



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

Norwest Private Hospital

Bella Vista, NSW

Organisation Code: 120901

Health Service Facility ID: 101779

ABN: 85 006 405 152

Assessment Date: 03 – 05 June 2026

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
Met	All requirements of an action are fully met.
Met with recommendations	The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required. If there are no not met actions across the health service organisation, actions rated met with recommendations will be assessed during the next assessment cycle. Met with recommendations may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated not met. In circumstances where one or more actions are rated not met, the actions rated met with recommendations at initial assessment will be reassessed at the final assessment. If the action is not fully met at the final assessment, it can remain met with recommendations and reassessed during the next assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.

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

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

Repeat Assessment

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

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

Safety and Quality Advice Centre and Resources

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

Telephone: 1800 304 056

Email: AdviceCentre@safetyandquality.gov.au

Further information can be found online at the [Commission's Advice Centre](#) via <https://www.safetyandquality.gov.au/>

Authority to act as an Accrediting Agency

I, Dr Karen Luxford, CEO of the Australian Council on Healthcare Standards (ACHS) declare that ACHS has the approval from the Australian Commission on Safety and Quality in Health Care to conduct assessment to the *National Safety and Quality Health Service Standards 2.1 Short Notice Assessment*. This approval is current until 31st December, 2029.

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 : Norwest Private Hospital
Org Code : 120901

Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Assessor	Deborah Lewis	Yes
Lead Assessor	Heather Brown	Yes
Assessor	Vince Gaglioti	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Norwest Private Hospital. The accreditation decision was made on 17/07/2026 and Norwest Private Hospital was notified on 17/07/2026.

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

Norwest Private Hospital participated in a National Safety and Quality Health Service Standards 2.1 Short Notice Assessment between 03/06/2026 to 05/06/2026. The assessment was conducted over a three-day period. Norwest Private Hospital is a private healthcare provider, last assessed between 13/2/2024 and 15/2/2024. PICMoRS methodology was used throughout the assessment and 75% of the available assessment time was spent in operational areas.

The Clinical Governance Plan guides the safety and quality program at Norwest Private Hospital (NPH) where a culture of safety and quality was evident during the visit by the assessment team. Safety and quality systems are well established; used effectively by staff and provide the organisation with the information it needs to monitor its performance with monthly reports on the performance of NPH reviewed through the governance structure.

Assessors were impressed by the culture of continuous improvement, with staff describing how they use information obtained through safety and quality systems to improve patient care. Of note is the information available on the Hospital's website regarding the performance of the Hospital in key performance areas such as infection control, medication errors, falls and many more. Quality activities are documented in EQuarms with action plans addressing each activity monitored through the Committee structure.

Clinicians have access to resources to support them in their clinical roles and monitor their clinical performance through various data collections and peer review with senior clinicians describing the role of M & M meetings by craft groups in reviewing clinical variation and openly engaging in case review. The training program is tailored to the needs of the workforce and supports them in building their skills. The hospital environment is well maintained as are devices and equipment. As captured throughout this report, Norwest Private Hospital demonstrates a clear understanding of the PICMoRS methodology and provides clear evidence that it considers the safety of patients in the provision of care.

Partnering with consumers is a key focus for the Hospital and is embedded in everything it does. The Net Promoter Score and patient feedback are used to identify any opportunities to improve the patients' experience of care. Tailoring communication to meet the needs of the patient is well managed, with staff describing how they tailor information they provide to patients considering their health literacy levels. Providing patients with the information that they need to make decisions about their care was observed in consent processes with patients and their clinician working together in deciding on treatment options. Patients are advised of any outstanding costs associated with their treatment.

Patients interviewed felt well informed of their treatment plans and engaged in decisions about their care. Consumer consultants are actively involved in the governance of the Hospital as well as working closely with patients to listen to their concerns and share these with the clinical team. Consumer consultants are provided with training to support them in their role. The Hospital works with the Merana Aboriginal Community to better understand the healthcare needs of Aboriginal and Torres Strait Islander patients.

The framework for safe management of IPC is multidisciplinary spanning all departments of the hospital. Clinical and non-clinical audits confirm good compliance with clinical policies. There is evidence of collaboration between surgeons, ID Physicians, pharmacists, and nurses contribute to

optimising antimicrobial stewardship. The ID physicians are available 24/7 and conduct daily reviews of all patients in ICU.

Whilst there is mandatory training for IPC, incidents are evaluated to trigger additional training as required. HICMR provides excellent support with access to policies, audit, training, and currency of advice. IPC nurses review all pathology and demonstrated the processes to follow up on all patients hospitalised with infections to ensure appropriate treatment, and compliance with standard and transmission-based precautions. Surgical site infection is minimal.

Hand hygiene is above the national average, and it was evident in use during the assessment. Reprocessing of RMDs is compliant with AS5369:2023. Staff health is managed via the vaccination program, and reporting of blood and body fluid exposures. The hospital is clean, tidy and there is evidence of good maintenance. There are processes for regular audit of environmental services, air and water sampling, laundry, and waste management. The commencement of quality improvement with reference to the recently released NSW Health High consequence infectious diseases advice is impressive.

A review of the Medication Safety Committee minutes confirmed regular review of medication risks, ACHS clinical indicators, incidents, and internal audits. The use of patient stories has been used effectively to improve clinical practice. The assessors observed administration of medication in a number of clinical departments. This small sample confirmed excellent compliance with policies to ensure safe administration of medication. With exception of oncology, a paper-based medication chart is in use, and issues with documentation continue to be raised and addressed as far as possible.

Nurses and pharmacists interviewed are confident to query orders with the VMO if the orders are unclear. Authorised swipe access to medication is in place. Clinical pharmacists provide excellent support with BPMH, medication reviews, and education. The intensivists or physicians review complex patients preoperatively and advise re changes to pre-and-post operative medication management and care.

Norwest Private Hospital (NPH) provides care across the entire care continuum from birth to end-of-life care. Care planning is underpinned by best practice principles and with the use of validated tools to ensure that care meets contemporary standards. The patient, their family or carer are included as required and appropriate, this was evident at the bedside and upon review of medical records. There is good governance of the requirements of Standard 5 and audits confirm that the requirements of this Standard are reviewed with unfavourable audit results being actioned. The assessment team amended the rating for 3.35 pertaining to the use of restraint, this was self-rated as a Not Applicable and the assessment team confirmed the use of restraint in the intensive care unit, the rating has been changed from a Not Applicable to a Met rating.

The ISOBAR framework was observed as being embedded across the entire Norwest Private Hospital (NPH). The assessment team saw this in place at transfer of care between departments and from shift to shift. Procedure matching was consistent and witnessed when medications were being administered, prior to surgery as a core component of team time out, blood was being transfused, and when patients presented for cytotoxic treatment.

Interviews with the multidisciplinary team that is responsible for blood safety and observations during the assessment confirm safe, appropriate, efficient, and effective care of patients by the use of blood product safety systems.

One blood transfusion was observed during the assessment. The process of checking orders, sign off from the laboratory, documentation, cold storage transport, consent, patient education, patient identification, pack identification, and monitoring of the patient was observed. The nurses were clearly well trained, patient focused and compliant with best practice.

Norwest Private Hospital utilises the colour coded track and trigger charts well, this is evident by the appropriate number of medical emergency calls that are triggered and the very low numbers of Code Blues activated. This was consistent across all levels of care. As NPH is not a gazetted mental health facility, all episodes of acute mental health are referred to a third-party provider. Maternity patients are all screened on day three and any concerns detected on the risk screen are referred immediately to a clinician with perinatal mental health qualifications.

Summary of High-Risk Scenarios Tested

Occupational Violence and Aggression was selected as the high-risk scenario related to aggressive behaviour in patients with post-operative delirium. Actions taken to address an incident involving a patient with post-operative delirium whose behaviour became unpredictable, creating a risk of harm to both the patient and the staff caring for him, were discussed with the General Manager, Director of Nursing and senior clinicians. Existing mitigation strategies were in place and described, however further actions were required in this situation with the patient eventually transferred to a higher level of care as the patient required geriatric and mental health review which was out scope for NPH. Lessons learnt from this scenario have led to some changes in managing this situation.

Summary of Results

Norwest Private Hospital achieved a met rating(s) for all facilities in all actions and therefore there is no need 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

Norwest Private Hospital

Site	HSFID	Address	Visited	Mode
Norwest Private Hospital	101779	Norwest Business Park 11 Norbrik Drive BELLA VISTA NSW 2153	Yes	On Site

Contracted Services

A sample of Contracts have been verified.

The following contracted services are used by Norwest Private Hospital.

