



# NSQHS Standards Second Edition Version 2

## Organisation-Wide Assessment

### *Assessment Report*

La Trobe Private Hospital

BUNDOORA, VIC

Organisation Code: 226621

Health Service Facility ID: 101079

ABN: 69 108 807 370

Assessment Date: 10 – 11 February 2025

Accreditation Cycle: 1

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

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## 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</p>

	assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.
Rating	Description
Not met	Part or all of the requirements of the action have not been met.
Not applicable	The action is not relevant in the service context being assessed. The Commission's advisory relating to not applicable actions for the health sector need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

For further information, see [Fact sheet 4: Rating scale for assessment](#)

### Repeat Assessment

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

For further information, see [Fact Sheet 3: Repeat assessment of health service organisations](#)

### Safety and Quality Advice Centre and Resources

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

Telephone: 1800 304 056

Email: [AdviceCentre@safetyandquality.gov.au](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 *NSQHS Standards Second Edition Version 2* . 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.

Org Name : La Trobe Private Hospital  
Org Code : 226621

## Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Assessor	Marjoree Sehu	Yes
Lead Assessor	Wendy Wood	Yes

## Assessment Determination

ACHS has reviewed and verified the assessment report for La Trobe Private Hospital. The accreditation decision was made on 18/03/2025 and La Trobe Private Hospital was notified on 18/03/2025.

### 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

La Trobe Private Hospital underwent a NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment (NS2.1 OWA) from 10/02/2025 to 11/02/2025. The NS2.1 OWA required two assessors for a period of two days. La Trobe Private Hospital is a Private health service, who were last assessed 15/2/2024 – 16/2/2024, when an Interim Assessment was conducted.

PICMoRS was used to conduct this assessment. 85% of available time was spent in operational areas during this assessment.

A team of two assessors reviewed the La Trobe Private Hospital (LPH) Healthscope facility at Bundoora, Victoria over two days. The assessment was an announced assessment. Planned interventional day procedures, and overnight planned and unplanned admissions in four (4) main surgical specialities had been operational for 12 months. Administration, leadership and medical and surgical specialists work as a component of a group which includes nearby Northpark Private Hospital.

All applicable actions were assessed as meeting the full intent of the National Standards. The previously submitted Not Applicable Action was verified as appropriate.

Healthscope governance processes are in place and use of group policies and procedures was noted. Assessors interviewed the Hospitals' General Manager and leadership team, who in addition to the unit managers and staff, are responsible for the safe operating of the hospital. Monitoring and evaluation processes were noted to be in place, with data collection and reporting having been collected and analysed for 12 months. The clinical workload was noted to have fluctuated, and a growth plan was in place to attract new surgeons and grow the existing case mix.

La Trobe Hospital has a joint Partnering with Consumers Committee with its fellow group member Northpark Private Hospital. There had been consumer involvement with wayfinding at the facility and on input on the REACH poster. Patient information covers the essentials of health rights, financial and informed consent for treatment including blood transfusion. There were processes for identification of Aboriginal and Torres Strait Islander people and easy access to resources that will enable culturally appropriate care, if required.

The infection prevention and control program was co-managed with Northpark Private Hospital in conjunction with a HICMR contract. Training was well attended, and this was reflected in the high rates of hand hygiene and nil episodes of transmission of multi-resistant organisms and blood stream infections. including *Staphylococcus aureus*. The sterilising of Reusable Medical Devices (RMDs) was located at Northpark Private Hospital. Point of use cleaning and the safe transport between sites was observed. A gap analysis against AS/NZ 4187 demonstrated that the Standard was fully implemented. Work is underway to conduct a gap analysis and develop a plan to transition to AS5368 by the end of June. The antimicrobial stewardship program was appropriate for the size and scope of the organisation.

The La Trobe and Northpark Hospitals' Medication Safety Committee governs medication management. A close working relationship between the clinical pharmacist and nursing and medical staff for the safe management of medications was described.

Assessors observed patient involvement in the medication process from pre-admission to discharge and Consumer Medicine Information was provided on discharge and an updated medication list highlighting the new medication with indication was provided.

The Care Boards and care planning support partnering with consumers which was described as being fundamental to the multidisciplinary team and achieving the patient's goals of care. End of month cycle of audits and reporting present a consistently high performance of care being delivered in accordance with the patients' care plan.

The communication of critical clinical information was appropriate, and staff were observed to be comfortable in the use of ISBAR and with bedside handovers and transition of care points.

Implementation of Healthscope policies for example, alerts and identifiers, was evident, compliance had been monitored through the last 12 months.

Processes and arrangements were in place with Melbourne Pathology service who are contracted to manage the availability of blood and blood products, eliminate wastage, and respond to shortages.

Competency training is provided during onboarding education. There had been no use of blood or blood products over the last 12 months. Two (2) O-negative emergent blood units had routinely been collected for reassignment, to prevent wastage.

The policies and procedures to prevent, detect and manage acute deterioration were available and well-articulated by staff. The low incidence of acute deterioration attests to the rigorous and appropriate risk assessment that are undertaken prehospital admission to ensure patients are appropriate for the facility. Pathways for early referral for the management of acutely unwell patients have been facilitated by accessible on-call clinicians. Appropriate training is provided to staff in paediatric and adult resuscitation.

## Summary of Results

La Trobe 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

### La Trobe Private Hospital

Site	HSFID	Address	Visited	Mode
La Trobe Private Hospital	101079	Cnr Greenhills Rd & Plenty Road BUNDOORA VIC 3083 Australia	Yes	On Site

## Contracted Services

A sample of Contracts have been verified.

The following contracted services are used by La Trobe Private Hospital.

Provider	Description of Services	Verified During Assessment
Lumus Imaging	Radiology and Imaging	Yes
Melbourne Pathology	Pathology	Yes
Chemtronics (Corporate Contract)	Biomedical Maintenance	No
HICMR	Infection control Consultant	Yes
BGIS	Maintenance	Yes
HPS	Pharmacy	Yes
AESM	Fire panel service, Fire board and extinguishers	No
Spotless(corporate contract)	Linen	No
Coregas	Medical Gas Supply	No
Busch	Medical Suction	No
Testel	Testing and Tagging	Yes
ASM Chilltech	Airconditioning, heating, refrigeration	No
Mediclean	Cleaning -Operating Theatre The	No
Dormakaba Australia	Auto doors	No
Arrow Smith & Grant	Blood fridge	No
Aqua Clear	Boiling Water Service and Water Units	No
Nationwide	Boom Gates	No
Stokes Safety (Corporate Contract)	Building Surveyors	No
Big Ben Cleaning Services	Canopy cleaning	No
Big Ben Cleaning Services	Canopy cleaning	No
Cleanaway Daniels(Corporate Contract)	Cardboard Recycling	No
Ecolab (Corporate Contract)	Chemicals - cleaning	No
Cleanaway Daniels(Corporate Contract)	Clinical Waste	No
Alliance S.I.(Corporate Contract)	Communications	No
Cleanaway Daniels(Corporate Contract)	Confidential Waste	No
Chemtronics	Electric beds	No
Chemtronics(Corporate Contract)	Electric beds	No

