Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey

Norwest Private Hospital

Bella Vista, NSW

Organisation Code: 12 09 01

Survey Date: 16-18 May 2017

ACHS Accreditation Status: **ACCREDITED**

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About The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation. The ACHS was established in 1974 and is the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations.

The ACHS mission is to 'improve the quality and safety of health care' and its vision is 'to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care.'

The principles upon which all ACHS programs are developed and the characteristics displayed by an improving organisation are:

- a customer focus
- strong leadership
- a culture of improving
- evidence of outcomes
- striving for best practice.

These principles can be applied to every aspect of service within an organisation.

What is Accreditation?

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

How to Use this Survey Report

The ACHS survey report provides an overview of quality and performance and should be used to:

- provide feedback to staff
- identify where improvements are needed
- compare the organisation's performance over time
- evaluate existing quality management procedures
- assist risk management monitoring
- highlight strengths and opportunities for improvement
- demonstrate evidence of achievement to stakeholders.

This report provides guidance for ACHS members for future quality improvement initiatives by documenting the findings from the organisations accreditation survey. This report is divided into five main sections.

1 Survey Team Summary Report
2 Actions Rating Summary Report
3 Recommendations from Current Survey
4 Recommendations from Previous Survey
5 Standards Rating Summary Report

1 Survey Team Summary Report

Consists of the following:

Standard Summaries - A Standard Summary provides a critical analysis for organisations to understand how they are performing and what is needed to improve. It provides an overview of performance for that Standard and comments are made on activities that are performed well and indicating areas for improvement.

Ratings

Each action within a Standard is rated by the organisation and the survey team with one of the following ratings. The survey team also provides an overall rating for the Standard. If one core action is Not Met the overall rating for that Standard is Not Met.

The report will identify individual actions that have recommendations and/or comments.

The rating levels are:

NM – Not Met

The actions required have not been achieved

SM – Satisfactorily Met

The actions required have been achieved

MM - Met with Merit

In addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the hospital in relation to the action or standard under review.

Action Recommendations

Recommendations are highlighted areas for improvement due to a need to improve performance under an action. Surveyors are required to make a recommendation where an action is rated as Not Met to provide guidance and to provide an organisation with the maximum opportunity to improve. Recommendations in the survey report need to be reviewed and prioritised for prompt action and will be reviewed by the survey team at the next on-site survey.

Risk ratings and risk comments will be included where applicable. Risk ratings are applied to recommendations where the action rating is Not Met to show the level of risk associated with the particular action. A risk comment will be given if the risk is rated greater than low.

Risk ratings could be:

- E: extreme risk; immediate action required.
- H: high risk; senior management attention needed.
- M: moderate risk; management responsibility must be specified.
- L: low risk; manage by routine procedures

2 Actions Rating Summary Report

This section summarises the ratings for each action allocated by an organisation and also by the survey team.

3 Recommendations from Current Survey

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular action.

Recommendations are structured as follows:

The action numbering relates to the Standard, Item and Action.

4 Recommendations from Previous Survey

This section details the recommendations from the previous onsite survey. The actions taken by the organisation and comments from the survey team regarding progress in relation to those recommendations are also recorded.

The action numbering relates to the month and year of survey and the action number. For example, recommendation number NSQHSS0613. 1.1.1 is a recommendation from a NSQHS Standards Survey conducted in June 2013 with an action number of 1.1.1.

5 Standards Rating Summary Report

This section summarises the ratings for each Standard allocated by the survey team.

Organisation : Norwest Private Hospital
Orgcode : 120901

Survey Report

Survey Overview

Norwest Private Hospital (NPH) is owned by Healthscope Pty Ltd. a private healthcare operator. Norwest is situated in a strong growth area of Sydney identified as one of the fastest growing local government areas in New South Wales.

Norwest has a newly commissioned wing containing 55 additional surgical beds, an Intensive Care Unit (ICU) plus the expansion of the Operating Theatres all completed in March 2017. Norwest currently provides 277 acute care beds, a 19 bed ICU a 20 bed Coronary Care Unit, (CCU). There are 13 Operating Theatres, 26 Stage 1 Recovery beds and 22 Stage 2 Recovery chairs. There is a Day Surgery Endoscopy Suite comprising two operating theatres, two perioperative beds, six recovery beds and six recovery chairs. a Cardiac and Vascular Intervention Laboratory, Emergency Department and a Day Chemotherapy Unit. Midwifery Services are also provided by Norwest with a steady birth rate experienced.

The kitchen and supply departments have been expanded and additional medical suites have been added since the previous accreditation survey.

There have been 10 significant senior and specialist role changes and recruitment over the past two years these include Deputy Director of Nursing, Quality and Risk Manager and Theatre Floor Co-ordinator positions.

Norwest is planning for further growth in the future and discussed at survey were details of the proposed expansion.

The survey team noted also that clinical areas have received the new equipment required this is including an extensive supply of equipment for the CSSD.

Education and training is both comprehensive and closely monitored, staff and patient satisfaction surveys are conducted, the consumer group is growing and the consumer involvement in specialist areas is acknowledged. Students from many disciplines are supported by ongoing relationships with universities including the partnering of Norwest Private Hospital with the Australian Defence Force in the training of their medics.

Norwest Private Hospital has met all the National Safety and Quality Health Service Standards (NSQHSS) the previous recommendations have been Met and are now closed and there are no new recommendations.

STANDARD 1
GOVERNANCE FOR SAFETY AND QUALITY IN HEALTH SERVICE ORGANISATIONS

Surveyor Summary

Healthscope (HSP) provides Norwest Private Hospital with policies that provide a strong foundation for governance of safety and quality including a clinical governance framework in line with requirements of the National Safety and Quality Health Service Standards. The hospital is located in an area of high population growth and continues to expand in both bed capacity and the range of services provided.

There are around 1000 doctors currently appointed to Norwest Private Hospital. The Medical Advisory Committee, Patient Care Review Committee and Quality and Safety Committee function effectively to monitor clinical practice through regular audits and reviews.

The medical appointment and credentialing processes at Norwest are well managed.

Management has been proactive in encouraging local innovation such as the "Catch a Falling Star" program and in increasing consumer participation.

Governance and quality improvement systems

This standard is supported by policies provided by Healthscope and local policies - all are available to staff via intranet. Norwest continue to demonstrate consistent and organisational wide development and implementation of policies and procedures supported by regular review and while Norwest management is currently refining the indexing of policies and links between Healthscope and Norwest local policies this is nearing completion Interviews with staff confirmed their ability to access HSP and Norwest policies and procedures with the improved indexing identified as an improvement for staff access.

The National Safety and Quality Plan: Clinical Governance Framework is written each year by the National Safety and Quality Team and from this Norwest Private Hospital has developed their own Safety and Quality Plan the contents of which are integrated into the reporting systems.

Healthscope also provides centralised services including management of risk, benchmarking and access to training and support.

Clinical systems and processes are guided by HSP corporate policies, established cluster teams and clinicians.

Healthscope clinical performance indicators and ACHS clinical indicators are reviewed by the Patient Care Review Committee and the Safety and Quality Committee and referred to Medical Advisory Committee as required.

There was documentary evidence supported by interviews that risk and safety is well managed. Risk and Safety is included in the Orientation Program, Mandatory Training Program (attendance 94%), RiskMan was known and understood by all staff interviewed and an up-to-date Risk Register is maintained.

Interviews with staff confirmed they were aware of their safety and quality roles and responsibility with safety and quality documented in position descriptions and is a component part of the performance appraisal process.

Management is proactive in encouraging local innovation such as "Catch a Falling Star" program that identifies patients with a high risk of falls while preserving the dignity of the patient.

Clinical practice

The clinical governance framework as provided by Healthscope policies is in line with the ten National Standards as detailed in the Clinical Governance and Safety and Quality Plan and provides a framework to monitor, review and enhance safety, clinical risk management and quality initiatives.

Clinical pathways developed by Norwest Private Hospital staff in consultation with medical officers and Healthscope national clusters and working parties are based on best practice evidence are available to clinical staff. As part of the risk management plan there is a comprehensive risk assessment undertaken as a component of the admission process. Those deemed at risk have a plan developed enabling early actions to be taken to reduce the identified risk. Risk assessments and interventions are discussed with the patient/parent/guardian/carer on and during their admission to identify and reduce risk. All incidents are registered in RiskMan and managed through the RiskMan process.

Visiting medical officer insurances and registrations are well managed as is the process for granting clinical privileges for a new procedure/s. The example during the survey was for Trans Catheter Aortic Valve Insertion (TAVI) that confirmed a process detailing education and experience requirements as well as the multi-disciplinary process to be followed for selection of patients.

Performance and skills management

The policy framework provided by Healthscope provides a system for credentialing and defining the scope of practice for medical staff. In support of this there is a system of regular audits of the clinical workforce including currency of registration and credentialing.

An external audit of the VMO database showed 100% compliance in all areas.

Managers are educated and supported to effectively perform performance appraisals including managing poor performance and those clinicians who may be working outside their scope of practice. In support of this managers can access information on qualifications and scope of practice on the intranet. Skill mix profiles e.g. ratio of registered to non-registered nurses are developed for all clinical units.

New services are referred to the Medical Advisory Committee that can utilise the Healthscope Product Evaluation Committee when necessary.

Norwest Private Hospital has a "grow your own" approach to staff which is supported by in-house education and access to external education.

The level of Agency staffing use is targeted as part of the budget process at 4% and contracts in place with all Agency providers specifies qualification and experience requirements.

Incident and complaints management

Healthscope provide a policy framework for incident and complaints management and the RiskMan System used in all Healthscope hospitals enables benchmarking and ongoing monitoring and support.

Documentation and interviews with staff and medical officers confirmed an awareness of the obligation to identify risk and utilise RiskMan to report risk. This is supported by risk management and RiskMan is included in the Orientation and Mandatory Training programs and in-house education. A Risk Register is maintained and details issues and action/s taken or planned with required reporting to Quality and Risk and Patient Care Review Committee and Medical Advisory Committee as necessary.

All complaints are registered in RiskMan and therefore investigated and managed as part of the RiskMan process. In addition, Norwest Private Hospital staff and management are congratulated for actively seeking feedback from patients during their stay and post-discharge via the hospital website - in both cases it is the practice for a senior staff member to contact the complainant in person or by telephone as soon as possible provided consent to such contact has been made.

Patient rights and engagement

Norwest Private Hospital has a Charter of Patient Rights in line with national standards displayed in the main reception area, throughout the hospital and in patient brochures.

Patients are provided with a booklet detailing their rights and responsibilities. All brochures have input and comment from a consumer representative to make them more patient friendly. Non-English speaking patients have access to interpreter services via a Chinese and Malay speaking consumer representation, multi-lingual staff or a telephone interpreter service. The increased involvement of consumer representatives is strengthening partnerships with patients in decisions about their care.

Regular audits for consent and engagement indicated 100% compliance.

Norwest Private Hospital promotes increased engagement with patients through the Norwest Private Hospital website.

