Quality Innovation Performance

Accreditation Report

Quality Innovation Performance Accreditation Report

Assessment Details

Health Service Name	Pacific Private Day Hospital
Health Service ID	DPS1238
Accreditation Contact	Ms Jane McLennan
Standards	NSQHS Standard Ed 2

Assessors	Ms Kelly Duggan (nee. Brandt) Dr Scott Phipps
Date of Assessment	Wednesday, 25 November 2020
Assessment Type	Full Assessment
Assessment Location	123 Nerang Street SOUTHPORT QLD 4215

Accreditation Status

Accreditation Decision	Accredited
Accreditation Decision Maker	Nicole Paez
Decision Maker Signature	NPaez
Date	22 December 2020
Accreditation Period	15 March 2022 – 15 March 2025

This assessment was conducted according to the requirements of the NSQHS Standard Ed 2 and Accreditation Program. The health service is required to maintain compliance with these standards throughout the accredited period.

Foreword

Accreditation is independent recognition that an organisation, practice, service, program or activity meets the requirements of defined criteria or standards. Accreditation provides quality and performance assurance for owners, managers, staff, funding bodies and consumers.

The achievement of accreditation is measured against the sector specific Standards which have been set as the minimum benchmark for quality. Compliance with the Standards is demonstrated through an independent assessment.

Accreditation can help an organisation to:
• Provide independent recognition that the organisation is committed to safety and quality
• Foster a culture of quality
• Provide consumers with confidence
• Build a more efficient organisation using a systematic approach to quality and performance
• Increase capability
• Reduce risk
• Provide a competitive advantage over organisations that are not accredited, and
• Comply with regulatory requirements, where relevant.

Continuous quality improvement (CQI) underpins all AGPAL/QIP accreditation programs and the organisation/practice/service through:
• Looking for ways to improve as an essential activity of everyday practice
• Consistently achieving and maintaining quality care that meets consumer/patient needs
• Monitoring outcomes in consumer/patient care and seeking opportunities to improve both the care and its results.
• Constantly striving for best practice by learning from others to increase the efficiency and effectiveness of processes

The following report is based on an independent assessment of the service's performance against NSQHS Standard Ed 2 . The report includes compliance level ratings for each indicator, criteria and standard and includes explanatory notes for key findings. Where an indicator is not rated as 'met', corrective action is specified.

Assessment Ratings

Four levels of attainment are used consistently throughout this report to give an overall rating for each Standard. The levels of attainment are:
• Met
• Met with Recommendations
• Not Met
• Not Applicable
In order to meet accreditation requirements all the Standards must be
met.

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Summary of Ratings

Overall Assessment of Standards

Standard	Rating			
	Met	Met with Recommendations	Not Met	Not Applicable
Clinical Governance Standard	1.1, 1.2, 1.3, 1.4, 1.5, 1.6, 1.7, 1.8, 1.9, 1.10, 1.11, 1.12, 1.13, 1.14, 1.15, 1.16, 1.17, 1.18, 1.19, 1.20, 1.21, 1.22, 1.23, 1.24, 1.25, 1.26, 1.27, 1.28, 1.29, 1.30, 1.31, 1.33			1.32
Partnering with Consumers Standard	2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9, 2.10, 2.11, 2.12, 2.13, 2.14			
Preventing and Controlling Healthcare-Associated Infection Standard	3.1, 3.2, 3.3, 3.4, 3.5, 3.6, 3.7, 3.8, 3.9, 3.10, 3.11, 3.12, 3.13, 3.14, 3.15, 3.16			
Medication Safety Standard	4.1, 4.2, 4.3, 4.4, 4.5, 4.6, 4.7, 4.8, 4.9, 4.10, 4.11, 4.12, 4.13, 4.14, 4.15			
Comprehensive Care Standard	5.1, 5.2, 5.3, 5.4, 5.5, 5.6, 5.7, 5.8, 5.9, 5.10, 5.11, 5.12, 5.13, 5.14, 5.15, 5.17, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29, 5.30, 5.31, 5.33			5.16, 5.18, 5.19, 5.20, 5.32, 5.34, 5.35, 5.36
Communicating for Safety Standard	6.1, 6.2, 6.3, 6.4, 6.5, 6.6, 6.7, 6.8, 6.9, 6.10, 6.11			
Blood Management Standard				7.1, 7.2, 7.3, 7.4, 7.5, 7.6, 7.7, 7.8, 7.9, 7.10
Recognising and	8.1, 8.2, 8.3, 8.4, 8.5,			

Responding to Acute Deterioration Standard	8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13			

Summary of Improvement Opportunities

Improvement Opportunities

The following actions have been rated as Met, improvement opportunities which the health service may or may not choose to undertake have been provided for these actions:

Criterion	Improvement Opportunities
Partnering with patients in their own care	2.4 - The organisation could review the documentation of consent for an anaesthetic to ensure that appropriate consent has been received.
Partnering with consumers in organisational design and governance	2.12 - The organisation could supply to the consumer group, a glossary of terms used for their ease of reference.

Clinical Governance Standard

Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person centred, safe and effective.

Intention of this standard
To implement a clinical governance framework that ensures that patients and consumers receive safe and high-quality health care.

Criterion:	Governance, leadership and culture			
	Leaders at all levels in the organisation set up and use clinical governance systems to improve the safety and quality of health care for patients.			
Rating:	Met			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.1	Governance, leadership and culture The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the	Met	Observation, document review and interview with the clinical governance leads interviewed confirmed that the organisation has created a culture of safety and quality improvement. This has been achieved by setting the strategic direction of the organisation, establishing a clinical governance framework to ensure that roles and responsibilities are clear and that partnering with patients and families is pursued, when appropriate. The management committee monitors the clinical quality systems through senior committees that review the data as well as monitoring the incident reporting system.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance.			
1.2	Governance, leadership and culture The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	Met	Clinical governance leads interviewed could describe how the specific health needs of Aboriginal and Torres Strait Islander people are being addressed, to promote the safety and quality of services.	Met
1.3	Organisational leadership The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	Met	The clinical governance leads described and demonstrated that a clinical governance framework is in place and how it is monitored by the senior managers.	Met
1.4	Organisational leadership The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	Met	Staff interviews, observation and document review confirmed that the organisation has strategies to address the particular needs of Aboriginal and Torres Strait Islander people.	Met
1.5	Organisational leadership The health service organisation considers the safety and quality of health care for patients in its business	Met	Document review, along with interviews with senior managers and the board confirmed that issues of safety and quality are key factors in the organisation's business decision making.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	decision-making			
1.6	Clinical leadership Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	Met	Interviews with staff, along with documentation review and observation confirmed that staff work within a governance framework. The framework reviews safety and quality data to monitor risks, report to staff and others, and seeks to improve risk management, as well as plan for unforeseen major disruptions to services.	Met

