



National Safety and Quality Health Service Standards 2.1 Short Notice Assessment *Assessment Ratings Report*

Mount Hospital

PERTH, WA

Organisation Code: 521765

Health Service Organisation ID: Z1010011

Assessment Date: 11/06/2024 to 13/06/2024

Accreditation Cycle: 1

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Summary of Ratings

Facilities (HSF IDs)	Met	MwR	NM	NA	Not Assessed
Mount Hospital (101223)	1.02, 1.03, 1.04, 1.05, 1.06, 1.07, 1.09, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16, 1.17, 1.18, 1.19, 1.20, 1.21, 1.23, 1.24, 1.25, 1.26, 1.27, 1.28, 1.29, 1.30, 1.31, 1.32, 1.33, 2.01, 2.02, 2.03, 2.04, 2.05, 2.06, 2.07, 2.08, 2.09, 2.10, 2.11, 2.12, 2.13, 2.14, 3.01, 3.02, 3.03, 3.04, 3.05, 3.06, 3.07, 3.08, 3.09, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16, 3.17, 3.18, 3.19, 4.02, 4.03, 4.04, 4.05, 4.06, 4.07, 4.08, 4.09, 4.10, 4.11, 4.12, 4.13, 4.15, 5.01, 5.02, 5.03, 5.04, 5.05, 5.06, 5.07, 5.08, 5.09, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29, 5.30, 5.31, 5.32, 5.33, 5.34, 5.35, 6.01, 6.02, 6.03, 6.04, 6.05, 6.06, 6.07, 6.08, 6.09, 6.10, 6.11, 7.01, 7.02, 7.03, 7.04, 7.05, 7.06, 7.07, 7.08, 7.09, 7.10, 8.01, 8.03, 8.04, 8.05, 8.06, 8.07, 8.08, 8.09, 8.10, 8.11, 8.12, 8.13	1.01, 1.08, 1.22, 4.01, 4.14, 8.02		5.36	

Summary of Recommendations

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		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating
MWR	All	<p>Comments: Following a review from LARU, as peak governance committees for The Mount both the function and purpose of the Medical Advisory Committee (MAC) and Clinical Governance Committee (CGC) Terms of Reference (TOR) were reviewed to clearly define the roles and responsibilities of these committees, which includes monitoring and review for appropriateness of care to ensure safety and quality performance. The reviewed MAC ToR were endorsed whilst the assessment team were on sites as it coincided with the scheduled MAC meeting. The CGC TOR membership was also reviewed to include the MAC Chair or proxy and Director of Medical Services. Key performance indicators for both have been implemented and include review of incidents. The CGC TOR will be ratified at the next CTG meeting on 25th June. The medical representatives have been invited to this meeting.</p> <p>Recommendation: e. Ensure the roles and responsibilities of the newly revised purpose and function of the MAC is embedded. The CGC TOR are endorsed on the 25th of June with medical representation established through ongoing membership. f. MAC processes are in place to ensure monitoring of actions because of incidents, inpatient deaths, Healthcare associated infection and VMO mandatory training. CGC review of incidents and investigations with WA health reporting timelines. g. MAC Reports are reviewed and monitored for progress on safety quality and performance and recommendations from review reported to executive.</p> <p>Risk Rating: Moderate</p>

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ACTION 1.08		
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating
MWR	All	<p>Comments:</p> <p>In a short space of time The Mount has reviewed and revised its quality governance systems to improve the measurement, monitoring and reporting of performance outcomes. This has been achieved through contracting experienced quality managers to fill the vacant position whilst recruitment for the permanent quality manger position is undertaken.</p> <p>Ongoing support and sustainability and accountability across all leadership positions across all disciplines is critical to provide assurance at both local and national level that patient centered quality improvement strategies are identified, implemented, monitored and evaluated with appropriate oversight with the newly revised governance committees. Improvement strategies have included implementing standardized agendas, TOR that include Key Performance Indicators (KPIs), guiding documents for chairs and secretariats of those committees and a video on etiquette for team meetings.</p> <p>Other quality systems reviewed, and processes improved include, policies, risk management, clinical incident management, consumer engagement and work health and safety. The recruitment of Consumer Engagement Consultant and Safety Health and Wellbeing Consultant have also had a huge impact on improvement strategies.</p> <p>Recommendation:</p> <p>Embed the new systems and processes and ensure governance is established to continue implementation to monitor safety and quality improvement strategies with engagement of staff and consumers.</p> <p>Risk Rating:</p> <p>Moderate</p>

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ACTION 1.22		
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating
MWR	All	<p>Comments: There is a Healthscope national policy outlining the performance review process, however during the assessment it was difficult to determine how and when this reported. Evidence that this has occurred was not consistent across the organisation.</p> <p>Recommendation: Review and establish a process for monitoring and reporting performance development to ensure compliance and development opportunities for all staff.</p> <p>Risk Rating: Moderate</p>

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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		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating
MWR	All	<p>Comments: All medicines in The Mount Hospital ICU are currently stored in four locked cupboards. There is no designated medication room within the ICU.</p> <p>Recommendation: As soon as the design brief has been approved, the reconfiguration of the selected area within the ICU needs to commence, ensuring there is a secure and accessible ICU medication room.</p> <p>Risk Rating: Moderate</p>

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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		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating
MWR	All	<p>Comments: 4.14c. Disposal of unused medicines. Work undertaken to date requires improvement in both clinical governance and reporting through the governance structure of The Mount Hospital. The assessment team sighted an eQuaMS Comprehensive report that included- Activity Title Discard of S4R and S8 medications on the final day of the assessment that clearly described the pathway going forward to achieve the intent of this recommendation.</p> <p>Recommendation: The Medication Safety Committee must ensure that this recommendation remains as a standing agenda item until a satisfactory system with good outcomes has been established. The Medication Safety Committee is to provide an initial report (Including analysis and recommendations) by the 31st of August 2024 to The Mount Executive and the Medical Advisory Committee for comment. The Medication Safety Committee currently meets 2nd monthly (to enable a timely response and resolution consideration should be given to the committee meeting monthly).</p> <p>Risk Rating: Moderate</p>

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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		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating
MWR	All	<p>Comments: Review of the staff survey on the rapid response system (conducted in May 2024) identified improvements required in escalation protocols, communication and training. KPI results for May 2024 (57%) on the timeliness to response to clinical deterioration is low.</p> <p>Recommendation: Implementation of the action plan from the results of the staff survey and monitoring of the timeliness of response to clinical deterioration to meet compliance.</p> <p>Risk Rating: Moderate</p>