: 2

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.

©Copyright by The Australian Council on Healthcare Standards
All Rights Reserved

Contents

Preamble	1
Executive Summary	2
Sites for Assessment	6
Peninsula Private Hospital	6
Standard 1 - Clinical Governance	7
Standard 2 - Partnering with Consumers	23
Standard 3 - Preventing and Controlling Healthcare-Associated Infection	30
Standard 4 - Medication Safety	41
Standard 5 - Comprehensive Care	47
Standard 6 - Communicating for Safety	63
Standard 7 - Blood Management	69
Standard 8 - Recognising and Responding to Acute Deterioration	73
Recommendations from Previous Assessment	79

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

Peninsula Private Hospital underwent a NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment (NS2.1 OWA) from 04/04/2023 to 06/04/2023. The NS2.1 OWA required two assessors for a period of three days. Peninsula Private Hospital is a private health service. Peninsula Private Hospital was last assessed 9 – 10 May 2019.

Peninsula Private Hospital (PPH) is a 70-bed Healthscope hospital located in Kippa-Ring, a residential suburb on the Redcliffe Peninsula. In 2022 the hospital celebrated their 40th anniversary since opening which is a significant milestone in the private health sector. Further celebrations are on the horizon as they launch an exciting building and expansion program in 2023 with an 18-month predicted finish date. The new expansion will bring new operating suites, a new central sterilising department, and a high dependency unit.

In April 2023 PPH participated in an announced NSQHS (second edition) organisation-wide assessment. The assessment was conducted by two assessors over three days. Assessors visited all wards, departments and services. During the assessment, the following methodologies were used to facilitate triangulation of the abundant evidence provided to the team:

- PICMORS
- Patient Journeys – assessed in their entirety
- High-Risk Scenario Tests
- Proof of Process Journeys – Medications, Blood Products and Reusable Medical Devices

Evidence was gathered from policy documents, committee and meeting records, audit results, communication with staff, patients and relatives, employment documents and observation whilst the assessors were in work areas. Greater than 70% of the assessment timetable was allocated to visiting the operational clinical departments. Where applicable, the requirements of the latest versions of the NSQHS (second edition) Advisories were assessed for compliance.

PPH is led by a dynamic executive and senior management team focused on the highest safety and quality outcomes for both patients and staff. There was a flexible, responsive, and can-do attitude throughout the organisation, and assessors were impressed with the passion and enthusiasm in which staff approached the assessment process and the willingness to share their successes particularly given the constraints and challenges that the COVID-19 pandemic has brought for the last two years.

All actions contained in each of the standards were assessed as Met except for one action (2.14) which was assessed as Met with Recommendation in accordance with AHSSQA Fact Sheet 4 where the requirement of the action has been largely met across the health service but requires additional implementation. One action (5.36) was assessed as not applicable. At the time of the assessment, opportunities for improvement were suggested to the hospital for their consideration and are included within this report as suggestions.

PPH has carefully considered the diversity of their community and the services they provide to Aboriginal and Torres Strait Islander people. The PPH risk profile has identified that the risk of harm is the same as for the organisation's general patient population however the six defined actions that specifically address the needs of Aboriginal and Torres Strait Islander people have been implemented to support the provision of culturally appropriate care.

The PPH Clinical Governance Plan 2022-2023 underpins their effective processes for the management of risk and continuous quality improvement. Healthscope's value statements were clearly imbedded in the PPH culture and demonstrated by all staff during their interactions with assessors. The workforce, inclusive of Healthscope Corporate support members and Visiting Medical Officers, presented as a cohesive team all contributing to the delivery of safe, high quality and comprehensive care on a daily basis. The hospital is currently fit for purpose but not fit for the future. In recognition of this PPH has commenced the first phase of a significant redevelopment program on a brownfield site to the rear of the current facility.

A comprehensive framework of policies and procedures support consumer engagement. Strong leadership within the organisation allows for future growth and development of existing practices. The impact of COVID-19 is still being felt and attracting further consumers to Consumer Committees has been challenging, but new initiatives are being adopted to enhance the involvement of consumers.

A successful Infection Prevention and Control governance structure, with policies, procedures, quality improvement programs, training, monitoring and surveillance is in place. There is strong support from executive leadership and the workforce. Antimicrobial stewardship is well done, with strong governance and leadership. Reprocessing of reusable medical devices is performed in accordance with AS4187:2014 and the current version of the GENCA Guideline for Infection Control in Endoscopy.

Medication Safety systems are well evidenced to support the implementation of a safe medication management system. The medication system is regularly interrogated through audit and improvement plans initiated to address any areas identified as requiring further action.

Comprehensive care is delivered via multidisciplinary and cohesive teams with patients, carers and families reporting that they feel like active participants in their care. Through observations, and interviews of patients, carers, families and staff, it was evident that there was a positive culture in identifying and managing risks in the delivery of care. PPH has exceeded expectations in its provision of end-of-life care. The development of a Palliative Care resource which is available to all staff and incorporates a "Last Days of Life Toolkit" ensures that people at the end of their life, receive optimal care, and families are provided with extraordinary support during and after their relative has passed.

The importance of effective communication in providing safe effective care is well imbedded in the PPH culture. All patients interviewed by assessors were able to verify that the three core identifiers were used when receiving care and during bedside handovers.

Org Name : Peninsula Private Hospital
Org Code : 720861

Systems and processes for the management of blood and blood products were verified to be robust. The competency of clinical staff is assured through high levels of compliance with training in the administration of blood and blood products. Interviewed staff were able to describe their responsibilities and accountability for monitoring, auditing and haemovigilance reporting in accordance with the Queensland regulatory requirements.

Training of staff to recognise and respond to both physical and mental state deterioration is regarded as a learning and development priority with compliance rates at a high level. The display of information regarding how to recognise clinical deterioration of a patient, throughout the hospital, in wards and in patient rooms, is a constant reminder of the action to be taken should a patient's condition deteriorate. The "Management of Delirium Pathway" provides an easy-to-follow approach for the identification of patients at risk of delirium, how to prevent delirium, and a guide to the information to be provided to patients, families and carers as part of the care for delirium.