There is secure medical record storage on site for 18 months with access restricted by swipe card access. Off-site storage is contracted with a guarantee that records can be provided within three hours of request at any time with the ability to fax specific sections of the record e.g. anaesthetic notes immediately however this is seldom ever used.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Governance and quality improvement systems

Ratings

Action	Organisation	Surveyor
1.1.1	SM	SM
1.1.2	SM	SM
1.2.1	SM	SM
1.2.2	SM	SM
1.3.1	SM	SM
1.3.2	SM	SM
1.3.3	SM	SM
1.4.1	SM	SM
1.4.2	SM	SM
1.4.3	SM	SM
1.4.4	SM	SM
1.5.1	SM	SM
1.5.2	SM	SM
1.6.1	SM	SM
1.6.2	SM	SM

Clinical practice

Ratings

Action	Organisation	Surveyor
1.7.1	SM	SM
1.7.2	SM	SM
1.8.1	SM	SM
1.8.2	SM	SM
1.8.3	SM	SM
1.9.1	SM	SM
1.9.2	SM	SM

Performance and skills management

Ratings

Action	Organisation	Surveyor
1.10.1	SM	SM
1.10.2	SM	SM

1.10.3	SM	SM
1.10.4	SM	SM
1.10.5	SM	SM
1.11.1	SM	SM
1.11.2	SM	SM
1.12.1	SM	SM
1.13.1	SM	SM
1.13.2	SM	SM

Incident and complaints management

Ratings

Action	Organisation	Surveyor
1.14.1	SM	SM
1.14.2	SM	SM
1.14.3	SM	SM
1.14.4	SM	SM
1.14.5	SM	SM
1.15.1	SM	SM
1.15.2	SM	SM
1.15.3	SM	SM
1.15.4	SM	SM
1.16.1	SM	SM
1.16.2	SM	SM

Patient rights and engagement

Ratings

Action	Organisation	Surveyor
1.17.1	SM	SM
1.17.2	SM	SM
1.17.3	SM	SM
1.18.1	SM	SM
1.18.2	SM	SM
1.18.3	SM	SM
1.18.4	SM	SM
1.19.1	SM	SM
1.19.2	SM	SM
1.20.1	SM	SM

STANDARD 2
PARTNERING WITH CONSUMERS

Surveyor Summary

Norwest Private Hospital is progressing well in relation to Partnering with Consumers.

This was evident from the outset with a consumer representative providing an informative and enthusiastic presentation at the "Welcome from Executive and Presentations" at the commencement of the survey outlining her suitability for the role, involvement on the Patient Care Review Committee, Orientation Program, on-site training, how she works with staff and examples of the improvements implemented.

Following an internal review of the role of consumer representatives there are now five appointed, two of whom work in specialty areas - Orthopaedics/Joint Replacements, and the Special Care Nursery and another to cater for Chinese and Malay speaking patients.

Consumer representatives report to the Quality Manager who conducts a performance appraisal after three months then annually.

Interviews with staff and consumer representatives confirmed consumer representatives were generally well received and appreciated by staff and are positively contributing to the service provided. There was a little confusion as to the role of the consumer representative and the communications process e.g. clarification regarding attendance at ward/staff meetings, how consumer representatives provide feedback to staff and management and how staff provide feedback to the consumer representative.

In summary, there has been a marked improvement in relation to this standard and a commitment to further improvement.

Consumer partnership in service planning

Healthscope provides policies and procedures to support partnering with consumers plus ongoing support including a State-wide Consumer Working Party that includes a consumer representative from Norwest Private Hospital.

A Norwest Private Hospital consumer presented to the Healthscope National Quality Conference 2017.

A consumer representative makes a presentation at the Orientation Program, all consumer representatives attend the Orientation Program and the Mandatory Training Program.

All clinical staff are required to complete an eLearning program on patient centred care.

All documentation provided to patients must be approved by an authorised consumer representative.

Consumer partnership in designing care

Consumers were consulted regarding the recently completed building program including regular newsletters to doctors, staff and the community.

The consumer representatives in Orthopaedics/Joint Replacement and the Special Care Nursery in consultation with staff have introduced positive changes to both areas and are even in the process of changing seating in the Coffee Lounge to better suit mobile orthopaedic patients.

There has been a consumer representative on the Patient Care Review Committee since 2011.

From documentation and interviews with staff and consumer representatives there is an appreciation that the consumer representatives had at times more time than staff to listen and speak to patients. This was appreciated by staff and improvements made to the care provided.

Consumer partnership in service measurement and evaluation

A consumer representative is a member of the Patient Care Review Committee and has a position description appropriate to the role. In this capacity, the consumer representative views documentation from surveys, complaints and other sources and is involved in discussion on future action.

Management is congratulated for utilising the hospital website to solicit feedback from past patients. When past patients used this option they are contacted by phone call within two days if consented by the patient.

The Mystery Patient Project where a patient unknown to staff observes and provides feedback to Managers is effectively used to measure and evaluate services. For example, a mystery patient observation of the lack of consumer involvement in the pre-operative joint clinic has led to the appointment of a consumer representative for the clinic, where staff now support patients on a collective and individual basis.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Consumer partnership in service planning

Ratings

Action	Organisation	Surveyor
2.1.1	SM	SM
2.1.2	SM	SM
2.2.1	SM	SM
2.2.2	SM	SM
2.3.1	SM	SM
2.4.1	SM	SM
2.4.2	SM	SM

Consumer partnership in designing care

Ratings

Action	Organisation	Surveyor
2.5.1	SM	SM
2.6.1	SM	SM
2.6.2	SM	SM

Consumer partnership in service measurement and evaluation

Ratings

Action	Organisation	Surveyor
2.7.1	SM	SM
2.8.1	SM	SM
2.8.2	SM	SM
2.9.1	SM	SM
2.9.2	SM	SM

STANDARD 3
PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Surveyor Summary

Governance and systems for infection prevention, control and surveillance

The governance system for Infection Prevention and Control is well managed and is overseen at Norwest Private Hospital utilising the HICMR infection prevention and control policies and risk assessments. The Health Infection Control Management Resources (HICMR) Infection Prevention and Control (IPC) manual, sterilising services and endoscopy manual are available to all staff on the shared drive and hard copy for all staff to access. Norwest Private Hospital Infection Control Committee reports to the Quality and Safety Committee and Patient Care Review Committee.

HICMR undertakes facility wide auditing of compliance to IPC policies, management of invasive devices, Aseptic Non-Touch Technique (ANTT), Personal Protective Equipment (PPE), mattress audit and environmental cleaning and are achieving greater 93% facility-wide compliance. These audit tools assess compliance with standard and transmission based precautions. Review of performance is undertaken by the Infection Control Committee Quality and Risk and Patient Care Review Committee with escalation to the Medical Advisory Committee as appropriate.

ACHS clinical indicators are submitted bi-annually and discussed at the appropriate committee structures. Quarterly Infection Control KPIs are reported to Healthscope Corporate for benchmarking with peer hospitals. Risk management activities are addressed and reported in RiskMan (infection control extension) with actions included in quality action plans. ANTT program and Hand Hygiene audits are in place. Infection control orientation to new staff include hand hygiene and aseptic technique. Workforce mandatory education and monitoring of outcomes is well documented.

Infection prevention and control strategies

The hand hygiene program is well embedded in the culture of Norwest Private Hospital with the organisation participating in the Hand Hygiene Australia program. The Hand Hygiene compliance rate P1 2017, achieved a rate of 90.5%. The Healthscope benchmark is 85% and Norwest Private Hospital has exceeded that benchmark. Hand hygiene gels, posters, brochures are readily available throughout the hospital. Hand hygiene education and competency assessments and audits were evident with 3 Gold standards and 20 trained hand hygiene auditors. Results are reported to Healthscope Corporate and relevant committees at Norwest Private Hospital and improvement opportunities are disseminated to the relevant clinical departments with results published on the My Healthscope and My Hospital website.

There is a well-developed system for workforce immunisation and includes the HICMR staff health risk assessment to ensure compliance with the Australian Immunisation Standards. For completion of pre-employment history and follow up from the staff health coordinator prior to commencement of employment, a nurse immuniser is available, staff health electronic data base is maintained and there is a process for follow up. At the time of survey, the staff vaccination rate was 98% complete. The organisation is to be congratulated on the high level of vaccinations. Staff vaccination clinics are held regularly throughout the winter influenza season.

The documentation for the systems for prevention and management of occupational exposures and management of invasive devices was evident with HICMR providing policies and audit tools to assess compliance with PPE. An annual blood and body fluid report was noted this is managed by the Staff Health Coordinator, Director of Nursing and Work Health Safety Coordinator. Availability of protective equipment was evident. Blood exposure packs were seen in the clinical areas and is managed out of hours by the After-Hours Manager. Healthscope corporate product evaluation and procurement processes are in place and invasive devices are subject to corporate contracts.

ANTT training module, inclusive of IV therapy, dressings, urinary catheterisation, insertion and management of vascular devices and surgical procedures, was evident including audits to assess compliance. Healthscope has moved to the Australian Aseptic Technique training module with this available to staff on the eLearning platform. Staff complete training annually and are assessed third-yearly as per their scope of practice. There are lead/champions and educators trained in each department to educate staff and complete the audits. CLASBI audit is used in critical care and the operating theatre, results are fed back to the relevant department and Medical Advisory Committee as required.

Managing patients with infections or colonisations

Norwest Private Hospital has HICMR policies and procedures for managing patients with infections and colonisations. The risk assessment of patients' infectious status is well managed and includes: pre-admission screening, screening for multi-resistant organisms (MROs), includes screening swabs for high risk surgical patients, use of alerts on WebPas, documented on the Alert Sheet in the clinical file.

The clinical file questionnaire contains questions on a person's current and past infection status, and the use of level 3 Consultancy service from HICMR assists with risk assessment of all patients with signs and symptoms of infections and positive pathology results.

Processes for implementation of transmission based precautions are established and supported by the HICMR IPC patient care plan, to ensure the appropriate placement of patients in clinical areas, availability of tool kits and that infection prevention and control information is available for patients and families. There is appropriate signage displayed around the hospital and the infectious status of the patient and management is included in the handover process and discharge information.

Antimicrobial stewardship

HICMR provides polices to support antimicrobial stewardship to Healthscope. There is an established antimicrobial stewardship program at Norwest Private Hospital with this an agenda item of the Infection Control Committee. The committee has membership of an Infectious Diseases (ID) Physician, microbiologist, pharmacists and Intensivist within the committee membership. Norwest Private hospital has two accredited ID physicians who are on call and are available for consultation.

Therapeutic guidelines are available on the intranet in all clinical areas and also attached to each anaesthetic machine within the perioperative environment with surgical prophylaxis guidelines in poster format at the appropriate point of care. The recent increase in pharmacy hours has allowed for immediate review of medication charts with feedback given to the treating doctor if antibiotic usage is outside the therapeutic guidelines. There is a dedicated email account for Nurse Unit Managers to contact ID Physicians if an antibiotic is prescribed from the restricted list. Norwest Private Hospital continues to use the Antimicrobial Stewardship Stoplight Chart that assists with prescribing and review of antibiotic use with this available in all clinical areas.