Provider	Description of Services	Verified During Assessment
BGIS	Electric board and Services	No
Cyprus Gardening	Gardening	No
Cleanaway Daniels(Corporate Contract)	General Waste	No
Powerprotect	Generator service	No
AG&G Services	Hepa Filters	No
BGIS	Hot water services	No
Otis (corporate contract)	Lifts	No
Excel Lockers	Lockers	No
A Grade Lock Technicians/Access	Locksmith	No
Clifford Hallam (Corporate Contract)	Medical Consumables	No
Chemtronics(Corporate Contract)	Medical Equipment/repairs/services/sales	No
Zirco data(Corporate Contract)	Medical Record Storage	No
BGIS	Mixing valves	No
HILLS	Nurse call systems	No
Winc(Corporate Contract)	Office Supplies	No
Mirror Image Aust PTY LTD	Painting Services	No
Atherton(Corporate Contract)	Pan flusher	No
Chemtronics Direct	Patient Lifter	No
Flick Anticimex Pty Ltd (Corporate Contract)	Pest control	No
Cleanaway Daniels Corporate contract	Sanitary Waste	No
Global Security/Al Security	Security	No
AIG Security Group	Security Patrols	No
Mezza Architectural Wayfinding Signage	Signage	No
All Ready Safe	Signage (Evacuation Drawings)	No
Atherton	Sterilisers	No
Device Technology	Steris equipment	No
Metropolitan Fire and Emergency Services Board	Structural Engineering	No
Image On Line Pty Ltd (Corporate contract)	Telephone system	No
Perfect Vision	Television	No
Stryker	Theatre lights	No
Hydrochem (corporate contract)	Water treatment	No
Southern Filtration	Water treatment R/O Water System	No
Cleanaway Daniels (Corporate Contract)	Rubbish removal	No
Culprit	Swipe door access	No

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Provider	Description of Services	Verified During Assessment
AESM	Door protection	No

La Trobe 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	
The Senior Leadership Team (SLT) have provided consistent and supportive management of the hospital since the commencing surgical admissions. Meeting documentation demonstrated that all items relevant to safety and quality of are routinely reported. Together with interviews with the General Manager and clinical workforce, a culture of safety and quality improvement was demonstrated. This was reinforced by the leadership team who set the organisation's operational goals and are responsible for ensuring it is clearly communicated through the governance structure, which includes a calendar of committee meetings. The 'One Healthscope' Strategy was quoted as providing the priorities and strategic directions for all hospitals in the group. The Clinical Governance Framework describes the clinical governance structures and relationships for safety and quality of care. Together with the Facility Rules, governance-related roles and responsibilities across the hospital are well defined. Committees have monitored the effectiveness of the clinical quality system through feedback, audit, data analysis and incident reporting.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.02	
The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
Comments	
Healthscope has a formal Reconciliation Action Plan (RAP) which is used at all hospitals. Refreshed in 2024, the plan includes provision of services to address unmet needs, encourage participation through employment, and respecting the culture through acknowledgement statements, and participation in national events. Over the last 12 months the hospital has treated patients; nine (9) orthopaedic, four (4) urology, two (2) colorectal, three (3) general surgeries.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.03	
The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	
Comments	
Staff in key clinical governance and leadership roles were able to describe their understanding and use of the clinical governance framework. Managers were able to demonstrate to the assessment team how its effectiveness is monitored and reported, utilising daily safety huddles, audits, MARS' reporting, RiskMan entries, committees, and patient and staff experience feedback. Clinical Governance Plan last reviewed in April 2024, has been endorsed by consumers. Staff described the focus areas of the plan; People Safety, Improving Outcomes and Experience, and Accountability for Safety and Outcomes.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.04	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
Comments	
The RAP includes the quarterly reporting required by La Trobe PH. This includes compliance with 'Asking the Question' which triggers an offer of visitation and support by First Nations Representatives from the Banyule Community Health Team. RAP includes actions to ensure there is culturally appropriate care, and clinical care in accordance with demand.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.05	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
Comments	
Interviews with senior managers and the GM confirmed that contracted care appropriately includes requirement for meeting the ANSQCC minimum standards, escalation processes include risk analysis, incidents, complaints, consumer, and staff feedback and this may influence decision making. Dedicated positions are appointed at group corporate level to support procurement. There had been no issues or complaints relating to contracted care services over the 12 months since commencement.	
Rating	Applicable HSF IDs
Met	All



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ACTION 1.06	
Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	
Comments	
A review of governance and reporting structures reinforced by assessor observations and interviews with staff verified that the Clinical Governance Framework and the Facility Rules had been used to describe roles for staff. Staff confirmed that they understood their clinical safety and quality responsibilities and were able to articulate how the hospital contributes to the organisational-wide monitoring, reporting, benchmarking, and evaluation of performance. Executive Leadership Team, Medial Advisory and Peri-operative Committee minutes were reviewed. It was noted that there had been no serious unresolved hospital acquired complications or deaths. A high-risk scenario was discussed that involved the sudden deterioration of a patient whose delay in transfer was impacted by clinical leadership decision-making at the destination evacuation hospital. Procedures for escalation of care requiring transfer to higher care were subsequently improved.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.07	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
Comments	
Documents reviewed, plus interviews with the senior managers could demonstrate how policy documents, procedures and protocols are managed to ensure that they are current, comprehensive, effective, appropriately referenced and comply with legislation and regulations, along with Victorian Safer Care requirements. A corporate policy specifies their Governance, and the processes are supported by a National Document Control officer. Compliance is monitored through incident reporting and audit trends which influences the revision of site-specific policies, procedures and protocols where indicated. A risk management approach was evident in defining the adaptation of organisational documents specific for use at La Trobe Private Hospital.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.08	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
Comments	
Staff confirmed that they had contributed to group-wide quality and safety performance monitoring and benchmarking along with other sites in the Victorian group. Outcome data and information from La Trobe was reviewed and found to be benchmarking in the highest quartile. Results were made available to staff through staff meetings, to consumer representatives, the community, GPs, and published on quality Boards in the ward.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.09	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
Comments	
Senior staff confirmed during interviews how the organisation manages the safety and quality system in accordance with the Quality Management Policy. Reports are provided to the Healthscope leadership and Board quarterly via the GM. Website reporting included MyHealthscope, and staff engagement is encouraged through committee representation, and departmental quality boards. The hospital also reports to Safer Care Victoria on Duty of Candor, however no such incidents have occurred that required this.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.10	
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	
Comments	
Management and staff explained how risks are identified and managed, and how this is influenced by the Duty of Candor, feedback and input from staff, patients, and carers. The GM articulated how the Quality Risk Committee uses a risk matrix to define and operationalise the risk management system in accordance with the Clinical Risk Management policy. The Medical Advisory Committee and specialty craft groups are also involved. The risk management system includes business continuity plans to support service delivery in the case of an emergency or disaster. Risk management reports are included in all committee Terms of Reference.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.11	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
Comments	
Documents reviewed included the Serious Adverse Event Review and Root Cause Analysis policy, plus interviews with staff, confirmed that all staff have been orientated to the RiskMan reporting system and they are encouraged to report any incidents or "near misses". The Quality Risk Committee provides analysis and feedback to staff and key committees on incident reporting trends and informs updates to the risk register and provides opportunities for shared learning from other Healthscope sites. Information on the outcomes of incident investigations is reviewed at the individual incident and aggregate levels to ensure the system is functioning as intended and to inform them of improvements where indicated. At .13, the La Trobe Hospital HAC rate was noted to be significantly lower than the National 1.08 rate. The La Trobe rate was the result of one (1) occasion of a post operative patient who was diagnosed with arrhythmia.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.12	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	
Comments	
Healthscope has established an open disclosure program which is consistent with the Australian Open Disclosure Framework. The Victorian reporting requirement on Duty of Candor was well understood by the workforce. No open disclosure occasions have occurred to date. Staff were able to articulate their role in open disclosure and felt supported in initiating and participating in open disclosure.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.13	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
Comments	
A variety of mechanisms are in place to seek and respond to feedback from patients, carers, families, and staff about the quality of care provided by the organisation. This was clearly described in the “The Goal that Unites Us” patient experience strategy. Feedback from satisfied consumers has been consistent. The reported Net Promoter Score trend at 80+ was reported the highest in the Group. A consumer survey is sent out to patients approximately one (1) week post discharge.	
Rating	Applicable HSF IDs
Met	All