Criterion:	**Patient safety and quality systems** Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patients.			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.7	Policies and Procedures The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation,	Met	Documents reviewed, plus the interview with the senior managers could demonstrate how policy documents, procedures and protocols are managed to ensure that they are current, comprehensive, effective and comply with legislation and regulations, along with State or Territory requirements. Activities are monitored for compliance, as well as to seek improvements in the delivery of services.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	regulation and jurisdictional requirements			
1.8	Measurement and quality improvement The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	Met	A review of documents as well as staff interviewed, confirmed that safety and quality systems produce performance and outcome data . This information is used to drive improvements through the clinical governance structure and is made available to the community and other stakeholders.	Met
1.9	Measurement and quality improvement The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	Met	Interviews with senior staff and a review of documents confirmed how the organisation manages the safety and quality systems, with reports provided to the board and senior management as well as the workforce, consumers and other stakeholders.	Met
1.10	Risk management The health service organisation:	Met	Management interviewed could explain how risks are identified and managed, with input from staff, patients and carers. This information is used to inform the Board and senior governance teams, to assist them to craft responses that are integrated into the risk management matrix, with the goal of improved quality and safety of services. The	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters		process is reviewed and refined as appropriate. There is an effective risk management system in place that covers both organisational and clinical risks and includes business continuity plans in the case of an emergency or disaster. The system is actively managed to assess its effectiveness, seek improvements, and to create reports that are shared with the staff and community.	
1.11	Incident management systems and open disclosure The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk	Met	Documents reviewed, plus interviews with staff, confirmed that all staff are encouraged to report any incidents or "near misses" through the electronic reporting system. The clinical governance team provides feedback to all staff.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems			
1.12	Incident management systems and open disclosure The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	Met	Review of clinical governance documents shows that an open disclosure program is in place, which is consistent with the Australian Open Disclosure Framework. The organisation monitors how frequently the framework is used to record instances of open disclosure.	Met
1.13	Feedback and complaints management The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	Met	Review of feedback and complaints management documents shows that patients, families and the workforce are encouraged to report their concerns and comments, with the goal they are reviewed and resolved by senior management in a timely manner. Reported complaints are analysed for trends and used to develop quality and safety activities, as well as used to inform the risk management process. The organisation is always looking for ways to improve the system.	Met
1.14	Feedback and complaints management The health service organisation has an organisation-wide complaints management system, and:	Met	Review of the management of feedback and complaints shows that an organisation-wide complaints management system is established, which supports patients, carers and the workforce to report complaints. Documentation shows that the workforce and consumers are involved in the review of complaints, which are resolved in a timely way. Feedback is provided to the governing body, the workforce and consumers on the	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system		analysis of complaints and actions are taken to inform improvements.	
1.15	Diversity and high-risk groups The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care	Met	Documents reviewed, plus interviews with senior staff and management confirmed that the organisation analyses the demography of its patients, seeking to identify those patients who are at a higher risk of harm and how to best address their needs.	Met
1.16	Healthcare records	Met	Managers interviewed described how the organisation ensures that clinicians have access to paper healthcare records and how the privacy and security of those records are	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	The health service organisation has healthcare records systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used		maintained. The records are audited regularly for completeness and accuracy.	
1.17	Healthcare records The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	Met	At present the medical records cannot interact directly with My Health Record. The organisation is actively managing its options with regards to this goal, with nursing discharge summaries being uploaded already.	Met
1.18	Healthcare records The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative	Met	This organisation is not yet uploading to My Health Record, but there are plans, which will address the requirements.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system			

Criterion:	Clinical performance and effectiveness The workforce has the right qualifications, skills and supervision to provide safe, high-quality health care to patients			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.19	Safety and quality training The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	Met	Clinical leads interviewed confirmed that their orientation to the organisation included their roles and responsibilities for safety and quality.	Met
1.20	Safety and quality training The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards	Met	Interview with clinical leads confirmed that training systems are in place, which assess competency and training needs of the workforce and provide access to required training.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training			
1.21	Safety and quality training The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	Met	To meet the needs of its Aboriginal and Torres Strait Islander patients, the clinical leads interviewed confirmed that the organisation has strategies in place to improve the cultural awareness and cultural competency of the workforce.	Met
1.22	Performance management The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	Met	Clinical leads interviewed could describe the processes for performance reviews, to identify training needs and incorporate them into the training matrix.	Met
1.23	Credentialing and scope of clinical practice The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical	Met	Interview with clinical leads confirmed that processes are in place to ensure that clinicians are working within the agreed scope of clinical practice. The scope is reviewed when required to accommodate new procedures.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	service capacity of the organisation and clinical services plan b. Monitor clinicians' practice to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered			
1.24	Credentialing and scope of clinical practice The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process	Met	Clinical leads interviewed confirmed that there are robust processes used to ensure that clinicians have the appropriate qualifications, experience, professional standing, competencies and any other relevant professional attributes to complete their tasks.	Met
1.25	Safety and quality roles and responsibilities The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	Met	Clinical leads interviewed could explain how the workforce are trained and given assistance to manage their roles and responsibilities for safety and quality of care.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.26	Safety and quality roles and responsibilities The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	Met	Interview with clinical leads confirmed that staff are provided with training and assistance to complete their roles.	Met
1.27	Evidence-based care The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	Met	Clinical leads interviewed could describe the clinical guidelines, clinical pathways and other decision support tools that are available, including the standards developed by the Australian Commission on Safety and Quality in Health Care.	Met
1.28	Variation in clinical practice and health outcomes The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes	Met	Interview with clinical leads confirmed the organisation uses both external and internal systems for monitoring and improving clinical and patient outcomes. Feedback is provided to clinicians on variations in practice and health outcomes. Information on unwarranted clinical variation is used to inform improvements in safety and quality systems and risks are recorded in the risk management system.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system			

Criterion:	**Safe environment for the delivery of care** The environment promotes safe and high-quality health care for patients			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.29	Safe environment The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	Met	Staff interviews and review of safety and quality documents shows that the maintenance of buildings, plant, equipment, utilities, devices and other infrastructure is undertaken to ensure that they are fit for purpose.	Met
1.30	Safe environment The health service organisation: a. Identifies service areas that have a	Met	Observation of facilities and equipment confirms that the physical design of the environment includes consideration of safety for staff, patients and families.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required			
1.31	Safe environment The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	Met	Observation of facilities and equipment shows that signage and directions within the organisation are clear and fit for purpose.	Met
1.32	Safe environment The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	Not applicable	Not applicable to this health services as they do not admit patients overnight.	Not applicable
1.33	Safe environment The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	Met	The managers interviewed explained how the organisation strives to provide an environment that is welcoming, for the cultural beliefs and practices of Aboriginal and Torres Strait Islander people.	Met

Partnering with Consumers Standard

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

Intention of this standard

To create an organisation in which there are mutually valuable outcomes by having:

• Consumers as partners in planning, design, delivery, measurement and evaluation of systems and services

• Patients as partners in their own care, to the extent that they choose.

