



Quality
Innovation
Performance

Accreditation Report

Assessment Details

Health Service Name	North Eastern Rehabilitation Centre
Health Service ID	HP1326
Accreditation Contact	Mrs Suzanne Callaway
Standards	NSQHS Standard Ed 2

Assessors	Mr Stuart MacKinnon Mr David Stevens
Date of Assessment	Tuesday, 18 May 2021 – Wednesday, 19 May 2021
Assessment Type	Full Assessment
Assessment Location	134 Ford Street IVANHOE VIC 3049

Accreditation Status

Accreditation Decision	Accredited
Accreditation Decision Maker	Helen Eccles
Decision Maker Signature	pp. 
Date	6 July 2021
Accreditation Period	23 October 2020 – 23 October 2024

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.

Disclaimer

The information contained in this report is based on evidence provided by the participating organisation and its representatives at the time of the accreditation assessment and where applicable any further subsequent information that the organisation supplied through the reporting process. Accreditation issued by Quality Innovation Performance (QIP) does not guarantee the safety, quality or acceptability of a participating organisation or its services or programs, or that legislative and funding requirements are being, or will be, met.

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 National Safety and Quality Health Service (NSQHS) Standards 2nd Edition . 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 of the Standards must be rated as met or not applicable.

Executive Summary

Scope of Assessment

The scope of this report and the accreditation is described by the agreed Scope of Assessment and Accreditation Statement signed by the organisation and the Licensed Provider, the central elements of which are set out below.

Service

North Eastern Rehabilitation Centre

Executive Summary

North Eastern Rehabilitation Centre (NERC) is part of the Healthscope Group and is located in the quiet northern suburbs of Melbourne, approximately 12 kilometres from the Melbourne CBD. The hospital has 46 beds and provides rehabilitation and medical services within the following case mix: Pain Management, Cardiac, Spinal, Neurological, Restorative/Reconditioning, Orthopaedic, inpatient and outpatient rehabilitation services with an average length of stay of 12 days. NERC has a multidisciplinary clinical team who provide care and services to in-patients 24/7 and out-patients Monday to Friday. The clinical team includes; Nurses, Physiotherapists, Occupational Therapists, Exercise Physiologists, Psychologists, Social Worker, Speech Pathologist, Dietician and Visiting Medical Officers. Services are funded by private health funds, the Department of Veteran' Affairs, Workcover & Transport Accident Commission (TAC) and, more recently, throughout COVID-19 Public Relief with a huge backlog in sub-acute services.

NERC has a long history in serving the community and improving rehabilitation outcomes for patients. The Senior Management team provide strong leadership to clinicians and staff in implementing the objectives of the rehabilitation hospital and adhering to the broader values, mission and policies of the Healthscope Group.

Patients spoke very highly of the clinical services provided, access to therapy including hydrotherapy, and the professional approach. The environment is viewed as homely and comfortable. The range of buildings are well-maintained and improvements are made as required.

The management and staff teams work together to build a strong culture of quality and safety. Clinical Governance processes are well supported by corporate policies and procedures, local induction and training. There are clear delegations of responsibility and understanding of roles across the hospital.

The development of rehabilitation hospital services is based on individual and community needs, and a culture of continuous improvement and competent professional practice. NERC is responsive to changes in the current needs of patients. The rehabilitation service empowers its patients and advocates on their behalf to ensure that their rehabilitation health needs are met.

The professional skills of the specialists, Doctors, nursing staff, allied health staff and their

experience, as well as their ongoing training, professional development and clinical supervision assists in ensuring positive outcomes for rehab patients, and communities more generally. NERC makes efforts to protect patient confidentiality, apply informed consent principles, and also address any grievance, which is consistent with the service's high standard of ethics when working with patients.

NERC is supported by Healthscope and Healthcare Infection Control Management Resource (HICMR) for managing the requirements of Infection Prevention and Control. Policies and procedures, staff training and an audit program were seen to be applied on assessment. Patients, carers and the family are engaged in shared decision making and safe practice. Cleaning and maintenance were seen to be of good standards. The management of COVID-19 has been successful with no episodes of COVID-19 reported for patients or staff. A gap analysis for compliance to Advisory AS18/07 - Reprocessing of Reusable Medical Devices in Health Service Organisations has been completed.

Effective governance practices for medication safety were noted on assessment. Pharmacy is a contracted service and includes clinical pharmacy support for about four (4) half days per week. Medications were seen to be appropriately and securely stored in the medication room or locked in a drawer at the patient bedside. Processes are in place to support the management of high risk medications, medication reviews and medication reconciliation. Patient engagement was evident through patient interview and observation.

Practices and processes supporting comprehensive care were seen as met at assessment. Patient alerts, patient screening/risk identification, the comprehensive care plan and the daily care plan are all available and on review are completed. A suite of audits are completed and these are benchmarked against other Healthscope services. The patient/carer/family are engaged and patients were seen to identify their goals of care and are monitored. The multidisciplinary care team was evident in providing care.

Policies, staff education and audits are available to support safe practice. Staff consistently commented on needed practice and on patient interview and observation these practices were noted. Clinical handover is based on the ISOBAR format and NERC, as per policy, uses four (4) patient identifiers. Policy and procedure is available for patient transfers, discharge, and for escalation of care. The Multi-Disciplinary Team (MDT) handover, case conferences, hourly rounding and Executive rounding occurs to support patient safety.

The Assessment Team interviewed a representative sample of governance and management, staff, clinicians, and patients. A wide range of documents were viewed and site inspections/observations made of practice. Overall, the Assessment Team found the North Eastern Rehabilitation Centre (NERC) met all applicable standards under the NSQHS 2nd Ed. Some opportunities for improvement were identified for further consideration by the Senior management team.

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, 1.32, 1.33			
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, 5.13, 5.14, 5.15, 5.16, 5.17, 5.18, 5.19, 5.20, 5.21, 5.22, 5.23, 5.24, 5.25, 5.26, 5.27, 5.28, 5.29, 5.30, 5.31, 5.32, 5.33, 5.34, 5.35, 5.36	5.12		
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,

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				7.10
Recognising and Responding to Acute Deterioration Standard	8.1, 8.2, 8.3, 8.4, 8.5, 8.6, 8.7, 8.8, 8.9, 8.10, 8.11, 8.12, 8.13			

Corrective Actions (Met with Recommendations Action Items)

Met with Recommendations Action Items

The following corrective actions do not need to be addressed before the health service can achieve accreditation; however, these actions will be reviewed at the health service's next onsite assessment. Met with recommendations cannot be awarded for the same action, for the same reason, in the same location for two consecutive assessment cycles. Should this occur, the action will be rated not met.