HICMR provide the audit tools used to support antimicrobial stewardship and review of prophylactic and therapeutic use of antibiotics this is reported at the Norwest Private Hospital Infection Control Committee. Recent audits conducted on surgical prophylaxis have had favourable results with product, dose and time of administration. Any outlier usage is reported to the Medical Advisory Committee and action can be taken with the speciality craft group. There is ongoing work with the orthopaedic speciality group with regard to prolonged use of Vancomycin and the MAC are working with surgeons with regard to this.

Cleaning, disinfection and sterilisation

HICMR provide the policies, risk assessment and audit tools required for the cleaning and standard operating procedures used at Norwest Private Hospital. Cleaning audits were sighted. Cleaning protocols with tool kits were available for MROs post inpatient stay, material safety data sheets were sighted in the clinical areas, cleaners' rooms and appropriate areas. Cleaning schedules have been revised post building works and job duty statements have been reviewed by the Hotel Services Manager and HICMR.

HICMR provide education to the cleaning staff with this completed annually. The Infection Control Coordinator audits the high-risk areas, for example theatre, angiography, intensive care and the emergency department. Results are tabled at the infection control meeting and fed back to the relevant manager. Improvement action is completed if required. A waste management plan was sighted and clinical waste audits are conducted by Veolia (Healthscope corporate contract). Food Safety Standards are maintained as per Food Safety Australia & New Zealand (FSANZ).

The Central Sterilising Department (CSD) has recently been built and commissioned in August 2016. The gap analysis against the ASNZ 4187 2014, significantly addressed gaps that are in the new standard. Equipment purchased are inclusive of Evolution steam sterilisers, VproMax low temperature steriliser, ATOS instrument dryer, height adjustable sinks and working tables, instrument washers, Vision multi chamber washer, Caviwave ultrasonic machine. A reverse osmosis water system is in place in the dedicated plant room for CSD. The action plan is well developed to cover any remaining items and is due for completion by the end of 2018. There was a suitable trained work force in CSD and competency workshops for staff working in CSD and reprocessing of flexible endoscopes are provided by HICMR. An observation of cleaning flexible scopes was sighted during the survey. A computerised tracking and traceability is in place for tracking reusable medical devices and paper based tracking of all endoscope and ultrasound probes was noted.

Communicating with patients and carers

Infection prevention and Control Information provided to patients is included in the bedside compendium, for example hand hygiene, food safety. Signage was evident throughout the hospital regarding hand hygiene and cough etiquette. The Infection Control Coordinator interviews all patients with identified infections and carers and provides individualised information with their disease specific information. The Infection Control Coordinator will continue to roll out further patient questionnaires, to assess if the information given to inpatients is meaningful to them. This assessment of patient information should be subject to a continuing evaluation. A consumer representative sits on the Norwest Private Hospital Patient Care and Review Committee and provides feedback with all brochures regarding infection and prevention information given to the public.

The My Healthscope website publishes statistics on hand hygiene and infection rates with Norwest Private Hospital submitting Hand Hygiene results to the My Hospital website.

Governance and systems for infection prevention, control and surveillance

Ratings

Action	Organisation	Surveyor
3.1.1	SM	SM
3.1.2	SM	SM
3.1.3	SM	SM
3.1.4	SM	SM
3.2.1	SM	SM
3.2.2	SM	SM
3.3.1	SM	SM
3.3.2	SM	SM
3.4.1	SM	SM
3.4.2	SM	SM
3.4.3	SM	SM

Infection prevention and control strategies

Ratings

Action	Organisation	Surveyor
3.5.1	SM	SM
3.5.2	SM	SM
3.5.3	SM	SM
3.6.1	SM	SM
3.7.1	SM	SM
3.8.1	SM	SM
3.9.1	SM	SM
3.10.1	SM	SM
3.10.2	SM	SM
3.10.3	SM	SM

Action 3.10.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

Norwest Clinical staff have developed and implemented protocols for aseptic technique with clinician training in aseptic technique demonstrating a high level of compliance. The full intent of this recommendation has been Satisfactorily Met.

Surveyor's Recommendation:

No recommendation

Managing patients with infections or colonisations

Ratings

Action	Organisation	Surveyor
3.11.1	SM	SM
3.11.2	SM	SM
3.11.3	SM	SM
3.11.4	SM	SM
3.11.5	SM	SM
3.12.1	SM	SM
3.13.1	SM	SM
3.13.2	SM	SM

Antimicrobial stewardship

Ratings

Action	Organisation	Surveyor
3.14.1	SM	SM
3.14.2	SM	SM
3.14.3	SM	SM
3.14.4	SM	SM

Cleaning, disinfection and sterilisation

Ratings

Action	Organisation	Surveyor
3.15.1	SM	SM
3.15.2	SM	SM
3.15.3	SM	SM
3.16.1	SM	SM
3.17.1	SM	SM
3.18.1	SM	SM

Action 3.16.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

The newly commissioned (2016) Norwest CSD has conducted a gap analysis against ASNZ4187-2014 and whilst compliance against the National Standards has been well addressed an Action Plan is in place for the remaining items. These are due for completion in December 2018.

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
3.19.1	SM	SM
3.19.2	SM	SM

STANDARD 4
MEDICATION SAFETY

Surveyor Summary

Governance and systems for medication safety

Norwest Private Hospital has in place policies procedures and protocols that are consistent with all required legislative and professional guidelines. There are both Healthscope (HSP) Corporate and local policies in place that govern medication safety at Norwest that are adhered to. HSP Medication Safety Cluster Meetings are conducted quarterly with attendance by Norwest staff identified on the minutes.

A High-Risk Medications (APINCH) Register is available in all clinical areas with the relevant policies, guidelines and risk management controls in place.

All clinicians have access to the power point presentation on the correct use of the NIMC. The Norwest Private Hospital Medication Safety Committee meets quarterly with the membership including Medical and Pharmacy representatives the Director of Nursing (DON) Quality Manager (QM) and clinical representatives from identified clinical departments of Norwest. Patient medication alerts are documented on the NIMC and in the alert sheet in all patient clinical files.

HSP has a contracted pharmacy service HSP for their hospital group who provide any medication alerts for actioning as appropriate and any sentinel events attributed to a medication incident are discussed at the Medication Safety, the Quality and Patient Care and Risk Committees and would become a component of HSP Shared Learnings process. RiskMan incorporates a medication extension with the integrated risk register including controls and actions for identified risks including high risk medications.

The NIMC Annual Audit of compliance is conducted annually and all Medication Policy subject to review is distributed through the Policy and Procedure Committee and reported to the Medication Safety Committee.

Documentation of patient information

A best possible medication history is documented for every Norwest Private Hospital patient ensuring current clinical medication information is available for clinicians at the point of care.

Known medication allergies are documented both on the NIMC and the alert sheet in the patient's clinical file.

A referral can be made to the Clinical Pharmacist via unit procedures for any identified target patient with medication profiles documented by the Clinical Pharmacist. Discharged patients are advised to attend the on-site pharmacy to collect their discharge medication/s with patient education conducted at the time of dispensing and all discharge medication contains specific information for the use of medication prescribed by the patient and if appropriate support by the family.

Adverse drug reactions are subject to TGA Information processes as required and the monthly quality report includes adverse drug reactions. All current medication/s are documented during the transfer of a patient either inter hospital or to a receiving facility and at clinical handover changes of medication are an integral component of the handover.

Medication management processes

Norwest has both information and support tools available for clinicians. An updated MIMS is available in every clinical department and is available online via HINT. A pathway is available on each computer and nurses fob regarding the pathway to eMIMS and Therapeutic Guidelines.

Medication distribution and Imprest is monitored by HPS Clinical Pharmacists. All medication incidents reported on RiskMan are subject to review by the Medication Safety Committee.

Therapeutic Guidelines are available online with hard copies of the Injectables Handbook and the Paediatric Injectables Guidelines is available in the Norwest Paediatric Unit.

The Nurse Initiated Medications policy is subject to review as required by the Medication Safety Committee. Tall Man lettering and medication and vaccine refrigerators are closely monitored. All Drugs of Addiction (S8) that require disposal are signed out of the Register by the Clinical Pharmacist and the DON or delegate. Norwest has a process whereby medications returned to the patient at discharge but no longer prescribed are placed in a red bag that is clearly signed with current medication/s placed in a green bag with patients advised they can dispose of their own medications (that are no longer prescribed) by the on-site HPS Pharmacy service.

Continuity of medication management

At Norwest medication profiles are provided by the Clinical Pharmacist for patients assessed as a high medication risk, records of patient education by the Clinical Pharmacist is tabled at the Medication Safety Committee and the Red and Green bag system provides a visual cue to patients and families if appropriate on the current prescribed medication/s.

Current medications are provided to a receiving facility and are a component of the discharge summary. Norwest and HPS have increased Clinical Pharmacy hours with a resultant improvement in the number of Medication Management profiles completed.

Communicating with patients and carers

Clinicians and the Clinical Pharmacists provide patients with specific medication information during their treatment and at discharge. Information is available to clinicians for sharing with patients and families as required. Consumer medication Information is also provided to patients who have commenced on any new medication and Day Stay patients are provided with medication information including risk and side effects when they collect their medication from the on-site pharmacy. Education is provided if a patient is commenced on Warfarin and Chemotherapy.

A DVD on a continuous loop on patient televisions provides information on the 10 National Standards this includes Standard 4 Medication Safety and patient surveys include a question on medication information.

Governance and systems for medication safety

Ratings

Action	Organisation	Surveyor
4.1.1	SM	SM
4.1.2	SM	SM
4.2.1	SM	SM
4.2.2	SM	SM
4.3.1	SM	SM
4.3.2	SM	SM
4.3.3	SM	SM
4.4.1	SM	SM
4.4.2	SM	SM
4.5.1	SM	SM
4.5.2	SM	SM

Documentation of patient information

Ratings

Action	Organisation	Surveyor
4.6.1	SM	SM
4.6.2	SM	SM
4.7.1	SM	SM
4.7.2	SM	SM
4.7.3	SM	SM
4.8.1	SM	SM

Medication management processes

Ratings

Action	Organisation	Surveyor
4.9.1	SM	SM
4.9.2	SM	SM
4.9.3	SM	SM
4.10.1	SM	SM
4.10.2	SM	SM
4.10.3	SM	SM
4.10.4	SM	SM

4.10.5	SM	SM
4.10.6	SM	SM
4.11.1	SM	SM
4.11.2	SM	SM

Continuity of medication management

Ratings

Action	Organisation	Surveyor
4.12.1	SM	SM
4.12.2	SM	SM
4.12.3	SM	SM
4.12.4	SM	SM

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
4.13.1	SM	SM
4.13.2	SM	SM
4.14.1	SM	SM
4.15.1	SM	SM
4.15.2	SM	SM

STANDARD 5
PATIENT IDENTIFICATION AND PROCEDURE MATCHING

Surveyor Summary

Patient Identification and Procedure Matching is well managed.

As with other standards the policy framework is provided by Healthscope and complemented locally by regular education and audits. There have been no major issues since the previous ACHS survey in 2014 and all incidents are registered on RiskMan and managed appropriately.

All staff interviewed and observed were aware of process to be followed and the importance of identification and procedure.

