



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

National Capital Private Hospital  
Garran, ACT

Organisation Code: 820001  
Health Service Facility ID: 100769  
ABN: 85 006 405 152  
Assessment Date: 3-5 September 2024

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.

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## 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
<b>Met</b>	All requirements of an action are fully met.
<b>Met with recommendations</b>	<p>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. <b>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.</b></p> <p>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.</p>

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](mailto: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 *National Safety and Quality Health Service Standards 2.1 Short Notice Assessment*. This approval is current until 31<sup>st</sup> 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.

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## Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Lead Assessor	David Gunderson	Yes
Assessor	Jean Evans	Yes
Assessor	Victoria Daly	Yes

## Assessment Determination

ACHS has reviewed and verified the assessment report for National Capital Private Hospital. The accreditation decision was made on 08/10/2024 and National Capital Private Hospital was notified on 08/10/2024.

## 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

National Capital Private Hospital underwent a National Safety and Quality Health Service Standards 2.1 Short Notice Assessment (NS2.1 Short Notice Assessment) from 3/9/2024 to 5/9/2024. The NS2.1 Short Notice Assessment required three assessors for a period of three days. National Capital Private Hospital is a private health service and was last assessed between 11/5/2021 and 13/5/2021.

The ACSQHC PICMoRS methodology was used to conduct this assessment, with approximately 77% of assessor time was spent in operational areas during the assessment.

National Capital Private Hospital (NCPH) is a 149-bed private hospital in Canberra, ACT. In September, NCPH participated in a short notice NSQHS (second edition) organisation-wide assessment. The assessment was conducted by three assessors over three days, and the 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
- Over fifteen patient interviews
- Proof of Process Journeys – Medications, Blood Products and Reusable Medical Devices
- High Risk Scenario review of the critical shortage of intravenous fluids and the strategies that have been introduced to mitigate the risk to patients. The high-risk scenario test was conducted by the General Manager.

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. More than 75% of the assessment timetable was allocated to visiting operational and clinical departments. Where applicable, the requirements of the latest versions of the NSQHS (second edition) Advisories were assessed for compliance.

All clinical and non-clinical external contracted services that relate to the standards were verified by the assessment team as being current and reviewed in the last three years.

All of the actions contained in the standards were assessed as Met, with one action (5.36) confirmed 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.

NCPH is led by an enthusiastic and effective executive and senior management team focused on the highest safety and quality outcomes for both patients and staff. There was a flexible and responsive attitude throughout the organisation, and the assessors were impressed with the passion and enthusiasm with which staff approached the assessment process and their willingness to share their successes.

NCPH has carefully considered the diversity of their community and the services they provide to Aboriginal and Torres Strait Islander people. The NCPH risk profile has identified that the risk of harm for this group 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 Clinical Governance Plan: National Capital Private Hospital for 2024-2025, which is part of the One Healthscope 2025 strategy, provides a framework for the delivery of exceptional patient care, and this was evident during the assessment. The Healthscope governance structure of systems,

policies and procedures, incident and risk management systems, MARS auditing, and DASH reporting tools are all used effectively to ensure the high-quality comprehensive information is available to support that there is safe care for patients and staff alike. The comprehensive quality improvements register appeared ambitious until assessors observed the many completed improvements during the assessment. NCPH has focused its efforts on completing many of its planned national standards activities and has proven its ability to achieve and maintain a high standard of governance.

A comprehensive framework of policies, procedures, and documentation relating to consumer engagement, in addition to patient information that has been reviewed by consumers, was available and reviewed by the assessors. There are only three consumer representatives, but NCPH has been fortunate at the level of engagement and passion with which they are involved. They are involved in monthly patient rounding, attend huddles, Leadership and Management Meetings, and are involved on national committees. The commencement of patient forums using shared stories regarding patient journeys of care at NCPH are assisting clinical staff in their provision of services and in their communications with patients and improving documentation handouts. Several patients made positive comments regarding NCPH clinical staff and the services provided during their care were spoken. NCPH is performing well in the engagement with patients, families, and carers.

NCPH has a highly effective Infection Prevention and Control system and processes in place to manage infection. The workforce has an excellent education program and is well supported by an Infection Control Nurse and Nurse educator. There is a risk-based vaccination, screening and immunisation policy to ensure the safety of patients and staff as well as Hand Hygiene and Aseptic Technique education, with audits consistently above benchmarked KPIs. A suite of HICMR audits are conducted regularly, and compliance rates are high in all units and wards. The safe and appropriate prescription and use of antimicrobials is in place as part of the AMS program, and reprocessing of reusable medical devices is compliant with the conditions stipulated in relevant advisories.

NCPH recognises that the correct management of medications is a key responsibility for safety and quality activities in the hospital, with quality activities reviewing the outcomes of the application of policies and procedures governing the use of medications. The governance arrangements are sound and aligned with current principles of best practice as well as jurisdictional requirements. All high-risk medications are handled appropriately to reduce the risk of improper use. The staff understand the significance of obtaining a Best Possible Medication History, including past adverse reactions, as well as participating in reconciliation and review of the medications taken by a patient. The hospital's outsourced pharmacy staff support this work. Patients are provided with a range of resources for their medications, with care taken to meet a person's level of health literacy. Staff have easy access to information about medications, along with a range of decision support tools. Any adverse reactions encountered during treatment are reported to the TGA in line with that agency's reporting guidelines.

The comprehensive assessment and care of patients was evident in all areas of NCPH, led by empathetic, passionate and experienced leaders, in collaboration with supportive and engaged staff. Structured safety huddles have been introduced as part of the shift clinical handovers which are multi-disciplinary, involving an around the table face to face meeting, then moving to the bedside handover, to ensure that all staff are constantly updated on hospital and staff-related matters that may impact the patients. The regular review of the goals-of-care and the updating of the Patient Care Boards, which occurs during every bedside handover, demonstrated the importance that staff place on partnering with the patient in the decision-making regarding their own care. Project initiatives such as the New Ideas Boards in the Olley Ward, where staff are placed into teams to address the development of a Skills Database, a Compliments Board, and an Orientation folder, are admirable since it not only encourages teamwork but provides a learning opportunity for all. The evidence gathered during the assessment demonstrated that effective and comprehensive care

occurs across NCPH consistently at a high standard and with excellent leadership. Communicating for Safety was observed at multiple occasions throughout our visit and patients were actively involved in all interactions.

NCPH manages blood and blood products in line with the expected national approach of managing these clinical items as scarce and precious. The overall goal is to reduce the use of them to the necessary minimum and to maintain close and effective management of the whole procedure from the ordering of blood and blood products to their administration. Ensuring that correct consent has been obtained is the first step, followed by independent verification of the products and the patient by two staff members. The expected observations are performed, and the staff are aware of the timeframes to safely deliver blood once it has been removed from the refrigerator. NCPH works closely with the supplying laboratory and the Territory's blood management processes whilst participating in the national blood initiatives.

The staff at NCPH understand that responding to the deterioration in a patient's condition is an absolute responsibility. There are appropriate governance activities in place with policies and procedures reflecting contemporary standards of care. The quality activities are designed to ensure that care is delivered efficiently and effectively, with the key quality review being that of determining the timeliness of the call for review or assistance being activated. The use of the national observation chart, with track and trigger processes in place, is well established and staff are aware of the steps required to escalate care. The hospital ensures that there is an appropriate mix of skilled staff available on all shifts to manage a patient's deterioration.