Criterion	Recommendations
Developing the comprehensive care plan	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>5.12 - The completion of the healthcare record for screening and clinical assessment processes was seen to be supportive of practices and generally well completed.</p> <p>It was noted that on review of some medical records, particularly progress notes, there were some entries that were not completed by Medical Officers noting the date and time. As the inclusion of the date and time is a requirement of good documentation, a recommendation is made to support improvement.</p> <p>Required actions: NERC implements a program of improvement to ensure VMO/Doctor/Medical Officers are completing documentation that records the date and time of documentation entry.</p>

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
Patient safety and quality systems	<p>Patient Safety and Quality Systems Documents/Records: Consider displaying patient healthcare rights posters and brochures in the main corridor of the hospital in addition to the patient waiting area and rooms.</p> <p>Patient Safety and Quality Systems Documents/Records: Consider development of a NERC Diversity Action Plan in addition to the Reconciliation Action Plan for Aboriginal People.</p> <p>Consider translation of other key documents into the language the local cohort of patients understand where there is a high admission rate. Some copies of the comprehensive patient handbook which are made available to patients for onsite use only may be helpful as this is a very informative document.</p> <p>Consider displaying more interpreter symbols in key reception, waiting and communal areas to remind patients of this service availability.</p>
Clinical performance and effectiveness	<p>Clinical Performance and Effectiveness Documents/Records: Consider development of a supervision procedure and also audit tool to ensure the structure, frequency, and outcomes of supervision are monitored to identify further opportunities for improvement in practice.</p>
Safe environment for the delivery of care	<p>Safe Environment, Delivery of Care Documents/Records: Consider reviewing the safety of the floor surface in the hydrotherapy pool pump station as this can be wet and also have chemical spills at times.</p> <p>Consider shield the screen in the front of the nurses station to increase privacy of patient information.</p>
Partnering with patients in their own care	<p>Partnering with Consumers Documents/Records: Consider placing another poster on patient rights in the main reception area, in addition to the posters in the patient waiting area and in the patient rooms.</p>
Partnering with consumers in organisational design and governance	<p>Partnering with Consumers Documents/Records: Consider mapping the different ways outcome data from audits and surveys is presented to patients and if there are any further opportunities to engage them in formally reviewing and making suggestions on improvements for practice, safety and quality.</p>

Criterion	Improvement Opportunities
	Partnering with Consumers Documents/Records: Consider increasing contributions from rehabilitation patients in the development of staff education, training and orientation.
Antimicrobial stewardship	Infection Control Documents/Records: NERC may consider practices to enhance AMS education to Medical Officers.
Medication management processes	Medication Safety Documents/Records: NERC consider any needed practices for Pharmacy staff to check S8 Drug Registers to confirm correct medication checking and noting areas for documentation improvement to support best practice as per policy/legislation/regulations.
Clinical governance and quality improvement to support comprehensive care	Clinical Gov and QI to Support Comprehensive Care Documents/Records: Standard leads could provide a presentation at the MAC to enhance understanding of the requirements of the National Standards. Clinical Gov and QI to Support Comprehensive Care Documents/Records: NERC may considering completing a cultural diversity plan to support service delivery.
Developing the comprehensive care plan	Developing the Comprehensive Care Plan Documents/Records: ACDs for all patients be provided, as considered appropriate.
Minimising patient harm	Minimising Patient Harm Documents/Records: It may be beneficial to providing mental health training to staff include advice on suicide awareness.
Responding to acute deterioration	Acute Deterioration Documents/Records: Consider mental health first aid training for all clinical staff as a mandatory requirement. Acute Deterioration Documents/Records: It may be beneficial to consider further mental health first aid training for staff and/or non violent crisis intervention.

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	<p>Governance, leadership and culture</p> <p>The governing body:</p> <ul style="list-style-type: none"> 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	<p>Governance, Leadership and Culture Documents/Records: Review of governance documents, interviews and observations shows that North Eastern Rehabilitation Centre (NERC) has an effective clinical governance framework and system in place. The NERC Clinical Governance Framework is reflective of the wider Healthscope Clinical Governance organisational approach to clinical governance.</p> <p>The board and management promote a culture of safety and quality for rehabilitation patients. Clinician and staff roles are clearly defined, scope of practice monitored, and professional development supported.</p> <p>There is a structure of several subcommittees ranging from the Medication Advisory Committee (MAC) through to the Quality and Consumer Committee which are actively engaged in reviewing the effectiveness of the governance systems.</p> <p>Risks and incidents are recorded, responded to, and resolved. There are effective reporting and escalation processes.</p>	Met