Identification of individual patients

The policy framework provided by Healthscope is implemented and complemented by local policies and procedures.

Identification bands are generated from information provided by patients prior to admission then checked on admission and throughout the period of hospitalisation.

The system of audits completed regularly includes an identification band audit, observation audits of clinical handover - four patent identifiers are used in this process and patient identification at transfer and discharge. The results from the audits are referred to the Quality Risk and Patient Care Committee.

Incidents are registered in RiskMan that includes an extension to capture if the identification band was confirmed or not, whether the identification band was removed (and if so by whom), number and location of bands, correct identifiers in place, pre-printed bands available and the corrective action taken. There have been no major incidents and those registered were actioned appropriately.

Incidents in RiskMan are well managed, an example being in the Special Care Nursery where expressed breast milk was provided to the incorrect patient, the action was counselling of staff involved, open disclosure and counselling to the mother involved and improved labelling to minimise the likelihood of further incidents.

Processes to transfer care

Patient identification and procedure matching is part of the process for the transfer of care.

An incident (with no adverse outcome) involving a wards person/porter transferring a patient to the Radiology Department resulted in the formulation of a local policy and ongoing education of wards persons/porters. An interview with a wards person/porter confirmed their knowledge of their role in the transfer process and the importance of it.

There have been no further incidents since the introduction of the policy.

A patient transferred to Norwest Private Hospital from a major teaching hospital was incorrectly labelled by the teaching hospital and it was detected and corrected by Norwest Private Hospital.

Processes to match patients and their care

Healthscope and local policies provide a documented process to match patients and their intended procedure with compliance regularly monitored, reviewed and actioned when appropriate.

All documentation provided to patients is reviewed by consumer representatives and processes are in place for providing an interpreter service when required.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Identification of individual patients

Ratings

Action	Organisation	Surveyor
5.1.1	SM	SM
5.1.2	SM	SM
5.2.1	SM	SM
5.2.2	SM	SM
5.3.1	SM	SM

Processes to transfer care

Ratings

Action	Organisation	Surveyor
5.4.1	SM	SM

Processes to match patients and their care

Ratings

Action	Organisation	Surveyor
5.5.1	SM	SM
5.5.2	SM	SM
5.5.3	SM	SM

STANDARD 6
CLINICAL HANDOVER

Surveyor Summary

Governance and leadership for effective clinical handover

Norwest handovers are governed by both Healthscope (HSP) and local policies and procedures with an eLearning program on clinical handover available for all clinicians. Observational audits are conducted on clinical handovers and outcomes with these reported via the HSP KPI tool. Any adverse event occurring related to clinical handover is reported on RiskMan and reviewed at the HSP Quality Cluster meetings.

The unit clinical handover is conducted by the use of the ISHARED format and ISHARED is documented on Staff ID Cards which are received by staff at orientation.

The previous handover tool in use in the Emergency Department (ED) has been reviewed and has been replaced by the hospital wide handover tool for greater consistency.

Clinical handover processes

Norwest clinicians are taught about effective clinical handover and processes at orientation including the ISHARED handover tool, the WebPAS electronic nursing discharge summary and compliance which is reported monthly by HSP Corporate. Required action is taken to improve the effectiveness of the clinical handover process as demonstrated in the change of the clinical handover tool now used by ED. The survey team observed a clinical handover in ED.

Patient and carer involvement in clinical handover

Relevant information regarding handover is included on the whiteboards in patient rooms. Patient information brochures including handover information have been developed and are distributed to patients on admission and at pre-admission clinics.

Ten clinical handovers were attended by the survey team and at each one the patient and family if present were actively involved.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Governance and leadership for effective clinical handover

Ratings

Action	Organisation	Surveyor
6.1.1	SM	SM
6.1.2	SM	SM
6.1.3	SM	SM

Clinical handover processes

Ratings

Action	Organisation	Surveyor
6.2.1	SM	SM
6.3.1	SM	SM
6.3.2	SM	SM
6.3.3	SM	SM
6.3.4	SM	SM
6.4.1	SM	SM
6.4.2	SM	SM

Patient and carer involvement in clinical handover

Ratings

Action	Organisation	Surveyor
6.5.1	SM	SM

STANDARD 7
BLOOD AND BLOOD PRODUCTS

Surveyor Summary

Governance and systems for blood and blood product prescribing and clinical use

Norwest Private Hospital has corporate governance through the Healthscope National Transfusion Committee and the Norwest Private Hospital Blood Management Committee and the committees they report to. The policies guide prescription, administration and management of blood and blood product usage, and the policies are available to staff on the Norwest Private Hospital shared drive.

Norwest Private Hospital Blood Transfusion Committee has Terms of Reference and the committee's function has been reviewed and evaluated by the committee members.

Nursing staff undertake eLearning packages on patient blood management, administration, safe blood transport and the wardsperson and theatre porters complete the safe blood transport eLearning package, with 93% of staff having completed the appropriate package.

There are regular audits of blood use, RiskMan reports are discussed at the Norwest Private Hospital Blood Management Committee. Major issues are escalated to the Medical Advisory Committee as required.

There is an integrated risk register with blood associated risks and control actions. There was evidence of audit results to assess compliance with guidelines, with regard to prescribing, consent, management and administration of blood and blood products. The Norwest Private Hospital Blood Management Committee also reviews blood wastage and reviews the blood fridge audits.

ACHS clinical indicators for transfusion episodes where informed consent was not documented demonstrated first quarter results for 2017 = 0 and red blood cell transfusion reactions = 0.

Blood transfusion risks and blood wastage have been reduced by a number of quality improvement activities including improved transport processes from the CliniLab to the ward or perioperative area with direct handover from the wardsperson/ theatre porter to the nurse requesting the blood/blood product. The consent process for blood is robust.

Documenting patient information

Norwest Private Hospital’s clinical documentation captures the patient's best possible transfusion history on various tools, such as the patient health history prior to admission, the pathology request form, indications for blood transfusion product and why. Auditing has shown compliance with the blood consent form on the perioperative record or the separate specific form achieving mostly 100%. Compliance with recording identifiers, transfusion processes and observations was demonstrated.

Previous reactions to blood are placed in the medical record under the 'Alert' form. Audits of patient histories are reviewed by the Norwest Private Transfusion Committee, Norwest Private Hospital Quality/Risk and Patient Care Committee with results disseminated to each clinical unit. Clinical staff record adverse reactions to blood and blood products on RiskMan and in the patient's record. This is a sound process.

Managing blood and blood product safety

Norwest Private Hospital has a central blood bank fridge in the pathology department. External audits on the blood fridge are completed annually by 'Scitek'. The blood fridge is monitored by 'CliniPath' the pathology partner at Norwest Private Hospital and the pathology service is staffed 24/7. The pathology service has a business continuity plan for the blood fridge if there is a power outage. Daily monitoring of the blood fridge is recorded and there is a robust system for checking blood into the pathology department and releasing blood matched to a patient. Blood is released to a wardsperson who has completed the eLearning, 'safe blood transport' and is hand delivered to the nurse who requested the blood product. The systems are robust for recording blood usage and wastage of blood products and are reported to BloodNet (National Blood Committee).

The Blood Committee has reviewed its red blood wastage and has achieved a significant reduction in wastage, from February 2016 = 31.3%, and is now down to in February 2017 = 3.9%. The committee recommended to the Medical Advisory Committee, that red blood cells were being ordered routinely by anaesthetists for cardiothoracic surgery. After presenting the data to the anaesthetic craft group, practice change occurred and red blood is being prescribed now, to best practice guidelines. The blood bank also has reduced the inventory of the AB blood group on site. A significant reduction in platelet wastage has occurred, from February 2016 = 75% down to February 2017 = 43.8%. There are further plans to reduce platelet wastage and CliniPath is working within the NSW Health System, to redirect platelets to other organisations within the 24-hour timeframe.

Communicating with patients and carers

Patients at Norwest Private Hospital are given the Clinical Excellence Commission (CEC) blood transfusion brochure, which is available in 11 languages and is located on the local drive in each clinical unit.

The blood transfusion consent form has provision for patients to acknowledge that they have received a transfusion fact sheet. The risks and benefits associated with blood transfusion is discussed with the patient at the time of consent. Each clinical unit has a blood pack available, to ensure that all facets of the Norwest Private Hospital 'blood safe program' are in place for informing patients.

The plan of care involving giving blood or blood products are discussed with the patient and family at the bedside clinical handover. There is a robust system for managing patients who refuse to consent to blood and blood product transfusions. These patients are flagged at the pre-admission assessment to the hospital and a care plan is organised according to patient risk associated with the procedure.

Norwest Private Hospital has commenced a patient questionnaire to evaluate whether the information that a patient receives about blood transfusions is useful and gives the patient/family the information they require, so that they understand what they are reading. A comment would be for Norwest Private Hospital to continue to review patient feedback and make changes accordingly.

Governance and systems for blood and blood product prescribing and clinical use

Ratings

Action	Organisation	Surveyor
7.1.1	SM	SM
7.1.2	SM	SM
7.1.3	SM	SM
7.2.1	SM	SM
7.2.2	SM	SM
7.3.1	SM	SM
7.3.2	SM	SM
7.3.3	SM	SM
7.4.1	SM	SM

Documenting patient information

Ratings

Action	Organisation	Surveyor
7.5.1	SM	SM
7.5.2	SM	SM
7.5.3	SM	SM
7.6.1	SM	SM
7.6.2	SM	SM
7.6.3	SM	SM

Managing blood and blood product safety

Ratings

Action	Organisation	Surveyor
7.7.1	SM	SM
7.7.2	SM	SM
7.8.1	SM	SM
7.8.2	SM	SM

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
7.9.1	SM	SM
7.9.2	SM	SM
7.10.1	SM	SM
7.11.1	SM	SM

STANDARD 8
PREVENTING AND MANAGING PRESSURE INJURIES

Surveyor Summary

Governance and systems for the prevention and management of pressure injuries

Norwest Private Hospital has prevention and management of pressure injuries (PI) processes that include best practice corporate and local guidelines and Healthscope (HSP) assessment tools. The HSP Policy was developed by the HSP PI Working Party referencing to the Pan Pacific Clinical Practice Guideline/s.

Medical record audits continue to measure compliance with policies and procedures and the utilisation of the monitoring and HSP assessment tool.

The results of Norwest audit of PI compliance are reviewed by the Norwest Quality and Safety committee. Any pre-existing or acquired PI are recorded on RiskMan with the integrated Risk Register including controls and actions to manage any identified risk/s. Equipment and devices are available to prevent PI in the patient population in all areas including the Operating Theatres.

All medical records of any coded PI are reviewed by the Quality Manager and reported at the Quality/Risk and the Patient Care/Risk Committees.

Preventing pressure injuries

All Norwest patients are screened on admission using the agreed HSP screening tool with monitoring actions in place to maximise the number of patients screened for PI on presentation. Screening criteria and processes are presented to clinical staff at orientation. An information folder is available on PI risk, assessment and management in all clinical areas of Norwest. The rate of compliance with completion of the screening tool is high.

Members of the PI working Group conduct teaching in (10 minute) sessions. A walk around to educate and be available for clinicians regarding PI. A comprehensive skin assessment tool was introduced to Norwest in 2017 and available for those patients considered a high risk for developing PI.

