

Campbelltown Private Hospital

BUSINESS REVIEW REPORT





| Date of Review | 2 nd and 3 rd May 2017 |
|--|---|
| Type of Review | Post certification |
| Site | 42 Parkside Crescent, Campbelltown New South Wales 2560 |
| Certification Standard | National Safety and Quality Health Service Standards |
| Scope of Certification | For the provision of anaesthetic, GIT endoscopy, medical, paediatric, rehabilitation and surgical services. |
| Scope of Review | As per Business Review Booking and Plan |
| Review Team | Dana Rowe (Lead Auditor) and Jane Hoffman (Team Member) |
| Report Signatory | Dana Rowe |
| Non-Applicable Actions | Nil |
| Details and Registration of the Health Facility | NSW Health PH2159 dated 2 nd February 2017 Anaesthesia, Cosmetic, Gastroenterology Endoscopy, Medical, Rehab, Paediatric and Surgical. |
| Certification Representative | Susan Hyland |
| Consumer Representative | Nil |
| Shifts | Morning and Afternoon |

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Summary

Campbelltown Private Hospital provides medical, surgical and rehabilitation services to the Macarthur and surrounding communities since 2007. There are currently 92 beds and eight operating theatres. This year they will be celebrating 10 years in operation.

Campbelltown Private Hospital is part of the Healthscope group and as such has corporate support.

There has been no change to the scope since the last review. The facility has been recommended for 5 Met with Merits and the auditors have raised two opportunities for improvement.

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)? | Yes |
| There has been 3 RCA performed since the last review (# 1603; #1609 and #1608) | |
| Documentation related to all RCA sighted with appropriate notification to Ministry of Health. All RCA have been report at the Medical Advisory Committee. | |
| There has been multiple transfers primarily to Campbelltown Public Hospital. Documentation related to all transfers sighted with appropriate management taken. All transfers are reported at the Medical Advisory Committee. | |
| Inspection / audits by regulators? | Yes |
| Ministry of Health 26 th July 2016 Quality Review Summary- Compliant | |
| Food Authority 02 December 2016 (License No 22586) A rating achieved | |
| Review Team Findings | |
| Open at the start of this review | 00 |
| Raised at this review | 02 |
| Closed | 00 |
| Remaining open at the end of the review | 02 |

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| REQUIREMENT | EVIDENCE | COMPLIANCE |
|---|--|----------------------|
| Use of Certificate, Mark(s) and Advertising Material | Campbelltown Private Hospital has the Global Mark certificate displayed by the lifts on each floor. The certification mark is not used on any of the marketing documentation or brochures. The internal documentation does not include the certification mark. | Yes |
| Patient Episode and Consumer Interview | The following patients were included in the witness audit of episode of care: MR244417, MR244398, MR242961, MR223710, MR52971, MR244061, MR529571 | Finding #7 and #8 |
| | A preadmission set of documents is completed by the patient. These are reviewed by the hospital before admission and any potential risks are brought to the attention of the nursing staff and follow up with the patient may be required. | |
| | Patients are admitted in a private room by a nurse. The admission includes but is not limited to a review of the pre- admission information, medical and medication history, allergy and infection status, NBM times, patient ID, consent check. Discharge arrangements for day surgical patients are verified. | |
| | An Alert Sheet HRM000, Infection Status HRM4.22, Patient Verification of Details CR106, Falls Risk HRM7.9, Pressure Risk HRM7.5 and Consent HRM47A are completed. | |
| | The NSW medication and observation charts are in use. | |
| | The admitting nurse provided the patient with full explanations at all time of what was happening and why. She listened to the patient's responses and answered all questions raised. | |
| | The peri-operative and recovery episodes were witnessed. They included handover at all points of transition of responsibility from one member of staff to another. The patient risks were included in the handover. Pre-op Check CR251 is completed. | |
| | Time out was clear and all members of staff stopped to listen (Surgical Safety Check (HRM9.1) | |
| | The recovery care was inclusive of the patient as soon as they were awake enough to participate. Pain control was offered and administered effectively in line with the medication administration requirements. | |
| | On return to the ward the patient was made comfortable. Wound was checked, pain status clarified, observations taken and the patient was made comfortable. This was all documented on the patient notes. | |
| | Equipment was cleaned between each patient use is all clinical areas. | |
| | Hand hygiene was generally completed as required especially by the nursing and physiotherapy team. | |
| | The patients' privacy and dignity was maintained at all times. | |
| | The rehabilitation episode of care includes group gym sessions and/or individual session with the physiotherapist. An occupational therapist is available as required. Goals are set for the patient and the appropriate care documented | |
| | Physiotherapy initial assessment CR395, Occupational initial | |

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| REQUIREMENT | EVIDENCE | COMPLIANCE |
|-------------|--|------------|
| | assessment CR411, Exercise sheets (e.g. TKR 412), Progress notes are completed in chronological order with the date, time, signature, name and designation recorded. | |
| | Patient MR111299 (surgical patient) and MR205220 (rehabilitation patient) were interviewed following verbal consent. Both were happy with the care they had received so far. Both felt the communication from all members of staff was good, hand hygiene had been observed frequently and their ID bands were checked whenever the nurses gave medication. If they had concerns the nursing staff listened and acted appropriately to rectify the problem. | |

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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.
- \rightarrow 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
- \rightarrow 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 DFF 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 |
|--|---------|---------|
| Chris Profitt (General Manager) | ✓ | ✓ |
| Amanda Ginger (Acting National Accreditation Manager Healthscope) | ✓ | x |
| Susie Cicuto (Director of Clinical Services) | ✓ | ✓ |
| Susan Hyland (Quality and Risk Manager) | ✓ | ✓ |
| Louise Jones (Finance Manager) | ✓ | ✓ |
| Vicki Fursey (Relieving DSU NUM) | ✓ | x |
| Rebekah Short (Executive Assistant) | ✓ | x |
| George Kalogiannis (Maintenance Manager) | ✓ | ✓ |
| Karen Wilcock (Environmental Services Manager/Infection Control) | ✓ | ✓ |
| Del Nicholson (WHS Manager) | ✓ | ✓ |
| Pam McIlwain (Perioperative Services Manager) | ✓ | ✓ |
| Deborah Chant (Rehab NUM) | ✓ | ✓ |
| Alex Ruisi (Supply Manager) | ✓ | x |
| Terry Dickson (Catering Manager) | ✓ | ✓ |
| Eva Naidoo (PACU NUM) | ✓ | ✓ |

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| Annmaree Kervin (Sterilising Services Manager) | ✓ | ✓ |
|--|---|--------------|
| Tania Patterson (Level 2 Surgical NUM) | ✓ | x |
| Sharita Ram (Level 3 Surgical NUM) | ✓ | \checkmark |
| Shahista Khan (Allied Health Manager) | ✓ | \checkmark |
| Dawn Holden (Billing Manager) | ✓ | x |
| Anna Broun(Theatre 4 NUM) | ✓ | \checkmark |
| Dana Rowe(Global-Mark Lead Auditor) | ✓ | ✓ |
| Jane Hoffman(Global-Mark Auditor) | ✓ | ✓ |

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