NS2.1 Short Notice Final Assessment

Final Assessment Report

Northern Beaches Hospital

FRENCHS FOREST, NSW

Organisation Code: 126924
Health Service Organisation ID: Z1010011
Assessment Date: 12 March 2024

Accreditation Cycle: 1

Contents

Introduction

The Australian Council on Healthcare Standards
The Australian Council on Healthcare Standards (ACHS) is Australia's leading healthcare assessment and accreditation provider. ACHS is an independent, not-for-profit organisation dedicated to improving quality and inspiring excellence in health care. We accredit organisations according to either government standards, or our own established standards.

ACHS is approved to accredit the following standards

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care Module (MPS Module)
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards
- National Clinical Trials Governance Framework
- Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition) and the RACGP Standards for point-of-care testing (5th edition)
- National Standards for Mental Health Services (NSMHS)
- Rainbow Tick Standards
- EQuIP Standards

Currently there are more than 1,600 healthcare organisations, including their associates, that undertake ACHS assessment and quality improvement programs. ACHS are proud to accredit the majority of all public and private hospitals in Australia.

With representation from governments, consumers and peak health bodies from throughout Australia, ACHS works with healthcare professionals, consumers, government and industry stakeholders to implement healthcare accreditation programs.

ACHS offers a variety of services including accreditation, education and training, data and benchmarking and consulting. We take a partnership approach to continuous improvement, tailored to the needs of individual services and health systems, using our expertise in accreditation, standards development and education.

Australian Commission on Safety and Quality in Health Care
The Australian Commission on Safety and Quality in Health Care (Commission) leads and coordinates national improvements in healthcare safety and quality. It works in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission works in four priority areas:

1. Safe delivery of health care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value, and outcomes

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme
Under the National Health Reform Act 2011, the Commission is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the following safety and quality standards:

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care (MPS) Module
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards, and
- Any other set of standards that may be developed by the Commission from time to time

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, the NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

Rating scale definitions

Whenever the NSQHS Standards (2nd ed.) are assessed, actions are to be rated using the rating scale outline below:

Rating	Description
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. If there are no not met actions across the health service organisation, actions rated met with recommendations will be assessed during the next assessment cycle. **Met with recommendations may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated not met.** In circumstances where one or more actions are rated not met, the actions rated met with recommendations at initial assessment will be reassessed at the final assessment. If the action is not fully met at the final assessment, it can remain met with recommendations and reassessed during the next assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.
Rating	**Description**
Not met	Part or all of the requirements of the action have not been met.

Not applicable	The action is not relevant in the service context being assessed. The Commission's advisory relating to not applicable actions for the health sector need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

For further information, see Fact sheet 4: Rating scale for assessment

Repeat Assessment

If a health service organisation has 16 or more percent of assessed actions **rated not met and /or met with recommendations**, and /or more than 8 actions from the Clinical Governance Standard not met at initial assessment and is subsequently awarded accreditation, the organisation is required to undertake a further assessment within six months of the assessment being finalised. All actions rated not met or met with recommendations from the initial assessment will be reassessed. The aim of the reassessment is to ensure the organisation has fully embedded the necessary improvements in their safety and quality systems to maintain compliance with the NSQHS Standards. This is a one-off assessment with a remediation period of 60 business days. **All actions must be met when the assessment is finalised for the organisation to retain its accreditation.**

For further information, see Fact Sheet 3: Repeat assessment of health service organisations

Safety and Quality Advice Centre and Resources

The Advice Centre provides support for health service organisations, assessors, and accrediting agencies on NSQHS Standards implementation, the Primary and Community Healthcare Standards, the Digital Mental Health Standards, the National General Practice Accreditation (NGPA) Scheme, the National Pathology Accreditation Scheme, and the National Diagnostic Imaging Accreditation Scheme.

Telephone: 1800 304 056

Email: AdviceCentre@safetyandquality.gov.au

Further information can be found online at the Commission's Advice Centre via https://www.safetyandquality.gov.au/

Authority to act as an Accrediting Agency

I, Dr Karen Luxford, CEO of the Australian Council on Healthcare Standards (ACHS) declare that ACHS has the approval from the Australian Commission on Safety and Quality in Health Care to conduct assessment to the *NS2.1 Short Notice Final Assessment*. This approval is current until 31st December, 2024.

Under this authority, ACHS is authorised to assess health service organisations against the Australian Health Service Safety and Quality Accreditation Scheme.

