

Assessment Report

Gold Coast Private Hospital Pty Ltd

Assessment dates	18/07/2018 to 23/07/2018
Assessment Location(s)	Southport (000)
Report Author	Jane McGarry
Assessment Standard(s)	NSQHS:2012



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Executive Summary

RECOMMENDED: - Gold Coast Private Hospital can be recommended for continued certification to the National Safety and Quality Health Service Standards 2012, and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

The continuing assessment surveillance reviewed compliance to the National Safety and Quality Health Service Standards 2012, Standards 1 –3 and evidence was sighted across the three standards to verify the effectiveness of implemented actions to address the required criterion.

The Quality Management System structured to the requirements of the National Safety and Quality Health Services Standards as well as ISO 9001:2015 and reflects integrated systems of corporate and clinical governance to actively manage patient safety and quality risks.

The clinical governance framework for Gold Coast Private Hospital (GCPH) is evident within the policies and work processes utilised to manage patient safety. The safety and quality framework is supported by an organisational wide governance and quality improvement system monitored through incident management processes, customer feedback and complaints mechanisms, risk management processes, clinical indicator program and an internal audit program.

It is evident the strong and enthusiastic leadership of the Executive team continues to foster a positive culture within the hospital which is reflected in the strong team spirit, innovation and sense of pride that was demonstrated on many of the wards and departments visited during the onsite survey in particular established innovative projects initiated by GCPH.

These innovations include "CPR for kids" providing 1 – 2 sessions per month with overwhelming response has demonstrated the hospital is the 'point of difference' in the community by the unique specialised services provided

There is excellent dedication to patient safety and quality which is evident in the actions implemented and reflective of the strong quality and safety culture as well as continual and sustainable improvement which is built into the day to day operations that was evident throughout the organization. The support provided to staff in terms of access to ongoing safety and quality education is beyond expectation of the standard. Exchange of ideas for improvement is ongoing between GCPH and other Healthscope Hospitals as evidenced in Cluster meeting minutes.

GCPH has achieved MET with MERIT for standards 1.1, 1.5.2, 1.6.2, 1.12.1 & 1.12.2, 1.13.1 & 1.13.2, & 1.20.1 due to the sustainable improvements demonstrated in these areas.

All other standards were identified as SATISFACTORILY MET during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Changes in the organization since last assessment

There is no significant change of the organization structure and key personnel involved in the audited management system.

No change in relation to the audited organization's activities, products or services covered by the scope of certification was identified.

There was no change to the reference or normative documents which is related to the scope of certification.

NCR summary graphs

There have been no NCRs raised.

Your next steps

NCR close out process

There were no outstanding nonconformities to review from previous assessments.

No new nonconformities were identified during the assessment. Enhanced detail relating to the overall assessment findings is contained within subsequent sections of the report.

Please refer to Assessment Conclusion and Recommendation section for the required submission and the defined timeline.

Assessment objective, scope and criteria

The objective of the assessment was to conduct a surveillance assessment and look for positive evidence to ensure that elements of the scope of certification and the requirements of the management standard are effectively addressed by the organisation's management system and that the system is demonstrating the ability to support the achievement of statutory, regulatory and contractual requirements and the organisation's specified objectives, as applicable with regard to the scope of the management standard, and to confirm the on-going achievement and applicability of the forward strategic plan and where applicable to identify potential areas for improvement of the management system.

The scope of the assessment is the documented management system with relation to the requirements of National Safety and Quality Health Service Standards and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

National Safety and Quality Health Service Standards 2012
Gold Coast Private Hospital management system documentation

Assessment Participants

Name	Position	Opening Meeting	Closing Meeting	Interviewed (processes)
David Harper	General Manager	X	X	X
Claire Gauci	Deputy General Manager	X	X	X
Debra Billington	Director of Nursing	X	X	X
Suzanne Callaway	National Quality Improvement Manager - Healthscope Ltd., Hospital	X	X	X
Linda Sawrey	Quality Manager	X	X	X
John O'Shea	Hospitality Manager	X	X	X
Julian Porter	Accounts Manager	X	X	X
Anne-Marie Buhmann	Peri-operative Manager		X	X
Helen Clarke	CSD Manager		X	X
Kelly Harland	Infection Control Manager		X	X
Zobaida Moradi	NUM ICU		X	X
Dr Andrew Jones	MAC Chairman		X	X
Stuart Thompson Coleman	NUM Emergency Care Centre		X	X
Jenny O'Keefe	NUM Ward 1		X	X
Christine Smith	NUM Ward 12		X	X
Bevyn Carr	Facilities Manager		X	X
Shannyn Fox	Facility Contract Coordinator - Maintenance		X	X
Din Turong	Biomedical Engineer		X	X
Jackie Humphry	Food Services		X	X
Lucy Danaher	Service Improvement Officer		X	X
Sarah Galton	Service Improvement Officer		X	X
Eileen Kearns	Service Improvement & EEN		X	X