Criterion:	Clinical governance and quality improvement systems to support partnering with consumers			
	Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation			
Rating:	Met			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
2.1	Integrating clinical governance Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers	Met	Interviews with staff and a review of documentation, shows that the principles of safety and quality systems are applied, when developing and implementing policies to partner with consumers, through managing risks and identifying training requirements for them.	Met
2.2	Applying quality improvement systems The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve	Met	Review of consumer documentation and staff interviews confirmed that the goal is to improve the interactions with consumers, through monitoring, implementing and reporting on partnering with consumers.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	processes for partnering with consumers c. Reporting on partnering with consumers			

Criterion:	Partnering with patients in their own care Systems that are based on partnering with patients in their own care are used to support the delivery of care. Patients are partners in their own care to the extent that they choose			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
2.3	Healthcare rights and informed consent The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	Met	Review of health service facilities shows that the charter of rights is easily accessible for patients, carers, families and consumers.	Met
2.4	Healthcare rights and informed consent The health service organisation ensures that its informed consent processes comply with legislation and best practice	Met	Interview with management and documentary reviews confirmed that the consent processes are generally aligned with common practice. However, for larger procedures and more complex anaesthetic techniques, there is only basic documentation of a patient's consent, in such circumstances, for whichever form of anaesthetic procedure they undergo. It is recognised by the assessors that sometimes a final decision on which type of anaesthetic to use can be as late as when the patient is already in the theatre suite, so the alternatives need to have been discussed and noted clearly. At present, the consent for anaesthesia is a subpart of the anaesthetic record, in the form of simple tick boxes, which may be inadequate in particular cases. "Informed consent" implies that a patient has had sufficient time to receive and understand the information provided and has had time to consider the choices of alternative anaesthetics, particularly with respect to risks and benefits.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
			Improvement Opportunities 2.4 - The organisation could review the documentation of consent for an anaesthetic to ensure that appropriate consent has been received.	
2.5	Healthcare rights and informed consent The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	Met	Review of documentation shows there are process in place to establish a patient's capacity to make decisions, plus the process to be followed if a substitute decision-maker is required.	Met
2.6	Sharing decisions and planning care The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals and make decisions about their current and future care	Met	Although such matters are dealt with by the consultants outside this facility, interviews confirmed that the clinicians work with patients, or a substitute decision maker, when discussing any last minute clinical matters that arise.	Met
2.7	Sharing decisions and planning care The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	Met	Review of documentation shows that the workforce is encouraged and supported to work with patients and carers to help improve outcomes.	Met

Criterion:	**Health literacy** Health service organisations communicate with consumers in a way that supports effective partnerships
Rating:	**Met**

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
2.8	Communication that supports effective partnerships

The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community | Met | Consumer documentation reviewed shows that effort has gone into aligning communications with the needs of the patients and their families. | Met |
| 2.9 | Communication that supports effective partnerships

Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review | Met | Documentation reviewed, plus an interview with a consumer representative, confirmed that any internally developed information has been reviewed by the consumer group to ensure that it is understandable and effective. | Met |
| 2.10 | Communication that supports effective partnerships

The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:
a. Information is provided in a way that meets the needs of patients, carers, families and consumers
b. Information provided is easy to understand and use
c. The clinical needs of patients are addressed while they are in the health | Met | The consumer information reviewed is available, easy to understand and relevant to the clinical needs of patients and carers, as well as addressing their needs after discharge. | Met |

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	service organisation d. Information needs for ongoing care are provided on discharge			

Criterion:	Partnering with consumers in organisational design and governance Consumers are partners in the design and governance of the organisation			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
2.11	Partnerships in healthcare governance, planning, design, measurement and evaluation The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the local community	Met	Documentation reviewed shows the health service involves consumers in the governance and evaluation of health care at this facility.	Met
2.12	Partnerships in healthcare governance, planning, design, measurement and evaluation The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and	Met	Documentation shows that consumer representatives are given assistance to be engaged with the organisation and be more effective in their role. The consumer representative interviewed commented that she finds that the use of acronyms can be bewildering at times. *Improvement Opportunities* 2.12 - The organisation could supply to the consumer group, a glossary of terms used for their ease of reference.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	evaluation of the organisation			
2.13	Partnerships in healthcare governance, planning, design, measurement and evaluation The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	Met	Staff interviews and a review of documents, confirmed that the health service organisation is working with the local Aboriginal and Torres Strait Islander communities to best address their healthcare needs.	Met
2.14	Partnerships in healthcare governance, planning, design, measurement and evaluation The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	Met	Managers interviewed explained how the organisation works with consumers to incorporate their views and experiences into training and education for the workforce.	Met

Preventing and Controlling Healthcare-Associated Infection Standard

Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients. The workforce uses these systems.

Intention of this standard

To reduce the risk of patients acquiring preventable healthcare-associated infections, effectively manage infections if they occur, and limit the development of antimicrobial resistance through prudent use of antimicrobials as part of antimicrobial stewardship.

Criterion:	Clinical governance and quality improvement to prevent and control healthcare associated infections, and support antimicrobial stewardship			
	Systems are in place to support and promote prevention and control of healthcare-associated infections, and improve antimicrobial stewardship			
Rating:	Met			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
3.1	Integrating clinical governance The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for healthcare-associated infections and antimicrobial stewardship b. Managing risks associated with healthcare-associated infections and antimicrobial stewardship c. Identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship	Met	Review of infection control documents shows safety and quality systems from the Clinical Governance Standard are used when implementing policies and procedures, managing risks and identifying training requirements for preventing and controlling healthcare-associated infections, and antimicrobial stewardship. Clinical leads interviewed could describe how the safety and quality systems are used when implementing policies, managing risks and identifying training requirements for antimicrobial stewardship, and preventing and controlling healthcare-associated infections.	Met
3.2	Applying quality improvement systems The health service organisation applies the quality improvement system from the Clinical Governance Standard when:	Met	Review of infection control documents shows the health service organisation applies the quality improvement system from the Clinical Governance Standard when monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program, implementing strategies to improve outcomes and reporting on the outcomes.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program		*Commendations* The organisation is commended for the management of Covid-19 preparedness. In addition to meeting the Healthscope and government COVID-19 response requirements, Pacific Private Day Hospital trained all their staff on fit testing for N95 masks.	
3.3	Partnering with consumers Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Met	Review of infection control documents shows preventing and managing healthcare-associated infections and implementing the antimicrobial stewardship program involves patients in their own care, meets the patient's information needs and shares decision-making. Clinical leads interviewed could describe the processes for partnering with consumers to involve patients in planning and making decisions about infection prevention and control. Observation of clinicians' practice demonstrated the use of the health service organisation's processes for partnering with consumers.	3.3 Met
3.4	Surveillance The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that:	Met	Review of infection control documents shows a surveillance strategy for healthcare-associated infections and antimicrobial use that collects data, monitors, assesses and uses surveillance data to reduce the risks and reports surveillance data to the workforce, the governing body, consumers and other relevant groups.	3.4 Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare associated infections and support appropriate antimicrobial prescribing c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups			