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Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>workforce</p> <p>f. Monitors the action taken as a result of analyses of clinical incidents</p> <p>g. Reviews reports and monitors the organisation's progress on safety and quality performance.</p>			
1.2	<p>Governance, leadership and culture</p> <p>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>	Met	<p>Governance, Leadership and Culture Documents/Records: Review of governance documentation, interviews and observations shows the specific health needs of Aboriginal and Torres Strait Islander people are addressed in the organisation's safety and quality priorities.</p> <p>NERC participate in a Reconciliation Working Party as part of a Reconciliation Action Plan project. There is also annual participation in National Aborigines and Islanders Day Observation Committee (NAIDOC) Week celebrations. In the foyer of NERC, there is acknowledgement of the Aboriginal Land and several artefacts and pictures reflective of Aboriginal culture and heritage.</p> <p>People are asked to identify if they are from an Aboriginal Background, and demographic data is regularly reviewed. The organisation collects relevant statistics on the Aboriginal demographics in the region.</p>	Met
1.3	<p>Organisational leadership</p> <p>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</p>	Met	<p>Governance, Leadership and Culture Documents/Records: Review of clinical governance documents, interviews and observations shows a clinical governance framework is in place at NERC- auspiced through Healthscope Corporate office. This has associated quality goals and key performance indicators which are linked to a Clinical Governance Quality plan for 2019-20 and 2020-21.</p>	Met
1.4	<p>Organisational leadership</p> <p>The health service organisation implements and monitors strategies to meet the organisation's safety and</p>	Met	<p>Governance, Leadership and Culture Documents/Records: Review of governance documentation, interviews and observation shows strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people are implemented and monitored. This includes review by the Reconciliation Working Party.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	quality priorities for Aboriginal and Torres Strait Islander people			
1.5	Organisational leadership The health service organisation considers the safety and quality of health care for patients in its business decision-making	Met	Governance, Leadership and Culture Documents/Records: Review of governance documentation, interviews and observation shows business decision-making at NERC, and more broadly in Healthscope, takes into consideration the safety and quality of rehabilitation for patients. There is a Strategic Plan Rehabilitation Strategy for 2020 and a Clinical Governance Quality Plan for 2021 which help to guide the goals and subsequent activities and approach to ensuring safety and quality for rehabilitation patients	Met
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	Governance, Leadership and Culture Documents/Records: Review of clinical governance documents, interviews and observation shows delegated safety and quality roles and responsibilities of clinical leaders are in place. Examples include the Medication Advisory Committee Terms of Reference (TOR) and meeting minutes, the Orientation Manual, and position descriptions for the clinical staff. For example, there are policies and procedures for staff and managers to follow which include roles and responsibilities (Chain of Command Nursing Staff Policy), charters (Audit Risk and Compliance Charter), and position descriptions (Nurse Unit Manager).	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	Met	Patient Safety and Quality Systems Documents/Records: Review of clinical governance documents, interviews and observations shows NERC has processes for developing, authorising, and monitoring the implementation of policy and	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>risk management approach to:</p> <p>a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols</p> <p>b. Monitor and take action to improve adherence to policies, procedures and protocols</p> <p>c. Review compliance with legislation, regulation and jurisdictional requirements</p>		<p>procedure documents.</p> <p>There are Policy and Procedure Guidelines and a Policy Review and Distribution Policy, Policy Guidelines, and Document Control requirements.</p> <p>Improvement Opportunities</p> <p>Patient Safety and Quality Systems Documents/Records: Consider displaying patient healthcare rights posters and brochures in the main corridor of the hospital in addition to the patient waiting area and rooms.</p>	
1.8	<p>Measurement and quality improvement</p> <p>The health service organisation uses organisation-wide quality improvement systems that:</p> <p>a. Identify safety and quality measures, and monitor and report performance and outcomes</p> <p>b. Identify areas for improvement in safety and quality</p> <p>c. Implement and monitor safety and quality improvement strategies</p> <p>d. Involve consumers and the workforce in the review of safety and quality performance and systems</p>	Met	<p>Patient Safety and Quality Systems Documents/Records: Members of the governing body interviewed could describe how the organisation uses organisation-wide quality improvement systems to improve safety and quality for rehabilitation patients. There is a strong incident reporting culture and clear process to follow. The Quality Committee, Work Health and Safety (WHS) Committee, Quality and Consumer Committee, and the Partnering with Consumers Strategy 2020-2023 are all mechanisms to monitor and encourage continuous improvement for quality and safety.</p>	Met
1.9	<p>Measurement and quality improvement</p> <p>The health service organisation ensures that timely reports on safety and quality systems and performance are provided to:</p> <p>a. The governing body</p>	Met	<p>Patient Safety and Quality Systems Documents/Records: The senior management interviewed confirmed reports on performance, and safety and quality systems are regularly provided. The Clinical Risk - Shared Learning Reports provide regular oversight on trends and patterns, and the effectiveness of risk mitigation strategies. Healthscope National Patient Experience reports provide further insight into safety and quality, and clinical risk mitigation.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<ul style="list-style-type: none"> b. The workforce c. Consumers and the local community d. Other relevant health service organisations 			
1.10	<p>Risk management</p> <p>The health service organisation:</p> <ul style="list-style-type: none"> 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 	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of documentation, interviews and observations shows there is an effective risk management framework and systems in place at NERC. There are effective policy directions, escalation processes, training, registers, signage, and monitoring mechanisms to prevent and/or manage risks.</p> <p>The organisation uses 'RiskMan' as the way of capturing, tracking and resolving risks. There is a strong reporting culture, and regular risk reports are provided to the Quality Committee and MAC. Management and staff demonstrated a high level of risk awareness, and preventative practices to reduce the likelihood of incidences.</p> <p>The organisation has a business continuity plan in the event of an emergency and/or disaster, and also emergency evacuation plans. Staff regularly undertake testing of the emergency procedures through training, drills, and responding to scenario's.</p>	Met
1.11	<p>Incident management systems and open disclosure</p> <p>The health service organisation has organisation-wide incident management and investigation systems, and:</p> <ul style="list-style-type: none"> 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 	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of clinical governance documents, interviews and observations shows there is an effective incident management system at NERC. There is specific training in RiskMan for rehabilitation services.</p> <p>Incident data is provided to patients and families/carers and staff. The use of Quality Boards in corridors and waiting areas around the facility help to communicate this information clearly each month.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>analysis of incidents to the governing body, the workforce and consumers</p> <p>e. Uses the information from the analysis of incidents to improve safety and quality</p> <p>f. Incorporates risks identified in the analysis of incidents into the risk management system</p> <p>g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems</p>			
1.12	<p>Incident management systems and open disclosure</p> <p>The health service organisation:</p> <p>a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework</p> <p>b. Monitors and acts to improve the effectiveness of open disclosure processes</p>	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of clinical governance documents shows an open disclosure program that is consistent with the Australian Open Disclosure Framework is in place.</p> <p>Staff interviewed confirmed they received training in open disclosure, understood its intent, and the actions to follow. Open Disclosure training is available on a e-Learning platform and is a part of mandatory training.</p>	Met
1.13	<p>Feedback and complaints management</p> <p>The health service organisation:</p> <p>a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care</p> <p>b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems</p>	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of feedback and complaints management documentation, interviews and observations shows a process is in place to seek feedback from rehabilitation patients, carers, families and the workforce. This information is used to improve safety and quality systems. Recent improvements in response to feedback range from resurfacing the entire car park to provide a more even surface for visitors and staff through to the installation of the Quality Boards in public areas and posting up patient goals in boards in their rooms.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	c. Uses this information to improve safety and quality systems			
1.14	<p>Feedback and complaints management</p> <p>The health service organisation has an organisation-wide complaints management system, and:</p> <p>a. Encourages and supports patients, carers and families, and the workforce to report complaints</p> <p>b. Involves the workforce and consumers in the review of complaints</p> <p>c. Resolves complaints in a timely way</p> <p>d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken</p> <p>e. Uses information from the analysis of complaints to inform improvements in safety and quality systems</p> <p>f. Records the risks identified from the analysis of complaints in the risk management system</p> <p>g. Regularly reviews and acts to improve the effectiveness of the complaints management system</p>	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of feedback and complaints management documents, interviews and observations shows NERC has an effective complaints management system. Complaints are recorded, acknowledged, actioned and resolved in a time manner. Information is provided to all stakeholders on complaint management, including through the Quality and Consumer Committee. A Complaint Graph for 2018 -20 provides a two year overview of complaints, to inform organisational responses to trends and the effectiveness of actions taken.</p> <p>The NERC (Healthscope) feedback procedure outlines the process for reporting and managing suggestions, reporting and managing complaints, communication, and actions with the staff member who is the subject of a complaint.</p> <p>Patients receive a comprehensive booklet on entry which describes the complaint management system, and also have a laminated card hanging in their room how to escalate any concerns they or their family/carers have.</p>	Met
1.15	<p>Diversity and high-risk groups</p> <p>The health service organisation:</p> <p>a. Identifies the diversity of the consumers using its services</p> <p>b. Identifies groups of patients using its</p>	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of governance documentation shows the patient population has been identified, including those who are at higher risk of harm. This information has been used for the planning and delivery of care. There are examples of patients rights available in a range of languages.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	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		<p>Interpreter services are available as required. Management and staff demonstrated a competent understanding on the use of interpreters for patients which does not rely on family members and carers to relay important medical information, cover consent, and risks. Professional interpreters are often used.</p> <p>Improvement Opportunities Patient Safety and Quality Systems Documents/Records: Consider development of a NERC Diversity Action Plan in addition to the Reconciliation Action Plan for Aboriginal People.</p> <p>Consider translation of other key documents into the language the local cohort of patients understand where there is a high admission rate. Some copies of the comprehensive patient handbook which are made available to patients for onsite use only may be helpful as this is a very informative document.</p> <p>Consider displaying more interpreter symbols in key reception, waiting and communal areas to remind patients of this service availability.</p>	
1.16	<p>Healthcare records</p> <p>The health service organisation has healthcare records systems that:</p> <ol style="list-style-type: none"> Make the healthcare record available to clinicians at the point of care Support the workforce to maintain accurate and complete healthcare records Comply with security and privacy regulations Support systematic audit of clinical information Integrate multiple information systems, where they are used 	Met	<p>Patient Safety and Quality Systems Documents/Records: Review of clinical governance documents, interviews and observations shows NERC has an effective rehabilitation records system. It is currently paper based, though there are medical records for patients.</p> <p>The system enables the clinician to maintain accurate and complete healthcare records and comply with the security and privacy regulations. The system also supports systematic audit of clinical information which occurs on a regular basis.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.17	<p>Healthcare records</p> <p>The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that:</p> <ul style="list-style-type: none"> 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	<p>Patient Safety and Quality Systems Documents/Records:</p> <p>NERC has processes in place to provide clinical information into a Health Record System as this eventuates. Regular updates on the My Health Record system are received and reviewed by Healthscope, and sites are advised of any developments.</p>	Met
1.18	<p>Healthcare records</p> <p>The health service organisation providing clinical information into the My Health Record system has processes that:</p> <ul style="list-style-type: none"> a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system 	Met	<p>Patient Safety and Quality Systems Documents/Records:</p> <p>Review of clinical governance documents shows audit results of completeness and integration of the current clinical record system.</p>	Met