Summary of Results

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

Actions Rated Met with Recommendations

Facilities (HSF IDs)	NS2.1 OWA 4/04/2023 - 6/04/2023
	MwR
Peninsula Private Hospital-101179	2.14

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

Org Name : Peninsula Private Hospital
Org Code : 720861

Sites for Assessment

Peninsula Private Hospital

Site	HSFID	Address	Visited
Peninsula Private Hospital	101179	Cnr George & Florence Streets KIPPA-RING QLD 4021	Yes

Org Name : Peninsula Private Hospital
 Org Code : 720861

Standard 1 - Clinical Governance

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

ACTION 1.01	
The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance	
Comments	
A review of available documentation (Consistent with the requirements of the ACSQHC Checklist for Assessors – Reviewing information accessed and actioned by the Governing Body), supported by observation and interviews, demonstrated that a culture of safety and quality improvement had been established. This was reinforced by the PPH leadership team who set the organisation's strategic direction and ensures it is clearly communicated. The 2022-2023 PPH Clinical Governance Plan describes the governance related roles and responsibilities across the services and supports staff to effectively partner with patients and families. A Committee Structure at both local and national levels has been established to monitor the effectiveness of the clinical quality system through audit, data analysis and incident reporting. A risk management approach underpins all aspects of clinical safety and quality.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.02	
The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
Comments	
Members of the PPH Leadership Team were able to describe how the specific health needs of Aboriginal and Torres Strait Islander people are being addressed. Documentation reviewed by the Assessors supported that the organisation has addressed this as a priority through the Healthscope Reconciliation Action Plan (RAP). The organisation meets the requirements of Advisory AS18/04.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Senior members of the PPH staff were able to describe the organisation's Clinical Governance Framework, demonstrate to assessors how the Framework is used, and how its effectiveness is monitored and reported, with changes made where indicated.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.04	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
Comments	
Interviews with staff and managers were supported by observation and documentary evidence confirming that the organisation has strategies in place to monitor the effectiveness of quality and safety initiatives aimed at improving health outcomes for Aboriginal and Torres Strait Islander people.	
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	
Document review including relevant committee minutes, along with interviews with senior managers, visiting medical officers and the national Healthscope support staff confirmed that issues of safety and quality are key factors in PPH's business decision making.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
A review of documentation, reinforced by assessor observations and interviews with staff, verified that they work within the governance framework. Staff confirmed that they understood their clinical safety and quality responsibilities and were able to articulate how the organisation monitors, reports, and evaluates performance.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.07	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
Comments	
Documents reviewed, plus interviews with the senior managers could demonstrate how policy documents, procedures and protocols are managed to ensure that they are current, comprehensive, effective, appropriately referenced and comply with legislation and regulations, along with Queensland state requirements. Compliance is monitored through incident reporting and trends influence the revision of specific policies, procedures and protocols where indicated. A risk management approach was evident in defining the scheduled revision of key documents. At the time of assessment all PPH policies, procedures and work instructions had been updated in accordance with their scheduled review dates.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
PPH has a defined quality management system that produces performance and outcome data. Staff including the visiting medical officers confirmed that they received information on quality and safety performance and that it is actively managed with minutes of meetings at all levels throughout the organisation supporting this. Outcome data and information is used to drive improvements through the clinical governance structure and is made available to staff, consumer representatives and other regulators who are engaged in performance evaluation.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.09	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
Comments	
Senior staff confirmed during interviews how the organisation manages the safety and quality system. Reports are provided to the Healthscope Board via the Clinical Quality Committee and senior management, the workforce, and other stakeholders. Reporting is undertaken through a range of appropriate mechanisms, and in formats that are appropriate to the intended audience(s).	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 1.10	
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	
Comments	
Management and staff explained how risks are identified and managed and how this is influenced by staff, patients and carers. Information from a broad range of sources informs the Healthscope Board and PPH leadership team to define and operationalise the risk management system. The system is reviewed and refined as needed to ensure it remains effective in managing both corporate and clinical risks. The risk management system includes business continuity plans to support service delivery in the case of an emergency or disaster. Assessors saw evidence that the system is actively managed, evaluated and improved as needed. Risk management reports are regularly provided to the governing body. Assessors tested two high risk scenarios during the assessment to validate the PPH risk management system.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.11	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
Comments	
Documents reviewed, plus interviews with staff, confirmed that all staff are encouraged to report any incidents or "near misses" through the incident reporting system. Patients and carers reported that they felt empowered to raise concerns. The clinical governance team provides analysis and feedback to all staff and key committees on incident reporting and trends. Trend analysis of incidents drives quality improvement activities and are reflected in the PPH risk register. Information on the outcomes of incident investigations is reviewed at the individual incident and aggregate levels to ensure the system is functioning as intended and to inform improvements where indicated.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Healthscope has established an open disclosure eLearning program which is consistent with the Australian Open Disclosure Framework. Staff who had completed the appropriate training were able to articulate their role in open disclosure and felt supported in initiating and participating in open disclosure.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.13	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
Comments	
PPH uses a variety of mechanisms to seek and respond to feedback from patients, carers, families and staff about the quality of care provided. Feedback is analysed, trended, reported and used to inform quality improvement strategies.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 1.14	
<p>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</p>	
Comments	
<p>Assessors were able to review the organisation's complaints management policy and processes. This demonstrated that an organisation-wide complaints management system is established, which supports patients, carers, and the workforce to report complaints. These Healthscope national policies are regularly reviewed. Documentation shows that staff and consumers are appropriately involved in the review of complaints, which are resolved in a timely way. Feedback is provided to the governing body, the workforce and Medical Advisory Committee on the analysis of complaints and action is taken to inform improvements both in response to individual complaints where indicated and based on identified trends which also inform the risk register.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.15	
<p>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</p>	
Comments	
<p>Documents reviewed, plus interviews with senior staff confirmed that PPH analyses the demographics of its patient population and the broader community to identify those patients who are at a higher risk of harm. This information is used to support decisions on service delivery and planning to identify how to best address their needs.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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 healthcare record is readily available to clinicians at the point of care and is organised in such a way as to support accurate, comprehensive, and timely documentation. Clinicians were able to describe how they use the healthcare record to assessors and records were also reviewed by members of the Assessment Team. Healthcare records are maintained securely and comply with privacy legislation. Regular clinical documentation audits are undertaken, and reports are provided, to clinicians, departments, and key committees, with remedial activity required where indicated.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.17	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
Comments	
Healthscope as a national corporate group is actively progressing further integration of the clinical information in healthcare records with the My Health Record System. As opportunities arise the healthcare record is reviewed to inform this integration including the use of patients and provider identifiers and standard national terminologies. The requirements of Advisory 18/11 (version 5.0 November 2022) have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 1.18	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
Comments	
Healthscope as a national corporate group is actively progressing further integration of the clinical information in healthcare records with the My Health Record System. Information that is provided is compliant with legislative requirements and regular review supports the accuracy and completeness of the information that is uploaded. The requirements of Advisory 18/11 (version 5.0 November 2022) have been met.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.19	
The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	
Comments	
Assessors reviewed documentation that detailed the orientation provided to all new staff inclusive of agency, student and volunteers. Training identified quality and safety roles and responsibilities, and position descriptions further supported this. Training records are maintained and were made available to assessors.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 1.20	
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	
Comments	
Interviews with the PPH leadership team confirmed that processes are in place to ensure that clinicians are working within the defined and agreed scope of clinical practice. Clinicians' scope of practice is consistent with the role delineation of the organisation. It is reviewed in accordance with policy and when required to accommodate new / altered procedures or technologies.	
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	
A Healthscope Cultural Awareness program is part of mandatory training for all staff. The program and training records were reviewed by assessors and current attendance rates are high.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 1.22	
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	
Comments	
Staff Performance Reviews are conducted annually for all staff and includes the identification of training needs. Education plans and training needs analysis are conducted in response to these reviews. Performance review completion is audited, and current compliance rates are 73%. An action plan has been developed and implemented to improve the compliance rate. Staff are able to articulate the performance management system and their role in the process.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.23	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
Comments	
Defining the scope of clinical practice is handled competently by the relevant PPH professional groups, guided by Healthscope policy and procedures consistent with National Standards. The process for defining scope of is monitored both locally and nationally and regularly reviewed and individual scope of practice is reviewed and revised in accordance with policy. The requirements of Advisory 18/12 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
Responsibility for the processes for health practitioner credentialing and defining the scope of clinical practice rests with the PPH General Manager under the guidance of the Healthscope Chief Nursing and Medical Officers. Credentialing is overseen by the PPH Credentials and Clinical Privileges Committee and is well established and managed with a supporting policy which is reviewed regularly. All professions subject to professional registration requirements are monitored and checked on the AHPRA database. The credentialing processes are monitored and regularly reviewed to ensure they remain robust. Recredentialing is undertaken every five years unless indicated otherwise. The requirements of Advisory 18/12 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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