Conflicts of Interest

I, Dr Karen Luxford, declare that ACHS has complied with Australian Commission on Safety and Quality in Health Care policy on minimising and managing conflicts of interest.

No conflicts of interest were evident as part of this assessment and no Consultants or third parties participated in this assessment.

Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Assessor	Katherine Moore	Yes
Lead Assessor	Marrianne Beaty	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Northern Beaches Hospital. The accreditation decision was made on 27/03/2024 and Northern Beaches Hospital was notified on 27/03/2024.

Executive Summary

On 12/03/2024, Northern Beaches Hospital underwent an NS2.1 Short Notice Final Assessment. Below is a summary of the Health Service Facilities (HSFs) that were reviewed as part of this assessment:

Health Service Facility Name	HSF Identifier	Delivery Type
Northern Beaches Private Hospital	R100017	On Site
Northern Beaches Public Hospital	R100017	On Site

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MwR	Initial Assessment NM
Northern Beaches Private Hospital-R100017	3.07, 3.19, 5.14, 5.24	
Northern Beaches Public Hospital-R100017	3.07, 3.19, 5.14, 5.24	

The final assessment was conducted for Northern Beaches Hospital on 12/03/2024. The following report outlines the assessment team's findings.

General Discussion

Northern Beaches Hospital (NBH) set up multidisciplinary teams to address the four Met with Recommendations from the November 2023 NSQHSS Short Notice Assessment.

At the final assessment the Executive and Subject Matter Experts (SMEs) presented to the Assessors the work that had been undertaken to address these recommendations. The Assessors were impressed with the amount and quality of work that had been undertaken by the organisation in a very short period and were satisfied with the results achieved at the time of the final assessment.

Congratulations to all staff on their efforts to improve patient safety and quality of care within NBH.

Assessor Findings at Final Assessment

Below is a summary of the findings of the assessment team:

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

Initial Assessment Comments	**Initial Assessment Recommendation(s) / Risk Rating & Comment**
Poor compliance with screening on admission could result in cross infection and an increase in hospital-acquired complications.	**Rating:** Met with Recommendation **Applicable:** All **Recommendation:** To embed best practice, continue to audit, monitor, and prioritise compliance with infection control screening, particularly in high-risk areas. **Risk Rating:** Moderate

Final Assessment Comments
The action 3.07 remediation began with an action plan which commenced in mid-January (Week 1) and demonstrated how the organisation progressed towards closing this recommendation over the past 8 weeks. An audit tracking tool was developed to enable monitoring of the infection control (IC) screening compliance. The organisation had to produce three different flowcharts to map the process of screening for IC risks in alternative entry portals to the hospital. For example, in the Emergency Department (ED) risk screening was entered in the WebPAS system (not the EMR) and if the patient was admitted to the hospital, the screening was required to be repeated on admission to the ward. There are now three separate flowcharts for this process - via ED, DOSA and ICU as well as 'direct transfers' from other hospitals. This means that all patients admitted through the ED will have screening completed twice in one or two days.

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
Discussions and education sessions with staff in appropriate areas and regular monitoring and feedback to staff on a weekly basis saw compliance increase from 40% in early January to 90% in late February. The Clinical Nurse Educators (CNEs) have ensured that the majority (93%) of nursing staff have completed the IC Risk Screening Education Sessions. All NBH NUMs will continue to monitor this weekly until such time that the average is continuously above 90%, which is their own internal benchmark. The organisation has embedded this process into 'business as usual' (BAU) but will continue to monitor to ensure internal benchmarks are met.	
Final Assessment Rating	**Applicable**
Met	All

ACTION		
3.19	The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body 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	
Initial Assessment Comments		**Initial Assessment Recommendation(s) / Risk Rating & Comment**

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
NAPS data has shown slow gradual improvement over a period of four years despite a concerted effort from the AMS team. A more extensive review of system and workflow could help identify options for improvement.	**Rating:** Met with Recommendation **Applicable:** All **Recommendation:** In collaboration with the AMS committee, scope solutions that would improve clinical workflows and efficiency of the current AMS system. **Risk Rating:** Moderate

Final Assessment Comments

The organisation has conducted a thorough review of the entire AMS Program, starting with the policy, compliance with the processes for prescribing restricted antimicrobials, the auditing of performance compared to like organisation's results as well as compliance with the AMS Clinical Care Standard. An action plan was established, which commenced in mid-January. This demonstrates how the organisation has progressed to close this recommendation.