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

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.19	<p>Safety and quality training</p> <p>The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for:</p> <ul style="list-style-type: none"> a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation 	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents shows orientation and induction documents that detail the process undertaken by staff, and the safety and quality roles and responsibilities of the workforce and the governing body. There is a Quality and Risk analysis conducted on the orientation process.</p> <p>Management and Staff undertake the Healthscope 'Foundation Course' during orientation.</p> <p>Staff interviewed said the orientation process was comprehensive and effective.</p>	Met
1.20	<p>Safety and quality training</p> <p>The health service organisation uses its training systems to:</p> <ul style="list-style-type: none"> a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training 	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents, interviews and observations shows clinicians and staff have access to training and broader professional development. They are required to undertake mandatory training and undertake competency testing for hand hygiene.</p> <p>NERC has a schedule of clinical workforce education and training, such as annual Cardiopulmonary Resuscitation (CPR) and WHS training. Record of attendance is available onsite.</p> <p>There is a manager responsible for education and training for this site and others which provides both a planned and responsive approach to education. This at times can be individual refresher training on areas such as manual handling through to group face to face training on clinical procedures, practices.</p> <p>A training-needs analysis is conducted on an annual basis.</p> <p>Staff interviewed felt they had sufficient access to education and professional development, and found the onsite dedicated role to education helped to support improvement in their skills and knowledge on a more regular basis.</p> <p>The site has relied more on e-Learning in recent times which has proven effective in</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
			ensuring mandatory and elective training is maintained. This has also created greater flexibility and access to training for staff.	
1.21	<p>Safety and quality training</p> <p>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</p>	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents, interviews and observations shows NERC supports staff in developing the cultural awareness of Aboriginal People and their rehabilitation needs.</p> <p>Staff interviewed said they participated in e-Learning cultural awareness training module, but also received follow up information on cultural awareness. The process of undertaking the reconciliation action plan has also helped to inform staff knowledge and inclusive practice.</p>	Met
1.22	<p>Performance management</p> <p>The health service organisation has valid and reliable performance review processes that:</p> <ol style="list-style-type: none"> Require members of the workforce to regularly take part in a review of their performance Identify needs for training and development in safety and quality Incorporate information on training requirements into the organisation's training system 	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents, interviews and observations shows a process is in place for performance reviews which are undertaken on a regular basis. This is supported directly by Policy and procedure.</p>	Met
1.23	<p>Credentialing and scope of clinical practice</p> <p>The health service organisation has processes to:</p> <ol style="list-style-type: none"> Define the scope of clinical practice for clinicians, considering the clinical 	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents, interviews and observations shows management monitor the scope of practice of clinicians. This also occurs when there is a change of treatment or implementation of a new rehabilitation treatment.</p> <p>Credentialing compliance reports are completed on a monthly basis.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>service capacity of the organisation and clinical services plan</p> <p>b. Monitor clinicians' practice to ensure that they are operating within their designated scope of clinical practice</p> <p>c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered</p>			
1.24	<p>Credentialing and scope of clinical practice</p> <p>The health service organisation:</p> <p>a. Conducts processes to ensure that clinicians are credentialed, where relevant</p> <p>b. Monitors and improves the effectiveness of the credentialing process</p>	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of documents, interviews and observations shows a process is in place to ensure clinicians are credentialed. The site conducts an annual audit of credentialed clinicians. The Healthscope By-Laws govern the credentialing process in line with professional and legislative requirements.</p>	Met
1.25	<p>Safety and quality roles and responsibilities</p> <p>The health service organisation has processes to:</p> <p>a. Support the workforce to understand and perform their roles and responsibilities for safety and quality</p> <p>b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff</p>	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents shows a process is in place to support staff with safety and quality responsibilities. This includes staff who are casual and/or temporary from an agency. There is a nursing agency and personal carer orientation guide and checklist. Position descriptions are thorough, up to date, and specific to the role. Staff interviewed stated they worked within their scope of practice.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
1.26	<p>Safety and quality roles and responsibilities</p> <p>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</p>	Met	<p>Clinical Performance and Effectiveness Documents/Records: Review of human resource documents, interviews and observations shows a process is in place to provide supervision for clinicians to ensure that they can safely fulfil their designated roles. Supervision is also covered as part of the performance appraisal framework.</p> <p><i>Improvement Opportunities</i> Clinical Performance and Effectiveness Documents/Records: Consider development of a supervision procedure and also audit tool to ensure the structure, frequency, and outcomes of supervision are monitored to identify further opportunities for improvement in practice.</p>	Met
1.27	<p>Evidence-based care</p> <p>The health service organisation has processes that:</p> <ol style="list-style-type: none"> Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice 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	<p>Clinical Performance and Effectiveness Documents/Records: Observation of NERC facilities and equipment shows best-practice guidelines, pathways, decision support tools and clinical care standards are available.</p> <p>Clinicians have access to clinical guidelines at point of service. Management and staff said the 'shared learning' reports were particularly helpful in informing practice improvement. For example, a recent incident where a resident went into cardiac arrest whilst on a shower chair has led to shared learning and further training on what to do in this event to maximise patient safety and prevent staff injury.</p>	Met
1.28	<p>Variation in clinical practice and health outcomes</p> <p>The health service organisation has systems to:</p> <ol style="list-style-type: none"> Monitor variation in practice against expected health outcomes 	Met	<p>Clinical Performance and Effectiveness Documents/Records: Interview with management confirmed the organisation uses both external and internal systems for monitoring and improving clinical and rehab patient outcomes. Root cause analysis is undertaken as well as shared learning reports generated on clinical risk. NERC may also receive shared learning reports from other Healthscope facilities which help to prevent risk and enhance practice.</p>	Met