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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	
Complaints management policy and procedures describe the processes in logging and responding to complaints. The policy describes how staff and consumers are appropriately involved in the review of complaints. The complaints received, although few, had been resolved in a timely way. Complaints will be used to inform the risk register. No serious complaints have been received since commencement.	
Rating	Applicable HSF IDs
Met	All

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	
Documents reviewed, plus interviews with senior staff and management confirmed that patients reflected the demographics of their local population and the broader community. Patients who are at a higher risk of harm, including mobility and cultural and linguistic diversity. This information has been used to support decisions on the restricted clinical services offered to date. Processes are guided by the Gender Identity, Sensitivity and Cultural Safety policy.	
Rating	Applicable HSF IDs
Met	All

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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 was in hard copy for the duration of each episode and was readily available to clinicians at the point of care. An examination of a small set of records demonstrated that it is organised in such a way as to support accurate, comprehensive, and timely documentation. Clinicians were able to describe how they use the healthcare record to document all aspects of care planning and delivery. On discharge, healthcare records are maintained securely in a locked department and comply with privacy legislation. Regular clinical documentation audits have been used to monitor compliance with policies and guidelines. Ward clerks are required to check each record for key components on discharge.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.17	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
Comments	
Each (printed) medical record page is barcoded and Healthscope is working toward electronic health records. Patient identifier numbers are unique to the hospital. Standardised terminology was stated to be used.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Corporate office has undertaken a Gap Analysis which was last reviewed in December 2024. The Action Plan documents that most activities are 'ongoing' but that a Digital Health Agency extension had been granted to Healthscope to June 2025 due to the incompatibility of their patient system to utilise the National Identifiers. The organisation is compliant with the requirements of AS18/11 v6.	
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	
The assessment team reviewed documentation that detailed the orientation provided to all new staff. The on-boarding processes included identifying quality and safety roles and responsibilities, and position descriptions further supported this. Commencement training records are maintained and were made available to the assessors.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The Mandatory Training policy describes the processes to ensure that clinicians undertake training appropriate to their roles. Training records via 'Dash' were made available to assessors. Compliance was noted for mandated safety training 90%. The eTraining Requirements for Credentialed Practitioners policy specifies education for clinicians appropriate to their roles. Examples of new training for nurses included orthopaedic post operative care and post operative pain management.	
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	
Meeting the health care and cultural needs of Aboriginal and Torres Strait Islander People is described in the Appropriateness of Care policy which aims to inform staff about the Cistone, values, and beliefs of Aboriginal, and Torres Strait Islander Peoples in relation to their health. In addition, National Cultural Diversity & Inclusion Committee publicises and encourages participation in national and local activities. 90% of the staff have completed 'shared the pride' module of eLearning.	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
Org Code : 226621

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 to be conducted annually for all staff, three and six-month reviews were scheduled for all the new staff. The process includes identification of staff training needs. Staff could articulate the performance management system and their role in the process. At the time of the assessment the accumulated total completed was 98%.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.23	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
Comments	
Defining the scope of clinical practice is handled competently by the GM supported by senior administrative staff and is guided by Healthscope policy and procedures. Clinicians' scope of practice is consistent with the role delineation of NorthPark and La Trobe hospitals. Currently the scope of La Trobe Private Hospital is restricted to Paediatrics >12 years. There is a corporate policy that guides the process to consider new interventional procedures.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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ACTION 1.24	
The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process	
Comments	
A few new medical clinicians are currently going through the appointment process, it was reported that most were currently credentialed at Northpark and had their scope increased to include La Trobe Private Hospital. Theatre and booking staff have full access to enable them to check scope of practice at any time.	
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 interviewed by the assessors were able to articulate their roles and responsibilities for quality and safety. These are defined in position descriptions for staff employed and in the By-Laws for medical specialists. A dedicated Quality Manager role supports the workforce in application of the National Standards and monitoring performance. Orientation and onboarding included information for agency and locum staff.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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ACTION 1.26	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
Comments	
Clinicians are provided with supervision according to their designated roles and responsibilities via the leadership structure, and this is supported by position descriptions and the Clinical Governance structure which includes the Medical Advisory Committee. Specialists are on call after hours staff can contact them as required. There are no appointed Junior Medical Staff at this time. The hospital Coordinator after hours was designated as the first contact person, on call senior managers are rostered.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.27	
The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	
Comments	
The organisation provides clinicians with access to a range of tools, best practice guidelines, care pathways, and the clinical care standards to support their clinical practice. Some Health Record forms/pathways also include guidance; examples cited were diabetes, delirium, deterioration. Mandated Clinical Care Standards relevant to the service, AMS, colonoscopy, and Delirium Management have been implemented.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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 to be monitored by analysing comparative clinical outcomes data (both internal and external) and patient experience results used to inform individual and aggregate performance, support visiting clinicians in actively participating in clinical reviews and to inform changes needed to minimise unwarranted clinical variation via the MAC, and Mortality and Morbidity committees. Craft specific meetings are in place which include clinicians from both hospitals in the Bundoora group.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.29	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
Comments	
Interviews with staff and observations by the assessment team demonstrated that the design of the hospital has been effective so that the preventative and reparative maintenance of buildings, plant, equipment, utilities, devices, and other infrastructure can be easily undertaken by staff or contractors to ensure that they continue to be fit for purpose.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The look and feel of the design of the fit out and furnishings promotes a calm and quiet environment. There are several places that provide additional privacy. The organisation has identified that although there is a low risk of unpredictable behaviours, it has processes to ensure emerging risk issues can be appropriately identified. Strategies include alert and staff assist buttons in all clinical care spaces. Referral processes to Northpark Hospital are established.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.31	
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
Comments	
Directional signage internally and externally is designed to be clear and fit for purpose. Once on the hospital grounds, the assessment team were able to successfully navigate an unfamiliar environment.	
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	
Visiting hours are promoted to facilitate patient rest periods however were described as flexible in accordance with needs.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The welcoming feel of the environment is enhanced by art works that have been commissioned or purchased from Aboriginal communities across Australia. Acknowledgement of Country is practiced, Aboriginal and Torres Strait Islander flags were on view in front of house reception. Windows to the garden views were seen in all patient care areas.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

## 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	
Consumers are involved in policy development, implementation and training at Healthscope Corporate and locally at La Trobe Private Hospital. The quarterly combined Northpark and La Trobe Hospitals Partnering with Consumers Committee is chaired by the Quality Manager. The organisation is actively trying to recruit new consumers to improve representation on the other committees as well as for succession planning. Workforce training to improve partnering with consumers is available on eLearning with the following completion rates: Relationship-Centred Caring (73%), Healthscope - Open Disclosure eLearning Program (100%), Cultural Diversity and Sensitivity in Healthcare (85%) and Asking the question, are you of Aboriginal or Torres Straight Island descent? (100%).	
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	
The Northpark and Latrobe Private Hospitals Consumer Engagement Plan 2024-2025 and Indigenous Engagement Plan 2024-2025 has recently been in operation after endorsement from the Partnering with Consumer's Committee. There is high patient satisfaction from electronic surveys sent to consumers post discharge. The Patient Experience Survey has been positive with overall rating of 87.9% with a Net Promoter Score of 77.9% for 2024. "Always Events", as defined by the organisation, included patient rounding, bedside handover and care boards and these were reported at 86.1%, 66% and 75.7% respectively. The organisation recorded a response rate of 37.1% on its survey where 50.7% of those surveyed provided a comment.	
Suggestion(s) for Improvement	

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
To consider providing an alternative means for completion of survey rather than to wait for the link post discharge. This would, (1) improve access to survey for consumers who may not be able to complete the survey online via a link (for example, older persons - as highlighted by the consumer rep), (2) allow for younger persons (aged 12-18) to be heard and (3) allow completion of survey whilst waiting for completion of the discharge process.	
Rating	Applicable HSF IDs
Met	All