Provider	Description of Services	Verified During Assessment
Rentokil/Aerobeam	Pest Control	No
Device	Steriliser Preventative Maintenance	No
Progilty	PABX / Phones / DECTS Maintenance	No
CoreGas	Medical Gases, Services and Consumables	No
Optimal SP Colleen Kerr & Associates	Speech Pathologist	No
Chemtronics Biomedical Engineering - Corporate contract	Biomedical Engineering	Yes
Coreserve	Coolroom Preventative Maintenance	No
Hills Health Solutions	Nurse Call Systems Preventative Maintenance	No
Penske Detroit Diesel	Generator	No
Footprints Photography	Photographic Services	No
Ecolab Pty Ltd - Corporate contract	Cleaning Chemicals	No
Enviromental Biotech	Grease Trap Dosing	No
GE Healthcare	Anaesthetic Machines and Monitoring Preventative Maintenance	No
CRG Plumbing	Mixing Valves Preventative Maintenance	No
Cleanaway Daniels - Corporate contract	Grease Trap Cleaning	No
BGIS	Air Conditioning Preventative Maintenance	No
HICMR Pty Ltd - Corporate contract	Infection Control Services	Yes
HPS Pharmacies - Corporate contract/ Slade-compounding Chemo	Pharmacy Services	No
Coast Distributors	Ice Makers Preventative Maintenance	No
Form One	Exit and Emergency Lighting	No
Green Facility	Kitchen Exhaust	No
BGIS	Appliance Testing	No
Meiko Australia	Pan Flushers/Sanitisers	No
M&P Specialised Services	Hepa filters	No
Integra	Cooling Towers (Medical Centre)	No

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Provider	Description of Services	Verified During Assessment
Cafe Vending	Vending Machines	No
Northwest Intensive Care Associates	Intensive Care Services	No
Spotless - Corporate contract	Linen	Yes
Meiko Australia	Dishwasher Preventative Maintenance	No
Otis Lifts	Lift Maintenance	No
BGIS	Boiler/Steam	No
Trumpf Medical	ICU & ED Pendants	No
Stryker	Stryker I Suites	No
Origin	Natural Gas Provision	No
Siemens	Cath Lab Equipment	No
Getinge	Traybax System	No
Cleanaway Daniels-Healthscope contract	Clinical Waste	No
Cleanaway	Document Destruction	No
BGIS	Cabling System	No
Australian Biotechnologies	Allograft Material	No
Metrolec	Security / Swipes / Door access	No
Cleanaway Daniels - Healthscope Contract	General Waste & Recycling	Yes
Initial	Sanitary Waste & Baby Napkins	No
CRG Plumbing	Plumbing & Hydraulics	No
BGIS	Automatic Doors	No
Progilty	Pagers	No
Form One	Fire Alarm Systems	No
Hoslab	Medical Air/TSSU Compressors	No
Access Lighting/Kellis Electrical	Electral supplier	No
Independent Locksmiths	Locksmith	No
Kellis Electrical	Electrical Repairs	No
BGIS	Boiler Maintenance	No
Cleanaway Daniels	Cardboard Recycling	No
Hoslab	Vacuum Plant	No
LTAK	Bed Repairs	No
Malones	Blanket Warming Cupboards	No
Hoslab	Medical air Regulators	No
Terahart	Theatre Light & Pendant Supports	No
Australian Clinical Labs	Pathology	No
PRP	Radiology services	No
Highland	External Security patrols	No
Westview	Televisions	No
Airmaster	Building Management System	No
Healthscope ITServiceDesk	Uninterrupted Power Supply - UPS	No
Jayco & Coreserve	Fridge(s) - Food	No
Hoslab	Fridge(s) - Medical	No

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Provider	Description of Services	Verified During Assessment
Healthscope IT Servicedesk - Corporate contract	Computer / IT	No
Lesley Bush	Stomal Therapy consults	No
Grace	Archiving	No
Grace	Medical record storage	No
Barker and Barker Media	Printing Services	No

Norwest 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	
Review of available documentation, supported by observations and interviews with key clinical leaders throughout the organisation, demonstrated a strong and well-established culture of safety and quality improvement.	
A comprehensive committee framework provides oversight of the clinical quality system and monitors the effectiveness of the organisation's safety and quality processes. Key performance indicators used to assess the performance of Norwest Private Hospital (NPH) are captured through a structured reporting framework and escalated through the clinical governance structure to the Board.	
Robust risk management processes are in place to support and enhance clinical safety and quality outcomes. NPH's core values are reflected in the Bricks of Commitment, which underpin the organisation's culture and approach to care delivery.	
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	
The Norwest Private Hospital Indigenous Engagement Plan 2024 - 2026 outlines strategies to ensure the safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people. NPH is guided by Healthscope's Innovate Reconciliation Plan, which is centred on four key objectives. To strengthen its understanding of and engagement with local Aboriginal and Torres Strait Islander communities. NPH has established a relationship with the local Merana Aboriginal Community. In addition, the hospital's Cultural Diversity and Sensitivity Training includes a module on Aboriginal and Torres Strait Islander cultural awareness, to help create a culturally sensitive environment in which to provide care to these patients.	
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	
A Clinical Governance Plan 2026 - 2027 is in place with the organisation demonstrating that it uses the process within the plan to drive improvements in safety and quality.	
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	
NPH has strategies in place to monitor the effectiveness of quality and safety initiatives aimed at improving health outcomes for Aboriginal and Torres Strait Islander people. Information is collected on the % of patients who identify as Aboriginal or Torres Strait Islander with current data showing around 1% of patients belong to this demographic. NPH works in partnership with the local Aboriginal Community to improve access to culturally appropriate care and to create a welcoming environment. All members of the workforce complete cultural competency training which is mandatory and supports the workforce in their understanding of culturally sensitive care.	
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	
Documents reviewed by assessors, including relevant committee minutes, together with interviews with senior managers, confirmed that safety and quality are central to business decision making. Investment in the Day Procedure Unit, Endoscopy Service, as well as the enhancement of the Allied Health team to improve transition of care are examples of how the safety and quality of patient care is central to business decision making.	
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 culture survey is conducted regularly to monitor the Hospital's safety culture, with action plans developed and implemented in response to identified opportunities for improvement. Interviews with members of the workforce demonstrated a strong understanding of their safety and quality responsibilities. Staff were able to describe the various aspects of clinical governance, such as incident and complaint management processes, to the Assessors. Mandatory training includes modules on safety and quality responsibilities, with these also outlined in job descriptions.	
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	
Policies and procedures reviewed by the Assessment Team are current, appropriately referenced, and comply with relevant legislation, regulations, and State requirements. These documents are readily available to staff through HINT, with compliance monitored through the safety and quality systems in place such as the audit program and the incident reporting system.	
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	
NPH has a quality improvement system used to monitor the performance of the hospital and identify areas for improvement. Key performance indicators are monitored and reported through the clinical governance structure. eQUARMS is used to document all improvement activities with action plans linked to each quality activity monitored through the various Standards Committees. Consumers and the workforce are involved in review of safety and quality performance and systems through membership on Committees, staff meetings and Quality Boards. Information is available to the public on the quality and safety performance of the Hospital.	
Suggestion(s) for Improvement	
It is suggested that quality activities documented in eQUARMS be themed to identify any common themes arising across all entries.	
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	
Timely reports are provided to the governing body, workforce, consumers and the local community through the Committee structure, team meetings and other mechanisms. Safety and quality data is included on the Hospitals website and is available to the public. Safety and Quality Boards within the ward areas display safety and quality data and is visible to patients, visitors and the workforce.	
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	
Risks are identified using information from a broad range of sources. The risk management system includes business continuity plans to support service delivery in the case of an emergency or disaster. A Risk Register is maintained and reviewed regularly however it contains 150 risks and may benefit from being reviewed to reduce duplication and group risks into common themes. Risk management is a standard agenda item in key Committees with reports regularly provided to the board, management, staff and consumers. An Enterprise Risk Register includes high-risk items that are reviewed by the Executive. It was noted that some risk registers reported to Standards Committees include risks that are not relevant to that Standard and that this had not been noted in any minutes reviewed by the Assessors. A detailed evaluation off the effectiveness of the current risk management system, involving both local and national governance teams in Healthscope, is already underway in a number of Healthscope Hospitals and Norwest will be the next Hospital to be reviewed.	
Suggestion(s) for Improvement	
Undertake evaluation of the risk management system at NPH in collaboration with the national clinical governance team.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.11	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
Comments	
Norwest Private Hospital uses RiskMan as the incident management and investigation system with staff receiving training in incident management as part of their orientation program. All incidents are investigated, with a root cause analysis conducted on all serious incidents. Data on incidents is included in the Clinical Safety and Quality Report and monitored through the clinical governance committee structure. Themes arising from reported incidents, frequency and category of incidents are used to analyse trends and identify risks and areas for improvement.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.12	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	
Comments	
An Open Disclosure Program which is consistent with the Australian Open Disclosure Framework is in place at Norwest Private Hospital with training provided to staff involved in the open disclosure process as part of orientation. The Open Disclosure Policy outlines the principles of open disclosure and the procedure to be followed. Senior clinicians and members of the Executive described the open disclosure process to the Assessors.	
Rating	Applicable HSF IDs
Met	All