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

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	<p>Safe environment</p> <p>The health service organisation maximises safety and quality of care:</p> <p>a. Through the design of the environment</p> <p>b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose</p>	Met	<p>Safe Environment, Delivery of Care Documents/Records: Observation of facilities and equipment shows the physical environment includes consideration of safety and quality. A range of audits are undertaken from waste management, through to pillow and mattress integrity, maintenance, and fire.</p> <p>NERC has maintained compliance with COVID-19 requirements for entry/exit tracing, hand hygiene, use of personal protective equipment and social distancing.</p> <p>Several staff and management associated with NERC were seconded to work in a COVID-19 Hospital from clinical, hospitality and maintenance roles due to their expertise, and</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
			<p>have shared their learning with the Healthscope Group including back to NERC.</p> <p><i>Improvement Opportunities</i></p> <p>Safe Environment, Delivery of Care Documents/Records: Consider reviewing the safety of the floor surface in the hydrotherapy pool pump station as this can be wet and also have chemical spills at times.</p> <p>Consider shield the screen in the front of the nurses station to increase privacy of patient information.</p>	
1.30	<p>Safe environment</p> <p>The health service organisation: a. Identifies service areas that have a 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</p>	Met	<p>Safe Environment, Delivery of Care Documents/Records: Observation of the physical design of the environment includes consideration of safety and quality. This includes installation of a glass screen in the front reception area, resurfacing of the entire car park, reducing tripping points, and a non-slip surface in the main hydrotherapy pool.</p> <p>Management and staff undertake regular workplace inspections to identify potential hazards and risks in the clinical environment. There is a culture of staff reporting incidents, near misses and hazards to ensure the environment is as safe as possible. Noise issues are also addressed during the day and at night to support the resident experience. Observation of the environment on the days of the assessment found it to be calm, free of hazards and clutter.</p>	Met
1.31	<p>Safe environment</p> <p>The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose</p>	Met	<p>Safe Environment, Delivery of Care Documents/Records: Observation of facilities and equipment shows signage and directions within the organisation are clear and fit for purpose. This includes fire signage, evacuation maps which have been kept up to date, and warning signs. There is disability access enabled through parking spaces, use of ramps, rails, sliding wide doors, and equipment.</p>	Met
1.32	<p>Safe environment</p> <p>The health service organisation admitting patients overnight has processes that allow flexible visiting</p>	Met	<p>Safe Environment, Delivery of Care Documents/Records: Review of documents/records confirmed that consumer and carer information including the comprehensive handbook (Compendium) for patients is well received by patients, as are the laminated cards on escalating concerns, the patient boards, and Quality Boards.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	arrangements to meet patients' needs, when it is safe to do so		Management have considered the needs of visiting arrangements for patients to ensure visiting hours are as flexible as possible, even through the pandemic when restrictions were lifted. Discussions with patients and their carers, families and visitors confirmed they feel welcome in the facility and the visiting hours are flexible. There is security lighting in the carparks.	
1.33	<p>Safe environment</p> <p>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</p>	Met	<p>Safe Environment, Delivery of Care Documents/Records:</p> <p>Observation of the organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people. There is acknowledgement of Ownership of Country during meetings and in the main reception area. Aboriginal artefacts are present to help to encourage a welcoming and respectful environment.</p>	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	Partnering with Consumers Documents/Records: Review of documentation, interviews and observations shows the safety and quality system is used when implementing policies, managing risks and identifying training requirements for partnering with consumers. There is a consumer participation orientation checklist and quality key performance indicators for consumer participation. The Quality and Consumer Committee is one of several initiatives to partner with consumers in improving quality and safety outcomes for patients.	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	Partnering with Consumers Documents/Records: Review of documentation shows quality improvement systems are applied when monitoring, implementing and reporting on partnering with consumers. There is a consumer participation plan which helps to guide development of formal engagement with consumers, ranging from their involvement with reviewing key patient documents, strategic directions, audit results, to training for staff, and recruitment processes. The chair of the Quality and Consumer Committee spoke highly of the way the	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	processes for partnering with consumers c. Reporting on partnering with consumers		management and staff encouraged the consumer voice across the health service, provided training and support to them, and were responsive to suggestions and concerns.	

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	Partnering with Consumers Documents/Records: Review of NERC service facilities shows a charter of rights is easily accessible for patients, carers, families and consumers. <i>Improvement Opportunities</i> Partnering with Consumers Documents/Records: Consider placing another poster on patient rights in the main reception area, in addition to the posters in the patient waiting area and in the patient rooms.	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	Partnering with Consumers Documents/Records: Interview with management confirmed the consent processes comply with legislation and best practice. This includes financial consent. Interpreter services are used as necessary to ensure consent is understood in whichever context it applies to.	Met
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	Met	Partnering with Consumers Documents/Records: Review of documentation, interviews and observation shows there are process in place to identify a patients capacity to make decisions and the process if a substitute decision-maker is required. There are processes for areas such as discussing advanced life directives, and where a patient has dementia and/or mental incapacity, low literacy levels, and/or sensory loss such as hearing and sight.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves			
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	Partnering with Consumers Documents/Records: Review of documentation, interviews and observations shows processes are in place for clinicians to partner with patients. A very clear demonstration of this is in the development of patient boards, showing their goals and key clinical information. Patient experience reports show a high degree of satisfaction with the partnering approach and keeping them informed about the medical procedures and risks. There are patient experience reports and reports on 'what matters to patients' to keep staff informed and focused on patient centred care.	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	Partnering with Consumers Documents/Records: Review of documentation, interviews and observations shows the workforce is supported to form partnerships with patients and carers. This includes information in the foundation and orientation processes for management and staff as part of their mandatory training.	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	Met	Partnering with Consumers Documents/Records: Review of documentation, interviews and observations shows communication mechanisms are tailored to NERC patients and the local community in relation to their individual needs, language, cultural norms, and health literacy level. For example, the handbook and Quality Boards are clear, concise and presented in a user friendly manner.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	consumers who use its services and, where relevant, the diversity of the local community			
2.9	<p>Communication that supports effective partnerships</p> <p>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</p>	Met	<p>Partnering with Consumers Documents/Records: Consumer documentation reviewed shows consumers contribute to internally developed information in its development and review. For example, information such as brochures on reducing pressure injuries and falls have been reviewed and added to by consumers.</p>	Met
2.10	<p>Communication that supports effective partnerships</p> <p>The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that:</p> <ol style="list-style-type: none"> Information is provided in a way that meets the needs of patients, carers, families and consumers Information provided is easy to understand and use The clinical needs of patients are addressed while they are in the health service organisation Information needs for ongoing care are provided on discharge 	Met	<p>Partnering with Consumers Documents/Records: Review of consumer documentation shows information is available, easy to understand, relevant to the clinical needs of patients, and information needs for ongoing care is provided at end of treatment. For example, posters on cough etiquette and hand hygiene are informative to consumers, use visual information, and are concise. Discharge information has been worked through to ensure the handover of care conveys critical information. This also relates to the information sheet provided to first responders in the event of an emergency.</p>	Met