## Summary of Results

National Capital Private Hospital achieved a met rating for all facilities in all actions and therefore there is no requirement for a follow up assessment.

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

## Sites for Assessment

### National Capital Private Hospital

Site	HSFID	Address	Visited	Mode
National Capital Private Hospital	100769	Cnr Hospital Rd & Gilmore Cr GARRAN ACT 2605	Yes	On Site

## Contracted Services

The following contracted services are used by National Capital Private Hospital and a sample of contracts have been verified.

Provider	Description of Services	Verified During Assessment
Veolia	Airconditioning Services	Yes
Bright Lights Electrical	Automatic Doors	Yes
Micob	Biomedical Services	Yes
Austral Energy Services	Boiler Service	Yes
The Canberra Hospital	Catering Services	Yes
TCER/ Urosevic	Dishwashers/Ice Makers	Yes
Ecowise	Electrical	Yes
Wormald and The Canberra Hospital	Fire Services	Yes
Ecowise	Generator	Yes
ACTEW AGL	Hot Water	Yes
Schindlers Lifts	Lifts	Yes
Capital Linen	Linen Services	Yes
Capital Pathology	Pathology Services	Yes
ACT Pathology	Pathology Services	Yes
CHESTERS PLUMBING	Plumbing	Yes
Chubb Security	Security	Yes
ACT Government-BSB	Supply Service Agreement	Yes
Progilty/ HSP IT	Telephones	Yes
Hoslab	Theatre Tourniquet Panel	Yes
The Canberra Hospital	Waste Removal Services	Yes
Medline	Medivac Suction Liners and Clippers Blades	Yes
Sentry Medical	Medical supplies	Yes
Gardener Denver	SURGICAL SUCTION	Yes
Device Technology	Operating Theatre Lights	Yes
TCH / BOC Gases	Medical gases	Yes
Philips	Angiography Catheter lab	Yes

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Provider	Description of Services	Verified During Assessment
Integra	Boiler water treatment	Yes
Ecolab	Central Sterilising Department	Yes
Acetek	Nurse Call System/Paging/Television	Yes
Rentokil	Pest Control	Yes
TFR Machinery	vacuum cleaners	Yes
Hospital Pharmacy Services (HPS)	Pharmacy Services	Yes
Howard Wright	Beds	Yes
Class Locksmith	Locksmith	Yes
CATA	Air Conditioning Filters	Yes
Urosevic	Washers/Sanitiser	Yes
Iumus imaging Services	Radiology	Yes
The Canberra Hospital	Radiology	Yes
Haemonetics	BloodTrack	Yes

National Capital Private Hospital has reviewed these agreements for the listed services in the three years preceding this assessment.

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## Standard 1 - Clinical Governance

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

ACTION 1.01	
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 the available documentation, supported by observations and interviews with key clinical governance leaders across the organisation, demonstrated that a culture of safety and quality improvement had been established. The Clinical Governance Plan for the National Capital Private Hospital (NCPH) for 2024-2025 describes the governance-related roles and responsibilities across the services and supports staff to effectively partner with patients and families. A Committee Structure has been established to monitor the effectiveness of the clinical quality system through audit, data analysis, and incident reports. 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	
Executive staff and clinicians at NCPH described how the specific health needs of Aboriginal and Torres Strait Islander people are being addressed. Only 1.14% of the patients treated at NCPH in June 2024 identified as Aboriginal and Torres Strait Islander people. Documentation supported that the organisation has prioritised such health needs, and specifically on areas of inequity in service provision and outcomes for Aboriginal and Torres Strait Islander people. NCPH meets the requirements of Advisory AS18/04.	
Rating	Applicable HSF IDs
Met	All

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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	
Healthscope uses a standardised format as part of the Clinical Governance Framework, and all staff in key clinical governance leadership roles were able to describe the elements of the framework. This emphasises that the accountability for safe and effective patient-centred care is the responsibility of all staff. Senior managers were able to demonstrate to assessors how the Framework is used, and how the effectiveness is monitored and reported, with changes made, where required.	
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, supported by observations and documentary evidence, confirmed that the organisation has strategies to monitor the effectiveness of quality and safety initiatives aimed at improving health outcomes for Aboriginal and Torres Strait Islander people. NCPH conducts regular surveys of patients who identify as Aboriginal or Torres Strait Islander people seeking feedback regarding the quality of treatment and care received, with monthly reports of the feedback reviewed by the Quality Committee. This is a commendable initiative to provide for the low number of patients treated who identify as Aboriginal or Torres Strait Islander people. Staff compliance with Cultural Awareness training is high.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.05	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
Comments	
Minutes of the Executive Committee, the Quality & Risk Committee and other relevant committee meetings confirmed that issues of safety and quality are key factors in the organisation's business decision-making. The quality improvement activities undertaken by NCPH supported the importance of the safety and quality of health care for patients. This is a focus of regular discussion by the organisation. The extensive list of improvements listed in the Quality Action Plan Summary is evidence of the focus that the organisation has on patient safety and the quality of care, with many of the improvements observed as being completed during the assessment. There are regularly scheduled meetings with The Canberra Hospital (TCH) to ensure that the contracted services that are in place between TCH and NCPH are all of the same high level of safe and quality care.	
Rating	Applicable HSF IDs
Met	All

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 the documentation 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. Attendance at the hospital and ward meetings by assessors, which included safety elements for staff and patients, demonstrated the regular and open communications that occur between the hospital and ward staff, ensuring they understand the quality and safety aspects of the provision of care.	
Rating	Applicable HSF IDs
Met	All



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ACTION 1.07	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
Comments	
There is an extensive and comprehensive list of policies and procedures available on the organisation's electronic Hint system, which incorporates both corporate and local policies. Documents demonstrated how policy documents, procedures, and protocols are managed to ensure that they are current, comprehensive, effective, appropriately referenced, and compliant with legislation, regulations, and with ACT Health requirements. A risk management approach is taken when defining the scheduled revision of key documents. All policies checked by the assessors had been updated in accordance with their scheduled review dates.	
Rating	Applicable HSF IDs
Met	All

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	
NCPH has a defined quality management system that produces performance and outcome data. Staff confirmed that they receive information on quality and safety performance which is actively managed with minutes of meetings at all levels throughout the organisation supporting this. There is a Heads of Department meeting held every Thursday, when outcome data information is discussed and used to drive improvements through the clinical governance structure. This information is made available to staff, consumer representatives, the community and other stakeholders who are engaged in performance evaluation. The MARS electronic audit tool has facilitated easier auditing across the organisation. The results of the audits are reported to the Standards Working Parties and to the Quality & Risk Committee. The Quality and Safety Boards that are displayed throughout the hospital wards display monthly statistics relating to: Patient Experience, Infection Prevention and Control, Work Health and Safety, Patient Safety and Education and Training. All boards throughout the hospital were maintained with up-to-date information. The practice by Healthscope hospitals to establish opportunities for shared learnings from sentinel events, incidents, near misses, complaints and coronial findings, is an example of the organisation's focus on improving quality and safety for patients and staff.	
Rating	Applicable HSF IDs
Met	All