Nicole Abercrombie	Service Improvement Officer		X	X
Courtney Dickson	Education Admin Officer		X	X
Rhonda Bevan	Consumer Representative		X	X
John Dalziel	Chief Pharmacist		X	X
Melito Bulan	CSD staff member		X	X
Nadine Smith	Health Information Manager		X	X
Anna Arden	Rehabilitation and Allied Health Manager		X	X
Celeste Hearne	Rehabilitation NUM		X	X
Judy Ross	NUM Maternity		X	X
Jodi Ma Jojong	Workplace Safety Manager		X	X
Emma Childs	Executive PA		X	X
Lydia	Credentialing Coordinator		X	X
Emma Gerrard	NUM Paediatrics		X	X
Joyce Percy	Housekeeping Supervisor		X	X
Tanya Ray	Medico legal administrator		X	X
Jacinta Forge Jones	Surgical Ward		X	X
Mandy Cook	Surgical Ward		X	X
Hazel Douglas	NUM DOSA		X	X
Gareth Freeman	Anaesthetic Assistant NUM		X	X
Anne Marie Walsh	Nurse Educator		X	X

Assessment conclusion

BSI assessment team

Name	Position
Lynette Dasey	Team Member
Jane McGarry	Team Leader

Assessment conclusion and recommendation

The audit objectives have been achieved and the certificate scope remains appropriate. The audit team concludes based on the results of this audit that the organization does fulfil the standards and audit criteria identified within the audit report and it is deemed that the management system continues to achieve its intended outcomes.

RECOMMENDED - The audited organization can be recommended for certification / recertification / continued certification to the above listed standards and has been found in general compliance with the audit criteria as stated in the above-mentioned audit plan.

Use of certification documents, mark / logo or report

The use of the BSI certification documents and mark / logo is effectively controlled.

Findings from this assessment

National Safety and Quality Health Service Standards - Objective evidence addressing each criterion.:

Objective Evidence Report for NSQHS standards 1 - 3

Next visit objectives, scope and criteria

The objective of the assessment is to conduct a re-assessment of the existing certification to ensure the elements of the proposed scope of registration and the requirements of the management standard are effectively addressed by the organisation's management system.

The scope of the assessment is the documented management system with relation to the requirements of National Safety and Quality Health Service Standard Version 2 and the defined assessment plan provided in terms of locations and areas of the system and organisation to be assessed.

National Safety and Quality Health Service Standards Second edition

Gold Coast Private Hospital management system documentation

Please note that BSI reserves the right to apply a charge equivalent to the full daily rate for cancellation of the visit by the organisation within 30 days of an agreed visit date.

Next Visit Plan

Date	Auditor	Time	Area/Process	Clause
			Opening Meeting	
01/07/2020			National Standards for Safety and Quality in Healthcare 1	
01/07/2020			National Standards for Safety and Quality in Healthcare 2	
01/07/2020			National Standards for Safety and Quality in Healthcare 3	
01/07/2020			National Standards for Safety and Quality in Healthcare 4	
01/07/2020			National Standards for Safety and Quality in Healthcare 5	
01/07/2020			National Standards for Safety and Quality in Healthcare 6	
01/07/2020			National Standards for Safety and Quality in Healthcare 7	
01/07/2020			National Standards for Safety and Quality in Healthcare 8	

Appendix: Your certification structure & ongoing assessment programme

Scope of Certification

NSQHS 602772 (NSQHS:2012)

For the provision of Acute Care, Emergency Department 24 hours, Intensive Care Unit, Cardiac and Thoracic Surgery, Coronary Care Unit, Cardiac Catheterization, Children's Medicine and Surgery, ENT, Gastroenterology, General Surgery, General Medicine, Medical Oncology, Gynaecology, Urology, Orthopaedics, Plastic and reconstructive Surgery, Rehabilitation, Renal Medicine, Hospital in the Home, Respiratory Medicine, Maternity, special care and birthing suites. Hotel services and education and training, administration, operational infrastructure. Exclusions: Nil

Assessed location(s)

The audit has been performed at Central Office.

