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Frankston Private Hospital

BUSINESS REVIEW REPORT





Date of Review	2 & 3 rd August, 2018
Type of Review	Recertification
Site	5 Susono Way, Frankston, 3160 VIC
Certification Standard	National Safety and Quality Health Service Standards
Scope of Certification	Surgical, oncology, endoscopy and infusion services in a private hospital
Scope of Review	Full system review
Review Team	Wendy Adams (Lead Auditor) Anne Sutherland (Auditor) Darlene Hennessy (Trainee Auditor)
Report Signatory	Wendy Adams
Non-Applicable Actions	Nil
Details and Registration of the Health Facility	Registered with DHHS, Victoria (#2388) for 101 beds (89 beds medical, surgical, specialty and 12 beds oncology). Valid until 30/6/2020. Radiation Licence 300042617 valid until 13/6/2020. Drugs and Poisons Licence #29210350 issued 1/7/2018 City of Frankston Food Permit Class 1 #2494/2009/HOS expires 31/12/2018.
Certification Representative	Tracey Redwood (Director of Nursing)
Consumer Representative	Dawn Lehmann
Shifts	AM, PM and Night duty shifts



Summary

Frankston Private Hospital is part of Healthscope Pty Ltd (HSP) following acquisition of 2 facilities in 2014 and a major redevelopment project in 2017 which enabled overnight facilities to commence in March 2017. Specialities include Oncology/Infusion services, Endoscopy, Orthopaedic, General Medicine, ENT, Dentistry, Urology and Pain Management. Since March 2017, there have been a significant increase in all specialties, both day and overnight services.

There has been changes in management with the Director of Nursing now responsible for Quality following the resignation of the Quality Manager in late 2017, new educators and an increase in staff (37% permanent and 63% in casual staff).

There was an opportunity to meet with a number of personnel including HSP and the external infection consultant as well as the newly appointed consumer representative.

There were 4 Opportunities for Improvement (OFI) which were reviewed and closed during the audit.

OFI #3 - It was identified in 2017 that there was an opportunity to evaluate the training programs to ensure ongoing sustainability and compliance. New educators have since been engaged and a needs analysis for education completed and discussed at education meetings and presented at the Safety and Quality meetings.

OFI #4 - Although there was very comprehensive surveillance for inpatients by HICMR, it was identified in 2017 surveillance for post discharge infections for the day patients was not occurring. Patient discharge information has since been updated to include timeframe and symptoms required for them to report. VMOs and GPs have been sent letters requesting that they contact FPH should any patients develop a post discharge infection with ongoing support by HICMR.

OFI #5 - An audit tool developed to monitor compliance with transmission-based precautions which is the responsibility of the Ward NUM with feedback to educators should further education/support be required. Because transmission-based precautions are required infrequently, it was noted that this audit tool has been completed for all patients requiring transmission-based precautions.

OFI #6 - An audit tool has been developed for the CSSD manager to monitor the daily and weekly testing requirements, with evidence sighted that this is being completed.

No new Opportunities for Improvement were raised and all action items rated as 'satisfactorily met' or 'met with merit'.

Therefore, we believe that the health service organisation has the capability to systematically meet the requirements of the standard against the activities identified within the scope of certification. The auditor would like to thank the health service organisation for their openness, transparency and hospitality during the review.



Mandatory Reporting	
The management system includes an adequate process to identify the organisation's key processes and determine their controls;	Yes
The system provides an adequate description of the organisation and its on-site processes;	Yes
The system includes an overview of the applicable regulations (including licences/permits), and agreements with authorities, and that any licenses necessary for the relevant activities of the organisation are in place; and	Yes
The management system is effective in achieving the organisation's objectives.	Yes
Updates Since our Last Review	
If applicable, the effectiveness of taken corrective actions regarding previously identified nonconformities has been verified?	Yes
Any changes to the internal and external operating environment of the organisation?	No
Any changes to the documented management system?	No
Is there an awareness of and appropriate responses to changes in legislative requirements or recognised industry practices?	Yes
Has there been a balanced selection of standards audited such that all relevant standards are fully covered during the certification cycle?	Yes
Has there been any critical incidents/accidents (including transfers)? With evidence of appropriate review and action	Yes
Inspection / audits by regulators? DHHS, Victoria for pre-registration renewal.	Yes
Review Team Findings	
Open at the start of this review	4
Raised at this review	0
Closed	4
Remaining open at the end of the review	0