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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	
Staff confirmed how the organisation manages the safety and quality systems, with reports, including audit results, discussed at the heads of departments meetings and provided to senior management, the workforce, consumers, and to Healthscope Corporate. Reporting is undertaken through a range of appropriate mechanisms, and in formats that are appropriate to the intended audience. The implementation of the eQuaMS system has provided a repository of up-to-date quality, safety and management information that is easily accessible by staff. The implementation of the DASH reporting tool, which supports the trending of information, has enabled NCPH to extract live information to monitor performance and to identify where improvement may be made.	
Rating	Applicable HSF IDs
Met	All

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	
NCPH has a comprehensive Risk Management register (RiskMan), and management and staff explained how risks are identified and managed and how this is influenced by staff, patients, and carers. The Executive and leadership teams use information from a broad range of sources 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. There are business continuity plans to support service delivery in the case of an emergency or disaster, and there is evidence that the system is actively managed, evaluated, and improved as needed. Risk management reports are provided regularly to the governing body, management, and staff. A High-Risk scenario was conducted during the assessment. NCPH chose to conduct the review using a PICMoRS approach to address the shortage of intravenous (IV) fluids. The IV Fluids Conservation Guidance document developed by the NCPH could potentially be useful to healthcare organisations across Australia. The exercise demonstrated the effective planning, collaboration, and communications that had occurred across the organisation to manage and to mitigate the risk.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.11	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
Comments	
Staff confirmed that they are encouraged to report any incidents or near misses through the incident reporting system, RiskMan. Patients and carers reported that they felt empowered to raise concerns. Safety huddles have become part of the shift handovers and provide the opportunity to discuss incidents such as a fall, and action lists are developed to manage the fall, and to avoid further falls occurring. Analysis and feedback are provided to all staff and key committees on reported incidents and trends. Trend analysis of incidents drives quality improvement activities, which are reflected in the organisation's Quality Improvements and in the Risk Register. The outcomes of incident investigations are 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

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	
NCPH has an open disclosure program based on the Healthscope Corporate Policy and Procedure for Open Disclosure, which documents the Principles and Procedures for Open Disclosure, and which is consistent with the Australian Open Disclosure Framework. NCPH experiences few requests for the open disclosure process. NCPH monitors how, why, and when open disclosure occurs, and records of open disclosure were viewed by assessors. Staff were able to articulate their role in the open disclosure process and felt supported in initiating and participating in open disclosure. There is a high rate of compliance with the completion of the Open Disclosure eLearning Program.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH uses a variety of mechanisms to seek and respond to feedback from patients, carers, families and staff about the quality of care provided by the organisation. A Consumer Consultant (CC) confirmed that she and the other CCs are involved in talking to approximately 85 patients per month and providing verbal feedback. This is a valuable source of information for the NCPH staff, while surveys of discharged patients provide a useful review of the level of care provided. Feedback is analysed, trended, reported and used to inform quality improvement strategies.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.14	
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	
Comments	
The organisation's complaints management policy and processes demonstrated that an organisation-wide complaints management system supports patients, carers and the workforce to report complaints. Documentation shows that staff and consumers are appropriately involved in the review of complaints, which are resolved in a timely way. The organisation's KPIs ensure that responses are provided within the agreed timeframes. The support that volunteers and consumers provide to inpatients, attending to non-clinical needs is commendable. Feedback is provided to the governing body, the workforce and consumers on the analysis of complaints and action is taken to inform improvements in response to individual complaints and based on identified trends which also inform the risk register.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 1.15	
The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	
Comments	
Staff and management confirmed that the organisation analyses the demographics of its patient population and the broader community to identify 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. Patients who may be of concern to staff will be accommodated in rooms close to the nurse's station. The organisation will not admit patients who are at a high risk of harm.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.16	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
Comments	
The healthcare record at NCPH is available to clinicians at the point of care and is organised to support accurate, comprehensive, and timely documentation. A hybrid medical record is used with a paper record still maintained, but aspects of the record are maintained electronically on WebPas. Signed consent forms are available in both the electronic WebPas record, and in the paper medical record. Clinicians described how they use the healthcare record. Healthcare records are maintained securely, in compliance with privacy legislation. Regular clinical documentation audits are undertaken, and reports are provided to clinicians, departments, and key committees, with remedial action documented where it was required.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 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 have been met.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.18	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
Comments	
Healthscope Corporate uploads the relevant patient medical record information to My Health Record (MyHR). The requirements of Advisory 18/11 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	
Documentation detailed the orientation provided to members of the governing body, staff, contractors, students, and volunteers. Training identified quality and safety roles and responsibilities, and contracts and position descriptions further supported this. Training records are maintained and were reviewed. A review of contracts and personnel records confirmed the completion of orientation.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Senior clinicians 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 policies and when required to accommodate new and / or altered procedures, or technologies. An overarching Healthscope Education policy provides the framework for the delivery of education and training commitments. NCPH staff are required to complete mandatory training modules, including fire training, manual handling, hand hygiene, code of conduct and privacy. NCPH has a high level of compliance with the completion of mandatory training. Managers monitor training closely with action taken when departments fall below the required level of compliance.	
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	
An Aboriginal and Torres Strait Islander Cultural Awareness program is part of the mandatory training provided by NCPH staff. The program and training records were reviewed with current attendance rates at 98%.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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. Healthscope Corporate provide a template to facilitate this process, with guides on the internet given to assist managers in conducting performance reviews. The MARS audit tool is used to monitor compliance with completion, which was 97% in June 2024. Staff training needs are identified at the performance reviews with education plans and training needs analyses conducted in response to these reviews. Staff described 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	
The MAC manages the scope of clinical practice which is consistent with National Standards. The process is monitored locally and nationally, and regularly reviewed. Individual scope of practice is reviewed and revised in accordance with policies. The Chair of the Medical Advisory Committee confirmed this process, and that information is available on the CGov electronic system. The requirements of Advisory 18/12 have been met.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Credentialing is overseen by the MAC. 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. Re-credentialing is undertaken according to the organisation's policies and procedures. The invitation that is provided by the MAC to professionals to present where a significant event has occurred, is a comprehensive and commendable approach to understanding and avoiding further events from occurring. The requirements of Advisory 18/12 have been met.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.25	
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	
Comments	
Staff described their roles and responsibilities regarding quality and safety, which are defined in position descriptions for staff employed by the organisation and in contractual arrangements for contracted 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 supervision according to their designated roles and responsibilities and this is supported by position descriptions and the organisation structure. There are medical and nursing staff on site 24 hours a day. Members of the Executive Leadership Team are also available on call.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH provides clinicians with access to a range of tools, best practice guidelines, care pathways, and the ACQSHC clinical care standards to support their clinical practice. Healthscope Corporate also maintain a virtual library service, which is available to clinicians, with articles ordered where required. NCPH is compliant with the requirements of Advisory 18/12.	
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, including internal and external clinical indicators, with evidence of results used to inform individual and aggregate performance, and to inform changes needed to minimise unwarranted clinical variation. Where clinical variation is identified, a risk management approach is used to minimize harm from unwarranted variation. Reports are provided to the Director of Clinical Governance, the MAC and to key stakeholders, and these processes were verified by the staff.	
Healthscope hospitals have a shared-learning approach that encourages discussion of clinical variation and sharing alternative methods of improving effectiveness. NCPH is compliance with the requirements of Advisory 18/12.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Safety and quality documentation showed 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, and this was supported by staff. The safety of the environment is considered in service planning and design. The close relationships that exist between the BGIS support staff for buildings and infrastructure, Micov for Biomedical equipment, and the internal team to ensure that all of its infrastructure is maintained, and services are always available, has worked very effectively.	
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	
NCPH conducted a review to identify areas presenting a high risk of unpredictable behaviours and has processes to ensure that emerging risk areas can be appropriately identified. Strategies have been developed to ensure that people are treated in appropriate areas and any risks associated with unpredictable behaviours are considered. NCPH has processes to minimise the risk of harm to consumers and staff by unpredictable behaviours, and staff are required to complete aggression management and use of de-escalation strategies training as part of their mandatory training.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Internal and external directional signage is clear and fit for purpose. The signage in each of the elevators is particularly useful if a person is unclear of the location of a ward.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.32	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
Comments	
The hospital has set visiting times which are explained in the Patient Information Directory on the NCPH internet site. However, there is flexibility for visitors for Palliative Care patients, and staff and patients reported satisfaction with the 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	
NCPH demonstrates a welcoming environment for Aboriginal and Torres Strait Islander people. With such a diversity of cultures supported at the hospital, the hospital demonstrates that all are welcome. Indigenous flags are displayed at the entrance to NCPH, and indigenous artwork is displayed throughout the hospital. The provision of a First Nations Menu, which included Kangaroo steak as an option, is a unique and very welcome choice for Indigenous patients.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