The first action was to install a forcing function to clearly document the indication for prescribing 'restricted antimicrobials' as well as with agreement the Infectious Diseases Physician (IDP). The IDPs increased the AMS working group meetings to monthly to ensure frequent discussion and review of audit results for both NAPS and NAUPS. In addition, restricted antimicrobials are no longer stored in any wards or departments other than ICU and the ED.

The organisation has shared their learnings from this experience with the Healthscope Community. This recommendation has been closed.

Final Assessment Rating	Applicable
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

Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Accessing and completing the comprehensive care plan components, including completion of patient goals and risk re-assessment, varies across NBH. Whilst there was improved compliance demonstrated during assessment for updating of patient care goals on Patient Care Boards, this was not necessarily demonstrated on patient comprehensive care plans. A number of improvement actions are required for accessing and updating the comprehensive care plan to ensure that it is current and meets patient care needs.	**Rating:** Met with Recommendation **Applicable:** All **Recommendation:** NBH to continue following existing Action Plan with timeframes and KPIs being implemented and monitored to include: • Review of the eMR and the comprehensive care plan to achieve improved integration of the various components particularly with regard to ease of workforce access and use. • Audits of compliance regarding review and update of the comprehensive care plan including risk re-assessments and goals of care in accord with NBH policy to achieve sustained compliance. • Workforce training for using and updating comprehensive care plans to meet NBH policy and the National Standard(s). **Risk Rating:** Moderate

Final Assessment Comments

A quality project was initiated to address the components of this recommendation, and there has been good progress to date.

Additional staff education has been developed and the completion of Relationship Centred Caring Education is above 70%.

There is a new requirement in place for all wards/departments to record whether all patients in their ward have been risk assessed within the appropriate time frames. This has also become a focus of the Nursing and Midwifery Leadership Huddle. This record is done daily and captured on a spreadsheet. The spreadsheet lists compliance with risk assessments as well as whether the patient goals have been documented on the care plan and patient care board.

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
It is suggested that than additional column be added to indicate whether there has been a review of the care plan if the condition of the patient has changed or if there has been a clinical incident. Since commencing with the implementation of the action plan compliance with risk assessment completion has increased across all wards and units. Completion of the admission Comprehensive Care plan within eight hours of admission as of the end of February is 92%, and the documentation of patient goals on the patient care board is 94%.	
Final Assessment Rating	**Applicable**
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

Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Falls and harm from falls continue to be a major risk for NBH on a number of comparative measures. Areas for improvement have been identified through the recent review of hospital-wide falls with specific areas to be addressed, for example, falls risk assessment completions in accord with NBH policy. A targeted approach to improvements, especially for high-risk areas, together with auditing of KPIs against timeframes should strengthen actions to address falls and falls causing harm and reduce the HACs incident rate for falls.	**Rating:** Met with Recommendation **Applicable:** All **Recommendation:** 1. Through the existing Action Plan, NBH follow through on the recent review of hospital-wide falls as a priority and scope models of care and processes to minimise falls and prevent harm from falls. 2. Continue to monitor compliance with falls risk assessments and focus on compliance in high-risk areas until KPIs set by Healthscope are reached. **Risk Rating:** High

Final Assessment Comments

There has been good progress made with the Falls Action Plan.

Wards with patients classified as High Risk have reviewed their data and incidents and developed individual action plans specific to their patient cohorts. For example, one high risk ward identified that the height of chairs and beds was not ideal, and that mobility aids were not always in reach, and developed initiatives to address this.

The daily report of risk assessment completion includes falls, and in line with other potential risks, the completion of a falls risk assessment on admission has improved over the past three months.

After reviewing data about recent falls, it was decided to implement Intentional Rounding, hourly during the night and second hourly during the day. There will be a focus on toileting during this round. It is planned to have intentional rounding rolled out by April.

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
A new post falls clinical review will be initiated once the policies and processes have been finalised. The clinical review will include doctors, nurses and relevant allied health. Doctors will receive information about this new process, so they are aware of the new requirement to review all patients who have had a fall, even if there is no evident adverse clinical consequence. This is in addition to the Post Fall Huddle which will also take place after every fall and will review care plan and falls management strategies. There is a sustainability plan to drive ongoing cultural change in respect to risk assessment and falls management.	
Final Assessment Rating	**Applicable**
Met	All

Summary of Accreditation Status

A summary of the Accreditation awarded is outlined in the below table:

Health Service Facility Name	HSF Identifier	Accreditation Status
Northern Beaches Private Hospital	R100017	3 years Accreditation
Northern Beaches Public Hospital	R100017	3 years Accreditation