ACTION 1.26	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
Comments	
Clinicians are provided with adequate supervision according to their designated roles and responsibilities and this is supported by position descriptions and the organisation structure. Access to after-hours advice is provided through the on-call executive leadership team.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH provides clinicians with access to a range of tools, best practice guidelines, care pathways and the clinical care standards to support their clinical practice. The organisation is compliant with the requirements of Advisory 18/12 (1.27b) and ACSQHC Fact Sheet 11.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.28	
The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	
Comments	
Clinical variation is monitored by analysing comparative clinical outcomes data (both internal and external) and results are used to inform individual and aggregate performance, support clinicians in actively participating in clinical reviews and to inform changes needed to minimise unwarranted clinical variation. Where clinical variation is identified a risk management approach is used to minimise harm from unwarranted variation. Assessors were able to verify these processes during interviews with members of the PPH Medical Advisory Committee. PPH is compliant with the requirements of Advisory 18/12 (1.28a).	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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 review of safety and quality documentation substantiated staff interviews and observations by assessors that the preventative and reparative maintenance of buildings, plant, equipment, utilities, devices, and other infrastructure is undertaken to ensure that they are fit for purpose. Safety of the environment is considered in service planning and design.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.30	
The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required	
Comments	
PPH has undertaken a review to identify areas that have a high risk of unpredictable behaviours and also has processes to ensure emerging risk areas can be appropriately identified. Strategies have been developed to ensure that people are treated in appropriate areas and risks associated with unpredictable behaviours are considered. Processes are in place to minimise the risk of harm to consumers and staff by unpredictable behaviours. All staff have completed the required management of aggression and use of de-escalation strategies training.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.31	
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
Comments	
Directional signage internally and externally is clear and fit for purpose. Assessors, patients, and visitors were able to successfully navigate an unfamiliar environment.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
Flexible visiting arrangements are in place. Patients and visitors reported satisfaction with visiting arrangements.	
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	
PPH demonstrates a welcoming environment and genuinely recognises the importance of the cultural beliefs and practices of the Aboriginal and Torres Strait Islander people. Specific examples included artwork in the PPH foyer and displays of culturally appropriate flags in all patient areas.	
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	
Interviews with staff and patients together with a review of policies and procedures supporting partnering with consumers show that the principles of safety and quality are applied when these documents are developed. Consumers are engaged in policy development, implementation, and training. They assist PPH in identifying risks associated with partnering with consumers and to inform risk mitigation. Training is provided to staff, which shows a high level of attendance.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	
Comments	
A review of documentation and interviews with staff and consumers confirmed that PPH aims to improve partnerships with consumers at all levels. Assessors observed how these strategies are monitored, and how the organisation reports on partnering with consumers quarterly to the Consumer Communication Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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 verified that the Charter of Rights is consistent with the Australian Charter of Healthcare Rights and is readily available throughout PPH. Action is taken to ensure that the Charter of Rights can easily be accessed and is understood. Reminders of the importance of the Charter of Rights appears on the screens that are displayed throughout the hospital.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.04	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
Comments	
Interviews with staff indicated that they understood their responsibilities with respect to informed consent. The consent policy and processes comply with legislation, and reference best practice. A review of medical records supported that compliance with consent is occurring and that it is audited. The requirements of Advisory 18/10 have been met with respect to informed financial consent.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.05	
The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	
Comments	
A review of documentation shows there are processes in place to establish a patient's capacity to make decisions regarding their own care, plus the process to be followed if a substitute decision-maker is required. Staff were able to articulate this process and access the relevant policy.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