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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	
Norwest Private Hospital has processes in place to regularly receive feedback from patients, carers and families about their outcomes and experience of care. The Net Promoter Score is a key performance indicator used to measure customer loyalty and satisfaction. Key themes are identified and action taken to address issues arising from the feedback. Currently, the net promoter score is 80.9% against a target of 74.7%. Patient experience feedback is reviewed at a weekly patient experience accountability meeting with staff describing how they review the feedback from individual patients to gain insight into key issues from a patient's perspective. This KPI is collected across all Healthscope sites and can be benchmarked to compare the performance of Norwest Private Hospital against other similar Hospitals providing an opportunity to share improvements made. Data on the net promoter score is included on the Hospitals website and available to the public though results currently include data from 2025. Feedback is sought from the workforce on their understanding and use of the safety and quality systems.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.14	
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	
Comments	
A complaints management system is in place with complaints reported and managed through RiskMan. Complaints are a standard agenda item reported through the Committee Structure with performance Indicators including the timeframes to responding and resolving complaints and complaints by classification and service. Information from the analysis of complaints is used to identify areas for improvement. The risk of patient dissatisfaction with the Facility's services resulting in loss of reputation and market share is noted in the risk register and reviewed 3 to 6 monthly to monitor the effectiveness of risk mitigation strategies in place.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Demographic data is used to identify the diversity of the consumers using the Hospital's services. Interpreters are used for non-english speaking patients as required. Staff emphasised the importance of individualised care when managing diversity. Midwives described work done with LGBTQI+ patients describing services provided to same sex couples who are using a surrogate as an example of how the Hospital incorporates information on the diversity of its consumers into the planning and delivery of care. Groups of patients that are at higher risk of harm are identified through patient assessment and care planning with staff describing oversees visitors who fall ill while visiting family and cognitively impaired patients as high-risk patients in this setting. Mitigation strategies are in place to manage these patients and reduce the risk with staff describing actions taken to do this.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.16	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
Comments	
Norwest Private Hospital uses paper Medical Records which are available to clinicians at the point of care. Clinicians are supported to maintain accurate and complete healthcare records with audits completed as part of the audit program. Clinical coders will follow up where coding in the medical record is inaccurate. Medical records are stored securely and staff have training in privacy and confidentiality. Privacy breaches are followed up through incident reporting or complaints management. Medical records are kept on site for 18 months and are then stored off site through a contracted service and available within three hours of being requested. Tracking of medical records is in place through Webpas. A number of risks related to the medical records are included in the risk register which are monitored in line with the level of risk.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
The Nursing Discharge Summary is uploaded into My Health Record. National patient and provider identifiers are used as are standard national terminologies.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.18	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
Comments	
The Nursing Discharge Summary is uploaded into My Health Record. Relevant staff have had training in the use of My Health Record. Audits are completed to ensure the accuracy and completeness of the clinical information uploaded into the system.	
Rating	Applicable HSF IDs
Met	All

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

Org Name : Norwest Private Hospital
Org Code : 120901

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	
A mandatory training program is in place that meet the requirements of the National Standards with training aligned to the role of the staff member using a training matrix. Completion rates for training are monitored and training records were reviewed by Assessors. Clinical Competency Assessments are completed with staff describing the various mandatory competencies required to be completed by clinical staff within a set timeframe, such as medication competencies.	
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	
Cultural diversity and sensitivity training is part of mandatory training and is completed as part of the onboarding process. Current compliance rate is 83%. This is a key strategy to create a culturally sensitive environment for Aboriginal and Torres Strait Islander patients when attending for care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 1.22	
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	
Comments	
Staff performance reviews are conducted on an annual basis for all staff and include the identification of training needs. Performance review completion is audited, and current compliance rates provided to the Assessors. Senior clinicians described processes in place for managing the performance of doctors and the role craft groups and the Medical Advisory Committee have in this. Minutes of relevant Committees were reviewed.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.23	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
Comments	
The Healthscope By-laws describe the principles and processes to grant authority for medical specialists to provide health care services within a defined scope of practice. The process for defining scope of practices is monitored and regularly reviewed by the Medical Advisory Committee and individual scope of practice is reviewed and revised in accordance with policy. The requirements of Advisory 18/12 have been met for GESA Certification of proceduralist performing colonoscopies.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Senior clinicians and the Chair of the Medical Advisory Committee described the medical credentialing process, outlining the steps taken to ensure that the credentialing process is robust. An e-credentialling system automates workflow and reduces errors in the credentialing process to ensure all the necessary information is provided. The e-credentialling system has been updated with all clinicians now having the one file across all Healthscope Hospitals. Re-credentialing is undertaken every five years with provision for temporary credentialing to be granted for a short period of time. All clinicians who are registered with APHRA are monitored for currency of their registration.	
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 demonstrated a clear understanding of their quality and safety roles and responsibilities, which are outlined in their position descriptions. This understanding is supported through orientation programs and mandatory training modules that provide information on quality and safety expectations and accountabilities.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 1.26	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
Comments	
Clinicians are provided with adequate supervision according to their designated roles and responsibilities and this is supported by position descriptions and the organisation structure. Access to after-hours advice is available.	
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	
Clinicians are provided with access to a range of tools, best practice guidelines, care pathways and the clinical care standards to support their clinical practice. A gap analysis has been completed for the current suite of clinical care standards. The requirements of Advisory 18/12 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 1.28	
The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	
Comments	
Clinical variation is monitored through analysis of comparative clinical outcome data both internally and externally. For example, monitoring the set of indicators included in the Colonoscopy Clinical Care Standard. Clinical Indicators are reported through METRIX to the ACHS. Variation in care is monitored through the Patient Care Committee, the Medical Advisory Committee, morbidity and mortality meetings, the relevant craft groups, the Quality and Risk Committee and the relevant Standards Committee. Benchmarking of results is done across Healthscope Hospitals. Advisory S18/12 has been met.	
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	
Assessors confirmed that the hospital's buildings, utilities, equipment, and infrastructure are well-maintained to ensure they are fit for purpose. BGIS are contracted to manage preventative and reparative maintenance program with an electronic asset management system used to monitor maintenance requirements. SC medical is contracted to manage biomedical equipment maintenance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 Emergency Department was described as an area of high risk of unpredictable behaviours with mitigation strategies in place to reduce this risk including short wait times to improve patient flow and security measures such as duress alarms and contracted security services available as needed. Staff have Wave One training with a key focus on de-escalation techniques. It has also been found that patients with post operative delirium can be a risk for unpredictable behaviours and a high- risk scenario has been conducted on this risk and described earlier in this report.	
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	
Access to Norwest Hospital is facilitated by signage and directions that are clear and fit for purpose. Following consultation with key stakeholders the names of the wards have been changed to the name of wild flowers such as banksia and waratah to make it easier to locate the correct ward. A map is available on the Hospitals website as well as information on transport options. A patient finder which can assist in finding the location of a patient can be accessed through the website.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 information is available on the hospitals website and in lifts with flexibility in visiting arrangements based on the patients' needs. Arrangements can be made for a support person, for example, a parent, a relative or a friend to stay overnight as a boarder. Accommodation for families can be organised in nearby accommodation if required.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.33	
The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	
Comments	
NPS has engaged with the local Aboriginal Community in creating a welcoming environment, recognising the importance of the cultural beliefs and practices of the Aboriginal and Torres Strait Islander people through the display of art work, following cultural protocols and practices such as the acknowledgement to Country. The workforce has mandatory training in cultural competencies to support their understanding of culturally safe care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

