



NSQHS Standards Second Edition

Final Assessment Report

Brisbane Private Hospital

BRISBANE, QLD

Organisation Code: 720561

Health Service Facility ID: 101148

Assessment Date: 31 May 2021

Accreditation Cycle: 1

Disclaimer: The information contained in this report is based on the evidence provided by the participating organisation at the time of the accreditation survey and information that the organisation supplied through the reporting and editing process. Accreditation issued by ACHS/ACHSI does not guarantee the ongoing safety, quality or acceptability of an organisation or its services or programs, or that legislative and funding requirements are being met, or will be met.

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Preamble

How to Use the Final Assessment Report

The ACHS Final Assessment Report provides the assessment team's findings in relation to Actions that were rated Not Met at the Initial Assessment and subject to remediation. Met with Recommendation ratings are also subject to review at the Final Assessment however may not be re-rated at this time

The Ratings

A Ratings Report is provided for each health service facility that underwent a Final Assessment. Each **Action**, requiring a Final Assessment, is rated by the Assessment Team and comments providing the rationale for the final rating are included in the report. Met with Recommendation ratings are also subject to review at the Final Assessment however may not be re-rated at this time

The rating scale is in accordance with the Australian Commission on Safety and Quality in Health Care's Fact Sheet 4: Rating Scale for Assessment:

Assessor Rating	Definition
Met	All requirements of an action are fully met.
Met with Recommendations	The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required.
Not Met	Part or all of the requirements of the action have not been met.
Not Applicable	The action is not relevant in the health service context being assessed.

Recommendations

Not Met/Met with Recommendation rating/s have a recommendation to address in order for the action to be rated fully met.

Risk ratings are applied to actions where recommendations are given to show the level of risk associated with the particular action. A risk comment is included if the risk is rated greater than low.

Risk ratings are:

1. E: **extreme (significant)** risk; immediate action required.
2. H: **high** risk; senior management attention needed.
3. M: **moderate** risk; management responsibility must be specified.
4. L: **low** risk; manage by routine procedures

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Introduction

On 02/02/2021, Brisbane Private Hospital underwent an NSQHS Standards Second Edition. Below is a summary of the Health Service Facilities (HSFs) that were reviewed as part of this assessment:

Health Service Facility Name	HSF Identifier
Brisbane Private Hospital	101148

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MwR	Initial Assessment NM
Brisbane Private Hospital-101148	1.2, 1.31, 1.33, 2.11, 3.14, 5.4, 5.24, 6.6	1.4, 1.29, 2.13, 3.12

The final assessment was conducted for Brisbane Private Hospital on 31/05/2021. The following report outlines the assessment team's findings.

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General Discussion

The Final Assessment was held on 31st May 2021 conducted by two of the previous Assessors from ACHS. All four Not Met Actions and eight Met with Recommendation from the Initial Assessment were reviewed at this visit.

There has been a significant amount of work undertaken to address the issues raised at the previous Assessment. This has included external reviews of the Endoscopy Suite including an Occupational Health and Safety review and an Infection Control Review. These reviews have enabled the organisation to address the issues previously identified in the Endoscopy Suite. In addition, there has been a body of work undertaken to engage with the local Turrbal people who are the traditional custodians of the land that Brisbane Private Hospital is built upon.

All four previous Not Met Actions have been closed and classified as now Met. The remaining eight recommendations which were previously Met with a Recommendation have remained Met with the Recommendation as there is still a body of work to be undertaken to ensure that they are fully compliant with the intent of the Recommendations and the relevant Actions.