ACHS PI data is submitted six-monthly, benchmarked and reported on the MY Healthscope website.

Managing pressure injuries

If a PI is identified, the use of a Wound Chart is put in place for use by clinicians. A Paediatric Risk Assessment can include PI in-service for paediatric staff. Education and clinical support on PI to an ongoing care provider for rehabilitation is provided if required and identified staff have completed wound management education as a discrete wound management course or as a component of other related studies.

Communicating with patients and carers

Information brochures have been developed and are available for patients and their families and available in bedside compendiums. Any plans that are in place or to be actioned are discussed with the patient and family if appropriate during the bedside handover. If required information on the prevention of PI risk can be included on the patient whiteboards in all patient rooms.

Governance and systems for the prevention and management of pressure injuries

Ratings

Action	Organisation	Surveyor
8.1.1	SM	SM
8.1.2	SM	SM
8.2.1	SM	SM
8.2.2	SM	SM
8.2.3	SM	SM
8.2.4	SM	SM
8.3.1	SM	SM
8.4.1	SM	SM

Preventing pressure injuries

Ratings

Action	Organisation	Surveyor
8.5.1	SM	SM
8.5.2	SM	SM
8.5.3	SM	SM
8.6.1	SM	SM
8.6.2	SM	SM
8.6.3	SM	SM
8.7.1	SM	SM
8.7.2	SM	SM
8.7.3	SM	SM
8.7.4	SM	SM

Managing pressure injuries

Ratings

Action	Organisation	Surveyor
8.8.1	SM	SM
8.8.2	SM	SM
8.8.3	SM	SM
8.8.4	SM	SM

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
8.9.1	SM	SM
8.10.1	SM	SM

STANDARD 9
RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION IN ACUTE HEALTH CARE

Surveyor Summary

Establishing recognition and response systems

The Norwest Private Hospital's Clinical Deterioration Committee oversees responses to clinical deterioration, response systems and reports to Norwest Private Hospital's Quality and Risk and Patient Care Review Committee. Terms of Reference reflect the committee purpose and are evaluated through the governing bodies. The Healthscope cluster group develops and reviews policies are adjusted accordingly and are consistent with Healthscope National Clinical Deterioration Committee and reports to the Healthscope National Quality and Safety Committee.

Healthscope corporate policies are available on the Norwest Private Hospital shared drive and cover clinical deterioration, basic and advanced life support, risk management, not for resuscitation and review of deaths in the hospital. Norwest Private Hospital policies describe the criteria and function of the Medical Emergency Team.

There are Healthscope Corporate charts in use including the adult observation chart with physiological triggers to escalate care, paediatric age appropriate charts, maternal antenatal and post-natal, newborn charts, a rapid response data collection tool and a not for resuscitation form.

All episodes of clinical deterioration, medical emergency team calls and deaths in the hospital are recorded on the RiskMan extension (clinical deterioration module) and are reviewed at the Clinical Deterioration Committee and are reported to the Norwest Private Hospital's Quality and Safety Committee. Morbidity and Mortality meetings occur inclusive of peer review and are reported to the Medical Advisory Committee. Escalation of any concerns are reported to the Medical Advisory Committee when appropriate. Submission of all deaths are reviewed at the Healthscope National Safety and Quality Committee and six-monthly data is submitted as an ACHS Clinical Indicator including mortality review Second Half 2016 demonstrated 100%. There is appropriate system of follow up and review by the clinical managers and this is relayed to staff at ward meetings.

Standardisation of unit-based resuscitation trolleys, including paediatric Broselow trolleys, has been implemented and appropriate training for clinical staff has occurred. Dry runs for emergency response process has occurred, ensuring that rapid response staff can respond appropriately in a timely manner to all new building areas.

As Norwest Private Hospital expands its infrastructure, more 'dry' runs of the rapid response team will need to be planned and implemented.

Recognising clinical deterioration and escalating care

Norwest Private Hospital uses the corporate Healthscope Track and Triggers charts; these are designed with a colour coding system to assist the nursing staff with triggers to escalate care where there are concerns about a patient's condition. The general observation charts are appropriate for each group of clinical case mix and age related patients. Mechanisms to escalate and call for emergency assistance are included on the observations charts and MET call criteria is displayed in all clinical areas. Mandatory training on calling for emergency assistance is conducted at hospital orientation and on the eLearning platforms. Mock arrest scenarios are in place for new graduates to ensure that this group of staff are familiar with the policy.

All emergency response data from MET/Code Blue is captured on RiskMan Clinical Deterioration Extension and discussed at the Norwest Private Hospital Clinical Deterioration Committee and reported to the Quality/Risk and Patient Care Review Committee. Information is fed back to the clinical areas and discussed at ward meetings. Shared learnings are discussed at each clinical unit and quality improvement activities are implemented as required.

Responding to clinical deterioration

All employed staff at Norwest Private Hospital complete yearly mandatory basic life support training (BLS). At the time of survey, 94.5% of employed staff had completed BLS. The Medical Emergency Team (MET) operates within Norwest Private Hospital's policy. The MET operates with staff members from the Intensive Care Unit and the Emergency Department. Seventy-six percent (76%) of intensive care staff, 87% of the emergency department staff and 57% of coronary care staff have advanced life support training. Staff caring for paediatric patients have Paediatric Advanced Life Support training (PALS). Five percent (5%) of the emergency department staff are PALS trained. The rosters in intensive care and the emergency department are marked with appropriate nursing staff that are ALS trained, as evidence that the hospital has 24/7 coverage.

Responses to clinical deterioration are well coordinated, and well trained. All MET/Code Blue episodes are thoroughly documented and reviewed. Debrief post MET and Code Blue occur with the clinicians after the episode. As Norwest Private Hospital expands, the organisation may wish to formalise their MET debriefings, through formal MET forums.

Nurse call bells are checked daily by the nursing team and reported to the engineering department immediately if repairs are required.

Communicating with patients and carers

Norwest Private Hospital has an excellent system for patients and families to call for nurse assistance and emergency assistance. It was noted that in the patient rooms there are 'whiteboards' for each individual patient with clear information of how to press the emergency bell if a relative is concerned about their relative/carer's condition. The patient bedside directory provides details to patients and relatives to escalate care in the event of deterioration and the patient TVs have a DVD running on a loop which covers information on how to call for assistance in the event of concern about themselves, a visitor or relative. It was noted in non-clinical areas that there was signage, to advise visitors on how to call for assistance in the event of clinical deterioration. This demonstrated good communication for patients and carers to escalate suspected clinical deterioration.

The existence of any advanced care plans is identified in the pre-admission process and placed in the alert section of the medical record. Norwest Private Hospital does not assist patients with advanced care planning, however assistance is given to patients and families through the appropriate resources in the community. Information is available in the bedside directory. An initiative of Norwest Private Hospital has been the introduction of 'Comfort Care Packs' with appropriate education to staff and patient visitors on end of life care with patients who have a not for resuscitation order.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Establishing recognition and response systems

Ratings

Action	Organisation	Surveyor
9.1.1	SM	SM
9.1.2	SM	SM
9.2.1	SM	SM
9.2.2	SM	SM
9.2.3	SM	SM
9.2.4	SM	SM

Recognising clinical deterioration and escalating care

Ratings

Action	Organisation	Surveyor
9.3.1	SM	SM
9.3.2	SM	SM
9.3.3	SM	SM
9.4.1	SM	SM
9.4.2	SM	SM
9.4.3	SM	SM

Responding to clinical deterioration

Ratings

Action	Organisation	Surveyor
9.5.1	SM	SM
9.5.2	SM	SM
9.6.1	SM	SM
9.6.2	SM	SM

Action 9.6.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

All Norwest employed staff are required to complete mandatory Basic Life Support Training (BLS) on an annual basis. At survey 94.5% of employed staff had completed BLS training. The rosters sighted in the Intensive Care Unit (ICU) and the Emergency Department (ED) noted staff on the roster who had completed Advanced Life Support (ALS) Training thus ensuring the hospital has 24-hour coverage at all times.

The full intent of this action has been met.

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
9.7.1	SM	SM
9.8.1	SM	SM
9.8.2	SM	SM
9.9.1	SM	SM
9.9.2	SM	SM
9.9.3	SM	SM
9.9.4	SM	SM

STANDARD 10
PREVENTING FALLS AND HARM FROM FALLS

Surveyor Summary

Governance and systems for the prevention of falls

Norwest Private Hospital has policies and procedures in place for falls prevention and management. The policies have been developed and monitored by the HSP Falls Prevention Cluster. The Norwest Risk Assessment booklet includes the Falls Risk and Management Tool (FRAT) using the Waterlow scoring system.

A falls prevention resource folder is available in all Norwest clinical areas. Norwest falls are reported on RiskMan and submitted as a HSP quarterly KPI. All falls are reviewed by Unit Managers and the Quality Risk and Patient Care Review Committee where falls is a standing agenda item.

ACHS clinical indicator for total falls and those resulting in a closed head injury fracture are reported six monthly for national benchmarking.

Mandatory eLearning on Falls Prevention and Management is presented to all new staff at hospital orientation.

The patient bedside compendium includes information on how to prevent falls. Falls prevention equipment such as high low beds and other falls prevention aids are available and distributed by the physiotherapy team with education on their use managed by this team. Referral of identified high risk patients to specialist physicians and physiotherapists is actioned as required.

Screening and assessing risks of falls and harm from falling

The FRAT is in use and completed in all areas including the Emergency Department (ED) and Day Surgery. A falls staff resource pack including a post fall action flow chart is available in all clinical areas. A falls history is a component of the Patient Health History completed prior to admission. In-services are conducted on units at intervals with a greater emphasis during the April Falls month with roving presentations and mini education sessions.

The "Catch a Falling Star" program is an important component of the falls program at Norwest where all falls risk patients are identified with a falling star sign outside their rooms.

Preventing falls and harm from falling

Norwest includes falls prevention and falls prevention planning and documentation as part of an identified falls patients clinical file. A prominent green sticker is used in the file when a fall has occurred and acts as a further check and alert when a patient has fallen A post fall action chart is completed and if required a Clinical Pharmacist may review the medication chart of a high risk falls patient or post fall to establish if the fall is medication related.

Communicating with patients and carers

Norwest has falls communication materials displayed, information in the patient compendium and the National Standards DVD displayed on a continuous loop contains the Falls Standard. The "Catch a Falling Star" posters, some leaflets on falls available in other languages and the activities on display during April falls week are all excellent communication strategies that inform patients families and the community on the importance of falls prevention.