Standard 2 - Partnering with Consumers

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to 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	
The Consumer Engagement Framework 2026 - 2027 has been endorsed by the National Consumer Advisory Counsel and guides the engagement of consumers as partners in care and in the governance of the organisation. Risks associated with the engagement of consumer consultants are managed through established HR processes including the identification of training requirements for consumer representatives, with a consumer consultant interviewed by Assessors outlining the foundation training they have completed as part of their orientation to their role. Consumers are members of the Standard 2 Committee as well as the Patient Care Review Committee and the Standard 6 Committee.	
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	
Patient feedback is a key metric used by NPH to monitor the performance of the Hospital in meeting the needs of their patients and identifying areas for improvement. The net promoter score (NPS) obtained through patient feedback is a key performance indicator reviewed broadly throughout the Organisation as noted in minutes of key Committees within NPH.	
Staff described how they reviewed individual comments by patients at the Patient Experience Accountability Meeting to better understand their experience applying AI analysis to commentary made by patients to look at common themes and opportunities for improvement.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Patients are informed of their healthcare rights, consistent with the Australian Charter of Healthcare Rights. Posters are located throughout the Hospital and available through the Hospital's website with translated versions available as well. Patients are information of their rights as part of their admission. Safety and quality systems such as incidents, complaints and patient feedback are used to monitor how well patients' rights are upheld by the Hospital.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.04	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
Comments	
Consent processes are guided by policy. Interviews with clinicians indicated that they understood their responsibilities with respect to informed consent. Patients are provided information on the risks and benefits of their treatment prior to signing the consent form. Patients report in the patient experience survey that they are provided with the information they need to make decisions about their care with a patient interviewed confirming this. Documentation audits are completed and checking that consent has been obtained is included in time out processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
The capacity of a patient to make decisions about their own care is assessed by the treating Medical Practitioner, who, if satisfied that the patient does not have legal capacity, will obtain consent in accordance with the appropriate legislation, which may include the use of a substitute decision maker or other responsible person.	
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	
Clinicians work with patients or their substitute decision makers to plan, set goals, and make care decisions. Care boards record patient goals, and while not always used consistently, those reviewed were meaningful. Clinical handover and family meetings provide opportunities to discuss current and future care.	
Patient experience surveys and interviews with patients by consumer consultants provide information on the patient's experience of care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 described how they are actively involved in their care. Health literacy is an important consideration when communicating to patients with clinicians describing how they use plain English to relay information so that it is easier to understand. Clinicians discussed how they individualised care for their patients in line with their goals and preferences. Processes are in place through incidents, complaints and patient feedback to monitor the effectiveness of communication, with review processes in place to identify areas for improvement.	
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	
Communication strategies are customised to reflect local community demographics and support the diversity of patient attending NPH for care. Health literacy levels vary within the different demographic and communication styles are tailored to the audience including the use of social media and electronic information. Interpreter services and translated materials are provided as needed. Patient information is reviewed for readability, and techniques like teach-back help confirm understanding. Patient materials are developed that are easy to read and limit medical information with consideration given to the provision of information electronically.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Consumers help develop and review internally developed health information, with a tick added to indicate their review, as noted by Assessors. The role of the consumer in undertaking this task was described by a consumer consultant who is a member of the Standard 2 Committee tasked with reviewing internally developed health information.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.10	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
Comments	
Clinicians described how they effectively partner with consumers in their care delivery and how they work with consumers to support their ongoing care needs. The Business Development Manager described how written information is developed so that it is easy to read, reducing the amount of medical information to make it easy to understand. A senior nurse in maternity described the challenges of communicating with her cohort of patients who have access to a lot of information and have a high level of health literacy and ways her Service addresses this.	
The use of social media, electronic information and adjusting communication styles to the health literacy level of the patient were common themes discussed. Patients receive a discharge summary which includes information for ongoing care. Patient feedback is used to monitor the effectiveness of communication.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Consumers are members of a number of Committees including the Partnering with Consumers Committee and the Patient Care and Clinical Safety Committee. The Hospital also has access to the National Consumer Advisory Council where it can seek advice from consumers sitting on this Committee. Recruitment processes are in place to attract consumers from within the local community to apply for a consumer consultant role.	
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	
Consumer consultants receive comprehensive training on the role of the consumer through foundation training which is undertaken when commencing in the role of consumer. Consumers interviewed by the Assessors described the training they received and a copy of the training content was reviewed by the Assessors.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
NPH works in partnership with the Merana Aboriginal Community Association to support the organisation in meeting the healthcare needs of Aboriginal and Torres Strait Islander patients.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.14	
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	
Comments	
Consumer consultants interview patients and provide feedback to staff regarding any concerns the patient may raise, with consumers describing how effective this is in ensuring the voice of the patient is heard.	
Consumer feedback received through Qualtrics is reviewed weekly at the Patient Experience Accountability Meeting (PEXAM) with an AI tool used to analyse the themes arising out of this feedback. Patient stories are used in Committee meetings.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

Standard 3 - Preventing and Controlling Infections

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	
The multidisciplinary Infection Control Committee (ICC) is responsible for infection prevention and control and antimicrobial stewardship (AMS). HICMR and Healthscope education is accessed on line. Additional staffing for Infection Prevention and Control (IPC) has enabled increased focus on staff health and education. The Risk Register lists risks relevant to all aspects of IPC. HICMR conduct annual Antimicrobial Stewardship Clinical Care Gap Analysis, and hospital wide environmental audits by department. Recommendations are presented in an action plan, which are actioned and monitored by the managers, ICC coordinator (ICCC) ICC committee. Discussion re credentialling VMOs in safe management of AMS is in progress.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
 Org Code : 120901

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	
Multidisciplinary teams, both clinical and non-clinical are well established to monitor the risks using the hierarchy of controls. Orientation, mandatory and ongoing education, access to the HICMR website and newsletters, and competency assessments provide the workforce with ICC training. Education re AMS is continuous from pharmacists and infectious diseases (ID) physicians who are available 24/7. The ID physicians described the collaborative relationships with the surgeons re appropriate surgical prophylaxis; and daily clinical reviews of patients in ICU. Nurses are educated re AMS and are empowered to seek advice from medical staff and or pharmacy if clarification re orders is required. The recently released NSW Health 'high consequence infectious and consequence infectious disease advice', has prompted an immediate review of the pandemic policy. Consequently, a comprehensive action plan is in progress that incorporates escalation plans, stock requirements, staffing, training, patient triage, isolation, development of PPE kits and pathways for patient placement from the first contact with the hospital. Progress will be monitored via QuaMS and the system of clinical governance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
 Org Code : 120901

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	
Hospital Acquired infections are reported via RiskMan. The ICC, ID physicians and VMO receive timely pathology reports. The IPC conducts patient rounds daily to ensure compliance with infection and prevention control best practice. AMS is monitored via clinical indicators, NAPS, the HICMR gap analysis, and the ICC Committee as a regular agenda item. The most recent focus is look back and review of staph infections. There is a quality improvement initiative in progress to monitor clinical practice re management of invasive devices. The increase in resources for nurse education and staff health, equipment maintenance and replacement, and monthly HICMR visits are some examples of provision of sustainable infection prevention and control resources	
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	
Consumer education, both verbal and written for IPC has most recently focused on intravenous catheterisation. Hand hygiene signage is prevalent throughout the hospital, and compliance is posted on the quality boards. Patients are encouraged to provide feedback via the QR codes. A review of patient feedback confirms that the patients' information needs are met. Patients are educated re antimicrobials by the medical, nursing and pharmacy staff. The assessors interviewed a number of patients from different clinical areas. All patients agreed that they were engaged in the decision making about their care and understood their treatment plans.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 3.05	
The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups	
Comments	
The ICCC receives regular updates on infection prevention and control from NSW Health. HICMR and Healthscope policies are referenced to national and state legislation and policy directives. The assessors reviewed the daily reporting of surveillance data and the follow up action taken by the infection control team. The incidence and management of infections is reported through the system of governance. Systems are in place to collect data on the appropriate use of antimicrobials, i.e. NAPs and pharmacy reports. Reports are tabled at the MAC and clinical craft groups, with input from the ID physicians. Surgeons and physicians work closely with the ID physicians to provide appropriate prescription and administration of antimicrobials.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.06	
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	
Comments	
Transmission-based precautions are implemented as per HICMR policies, training and competency assessment. Compliance was observed in practice during the assessment. The ICCC reviews all patients that require transmission-based precautions daily. NSQHS signage re standard and transmission-based precautions was observed on patient doors.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
The systems for infection prevention and control include environmental audits, regular maintenance, staff health / training, competency assessments and audits, patient and visitor screening, monitoring of external services, e.g. laundry and water quality, and staff training. Communication of infection risks are discussed at huddles, staff meetings, and at handover in conjunction with the patient / carer / family. There is evidence of fit testing of N95 masks at orientation and 12/12 thereafter. The Waste Management Plan provides instruction on the use of PPE when handling different types of waste. Processes are in place for the safe management of spills, security and transport of waste. Clinical and non-clinical staff are educated re the risk of infections and assessed re correct and appropriate use of PPE. Regular formal audits of compliance with standard and transmission-based precautions are in place. Daily review of the use of PPE by the ICCC is an opportunity for timely education re appropriate use and compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Patient screening at preadmission and admission includes risk assessment for MRSA, Gastroenteritis, influenza, and recent previous hospital admissions. Webpas, the medical record and transfer documentation include infection alerts. Processes are in place to safely transfer infectious patients to mitigate the risk of transmitting infection. Patient accommodation is mostly single rooms. There is one negative pressure room in ICU. Patients in isolation are closely monitored to keep them well informed and cared for. There is evidence of regular testing and reporting of air-conditioning, hepa filters and water. A review of reports at assessment confirmed these are within normal parameters. Environmental cleaning, waste management policies, training, equipment, and chemical storage are regularly audited internally and externally by HICMR. Competencies are in place to ensure safe handling of hazardous drugs and related waste. Spill kits, sharps and cytotoxic waste bins are appropriately located within the facility. Security of waste was observed at assessment. Guidelines are in place for terminal cleaning. Sporicidal wipes are available for use if there is a suspicion of infection.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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

Advice is received from the NSW Public Health Unit, and HICMR about infections in the community. The HICMR newsletters alert the risks of transmissible infections, and these are distributed throughout the clinical areas. At the time of assessment, the most recent newsletter featured safe infection prevention and control practices in the management of norovirus.