ACTION 2.06	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
Comments	
Interviews with patients and clinicians confirmed that staff work with patients, or a substitute decision-maker in shared decision making about their care planning and the development of goals of care, when and where it is appropriate.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.07	
The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	
Comments	
Staff and patients were able to describe to assessors how patients are actively involved in their care. Patients and carers interviewed confirmed this, and satisfaction surveys undertaken by the organisation also support that patients are satisfied with the level of engagement in their care. Observations by assessors supported infrequent instances where a patient may prefer not to be involved, and this was accepted and respected by staff.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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 review of information provided to consumers through a wide range of mechanisms demonstrated that significant action has been undertaken to align communications with the needs of the patients, carers, and their families. The diversity of the local community has been taken into account in the PPH communications and information that is made available, reflecting the diversity. Patient satisfaction with communications and information provided to them is included in satisfaction surveys and reported positively. This was also corroborated by patient interviews.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.09	
Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review	
Comments	
Documentation reviewed by assessors, and an interview with one consumer representative confirmed that any internally developed information has been reviewed by consumers to ensure that it is understandable and meets their needs. The recent publication of the Patient Compendium has received considerable input and review by consumers, and the extensive and comprehensive content demonstrates the benefits from consumer involvement.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 2.10	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
Comments	
Clinicians were able to articulate how they effectively partner with patients in their care whilst accessing services provided by the organisation, and how they work with patients to support their ongoing care needs. Observations by assessors during the bedside handovers reflected the benefits achieved from patients keen to be engaged. Patient satisfaction with the information provided to them is reported as high as is their satisfaction with discharge planning. Patients who were interviewed by assessors also supported that they felt information was provided to them in a manner and format they could understand.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.11	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
Comments	
Interviews with a member of the Consumer Consultant Committee confirmed their active role in the governance and evaluation of health care across this organisation. This is supported by the role consumers play on a range of Healthscope Corporate committees and working groups. In seeking feedback on service delivery, the organisation engages various mechanisms that encourage input from a diverse range of consumers and from the broader community.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

ACTION 2.12	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
Comments	
Documentation and interviews with a consumer representative confirmed that they felt supported in their role. This includes orientation for consumer representatives and ongoing education where needed. Consumer representatives reported being satisfied with the level of support provided to them and stated that PPH was responsive to their information needs in interpreting survey results, data, and documents.	
Suggestion(s) for Improvement	
Consider the benefits of inviting consumers to be re-trained every 3-5 years.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
PPH has pursued a range of activities to better partner with local Aboriginal and Torres Strait Islander communities, and to better understand and meet their specific and unique healthcare needs. Staff interviews and a review of documents confirmed that they actively engage with members of the local Aboriginal and Torres Strait Islander communities and seeks their input into service planning and care. PPH is applauded for its engagement with local Aboriginal members who are assisting in enhancing the welcoming environment in the PPH foyer for local Aboriginal and Torres Strait Islander people.	
Suggestion(s) for Improvement	
With the new building works about to be progressed, consider engagement with local Aboriginal members in relevant elements and design of the environment.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.14		
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce		
Comments		
Consumer representatives and managers were able to explain how the organisation had been working with consumers to incorporate their views and experiences into training and education for the workforce. However, this had to be scaled back during COVID-19 and had not been restored to its former level of involvement by consumers in the training of the workforce. A recommendation has been provided to ensure that additional implementation strategies are progressed to meet the full intent of the action.		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Comment: With COVID-19 still having an impact on PPH, the organisation has been reluctant to schedule consumers in the training of the workforce. There are plans to engage more consumers and to conduct training of the workforce.</p> <p>Recommendation: Strengthen the engagement strategy with consumers in the education and training of the workforce.</p> <p>Risk Rating: Low</p>

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
Assessors reviewed infection control documents which were consistent with the safety and quality systems from the Clinical Governance Standard. These principles underpin the implementation of policies and procedures, risk management and determining training requirements for preventing and controlling healthcare associated infections, and antimicrobial stewardship. Staff were able to describe how they operationalise infection control related policies and procedures; how associated risks are managed and describe the training provided regarding antimicrobial stewardship and preventing and controlling healthcare-associated infections. HAI rates are reported as low. The Infection Control and Management policies have been updated to incorporate the requirements of the 2021 edition of the Preventing and Controlling Infection Standard. A COVID-19-Safe plan and associated risk reduction strategies were observed to be in place and were escalated in accordance with community prevalence and Queensland Health requirements. PPH is compliant with Advisory AS20/02.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 3.02	
<p>The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks</p>	
Comments	
<p>The PPH Infection Control Committee meets monthly and is multidisciplinary with Terms of Reference that clearly describes their responsibilities of monitoring and improving infection prevention and the effectiveness of the surveillance system and workforce training.</p> <p>The COVID-19 Plan includes a risk-based tiered response approach that is responsive to the Queensland Health risk level. PPH provides their workforce with access to both theoretical and practical training and meets the requirements identified in Advisory AS22/02.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.03	
<p>The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources</p>	
Comments	
<p>There is a comprehensive schedule of auditing for Infection prevention and control systems and audit results are provided to individual units and aggregate data is provided through the governance structure. Infection control and prevention and antimicrobial stewardship are discussed at relevant committee meetings and strategies are documented to improve performance where gaps are identified.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 3.04	
Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
Comments	
Patients and staff interviewed by assessors were able to describe the actions taken to involve and inform them about infection prevention and control and AMS measures. Information is available to patients, carers and families in a format that is easily understood. Health record documentation shows evidence of patient discussions about treatment decisions, including use of antimicrobials.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.05	
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	
Comments	
PPH monitors and collects data on healthcare related infections and antimicrobial use as well as broader infection control surveillance data. Reports on healthcare related infections and antimicrobial use are provided to clinicians and reported through the clinical governance structure. Current data that supports the effectiveness of the organisations strategies includes surgical deep and superficial wound infections, device-associated infections, and occupational exposures. PPH is compliant with Advisory AS20/02.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 3.06	
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	
Comments	
Review of infection control documents indicated that processes consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions are in place. Assessors noted that signage and other resources were consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.07	
The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, 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	
Comments	
PPH and Healthscope organisational-wide policy and processes for management of organisms-specific risks, including prevalence in the community is in place that are consistent with Queensland Health and local Public Health advice. Handover, transfer of care and discharge processes include the requirement for documentation and communication of infectious status. Brochures, posters, internet sites and pre-admission information are utilised to advise patients, carers and visitors on infection control and management processes in place. A competency-based training program is in place for the appropriate use of standard and transmission-based precautions.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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>Procedures are available for implementing standard and transmission-based precautions and all staff (including non-clinical staff) are provided with education appropriate to their role. Staff were able to confirm their use and understanding of these measures and risk screening procedures. Inpatient facilities are appropriately utilised to effectively manage infection risks. Environmental management and cleaning practices are consistent with policy.</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>Communication of a patient's infectious status is included at all transfer of care / handover points and compliance is monitored. Patients, carers, families, and visitors are alerted to precautions that are required with signage describing the required precautions at the entry of patient rooms.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
The Hand Hygiene program is consistent with the current National Hand Hygiene (HH) Initiative. PPH has access to Gold Standard Hand Hygiene auditors. Regular compliance and observational audits are undertaken and provided to staff via Quality Boards and reported through the governance structure. Current compliance rates are 92%. PPH is compliant with the requirements of Advisory AS20/01.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.11	
The health service organisation has processes for aseptic technique that: a. Identify the procedures 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	
Processes for aseptic technique are in place. Staff are appropriately trained, and competency / compliance is monitored. Audit results indicate excellent compliance with the requirements of aseptic technique including visiting medical officers.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Training and assessment for the management of invasive devices are available to staff and align with the current best practice. Associated infection rates are monitored and reported. Device-associated blood stream infection is noted to be low.	
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	
Cleaning procedures and schedules are in place with regular auditing and reports made available through the governance structure. Cleaning standards are consistently at or above benchmark targets. 100% of the workforce have completed training on cleaning processes for routine, outbreak situations and novel infections.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH has infection control processes, policies, and procedures to respond to infection risks for equipment, devices, products, buildings, and linen that is responsive to novel infections risks and pandemic planning. All new products are reviewed and assessed for infection related risk. Maintenance is both scheduled and responsive to failure.	
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	
There is a comprehensive workforce immunisation program in place that complies with the Healthscope policy and national guidelines. Immunisation status is captured during the recruitment process. An annual influenza vaccination program is in place and scheduled to commence on 17 April 2023.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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>An annual influenza vaccination program vaccination program is in place and annual take up is reported as high in previous years campaigns. 100% of the workforce are fully vaccinated for COVID-19 in accordance with Healthscope policy.</p> <p>There are policies and procedures consistent with Queensland Health and Healthscope regulations to prevent and manage infections in the workforce. Records of workplace allocation include both appointed and locum staff. The program for workforce screening and workplace exclusion is aligned with Healthscope national directions. A tiered approach to outbreak and pandemic planning and management is in place.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Available infection control documents indicate that processes are in place for quality management of reprocessing reusable equipment, instruments, and devices. A progress plan is in place as part of the PPH Building Expansion Program to address the Australian Commission on Safety and Quality in Health Care (ACSQHC) Advisory AS18/07 regarding compliance to AS4187. Interviews with management and staff involved in reprocessing reusable medical devices confirmed that relevant national standards are followed. Assessors observed that facilities, equipment, and sterile stock storage were compliant with the requirements of the ACSQHC Advisory AS18/07. A traceability process is in place that facilitates routine monitoring and recall when required. CSSD staff are commended on the implementation of the Plasma Typhoon system for flexible endoscope reprocessing which extends the storage time to 31 days.	
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	
PPH has established an antimicrobial stewardship program that is guided by evidenced based policy. Resources are available to staff and processes are in place to define the restriction and rules with respect to antimicrobial use. The organisation complies with the requirements of Advisory 18/08 and ACSQHC Fact Sheet 11 (3.15d).	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
Documentation showed that the antimicrobial stewardship program included the review of antimicrobial prescribing and use and surveillance data on antimicrobial resistance. The program is evaluated, and performance is monitored with reports provided to both the Infection Control and Medication Safety Committees. Visiting medical officers interviewed were able to describe the processes in place to evaluate antimicrobial use and how surveillance data on local antimicrobial resistance is used to support appropriate prescribing. The requirements of Advisory AS18/08 have been met.	
Rating	Applicable HSF IDs
Met	All