Governance and systems for the prevention of falls

Ratings

Action	Organisation	Surveyor
10.1.1	SM	SM
10.1.2	SM	SM
10.2.1	SM	SM
10.2.2	SM	SM
10.2.3	SM	SM
10.2.4	SM	SM
10.3.1	SM	SM
10.4.1	SM	SM

Screening and assessing risks of falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.5.1	SM	SM
10.5.2	SM	SM
10.5.3	SM	SM
10.6.1	SM	SM
10.6.2	SM	SM
10.6.3	SM	SM

Preventing falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.7.1	SM	SM
10.7.2	SM	SM
10.7.3	SM	SM
10.8.1	SM	SM

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
10.9.1	SM	SM
10.10.1	SM	SM

Organisation : Norwest Private Hospital
Orgcode : 120901

Actions Rating Summary

Governance for Safety and Quality in Health Service Organisations

Governance and quality improvement systems

Action	Description	Organisation's self-rating	Surveyor Rating
1.1.1	An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols	SM	SM
1.1.2	The impact on patient safety and quality of care is considered in business decision making	SM	SM
1.2.1	Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance	SM	SM
1.2.2	Action is taken to improve the safety and quality of patient care	SM	SM
1.3.1	Workforce are aware of their delegated safety and quality roles and responsibilities	SM	SM
1.3.2	Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards	SM	SM
1.3.3	Agency or locum workforce are aware of their designated roles and responsibilities	SM	SM
1.4.1	Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities	SM	SM
1.4.2	Annual mandatory training programs to meet the requirements of these Standards	SM	SM
1.4.3	Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities	SM	SM
1.4.4	Competency-based training is provided to the clinical workforce to improve safety and quality	SM	SM
1.5.1	An organisation-wide risk register is used and regularly monitored	SM	SM
1.5.2	Actions are taken to minimise risks to patient safety and quality of care	SM	SM
1.6.1	An organisation-wide quality management system is used and regularly monitored	SM	SM
1.6.2	Actions are taken to maximise patient quality of care	SM	SM

Clinical practice

Action	Description	Organisation's self-rating	Surveyor Rating
1.7.1	Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	SM	SM
1.7.2	The use of agreed clinical guidelines by the clinical workforce is monitored	SM	SM
1.8.1	Mechanisms are in place to identify patients at increased risk of harm	SM	SM

1.8.2	Early action is taken to reduce the risks for at-risk patients	SM	SM
1.8.3	Systems exist to escalate the level of care when there is an unexpected deterioration in health status	SM	SM
1.9.1	Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care	SM	SM
1.9.2	The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards	SM	SM

Performance and skills management

Action	Description	Organisation's self-rating	Surveyor Rating
1.10.1	A system is in place to define and regularly review the scope of practice for the clinical workforce	SM	SM
1.10.2	Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice	SM	SM
1.10.3	Organisational clinical service capability, planning and scope of practice is directly linked to the clinical service roles of the organisation	SM	SM
1.10.4	The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced	SM	SM
1.10.5	Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role	SM	SM
1.11.1	A valid and reliable performance review process is in place for the clinical workforce	SM	SM
1.11.2	The clinical workforce participates in regular performance reviews that support individual development and improvement	SM	SM
1.12.1	The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	SM	SM
1.13.1	Analyse feedback from the workforce on their understanding and use of safety and quality systems	SM	SM
1.13.2	Action is taken to increase workforce understanding and use of safety and quality systems	SM	SM

Incident and complaints management

Action	Description	Organisation's self-rating	Surveyor Rating
1.14.1	Processes are in place to support the workforce recognition and reporting of incidents and near misses	SM	SM
1.14.2	Systems are in place to analyse and report on incidents	SM	SM
1.14.3	Feedback on the analysis of reported incidents is provided to the workforce	SM	SM
1.14.4	Action is taken to reduce risks to patients identified through the incident management system	SM	SM
1.14.5	Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation	SM	SM
1.15.1	Processes are in place to support the workforce to recognise and report complaints	SM	SM
1.15.2	Systems are in place to analyse and implement improvements in	SM	SM

	response to complaints		
1.15.3	Feedback is provided to the workforce on the analysis of reported complaints	SM	SM
1.15.4	Patient feedback and complaints are reviewed at the highest level of governance in the organisation	SM	SM
1.16.1	An open disclosure program is in place and is consistent with the national open disclosure standard	SM	SM
1.16.2	The clinical workforce are trained in open disclosure processes	SM	SM

Patient rights and engagement

Action	Description	Organisation's self-rating	Surveyor Rating
1.17.1	The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights	SM	SM
1.17.2	Information on patient rights is provided and explained to patients and carers	SM	SM
1.17.3	Systems are in place to support patients who are at risk of not understanding their healthcare rights	SM	SM
1.18.1	Patients and carers are partners in the planning for their treatment	SM	SM
1.18.2	Mechanisms are in place to monitor and improve documentation of informed consent	SM	SM
1.18.3	Mechanisms are in place to align the information provided to patients with their capacity to understand	SM	SM
1.18.4	Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders	SM	SM
1.19.1	Patient clinical records are available at the point of care	SM	SM
1.19.2	Systems are in place to restrict inappropriate access to and dissemination of patient clinical information	SM	SM
1.20.1	Data collected from patient feedback systems are used to measure and improve health services in the organisation	SM	SM

Partnering with Consumers

Consumer partnership in service planning

Action	Description	Organisation's self-rating	Surveyor Rating
2.1.1	Consumers and/or carers are involved in the governance of the health service organisation	SM	SM
2.1.2	Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people who do not usually provide feedback	SM	SM
2.2.1	The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation	SM	SM
2.2.2	Consumers and/or carers are actively involved in decision making about safety and quality	SM	SM
2.3.1	Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership	SM	SM

	role		
2.4.1	Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	SM	SM
2.4.2	Action is taken to incorporate consumer and/or carers' feedback into publications prepared by the health service organisation for distribution to patients	SM	SM

Consumer partnership in designing care

Action	Description	Organisation's self-rating	Surveyor Rating
2.5.1	Consumers and/or carers participate in the design and redesign of health services	SM	SM
2.6.1	Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care	SM	SM
2.6.2	Consumers and/or carers are involved in training the clinical workforce	SM	SM

Consumer partnership in service measurement and evaluation

Action	Description	Organisation's self-rating	Surveyor Rating
2.7.1	The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance	SM	SM
2.8.1	Consumers and/or carers participate in the analysis of organisational safety and quality performance	SM	SM
2.8.2	Consumers and/or carers participate in the planning and implementation of quality improvements	SM	SM
2.9.1	Consumers and/or carers participate in the evaluation of patient feedback data	SM	SM
2.9.2	Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data	SM	SM

Preventing and Controlling Healthcare Associated Infections

Governance and systems for infection prevention, control and surveillance

Action	Description	Organisation's self-rating	Surveyor Rating
3.1.1	A risk management approach is taken when implementing policies, procedures and/or protocols for: • standard infection control precautions • transmission-based precautions • aseptic non-touch technique • safe handling and disposal of sharps • prevention and management of occupational exposure to blood and body substances • environmental cleaning and disinfection • antimicrobial prescribing • outbreaks or unusual clusters of communicable infection • processing of reusable medical devices	SM	SM

	• single-use devices • surveillance and reporting of data where relevant • reporting of communicable and notifiable diseases • provision of risk assessment guidelines to workforce • exposure-prone procedures		
3.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
3.1.3	The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation	SM	SM
3.1.4	Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols	SM	SM
3.2.1	Surveillance systems for healthcare associated infections are in place	SM	SM
3.2.2	Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees	SM	SM
3.3.1	Mechanisms to regularly assess the healthcare associated infection risks are in place	SM	SM
3.3.2	Action is taken to reduce the risks of healthcare associated infection	SM	SM
3.4.1	Quality improvement activities are implemented to reduce and prevent healthcare associated infections	SM	SM
3.4.2	Compliance with changes in practice are monitored	SM	SM
3.4.3	The effectiveness of changes to practice are evaluated	SM	SM

Infection prevention and control strategies

Action	Description	Organisation's self-rating	Surveyor Rating
3.5.1	Workforce compliance with current national hand hygiene guidelines is regularly audited	SM	SM
3.5.2	Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation	SM	SM
3.5.3	Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines	SM	SM
3.6.1	A workforce immunisation program that complies with current national guidelines is in use	SM	SM
3.7.1	Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are implemented to address: • communicable disease status • occupational management and prophylaxis • work restrictions • personal protective equipment • assessment of risk to healthcare workers for occupational allergies • evaluation of new products and procedures	SM	SM
3.8.1	Compliance with the system for the use and management of invasive devices in monitored	SM	SM
3.9.1	Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices	SM	SM

3.10.1	The clinical workforce is trained in aseptic technique	SM	SM
3.10.2	Compliance with aseptic technique is regularly audited	SM	SM
3.10.3	Action is taken to increase compliance with the aseptic technique protocols	SM	SM

Managing patients with infections or colonisations

Action	Description	Organisation's self-rating	Surveyor Rating
3.11.1	Standard precautions and transmission-based precautions consistent with the current national guidelines are in use	SM	SM
3.11.2	Compliance with standard precautions is monitored	SM	SM
3.11.3	Action is taken to improve compliance with standard precautions	SM	SM
3.11.4	Compliance with transmission-based precautions is monitored	SM	SM
3.11.5	Action is taken to improve compliance with transmission-based precautions	SM	SM
3.12.1	A risk analysis is undertaken to consider the need for transmission-based precautions including: • accommodation based on the mode of transmission • environmental controls through air flow • transportation within and outside the facility • cleaning procedures • equipment requirements	SM	SM
3.13.1	Mechanisms are in use for checking for pre-existing healthcare associated infections or communicable disease on presentation for care	SM	SM
3.13.2	A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between service providers or facilities	SM	SM

Antimicrobial stewardship

Action	Description	Organisation's self-rating	Surveyor Rating
3.14.1	An antimicrobial stewardship program is in place	SM	SM
3.14.2	The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage	SM	SM
3.14.3	Monitoring of antimicrobial usage and resistance is undertaken	SM	SM
3.14.4	Action is taken to improve the effectiveness of antimicrobial stewardship	SM	SM

Cleaning, disinfection and sterilisation

Action	Description	Organisation's self-rating	Surveyor Rating
3.15.1	Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including: • maintenance of building facilities • cleaning resources and services • risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved	SM	SM

- waste management within the clinical environment
- laundry and linen transportation, cleaning and storage
- appropriate use of personal protective equipment

3.15.2	Policies, procedures and/or protocols for environmental cleaning are regularly reviewed	SM	SM
3.15.3	An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly	SM	SM
3.16.1	Compliance with relevant national or international standards and manufacturer's instructions for cleaning, disinfection and sterilisation of reusable instruments and devices is regularly monitored	SM	SM
3.17.1	A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place	SM	SM
3.18.1	Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
3.19.1	Information on the organisation's corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers	SM	SM
3.19.2	Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience	SM	SM

Medication Safety

Governance and systems for medication safety

Action	Description	Organisation's self-rating	Surveyor Rating
4.1.1	Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems	SM	SM
4.1.2	Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines	SM	SM
4.2.1	The medication management system is regularly assessed	SM	SM
4.2.2	Action is taken to reduce the risks identified in the medication management system	SM	SM
4.3.1	A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice	SM	SM
4.3.2	The use of the medication authorisation system is regularly monitored	SM	SM
4.3.3	Action is taken to increase the effectiveness of the medication authority system	SM	SM
4.4.1	Medication incidents are regularly monitored, reported and investigated	SM	SM
4.4.2	Action is taken to reduce the risk of adverse medication incidents	SM	SM
4.5.1	The performance of the medication management system is regularly assessed	SM	SM