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	
The Charter of Rights is visible and available in the clinical environment and in public spaces and is consistent with the Australian Charter of Healthcare Rights.	
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 informed consent process was well understood by the workforce and consumers. The consent documents and policy comply with best practices and legislation. Compliance with financial consent is consistent with the requirements and Advisory 18/10: Informed financial consent has been met.	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
La Trobe Private Hospital (LPH) has a process in place to confirm a patient's capacity to make decision about their own care. There is clear process for a substitute decision-maker including on occasions where a younger person presents to hospital.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.06	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
Comments	
There is clear clinician partnership with patients in planning, communicating, goal setting and decisions about current and future care. LPH has a policy whereby a parent / care giver can remain with the patient right until they are under anaesthesia to ensure patients are not alone and anxious in a new unfamiliar environment. There is also the ability for parent / care giver to remain with the patient overnight with the provision of a recliner, camp bed or in double bed rooms depending on preferences and need. Interviews conducted during the assessment confirmed patient satisfaction with their treatment and care experience.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Patients interviewed were able to describe to the assessors how clinicians were actively involved in their care, going beyond expectations in some circumstances (returning after shift to ensure that patient was well). Patients felt well supported in their own care and valued the engagement and participation in the care board. This is reflected in the Patient Satisfaction Survey where over 87% was confident in the safety of treatment at LPH.	
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	
Majority (78%) of patients at LPH are English speaking with the rest representing less than 1% of any language group. There is diverse communication information available through print and electronic media. Consumers were satisfied with the information provided and this is reflected in the Patient Experience Survey where close to 85% of responders felt cared for and over 86% felt that their individual needs were met.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The Healthscope Corporate Consumer Engagement Group is involved in the development and review of all Healthscope specific patient information. Most of the patient information reviewed at the assessment was from the Commission or other government Health departments.	
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 were comfortable with the range of resources available to support them in informing consumers. Patients interviewed during the assessment were very happy that they were given adequate information and that their clinical need was well catered for including requirement for pain medication. A nursing discharge summary is provided for all hospital discharges as well as a Pharmacy Medication List with the appropriate Consumer Medicine Information as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The consumer representative confirmed extensive active consumer engagement and participation in the governance and evolution of the health service. A recent project was the Wayfinding Audit which highlighted some areas for improvement which has been taken up by the health service. The majority of the members of the Partnering with Consumers Committee have been involved for several years and it is well recognised that there is a need for succession planning. Increasing the number of consumers involved will also to enable better representation in the committee level including in the medication safety and infection control committees. Consumers are not remunerated but are reimbursed for parking/travel.	
Rating	Applicable HSF IDs
Met	All

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	
The consumer representative interviewed confirmed that orientation, support, and education are provided to the consumers. She felt very well supported in her role, having participated in a Healthscope Corporate orientation program for consumer representatives (Foundation Training Course for Consumers) and been involved for some years at a local level.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
Aboriginal and Torres Strait Islander people form a very small percentage of consumers at LPH. There is the Indigenous Engagement Plan 2024-2025, which outlines four key objectives in deepening connection with First Nations Communities. The National Cultural Diversity and Inclusion Committee, which meets quarterly and is chaired by a Healthscope staff member of Torres Island descent. Although Aboriginal and Torres Strait Islander numbers are low, the completion of the Asking the Question learning module is 100%. There is a clear process when someone identifies as Aboriginal or Torres Strait Islander. The Quality Manager is the first point of contact for patients who identify as Aboriginal and or Torres Strait Islander. If a specific need is raised, a referral is then made to the local Aboriginal and Torres Strait Islander group to assist.	
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	
Consumers, ward staff, and key leaders were able to explain how the organisation partnered with consumers to incorporate their views and experience in the training and education of the workforce. An example of this was signage changes in response to the Wayfinding Audit. Another example is 'Always Events' in the Patient Satisfaction Survey, which demonstrated progressive improvement during the three (3) audit periods in 2024.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

## 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	
Policies and Procedures from Healthscope Corporate, local Northpark and La Trobe Hospitals and Healthcare Infection Control Management Resources Pty Ltd (HICMR) are easily available on HINT and the policies reviewed on assessment are verified to be in date. There is clear reflection within these policies and procedures of the safety and quality systems within the organisation. Infection control practices are well embedded and risks with infection is minimised by the physical layout of the hospital, with a majority of single rooms, and the case mix of the hospital. Antimicrobial stewardship has been implemented for the operating space with surgical prophylaxis data collected for surgical procedures reported VICNISS.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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 multidisciplinary bimonthly Northpark and La Trobe Hospitals Infection Control Committee (ICC) is chaired by the Infection Prevention Coordinator, who is supported by HICMR. The AMS Committee has active participation of the infectious diseases' physician and reports to the ICC. The ICC reports to the Quality and Risk Committee and the Senior Leadership Team. Any issues and concerns are easily escalated to the Senior Leadership Team as well as to the Medical Advisory Committee (MAC). The workforce is provided the opportunity to complete learning packages for Infection Control, hand hygiene, Donning and Doffing Personal Protective Equipment and Aseptic Technique. Regular auditing occurs for hand hygiene. Infection control manuals, factsheets and policies and procedures are readily available on HINT on every organisational desktop as is the eTG - Antimicrobials.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

### 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

La Trobe Hospital engages in active surveillance and monitoring of the following key surgeries - hip and knee joint replacement, laparoscopic and open cholecystectomy and hernia repairs as well as hand hygiene and reports them to the Victorian Hospital Acquired Infection Surveillance system (VICNISS). Hand Hygiene is also monitored and reported to the National Hand Hygiene Initiative (NHHI) and the result is displayed on the Quality Boards in each area. The AMS program participated in the National Antibiotic Prescribing Survey (NAPS). All these data is reported to the ICC and is escalated to the Quality and Risk Committee and the Senior Leadership Team as necessary.

Rating	Applicable HSF IDs
Met	All

### 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

There is a current vacancy for the consumer representative on the Infection Control Committee due to the resignation of a long-standing representative. Consumers are made aware of Hand Hygiene rates for the particular area which is displayed on the Quality Board in the area. Education brochures and leaflets published by the Australian Commission on Safety and Quality on Health Care specifically for consumers are easily available on HINT. HPS provides Consumer Medicine Information sheets which is given with all new medications dispensed, which may include short-term oral antimicrobials.

PIVC dwell time beyond 24 hours is low. Majority are for surgical procedures and is usually required for 24 hours only. Consumers interviewed during the assessment was aware of the indications for their use and dwell time.

Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
 Org Code : 226621

ACTION 3.05	
<p>The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups</p>	
Comments	
<p>LPH does not conduct regular surveillance of multi-resistant organism (MRO) due to low numbers. There has been no healthcare associated infections, including Staphylococcus aureus blood stream infections. VICNISS, Hand Hygiene and other audit reports including water testing is a standing agenda item on the ICC. Compliance to Hand Hygiene is at 91.6%. La Trobe Private Hospital participates in NAPS, which mostly reflects surgical prophylaxis.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.06	
<p>The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws</p>	
Comments	
<p>LPH's processes and policies are consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. Transmission-based precautions (TBP) charts are consistent with those published by the Commission.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