Standard 4 - Medication Safety

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

ACTION 4.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	
The governance of medication management is defined by policies and procedures that apply a risk-based approach to effectively minimise incidents and harm. Staff are provided with medication management training that is commensurate with their roles. Medication management is overseen by the PPH Medication Safety Committee and reports through the governance structure of the organisation to staff and management.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
Comments	
PPH monitors the effectiveness of the medication management system through incident reporting and documentation audits. Clinical incidents including near misses are reported and require all staff to complete a Medication Incident Reflection Tool. Trended reports are provided through the governance structure and strategies are identified to improve performance when issues are identified.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH aims to involve patients in their care by providing appropriate information about medications and treatments, fostering shared decision making within the constraints of the person's legal status or capacity. Patients interviewed indicated that medication management was discussed with them and that they felt involved in the process and were able to understand the information provided.	
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, where appropriate, in position descriptions for clinicians.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.05	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
Comments	
A best practice medication history (BPMH) is undertaken as soon as practicable and documented in the clinical record. Compliance with completing the BPMH is high and approaching 100%.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Interviews with clinicians together with a review of documentation and observations made by assessors confirmed that current medications are reviewed for accuracy and congruence with the best possible medication history on presentation and at transition points.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.07	
The health service organisation has processes for documenting a patient’s history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
Comments	
The process for identifying and documenting medication allergies and adverse drug reactions is well defined and monitored. Records reviewed by assessors confirmed their consistent use. Compliance with documenting medication related alerts in very high.	
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	
Adverse drug reactions are reported through the incident management system and PPH has a strong culture of reporting incidents and near misses. Medication related incidents are reviewed by the Medication Safety Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH has established processes for reporting adverse drug reactions to the TGA where required. There have been nil notifications over the past twelve months.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.10	
The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result	
Comments	
The process for indicating the need for a medication review is evidence based and based on risk and clinical need. Responsible clinicians were able to describe this process, how it is documented and how action taken in response to the review are followed though. Clinical documentation reviewed by assessors supported this.	
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	
Information for patients on specific medications is available to clinicians and appropriate to the patient population. Patients reported being able to understand information about medications that was provided to them.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Staff interviews and document reviews confirmed that a list of current medications can be produced whenever a patient is discharged or transferred. A medication list is provided to patients on discharge. Performance is audited and compliance is 100%.	
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	
Clinicians have access to information and medication management support tools via the PPH Intranet. Clinicians reported being able to readily access this information.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.14	
The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines	
Comments	
PPH monitors compliance with manufacturers' directions, legislation, and jurisdictional requirements for the safe and secure storage (including cold chain management), distribution and disposal of medications. Incidents are reported through the incident management system to the Medication Safety Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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 through assessor observation verified 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.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