Assessor Findings at Final Assessment

Below is a summary of the findings of the assessment team:

ACTION	
1.2	The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
In relation to strategic guidance for Aboriginal and Torres Strait Islander (ATSI) health priorities, Brisbane Private Hospital relies on the Healthscope Reconciliation Action Plan May 2019 - May 2020. This document has expired and does not outline specific ATSI health priorities. Despite this the document is still used as the basis for strategies at a local level to engage with Aboriginal and Torres Strait Islander people. Expected.	<p>Rating: Met with Recommendation Applicable: All</p> <p>Recommendation: BPH seek direction from the Governing Body in relation to Aboriginal and Torres Strait Islander health priorities and confirm that those measures that are developed following the expiration of the Healthscope Reconciliation Action Plan May 2019 - May 2020 fully comply with the intent of the six Aboriginal and Torres Strait Islander actions in the National Safety and Quality Health Service Standards.</p> <p>Risk Rating: Low</p> <p>Risk Comment: The proportion of Aboriginal and Torres Strait Islander consumers in the service is low and the likelihood of adverse outcomes low.</p>
Final Assessment Comments	
<p>Brisbane Private Hospital (BPH) has misinterpreted the intent and substance of the recommendation made following the previous assessment, and the actions taken better reflect the actions necessary for the Action 1.4.</p> <p>A draft Healthscope Reconciliation Action Plan was provided during the assessment which Healthscope are developing as the current plan has expired and been extended. Unfortunately, this draft does not outline specific ATSI health priorities.</p>	

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ACTION		
1.2	The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
<p>Advice was provided to the GM and DON during this assessment that this Action (1.2) outlines the responsibility of the Governing Body and this recommendation will need to be addressed at that level.</p> <p>The recommendation remains as it stands.</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation:</p> <p>BPH seek direction from the Governing Body in relation to Aboriginal and Torres Strait Islander health priorities and confirm that those measures that are developed following the expiration of the Healthscope Reconciliation Action Plan May 2019 - May 2020 fully comply with the intent of the six Aboriginal and Torres Strait Islander actions in the National Safety and Quality Health Service Standards.</p> <p>Risk Rating: Low</p> <p>Risk Comment:</p> <p>The risk is low as the proportion of ATSI consumers of BPH is low.</p>

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ACTION	
1.4	The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Action 1.4 requires an analysis of health service and outcomes gaps for ATSI consumers and community to determine any specific health service needs which are then used to implement and monitor any specific safety and quality (S&Q) priorities for those consumers. The organisation does not have plans which outline specific health service strategies to meet the specific safety and quality priorities for ATSI peoples.	<p>Rating: Not Met</p> <p>Applicable: All</p> <p>Recommendation: Undertake a detailed review of the data available to Brisbane Private Hospital and Healthscope in order to: 1. Identify any specific health service needs, gaps or clinical risks specific to Aboriginal and Torres Strait Islander consumers of BPH. 2. Develop, implement and monitor a plan with strategies to address any specific Aboriginal and Torres Strait Islander health service needs identified.</p> <p>Risk Rating: Low</p> <p>Risk Comment: The proportion of Aboriginal and Torres Strait Islander consumers in the service is low and the likelihood of adverse outcomes low.</p>
Final Assessment Comments	
BPH has undertaken all the actions as outlined in their action plans and the action is now Met.	
Final Assessment Rating	Applicable
Met	All

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ACTION	
1.29	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
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
There are a number of gaps that have been identified by the organisation in relation to workplace health and safety and infection control in the Endoscopy Unit. The unit no longer meets contemporary standards and is no longer fit for purpose. The recommendation will be covered by the one made in relation to 3.12 in Infection Control as it covers both the workplace health and safety and infection control aspects.	<p>Rating: Not Met</p> <p>Applicable: All</p> <p>Recommendation: Refer to Recommendation in 3.12 As a matter of priority; a full risk assessment be undertaken including an independent Occupational Health and Safety review, plus an Infection Control review of the Endoscopy Suite to: 1. Determine the full impact of the issues with the build and equipment in this area in relation to compliance with current workplace health and safety and infection control legislation/standards. 2. Investigate how best to reduce the risk of cross contamination in the current circumstances until the planned refurbishments are completed. 3. Increase staff and patient safety through the provision of a safer environment. 4. Develop, implement and monitor an implementation plan with timelines to address the identified issues.</p> <p>Risk Rating: Moderate</p> <p>Risk Comment: There is increased likelihood of workplace health and safety incidents for staff as well as infection control issues for endoscopy equipment.</p>
Final Assessment Comments	
This recommendation is closed.	
There has been a significant body of work undertaken to ensure the organisation has met the intent of both Actions (3.12 and 1.29) and the subsequent recommendations at the initial Assessment. A full risk assessment has been undertaken including an independent Occupational Health and Safety review, plus an infection Control review of the Endoscopy Suite. These reviews have resulted in several recommendations which were part of a subsequent implementation plan. This has given rise to several changes in the Endoscopy Suite with plans to work towards a redevelopment of the whole area to meet future needs over the next few years.	