The Assessors observed written and verbal communication of a patient infectious status during the episode of care, and inclusion of the patient / family / carers in discussions re the associated risks.

Rating	Applicable HSF IDs
Met	All

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 Compliance report 1 November 2025 to 31 March 2026 reported to the National Hand Hygiene Initiative reports 93% compliance. The report details compliance by moment, and health care worker group that is inclusive of all disciplines of staff.

Antimicrobial hand rub and signage is widely dispersed throughout the hospital. The ICCC is qualified as a 'train the trainer' for gold standard auditing. There is an extensive list of gold standard auditors. NPH participates in World Hand Hygiene Day. The Assessors observed good compliance with the '5 Moments of Hand Hygiene'.

Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 are in place to identify procedures that require aseptic technique. On line training and satisfactory completion of competency assessment are required prior to staff performing aseptic technique. There is a quality improvement project in place to review the incidence of staph infections, and compliance with best practice aseptic technique.	
Rating	Applicable HSF IDs
Met	All

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	
The processes for the appropriate use and management of invasive devices are consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
 Org Code : 120901

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	
ECOLAB cleaning products are listed on the ARTG. Data safety sheets are readily available adjacent to chemicals. All chemicals are securely stored. Processes are in place for training via e-learning and mentoring of cleaning staff. ECOLAB provide annual chemical training and competency assessment. Cleaning worksheets are endorsed by HICMR. Disposable curtains are dated. Carpet cleaners and floor scrubbers are listed for preventative maintenance. A carpet replacement program remains work in progress. Healthscope audit tools are used for environmental cleaning. Quality activities are monitored via QuaMS. The HICMR environmental services report, as of August 2025 noted improvement from 88.9% to 91.4% from the previous period.	
Suggestion(s) for Improvement	
Improve the environmental audit to ensure that stock is not stored on the floor.	
Rating	Applicable HSF IDs
Met	All

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	
Corporate Healthscope is responsible for assessment of new equipment. Existing equipment is maintained as per the maintenance register and replaced as required. Maintenance and biomedical services are outsourced, however there are regular staff onsite. Internal and external environmental audits identify the needs for repair and upgrade of the facility and equipment. These are tracked and actioned by QuaMS. In addition to day-to-day maintenance there is an annual end of year maintenance program.	

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The linen service is contracted out. Linen handling, storage and transport is audited as per the linen standard, AS 4146, and routinely as a part of regular environmental audits.

KPIs for laundry services are monitored by monthly meetings. Staff are well informed of the processes to handling, transporting and storing linen as per pandemic planning.

Rating	Applicable HSF IDs
Met	All

ACTION 3.15

The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients

Comments

All new and employed staff are required to provide evidence of immunisation, consistent with the Australian Immunisation Handbook, and NSW Health directives. New staff must provide evidence of vaccination prior to employment. NPH holds stock of flu vaccination and pertussis.

Processes are in place to manage those staff who do not sero-convert or refuse vaccination. The comprehensive staff data base issues prompt advice to signal timely renewal of vaccination.

Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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

Policies are in place for workforce exclusion as per HICMR guidelines. Regular contact with staff who are unable to attend work is made by the ICCC and or department manager.

Tracking of staff is via rosters and daily staff allocation. The pandemic plan provides the framework for the continuation of the service during outbreaks and pandemics.

Rating	Applicable HSF IDs
Met	All

ACTION 3.17

When reusable equipment and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections.

Comments

HICMR conducted a gap analysis of the sterilising services for RMDs against AS5369:2023. Actions required to complete the gap are fully complete. Compliance with the standard and all actions was observed during the site visit.

Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 AMS policy and HICMR audit schedule is referenced to the Antimicrobial Clinical Care Standard. Australian Therapeutic Guidelines are available in all clinical areas. Antibigrams are available for review by the Infectious Diseases physicians. Prescriptions are reviewed to ensure they follow therapeutic guidelines.

HPS has issued a detailed quick reference list of therapeutic guidelines for the use of antimicrobials. Adverse reactions to AMS are recorded in RiskMan. Data on the appropriate use of antimicrobials is collected and presented at craft group meetings, the MAC and ICC.

Rating	Applicable HSF IDs
Met	All

ACTION 3.19

The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation's performance over time for use and appropriateness of use of antimicrobials

Comments

Gap analysis of the AMS Clinical Care Standard via HICMR May 2026, includes an action plan that is monitored via the ICC. Pharmacy, NAPS audits and clinical indicators measure compliance with antimicrobial stewardship. The reports are tabled at the craft group meetings, infection prevention and control meetings and the MAC. The Antibiotic Allergy Poster is under review by the clinical pharmacist.

Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
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Standard 4 - Medication Safety

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

ACTION 4.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	
The policies for safe medication management are referenced to the NSW Health Policy Directive: 'Medication Handling'. Medication risk assessment on admission is documented Medication Management Plan. Issues identified with gaps in sign off or omission of medications were identified during the assessment. This prompted an ad hoc audit, that led to prompt action by the NUM and educator in that unit to ensure that the medication chart is reviewed by both nurses at every handover and point of transfer. The action was entered in the QuaMS system for ongoing monitoring. Policies are in place for safe management of high-risk medications i.e. potassium chloride storage and administration. HPS provides a 'medication safety – clinical interventions' GlinPod report to the Medication Safety Committee (MSC). Incidents and shared learning are tabled and reviewed by the (MSC). Real case studies are tabled and discussed so that action is taken to mitigate the risk of recurrence. A list of policies / forms and the Risk Register for medication safety is reviewed regularly by the MSC. Nurses are required to complete medication training and assessment at orientation and annually thereafter.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Audit findings report lessons learned with regard to medication management compliance. Currently, the focus is directed towards improved documentation re medication prescribing and VTE prophylaxis which has been reported at the MSC and MAC. A quality improvement initiative to administer timely S4 and S8 medications remains work in progress.	
Rating	Applicable HSF IDs
Met	All

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	
Real patient stories are tabled at the MSC. The patient information brochure for pain management has been updated with input from consumer representative and is currently awaiting final ratification. The assessors observed good interactions between staff and patients re administration of medications, where patients are encouraged to ask questions and confirm their understanding of treatment.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Compliance with current APHRA registration is monitored. There are no restrictions on clinical practice at the time of the assessment. ENs can administer medication within their scope of practice parameters as directed by APHRA, Healthscope and NPH policies. At this stage Enrolled nurses are not permitted to administer insulin at NPH. Feedback from the ENs has prompted review of scope of practice. Development of education packages and competency assessment remains work in progress. All registered and enrolled nurses are required to complete mandatory medication e-learning and practical competency assessment prior to administration of medication. It is a requirement for all RNs/ Ens to complete mandatory education re medication management annually. Pharmacy services are accredited. Policy re nurse-initiated medications policy include a nurse-initiated medication list for adults and paediatrics respectively – approved by the National Director of Clinical Governance and the Healthscope Chief Medical Officer (revised Jan 2026).	
Rating	Applicable HSF IDs
Met	All