Standard 5 - Comprehensive Care

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

ACTION 5.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	
Documentation demonstrates that processes are in place for implementing policies, managing risks, and identifying the training required to deliver comprehensive care. Members of the multidisciplinary team were able to describe how safety and quality systems are used to achieve this. A review of clinical documentation confirmed that processes are in place for managing risks associated with comprehensive care. 84% of eligible staff have attended training on comprehensive care.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	
Comments	
Comprehensive care is defined and monitored with a wide range of quality improvement activities being established to improve care, including the installation of Quality Boards in each ward to assist in monitoring elements of patient episodes of care, e.g., falls, pressure injuries etc.	
Feedback and outcomes data together with evidenced based practice is used to support improvements in care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.03	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
Comments	
Processes are in place to partner with patients in their care and associated decision making as best suits the patient. Staff were able to describe to assessors how they actively achieve this. Assessors interviewed patients, family and carers who could confirm their active participation and informed choices about their care.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.04	
The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients’ care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient’s care	
Comments	
Clinicians are supported by policies and procedures to establish effective comprehensive plans for patients’ care and treatment. PPH operates within their Clinical Services Capability Framework to provide care that best meets the patient’s needs and has established protocols and processes for referral where needed. Clinicians with overall responsibility for a patient’s care are identified, and the consultant accountable is clearly listed.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Multidisciplinary care is well established, and the role of team members is well defined across the organisation. Staff from all professional groups and disciplines interviewed by the Assessors were able to articulate how multidisciplinary care works across the organisation.	
The weekly case management meeting for patients in the Rehab Ward attended by the Assessing Team clearly demonstrated the effectiveness of a multidisciplinary approach to care, and the preparedness of the patient for and in the discharge planning process.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Assessors observed respectful leadership and clinical engagement across PPH.	
Clinicians were able to describe how they work collaboratively with other staff and with patients, to plan and deliver comprehensive care. This was supported by clinical documentation and witnessed in multidisciplinary meetings attended that also supported this.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.07	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Comments	
Processes are in place which commence during the pre-admission process, to screen and assess patients for risks aimed at minimising preventable harm. Clinicians were able to describe the risk assessment process and evidence was verified in all clinical documentation. Regular audits are undertaken to support that timely and comprehensive risk screening and patient assessment is completed. The organisation is compliant with the requirements of Advisory AS18/14.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.08	
The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	
Comments	
The organisation demonstrates that processes are in place for identifying Aboriginal and Torres Strait Islander patients. This is recorded in the administrative and clinical information systems, and in the multidisciplinary comprehensive care plan. Staff were able to describe the processes in place for patients to identify as being of Aboriginal or Torres Strait Islander origin. The organisation complies with Advisory AS18/04.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
Information and resources are available to support and assist patients to document end-of-life care plans. The organisation is commended for its creation of the comprehensive "Purple folder" known as the Palliative Care folder. This is a guide not only for staff, but includes information that may be provided to patients, carers, and families to assist in the final stages of care of a patient.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital