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ACTION	
1.29	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
Final Assessment Rating	Applicable
Met	All

ACTION		
1.31	The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment	
Brisbane Private Hospital has multiple buildings and a steeply sloping site. Whilst signage is present, it was observed that consumers needed assistance and guidance to the areas they needed to go to.	<p>Rating: Met with Recommendation Applicable: All Recommendation: In liaison with consumers, review the wayfinding signage and directions for Brisbane Private Hospital to ensure that they are clear and fit for purpose.</p> <p>Risk Rating: Low Risk Comment: Even though the likelihood is likely, the potential consequences are not significant.</p>	
Final Assessment Comments		
Some work has been undertaken to review the nomenclature of buildings, floors and signage to improve wayfinding, however the plans have not been fully endorsed by key stakeholders and have been delayed.		
Once the final two actions in the BPH action plans for this action have been implemented Action 1.31 will be Met.		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: In liaison with consumers, review the wayfinding signage and directions for Brisbane Private Hospital to ensure that they are clear and fit for purpose.</p>

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ACTION		
1.31	The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
		<p>Risk Rating: Low</p> <p>Risk Comment: The consequences of any patients being unable to find their way will not lead to serious clinical outcomes.</p>

ACTION		
1.33	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	
Initial Assessment Comments		Initial Assessment Recommendation(s) / Risk Rating & Comment
Some work has been done for this action, especially the great work undertaken by the Damascus Unit. This unit could be a model for other areas as there is a definite gap areas across BPH in recognising the importance of a welcoming environment for Aboriginal and Torres Strait Islander people. COVID has certainly delayed the organisation's plans.		<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: Continue to work with local Aboriginal and Torres Strait Islander communities to identify and develop a welcoming environment for Aboriginal and Torres Strait Islander peoples.</p> <p>Risk Rating: Low</p> <p>Risk Comment: The proportion of Aboriginal and Torres Strait Islander consumers in the service is low and the likelihood of adverse outcomes low.</p>
Final Assessment Comments		
<p>As for Action 1.31, some work has been undertaken and additional plaques and flags have been placed in prominent areas of BPH.</p> <p>There are plans to continue to work with the local Turrbal people to source artwork more relevant to the local community. Once this work is complete the action will be Met.</p>		

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ACTION		
1.33	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	
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: Continue to work with local Aboriginal and Torres Strait Islander communities to identify and develop a welcoming environment for Aboriginal and Torres Strait Islander peoples.</p> <p>Risk Rating: Low Risk Comment: The risk is low as the proportion of ATSI consumers of BPH is low.</p>

ACTION		
2.11	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 diversity of the local community	
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment	
The BPH Consumer Engagement Plan 2018-2020 has expired and this creates an opportunity to evaluate the whole system in the development of the replacement. Having just one consumer representative for the whole facility (except Damascus) lacks redundancy and succession planning. It is also difficult for the one-person to be on all the committees intended and to reflect the diversity of the consumer community.	<p>Rating: Met with Recommendation Applicable: All</p> <p>Recommendation: Brisbane Private Hospital evaluate the expired BPH Consumer Engagement Plan and develop, implement and monitor a replacement which includes how the organisation will sustain the Consumer Consultant Program.</p> <p>Risk Rating: Low Risk Comment: There is a system in place which is not sustainable.</p>	