ACTION 4.05	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
Comments	
Healthscope BPMH policy ensures comprehensive assessment of current prescription medicines and complementary therapies. A small sample of healthcare records confirmed compliance with documentation.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Patients who have significant comorbidities, identified as high clinical risk are routinely referred to the VMO Intensive Care or a physician preoperatively for assessment. The detailed perioperative, functional and pathology assessments are used to develop a Perioperative Optimisation Plan, inclusive of preoperative and postoperative medication management. This is documented in correspondence. Review of BPMH by pharmacists includes validation from 2 different sources, and documentation on the Medication Management Plan. Medication reconciliation occurs at discharge and documented by the pharmacist and VMO.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.07	
The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
Comments	
On admission and at every point of clinical intervention patients are asked if they have any allergies or a history of adverse drug reactions. This is clearly documented with stickers in the medical record, and identified on WebPas. Patients are required to wear red arm bands to signify allergies / adverse drug reactions.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Norwest Private Hospital have a policy to govern reporting of adverse drug reactions in the medical record and RiskMan.	
Rating	Applicable HSF IDs
Met	All

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	
The organisation has processes in place to report adverse drug reactions to the TGA.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
HPS pharmacists conduct regular ward rounds of all patients and review to review medications and provide patient and staff education. There is aa risk assessment matrix to prioritise high-risk patients for clinical pharmacy review. Chemotherapy is issued by Slade and managed by the Slade on site pharmacist located within the oncology ward.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.11	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
Comments	
Patients are provided with written and verbal information about their medicine's needs and risks. Pharmacists provide detailed information to patients re their medications.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
There is a Healthscope policy on discharge medications. Patients collect discharge medications from the onsite pharmacy. A comprehensive list of drugs including reasons for change is issued to the patient, GP and retained in the medical record when a patient is discharged.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.13	
The health service organisation ensures that information and decision support tools for medicines are available to clinicians	
Comments	
MiMs, Therapeutic Guidelines and the Australian Injectables Handbook are available on line.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Only authorised staff have swipe access to medication rooms. There are monthly audits of S4 and S8 registers. Destruction of S4 and S8 is undertaken by a retail pharmacist, witnessed and documented. Outcomes of internal audits for S8 and S4 drugs are reported as close to 100% for the first half of 2026. Anaesthetic drugs are labelled in accordance with ASQHC national standard for User-applied Labelling of Injectable Medicines, Fluids and Lines. There are drug safes and registers in all of the operating theatres. There are robust checking processes in place for the disposal of unwanted S4 and S8 medications in the perioperative suite. Unwanted medications are disposed of by the pharmacy service. Temperature sensitive medications are delivered by cold storage and stored in dedicated medication fridges. Processes are in place for monitoring fridge temperatures.	
Rating	Applicable HSF IDs
Met	All

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	
Policies are in place to govern the use and storage and labelling of high-risk medications. APINC posters are prominent in medication rooms and clinical areas. Dedicated storage and labelling of high-risk medications was observed in clinical areas. The MSC reviews all incidents that are associated with APINCH medications.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Policies are in place at both Healthscope wide and Norwest Private Hospital (NPH) to address the intentions of Standard 5. The Healthscope policies address the requirements of the National Safety and Quality Health Service Standards - Standard 5, with NPH specifics when required, underpinning the Healthscope policies. The policies are referenced to best practice and contemporary. Audits are undertaken and when audit results are unfavourable to target, action plans are put into place with increased auditing until the target is achieved. The Risk Register is reflective of risks that have been identified in respect to comprehensive care. Education is provided to all new recruits and ongoing at a clinical level to address any deficits identified in the delivery of comprehensive care.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	
Comments	
There are audits in place to monitor compliance with the intentions of Standard 5. Unfavourable audits trigger an action plan and an increase in auditing. The minutes of the Standard 5 committee confirm that action plans are actively monitored until completion.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Patients are included in their care and patients interviewed confirmed that they were kept fully informed. NPH is located in a multicultural community, and their patient demographic reflects this multiculturalism. Staff could articulate well how they work with their patients to meet their health care needs in addition to respecting their cultural requirements. Staff could articulate the process that they follow if a patient requires an interpreter, or additional supports to assist them to participate in their own 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	
The comprehensive care plans are appropriate for the individual clinical services. For example, the intentions of standard 5 are addressed in the maternity comprehensive care plan and in addition includes specifics for maternity patients. When there is an outlier patient, the 'parent' unit is contacted to provide input into the care planning.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
NPH engage well with a multidisciplinary approach to care. Nurses work well with the visiting medical officer model and this care is complemented by an allied health team. There was evidence of referrals, e.g. wound nurse and the palliative care nurse, in addition to allied health services, e.g. occupational therapists, speech therapists.	
It was clear from reviewing patient notes, the nature of the referral, the recommendations made and the follow up required.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Team work was evident throughout the clinical observations. As stated under 5.05, referrals occur and follow up of treatment plans ensue. The daily safety huddle that occurs in each unit include all clinical team members are appropriate.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
All patients are risk screened on admission and if a risk screen is positive, the patient proceeds to a risk assessment, e.g. there is a positive risk screen for falls, the patient will undergo a falls risk assessment. If a patient's condition changes, this will trigger a repeat of the risk screening. A sample of medical records were sighted that confirmed this process.	
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	
Patients are routinely asked if they identify as being Aboriginal and / or Torres Strait Islander. This is audited and staff education ensues if this question is unanswered.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
If a patient requires a new advance care plan, or amendment to an existing plan, this is facilitated by NPH.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Each patient undergoes a comprehensive clinical screening process by the relevant clinical discipline, i.e. medical, nursing and when required allied health. The screening includes mental health and physical screening. The patient charts confirm this to occur.	
Compliance with this is via the audits and governance is via the Standard 5 comprehensive care committee.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Evidence was sighted of risk screens when identified as positive, progressing to a full risk assessment using a validated tool.	
Suggestion(s) for Improvement	
The Allied Health are encouraged to pursue clinical metrics to assist with confirming treatment outcomes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
There is a comprehensive care plan in use for all patients. The patient notes have an Alerts sheet. When alerts were identified, these were reflected in the Alerts sheet.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.13	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
Comments	
Patients, families and their carers are included in their own / family's care planning. This was confirmed by patient interview. Patients' goals of care are reviewed daily and captured on the comprehensive care plan and then placed on the patient's white board. Expected length of stay and discharge destination is identified prior to admission. For complex medical patients, this is not always possible until the medical condition is stabilised. There is a discharge planner employed who coordinates complex discharges to ensure a timely and seamless discharge to an agreed and appropriate discharge destination.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
The comprehensive care plan is in use and as stated elsewhere in this report, is amended for the clinical setting, e.g. maternity. The comprehensive care plan is audited and when the audits are unfavourable to target, action plans are put in place to address any gaps. Risk screens are repeated when there is a change in condition / diagnosis, or when the patient is transferred to another unit, e.g. the intensive unit to the ward.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
The staff at NPH discussed that end-of-life care occurs, however not often. There are resources available to staff to guide in the care planning of patients who have been identified as being at end of life. These are consistent with the intentions of the National Consensus Statement. A suggestion will be made for NPH to consider the use of an end-of-life pathway, given that the occasions for end of life were stated as being few.	
Suggestion(s) for Improvement	
It is suggested that NPH consider the use of a validated end-of-life care pathway.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
There is access to both Palliative Care visiting medical officers and on staff is a dedicated palliative care registered nurse. Staff have access to palliative care education and resources. At the time of assessment, there was no contribution to specialised palliative care clinical indicators, this may be a consideration for NPH to consider, a suggestion for improvement will be made to this effect.	
Suggestion(s) for Improvement	
IT is suggested that NPH consider participation in a validated palliative care indicator data set to enable evaluation and benchmarking of the palliative care 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	
NPH acknowledge, confirm and respect the specifics of a confirmed advance care plan. If one is not in place, NPH can facilitate the discussion to document this. The assessment team sighted advance care plans in the patient notes when these were in place. In addition, when an advance care plan was in place, this was communicated at the bedside handover.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
The palliative care clinical nurse consultant and the palliative care visiting medical officers, provide staff supervision for end-of-life care as identified and as required.	
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	
Patient's goals of care are reviewed daily; this process is extended to patients who are at end of life including the family members in this daily review.	
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	
As stated under 5.19, the patient when possible, and the family members when appropriate, are involved and invited to participate in shared decision making when the goals of care are being reviewed.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
NPH has pressure relieving devices in place to minimise the risk of developing pressure injuries. Allied health are referred to when there is a high risk of the patient acquiring a pressure injury to further assist with mitigation. All pressure injuries hospital acquired and / or insitu on admission are captured as an incident. A wound management nurse assists with the management of pressure injuries when these are identified.	
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	
There was evidence that patients identified as being at high risk of developing a pressure injury, or those with an existing pressure injury, received comprehensive assessments. The Assessor reviewed a chart where a patient had a stage 2 pressure injury confirmed, the patient notes confirmed each of the strategies employed to mitigate the pressure injury from deteriorating. There was a referral to both the wound care nurse and allied health for this patient.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Patients, families and carers are educated when a patient is at risk of developing a pressure injury. There is information available to support the anecdotal patient education. Education and practices are underpinned by best practice.	
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	
Patients at risk of falls are risk screened and risk assessed using validated tools. Patients identified as a high falls risk are provided with a bed that can be lowered to floor level, falls mattresses to buffer the impact of a fall and placement of the call bell amongst a number of falls minimisation strategies.	
At assessment time, there was a new quality initiative, that all patients who fall or have a near miss fall, undergo a falls huddle to discuss the fall in its entirety, that is from before the fall events to the management of the fall. The intention of this is that via this multidisciplinary review that learnings are identified and that the patient's care plan can be amended accordingly.	
It was too early into the quality initiative to realise the project's success, however initial feedback was favourable and that multidisciplinary learnings, including administrative staff input were favourable.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
As stated under 5.24, there are a number of falls mitigation / minimisation equipment for use by the staff when a patient has been identified as a high falls risk. These were sighted to be in use and were used appropriately.	
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	
Patients, carers and families are educated on falls minimisation and provided with information when a patient has been identified as being at a high risk of falls.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.27	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
Comments	
NPH cook freshly on site and patients have a choice of food from a menu. Patients identified at risk of malnutrition via the risk screen are referred to a dietician. At assessment time, the assessors were able to see modified diets and diets that were complemented with nutrient enriched drinks as prescribed by the dietician.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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