Org Code : 720861

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.10	
Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks	
Comments	
A comprehensive and holistic assessment is conducted on admission and repeated when clinically indicated. This includes screening for a range of risks for preventable harm, including cognitive, behavioural, physical risks and the social and other issues that may compound risk. Risk screening processes are subject to audit and reports are provided through the organisation's Comprehensive Care Committee. A limited review of clinical documentation by assessors reinforced this. The organisation is compliant with the requirements of Advisory AS18/14.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Risks are identified using standardised screening tools which identify the level of risk and appropriate actions to mitigate them. PPH ensures that all staff are appropriately trained to manage identified risks.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
Risks identified during screening and assessment are documented with appropriate action plans developed as needed to mitigate them, including alerts and responses to identified risk. Any risks identified during the care of the patient, are discussed during Safety Huddles and as part of the handover process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.13	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient’s health issues and risks of harm b. Identifies agreed goals and actions for the patient’s treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
Comments	
Clinicians and patients were able to describe the role patients, carers and families play in their care and in determining patient centred goals and how it aims to best meet their specific needs. A review of clinical documentation by assessors verified this and demonstrated that comprehensive discharge planning is initiated as early as possible in the patient’s journey. Assessors witnessed interactions between staff, patients, their carers, and families that demonstrated this partnership in care and decision making. Multidisciplinary Care plans reflect contemporary evidence based best practice principles. The requirements of Advisory AS18/15 have been met.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.14	
The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient’s needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	
Comments	
Patients, as well as their carers and families were able to articulate their level of engagement in their care. They expressed satisfaction that they actively participated in decision making at various points of care. Goals of care were reviewed, and care planning modified in response to change in goals, changing clinical status needs or risk profile.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Processes to identify patients who are at end-of-life have been established. These are consistent with the processes outlined in the National Consensus Statement to ensure safe and high-quality end-of-life care.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	
The organisation has access to specialist palliative care services and advice. Staff interviewed were aware of how to access these services, and referred assessors to the purple Palliative Care folder which provides an easy reference to services and advice. PPH has demonstrated great empathy for palliative care patients and the preparation of the accommodation to support patients receiving end-of-life care.	
Rating	Applicable HSF IDs
Met	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	
Advance care plans are documented in the patient's healthcare record. Clinicians interviewed were familiar with the process of identifying patients with an advance care plan, and ensuring care is provided in accordance with these plans.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
Supervision and support for staff providing end-of-life care is available and staff are aware of how to access support services.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.19	
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	
Comments	
Goals of care for patients at end of life are expressed in the clinical record and established in partnership with patients, their carers, and families. The planned goals are reviewed regularly, and any changes are documented in the clinical record.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.20	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
The organisation supports shared decision making about end-of-life care with patients, their carers, and families. This is supported by regular communications and documented in the clinical record. Assessors saw evidence of this in clinical documentation. Support for decision making is consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH utilises evidence-based policies for pressure injury prevention and wound management. These are reviewed on a regular basis and reported monthly. Pressure-injuries acquired during a patient journey are reported as low. The PPH Comprehensive Care Committee has responsibility for managing the risk which is reported monthly.	
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	
Skin inspections are conducted in accordance with policy. PPH has a high level of compliance with the policy.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Information is made available to patients, their carers, and families about pressure injury prevention, as part of the admission process. This information is provided in a user-friendly format and staff were able to describe how they would use it. Any patients who have a pressure injury when they are admitted to PPH, are photographed with the document filed in the patient's clinical record. Equipment, products, and devices are made available to manage any existing pressure injuries, and for the prevention of further injuries.	
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	
Evidence based policies and procedures include risk assessment, prevention, harm minimisation and post-falls management. Compliance with the undertaking of falls risk assessments and falls management action plans is audited. Staff were able to describe strategies to minimise harm, and clinical documentation reviewed by assessors supported that this is undertaken comprehensively. Incident data related to falls is analysed and reported through the organisation's governance structure. With the high percentage of PPH patients receiving rehabilitation, falls prevention is a constant challenge. The Assessment Team saw evidence of a comprehensive program for falls prevention.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Equipment, devices, and strategies to prevent falls and minimise harm from falls are available to staff. Assessors saw evidence of the use of these in accordance with the requirements of individual patients as identified on screening.	
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	
Information is available to patients, their carers, and families about falls prevention and risk management strategies. This information is provided in an easy-to-follow format. There are many reminders throughout the hospital reminding patients, carers and their families of the risk of and how to avoid falls.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.27	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
Comments	
On admission, patients are risk-assessed for malnutrition and for nutritional needs. Special dietary plans are established for those who require them and referrals to the PPH dietitian are made where risks are identified. Review of records confirmed the presence of screening and referral. Staff interviewed confirmed their understanding of the process. Attendance by assessors at Care Management meetings, supported the discussion by staff and the attention made of nutritional needs of patients.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.28	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
Comments	
The organisation provides nutritional support to patients based on their specific needs that are identified through risk screening. Patients who are at risk of malnutrition or who require assistance with eating and / or drinking are provided with assistance. The service has access to specialist dietetic support for those patients identified as at risk or with specific needs. Food and fluid intake is monitored and reported for those patients who are at risk of not having their nutritional needs met.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.29	
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	
Comments	
Utilising the Multidisciplinary Care Plan, cognition screening is undertaken on admission and reassessed, as required throughout a patient's admission where clinically indicated. Evidence based policies and procedures support staff in developing appropriate management/care plans and these strategies are reviewed for effectiveness. This includes, where appropriate, the use and monitoring of medications to ensure compliance with best-practice standards. Screening rates are audited and reported through the PPH governance structure. The organisation is compliant with the requirements of Advisory 18/12 (1.27b) and ACSQHC Fact Sheet 11 (5.29a).	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 5.30	
Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care	
Comments	
Documentation reviewed shows systems are in place to care for patients with cognitive impairment. Risk screening for cognitive impairment and delirium is undertaken and compliance with screening is reported at the monthly Comprehensive Care Committee. Staff were able to describe how the collaboration with patients, carers and families in caring for patients with cognitive impairment occurs.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.31	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
Comments	
Strategies and screening tools are in place to identify patients at risk of self-harm. This process commences during the pre-admission and/or admission process. On identification of patients who may be at risk there are documented intervention strategies that staff were able to articulate. Patients who are considered as a high risk of self-harm, will not be admitted to the PPH.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Where patients have self-harmed or reported suicidal thoughts, clinicians have access to timely follow-up and referral service. Staff were able to describe how they would access and use these services.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
The organisation has policies that support the identification, mitigation and management of aggression and staff are aware of how these are used. Staff are trained to manage aggression, with online education made available to support the management of behavioural challenges.	
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	
PPH has strategies and processes in place to identify patients at risk of becoming aggressive including de-escalation strategies. The processes to manage aggression aim to minimise harm to patients, carers, families, staff and visitors, and staff were able to describe how they work with patients and others to implement these strategies effectively. Incidents of aggression, which are rare, are reported through the organisation's Clinical Care Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
Policies and processes are in place to govern and manage the use of both chemical and physical restraint and these include alternative strategies to minimise the use of restraint. The policy is consistent with the legislation and includes processes for reviewing and reporting the use of restraint to the governing body.	
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	
Assessors verified the non-applicable status of this action. Seclusion is not practiced in any ward or service. There are no gazetted mental health beds.	
Rating	Applicable HSF IDs
NA	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
The Communicating for Safety Committee that meets bi-monthly is effective and well-coordinated. Policies and procedures are in place to support effective clinical communication including handover. These policies identify risk management strategies and also the training requirements / expectations of all staff in support of effective clinical communication. Assessors viewed supporting documentation and staff interviewed were able to describe the processes for clinical communication.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
Comments	
Incidents relating to failure in clinical communication are reported through the incident management system and identified in patient feedback. This drives improvements and changes in communication strategies and processes. The regular safety huddles have played a major part in improving communications. The effectiveness of clinical communications, including handover is monitored through feedback and audits.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH has policies that support the engagement of patients, their carers, and families in their own care and in shared decision-making. Bedside handovers and patient rounding encourage the involvement of patients, and assessors observed the benefits from this process. There were occasions, however, when patients chose not to be involved. Patients who were interviewed reported being engaged in their care and that they had information available to them to make informed decisions about their care.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.04	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient’s care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient’s care, including information on risks, emerges or changes	
Comments	
Policies and processes are in place to ensure that appropriate identifiers are used, in procedure matching, transfer of care, handover, discharge and where changes in clinical care/patient risk profiles are identified. Documentation viewed by assessors supported the use of specified identifiers in these situations.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH has policies that define the use of three approved identifiers. Staff interviewed by the assessment team were able to describe how and when these are used. Patients were also able to describe the questions asked to confirm their identity and assessors witnessed this when observing bedside handover and in case management meetings.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.06	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
Comments	
Assessors noted the use of approved patient identifiers as noted in Action 6.5. Additionally, processes are in place for surgical/procedural time-out, and this is documented and audited. Assessors observed the time-out process occurring in the theatres. The Progress/Variation/Outcome Notes that are completed for patients is an effective approach for assessing the patient after surgery. A limited review of clinical documentation supported a high level of compliance with the use of the three patient identifiers.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 6.07	
The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	
Comments	
Clinical handover documentation contains the required minimum content, relevant risk and needs of the patient, and the clinicians involved in handover. Compliance with these requirements is audited and reported. Staff could explain their respective roles in clinical handover, the processes used to support this including the minimum information communicated at clinical handover. Observation of clinical handovers by assessors confirmed the effectiveness of the clinical handovers. The replacement of the Patient Care Boards at the bedside of all patients has proven to be a beneficial approach to improving communication between staff, patients, and their families. Assessors noticed that all Care Boards were in full use during the Assessment period.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.08	
Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	
Comments	
Assessors witnessed clinical handover that was structured using the ISOBAR tool, and effectively engaged with patients, their carers, and families in defining goals of care and decision making. The processes in place for clinical handover ensure the relevant clinicians are actively engaged in the process and members of the multidisciplinary team are encouraged to be involved as necessary. Both patients and staff were able to articulate the process of handover and provide confirmation of patients, care and family in decision making. Clinical handover is audited regularly and incidents relating to ineffective handover are investigated with lessons learned shared and disseminated. The Safety Huddles that occur twice daily in wards have complimented the bedside handovers, drawing attention to information that is not necessarily related to a specific patient.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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

ACTION 6.10	
The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
Comments	
Documentation shows communication processes are in place for patients, carers, and families to directly communicate critical information and risks about care. There are reminders throughout the hospital regarding how to communicate information that is considered by a patient, carer, or a family member to be important. Clinicians and patients/carers interviewed confirmed this and assessors observed information available to support and facilitate this process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