REQUIREMENT	EVIDENCE	COMPLIANCE
Use of Certificate, Mark(s) and Advertising Material	Certificates are used appropriately. Noted that Global-Mark logos are not used at FPH on any publication. Yes	Yes



REQUIREMENT	EVIDENCE	COMPLIANCE
Patient Episode and Consumer Interview	<p>All policies and procedures for the new services are in place, either adopted from the corporate Healthscope requirements where appropriate or localised as required.</p> <p>With verbal consent, there was an opportunity to observe a number of aspects of patient care with excellent compliance with the various requirements of the NSQHS standards sighted.</p> <p>This included</p> <ul style="list-style-type: none">– various aspects of a surgical patient episode including theatre time out, recovery room and airway management, clinical handover from anaesthetist and theatre nurse to recovery room, day surgery discharge– The CSSD department where appropriate processes and supporting records for reusable medical devices were observed– Jubilee (overnight ward) where it was noted that risk assessments were completed, and patient identification was used consistently– Handover from night shift to AM shift as well as AM shift to PM shift in Jubilee– Aseptic technique in the Infusion Centre <p>This enabled the audit team to also verify that processes are in place for a number of the requirements of the NSQHSS including (but not limited to) patient identification and procedure matching, hand hygiene, PPE, track and trigger observation chart, ANTT including IV medication and sterile procedure, medication administration Suitable adult and paediatric airway and emergency equipment was available, and a Broselow paediatric trolley is available.</p> <p>One of the audit team had the opportunity to speak to a day surgery patient who verified communication prior to admission via SMS. The patient was happy with the information and care received at all times and had no concerns.</p> <p>One of the audit team also had the opportunity to meet with the Consumer representative who commenced in April who confirmed that she has been involved in review of food quality, discharge information for patients, patient feedback survey results and attending Quality Committee.</p>	Yes



Particulars

Review Team Declaration

We confirm that for the purpose of this review, the review team:

- Were independent from the company listed above and did not have any conflict of interest;
- Had sufficient resources and competences to complete its review and reach its conclusions; and
- Had the appropriate credentials to perform this review in accordance with Global-Mark and applicable accreditation requirements.

Comment and Disclaimer on this Report

- This report does not and should not be seen as advice. Please consult a qualified advisor or consultant for advice.
- Due to the sampling nature of third party business reviews, the time available and samples size, some issues, non-compliances or improvements might not have been identified in the present report. This does not imply that these issues do not exist, or are in compliance. Employees, management and other stakeholders of the organisation need to and are responsible for, continuously identifying and taking necessary controls to ensure continued compliance with the standard(s) and continual improvement.
- Readers of this report should make judgement taking the above into account.
- The report is confidential, and is owned by the organisation listed above, Global-Mark Pty Ltd and the review team members who participated in its preparation.
- Global-Mark reserves the right to make this report available to regulators, and/or funding providers if requested.

When reading or using this report the compliance column should be completed as:

- Yes complies
- No, does not comply- refer to Health Review Form

NSQHSS Determinants

- This BRR NSQHSS 01 is supported by the BRR NSQHSS 02 spreadsheet, and they should be read in conjunction.
- Health Review Form (HRF): please refer to the HRF for enhanced information which includes finalised review findings, safety and quality reports summary, not applicable action items and NSQHSS self-assessment details.
- Draft Health Findings form (DHF): your client manager will leave you with a documented summary of findings. The DHF may be subject to change during the report finalisation process. Findings are finalised within the HRF, which is sent to you with your final report/s.

Attendance to Opening and Closing Meeting	Opening	Closing
Refer to separate attendance list		