Patients who have been identified as at risk of malnutrition or malnourished are managed well. Patient notes, and observations confirm that patients are well supervised at meal times and are prompted to consume their energy rich drinks. A medical patient with dementia who was identified as being malnourished was supervised with their feeding, notwithstanding that this was not when the patient was seated as the patient was constantly mobile. Staff were diligent in ensuring that the patient ate.

Babies in the special care nursey who are premature and establishing a feeding regime, are supervised by a paediatrician and their feeds are prescribed to maximise weight gain.

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

NPH have undertaken a gap analysis against the delirium clinical care standard. In addition to the risk screening and risk assessment, NPH have put together a delirium pack to ensure that the intentions of the clinical care standard are fully implemented. Staff had an excellent understanding of the intentions of the delirium clinical care standard.

The use of antipsychotic medications in the treatment of delirium does not occur outside of the intensive care unit (refer to 5.35) and when antipsychotic medicines are used, it is based on a strong clinical indication and with consent from the family.

Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
To be read in conjunction with 5.29. The staff at NPH could communicate well the requirements to screen and escalate concerns if a patient was suspected of experiencing an acute episode of delirium. NPH confirmed involving family members when delirium was suspected. The assessment team were able to confirm that family members were included in the management and to assist with managing the patients.	
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	
The comprehensive care plan has appropriate questions that screen for mental health issues, including when there may be suicidal ideations or other behaviours, e.g. withdrawal that staff identify. Any behaviours of concern are documented, accompanied by ensuring that the patient remains safe and escalated to the treating visiting medical officer. When appropriate, the family are involved. The post-natal ward places a focus on ensuring that women who have recently delivered, have an adequate post-natal screen undertaken. Women who have been identified as being at risk are appropriately referred via their visiting medical officer to appropriate psychological support and treatment.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 5.32	
The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	
Comments	
There are no acute mental health services provided at NPH, if a patient was to be flagged as being at risk of self-harm, transfer to a gazetted facility would occur. NPH could articulate well, the need to special the patient until transfer was possible.	
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	
Patients are screened for behavioural issues as a component of their cognitive assessment and in addition for any potential for behaviours of concern. The Emergency Department is acutely aware that patients may escalate their behaviour and have appropriate mitigating strategies to protect the patient and the NPH staff. The Emergency Department, front office and other public facing staff are aware of processes by escalating the duress alarm to assist with mitigating an episode of aggression. Ward staff follow similar processes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
NPH were able to discuss a patient in real time who tested the requirements of 5.34 from a systems perspective. A patient was brought into the Emergency Department with an underlying and confirmed dementia, presenting with an acute episode of delirium. The patient was aggressive the in the ED, requiring escalation to a Code Black (police & security assist). The patient was admitted, treated for delirium and at the time of assessment, the patient was being managed well on an open ward. The patient's carer was involved in the management and treatment plan. Staff are trained in de-escalation and screening, and assessment tools were in use to identify patients who had the potential to escalate behaviours of concern.	
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	
There is no restraint used outside of the intensive care unit at NPH; the restraint used is soft wrist cuffs or chemical restraint. In the intensive care unit it is only used / applied when there are patient safety issues, e.g. agitated patient tugging at lines, endotracheal tube. Restraint must be prescribed by the visiting medical officer with the type of restraint, e.g. mechanical, chemical, the intent and the duration required to be clearly documented. NPH monitor the use of restraint and each occasion of restraint is discerned for appropriateness. Families and carers are involved in the decision making and must provide consent. Each episode of restraint is reported.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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		
The assessment team can confirm that there are no seclusion practices taking place at NPH.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: Non gazetted service, does not use seclusion. Verified During Assessment: Yes Complies with AS 18/01: Yes