ACTION 6.11	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
Comments	
Clinical documentation reviewed by assessors confirmed compliance with the organisation's process to ensure complete, accurate and up to date information is recorded in the healthcare record. Members of the clinical team could describe this process. Comprehensive clinical documentation audits are conducted annually.	
Suggestion(s) for Improvement	
Consider increasing the frequency of documentation audits to allow more timely corrective actions to identified non-conformances.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

Standard 7 - Blood Management

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

ACTION 7.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	
Comments	
Policies and procedures consistent with the organisation's safety and quality systems are in place for blood management and the management of associated risks. Training is provided to eligible clinical staff with compliance reported at 100%.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
Comments	
PPH monitors the blood management process in terms of blood and blood product utilisation, quality and safety and patient outcomes. Reports are provided to the Blood Management Committee and clinicians.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
PPH supports the engagement of consumers in care related to blood management including informed decision making.	
Rating	Applicable HSF IDs
Met	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	
PPH processes and policies support the clinically effective and efficient use of blood and blood products. Utilisation is monitored and action has been taken to minimise wastage and the inappropriate use of blood and blood products which is reported through the Blood Management Committee.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.05	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
Comments	
Assessors reviewed a limited number of transfusion records in the clinical records and found evidence to support the effective documentation of decision making and transfusion details. This is supported by regular audit of transfusion records.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 7.06	
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	
Comments	
Policies consistent with the national guidelines and national criteria for the prescription and administration of blood and blood products are in place and available to clinicians. There have been no incidents related to blood management in the past 12 months.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.07	
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	
Comments	
Policies and processes are in place to support compliant reporting of adverse events related to transfusions. These are monitored and reported through the Blood Management Committee.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.08	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
Comments	
PPH contributes to the Queensland Health Haemovigilance activities as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Blood and blood products are stored, distributed, and managed in compliance with legislative and regulatory requirements and are able to be traced. Processes are monitored and reported through the Blood Management Committee. Any incidents related to inappropriate handling of blood or blood products is reported and managed through the incident management system. PPH does not store blood for emergency requirements onsite.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.10	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
Comments	
Processes are in place to manage the availability of blood and blood products, eliminate wastage and respond to shortages. The use of blood and blood products is monitored and reported through governance reporting mechanisms.	
Rating	Applicable HSF IDs
Met	All

Standard 8 - Recognising and Responding to Acute Deterioration

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

ACTION 8.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	
Comments	
Policies and procedures are in place for recognising and responding to acute deterioration and staff were able to describe their role in such events. Risks and training needs are identified, and training records were made available to members to assessors for verification.	
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	
Systems are in place for monitoring the effectiveness of processes for identifying and managing acute deterioration and this is reported through the bi-monthly Clinical Deterioration Committee and to clinicians for the purposes of clinical review. In response to incidents related to clinical deterioration improvements have been made, including the adoption of the updated Deteriorating Patient (MET call) process and the introduction of the Clinical Escalation Pathway.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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	
Documents reviewed show there is a process in place that supports partnering with consumers in recognising and responding to acute deterioration. This process includes involving patients, meeting their information needs and in shared decision making. Interviews with staff and patients confirmed that patients are actively involved in planning and making decisions about the management of acute deterioration. Assessors observed examples of the shared decision making which was supported by interviews with clinicians and patients.	
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	
Vital signs are monitored in accordance with policy using the Standard Adult General Observation (SAGO) chart and a review of clinical documentation supported this, as did regular auditing of clinical documentation. Observations are undertaken in response to each patient's individual circumstances and the chart highlights potential clinical deterioration and the need for escalation/intervention.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

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>Policies and procedures support staff in identifying acute deterioration in mental state including the risk of delirium. Assessment and care planning documentation reviewed by assessors also supported that assessment drives the establishment of individualised and appropriate management plans for patients with acute mental deterioration and/or delirium. The PPH Management of Delirium Pathway ensures a comprehensive process of the identification of any risk of delirium and that prevention occurs, wherever possible. Clinical documentation is audited regularly and compliance with cognition screening is reported. Processes are in place to support timely communication between members of the treating team and the patient, carers and family members as detailed in Standard 6. The requirements if Advisory AS 19/01 have been met.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 8.06	
<p>The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration</p>	
Comments	
<p>PPH monitors performance of the identification and management of acute physiological, mental state, pain and/or distress and concerns raised by staff, patients, carers and families through clinical documentation audits, incident management and clinical review. Patients, carers, and families are provided with a copy of the Delirium Clinical Care Standard Guide for Consumers where a patient is deemed to be at significant risk of developing delirium. Staff and patients interviewed were aware of these processes and able to describe them to assessors, including the process for escalation of care where needed. Documentation reviewed identified policies and procedures are in place to support clinical staff in the management and escalation of clinical deterioration, and they are current and reference best-practice. The requirements of Advisory AS 19/01 have been met (8.6 b,c,d,e).</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
 Org Code : 720861

ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
Processes are in place for patients, carers, or families to directly escalate care. Interviews with clinical staff, patients and carers confirmed this and observation of the escalation system used across the organisation further supported this process. There are constant reminders throughout the hospital regarding how to escalate concern regarding a patient's deterioration, with a large poster placed in the foyer at the entrance of PPH, on the walls of wards, in patient rooms and with a notice on the telephone of the number to be called.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.08	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
Comments	
The policy for escalation of care is clear and provides direction for staff to escalate care and respond to a clinical emergency. Staff were able to describe this process and assessors were provided with documentation to support the evaluation of these processes, which are reported through the Clinical Deterioration Committee. The Medical Advisory Committee and Executive Committees receive feedback on the effectiveness and outcomes of the rapid response system.	
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 systems in place to escalate care consistent with the organisations policy. Reports provided to assessors and reported through the Clinical Deterioration Committee confirmed the effectiveness of these processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

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	
Basic and Advanced Life Support education is provided to clinicians to support the timely and effective management of patients who acutely deteriorate. Compliance with training is reported and monitored.	
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	
PPH provides access to clinicians with advanced life support skills and competency. Training records were made available to assessors.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.12	
The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	
Comments	
Interviews with clinicians confirmed the process for timely referral to mental health services to ensure that these referrals can meet the needs of patients whose mental state has acutely deteriorated. Staff were able to articulate the referral process for these patients. The requirements of Advisory AS 19/01 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
Policies and procedures are in place for the timely referral to definitive care for patients who physically deteriorate. Staff were able to explain these processes to assessors and the effectiveness of escalation of care processes are monitored through the Clinical Deterioration Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Peninsula Private Hospital
Org Code : 720861

Recommendations from Previous Assessment

Nil