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	Partnering with Consumers Documents/Records: Consumer documentation reviewed shows NERC is working to increasing the participation of consumers that reflect the diversity of local community in the governance, design, measurement and evaluation of rehabilitation care.	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 evaluation of the organisation	Met	Partnering with Consumers Documents/Records: Review of consumer documentation shows consumers who are partnering in the governance, design, measurement and evaluation of the organisation are provided orientation, support and education. Role plays are conducted to support consumer engagement and there is a presentation for consumer participation to inform consumers about the various ways they can become involved. <i>Improvement Opportunities</i> Partnering with Consumers Documents/Records: Consider mapping the different ways outcome data from audits and surveys is presented to patients and if there are any further opportunities to engage them in formally reviewing and making suggestions on improvements for practice, safety and quality.	Met
2.13	Partnerships in healthcare governance, planning, design, measurement and evaluation	Met	Partnering with Consumers Documents/Records: Review of documentation shows the health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs		The development of the Reconciliation Action Plan and Cultural Awareness Initiatives are supporting the development of trust and understanding of how Aboriginal health care needs for rehabilitation can be 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	Partnering with Consumers Documents/Records: Consumers interviewed confirmed they work in partnership with the organisation to incorporate their views into workforce training and education. Training modules include the patient experience and journey through the health care service. <i>Improvement Opportunities</i> Partnering with Consumers Documents/Records: Consider increasing contributions from rehabilitation patients in the development of staff education, training and orientation.	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	Infection Control Documents/Records: NERC staff have access to policies to support infection, prevention and control and antimicrobial stewardship provided by Healthscope and Healthcare Infection Control and Management Resources (HICMR). The Risk Register is available to identify risks and the RiskMan Incident Management System provides the notification of incidents, that can then be monitored and trended. Orientation and staff training is available for infection control and AMS matters.	Met
3.2	Applying quality improvement systems The health service organisation applies the quality improvement system from the Clinical Governance Standard when:	Met	Infection Control Documents/Records: The quality improvement system is applied in monitoring, improving and reporting the effectiveness of the infection control and antimicrobial stewardship practices. A range of audits, including invasive device, aseptic non-touch technique, cleaning, and AMS are undertaken. Hand hygiene audits are completed with a current compliance rate of 86.2%.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>a. Monitoring the performance of systems for prevention and control of healthcare-associated infections, and the effectiveness of the antimicrobial stewardship program</p> <p>b. Implementing strategies to improve outcomes and associated processes of systems for prevention and control of healthcare-associated infections, and antimicrobial stewardship</p> <p>c. Reporting on the outcomes of prevention and control of healthcare-associated infections, and the antimicrobial stewardship program</p>		<p>Risk assessments are performed by HICMR to support ongoing service improvement. These cover areas including clinical areas, maintenance, and cleaning. Committee meetings that support practice are the Infection Control Committee, NERC Infection Control Committee Quality/Consumer Committee, and the Medical Advisory Committee. Reporting of surveillance data occurs to VICNISS, a healthcare-associated infection surveillance coordinating organisation, on matters such as Staphylococcus aureus Bacteraemia, Clostridium difficile, and occupational exposures.</p>	
3.3	<p>Partnering with consumers</p> <p>Clinicians use organisational processes from the Partnering with Consumers Standard when preventing and managing healthcare-associated infections, and implementing the antimicrobial stewardship program to:</p> <p>a. Actively involve patients in their own care</p> <p>b. Meet the patient's information needs</p> <p>c. Share decision-making</p>	Met	<p>Infection Control Documents/Records: NERC applies practices to actively involve patients in their own care, meet the information needs of patients and apply shared decision making. Patient brochure information and patient compendium advice was noted to be available with patients commenting on safe practice. The continuing effective management of requirements under COVID-19 demonstrated how the service supports safe practice in rehabilitation patient care. Bedside handover procedures, risk screening and the daily care plan provide opportunities for shared decision making.</p>	Met
3.4	<p>Surveillance</p> <p>The health service organisation has a surveillance strategy for healthcare-associated infections and antimicrobial use that:</p>	Met	<p>Infection Control Documents/Records: Practices and processes were seen to be available to collect and report on data including surveillance data. HICMR provides access to the Healthcare-Associated Infections (HAI) Surveillance Toolkits, Influenza Health Care Workers (HCWs) Vaccination Toolkits and the IPC Screening Questionnaire. HERC collects surveillance data on pre-admission, admission and patient alerts. Infection alerts are added to WebPAS, a Web Patient Administration</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>a. Collects data on healthcare-associated infections and antimicrobial use relevant to the size and scope of the organisation</p> <p>b. Monitors, assesses and uses surveillance data to reduce the risks associated with healthcare associated infections and support appropriate antimicrobial prescribing</p> <p>c. Reports surveillance data on healthcare-associated infections and antimicrobial use to the workforce, the governing body, consumers and other relevant groups</p>		System. Audits of admission screening questionnaires for 2019 and 2020 show a 100% compliance rate. Key Performance Indicator (KPI) data relevant to surveillance is submitted to Healthscope. NERC is registered with the National Antimicrobial Prescribing Survey (NAPS) and submits audit data accordingly.	

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	<p>Standard and transmission-based precautions</p> <p>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</p>	Met	<p>Infection Control Documents/Records: Standard and transmission-based precautions were seen to be consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements. Healthscope policies and procedures are available, and HICMR provides access to policies and procedures including Transmissible Diseases Management, Transmissible Diseases - Multidrug Resistant Organisms (MRO) Exposures and Outbreaks, and Staff Health and Environmental Services.</p> <p>Transmission-based precaution packs are available and used when needed. At orientation, staff receive advice on Personal Protective Equipment (PPE) and transmission</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	requirements		precautions. Ongoing PPE donning and doffing training is provided, with audits conducted regarding effective practice.	
3.6	<p>Standard and transmission-based precautions</p> <p>Clinicians assess infection risks and use transmission-based precautions based on the risk of transmission of infectious agents, and consider:</p> <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records:</p> <p>Clinicians were seen to assess risks and use transmission-based precautions to manage the elements of this action. Staff have access to the HICMR website to access relevant policies and toolkits. Staff training is provided. The pre-admission and admission processes support the identification of those patients who require transmission-based precautions. NERC has access to a 24-hour Infection Control Consultant and an Infectious Diseases Physician. A private room is used to support needed treatment.</p>	Met
3.7	<p>Standard and transmission-based precautions</p> <p>The health service organisation has processes for communicating relevant</p>	Met	<p>Infection Control Documents/Records:</p> <p>Relevant information of a patient's infectious status is provided when transferring care between clinicians and health service organisations. The Healthscope policy on the Transfer Of A Patient Interhospital guides practice. A transfer form is available. A nursing discharge summary, generated by WebPAS, is sent with patients. Infectious disease alerts</p>	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		are flagged on the discharge summary.	
3.8	<p>Hand hygiene</p> <p>The health service organisation has a hand hygiene program that:</p> <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records:</p> <p>Review of infection control documents shows processes are in place that are consistent with the current National Hand Hygiene Initiative. Advisory AS20/01 was considered at assessment and NERC continues to provide hand hygiene education and audit compliance. The most recent audit results showed audit results of 86.2% compliance against benchmark of 85%. Advice was provided at assessment and the aim is to improve compliance with future audits.</p>	Met
3.9	<p>Aseptic technique</p> <p>The health service organisation has processes for aseptic technique that:</p> <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records:</p> <p>The requirements of aseptic technique are applied at NERC. Policy support, staff education and competency and audit completion support safe practice.</p>	Met
3.10	<p>Invasive medical devices</p> <p>The health service organisation has processes for the appropriate use and</p>	Met	<p>Infection Control Documents/Records:</p> <p>The requirements for the management of invasive medical devices are applied at NERC. Policy support, staff education and competency and audit completion support safe practice.</p>	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			
3.11	<p>Clean environment</p> <p>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:</p> <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records:</p> <p>NERC provides services in a facility of some years standing with additional buildings constructed. Cleaning is supported by cleaning policies understood by staff. Training includes chemical management and the availability of current safety data sheets. Cleaning schedules are available. Cleaning audits are undertaken and corrective actions are completed.</p>	Met
3.12	<p>Clean environment</p> <p>The health service organisation has processes to evaluate and respond to infection risks for:</p> <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records:</p> <p>There are processes available for new and existing equipment, devices and products as well as maintaining, repairing and upgrading buildings, equipment, furnishings and equipment.</p> <p>Laundry services are provided by Spotless, with separate areas for clean and dirty linen. Clean linen is covered. Occupational Therapists use a washing machine with a procedure available to inform on use and responsibilities.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	linen			
3.13	<p>Workforce immunisation</p> <p>The health service organisation has a risk-based workforce immunisation program that:</p> <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records:</p> <p>The workforce immunisation program supports the requirements of this action. Policies are available to guide practice. NERC maintains a vaccination/serology staff data base that is managed by the Infection Control Coordinator. Pre-employment vaccination assessment is completed by staff prior to employment via the Healthscope recruitment and onboarding program.</p>	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	<p>Reprocessing of reusable devices</p> <p>Where reusable equipment, instruments and devices are used, the health service organisation has:</p> <ul style="list-style-type: none"> a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines 	Met	<p>Infection Control Documents/Records:</p> <p>Observation of facilities and equipment confirmed that compliance to infection, prevention and control practices with the management of sterile stock is satisfactory, A gap analysis and actions for compliance to Advisory AS18/07 - Reprocessing of Reusable Medical Devices In Health Service Organisations has been completed. During assessment, policies and processes were seen to be appropriate in staff interviews and assessor observations.</p>	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 <ul style="list-style-type: none"> • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure 			