Criterion:	**Infection prevention and control systems** Evidence-based systems are used to prevent and control healthcare-associated infections. Patients presenting with, or with risk factors for, infection or colonisation with an organism of local, national or global significance are identified promptly, and receive the necessary management and treatment. The health service organisation is clean and hygienic.
Rating:	**Met**

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
3.5	Standard and transmission-based precautions The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, and jurisdictional	Met	Review of infection control documents shows processes are in place that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions. Observation of standardised signage and other information resources were consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	requirements			
3.6	Standard and transmission-based precautions Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated when clinically required during care b. Whether a patient has a communicable disease, or an existing or pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs to manage infection risks d. The need to control the environment e. Precautions required when the patient is moved within the facility or to external services f. The need for additional environmental cleaning or disinfection g. Equipment requirements	Met	Review of infection control documents shows processes are in place for clinicians to assess infection risks. Documentation shows processes are in place for precautions taken when the patient is moved within the facility or to external services and the need for additional environmental cleaning, disinfection and equipment requirements.	Met
3.7	Standard and transmission-based precautions The health service organisation has processes for communicating relevant	Met	Review of infection control documents shows processes are in place to communicate relevant details of a patient's infectious status whenever responsibility for care is transferred. Clinical leads interviewed could describe how they communicate the patient's infectious	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	details of a patient's infectious status whenever responsibility for care is transferred between clinicians or health service organisations		status when care is transferred.	
3.8	Hand hygiene

The health service organisation has a hand hygiene program that:
a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements
b. Addresses noncompliance or inconsistency with the current National Hand Hygiene Initiative | Met | Review of infection control documents shows processes are in place that are consistent with the current National Hand Hygiene Initiative.

Interview with clinical leads confirmed the hand hygiene program is consistent with the current National Hand Hygiene Initiative. | Met |
| 3.9 | Aseptic technique

The health service organisation has processes for aseptic technique that:
a. Identify the procedures where aseptic technique applies
b. Assess the competence of the workforce in performing aseptic technique
c. Provide training to address gaps in competency
d. Monitor compliance with the organisation's policies on aseptic technique | Met | Review of infection control documents shows processes are in place for aseptic techniques.

Commendations
3.9 - Comprehensive training is in place for the workforce in assessing aseptic technique. Pacific Private Day Hospital ensured comprehensive training and risk assessment during the peak COVID-19 period to ensure staff and patient safety was adequately protected. | Met |
| 3.10 | Invasive medical devices

The health service organisation has processes for the appropriate use and | Met | Review of infection control documents shows processes are in place that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for the appropriate use and management of invasive medical devices. Invasive device management is conducted by the medical team. | Met |

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare		Observation of facilities and equipment confirms that the health service organisation has processes for the appropriate use and management of invasive medical devices.	
3.11	Clean environment The health service organisation has processes to maintain a clean and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, and jurisdictional requirements – that: a. Respond to environmental risks b. Require cleaning and disinfection in line with recommended cleaning frequencies c. Include training in the appropriate use of specialised personal protective equipment for the workforce	Met	Review of infection control documents shows processes are in place to maintain a clean and hygienic environment. Cleaning processes and schedules are appropriately documented. Interview with clinical leads confirmed the processes used to maintain a clean and hygienic environment in line with the Australian Guidelines for the Prevention and Control of Infection in Healthcare.	Met
3.12	Clean environment The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings c. Handling, transporting and storing	Met	Review of infection control documents shows processes are in place to evaluate and respond to infection risks for all new and existing equipment. Equipment needs are identified, assessed and purchased by the managing medical doctors. Clinical leads interviewed could describe the process for determining the infection risks for new and existing equipment, and the processes for handling, transporting and storing linen. The linen service is contracted by Spotless and provided through a national Healthscope contract.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	linen			
3.13	Workforce immunisation The health service organisation has a risk-based workforce immunisation program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine-preventable diseases c. Addresses specific risks to the workforce and patients	Met	Review of human resource documents shows the workforce has a risk-based workforce immunisation program in place. Interview with clinical leads confirmed they were offered immunisations as part of their role. Verification confirms that the health service organisation has a risk-based workforce immunisation program in place.	Met

Criterion:	**Reprocessing of reusable medical devices** Reprocessing of reusable equipment, instruments and devices is consistent with relevant current national standards, and meets current best practice			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
3.14	Reprocessing of reusable devices Where reusable equipment, instruments and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines	Met	Review of infection control documents shows processes are in place for reprocessing reusable equipment, instruments and devices. A progress plan is in place to address the Australian Commission on Safety and Quality in Health Care (ACSQHC) Advisory compliance to AS4187. A reverse osmosis (RO) water system has been installed and Pacific Private Day Hospital (PPDH) is in the process of ordering new sterilisers that are compatible with the RO water system. This is expected to be installed in 2021. Interview with clinical leads confirmed processes for the reprocessing of reusable medical devices follows relevant national standards.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure		Observation of facilities and equipment confirmed that PPDH is meeting the requirements of the ACSQHC advisory regarding AS4187. *Commendations* Processes are in place to ensure that reprocessable medical devices are monitored and removed from shelving within twelve (12) months of shelf life as standard practice.	

Criterion:	Antimicrobial stewardship			
	The health service organisation implements systems for the safe and appropriate prescribing and use of antimicrobials as part of an antimicrobial stewardship program			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
3.15	Antimicrobial stewardship The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship	Met	Review of infection control documents shows an antimicrobial stewardship policy is in place that incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard. Clinical leads interviewed could describe the systems, processes and structures in place to support appropriate prescribing and use of antimicrobials. Observation of the facilities and equipment confirmed that current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing are available to the workforce.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	Clinical Care Standard			
3.16	Antimicrobial stewardship The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body in relation to • compliance with the antimicrobial stewardship policy • antimicrobial use and resistance • appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing	Met	Review of documentation showed the antimicrobial stewardship program included the review of antimicrobial prescribing and use, surveillance data on antimicrobial resistance, evaluated performance of the program and reports to clinicians and the governing body. Clinical leads interviewed could describe the processes in place to evaluate antimicrobial use and how surveillance data on local antimicrobial resistance is used to support appropriate prescribing.	Met

Medication Safety Standard

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

Intention of this standard

To ensure clinicians are competent to safely prescribe, dispense and administer appropriate medicines and to monitor medicine use. To ensure consumers are informed about medicines and understand their individual medicine needs and risks.