Southport / NSQHS 602772 (NSQHS:2012)

Location reference	0047481180-000
Address	Gold Coast Private Hospital Pty Ltd 14 Hill Street Southport Queensland 4215 Australia
Visit type	Continuing assessment (surveillance)
Assessment reference	8739464
Assessment dates	18/07/2018
Audit Plan (Revision Date)	19/07/2018
Deviation from Audit Plan	No
Total number of Employees	1107
Effective number of Employees	557.8
Scope of activities at the site	Main Certificate Scope applies.
Assessment duration	3.5 day(s)

Shift Details

The shift patterns within the organisation rotate on a regular and frequent basis ensuring that a representative sample of shifts and appropriate staff are interviewed and seen over the certification cycle.

Morning and afternoon shifts were observed during the assessment with appropriate rostering of staff in critical areas such as Perioperative suite and CSD.

Certification assessment program

Certificate Number - NSQHS 602772

Location reference - 0047481180-000

		Audit1	Audit2	Audit3	Audit4	Audit5
Business area/Location	Date (mm/yy):	08/2015	06/2016	08/2017	07/2018	07/2020
	Duration (days):	5	3.5	7	3.5	8
Opening Meeting		X	X	X	X	X
National Standards for Safety and Quality in Healthcare 1		X	X	X	X	X
National Standards for Safety and Quality in Healthcare 2		X	X	X	X	X
National Standards for Safety and Quality in Healthcare 3		X	X	X	X	X
National Standards for Safety and Quality in Healthcare 4				X		X
National Standards for Safety and Quality in Healthcare 5				X		X
National Standards for Safety and Quality in Healthcare 6				X		X
National Standards for Safety and Quality in Healthcare 7				X		X
National Standards for Safety and Quality in Healthcare 8				X		X
National Standards for Safety and Quality in Healthcare 9				X		
National Standards for Safety and Quality in Healthcare 10				X		

Definitions of findings:

Non-conformity:

Non-fulfilment of a requirement.

Major nonconformity:

Nonconformity that affects the capability of the management system to achieve the intended results.

Nonconformities could be classified as major in the following circumstances:

- If there is a significant doubt that effective process control is in place, or that products or services will meet specified requirements;

- A number of minor nonconformities associated with the same requirement or issue could demonstrate a systemic failure and thus constitute a major nonconformity.

Minor nonconformity:

Nonconformity that does not affect the capability of the management system to achieve the intended results.

Opportunity for improvement:

It is a statement of fact made by an assessor during an assessment, and substantiated by objective evidence, referring to a weakness or potential deficiency in a management system which if not improved may lead to nonconformity in the future. We may provide generic information about industrial best practices, but no specific solution shall be provided as a part of an opportunity for improvement.

Observation:

It is ONLY applicable for those schemes which prohibit the certification body to issue an opportunity for improvement.

It is a statement of fact made by the assessor referring to a weakness or potential deficiency in a management system which, if not improved, may lead to a nonconformity in the future.

How to contact BSI

Should you wish to speak with BSI in relation to your registration, please contact your customer service officer.

BSI Group ANZ Pty Ltd
Suite 2, Level 7
15 Talavera Road
Macquarie Park
NSW 2113

Tel: 1300 730 134 (International: +61 (2) 8877 7100)

Fax: 1300 730 135 (International: +61 (2) 8877 7120)

E-mail (for corrective action plans): Please e-mail your corrective action plan to clientservices.au@bsigroup.com

Notes

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This audit was conducted on-site through document reviews, interviews and observation of activities. The audit method used was based on sampling the organization's activities and it was aimed to evaluate the fulfilment of the audited requirements of the relevant management system standard or other normative document and confirm the conformity and effectiveness of the management system and its continued relevance and applicability for the scope of certification.

As this audit was based on a sample of the organization's activities, the findings reported do not imply to include all issues within the system.

Regulatory compliance

BSI requires to be informed of all relevant regulatory non-compliance or incidents that require notification to any regulatory authority. Acceptance of this report by the client signifies that all such issues have been disclosed as part of the assessment process and agreement that any such non-compliance or incidents occurring after this visit will be notified to BSI as soon as practical after the event.