## 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	
NCPH has policies and procedures for partnering with consumers that incorporate the associated risk management and training requirements. Staff, patients, and consumers show that the principles of safety and quality were applied when the documents were developed and reviewed. NCPH has a monthly Consumer Advisory Committee (CAC) meeting where quality activities, policy developments, and training needs are discussed. Training in partnering with Consumers and Diversity is provided to staff at orientation, and on-line completion rates are above 94%. Further training requirements are identified through consumer rounding and attendance at huddles, complaints and compliments.	
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	
Patients, families and consumers confirmed that the staff at NCPH aim to improve partnerships with consumers at all levels. Interactions between staff and patients were observed, and documentation shows how these strategies are monitored and how the organisation reports on partnering with consumers. There is a post-discharge survey and NCPH has an above average response rate with positive assertions. Consumer representative's complete inpatient rounding each month, and responses are documented and reported through the CAC. The Consumer Representatives also sit on National Healthscope Committees and attend Leadership and Management Meetings.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH demonstrated that the Charter of Rights (consistent with the Australian Charter of Healthcare Rights) is readily available, throughout the hospital in prominent positions, delivered on line pre-admission, and available in paper form, to ensure that it is easily accessed and understood by all patients.	
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	
The consent policy and processes comply with legislation and reference best practice. Compliance with consent is audited and compliance is reported at above 95%. 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 : National Capital Private Hospital  
Org Code : 820001

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	
Patients and clinicians confirmed that staff work with patients, or a substitute decision-maker, in shared decision making about their care planning and goals of care. Observation by assessors confirmed these interactions.	
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 described how patients are actively involved in their care and satisfaction surveys undertaken by the organisation also support that patients are satisfied with the level of engagement in their care. Project coaching is a quality initiative using a specific format to encourage staff to speak up for safety and engage with patients during handover and throughout the continuum of care. The Consumer Rounding also provides patients with face-to-face engagement and any issues raised are shared with the unit management team, and lessons learned are disseminated.	
Rating	Applicable HSF IDs
Met	All

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 the information provided to consumers 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 informed communication and information that is available and patient satisfaction with communication and information has been reported positively. This was also corroborated by patient interviews.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Consumer representatives confirmed that internally developed information was reviewed by consumers to ensure that it is understandable and meets their needs, and this was evident in the documentation.	
Rating	Applicable HSF IDs
Met	All

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 described how they effectively partner with patients to support their ongoing care needs. Patient satisfaction with the information provided to them is reported as high, as is their satisfaction with discharge planning. The introduction of patient forums, where consumer representatives meet with discharged patients, has resulted in improved content in the Hip Replacement Consumer booklet and further surgery booklets are to be completed. Patients also reported 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	
Members of the CAC confirmed their active role in the governance and evaluation of health care across this organisation, and this is supported by the role consumers play on a range of local and national key committees. 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. Consumers were involved in checking directional signage to the NCPH following the new build next door and had input into colour schemes and positioning of artwork following renovations.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Consumer representatives said they felt supported in their roles, and orientation was provided at onboarding for consumer representatives and ongoing education, including annual BLS and Hand Hygiene, is completed. They also complete Cultural and Diversity training and have a good understanding of REACH. Consumer representatives reported being extremely satisfied with the level of support provided to them and stated that the organisation was responsive to their information needs in interpreting data, reading reports, and understanding documents.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
NCPH provides staff with cultural training and partners with local Aboriginal and Torres Strait Islander communities to better understand and meet specific and unique healthcare needs should they be required, with 1.2% of patients identifying as Aboriginal or Torres Strait Islander. NCPH has an Aboriginal Liaison Officer, and a resource pack, and the organisation engages with members of the local Aboriginal and Torres Strait Islander community.	
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 representative and managers explained how the organisation works with consumers to incorporate their views and experiences into training and education for the workforce. The consumer representatives present at orientation and attend huddles to engage with staff about their role and share views and experiences of patients, and staff provided examples of this training.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