Criterion:	Clinical governance and quality improvement to support medication management			
	Organisation-wide systems are used to support and promote safety for procuring, supplying, storing, compounding, manufacturing, prescribing, dispensing, administering and monitoring the effects of medicines.			
Rating:	Met			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
4.1	Integrating clinical governance Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	Met	Staff interviews, along with observation in the clinical areas and review of policies and procedures, confirmed that the management of medications is set through the overarching governance principles, plus that training needs for staff are identified.	Met
4.2	Applying quality improvement systems The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve	Met	This is a day procedure facility, so there is little activity with respect to managing medications. Nevertheless, a review of documents, along with staff interviews, confirmed that the medication management systems are monitored and reported to the governance teams, to implement strategies for improvement.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	medication management outcomes and associated processes c. Reporting on outcomes for medication management			
4.3	Partnering with consumers Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Met	Although the prescription of new medications is a small part of the work conducted in this facility, the organisation strives to involve patients in their care by providing appropriate information about medications and treatments, fostering shared decision making, within the constraints of the person's legal status or capacity.	Met
4.4	Medicines scope of clinical practice The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	Met	Interviews with clinical staff and review of governance documentation, confirmed that only clinicians with the relevant authority can prescribe, dispense or administer medicines.	Met

Criterion:	Documentation of patient information
	A patient's best possible medication history is recorded when commencing an episode of care. The best possible medication history, and information relating to medicine allergies and adverse drug reactions are available to clinicians.
Rating:	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
4.5	Medication reconciliation Clinicians take a best possible	Met	The documents were reviewed and found to be consistent with appropriate recording of medication. Clinical staff interviewed were able to describe how they ensured that medication history is reviewed and recorded in clinical records.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care			
4.6	Medication reconciliation Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	Met	The interviews with clinicians, review of documentation and observations, confirmed that current medications are reviewed for accuracy and congruency during the occasion of care.	Met
4.7	Adverse drug reactions The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	Met	Review of documents and interviews with staff, showed that the recording of known allergies/adverse reactions to drugs, or other items, is a key responsibility when a patient presents for care.	Met
4.8	Adverse drug reactions The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	Met	It was confirmed by staff interviews and a review of documentation, that any adverse reactions or allergies experienced by a patient during care are noted in the patient's record and it is recorded in the organisation's incident reporting system.	Met
4.9	Adverse drug reactions The health service organisation has processes for reporting adverse drug reactions experienced by patients to the	Met	It was confirmed through a review of documentation and staff interviews that reports of drug reactions are forwarded to the Therapeutic Good Administration (TGA) when required.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	Therapeutic Goods Administration, in accordance with its requirements			

Criterion:	**Continuity of medication management**
	A patient's medicines are reviewed, and information is provided to them about their medicines needs and risks. A medicines list is provided to the patient and the receiving clinician when handing over care.
Rating:	**Met**

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
4.10	Medication review The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient's clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result	Met	Medication reviews are conducted on admission to the facility and any discrepancies are reported to the doctor responsible for that patient.	Met
4.11	Information for patients The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	Met	Although the provision of a new medication to a patient is unusual at this facility, interviews with clinical leads confirmed that they provide patients with information about any changes to their medications.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
4.12	Provision of a medicines list The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes	Met	Staff interviews and documentary reviews confirmed that the organisation can produce a list of current medications whenever a patient is discharged or transferred elsewhere.	Met

Criterion:	**Medication management processes** Health service organisations procure medicines for safety. Clinicians are supported to supply, store, compound, manufacture, prescribe, dispense, administer, monitor and safely dispose of medicines			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
4.13	Information and decision support tools for medicines The health service organisation ensures that information and decision support tools for medicines are available to clinicians	Met	Observation of facilities, review of documents and staff interviews showed that contemporaneous decision support tools, including guidelines, information resources on medications and protocols are available in the clinical areas.	Met
4.14	Safe and secure storage and distribution of medicines The health service organisation complies	Met	It was confirmed by a review of documents, observation and staff interviews that the organisation complies with all jurisdictional requirements and manufacturer's instructions to ensure that the receipt, storage and distribution of all medications is correct. It was also confirmed that the disposal of surplus or expired stock is appropriate.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines			
4.15	High-risk medicines The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely	Met	It was confirmed by staff interviews, review of documents and observation that high risk medications are clearly identified and that there is an appropriate management system in place for the storage, dispensing and administration of those medications.	Met

Comprehensive Care Standard

Leaders of a health service organisation set up and maintain systems and processes to support clinicians to deliver comprehensive care. They also set up and maintain systems to prevent and manage specific risks of harm to patients during the delivery of health care. The workforce uses the systems to deliver comprehensive care and manage risk.

Intention of this standard

To ensure that patients receive comprehensive care – that is, coordinated delivery of the total health care required or requested by a patient. This care is aligned with the patient's expressed goals of care and healthcare needs, considers the effect of the patient's health issues on their life and wellbeing, and is clinically appropriate.

To ensure that risks of harm for patients during health care are prevented and managed.
Clinicians identify patients at risk of specific harm during health care by applying the screening and assessment processes required in this standard.

Criterion:	Clinical governance and quality improvement to support comprehensive care			
	Systems are in place to support clinicians to deliver comprehensive care			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.1	Integrating clinical governance Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	Met	Review of documentation shows processes are in place for implementing policies, managing risks and identifying training requirements to deliver comprehensive care. Clinical leads interviewed could describe how the organisation's safety and quality systems are used to implement policies, manage risks and identify training requirements to deliver comprehensive care. Verification confirms processes are in place for managing risks associated with comprehensive care.	Met
5.2	Applying quality improvement systems The health service organisation applies the quality improvement system from the Clinical Governance Standard when:	Met	Review of documentation shows processes are in place for monitoring, implementing strategies and reporting on delivery of comprehensive care. Clinical leads interviewed could describe how the quality improvement system is used to monitor, implement and report on the delivery of comprehensive care.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care			
5.3	Partnering with consumers Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Met	Review of documentation shows processes are in place to actively involve patients in their own care. Clinical leads interviewed could describe the processes from the Partnering with Consumers Standard for involving patients when providing comprehensive care. Observation of and discussions with patients and carers confirmed they are able to participate in decision-making about their care.	Met
5.4	Designing systems to deliver comprehensive care The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with	Met	Review of documentation shows systems are in place for comprehensive care that includes the development, documentation and communication of comprehensive plans, appropriate care settings, timely referral of patients with specialist healthcare needs and identification of the clinician with accountability for a patients care. Clinical leads interviewed could describe the processes in place to support clinicians to communicate, deliver and document comprehensive care in the setting that best meets patients' needs. Observation of clinicians' practice demonstrated use of the health service organisation's processes for comprehensive care.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	overall accountability for a patient's care			
5.5	The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	Met	Review of human resource documents shows the roles, responsibilities and accountabilities of the workforce are documented. Clinical leads interviewed confirmed processes for multidisciplinary collaboration and teamwork are in place.	Met
5.6	Clinicians work collaboratively to plan and deliver comprehensive care	Met	Clinical leads interviewed could describe how they work collaboratively to plan and deliver comprehensive care. Observation of facilities and equipment shows a collaborative approach to plan and deliver care.	Met