#### **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**

There is close and collaborative working partnership between the Infection Control Coordinator and HICMR, allowing for peer mentoring and support, as well as monitoring and sharing of new relevant national and jurisdictional policy and legislation changes including information on emerging infections and risks posed to the organisation. Due to demographics and case mix, LPH is a low-risk facility with few notifications for multi-resistant organisms. The Infection Control Co-ordinator has access to a list of all positive cultures (across all specimen types) and identifies any result of concern. Due to the low numbers, most are well managed according to local policies. Any further concerns are escalated to the Infectious Diseases physician. Compliance with the organisation's Donning and Doffing Personal Protective Equipment (PPE) training is at 98%.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The patient's risks are identified and translated to WebPas from the admission/pre-admission Infectious Risk Screening and communicated on the alert page at the front of the patient chart. Standard and transmission-based precautions are well enacted within the organisation despite very few numbers as most of the rooms in the facility are single rooms. COVID-19 and other respiratory virus-positive patients are usually not admitted to the facility. In the event someone is inadvertently admitted, they will be transferred out via an ambulance to the next nearest available hospital. Appropriate waste and cleaning practices are in place within the facility. The Infection Control Co-ordinator will usually discuss transmission-based precautions with the consumer when identified as requiring them. Appropriate cleaning procedures are in place for equipment used in routine care.	
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	
Although in low numbers, communication regarding infectious status is part of the clinical handover of patients. Alerts are on WebPas and patient charts. This is also communicated on discharge on the Nursing Discharge Summary given to patients when they leave the facility. If necessary, the Infection Control Co-ordinator is available to discuss the infectious status further with relatives or carers of consumers. Regular significance updates from the Department of Health/Public Health Unit are relayed to staff via the ICC and Nurse Unit Managers.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 3.10	
The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance	
Comments	
The hand hygiene program is consistent with the National Hand Hygiene Initiative (NHHI). Mandatory Hand Hygiene training is at 85%. There are adequate alcohol-based hand rub dispensers around the clinical areas including at the end of beds. The overall HH compliance data submitted to NHHI was 91.6%%, which reflects compliance above the national target of 80%.	
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	
Policies and processes for aseptic technique are readily available on HINT. Aseptic technique eLearning completion is at 71%. There has been no reported PIVC complication nor blood stream infection from PIVC use. There is minimal surgical site infection reported.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Policies and procedures for managing invasive medical devices are in place, consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. These are shared with the workforce on HINT.	
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	
The organisation has maintained a clean, safe and hygienic environment in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. This is assisted by the fact that LPH is a relatively new organisation and the curtains in use are disposable curtains, which at the time of assessment were all in date and not visibly soiled.	
The regular cleaning service at LPH is an in- house service. All cleaning products comply with the Australian Register of Therapeutic Goods, and their use is consistent with the manufacturer’s instructions. There is also a register of chemicals and storage procedures required for each. Processes are in place for enhanced cleaning if and when required by the same team. There are multiple streams for waste - sharps, confidential, clinical and general waste. Storage of sharp and confidential bins is appropriate with locked bins. Two additional streams being considered and discussed at LPH are paper recycling and PVC waste disposal.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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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	
<p>Decisions regarding new equipment is undertaken at a corporate level. There is a scheduled and responsive maintenance program of medical equipment which is managed by Chemtronics. Other equipment is managed by BMS. Routine non urgent matters can be logged online whilst urgent matters can be escalated with a phone call.</p> <p>Linen services is contracted out. Storage of linen is appropriate, with good stock availability throughout, and curtained. There is clear distinction between clean and dirty linen. Dirty linen is put in bags and these are appropriately left for collection in the designated waste room. Bags were appropriately filled and there were new clean bags easily accessible and available.</p> <p>There is no food preparation in the LPH kitchen. All food is appropriately stored in temperature monitored large walk-in refrigerators. There are processes in place to monitor and manage products, including ensuring that reheating temperature is achieved with a food thermometer. The kitchen is compliant with food safety standards, having passed external and council audits. Food handling and hygiene procedures eLearning completion is 100%.</p>	
Suggestion(s) for Improvement	
1. Consider including the review of new equipment and devices as a standing agenda item of the Infection Control Committee, so that infectious risk and cleaning can be formally discussed and documented in the minutes.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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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	
Workforce immunisation requirements are per guidelines with initial capture at recruitment. Compliance is required before the commencement of employment. Compliance for Hepatitis B and Pertussis is 85%, with MMR at 75%. The 2024 influenza vaccination rate for staff, as reported to VICNISS, was 91.43% across Northpark and La Trobe Private Hospitals.	
Suggestion(s) for Improvement	
Due to the resurgence in measles and pertussis in the community, that there be consideration for reviewing MMR compliance rate as rates closer to 92% is required for herd immunity due to the infectious nature of measles.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

#### **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**

Transparent processes for reporting and managing blood and body exposures are consistent with guidelines and readily available to staff on HINT. Blood and body fluid exposures are managed by HICMR, which is available 24 hours a day. Healthscope Corporate has a Personal Leave policy that covers Sick and Carers Leave. There has only been one documented exposure in the last 12 months which was splash near the eye due to poor PPE use.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All



Org Name : La Trobe Private Hospital  
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### 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

All reprocessing of reusable equipment and devices are done at Northpark Private Hospital (NPH). Dirty instruments from theatre are counted, debris washed and instruments replaced in the tray prior to transporting to NPH in a metal transporter ready for further cleaning and checking prior to undergoing the sterilisation process at NPH. The metal transporters are single purpose only – ie., used for clean or dirty instruments only. Cleaned and sterilised instruments are transported back to LPH bagged in the metal transporter and is then stored in the sterile stock room until required. The sterile stock room is temperature and humidity monitored centrally but checked daily (except weekends / when theatre is closed). Stock is appropriately stored on shelving off the floor.

Tracking is done in a mixed electronic and paper format at present. All equipment used for a procedure on a patient can be tracked to tray level. Based on observations during this assessment, the organisation is compliant with AS24/01.

Rating	Applicable HSF IDs
Met	All

### ACTION 3.18

The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement

### Comments

The Healthscope Corporate AMS policy and the LPH local Antimicrobial policy are easily accessed on HINT. An antibiogram for PTH has been provided by Melbourne Pathology reflecting the susceptibility patterns of the organisms recovered in culture at NPH and LPH. Therapeutic Guideline: Antibiotic eTG is available to prescribers on HINT. There is a process for identifying restricted antibiotics using a traffic light system. The use of restricted red antibiotics usually escalates to the infectious diseases physician.

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ACTION 3.18	
<p>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</p>	
<p>The main antibiotic use at LPH has been for surgical prophylaxis. In fact, most submitted data for NAPS in 2024 was from the surgical site surveillance program with particular focus on surgical prophylaxis. Of the 30 charts surveyed, 96.8% was appropriate and compliant with guidelines. Documentation of indication and stop date was at 100%. There was 6.7% (2 of 30 charts) with surgical prophylaxis beyond 24 hours. In the one out of five reviewed with an antibiotic allergy (penicillin), documentation of the allergy lacked essential element for assessing adverse reaction as per the Antimicrobial Stewardship Clinical Care Guidelines.</p>	
Suggestion(s) for Improvement	
<p>1. To consider changing the sample audited. An example would be to use all inpatients and the theatre list of a particular day. This will capture other surgical patients, not just those undergoing total hip or knee joint replacement, cholecystectomy or hernia repair surgery. This would present a different perspective, and give an assurance that antibiotics are used appropriately across the board.</p> <p>2. Consider improving documentation of allergy. Although antibiotic allergy is not very common (1 of 5 random charts audited), consistent documentation with the essential elements for assessing an adverse reaction is missed (see Box 2, Quality Statement 3, Antimicrobial Stewardship Clinical Care Standards 2020; also, Indicator 3a). A review of the Alert Sheet in the medical record may assist with the documentation. (See Suggestion in 4.08).</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Most LPH antibiotics are utilised as surgical prophylaxis. The organisation collects data on antibiotic usage, but this data is not benchmarked with peer group. Anecdotal observation during the assessment showed variable doses of cefazolin used as surgical prophylaxis.	
Suggestion(s) for Improvement	
<ol style="list-style-type: none"><li>1. Consider submitting data to National Antibiotic Usage Surveillance Program to benchmark against peer group.</li><li>2. Consider formalising antibiotic surgical prophylaxis to type of surgery (according to craft group) supported by evidence or eTG rather than to surgeon preference to decrease the variation in practice with cefazolin dosing.</li></ol>	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