## 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	
NCPH has a suite of policies regarding Infection Prevention and Control (IPC) and Antimicrobial Stewardship (AMS). The policies are accessible and consistent with the safety and quality systems from the Clinical Governance Standard. Risks described by clinicians and were identified in the risk register. Staff discussed how they operationalise infection control-related policies and procedures, and how associated risks are managed, and described the training for antimicrobial stewardship and preventing and controlling healthcare-associated infections. Health Associated Infection (HAI) rates are reported, and detailed investigations and actions take place as appropriate. A gap analysis has been conducted against AS 5369:2023 to ensure that policies and procedures will be updated and compliant with the V11.24 edition of the Preventing and Controlling Infection Standard. An extensive COVID 19-Safe plan and associated risk reduction strategies were observed to be in place and were escalated in accordance with community prevalence and jurisdictional requirements. NAPS and SNAPS results are utilized to identify risk and gaps in AMS prescribing and documentation. NAUSP membership is pending. NCPH uses the HICMR Infection Prevention and Control systems. Unit and Wards use HICMR auditing tools, and a recent external audit was done by HICMR (Sept 23).	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 3.02	
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	
Comments	
The IPC Committee meets monthly and includes AMS. Education commences at orientation, with further modules online and face to face sessions providing staff with support. Competencies are achieved and staff described the requirements required to provide effective IPC practices. IPC staff survey result showed that staff had an excellent understanding of AMS requirements. AMS informed practice is supported by the AMS Corporate Policy - Antimicrobial Prescribing and Management 18.53 (Issued May 2024) and local Policy Antimicrobial Stewardship REF: Inf 02. The Covid-19 Management Plan was effective and ensured staff had the required skill and capacity to manage patient care safety. Cleaning staff have additional training to provide appropriate terminal cleaning, and these processes are audited.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.03	
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	
Comments	
NCPH has a comprehensive audit schedule to monitor IPC, with results reported through the governance structure. Incidents and breaches and efficacy for both infection prevention, control, and AMS are benchmarked across the organisation, and reported at the IIPC and MAC. Audit results are used to inform and educate. Assessors were able to view minutes of Infection control and prevention, and antimicrobial stewardship discussed at relevant committee meetings and strategies documented to improve performance where gaps are identified.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Consumers are well informed and involved in managing risks relating to infection and antimicrobial use. Information is available in the Patient Information Directory and easily understood by consumers. This is provided in electronic form prior to admission and several Infection Prevention and Control Brochures are available on the wards and infectious state written in discharge letters to GP. Medical records are updated and reflect evidence of discussions including treatments and decisions relating to the 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	
NCPH collects a wide range of data, which is collated and submitted to a range of programs including the ACHS Clinical Indicators Program. Infections across the organization are monitored and analysed, and drive quality improvement in antimicrobial stewardship and are reported through the clinical governance structure. Infection rates are benchmarked, and staff are informed of data results at staff meetings and via the quality boards.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Signage s and processes were consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions, including isolation areas. Staff were observed using appropriate resources and complying with appropriate IPC procedures. Trolleys and PPE and waste containers were available at the patient's door.	
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	
NCPH has local and corporate policies and processes in place to manage organism specific risks and those prevalent in the community. Patients are requested to notify staff prior to admission if they pose an infection risk and they are treated either at the end of a list or at the end of the day. Most rooms are single occupancy with an ensuite and there is one negative pressure room in ICU. PPE is readily available, and staff have received Donning and Doffing education at orientation, and audits and ongoing education ensure compliance with safe practice and expectations. Fit testing compliance is 70%. Competency and compliance with the appropriate use of standard and transmission-based precautions are monitored by audits, which consistently record high rates of compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 3.08	
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	
Comments	
NCPH has a pre-screening clinic for surgical patients and risks are again evaluated on admission and during care. Staff understand risk screening and the processes required to keep patients safe and prevent the spread of infection. On admission, patient needs are assessed to ensure patient safety and minimise and manage infection and accommodation is provided in single rooms with an ensuite. Environmental control measures are in place including HEPA Filters in the theatre complex and a robust Water Quality Risk Management Plan. Terminal cleaning is provided by cleaners who have received appropriate training and monitoring of this process occurs. Appropriate equipment, Hand Hygiene, and PPE was readily available at points of care and appropriate signage is in place.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.09	
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	
Comments	
NCPH reviews data and responds to infections in the community and has individual plans in place for patients to ensure that precautions are maintained. Tracing was required for a suspected measles outbreak, showing that a robust system was in place. Transmission-based alerts are placed in the patient notes and communicated at transitions of care. The admission process collects data regarding infectious status, and patients and families are provided with documents describing the risks and precautions required to minimise the spread of infection.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 (HH) program is robust and incorporated into the overarching Infection is provided at orientation, and posters showing the '5 Moments' were seen at appropriate locations throughout the facility. HH audit results for several years have shown a consistently high standard, across all areas and roles within the hospital. The current overall compliance rate was noted to be above 90%.	
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	
NCPH has recently reviewed the procedures requiring aseptic technique, with staff completing education and achieving competencies during their onboarding process, using audits to address gaps. The latest dashboard results show Aseptic Technique education compliance is 97% for practical and 81% theory.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Eligible staff receive training and complete competencies in the management of invasive devices aligning with current best practice. Infection rates are monitored and audited and reported through the Infection Control Committee. The use and management of invasive medical devices is consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare. Associated infection rates are monitored and reported and there were no device-related blood stream infections reported in the last 12 months.	
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 schedules are in place for cleaners and nursing staff and routine audits are conducted to ensure compliance, with the audit results reported through the clinical governance structure. Check lists were noted to be complete and audits of processes consistently above 90%. Products used are listed on the Australian Register of Therapeutic Goods, and MSD sheets are available via QR code and at point of use and chemicals used in line with manufacturers recommendations. The workforce has completed the appropriate training to manage routine, community, and novel infections.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH has processes in place to evaluate the infection risk of new and existing equipment and devices used for procedures. New products are reviewed and assessed for infection-related risk in clinical and non-clinical areas. Preventative maintenance schedules are in place. Water testing is performed monthly by IPC staff with different areas targeted and processed off site with results reviewed and monitored through the IPC Committee. Linen is managed through Canberra Hospital and brought across in covered trolleys and transferred into cupboards.	
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	
NCPH has a comprehensive workforce immunisation program, which is consistent with the current edition of the Australian Immunisation Handbook, and staff articulated the need to protect their patients. Immunisation status is captured during the recruitment process and there is annual influenza program delivered on site. 100% of staff are immunized against COVID-19 and a vaccine preventable screening data log is maintained.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 3.16	
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	
Comments	
NCPH has policies and procedures consistent with ACT Health requirements to prevent and manage infections including novel infections to the workforce, patients and consumers. including workforce screening. An annual flu vaccination program is in place and although not mandated, 77% of staff have been vaccinated. Records of staff allocation include appointed and locum or agency staff. A tiered management plan is used to provide ongoing service provision to patients who may have an infection or there is increased risk of transmission.	
Rating	Applicable HSF IDs
Met	All

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	
Reusable equipment requiring sterilisation is processed through the Central Sterilising Department and processes are consistent with relevant national and international standards, in conjunction with manufactures' guidelines. Pass-through sterilizers, dryers, and washers are in place. A traceability process facilitates routine monitoring and recall if required and the processes are audited to ensure compliance with ACSQHC Advisory AS18/07. A gap analysis and action plan are in place against AS 5369:2023. Staff and management involved in the process of using and transporting dirty and clean reusable medical devices confirmed that relevant national standards are followed. Used instruments from operating theatre are sent in tubs via a lift to CSSD. After processing, clean instruments are transported to the sterile stores in a separate lift. The equipment is well maintained, and sterile stock storage areas were organised and compliant with ACSQHC Advisory 18/07 v10.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 3.18	
The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement	
Comments	
Healthscope has an established AMS program, guided by evidence-based policy, which includes formulary and antibiotic patient information requirements. AMS is managed through the IPC Committee which meets monthly and collates data relating to the prescription and use of antibiotics. An AMS Clinical Care Standard action plan is in place and was discussed at a separate multidisciplinary working party meeting. Local antibiograms and NAPS audit results are available and reviewed by an infectious diseases (ID) physician and microbiologist and are tabled at the NCPH IPC meeting and MAC. Adverse reactions are recorded on the alert sheet, reported on RiskMan and to the TGA, when required, and all positive microbiological testing is reviewed by the IPC nurse or After-Hours Manager. Consumer NPS Wise / Clinical Care Standards consumer Fact sheet brochures are given to patients receiving IV antimicrobials. The organisation complies with the requirements Advisory 18/08.	
Rating	Applicable HSF IDs
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	
Comments	
Currently, the IPC nurse and pharmacist review antimicrobial prescribing, with an ID physician notified. Surveillance data relating to the prescription and use of antibiotics is collated and NCPH participates in NAPS, SNAPS, and ACHS Clinical Indicators and Healthscope Benchmarking. Documentation showed evaluation of performance of the program, identifying areas for improvement and actions taken to improve the appropriateness. All relevant AMS activities are communicated through the IPC Committee and MAC. Relevant documents, guidelines or policies may be tabled at the National Healthscope Infection Control Committee, Medication Safety Committee and the Medical Advisory Committee for input and endorsement. The effectiveness of these activities is reported via the Clinical Governance structure.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