Criterion:	**Developing the comprehensive care plan** Integrated screening and assessment processes are used in collaboration with patients, carers and families to develop a goal-directed comprehensive care plan			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.7	Planning for comprehensive care The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	Met	Review of documentation shows processes are in place for integrated and timely screening and assessments that identify the risks of harm. Clinical leads interviewed could describe how screening and assessment processes used to identify the risks of harm are integrated and timely.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.8	Planning for comprehensive care The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	Met	Pacific Private Day Hospital recently reviewed cultural profiles of patients that attend the day hospital. Whilst these numbers are low for Aboriginal and Torres Strait Islander patients, Pacific Private Day Hospital demonstrates processes are in place for identifying Aboriginal and Torres Strait Islander patients, and recording this information in administrative and clinical information systems. Clinical leads interviewed could describe the processes in place for patients to identify as being of Aboriginal or Torres Strait Islander origin. *Commendations* Significant work has been conducted with the local Aboriginal and Torres Strait Islander communities. The facility is decorated with Aboriginal and Torres Straight Islander artwork and literature. Training with staff has also been conducted.	Met
5.9	Planning for comprehensive care Patients are supported to document clear advance care plans	Met	Review of documentation shows process are in place for end-of-life care and advance care planning that are consistent with state or territory guidelines and directives, when provided by day surgery patients. Clinical leads interviewed could describe how they support patients to document clear advance care plans.	Met
5.10	Screening of risk Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks	Met	Review of documentation shows processes are in place for conducting screening to identify cognitive, behavioural, mental and physical conditions, issues and risks of harm and social and other circumstances that may compound these risks. Clinical leads interviewed could describe the processes used for screening of risk at presentation, during clinical examination, at history taking and at other appropriate times. Observation of clinicians' practice showed the use of relevant screening processes.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.11	Clinical assessment Clinicians comprehensively assess the conditions and risks identified through the screening process	Met	Review of documentation shows processes are in place to comprehensively assess the conditions and risks identified through the screening process. Clinical leads interviewed could explain the process for assessing the conditions and risks identified through the screening process. Observation of facilities and equipment showed the use of standardised assessment processes, tools and resources.	Met
5.12	Developing the comprehensive care plan Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	Met	Documentation reviewed shows processes for recording the findings of screening during clinical assessments. Clinical leads interviewed could describe the systems and processes in place for documenting the findings of screening and assessment processes in the healthcare record. Observation of facilities and equipment shows that the workforce has computer access to healthcare records in clinical areas. Pacific Private Day Hospital has obtained quotations for electronic patient records although this is dependent on the broader Healthscope organisation.	Met
5.13	Developing the comprehensive care plan Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and	Met	Review of documentation shows shared decision-making processes consistent with best practice are in place to develop and document a comprehensive and individualised care plan. The care plan addresses the significance and complexity of the patient's health issues and risks of harm and identifies agreed goals and actions for the patient's treatment and care. Documentation shows support people are identified and discharge planning commences at the beginning of the episode of care including a plan for referral to follow-up services. Clinical leads interviewed could describe the processes in place for shared decision making between clinicians and the patient, carer and support personnel.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence			

Criterion:	**Delivering comprehensive care** Safe care is delivered based on the comprehensive care plan, and in partnership with patients, carers and families. Comprehensive care is delivered to patients at the end of life
Rating:	**Met**

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.14	Using the comprehensive care plan The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	Met	Review of documentation shows processes are in place to ensure the workforce, patients, carers and families work in partnership to use the comprehensive care plan. The care plan is used to deliver care, monitor the effectiveness, review and update and reassess the patient's needs if changes occur. Clinical leads interviewed could describe the processes in place to ensure that the care delivered is consistent with the patient's comprehensive care plan, how it is monitored and how it is reassessed if required. Observation of clinicians, carers and patients confirmed a collaborative approach to deliver a comprehensive care plan, including monitoring and reviewing the plan as needed.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.15	Comprehensive care at the end of life The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	Met		Met
5.16	Comprehensive care at the end of life The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	Not applicable	Not applicable to the health service as they do not provide care to patients at the end of life.	Not applicable
5.17	Comprehensive care at the end of life The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	Met	Review of documentation shows the requirements for documenting advance care plans in the patient's healthcare record. Clinical leads interviewed could describe the process in place to ensure that advance care plans are documented in the patient's healthcare record and that care is provided in accordance with these plans.	Met
5.18	Comprehensive care at the end of life The health service organisation provides access to supervision and support for the workforce providing end-of-life care	Not applicable	Not applicable to the health service as they do not provide care to patients at the end of life.	Not applicable
5.19	Comprehensive care at the end of life The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that	Not applicable	Not applicable to the health service as they do not provide care to patients at the end of life.	Not applicable

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	is provided against the planned goals of care			
5.20	Comprehensive care at the end-of-life Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	Met	Not applicable to the health service as they do not provide care to patients at the end of life.	Not applicable