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ACTION		
2.11	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 diversity of the local community	
Final Assessment Comments		
<p>The newly developed Consumer Engagement Plan (2021-2023) provides a framework and strategies for consumer engagement, however it does not outline specific implementation plans for BPH.</p> <p>Further, BPH have not outlined how the consumer consultant program will be sustained as it has proved difficult to engage new consumer consultants.</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: Develop specific plans which cascade from the framework and strategies developed in the newly developed Consumer Engagement Plan (2021-2023) to outline how the consumer consultant program will operate at BPH and how the program will be sustained.</p> <p>Risk Rating: Low</p> <p>Risk Comment: The risk is low as the program is operating at present, however, there is little redundancy or capacity to expand the program.</p>

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ACTION	
2.13	The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
The organisation does not have plans which outline specific health service strategies to meet the specific safety and quality priorities for Aboriginal and Torres Strait Islander peoples which have involved Aboriginal and Torres Strait Islander consumers in their development.	<p>Rating: Not Met</p> <p>Applicable: All</p> <p>Recommendation: Consult with local Aboriginal and Torres Strait Islander communities to develop and implement the plan outlined at Action 1.4.</p> <p>Risk Rating: Low</p> <p>Risk Comment: The proportion of Aboriginal and Torres Strait Islander consumers is low, so the likelihood of any adverse outcomes is low.</p>
Final Assessment Comments	
The actions taken are complete and the action is now Met.	
Final Assessment Rating	Applicable
Met	All

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ACTION	
3.12	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 linen
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
<p>The Endoscopy Suite is currently not fit for purpose. It has been operational for many years and it does not appear to have been maintained and is in need of a review to ensure it is compliant with evolving standards. There are narrow corridors with patient trolleys stored in those corridors. This is an ingress and egress hazard in the event of a fire and can be addressed to a degree by better housekeeping. The ventilation and appropriate air circulation in the cleaning room and procedure room appears not to meet contemporary standards; there is poor segregation of the clean and dirty areas in the clean up room; sterile stock is housed in the general store area and is a walk through area for staff. These latter issues are more difficult to address.</p>	<p>Rating: Not Met Applicable: All Recommendation: As a matter of priority, a full risk assessment be undertaken including an independent Occupational Health and Safety review, plus an Infection Control review of the Endoscopy Suite to:</p> <ol style="list-style-type: none"> 1. Determine the full impact of the issues with the build and equipment in this area in relation to compliance with current workplace health and safety and infection control legislation/standards. 2. Investigate how best to reduce the risk of cross contamination in the current circumstances until the planned refurbishments are completed. 3. Increase staff and patient safety through the provision of a safer environment. 4. Develop, implement and monitor an implementation plan with timelines to address the identified issues. <p>Risk Rating: Moderate Risk Comment: The issues identified with the Endoscopy Suite are long standing. Even though the issues pose a workplace health and safety and infection control risk, there were no workplace health and safety incidents or infection control breaches identified by the assessment team during assessment. Staff workarounds and tolerance of the workplace health and safety environment has been normalised, and the organisation has demonstrated that they have been aware of the issues for some time and seek to rebuild the unit. In spite of the issues outlined, the likelihood of an infection control breach is unlikely equating to a moderate risk.</p>

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ACTION	
3.12	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 linen
Final Assessment Comments	
This recommendation is closed.	
There has been a significant body of work undertaken to ensure the organisation has met the intent of both Actions (3.12 and 1.29) and the subsequent recommendations at the initial Assessment. A full risk assessment has been undertaken including an independent Occupational Health and Safety review, plus an infection Control review of the Endoscopy Suite. These reviews have resulted in several recommendations which were part of a subsequent implementation plan. This has given rise to several changes in the Endoscopy Suite with plans to work towards a redevelopment of the whole area to meet future needs over the next few years.	
Final Assessment Rating	Applicable
Met	All