## Standard 4 - Medication Safety

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

ACTION 4.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	
<p>The governance of medication safety rests with the Medication Safety Committee (MSC), which is multidisciplinary and led by the Director of Nursing (DON). Additionally, there is a Healthscope National Medication Safety Committee which harmonises some of the common policies including management of anaphylaxis with particular attention to jurisdictional reporting requirements.</p> <p>This and the numerous other policies and procedures for medication management are readily available on HINT, the hospital intranet. The medication management risks include high-risk medications, controlled substances and medication administration errors. Mandatory medication management module is currently in transition. Completion of the interim medication quiz was 78%.</p>	
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	
<p>LPH monitors the effectiveness and performance of medication management through incident reporting tabled at the Medication Safety Committee chaired by the Director of Clinical Services. There is a clinical pharmacist who reviews all inpatient medication charts on admission to reconcile medications and a discharge medication list is prepared for each patient with relevant Consumer Medication Information, if appropriate.</p> <p>There is an annual NIMC audit with more regular 'mini' NIMC Audits. These mini audits are more regular but are only of small numbers. Nevertheless, they show trends where improvements can be made. These include completion of patient ID on all pages, patient name written by first prescriber (under patient label), prescriber details</p>	

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 Org Code : 226621

ACTION 4.02	
<p>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</p>	
<p>are legible and completed. Review of random medication charts by the assessors showed that there was variable compliance with VTE prophylaxis risk assessment and charting. It was noted that VTE is not part of the mini NIMC audits. This could have been due to report of VTE prophylaxis assessment being complete in 80% (from 60%) and VTE charted in 80% (from 75%) of charts audited in the annual audit.</p>	
Suggestion(s) for Improvement	
<p>1. In the Commission's Guide to Auditing the NIMC (2017), there is a recommended number of charts that should be audited based on the number of adult beds in hospitals. This should be used to guide the number of charts audited.</p> <p>2. The organisation should consider the addition of VTE prophylaxis audit in the mini audits based on observational data by the assessment team. In addition, VTE prophylaxis is a mandatory audit item in the Guide to Auditing referenced prior.</p> <p>3. The organisation review the trends of the mini NIMC audits and consider where improvements can be made.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Patients are actively involved in ensuring that their current list of medications remain active and up to date through the organisation's routine processes for admissions. All patients presenting to the hospital fill in a pre-admission questionnaire, usually online with paper copies available for older patients that may not be able to complete this questionnaire electronically. Within this questionnaire, all regular and over the counter medications are documented with the reason for the medication requested. This ensures that staff involved in the care of the patient is aware of the indication for each of the medication that the patient has listed. Any concerns with this list is then discussed with the patient or the primary care provider. The clinical pharmacist usually counsels the patient on their medication and provides an updated medication list with any consumer medication information as required on discharge.	
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	
The Credentialling Committee is responsible for the active maintenance of the credentialling of medication prescribers annually. There has been a recent concerted effort to improve on medication prescribing with the introduction of the "mini" NIMC audits including ensuring that prescriber details are clearly documented. Clinical Pharmacists ensure that medications are dispensed when there is appropriate prescriber information.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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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	
The BPMH is usually verified against the pre-admission questionnaire to ensure that the medications as listed in the pre-admission questionnaire is accurate by the admitting clinician, anaesthetist or the clinical pharmacist at the time of admission prior to transcription to the NIMC as required.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.06	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
Comments	
Any discrepancies between the BPMH and the treatment order is initially clarified with the prescribing clinician. Any subsequent queries are then directed to the patient or the primary care giver of the patient. Rarely, the local dispensing pharmacist may be contacted to verify any uncertainties.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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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	
A patient's history of medication allergy is routinely documented in WebPas, in the medical record on the Alert sheet as well as on the patient's medication chart. In addition, the patient is provided with a red bracelet and a red hat if preparing for theatre. These enable allergies to be identified on admission and at transitions of care to ensure that patients are not administered medications that may be contraindicated.	
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	
There is a Healthscope Corporate policy on allergy documentation and reporting recently reviewed and updated to include jurisdictional requirements specific to Victorian health organisations. Allergies to medications are identified in the pre-admission questionnaire completed by the patient as well as part of the BPMH process. Any new medication allergy is reported in the organisation's incident reporting system, RiskMan, to TGA and to the Victorian Department of Health as required.	
Suggestion(s) for Improvement	
That the organisation considers enabling better allergy documentation by providing additional fields to guide detailed assessment of allergy in particular antimicrobial allergy on the Alert sheet in the medical records. (See AMS Clinical Care Standard Indicator 3a for details).	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
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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	
There is a Healthscope Corporate policy that outlines the process for reporting Adverse Drug Reaction to the Therapeutic Goods Administration as required.	
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 organisation has processes in place where patient medications are reviewed at multiple points of care which include pre-admission, on admission and on discharge. Due to the smaller number of patients, most patients are seen by the clinical pharmacist. In anticipation of busier times, patients that are older >65yo, on multiple (3 or more) medications or has new or continuing medications in the PINCHA group are prioritised for review. Reviews are typically documented on the BMPH chart or in the clinical notes.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
There are resources for clinicians to support patients in understanding the role and risks related to their medications. Most patients currently are reviewed by the clinical pharmacist who provides an updated medication list as well as any CMI necessary. In anticipation of when the clinical pharmacist is unable to do so, it is envisaged that patients will be discharged with a minimum of the CMI of any new medications in addition to the updated list of medications.	
Rating	Applicable HSF IDs
Met	All

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	
HPS is able to generate a current medication list including indication and duration, if relevant, for patients on discharge for continuity of care. This list is then presented to the local General Practitioner as well as the local dispensing pharmacist to ensure that all caregivers are updated with the current medications. Patients are usually counselled by the Clinical Pharmacist prior to discharge. If the Clinical Pharmacist is unable to counsel the patient prior to discharge, the ward nurses are comfortable talking to and providing information to the patient including CMI for any new medications. The full medication profile is then subsequently emailed or posted out, depending on the preference of the patient.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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 resources on HINT, the Healthscope Intranet. The resources available include but not limited to Healthscope Corporate Policies and procedures, Northpark and La Trobe Private Hospitals policies and procedures, Therapeutic guidelines and the Australian Injectable Drugs Handbook.	
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	
Whilst there is no onsite Pharmacy at LPH, there is a clear system of ensuring that medications are kept safe and secured as per manufacturer's recommendations, legislation and jurisdictional requirements. Schedule 8 and Schedule 11 medications are kept locked in a safe and in locked rooms with restricted swipe access. Disposed S8 drugs are double signed with appropriate disposal mechanism in place through HPS. Any irregularities and disposals including that which have reached used by dates are reported on RiskMan for further investigations if required. Temperature in the high-risk medication room is monitored by BMS with a back to base alarm system.	
Suggestion(s) for Improvement	
The organisation was unable to quantify the amount of drugs disposed and reasons for disposal although the data is available as these are all reported in RiskMan. The organisation may want to consider looking into this data to further understand if there is an opportunity for improvement this this area – for example, improve stock rotation to reduce waste.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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 stored in a locked room with swipe access. S8 and S11 drugs are in a locked safe. There is clear separation of high-risk drugs including potassium with an appropriate stock rotation in place. There is a system in place to prescribe and dispense these drugs.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
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## Standard 5 - Comprehensive Care