4.5.2	Quality improvement activities are undertaken to reduce the risk of patient harm and increase the quality and effectiveness of medicines use	SM	SM

Documentation of patient information

Action	Description	Organisation's self-rating	Surveyor Rating
4.6.1	A best possible medication history is documented for each patient	SM	SM
4.6.2	The medication history and current clinical information is available at the point of care	SM	SM
4.7.1	Known medication allergies and adverse drug reactions are documented in the patient clinical record	SM	SM
4.7.2	Action is taken to reduce the risk of adverse reactions	SM	SM
4.7.3	Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	SM	SM
4.8.1	Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	SM	SM

Medication management processes

Action	Description	Organisation's self-rating	Surveyor Rating
4.9.1	Information and decision support tools for medicines are available to the clinical workforce at the point of care	SM	SM
4.9.2	The use of information and decision support tools is regularly reviewed	SM	SM
4.9.3	Action is taken to improve the availability and effectiveness of information and decision support tools	SM	SM
4.10.1	Risks associated with secure storage and safe distribution of medicines are regularly reviewed	SM	SM
4.10.2	Action is taken to reduce the risks associated with storage and distribution of medicines	SM	SM
4.10.3	The storage of temperature-sensitive medicines is monitored	SM	SM
4.10.4	A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place	SM	SM
4.10.5	The system for disposal of unused, unwanted or expired medications is regularly monitored	SM	SM
4.10.6	Action is taken to increase compliance with the system for storage, distribution and disposal of medications	SM	SM
4.11.1	The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed	SM	SM
4.11.2	Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines	SM	SM

Continuity of medication management

Action	Description	Organisation's self-rating	Surveyor Rating
4.12.1	A system is in use that generates and distributes a current and	SM	SM

	comprehensive list of medicines and explanation of changes in medicines		
4.12.2	A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	SM	SM
4.12.3	A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	SM	SM
4.12.4	Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
4.13.1	The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks	SM	SM
4.13.2	Information that is designed for distribution to patients is readily available to the clinical workforce	SM	SM
4.14.1	An agreed medication management plan is documented and available in the patient's clinical record	SM	SM
4.15.1	Information on medicines is provided to patients and carers in a format that is understood and meaningful	SM	SM
4.15.2	Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients	SM	SM

Patient Identification and Procedure Matching

Identification of individual patients

Action	Description	Organisation's self-rating	Surveyor Rating
5.1.1	Use of an organisation-wide patient identification system is regularly monitored	SM	SM
5.1.2	Action is taken to improve compliance with the patient identification matching system	SM	SM
5.2.1	The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored	SM	SM
5.2.2	Action is taken to reduce mismatching events	SM	SM
5.3.1	Inpatient bands are used that meet the national specifications for patient identification bands	SM	SM

Processes to transfer care

Action	Description	Organisation's self-rating	Surveyor Rating
5.4.1	A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes	SM	SM

Processes to match patients and their care

Action	Description	Organisation's self-rating	Surveyor Rating
5.5.1	A documented process to match patients and their intended treatment is in use	SM	SM
5.5.2	The process to match patients to any intended procedure, treatment or investigation is regularly monitored	SM	SM
5.5.3	Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation	SM	SM

Clinical Handover

Governance and leadership for effective clinical handover

Action	Description	Organisation's self-rating	Surveyor Rating
6.1.1	Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored	SM	SM
6.1.2	Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols	SM	SM
6.1.3	Tools and guides are periodically reviewed	SM	SM

Clinical handover processes

Action	Description	Organisation's self-rating	Surveyor Rating
6.2.1	The workforce has access to documented structured processes for clinical handover that include: • preparing for handover, including setting the location and time while maintaining continuity of patient care • organising relevant workforce members to participate • being aware of the clinical context and patient needs • participating in effective handover resulting in transfer of responsibility and accountability for care	SM	SM
6.3.1	Regular evaluation and monitoring processes for clinical handover are in place	SM	SM
6.3.2	Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers	SM	SM
6.3.3	Action is taken to increase the effectiveness of clinical handover	SM	SM
6.3.4	The actions taken and the outcomes of local clinical handover reviews are reported to the executive level of governance	SM	SM
6.4.1	Regular reporting, investigating and monitoring of clinical handover incidents is in place	SM	SM
6.4.2	Action is taken to reduce the risk of adverse clinical handover incidents	SM	SM

Patient and carer involvement in clinical handover

Action	Description	Organisation's self-rating	Surveyor Rating
6.5.1	Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use	SM	SM

Blood and Blood Products

Governance and systems for blood and blood product prescribing and clinical use

Action	Description	Organisation's self-rating	Surveyor Rating
7.1.1	Blood and blood product policies, procedures and/or protocols are consistent with national evidence-based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products	SM	SM
7.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
7.1.3	Action is taken to increase the safety and appropriateness of prescribing and clinically using blood and blood products	SM	SM
7.2.1	The risks associated with transfusion practices and clinical use of blood and blood products are regularly assessed	SM	SM
7.2.2	Action is taken to reduce the risks associated with transfusion practices and the clinical use of blood and blood products	SM	SM
7.3.1	Reporting on blood and blood product incidents is included in regular incident reports	SM	SM
7.3.2	Adverse blood and blood product incidents are reported to and reviewed by the highest level of governance in the health service organisation	SM	SM
7.3.3	Health service organisations participate in relevant haemovigilance activities conducted by the organisation or at state or national level	SM	SM
7.4.1	Quality improvement activities are undertaken to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	SM	SM

Documenting patient information

Action	Description	Organisation's self-rating	Surveyor Rating
7.5.1	A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record	SM	SM
7.5.2	The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	SM	SM
7.5.3	Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	SM	SM
7.6.1	Adverse reactions to blood or blood products are documented in the patient clinical record	SM	SM
7.6.2	Action is taken to reduce the risk of adverse events from administering blood or blood products	SM	SM
7.6.3	Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider,	SM	SM

	blood service or product manufacturer whenever appropriate

Managing blood and blood product safety

Action	Description	Organisation's self-rating	Surveyor Rating
7.7.1	Regular review of the risks associated with receipt, storage, collection and transport of blood and blood products is undertaken	SM	SM
7.7.2	Action is taken to reduce the risk of incidents arising from the use of blood and blood product control systems	SM	SM
7.8.1	Blood and blood product wastage is regularly monitored	SM	SM
7.8.2	Action is taken to minimise wastage of blood and blood products	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
7.9.1	Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce	SM	SM
7.9.2	Plans for care that include the use of blood and blood products are developed in partnership with patients and carers	SM	SM
7.10.1	Information on blood and blood products is provided to patients and their carers in a format that is understood and meaningful	SM	SM
7.11.1	Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation	SM	SM

Preventing and Managing Pressure Injuries

Governance and systems for the prevention and management of pressure injuries

Action	Description	Organisation's self-rating	Surveyor Rating
8.1.1	Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	SM	SM
8.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
8.2.1	An organisation-wide system for reporting pressure injuries is in use	SM	SM
8.2.2	Administrative and clinical data are used to regularly monitor and investigate the frequency and severity of pressure injuries	SM	SM
8.2.3	Information on pressure injuries is regularly reported to the highest level of governance in the health service organisation	SM	SM
8.2.4	Action is taken to reduce the frequency and severity of pressure injuries	SM	SM
8.3.1	Quality improvement activities are undertaken to prevent pressure injuries and/or improve the management of pressure injuries	SM	SM
8.4.1	Equipment and devices are available to effectively implement prevention strategies for patients at risk and plans for the management of patients with pressure injuries	SM	SM

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Preventing pressure injuries

Action	Description	Organisation's self-rating	Surveyor Rating
8.5.1	An agreed tool to screen for pressure injury risk is used by the clinical workforce to identify patients at risk of a pressure injury	SM	SM
8.5.2	The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on presentation	SM	SM
8.5.3	Action is taken to maximise the proportion of patients who are screened for pressure injury on presentation	SM	SM
8.6.1	Comprehensive skin inspections are undertaken and documented in the patient clinical record for patients at risk of pressure injuries	SM	SM
8.6.2	Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments	SM	SM
8.6.3	Action is taken to increase the proportion of skin assessments documented on patients at risk of pressure injuries	SM	SM
8.7.1	Prevention plans for all patients at risk of a pressure injury are consistent with best practice guidelines and are documented in the patient clinical record	SM	SM
8.7.2	The effectiveness and appropriateness of pressure injury prevention plans are regularly reviewed	SM	SM
8.7.3	Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan	SM	SM
8.7.4	Action is taken to increase the proportion of patients at risk of pressure injuries who have an implemented prevention plan	SM	SM

Managing pressure injuries

Action	Description	Organisation's self-rating	Surveyor Rating
8.8.1	An evidence-based wound management system is in place within the health service organisation	SM	SM
8.8.2	Management plans for patients with pressure injuries are consistent with best practice and documented in the patient clinical record	SM	SM
8.8.3	Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans	SM	SM
8.8.4	Action is taken to increase compliance with evidence-based pressure injury management plans	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
8.9.1	Patient information on prevention and management of pressure injuries is provided to patients and carers in a format that is understood and is meaningful	SM	SM
8.10.1	Pressure injury management plans are developed in partnership with patients and carers	SM	SM

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Recognising and Responding to Clinical Deterioration in Acute Health Care

Establishing recognition and response systems

Action	Description	Organisation's self-rating	Surveyor Rating
9.1.1	Governance arrangements are in place to support the development, implementation, and maintenance of organisation-wide recognition and response systems	SM	SM
9.1.2	Policies, procedures and/or protocols for the organisation are implemented in areas such as: • measurement and documentation of observations • escalation of care • establishment of a rapid response system • communication about clinical deterioration	SM	SM
9.2.1	Feedback is actively sought from the clinical workforce on the responsiveness of the recognition and response systems	SM	SM
9.2.2	Deaths or cardiac arrests for a patient without an agreed treatment-limiting order (such as not for resuscitation or do not resuscitate) are reviewed to identify the use of the recognition and response systems, and any failures in these systems	SM	SM
9.2.3	Data collected about recognition and response systems are provided to the clinical workforce as soon as practicable	SM	SM
9.2.4	Action is taken to improve the responsiveness and effectiveness of the recognition and response systems	SM	SM

Recognising clinical deterioration and escalating care

Action	Description	Organisation's self-rating	Surveyor Rating
9.3.1	When using a general observation chart, ensure that it: • is designed according to human factors principles • includes the capacity to record information about respiratory rate, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness graphically over time • includes thresholds for each physiological parameter or combination of parameters that indicate abnormality • specifies the physiological abnormalities and other factors that trigger the escalation of care • includes actions required when care is escalated	SM	SM
9.3.2	Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan	SM	SM
9.3.3	Action is taken to increase the proportion of patients with complete sets of recorded observations, as specified in the patient's monitoring plan	SM	SM
9.4.1	Mechanisms are in place to escalate care and call for emergency assistance	SM	SM
9.4.2	Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited	SM	SM
9.4.3	Action is taken to maximise the appropriate use of escalation processes	SM	SM