ACTION	
3.14	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 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
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Despite the NSQHS Advisory 18/07 for 'Reprocessing of reusable medical devices in health service organisations' which addresses the new AS/NZ 4187:2014 being in place for the past three years there has been little evidence up till now of any gap analysis undertaken with a plan for the Endoscopy suite. A very first draft of the plan for Endoscopy was presented to the assessors late in the survey which is not complete. Apparently, an external consultant had visited in August 2020 but no report had been received up until the survey. There is a significant body of work to be completed in this area but due to COVID the timelines for the requirement for this action have been extended thus a rating of Met with Recommendation has been given. As for the rest of the organisation where this is a requirement this has been addressed. This is evidenced	Rating: Met with Recommendation Applicable: All Recommendation: As a requirement of the Advisory 18/07 Version 6.0, 1. a Gap analysis be completed for Endoscopy by June 2021, 2. an implementation plan be developed, documented and endorsed by Executive by December 2021, 3. the plan be progressed to be completed by December 2023 according to the Advisory 18/07. Risk Rating: Moderate Risk Comment: The requirements of the Advisory 18/07 for a Gap Analysis is not required for completion until June 2021. Even

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ACTION		
3.14	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 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	
	by the CSSD area which now meets the requirements of the Advisory with the near completion of the fully refurbished CSSD.	though the issues pose an infection control risk, there were no infection control breaches identified by the assessment team during assessment. Staff workarounds and tolerance of the workplace has been normalised, and the organisation has demonstrated that they have been aware of the issues for some time and plan to rebuild the unit. In spite of the issues outlined, the likelihood of an infection control breach is unlikely equating to a moderate risk.
Final Assessment Comments		
<p>A Gap Analysis to address the Advisory 18/07 for the Endoscopy Suite in reference to Reprocessing of reusable instruments has recently been completed and finalised for the Endoscopy Suite. This addresses the first Recommendation in this Action.</p> <p>The second and third recommendations from the initial Assessment remain due to the work required to complete.</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation:</p> <ol style="list-style-type: none"> 1. An implementation plan be developed, documented and endorsed by Executive by December 2021. 2. The plan be progressed to be completed by December 2023 according to the Advisory 18/07. <p>Risk Rating: Low</p> <p>Risk Comment: Risk is low as there is still sufficient time to achieve the recommendations.</p>

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ACTION		
5.4	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 overall accountability for a patient's care	
Initial Assessment Comments		Initial Assessment Recommendation(s) / Risk Rating & Comment
The Damascus Unit's primary core business of managing Alcohol and Drug Addiction create challenges for the development of a meaningful comprehensive care plan template as they do not directly align and synergise with either an acute or mental health care map and plan. This is well recognised by clinical staff who have trialled several different versions of a care plan since 2017. Despite robust PDSA cycles and evaluation in 2021, there is still not an endorsed pathway and care plan, even though there have been a number of attempts to introduce quality improvement changes through executive and Healthscope National.		<p>Rating: Met with Recommendation Applicable: All Recommendation: The templates for undertaking Comprehensive Care plans in the Damascus Unit be developed and endorsed in a timely manner to provide purposeful, individualised patient care that is targeted at the primary diagnosis. Risk Rating: Low Risk Comment: Risk rated low as a draft form has been in place since 2017 that creates some direction to care.</p>
Final Assessment Comments		
This recommendation in regard to progressing a Comprehensive Care plan that addresses the needs of Damascus Unit, which is a specialised unit with different client needs, has yet to be fully progressed with the resignation of the NUM of the area.		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: The templates for undertaking Comprehensive Care plans in the Damascus Unit be developed and endorsed in a timely manner to provide purposeful, individualised patient care that is targeted at the primary diagnosis</p> <p>Risk Rating: Low Risk Comment: The risk is low as staff continue to utilise a draft template to document an individuals' Comprehensive Care Plan in this specialised area.</p>