## 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 and overseen by the Medication Safety Working Party. Staff are provided with medication management training that is commensurate with their roles.	
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	
NCPH monitors the effectiveness of the medication management system through incident reporting. 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 : National Capital Private Hospital  
Org Code : 820001

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	
NCPH involves patients in their care by providing appropriate information about medications and treatments and fostering shared decision-making within the constraints of the person's legal status or capacity. Patients indicated that medication management was discussed with them and that they felt involved in the process and were able to understand the information provided. Results from a recent patient survey identified that 92% of patients felt that they were involved in planning and making decisions about medication management.	
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	
Medication management scope of practice is defined in policy and 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 possible medication history (BPMH) is undertaken as soon as practicable and documented in the clinical record. Compliance with completing the BPMH is 100%.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Clinicians confirmed that current medications are reviewed for accuracy and congruence with the best possible medication history on presentation and at transition points, and this was confirmed by a document review.	
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, and records confirmed their consistent use. Compliance with documenting medication-related alerts is 100%.	
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 NCPH has a strong culture of reporting incidents and near misses. Medication-related incidents are reviewed by the Medication Safety Working Party.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH and the pharmacy service provider have established processes for reporting adverse drug reactions to the TGA. There have been no notifications over the past 12 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 based on risk and clinical need. Responsible clinicians described this process, how it is documented, and how action taken in response to the review is followed through, and clinical documentation 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 : National Capital Private Hospital  
Org Code : 820001

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 confirmed that a list of current medications can be produced whenever a patient is discharged or transferred. A medication list is provided to patients and their GP on discharge, and document reviews confirmed this.	
Suggestion(s) for Improvement	
Consider the benefits of adding an additional field to the Medication Discharge Sheet to clearly identify the 'reasons for changes.'	
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 intranet and in hard copy and confirmed their access to 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	
NCPH 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 Working Party.	
Suggestion(s) for Improvement	
Consider the benefits of regularly reviewing medication room swipe access to ensure authorized and appropriate access at all times.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

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	
High risk medications are clearly identified and 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 : National Capital Private Hospital  
Org Code : 820001

## 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	
NCPH has established policies, reporting frameworks, training, and risk management strategies in line with the Healthscope policies that guide multidisciplinary comprehensive care. Standard 5 Comprehensive Care is overseen by the Comprehensive Care Working Party reporting to the Quality & Risk Committee. Staff described how the organisation's safety and quality systems are used to achieve this. Clinical documentation confirmed that processes are in place for managing risks associated with comprehensive care. Clinical risks are added to the Risk Register, evaluated, and mitigated. A range of eLearning modules on comprehensive care is available to staff with a high level of compliance for staff attendance.	
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. Comprehensive care quality systems are managed by the Quality & Risk Committee, and quality improvement systems are used to mitigate risks, monitor, evaluate, and lead improvements to clinical practice. Audit results and trends contribute to overall quality improvement activities. NCPH also uses feedback data and outcomes together with evidence-based practice to support improvements in care.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Patient Rights and Responsibilities posters were seen throughout the hospital and in the Patient Information Directory on the website. Patients are engaged in care planning from pre-admission, during admission, and discharge planning. Processes to encourage and support shared decision-making are evident on the Patient Care Boards in each patient's room. Patient goals of care are documented and updated each shift in the care planning documentation. Staff hold bedside handovers at each shift and patients and families are encouraged to participate. Patients reported that they felt actively engaged in and informed 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 at NCPH are supported by policies and procedures to establish effective comprehensive plans for patients' care and treatment. Patients are admitted in line with the scope of the hospital license and scope of service to provide care that best meets the patient's needs. Protocols have been established for referral if necessary. NCPH has policies and practices ensuring a multidisciplinary approach to care planning, and comprehensive care plans were reviewed, with patients and their families confirming that care planning was discussed with them. The multidisciplinary team was observed working in collaboration with the patient for better outcomes.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 roles and responsibilities are clearly defined for all disciplines, with clear position descriptions. Staff were able to discuss how multidisciplinary care is achieved. Staff training programs are well managed and documented and reflect the multidisciplinary workforce. Patient clinical records support that communication and engagement of all clinicians in patient care is well managed.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Comprehensive care was well defined by all clinicians and collaboration and referral processes were observed. Safety huddles held prior to bedside handovers were noted to be effective. The multidisciplinary team approach works in collaboration with the patient to deliver care, and documentation developed during multidisciplinary meetings was incorporated into the patients' medical record and care plans. Patients are encouraged to provide feedback on care provided. The Patient Care Boards are updated during every shift changeover and in communications between clinical staff and the patient.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH has policies and procedures to assess, identify, and minimise preventable harm to patients. The risk screening process was well articulated by the clinical teams and was supported by staff training and competency-based assessments when required. Screening identifies cognitive, behavioural, mental, and physical issues and risks of harm. Regular audits are undertaken to support that timely and comprehensive risk screening and patient assessment is completed. NCPH 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 processes for identifying Aboriginal and Torres Strait Islander patients and recording this information in administrative and clinical information systems. This is audited, and compliance is high. Staff described the processes for patients to identify as being of Aboriginal or Torres Strait Islander origin. NCPH is compliant with the requirements of Advisory AS18/14.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
Patients are asked if they have an advance care plan during the admission process. A note is made on the patient's alert sheet in the medical record, and a copy placed on the front of the hard copy medical record for ease of access.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 during the patient journey. This includes screening for a range of risks for preventable harm, including cognitive, behavioural, mental, physical risks, and the social and other issues that may compound risk. Patients verified that these risk assessments were being completed as per the policy. Staff also commented on the risk screening practices and relevant procedures. Risk screening processes are subject to audit and reports are provided through the organisation's governance structure. A review of clinical documentation reinforced this. NCPH 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 risk screening tools as determined by policy. These risks are reviewed throughout the patient admission or as clinically indicated. Education is provided on the use of the assessment screening tools, and it was evident that clinicians comprehensively assess the conditions and risks identified through the screening process. Documentation audits identify any areas of non-compliance. If there are areas of non-compliance, action plans are formulated to ensure compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
Risk identification, screening, and assessment are clearly documented in the WebPas system and in the hard copy medical record. Appropriate actions plans are developed as required to mitigate the risks, including alerts and notifications to identified risk. The patient's medical record contains a Clinical Risk alert form in front of the medical record. Alerts are included on the clinical handover sheets and Patient Care Boards for inclusion and review during clinical handover.	
Rating	Applicable HSF IDs
Met	All