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

ACTION 5.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	
Documentation demonstrated that the processes for implementing policies, managing risks and identifying the training required to deliver comprehensive care were effective. Members of the multi-disciplinary team were able to describe how the organisation's safety and quality systems are used achieve this. A review of clinical documentation in patients' records confirmed that processes are in place for managing risks associated with comprehensive care. A series of intensive training videos have been used to educate clinical staff.	
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 was defined and monitored with a wide range of quality improvement activities established to improve care including bedside and health record audits. The hospital uses feedback, audit data and outcomes together with evidenced based practice to support improvements in care.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Bedside boards and handover are in place to partner with patients in their care and associated decision making as best suits the patient. The multidisciplinary staff were able to describe to the assessors how they actively achieve this during bedside interviews that included the patients. 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 are supported by policies, procedures and template forms to establish effective comprehensive plans for patients' care and treatment. The Hospital and clinicians operate within the scope of hospital to provide care that best meets the patient's needs. Established protocols and electronic processes were available for referral where needed. The clinician with overall accountability for a patient's care is defined as the admitting proceduralist, however the medical physician described his role in assisting with non-surgical post operative problems and was on-call for all specialists and the nurse in charge.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 5.05	
The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	
Comments	
Multidisciplinary care is well established, and the role of each team members was well defined. Staff from all professional groups and disciplines interviewed by the assessors were able to articulate how multidisciplinary care works across the organisation, which included huddles, bedside handover, and rounding.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Clinicians and patients were able to describe how they work collaboratively to plan and deliver comprehensive care. This was supported by bedside boards that were updated each shift and when changes were made. Clinical documentation and witnessed multi-disciplinary meetings confirmed this.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 5.07	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Comments	
Processes are in place to screen and assess patients for risks aimed at minimising preventable harm pre and during the admission processes. Clinicians were able to describe the risk assessment process and evidence was signed in clinical documentation. Regular audits were undertaken to support that timely and comprehensive risk screening and patient assessment is completed. The organisation was 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	
Processes were in place to identifying Aboriginal and Torres Strait Islander patients and recording this information in administrative and clinical information systems. This is audited, and compliance was reported to be 100%. Staff were able to describe the processes in place for patients to identify as being of Aboriginal or Torres Strait Islander origin. A brochure called 'ask the question' was available at reception and in a public place at the ward entry.	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
Information and resources were available to support and assist patients to document advanced care plans. A consumer endorsed brochure was available to guide patients in use of the “advancedcareplanning.org” system.	
Rating	Applicable HSF IDs
Met	All

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

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Risks are identified using standardised Healthscope screening tools which identify the level of risk and appropriate actions to mitigate them. The peri-operative admission process included patients' completion of a pre-admission tool. Any risk issues declared prompt further review on admission or follow up by the referring clinician.	
Rating	Applicable HSF IDs
Met	All

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

Org Name : La Trobe Private Hospital  
Org Code : 226621

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

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

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
To date, no patients at the end of their life had been cared for at La Trobe Private Hospital, this includes an alert in the patients' health record. Processes to define those patients at end of life are in place and staff interviewed were aware of these however due to the scope of the service, staff explained that use would be rare. Healthscope 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

ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	
The hospital has access to specialist palliative care services / advice through Northpark Hospital. Staff interviewed were aware how to access these services.	
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	
A review of clinical documentation confirmed that advance care plans are included in the patient's healthcare record. Clinicians who were interviewed could describe the process in place to ensure that patients with an advance care plan on admission are identified, and that care is provided in accordance with these plans.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
Supervision and support for staff who may provide end-of-life care are available through Northpark or the John Faulkner hospitals, and staff are aware of how to access support services. A video learning package has been made available to staff, and an end-of-life tool kit was available.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.19	
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	
Comments	
Goals of care for patients at end of life were stated to be articulated in the clinical record and established in partnership with patients, their carers and families.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.20	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
The Healthscope policy supports shared decision-making about end-of-life care with patients, their carers and families. Support for decision-making is consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care. An information brochure was noted to be available for patients and family members.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Evidence-based policies, procedures and tools for pressure injury prevention and wound management were noted to be available. These are well referenced and regularly reviewed at the national level. No hospital acquired pressure-injuries were reported over the past 12 months.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.22	
Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency	
Comments	
Skin inspections are conducted on at-risk patients in accordance with policy and compliance is reported as 100%.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
An information brochure was available to patients, their carers, and families about pressure injury prevention, and staff were able to describe how they would use it. Equipment, products and devices, including air mattresses were available to prevent and manage pressure injuries.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	
Evidence based policies and procedures included, 'call don't fall' posters, risk assessment, harm minimisation and post-falls management a procedure. Compliance with undertaking falls risk assessments and falls management action plans is audited. Staff were able to describe strategies to minimise harm and clinical documentation reviewed by the assessment team supported that this is undertaken comprehensively. Incident data related to falls is analysed and reported.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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, including pressure mats.	
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	
Members of the assessment team saw evidence of the use of these in accordance with the requirements of individual patients as identified on screening, including staff giving 'call don't fall' reminders.	
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 risk of malnutrition. Special dietary plans are established for those who require them and referrals to a dietitian are made where risks are identified.	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Nutritional support to patients was described by staff as based on their specific needs that are identified through risk screening. Patients who are at risk of malnutrition or who require assistance with eating and drinking are provided with assistance. The hospital has access to specialist dietetic support for those patients identified as at risk or with specific needs. Food and fluid intake is monitored and reported for those patients who are at risk of not having their nutritional needs met.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.29	
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	
Comments	
Cognition screening was undertaken on admission and as required throughout a patient's admission where clinically indicated. Evidence based policies and procedures support staff in developing appropriate management via care plans. Screening rates are audited and reported through the organisation's governance structure. To date there have been no patients admitted who have been assessed as at risk of developing delirium.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Although there have been no patients admitted who have been assessed as at risk of developing delirium, the appropriate tools and education were available to staff, including 4AT and Sunflower.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.31	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
Comments	
Strategies and screening tools are in place to identify patients at risk of self-harm or suicide. On identification of patients who may be at risk there are rapidly referred to Northpark Hospital mental health service. Staff described the process for the one patient who self-reported.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
An example of one patient who was transferred to the Northpark Hospital mental health service was described.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
The hospital has processes that support the identification, mitigation and management of aggression and staff were aware of how these are used. Staff had access to e-learning tools and Occupational Violence Prevention training. The Workplace Health and Safety Manager reported currently there was a very low risk to the workforce due to the case mix, and services provided.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
There were strategies and processes in place to identify patients at risk of becoming aggressive including de-escalation strategies. The processes to manage aggression aim to minimise harm to patients, carers, families, staff and visitors and staff were able to describe how they would work with patients and others to implement these strategies effectively. There had been zero clinical incidents of aggression.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.35	
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	
Comments	
Policies and processes are in place to govern and manage the use of both chemical and physical restraint however these had not been required to date.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 5.36		
Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body		
Comments		
Assessors confirm that this action is not applicable to LPH.		
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> Yes <b>Approved by ACSQHC:</b> No

Org Name : La Trobe Private Hospital  
Org Code : 226621

## 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	
There are Policies and procedures including surgeon preferred instructions, on HINT to support effective clinical communication including patient identification and handover. The policies identify risk management strategies and the training requirements of all staff in support of effective clinical communication. Assessors viewed supporting documentation and staff interviewed were able to describe the processes for clinical communication.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
Comments	
The effectiveness of clinical communication, including handover was monitored through feedback, incidents, and audit. KPIs were in place for rounding, and care board updating.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The Healthscope policy promotes the engagement of patients, their carers, and families in their own care and shared decision-making. Bedside handover and multidisciplinary rounding was noted to facilitate documentation of this. Patients who were interviewed reported being engaged in their care and that they had information available to them to make informed decisions about their care.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.04	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	
Comments	
Policies and processes were in place to support the use of three (3) appropriate identifiers, in procedure matching, transfer of care, medication administration, handover, discharge and where changes in clinical care or patient risk profile are identified. Documentation viewed by the assessors supported the use of specified identifiers in these situations.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Healthscope has policies that define the use of three approved identifiers. Staff interviewed by the assessment team were able to describe how and when these are used, for example, transfer between health care settings, and other hospitals. Patients were also able to describe the questions asked to confirm their identity and the assessors witnessed this during bedside handover.  Assessors noted one occasion where the clinical care of a patient was raised during a safety huddle.	
Suggestion(s) for Improvement	
It is suggested that the content of huddles is audited to provide assurance that should individual patient's care be discussed, three (3) approved identifiers are used.	
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	
The time out process was 97% compliant at audit, with sign out identified as an opportunity for improvement. During observation of time out in theatre, it was noted that the anaesthetic nurse needed to remind the team to conduct the process on three (3) occasions.	
Suggestion(s) for Improvement	
It is suggested that the audit of time out is reviewed to ensure risks are identified.	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
Org Code : 226621

#### **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. Staff could explain their respective roles in clinical handover the processes used to support this including the minimum information communicated at clinical handover.