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ACTION		
5.24	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	
Initial Assessment Comments		Initial Assessment Recommendation(s) / Risk Rating & Comment
Brisbane Private Hospital has tools and processes in place to identify, assess and manage those patients at risk of falling. Documentation audit results show good compliance with risk assessment and management. There were, however, some discrepancies noted with clinical practice and best practice guidelines currently available for Preventing Falls and Harm from Falling.		<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: A comparative review be undertaken of current practice for the management of falls at Brisbane Private Hospital against the best practice guidelines provided by the Safety Commission: Preventing Falls and Harm from Falling. Particular attention should be focused on flagging alerts.</p> <p>Risk Rating: Low</p> <p>Risk Comment: Brisbane Private Hospital has a form of assessment and care planning for patients at risk of falls, however a comparison with gold marked practice would ensure a benchmarked standard.</p>
Final Assessment Comments		
Work has begun on this recommendation regarding the organisation meeting best practice guidelines for falls with a focus on flagging alerts. A formal review has been commenced and staff education is currently being rolled out across several wards. There is also a trial also of a revised Patient Boards in the patients' rooms to highlight patient alerts. The recommendation remains.		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: A comparative review be undertaken of current practice for the management of falls at Brisbane Private Hospital against the best practice guidelines provided by the Safety Commission: Preventing Falls and Harm from Falling. Particular attention should be focused on flagging alerts.</p> <p>Risk Rating: Low</p> <p>Risk Comment: Due to the current work being implemented the risk is low.</p>

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ACTION	
6.6	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 correctly matching patients to their intended care
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
<p>It was evident to the assessors that there is a timeout process in place across all areas where relevant. There is an issue with the definitions and language utilised between the Healthscope Policy which states the team must “stop” and the Audit Tool which talks about being “present”. As there have been two wrong site surgeries in the last twelve months, it is important that all areas of the process are adhered to by all of the team all of the time. It was observed in one theatre that some staff were not totally engaged in the process of ‘timeout’ as a whole team, however depending on one’s interpretation of the definition of present – it could be perceived as complying. In other cases, there was extremely good compliance with the intent of ‘Timeout’.</p>	<p>Rating: Met with Recommendation Applicable: All Recommendation:</p> <ol style="list-style-type: none"> 1. The language in the policy and audit tools used for ‘timeout’ be aligned with clear definitions and education be provided to facilitate compliance. 2. The ‘timeout’ process in all theatres and procedure room fully comply with the intent of the policy which is measured by a revised audit tool. <p>Risk Rating: Moderate</p> <p>Risk Comment: There have been two investigations into the two wrong site surgeries and strategies have been put in place to address the issues determined to be causal factors. The management of the unit are working to address the issues of the policy and audit non-conformity and instigate a "pause" process. Due to this work, the risk has been rated as Moderate.</p>
Final Assessment Comments	
<p>The Timeout Policy has been standardised as has the auditing tool which is available to all relevant staff. There was a problem in closing the loop with the timeout process, where observation audits have identified that some team members are not following the Policy, Non-compliance to the policy had been observed. Routinely audits are conducted quarterly and in the last quarterly audit in March 2021 there was a significant gap in all the team members being available and fully present for the timeout as required by policy. Since the March audit additional audits have been undertaken on a fortnightly basis, these demonstrate a significant improvement in compliance (100%). Sustaining this improved performance is particularly important given that in the prior eighteen months there had been two incidents of wrong site surgery. The first recommendation has been addressed and closed. The second recommendation remains open to ensure analysis of audit results sustains the recent improvements in performance.</p>	

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ACTION		
6.6	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 correctly matching patients to their intended care	
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: The Timeout process in all theatres and procedure rooms needs to fully comply with the intent of the policy which is measured by the audit tool and compliance to be reported through the governance process.</p> <p>Risk Rating: Moderate</p> <p>Risk Comment: In some areas there is ongoing non-compliance with processes detailed in the policy for 'time out' which could possibly lead to an incident.</p>

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Summary of Accreditation Status

A summary of the Accreditation awarded is outlined in the below table:

Health Service Facility Name	HSF Identifier	Accreditation Status
Brisbane Private Hospital	101148	3 years Accreditation