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	
A comprehensive structured patient assessment is completed on admission and risks are identified and documented in the patient's medical record. Clinicians and patients were able to describe the role they 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 reflected this and demonstrated that comprehensive discharge planning is initiated as early as possible in the patient's journey. Interactions between staff and patients and their families that demonstrated this partnership in care and decision making were observed. Care plans reflect contemporary evidence-based best practice principles. Referrals are made to external services if they are identified as being required. Regular documentation audits are conducted to ensure that the medical record meets legal and professional standards. NCPH is compliant with the requirements of Advisory AS18/15.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 5.14	
The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	
Comments	
Any identified changes in a patient's behaviour, cognition or mental state are updated in the patient's comprehensive care plan after a review has occurred during the clinical handover or at the multidisciplinary case management meetings. Bedside handovers which included a review of the Patient Journey Board were observed.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
NCPH has an established policy and procedure which clearly describes the patients who can be admitted within the context of the services provided by the hospital. Any potential end-of-life patient identified during the admission process may be referred to a more appropriate care setting. NCPH has aligned its processes to the National Consensus Statement: Essential elements for safe and high-quality end-of-life care.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH has access to specialist palliative care advice through Canberra Hospital if a patient chooses to remain in NCPH for palliative care. Staff know how to provide patients with access to specialist palliative care advice.	
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	
Patients are asked on admission if they have an Advance Care Plan (ACP) in place. A review of clinical documentation confirmed that ACPs are documented in the patient's healthcare record at the front of the patient's medical record. Clinicians described the process for ensuring that patients with an ACP are identified, and that care is provided in accordance with these plans.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
NCPH does not normally provide palliative or end-of-life care, however, if it is provided, supervision and support for staff providing end-of-life care are available, and staff are aware of how to access support services.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 articulated in the clinical record and established in partnership with patients and their families. The planned goals are reviewed regularly, and 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	
NCPH supports shared decision-making about end-of-life care with patients and their families, which is supported by regular communication and documented in the clinical record. 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

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	
NCPH has policies and guidelines for wound care and the prevention of pressure injuries, and skin integrity assessments are carried out as part of the admission process. There is a range of equipment available to assist patients in the management of any pressure injuries. The Patient Information Directory on the Healthscope NCPH website advises potential patients on how to 'Prevent Pressure Ulcers (sores),' in addition to preventing blood clots. Patients are encouraged to be active, and appropriate exercise regimens are included in the programs for care during the patient's journey at NCPH to avoid pressure injuries.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Pressure injuries are reported in RiskMan, with stages specified, and staff have a good understanding of the reporting process. Quality boards in the ward areas display incident data for staff and patients to view, and incidents are trended and analysed at NCPH leadership meetings.	
Rating	Applicable HSF IDs
Met	All

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 available to patients and their families about pressure injury prevention in a user-friendly format, and staff explained how they use it. The information is also available on the NCPH website in the Patient Information Directory. Equipment, products, and devices are available to prevent and manage pressure injuries, and these were observed in use.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	
Falls management at NCPH is supported by policies, procedures, risk assessment, screening, equipment, staff training, safety huddles, and bedside handovers. This information is included in the Patients Information Directory t on the NCPH website, and in patient brochures available throughout the hospital and wards. Staff described the strategies used to minimise harm and clinical documentation showed that this is undertaken comprehensively. Incident data related to falls is analysed and reported through the clinical governance structure.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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, and evidence was noted regarding their use in accordance with the requirements of individual patients as identified on screening. Allied health staff described strategies to prevent falls and to minimize harm from falls, while nursing staff explained the actions that they had put in place including regular rounding to avoid falls occurring.	
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 about falls risk prevention and risk management strategies is available to patients and they are in a user-friendly format available throughout the hospital including in patient rooms. Patient Care Boards indicate the level of assistance that is needed for staff and family. All fall incidents are reported and trended via RiskMan.	
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	
Patients are assessed for nutritional needs and any risk of malnutrition during the admission process. Special dietary plans are established f and referrals to a dietitian are made where risks are identified. Evidence of screening and referral was noted in the records and staff confirmed their understanding of the process.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH provides nutritional support to patients based on specific needs identified through risk screening. Patients at risk of malnutrition or who require assistance with eating or drinking are provided with assistance. The service has access to specialist dietetic support for patients identified as being 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	
Cognition screening is undertaken on admission and throughout a patient's admission if clinically indicated. NCPH evidence-based policies and procedures support staff in developing appropriate management and care plans and these strategies are reviewed for effectiveness. These include the use and monitoring of medications to ensure compliance with best-practice standards. Screening rates are audited and reported through the organisation's governance structure. NCPH is compliant with the requirements of Advisory 22/01.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 showed that systems are in place to care for patients with cognitive impairment. The risk screening tool for cognitive impairment and delirium is undertaken for all patients who are identified during the initial screening. Staff described how they collaborate with patients and their families in caring for patients with cognitive impairment. Patients and families are provided with brochures to assist in providing safe care for patients with cognitive impairment or delirium diagnosis. NCPH is compliant with the Advisory AS22/01.	
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	
NCPH has policies and procedures for assessing dementia, delirium, cognitive impairment, and behavioural problems. Patients at risk of suicide or self-harm are excluded from admission, as mental health services are not provided at NCPH, and alternative healthcare options are arranged. If patients demonstrate self-harm or suicidal tendencies, the patient is reviewed and moved closer to the nurse's station, or alternatively, referred to an alternative healthcare organisation. There are systems in place to enable family and carers to escalate care if they are concerned about a patient's mental or physical deterioration	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
There are policies and procedures in place to ensure that patients who expressing thoughts of self-harm or suicide are transferred to another facility. Staff were able to discuss this procedure. Discharge arrangements are attended to by the accepting health service provider.	
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	
All staff are trained in Welfare and Vulnerability Engagement (WAVE) for the de-escalation and management of actual or potential aggression. All patients have a routine risk assessment conducted during admission. Any potential risk of aggression is documented and included at the clinical shift handover. Patient care plans are reviewed and updated as required. Any incidents related to aggressive behaviour are entered into RiskMan and reviewed for quality improvement purposes.	
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	
NCPH has strategies and processes to identify patients at risk of becoming aggressive including de-escalation strategies. The processes aim to minimise harm to patients families, staff and visitors. Staff described how they work with patients and others to implement these strategies effectively. Incidents of aggression are reported through the clinical governance structure. It was noted that the workforce had access to duress call buttons and a response system was in place for any incidents of aggressive behaviour.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 govern and manage the use of chemical and / or 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. There were cases of chemical restraint being used, and reports demonstrated the thorough review that occurred through the NCPH governance structure and committees.	
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		
NCPH is not a gazetted mental health facility and therefore meets the requirements for this action to be rated as not applicable.		
Rating	Applicable HSF IDs	
NA	All	<b>NA Comment:</b> Non gazetted service, does not use seclusion. <b>Verified During Assessment:</b> Yes <b>Complies with AS 18/01:</b> No <b>Approved by ACSQHC:</b> No