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: <ol style="list-style-type: none"> 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	Infection Control Documents/Records: Review of infection control documents shows an antimicrobial stewardship (AMS) policy is in place that incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard. Advisory 18/08 - Antimicrobial Stewardship is considered by NERC. As a Rehabilitation Service, surgical procedures are not undertaking surgical procedures.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	Clinical Care Standard			
3.16	<p>Antimicrobial stewardship</p> <p>The antimicrobial stewardship program will:</p> <ol style="list-style-type: none"> Review antimicrobial prescribing and use Use surveillance data on antimicrobial resistance and use to support appropriate prescribing Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use Report to clinicians and the governing body in relation to <ul style="list-style-type: none"> 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	<p>Infection Control Documents/Records: The AMS Program is supported by Healthscope policies and practices with evidence of action completion noted at assessment. At assessment, an improvement opportunity was identified with increasing AMS education to Medical Officers, and a suggestion will be provided to support improved practice.</p> <p>Improvement Opportunities Infection Control Documents/Records: NERC may consider practices to enhance AMS education to Medical Officers.</p>	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	Medication Safety Documents/Records: At assessment it was demonstrated that governance processes are available in supporting safe practice. A significant number of policies and procedures are available and staff were able to demonstrate the capacity to access. Medications risks are considered and included, as are adverse reaction and the management of high risk medications and staff training is provided with good completion rates evident. Incidents are entered via RiskMan and the review of incidents is undertaken. The NERC Pharmacy Committee as well as the Healthscope Medication Safety Committee meets to manage Standard requirements and medication safe practice.	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	Met	Medication Safety Documents/Records: Medication safety documentation, staff interviews and clinical observation demonstrates the quality improvement system is applied when monitoring, improving and reporting on outcomes for medication management. Healthscope KPI data is collected, benchmarked and considered for improvement opportunities. Improvements are communicated at meetings, newsletters and team meetings.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>b. Implementing strategies to improve medication management outcomes and associated processes</p> <p>c. Reporting on outcomes for medication management</p>			
4.3	<p>Partnering with consumers</p> <p>Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to:</p> <p>a. Actively involve patients in their own care</p> <p>b. Meet the patient's information needs</p> <p>c. Share decision-making</p>	Met	<p>Medication Safety Documents/Records:</p> <p>Pharmacy is a contracted service and can be primarily considered as a clinical Pharmacy Service with services being provided at about half a day, four days a week. The support provided by the service in collaboration with the patient and, as needed, carer/family, best possible medication history, adverse drug reaction history, medication reconciliation and medication management plan. Support for the culturally and linguistically diverse patient and patients with special needs is also considered. For example, an improvement activity for increasing documentation font size for the visually impaired. At assessment, discussion with patients demonstrated that information around medications is available and provided.</p>	Met
4.4	<p>Medicines scope of clinical practice</p> <p>The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians</p>	Met	<p>Medication Safety Documents/Records:</p> <p>Medication prescribing, dispensing, and administering medications are supported by policy, as well as Medical Officer credentialing and scope of practice determinations. These are audited quarterly by NERC and annually by Healthscope. Practices and processes are available to manage the qualifications and practices of contracted Pharmacy staff.</p>	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

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
4.5	Medication reconciliation Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	Met	Medication Safety Documents/Records: A range of practices are in place to support the completion of a best possible medication history. At pre-admission, patients are asked to bring in all medications for review and documentation. On admission, the patient history is obtained as well as any known adverse reactions to medications. A 2020 audit showed a 100% compliance on the documentation of adverse drug histories. High-risk medications are also considered. The Clinical Pharmacist, in collaboration with nursing staff, conduct a Best-Possible Medical History (BPMH) for all patients referred with a score of four (4) or more on the Healthscope High Risk Assessment Tool. The Clinical Pharmacist has completed the MedicineWise Training module on how to take a BPMH.	Met
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	Medication Safety Documents/Records: Review of medication safety documentation shows a process is in place for medication reconciliation on admission, at transitions of care and on discharge as demonstrated by processes and practices, as noted at Action 4.5. A medication profile following the final medication reconciliation is provided to patients at discharge.	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	Medication Safety Documents/Records: Review of medication safety documentation shows a process is in place for recording a patient's known medicine allergies and Adverse Drug Reactions (ADRs) on presentation. This is demonstrated by policy, the completion of the Alert Sheet, and an ADR sticker being placed on the medication sheet when needed supports needed practice.	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	Met	Medication Safety Documents/Records: Policies are available to support needed practice for recording new medication allergies and adverse drug reactions and nursing staff demonstrated awareness on how to access policies. Alerts are recorded and documentation is provided in the healthcare record. Red alert patient identification bands are applied for known adverse drug reactions. If a patient suffers a new reaction this is noted and updated in the WebPAS system and the patient/carer informed by the Medical Officer.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	incident reporting system			
4.9	Adverse drug reactions The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	Met	Medication Safety Documents/Records: The Healthscope Policy is available for reporting to the TGA. Pharmacists are trained on their responsibilities to report ADR to the TGA via the TGA online portal, as covered by the MedicineWise Safety Reporting module.	Met