Responding to clinical deterioration

Action	Description	Organisation's self-rating	Surveyor Rating
9.5.1	Criteria for triggering a call for emergency assistance are included in the escalation policies, procedures and/or protocols	SM	SM
9.5.2	The circumstances and outcome of calls for emergency assistance are regularly reviewed	SM	SM
9.6.1	The clinical workforce is trained and proficient in basic life support	SM	SM
9.6.2	A system is in place for ensuring access at all times to at least one clinician, either on-site or in close proximity, who can practise advanced life support	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
9.7.1	Information is provided to patients, families and carers in a format that is understood and meaningful. The information should include: • the importance of communicating concerns and signs/symptoms of deterioration, which are relevant to the patient's condition, to the clinical workforce • local systems for responding to clinical deterioration, including how they can raise concerns about potential deterioration	SM	SM
9.8.1	A system is in place for preparing and/or receiving advance care plans in partnership with patients, families and carers	SM	SM
9.8.2	Advance care plans and other treatment-limiting orders are documented in the patient clinical record	SM	SM
9.9.1	Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response	SM	SM
9.9.2	Information about the system for family escalation of care is provided to patients, families and carers	SM	SM
9.9.3	The performance and effectiveness of the system for family escalation of care is periodically reviewed	SM	SM
9.9.4	Action is taken to improve the system performance for family escalation of care	SM	SM

Preventing Falls and Harm from Falls

Governance and systems for the prevention of falls

Action	Description	Organisation's self-rating	Surveyor Rating
10.1.1	Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools	SM	SM
10.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
10.2.1	Regular reporting, investigating and monitoring of falls incidents is in place	SM	SM
10.2.2	Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service	SM	SM

	organisation		
10.2.3	Information on falls is reported to the highest level of governance in the health service organisation	SM	SM
10.2.4	Action is taken to reduce the frequency and severity of falls in the health service organisation	SM	SM
10.3.1	Quality improvement activities are undertaken to prevent falls and minimise patient harm	SM	SM
10.4.1	Equipment and devices are available to implement prevention strategies for patients at risk of falling and management plans to reduce the harm from falls	SM	SM

Screening and assessing risks of falls and harm from falling

Action	Description	Organisation's self-rating	Surveyor Rating
10.5.1	A best practice screening tool is used by the clinical workforce to identify the risk of falls	SM	SM
10.5.2	Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls	SM	SM
10.5.3	Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission	SM	SM
10.6.1	A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling	SM	SM
10.6.2	The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment	SM	SM
10.6.3	Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment	SM	SM

Preventing falls and harm from falling

Action	Description	Organisation's self-rating	Surveyor Rating
10.7.1	Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record	SM	SM
10.7.2	The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored	SM	SM
10.7.3	Action is taken to reduce falls and minimise harm for at-risk patients	SM	SM
10.8.1	Discharge planning includes referral to appropriate services, where available	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
10.9.1	Patient information on falls risks and prevention strategies is provided to patients and their carers in a format that is understood and meaningful	SM	SM
10.10.1	Falls prevention plans are developed in partnership with patients and carers	SM	SM

Organisation : Norwest Private Hospital
Orgcode : 120901

Recommendations from Current Survey

Not applicable.

Organisation : Norwest Private Hospital
Orgcode : 120901

Recommendations from Previous Survey

Standard: Partnering with Consumers
Criterion: Consumer partnership in service planning
Action: 2.3.1 Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role

Recommendation: NSQHSS Survey 0514.2.3.1

Recommendation:

Ensure that there is a training program to prepare consumer and/or carer representatives in their role in governance, planning and safety and quality decision making when they are identified and appointed.

Action:

All consumers now attend Hospital-wide Orientation before commencing their role, this session is inclusive of all mandatory training.
At interview the role is clearly outlined by the QM with clear expectations and guidelines, prior to the potential consumer accepting the position.
All consumers receive a Position description, letter of appointment from the General Manager (GM), sign a confidentiality agreement and the code of conduct for Healthscope.
Consumer representative training checklist developed and completed by consumers.
Appraisal of consumers at 3 months of service and annually. Includes feedback from consumers about how supported they feel within their roles. Ideas for improvement shared.
Support network for consumers within Healthscope, usually a face to face meeting at a state level annually. One Consumer from Norwest attended the NSW meeting in 2015.
Consumers are Invited to attend the consumer participation teleconference run by Healthscope where ideas are shared amongst sites.

Completion Due By:

Responsibility:

Organisation Completed: Yes

Surveyor's Comments: **Recomm. Closed:** Yes

At the time of survey five consumer representatives have been appointed all of whom attended the hospital's Orientation Program and individual sessions with the Quality Manager covering their role, how they give and receive feedback and contribute to quality and safety of Norwest Private Hospital.

Standard: Partnering with Consumers
Criterion: Consumer partnership in designing care
Action: 2.6.2 Consumers and/or carers are involved in training the clinical workforce

Recommendation: NSQHSS Survey 0514.2.6.2

Recommendation:

Identify and implement a way to involve consumers and/or carers in the training of the clinical workforce.

Action:

A consumer representative has been involved in staff training through the hospital orientation program since June 2015.
A consumer representative attends Hospital Orientation every month and meets all new staff and explains the role and importance of consumers in healthcare.
A consumer representative speaks at the Orthopaedic pre-admission clinic which is run by clinical staff and attended by prospective patients, she then also does an orthopaedic "ward round" during which time she has the opportunity to speak with both staff and patients. A report is prepared following each session and presented to the NUM of the area. Relevant learnings are relayed back to the clinical staff via the ward meetings. Norwest Consumer Consultant invited to speak at Healthscope Corporate Quality Conference in April 2017.
The Consumers are involved in working with and assisting staff through their participation at working parties as appropriate e.g. The Patient Rounding Project.
A consumer involved in support sessions with parents of babies in Special Care Nursery (SCN) staff training delivered in December 2016 on how staff can engage with the parents of babies in SCN and refer to the Consumer Consultant if required. This consumer has been trained by the miracle babies foundation in parental support. This has greatly assisted her in this role. A report is prepared for the NUM and relevant learnings presented to clinical staff.

Completion Due By:

Responsibility:

Organisation Completed: Yes

Surveyor's Comments: **Recomm. Closed:** Yes

A consumer representative speaks at the Orientation Program on the role of consumers and how they can contribute to improving quality and safety at Norwest Private Hospital.

A consumer representative who as a former patient presents at the Orthopaedic Pre-Admission Clinic and there is also a consumer representative for the Special Care Nursery who has undertaken specific training to enhance the effectiveness of the role.

Interviews with clinical staff confirmed an appreciation of the role of consumers and/or carers and acceptance of the value they continue to provide to clinical staff.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Standard: Partnering with Consumers
Criterion: Consumer partnership in service measurement and evaluation
Action: 2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data

Recommendation: NSQHSS Survey 0514.2.9.1

Recommendation:

Identify and implement ways to enable consumers and carers to participate in the evaluation of patient feedback data.

Action:

A consumer has been a member of the PCRC for 5 years and reviews and provides input on all of the following:
Healthscope quality KPI, ACHS CI data
Healthscope Patient satisfaction survey and Patient Centred Care experience surveys results.
Complaints Management,
RCA and CSR investigations where applicable,
Coroners reports,
Department M&M committee outcomes/reviews.
Trending data reports.
All consumers (5) review focus group minutes and provides feedback/ideas for improvement of service, and relevant questions. There is a consumer attendee at each focus group.
All consumers are invited to attend the National Standard 2 working party where consumer feedback is an agenda item.
2 Consumers involved in the development and delivery of the Mystery Patient project. One as part of the development team with Quality Manager and Quality Coordinator and one as a patient. Following her involvement as a mystery shopper she approached the quality team to become a Consumer Consultant and was accepted into the role in 2016
One consumer has a background in data input, and has been allocated the role of completing the Patient satisfaction survey results quarterly. She prepares a summary report which is presented to the Standard 2 Committee.

Completion Due By:

Responsibility:

Organisation Completed: Yes

Surveyor's Comments: **Recomm. Closed:** Yes

A consumer representative is a member of the Patient Care Review Committee and as such views and discusses feedback from staff and patient satisfaction surveys, complaints, compliments, and other reports as required.

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Standard: Partnering with Consumers
Criterion: Consumer partnership in service measurement and evaluation
Action: 2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data

Recommendation: NSQHSS Survey 0514.2.9.2

Recommendation:

Identify and implement ways to enable consumers and carers to participate in the implementation of quality activities relating to patient feedback data.

Action:

1 consumer has been a member of the PCRC for 3 years and reviews all Healthscope quality KPI, Healthscope Patient satisfaction survey and Patient Centred Care experience surveys. Complaints Management. Trending data reports.

Focus group follow up - A consumer attends each of these focus groups, and is involved in the review process for the feedback we receive. They are involved in actioning required improvements from patient suggestions e.g. There was a suggestion that it would be beneficial to have a past patient experience presentation at the preoperative assessment clinic which attended by patients who are scheduled for joint surgery. Our Consumer representative who underwent a joint replacement at Norwest now presents at every pre-op Joint Clinic and makes herself available to answer questions during the morning tea. She also visits the wards after the clinic to visit patients whom she had met at previous clinics. We have received very positive feedback from staff and patients about this.

Feedback from focus groups who meet quarterly for the speciality of Orthopaedic, ICU, surgical, CCU, Maternity & Women's Health, and provides a summary to present to the National Standards 2 working party quarterly meetings, at which there is always consumer representation.
(National Standards 2 working party reports to the Quality Meeting).

National Standard 2 working party address consumer feedback and work towards improvements with involvement All consumers are invited to attend this group and assist with action planning. Attendees are both clinical and non-clinical e.g. nursing staff, Hotel Services Manager, Front Office Reception Manager.

Consumer has reviewed and contributed to the updated and amended patient rounding chart. A working party evaluating feedback received from patients and staff on this project was formed. A consumer was involved in this evaluation and improvement process.

Completion Due By:

Responsibility:

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Organisation Completed: Yes

Surveyor's Comments: **Recomm. Closed:** Yes

A consumer is a member of the Norwest Patient Care Review Committee reviewing feedback and participating in discussions on implementing quality activities. The appointment of consumers to two special areas (Orthopaedics and Special Care Nursery) who liaise closely with clinical staff and patients has resulted in the implementation and support action/s to improve patient care.

Organisation : Norwest Private Hospital
Orgcode : 120901

Standards Rating Summary

Organisation - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	20	0	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	**0**	**209**	**0**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	3	0	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	**0**	**47**	**0**	**47**

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	20	0	20
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	**209**	**0**	**209**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	3	0	3
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	**47**	**0**	**47**

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	23	0	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	**0**	**256**	**0**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	23	0	23	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	**256**	**0**	**256**	**Met**

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Surveyor - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	20	0	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	**0**	**209**	**0**	**209**

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	20	0	20
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	**209**	**0**	**209**

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	3	0	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	**0**	**47**	**0**	**47**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	3	0	3
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	**47**	**0**	**47**

NSQHSS Survey

Organisation : Norwest Private Hospital
Orgcode : 120901

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	23	0	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	**0**	**256**	**0**	**256**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	23	0	23	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	**256**	**0**	**256**	**Met**