Criterion:	**Minimising patient harm** Patients at risk of specific harm are identified, and clinicians deliver targeted strategies to prevent and manage harm			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.21	Preventing and managing pressure injuries The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines	Met	Review of documentation shows processes are in place for preventing and managing pressure injuries that are consistent with best practice guidelines.	Met
5.22	Preventing and managing pressure injuries Clinicians providing care to patients at risk of developing, or with, a pressure	Met	Review of documentation shows protocols for time frames and frequency of skin inspections are in place.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency			
5.23	Preventing and managing pressure injuries The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries	Met	Review of documentation shows process are in place to manage patients at risk of pressure injuries. Clinical leads interviewed confirmed processes are in place to ensure that equipment, devices and products are being used in line with best practice guidelines to prevent and effectively manage pressure injuries.	Met
5.24	Preventing falls and harm from falls The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	Met	Review of documentation shows processes are in place for providing services to patients at risk of falls that are consistent with best-practice guidelines. Clinical leads interviewed could describe the system in place for falls prevention, harm minimisation and post-fall management.	Met
5.25	Preventing falls and harm from falls The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls	Met	Observation of facilities and equipment shows equipment, devices and tools are available to promote safe mobility and manage the risks of falls.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.26	Preventing falls and harm from falls Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	Met	Review of consumer documentation shows information is available about falls risks.	Met
5.27	Nutrition and hydration The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	Met	Documentation reviewed shows processes are in place for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice. Patients are provided with a selection of food and fluid options post procedure based on their personal preferences, including vegetarian and vegan options.	Met
5.28	Nutrition and hydration The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	Met	Review of documentation shows systems for preparation and distribution of food and fluids are in place to meet, monitor, identify and support patients' nutritional needs and requirements.	Met
5.29	Preventing delirium and managing cognitive impairment	Met	Documentation reviewed shows processes are in place for providing services to patients who have cognitive impairment or are at risk of developing delirium.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation			
5.30	Preventing delirium and managing cognitive impairment Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care	Met	Documentation reviewed shows systems are in place to be used for caring for patients with cognitive impairment.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.31	Predicting, preventing and managing self harm and suicide The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	Met	Review of documentation shows systems to support collaboration with patients, carers and families when a patient is at risk of self harm or suicide.	Met
5.32	Predicting, preventing and managing self-harm and suicide The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	Not applicable	This action is not applicable to the health service as they do not admit patients who are at risk of self-harm or suicide during an episode of care.	Not applicable
5.33	Predicting, preventing and managing aggression and violence The health service organisation has processes to identify and mitigate situations that may precipitate aggression	Met	Review of documentation shows process are in place to identify and mitigate situations that may precipitate aggression. Clinical leads interviewed could describe processes in place to ensure that the workforce can identify situations that may precipitate aggression.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.34	Predicting, preventing and managing aggression and violence The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	Not applicable	This action is not applicable to the health service as they do not admit patients who are at risk of aggressive or violent behaviour during an episode of care.	Not applicable
5.35	Minimising restrictive practices: restraint Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	Not applicable	This action is not applicable to the health service as they do not use restrictive practices (restraint) during an episode of care.	Not applicable
5.36	Minimising restrictive practices: seclusion Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible,	Not applicable	This action is not applicable to Day Procedure Services.	Not applicable

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body			

Communicating for Safety Standard

Leaders of a health service organisation set up and maintain systems and processes to support effective communication with patients, carers and families; between multidisciplinary teams and clinicians; and across health service organisations. The workforce uses these systems to effectively communicate to ensure safety.

Intention of this standard
To ensure timely, purpose-driven and effective communication and documentation that support continuous, coordinated and safe care for patients.

Criterion:	Clinical governance and quality improvement to support effective communication			
	Systems are in place for effective and coordinated communication that supports the delivery of continuous and safe care for patients			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
6.1	Integrating clinical governance

Clinicians use the safety and quality systems from the Clinical Governance Standard when:
a. Implementing policies and procedures to support effective clinical communication
b. Managing risks associated with clinical communication
c. Identifying training requirements for effective and coordinated clinical communication | Met | Review of documentation shows safety and quality systems are used when implementing policies, managing risks and identifying training for effective and coordinated clinical communication.

Clinical leads interviewed could describe how the safety and quality systems are used when implementing policies, managing risks and identifying training requirements for effective and coordinated clinical communication. | Met |
| 6.2 | Applying quality improvement systems

The health service organisation applies the quality improvement system from the Clinical Governance Standard when:
a. Monitoring the effectiveness of clinical communication and associated processes | Met | Review of documentation shows quality improvement systems are applied when monitoring, implementing and reporting on the effectiveness and outcomes of clinical communication processes.

Interview with clinical leads confirmed the quality improvement system is applied when monitoring, implementing and reporting on the clinical communication processes. | Met |

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes			
6.3	Partnering with consumers Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Met	Review of documentation shows consumer partnering processes are applied for involving patients, providing information and sharing decision making. Clinical leads interviewed could describe how consumer partnership standards are applied when involving patients in their care, meeting their information needs and shared decision making. Observation of clinicians' practice showed use of the health service organisation's processes for partnering with consumers.	Met
6.4	Organisational processes to support effective communication The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks,	Met	Review of documentation shows clinical communication processes are in place for identification and procedure matching, transferring care and critical information about a patient's care. Clinical leads interviewed described the process for patient identification, procedure matching, clinical handover and communication of critical information or risks.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	emerges or changes			

Criterion:	Correct identification and procedure matching
	Systems to maintain the identity of the patient are used to ensure that the patient receives the care intended for them
Rating:	**Met**

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
6.5	Correct identification and procedure matching The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	Met	Verification confirms the health service organisation requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated.	Met
6.6	Correct identification and procedure matching The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of	Met	Review of documentation shows processes are in place for correctly matching patients to care and the information that should be documented. Interview with clinical leads confirmed processes are in place to correctly match patients to their intended care and that the information that is documented.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	correctly matching patients to their intended care			

Criterion:	**Communication at clinical handover** Processes for structured clinical handover are used to effectively communicate about the health care of patients			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
6.7	Clinical handover The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	Met	Review of clinical handover documentation shows it contains the required minimum information content, relevant risk and needs of the patient and the clinicians involved in the handover. Clinical leads interviewed could explain the minimum information content to be communicated at clinical handover and how this was decided and communicated to clinicians.	Met
6.8	Clinical handover Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover	Met	Review of clinical handover documentation shows a structured clinical handover process is in place. Interview with clinical leads confirmed there are structured clinical handover processes in place. Observation of clinicians' practice showed use of structured clinical handover processes and tools.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care			

Criterion:	**Communication of critical information** Systems to effectively communicate critical information and risks when they emerge or change are used to ensure safe patient care			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
6.9	Communicating critical information Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	Met	Review of clinical communication documentation shows critical information, alerts and risks are communicated to clinicians and patients, carers and families. Interview with clinical leads confirmed they use clinical communication processes to communicate critical information to other clinicians who can make decisions about care and to patients, carers and families. Verification confirms processes are in place to ensure that clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change.	Met
6.10	Communicating critical information The health service organisation ensures	Met	Review of documentation shows communication processes are in place for patients, carers and families to directly communicate critical information and risks about care.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians		Clinical leads interviewed confirmed there are communication processes for patients, carers and families to communicate critical information and risks to clinicians. Verification confirms there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians.	

Criterion:	Documentation of information Essential information is documented in the healthcare record to ensure patient safety			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
6.11	Documentation of information The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	Met	Review of documentation shows a process is in place that ensures complete, accurate and up to date information is recorded in the healthcare record. Clinical leads interviewed described the process to ensure that completed, accurate and up to date information is recorded in the healthcare record.	Met

Blood Management Standard

Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems.

Intention of this standard

To identify risks, and put in place strategies, to ensure that a patient's own blood is optimised and conserved, and that any blood and blood products the patient receives are appropriate and safe.