Org Name : Norwest Private Hospital
Org Code : 120901

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	
All policies relating to Standard 6, are referenced to best practice and are contemporary. Staff could articulate well risks associated with handover. Staff expectations are set as to the expectations of the intentions of Standard 6, i.e. handover, procedure matching and transfer of care.	
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	
Audits are undertaken to monitor adherence to the requirements and intentions of the Communicating for Safety Standard. The minutes confirm that when there is unfavourable performance that action plans are put in place and followed through until sustained improvement is achieved. Governance of Standard 2 is via the Communicating for Safety Standard.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Patients, families and carers are encouraged to actively participate in their handover. The assessors attended a number of handovers, including bedside handovers, WHO (World Health Organisation) Surgical Safety Checklist and patient journeys where this was sighted as taking place. Patients were included as appropriate with these.	
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	
There is a policy that specifies when clinical handover and procedure matching should occur, this includes by example, medication administration, shift to shift handover, administration of blood. Positive patient identification was sighted as taking place and included the patient when appropriate.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Arm bands have three identifiers, these being patient's full name, date of birth and unit record number. Patients were asked to positively identify themselves at transfer of care (handover), before being administered medication or receiving a blood transfusion. At assessment time, the assessors were made aware of three patients sharing the same name in the day oncology unit. The staff flagged this as a high risk and immediately worked with the patients to ensure that the risk was mitigated. Staff arranged for staggered admission times, placement of the patients to minimise cross over and made the patients aware of the potential risk to ensure their cooperation with the mitigation strategies.	
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	
NPH use the WHO (World Health Organisation) Surgical Safety Checklist; this includes procedure matching. Compliance is monitored, demonstrating good compliance across the campus.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
ISOBAR (Identity, Situation, Observation, Background, Agree to a Plan, Readback) is the agreed handover framework used by NPH. This was observed to occur at each of the handovers attended by the assessors.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.08	
Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	
Comments	
Handover occurs at transfer of care from an intrahospital perspective and an interhospital perspective, shift to shift and on as required basis. Included in the handover are the patient goals when relevant, i.e. at the time of bedside handover.	
Patients and their families are included in the handover process. The assessors attended a number of handovers, including a patient journey where this was sighted and confirmed as occurring.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Two approved arm bands are in use at NPH, these being white - no alerts, and red - alerts. When there is a red arm band, the patient is asked to confirm their alert. At assessment time, when in attendance at a bedside handover, the family member was able to contribute invaluable information that was not previously known. The patient was cognitively impaired and this additional information was critical in informing care planning and management. Critical information is communicated as it is identified and to inform ongoing care. Handover is able to be modified, i.e. not in the presence of family, if requested.	
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 staff at NPH establish a trusting and respectful relationship with their patients, the patients' families and carers from the time of admission, a core component of this is transparency regarding critical information. The staff interviewed confirmed that this was forthcoming and contemporary, and could not identify an occasion when the lack of this knowledge led to a clinical incident / risk. As stated under 6.09, a family member contributed invaluable detail about their parent who was the patient who was cognitively impaired.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
There are Alert forms, progress notes and the comprehensive care plan to document critical information. As living documents, these are revised as the patient's condition warrants. Again as per 1.09, the critical information provided by the patient's daughter, had a direct impact on discharge planning, the Discharge Planning coordinator was contacted to revise the discharge, in addition, staff documented the discussion in the patient's progress notes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
All policies regarding emergency blood transfusion, for example: Blood Transfusion – Management of Patient, Blood and Blood Products, Massive Blood Transfusion, Jehovah witness and other patients refusing blood and blood products, are available to staff online. Minutes refer to a patient story/ incident and review of critical systems. A case study of a massive haemorrhage was discussed. All incidents are reviewed by the committee. Audit results report consistently high compliance across all steps of the transfusion process. Compliance with the Healthscope BloodSafe training practical and theory training is reported to the Blood Management Committee by department. The range was between 84.6 to 100 %, with exception of the casual workforce. There is opportunity to increase compliance with the Healthscope BloodSafe transport training. Competency assessment, and simulations of massive haemorrhage embed training. The Transfusion Practice Observational Audit was reported at 99% for 2025. There are no blood fridges on site, however, pathology report compliance with the blood and blood products fridge and register. ACHS Clinical indicators are reported as below comparable benchmarks. The policy re post-partum haemorrhage is referenced to NSW Health regimes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 multidisciplinary membership of the Blood Transfusion Committee was updated recently. The Blood Transfusion Committee minutes refer to audits of compliance with transfusion documentation and procedures, with most indicators reported at 100%. There is continuous focus to improve compliance with documentation. Audits include transfusion practice observations, and blood and blood products appropriateness. The rate of blood transfusions given when the HB is at or greater than 100g/l is below industry benchmarks. There were no reported events of transfusion following tonsillectomy, vaginal birth, LSCS, and gastrointestinal bleeding. Specific training and competency assessment is implemented for the high risks associated with cardiac surgery, and obstetrics. The Massive Transfusion Protocol is currently under review to be updated as the Massive Haemorrhage Protocol.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.03	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
A review of patient feedback indicates 100% satisfaction with involvement re decision making to receive a blood transfusion, provision of verbal and written information, risks, alternatives to transfusion, and consent. Patients are encouraged to provide feedback by a QR code. The minutes report positive consumer feedback. Promotional awareness days are scheduled for national blood donor week, world blood donor day and thrombosis day. The consent for blood and/or blood product administration includes the reasons for treatment, type of product, risks, common adverse reactions, consequences of not receiving treatment, and discussion re alternatives to treatment. There is provision for consent via an interpreter.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
High-risk complex patients are referred by the VMO to intensivists / physicians for preoperative assessment and advice. Patients are assessed re the appropriate of blood transfusion with consideration of alternatives such as Iron transfusion. Care re Jehovah's witness patients may include discussions with the church re alternatives to blood transfusion.	
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	
Decisions relating to blood management, transfusion history and details are documented on the Blood and Blood Products Prescription and Transfusion Record.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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 policy makes reference to criteria for single unit transfusion, followed by clinical assessment, with exception of those patients' undergoing chemotherapy and blood disorders. Iron deficiency anaemia is managed with iron tablets in the first instance, and IV therapy if clinically indicated. Training is via BloodSafe for nurses, midwives, transport personnel, and specimen collectors. Policies for safe transfusion include: 6 rights checking, consent, requests for blood transfusion, blood collection, autologous blood transfusion, storage and collection, and documentation.	
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	
Adverse events are reported to the VMO, pathology and documented in the patient medical record and RiskMan.	
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 assessors observed good governance to interrogate the need blood transfusion. Hemovigilance is reported to the NBA and monitored by the Blood Transfusion Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Processes to trace blood products were observed during the assessment that were compliant with safe storage, distribution and traceability. All processes are checked by two authorised staff, documented and signed off on the Blood Product Pre-Check & Collection Request as per Healthscope policy guidelines.	
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	
No issues were reported re the supply of blood or blood products. Regular blood wastage reports are tabled the meeting. Wastage sits well below the 3% expected wastage.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Contemporary policies inform the recognition and response systems across NPH. These include policies for neonatal escalation of care up to and including adult escalation of care. Each escalation of care event, including responding to a clinical deterioration via a Code Blue, is reported and discerned. The minutes of the Standard 8 Recognising and Responding to Clinical Deterioration committee confirm this. At assessment time, NPH was transitioning to FSEP (Fetal Surveillance Education Program) from K2 for Obstetrics and Midwifery, this was to maintain state-wide best practice education and in addition to maintain consistency with the RANZCOG (Royal Australian New Zealand College of Obstetrics and Gynaecology) imperative. It is a good example of the training remaining under review to ensure contemporary practices are in place.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
The Standard 8 Recognising and Responding to Clinical Deterioration committee monitors detailed reports on both the recognition and response systems of clinical care. Audits are undertaken and the minute log confirms that when performance isn't favourable to target that this is followed up with an action plan until performance has reached the agreed target. One of the intentions of this standard is that the recognition system, if working well, will hopefully lead to a decrease in actual Code Blue events, this has been confirmed by NPH, as the monthly MET (Medical Emergency Team) calls are in double digits and the number of Code Blue calls are in the very low (under three) per month. This is a consistent theme.	
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	
Patients, families and carers are encouraged to raise any concerns directly with the staff regarding their wellbeing. An orientation to the ward includes how to call for immediate nurse assistance. If a patient has an advance care plan in place, this is validated and respected.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
Each of the observation charts in place at NPH are validated observation charts that meet the colour coded human factors requirements. When modifications are required for the patient, these are clearly 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	
At assessment time, there were a number of patients who had an established diagnosis of dementia, with a few of these having an acute episode of delirium superimposed on their pre-existing dementia. The patient notes clearly identified that cognitive risk screens were attended to in addition to cognitive risk assessments. At the bedside handover, these risk screens and risk assessments were referred to in order to gauge patient progress. The delirium clinical care standard was well understood by the staff and in place (refer Standard 5). The assessors observed care for one patient, who had very complex clinical and cognitive care needs, the staff worked with the patient's carer to put in place a care plan specific for them. The patient was calm, cooperative and had their function optimised as far as was possible given the advanced dementia. NPH are also cognisant of acute mental health requirements and were able to articulate, backed up by policy, if there was recognition of an acute mental health episode, the staff were aware of the stabilisation, referral and transfer processes. In the maternity unit, the midwife screens all patients at day three, and if post-natal depression is suspected, this triggers an immediate, same day referral.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
The Code Blue escalation / escalation of care system is well known and well utilised. The validated observation charts are well understood and used as a trigger to escalate care across the entire NPH. Each escalation of care event is discerned for improvement and shared learnings, in addition to ensure that there is governance of the system. NPH uses the New South Wales REACH (Recognise, Engage, Act, Call, Help) system that is well understood by the vast majority of patients.	
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	
The New South Wales REACH (Recognise, Engage, Act, Call, Help) system. There will be a suggestion made for the DOSA (Day Of Surgery Admission) unit to consider, as the REACH system isn't socialised with the patients in the DOSA unit.	
Suggestion(s) for Improvement	
It is suggested that the DOSA unit, socialise the REACH system with their patients as a core component of the admission process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 8.08	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
Comments	
The hospital has a consistent activation code to escalate care and standardised resuscitation trolleys with fit for purpose approved adjustments for neonates, paediatrics and the critical care areas.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
As stated throughout this report, a single escalation of care code is utilised. Staff, including new staff and students were able to confirm this.	
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	
The assessment team were provided with the training compliance data for escalation of care. The training matrix was clear as to who required additional training, i.e. advanced skills training. The Nurse Managers and the Clinical Nurse Educators were very aware of their compliance. Staffing to enable adequate cover for paediatric emergencies was visible and managed well, that is, that there is always a paediatric advance life support (PALS) competent registered nurse on duty.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

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	
All adult patients can be attended by either an intensive care unit staff member or if there are simultaneous code blue events, a backup by the emergency Department staff. For paediatric patients, as stated under 8.10, there is always a paediatric advance life support registered nurse on duty. Neonatal resuscitation is managed by the special care nursery staff who have specialised training in neonatal resuscitation. Staff across the campus, were clear with their understanding of these requirements.	
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	
As stated previously in this report, NPH does not have gazetted mental health beds, so any escalation of care required for mental health concerns to a third-party provider, is via the visiting medical officer. The maternity unit undertakes a risk screening on day three of all mothers to risk screen for post-natal depression using a validated tool. If a patient screens positive, this triggers a same day referral and attendance by a mental health clinician who has perinatal mental health qualifications.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
NPH has an adult intensive care unit, that would treat and manage patients referred to them unless the patient required quaternary services, e.g. ECMO (Extra Corporeal Membranous Oxygenation) which are only available in two dedicated units in New South Wales. Children requiring intensive care, are stabilised and referred to a third party paediatric intensive care unit if this is required. Neonates requiring high-dependency or neonatal intensive care, are retrieved by the dedicated statewide newborn retrieval service. At assessment time, a video-telehealth monitor with the statewide newborn retrieval service was on the cusp of being installed. This would provide the ability of a neonatologist to 'observe' the neonate and instruct and direct care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Norwest Private Hospital
Org Code : 120901

Recommendations from Previous Assessment

Nil.