<b>Rating</b>	<b>Applicable HSF IDs</b>
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**

The assessment team witnessed clinical handover that was structured using the ISOBAR tool and effectively engaged with patients in defining goals of care and decision making. Both patients and staff were able to articulate the process of handover and provide confirmation of patients, care and family in decision-making.

<b>Rating</b>	<b>Applicable HSF IDs</b>
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Healthscope policies and procedures guide staff in effective communication, handover and documenting critical information including risks and alerts. Both patients and staff were able to describe to the assessors how this worked and how patients and carers were involved when they wanted / needed to be.	
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	
The assessors observed patients being prompted to provide critical information pre-admission, during admission risk assessments and whenever care was transferred during their peri-operative journey. Admitting doctors round patients at least once per day, and a physician routinely sees multiday stay patients. Nurses and physiotherapists were observed asking patients to describe any concerns.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Hard copy clinical documentation reviewed by the assessors confirmed compliance with the organisation's process to ensure complete, accurate and up to date information is recorded in the healthcare record. Members of the clinical team could describe this process. Comprehensive clinical documentation audits were conducted with very positive results.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

## 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 provided by the contractor Melbourne Pathology are in place for blood management and the management of associated risks. No transfusions have as yet been administered. Blood administration clinical skills training was available to nurses.	
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	
The hospital in partnership with the Melbourne Pathology, has established processes to monitor the blood management process in terms of blood and blood product utilisation, quality and safety and patient outcomes. Reports are provided to the Patient Care Review Committee including serious transfusion incident reports, however, there have been no transfusions to report on.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The engagement of consumers in care decisions related to blood management is included in the process of gaining informed decision-making for transfusion. National Health blood safe resources have been utilised to make information available in multiple languages.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.04	
Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks	
Comments	
The transfusion guidelines processes and policies support the clinically effective and efficient use of blood and blood products including single unit administration.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.05	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
Comments	
Assessors reviewed documentation forms that will be completed for patients undergoing blood and blood product administration. No transfusion of blood or blood products has occurred to date.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
The transfusion guidelines are consistent with the national guidelines and national criteria for the prescription and administration of blood and blood products, and these are available to clinicians.	
Rating	Applicable HSF IDs
Met	All

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

ACTION 7.08	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
Comments	
The organisation plans to contribute to national haemovigilance activities.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
Two units of O-negative Blood are stored in a compliant peri-op fridge onsite. They are topped up and rotated by Melbourne Pathology. All products will be traceable. Any incident related to inappropriate handling of blood or blood products is to be reported and managed through the incident management system.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.10	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
Comments	
Processes and arrangements are in place with Melbourne Pathology to manage the availability of blood and blood products, eliminate wastage and respond to shortages. The use of blood and blood products is to be monitored and reported through to the Senior Leadership team.	
Suggestion(s) for Improvement	
Given the zero use of the emergency blood, consider swapping to O-positive units to preserve the availability of O-negative blood in the system.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

## 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 are available on HINT. There is a Deteriorating Patient and Blood Management Committee with appropriate membership as outlined in the Terms of Reference, reporting to the Quality and Risk Committee and from there, the Senior Leadership Team and through to the Executive. The Healthscope Standard Adult General Observation Chart is the key tool used in the organisation for the recognition of acute deterioration. On the occasion of an admission of a younger person, the appropriate age group-specific Paediatric Observation chart is used. There is a clear escalation pathway with external transfer through Ambulance Victoria. Basic Life Support training and Advanced Life Support training is offered to staff, including VMOs with completion rates of 89% for Basic Life Support (Theory and Practical). Neonatal Resus and Paediatric PIPER training is also available and is conducted on a regular basis. There is a plan for a mocked code blue as a training exercise.	
Rating	Applicable HSF IDs
Met	All



Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
There are robust systems to monitor the effectiveness of processes for identifying and managing acute deterioration. Incident reporting occurs through RiskMan. There has only been one (1) escalation which was transferred out successfully. Any concerns are directly escalated to craft group meetings, the Senior Leadership Team and the Medical Advisory Committee as necessary.	
Rating	Applicable HSF IDs
Met	All

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	
There is a process in place that supports partnering with consumers in escalating care. Consumer care boards for each patient are available in each room and are updated at each handover. Escalation of care information is on all the care boards for patients and family members in the hospital. The REACH posters have recently undergone consumer input which has resulted in some suggestions which will be escalated to Healthscope Corporate to consider. Advance Care Directives if available have been noted at Clinical handover in the Surgical space from theatre holding bay to recovery.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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 track and trigger observation charts. Of the charts audited, vital signs were appropriately documented.	
Rating	Applicable HSF IDs
Met	All

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 deterioration in mental state, including the risk of delirium, through risk screening on admission. Due to the case mix and the diligent risk screening, there has been no incidences reported to date. Processes are in place to support timely communication between members of the treating team and the patient, carers and family members.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
LPH monitors the performance of the identification and management of acute physiological and mental status, pain and/or distress and concerns raised by staff, patients, carers, and families through clinical documentation audits, incident management and clinical review. The process of escalation of care for patients is well understood by staff in the clinical areas and members are able to describe them to the assessment team.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
Processes are in place for patients, carers, or families to escalate care directly with the information available on the consumer care boards at each bedside. Healthscope Corporate has introduced the REACH model across all their hospitals, and posters are seen in each patient room.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

ACTION 8.08	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
Comments	
Policy and procedure documents define the processes for MET and CODE BLUE calls which is well described by staff. There has been only one call in the last year for chest pain. This was reviewed and reported at the Morbidity and Mortality meeting. There are provisions for any concerns to be escalated appropriately.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
Staff could describe the systems for escalating care consistent with the organisation's policies and procedures.	
Rating	Applicable HSF IDs
Met	All

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	
Clinicians are educated to support the timely and effective management of acutely deteriorating patients. Compliance with Basic Life Support (Theory and Practical) is at 89%. BLS training sessions have included VMOs, which was well received after initial scepticism.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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	
At any one time, LPH has at least one person on site who can deliver Advanced Life Support which is usually the most senior clinician. Compliance to training is at 100%. The Hospital Co-ordinator is part of the MET/CODE BLUE team. Resuscitation trolleys are standardised throughout the organisation and comply with requirements, including daily checks. There are Paediatric resuscitation trolleys which are again standardised and checked.	
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	
There is a clear process for timely referral to ensure that patients whose mental state has acutely deteriorated can be cared for appropriately which staff are able to describe clearly. There are policies and procedures in place to ensure that patients can be transferred to another more acute facility of necessary.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

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 timely referral to definitive care for patients who physically deteriorate. A process for transferring patients requiring services that are not available at LPH is in place which is well articulated by staff. These include but are not limited to, patients with an infectious disease, patients requiring intubation / are intubated, and any acute deterioration that requires cardiac monitoring, for example, chest pains. To date, there has only been one incident of a transfer out of facility for chest pain.	
Rating	Applicable HSF IDs
Met	All

Org Name : La Trobe Private Hospital  
Org Code : 226621

## Recommendations from Previous Assessment

Nil.