Criterion:	Clinical governance and quality improvement to support			
	Organisation-wide governance and quality improvement systems are used to ensure safe and high-quality care of patients' own blood, and to ensure that blood product requirements are met			
Rating:	Not applicable			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
7.1	Integrating clinical governance Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable
7.2	Applying quality improvement systems The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	processes c. Reporting on the outcomes of blood management			
7.3	Partnering with consumers Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable

Criterion:	**Prescribing and clinical use of blood and blood products** The clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion			
Rating:	**Not applicable**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
7.4	Optimising and conserving patients' own blood Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	c. Determining the clinical need for blood and blood products, and related risks			
7.5	Documenting Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable
7.6	Prescribing and administering blood and blood products The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable
7.7	Reporting adverse events The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable
7.8	Reporting adverse events The health service organisation participates in haemovigilance activities, in accordance with the national framework	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable

Criterion:	Managing the availability and safety of blood and blood products Strategies are used to effectively manage the availability and safety of blood and blood products			
Rating:	**Not applicable**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
7.9	The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable
7.10	Availability of blood The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	Not applicable	Not applicable to the health service as they do not administer any blood or blood products.	Not applicable

Recognising and Responding to Acute Deterioration Standard

Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response systems.

Intention of this standard

To ensure that a person's acute deterioration is recognised promptly and appropriate action is taken. Acute deterioration includes physiological changes, as well as acute changes in cognition and mental state

Criterion:	**Clinical governance and quality improvement to support recognition and response systems**			
	Organisation-wide systems are used to support and promote detection and recognition of acute deterioration, and the response to patients whose condition acutely deteriorates. These systems are consistent with the National Consensus Statement: Essential elements for recognising and responding to acute physiological deterioration, the National Consensus Statement: Essential elements for safe and high-quality end of-life care, the National Consensus Statement: Essential elements for recognising and responding to deterioration in a person's mental state, and the Delirium Clinical Care Standard			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.1	Integrating clinical governance

Clinicians use the safety and quality systems from the Clinical Governance Standard when:
a. Implementing policies and procedures for recognising and responding to acute deterioration
b. Managing risks associated with recognising and responding to acute deterioration
c. Identifying training requirements for recognising and responding to acute deterioration | Met | Acute Deterioration Documents/Records:
Review of documentation shows there is a process in place that applies safety and quality systems when implementing policies, managing risks and identifying training for recognising and responding to acute deterioration.

Clinical leads interviewed could describe the process for implementing policies and procedures, managing risks and identifying training requirements for recognising and responding to acute deterioration.

Observation of clinicians' practice showed use of the health service organisation's processes for recognising and responding to acute deterioration. | Met |
| 8.2 | Applying quality improvement systems

The health service organisation applies the quality improvement system from | Met | Review of documentation shows there is a process in place that applies the quality improvement systems when monitoring, improving and reporting on the recognition and response systems. | Met |

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems		Interview with clinical leads confirmed the organisation applies the quality improvement system when monitoring, improving and reporting on recognition and response systems.	
8.3	Partnering with consumers Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	Met	Review of documentation shows there is a process in place that applies consumer partnership when recognising and responding to acute deterioration that includes involving patients, meeting their information needs and sharing decision making. Interview with clinical leads confirmed processes from the Partnering with Consumers Standard are used to involve patients in planning and making decisions about recognising and responding to acute deterioration. Observation of clinicians' practice showed the use of the health service organisation's processes for partnering with consumers.	Met

Criterion:	Detecting and recognising acute deterioration, and escalation care Acute deterioration is detected and recognised, and action is taken to escalate care			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.4	Recognising acute deterioration The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to:	Met	Review of documentation shows there are processes in place for clinicians including vital sign monitoring plans and the tracking of changes to detect acute deterioration. Clinical leads interviewed could describe the processes in place to detect acute deterioration and how this is documented and monitored.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient		Verification confirms processes are in place to monitor patients as required by their individualised monitoring plan.	
8.5	Recognising acute deterioration The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state	Met	Review of documentation shows there are protocols in for recognising acute deterioration in mental state that includes monitoring patients, including known early warning signs in their plan, assessment of possible causes of acute deterioration, required level of observation and the documentation and communication of observed or reported changes in mental state. Clinical leads interviewed could describe the processes for recognising acute deterioration in mental health. Verification confirms processes are in place for clinicians to recognise acute deterioration in mental state.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.6	Escalating care The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	Met	Review of documentation shows there are protocols in place for escalating care including agreed vital sign parameters, indicators of deterioration in mental state parameters and other indicators for calling emergency assistance. Clinical leads interviewed could describe the processes for escalating care. Verification confirms the health service organisation has protocols that specify criteria for escalating care.	Met
8.7	Escalating care The health service organisation has processes for patients, carers or families to directly escalate care	Met	Review of documentation shows processes are in place for patients, carers or families to directly escalate care. Interview with clinical leads confirmed a process is in place for patients, carers or families to directly escalate care. Observation of the escalation system showed that it supports patients, carers and families to directly escalate care.	Met
8.8	Escalating care The health service organisation provides the workforce with mechanisms to escalate care and call for emergency	Met	Review of documentation shows the workforce has the ability to escalate care and call for emergency assistance. Clinical leads interviewed could describe the procedures for the workforce to escalate care and call for emergency assistance.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	assistance		Verification confirms the health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance.	
8.9	Escalating care The workforce uses the recognition and response systems to escalate care	Met	Review of acute deterioration documents and records shows the workforce uses the recognition and response systems to escalate care. Interview with clinical leads confirmed they use the recognition and response systems to escalate care. Verification confirms the health service organisation ensures that the workforce uses the recognition and response systems to escalate care.	Met

Criterion:	**Responding to acute deterioration** Appropriate and timely care is provided to patients whose condition is acutely deteriorating			
Rating:	**Met**			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.10	Responding to deterioration The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	Met	Clinical leads interviewed confirmed processes are in place that support the timely response by clinicians with the appropriate skills to manage episodes of acute deterioration. Verification confirms processes are in place that support timely response by clinicians with the skills required to manage episodes of acute deterioration.	Met
8.11	Responding to deterioration The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	Met	Review of human resource documents shows the health service has rapid access to a clinician who can deliver advanced life support. Clinicians with training in advanced life support are rostered across all shifts.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.12	Responding to deterioration The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	Met	Interview with clinical leads confirmed the process for rapid referral to a mental health service for patients whose mental state has acutely deteriorated. Verification confirms processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated are in place.	Met
8.13	Responding to deterioration The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	Met	Review of documentation shows a process is in place for referral to services that can provide definitive management of acute physical deterioration. Clinical leads interviewed confirmed the process for rapid referral to services that provide definitive management of acute physical deterioration. Verification confirms processes for rapid referral to services that can provide definitive management of acute physical deterioration are in place.	Met

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Contact us

☏ **1300 888 329**
✉ **info@qip.com.au**
🌐 **www.qip.com.au**