Org Name : National Capital Private Hospital  
Org Code : 820001

## 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	
NCPH has policies and procedures to support effective clinical communication including handover, and these policies identify risk management strategies and the training requirements and expectations of all staff in support of effective clinical communication. Staff were observed following the processes for clinical communication. 95% of relevant staff have completed the Healthscope Bedside Clinical Handover education module.	
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 effectiveness of clinical communication, including handover and team time out, is monitored through feedback and audit. The Communicating for Safety Working Party monitors the effectiveness of clinical communication and associated processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH policies support the engagement of patients and their families in their own care and in shared decision-making. Patients were involved in clinical handover at the bedside, and assessors witnessed this consistently throughout the assessment. The handovers were thorough throughout the preoperative journey and patients were actively involved. Patients reported being engaged in their care and stated that they had information provided 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 support the use of approved identifiers in procedure matching, transfer of care, handover, discharge, and where changes in clinical care or patient risk profile are identified. Documentation supports the use of specified identifiers in these situations and handovers throughout the perioperative journey supported this. Identification using the three identifiers was consistently used and critical information communicated. A quality pathology action plan has been put in place to ensure results are sent to correct department and reviewed in timely manner.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
NCPH policies define the use of three approved identifiers, and staff described how and when these are used. Patients also described the questions asked to confirm their identity and this was observed with wardsmen picking up patients to transfer them to theatre, with the nursing staff admission into holding bay, and transfer into the PACU post-procedure by both medical and nursing staff.	
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	
As noted in Action 6.5, approved patient identifiers are used for matching patients to their intended care. There are formal processes in place for procedural time-out in units where procedures are undertaken (e.g. Coronary Angiogram) and utilising the Surgical Safety Checklist (SSC) in the Operating Suite. These processes are regularly audited with high compliance. The SSC, including patient identification with the patient, correct side and site, planned procedure, antibiotic prophylaxis (where indicated) procedural, and blood consent were discussed.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 at the Communicating for Safety Working Party. Staff could explain their respective roles in clinical handover, including the minimum information communicated, and this was observed at numerous bedside handovers.	
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	
Clinical handovers are structured using the ISOBAR tool, and staff were observed engaging with patients and their families in defining goals of care and making decision. The processes 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. Patients and staff described the handover process and confirmed that handovers involving patients and family in decision-making were consistent. Clinical handover is audited regularly and incidents relating to ineffective handover are investigated with lessons learn shared and disseminated.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Position descriptions, policies, and protocols guide staff to effectively communicate critical information and alerts in a timely and appropriate way. Staff and patients described the transfer of care throughout the patient journey from admission to transfers, handover, and discharge. Clinical handover is audited and incidents and feedback via patient surveys and consumer rounding relating to communication is fed back to the appropriate unit / ward, and action plans and education are facilitated to improve the process.	
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 at NCPH for patients and families to directly communicate critical information and risks about care. Clinicians, patients and families confirmed this, and information was available at the bedside to support and facilitate this process. Patients explained how they were involved in the bedside handover. Patient Care Boards in each room were used appropriately to display critical information and were updated each shift. Some Information was placed on the wall next to the board and larger boards have been ordered. REACH posters were sighted throughout the hospital providing patients, families and visitors with their options if they are concerned about a patient's care.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 on WebPas and in the medical charts r confirmed compliance with the organisation's process to contemporaneously document critical information, alerts, and risks. A suite of tools is used to identify and document risk to patients and changes to care. The Alert Record Sheet placed in the front of the patient file is reviewed at each admission to ensure currency of critical information. Documentation audits are done, and results are above the Healthscope Benchmark.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

## 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	
NCPH monitors the blood management process for blood and blood product use, quality and safety and patient outcomes, and reports are monitored by the Blood Management Working Party.	
Rating	Applicable HSF IDs
Met	All

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	
NCPH supports the engagement of consumers in blood management, including informed decision-making. Patients who had received blood / blood products confirmed their engagement in informed consent.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 7.04	
Clinicians use the blood and blood 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	
NCPH processes and Healthscope policies support the clinically effective and efficient use of blood and blood products. Use is monitored by Capital Pathology and action is taken to reduce wastage and the inappropriate use of blood and blood products.	
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	
Multiple transfusion records were reviewed which showed evidence supporting the effective documentation of decision-making and transfusion details. This is supported by regular audit which is reported as being 100%.	
Rating	Applicable HSF IDs
Met	All

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	
NCPH policies are consistent with the national guidelines and national criteria for the prescription and administration of blood and blood products and are available to clinicians. There have been no incidents related to blood management over the past 12 months.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

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 procedures support compliant reporting of adverse events related to transfusions, and these are monitored by Capital Pathology and reported through the Blood Management Working Party.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.08	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
Comments	
NCPH contributes data, where applicable, to ACT Health Haemovigilance in accordance with the national framework.	
Rating	Applicable HSF IDs
Met	All

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 can be traced. Processes are monitored and reported through the Blood Management Working Party. Any incident related to inappropriate handling of blood or blood products is reported and managed through the incident management system.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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

Org Name : National Capital Private Hospital  
Org Code : 820001

## 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 supported this. .	
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 identification and management of acute deterioration and this is reported through the Recognising and Responding to Acute Clinical Deterioration Working Party and to clinicians for the purposes of clinical review.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 show there is a process supporting partnering with consumers in recognising and responding to acute deterioration. This process includes involving patients, meeting their information needs, and shared decision-making. Staff and patients confirmed that patients are actively involved in planning and making decisions regarding the management of acute deterioration, with examples of the shared decision-making observed between 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 using the Adult Observation Chart, and a review of clinical documentation supported this as did regular auditing of clinical documentation. Observations are undertaken in response to patients' individual circumstances and the chart highlights potential clinical deterioration and the need for escalation or intervention.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 8.05	
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	
Comments	
Policies and procedures support staff in identifying acute mental state deterioration, including the risk of delirium. Assessment and care planning documentation showed that assessment drives the development of individualised and appropriate management plans for patients with acute mental state deterioration or delirium. Clinical documentation is audited regularly and compliance with cognition screening is reported to be high. NCPH processes support timely communication between the treating team and the patient and family members as detailed in Standard 6.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.06	
The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	
Comments	
NCPH monitors the identification and management of acute changes in physiological and mental status, pain or distress and concerns raised by staff, patients and families through clinical documentation audits, incident management, and clinical review. Staff and patients were aware of these processes and described them, including the process for escalation of care, where needed. Documentation identified policies and procedures that support clinical staff in the management and escalation of clinical deterioration, and they are current and reference best-practice.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
The REACH program has been implemented for patients and families to directly escalate care, and clinical staff, patients, and families confirmed this. Observation of the escalation system used across the organisation further supported this process. Recent patient survey results identified that 98% of patients were aware of the REACH escalation processes.	
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 escalation of care policy is clear and provides direction for staff to escalate care and respond to a clinical emergency. Staff described the process, and documentation supported the evaluation of these processes which are reported through the Recognising and Responding to Acute Clinical Deterioration Working Party.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
Staff described the systems for escalating care, consistent with the organisation's policy. Reports are provided to the Recognising and Responding to Acute Clinical Deterioration Working Party confirming the effectiveness of these processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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	
Education is provided to clinicians to support the timely and effective management of patients who acutely deteriorate. Compliance with training is reported as 100%.	
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	
NCPH provides access to clinicians with advanced life support skills and competency. Training records showed compliance at 100%.	
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	
Clinicians confirmed that the process for timely referral to mental health services ensures that these referrals meet the needs of patients whose mental state has acutely deteriorated. Staff described the referral process to the Police, Ambulance and Clinician Early Response (PACER) Canberra Health Service.	
Rating	Applicable HSF IDs
Met	All

Org Name : National Capital Private Hospital  
Org Code : 820001

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 admission to Intensive Care, Coronary Care and the High Dependency Unit for patients who physically deteriorate.	
Rating	Applicable HSF IDs
Met	All



Org Name : National Capital Private Hospital  
Org Code : 820001

## Recommendations from Previous Assessment

Nil.