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 Safety Documents/Records: Review of medication safety documentation shows processes are in place for medication reviews to be conducted and documented. These are demonstrated by policy availability, as well as via pre-admission and admission processes alongside the availability and completion of medication management plans, best possible medication histories and antimicrobial stewardship prescribing and management. Medication management practices are also considered as part of the bedside handover. The pharmacists incorporate the review of laboratory results as part of the medication review process. A High Risk Assessment Tool is available to determine whether a patient requires a prioritised medication review. KPI reports are reported at the Pharmacy Committee.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
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	Medication Safety Documents/Records: Medication safety documentation is provided. Patient information is provided at preadmission, admission, during the care period and on discharge. Resources are provided to staff by pharmacists as well as the availability of online resources.	Met
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	Medication Safety Documents/Records: Review of medication safety documentation shows a process is in place to generate a current medicines list. Patient medications are discussed as part of the bedside handover and clinical pharmacy review. All patients reviewed as being a high risk, including the Department of Veteran Affairs (DVA) patients, are provided with a written medication profile on discharge. The medication profiles are sent electronically from the Pharmacist to the Nurse Unit Manager (NUM). Medication histories are provided to services receiving patients as part of a transfer process. Medication information is also provided via nursing and medical discharge summaries.	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	Met	Medication Safety Documents/Records: Observation of facilities and equipment shows up-to-date decision support tools such as protocols, guidelines and medicine related information resources are available in clinical areas. This is demonstrated by the availability of the Therapeutic Guidelines electronically, access to eMIMS, an independent medicine information provider, as well	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	that information and decision support tools for medicines are available to clinicians		as current version hard copy and the Australian Medication Handbook.	
4.14	<p>Safe and secure storage and distribution of medicines</p> <p>The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the:</p> <ul style="list-style-type: none"> 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 	Met	<p>Medication Safety Documents/Records: Policy and practices support the safe and secure storage and distribution of medications. The storage of temperature-sensitive medications and cold chain management as well as the disposal of unused, unwanted, or expired medications. Staff interviewed were able to describe processes, and observations of needed practice was sighted. A temperature-sensitive medication/vaccine fridge is monitored and a checking process is in place. It was stated a plan is in place to enhance WiFi to support duress notification of out of range temperatures. pharmacy staff have practices in place to manage the disposal of stock. One opportunity for improvement is to consider the role of Pharmacists in checking and documenting the S8 Drug Registers. At assessment, the Pharmacist did state they did check registers but not necessarily documenting as checked. Requirements for this could be checked as per policy/legislation regulations to support best practice.</p> <p>Improvement Opportunities Medication Safety Documents/Records: NERC consider any needed practices for Pharmacy staff to check S8 Drug Registers to confirm correct medication checking and noting areas for documentation improvement to support best practice as per policy/legislation/regulations.</p>	Met
4.15	<p>High-risk medicines</p> <p>The health service organisation:</p> <ul style="list-style-type: none"> a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely 	Met	<p>Medication Safety Documents/Records: High-risk medications management is supported by policy and the availability of a High-Risk Medication Checklist. Medication Safety Governance was seen to use APINCH, a system for monitoring risks associated with high-risk medication, in regards to antimicrobials, potassium and other electrolytes, insulin, narcotics and other Sedatives, chemotherapeutic agents, heparin and other anticoagulant systems. A high-risk medication storage compliance audit in 2020 showed a 100% compliance for NERC.</p>	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	<p>Integrating clinical governance</p> <p>Clinicians use the safety and quality systems from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care 	Met	<p>Clinical Gov and QI to Support Comprehensive Care Documents/Records: The review of documentation showed processes are in place for implementing policies, managing risks and identifying training requirements to deliver comprehensive care. These practices are well co-ordinated and understood. Staff interviewed were able to identify and comment on policy, procedures and guidelines. Risks are appropriately considered and managed. An example of effective management is through the use of exclusion criteria for patient admissions. Orientation, mandatory training and training programs generally are available with high rates of completion evident.</p> <p>During discussions, it was commented that presentations of work undertaken by standard leads at the MAC would help to enhance the understanding of the National Standards. A suggestion will be made for NERC to consider.</p> <p><i>Improvement Opportunities</i> Clinical Gov and QI to Support Comprehensive Care Documents/Records: Standard leads could provide a presentation at the MAC to enhance understanding of the</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
			requirements of the National Standards.	
5.2	<p>Applying quality improvement systems</p> <p>The health service organisation applies the quality improvement system from the Clinical Governance Standard when:</p> <ul style="list-style-type: none"> 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 	Met	<p>Clinical Gov and QI to Support Comprehensive Care Documents/Records: Review of documentation showed processes are in place for the monitoring, implementing strategies and reporting on delivery of comprehensive care. NERC has a Clinical Governance system, a Quality and Safety Plan, and a strong audit program where KPIs are benchmarked with other Healthscope facilities, inclusive of falls and pressure injuries. A corporate and local risk register is available and managed. At interview, staff were able to comment on processes that support comprehensive care, and the patient care boards completed at the patient bedside is an example of consumer engagement with goals of care. Examples of reporting include information boards on safety and quality matters including audit results, Committee reporting, and feedback from shared learning.</p>	Met
5.3	<p>Partnering with consumers</p> <p>Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to:</p> <ul style="list-style-type: none"> a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making 	Met	<p>Clinical Gov and QI to Support Comprehensive Care Documents/Records: Consumers are actively involved in care. Bedside handover, case conferences, hourly rounding and the patient bedside care boards are all examples of consumers being actively involved in care. Patients were able to comment on examples where they are involved in their care. Consumers are also provided with care and service information through the patient compendium and the Healthcare Charter of Rights. Consumer-reviewed brochure information is also available and was seen to be accessed. At assessment, it was discussed and was evident that there can be a patient cultural diversity mix. This cultural diversity mix was also evident amongst the staff providing care. As a suggestion, NERC may wish to consider a cultural diversity plan to support patients and staff.</p> <p><i>Improvement Opportunities</i> Clinical Gov and QI to Support Comprehensive Care Documents/Records: NERC may considering completing a cultural diversity plan to support service delivery.</p>	Met
5.4	<p>Designing systems to deliver comprehensive care</p>	Met	<p>Clinical Gov and QI to Support Comprehensive Care Documents/Records: Review of documentation shows systems in place for comprehensive care that includes the development, documentation and communications of comprehensive plans,</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>The health service organisation has systems for comprehensive care that:</p> <ul style="list-style-type: none"> 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 		<p>appropriate care settings, timely referral of patients with specialist healthcare needs and identification of the clinician with accountability for a patient's care. These principles and practices were seen to be applied at assessment with staff being able to describe requirements around the use of the comprehensive care plan, patient alerts and risk identification. NERC has an exclusion policy that supports care delivery and mainly relates to the patient with a significant mental health history. The multidisciplinary team is well involved in patient care. Healthscope and NERC policy documents are available and accessible to staff.</p>	
5.5	<p>The health service organisation has processes to:</p> <ul style="list-style-type: none"> a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team 	Met	<p>Clinical Gov and QI to Support Comprehensive Care Documents/Records: Staff are supported with position descriptions and demonstrated an understanding of roles and responsibilities. Credentialing and scope of practice requirements are considered and met. Policy is available that supports the MDT workforce.</p>	Met
5.6	<p>Clinicians work collaboratively to plan and deliver comprehensive care</p>	Met	<p>Clinical Gov and QI to Support Comprehensive Care Documents/Records: Comprehensive care plans allow for the engagement of the Multi-Disciplinary Team (MDT) in collaboration with consumers. The MDT clinical handover, case conferences and workplace committees all support clinicians to work collaboratively to plan and deliver comprehensive care. The MDT team were able to discuss the audit program and associated improvements. Included in this program were the effective management of pressure injuries and improvements made to manage, including education and equipment purchases. Systems to support patient feedback were seen to be available and provided.</p>	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 with recommendations			
Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.7	<p>Planning for comprehensive care</p> <p>The health service organisation has processes relevant to the patients using the service and the services provided:</p> <ul style="list-style-type: none"> a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion 	Met	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>Review of documentation shows processes are in place for the integrated and timely screening and assessment that identify the risks of harm. Advisory AS18/14 Screening and assessment for risk of harm, is appropriately managed by NERC. These processes allow for integrated and timely screening and assessment and does identify risks as determined in the minimising harm criterion.</p>	Met
5.8	<p>Planning for comprehensive care</p> <p>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</p>	Met	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>Review of documentation shows process are in place for identifying Aboriginal and Torres Strait Islander patients, and recording this information in administrative and clinical information systems. It was determined at assessment that minimal numbers of the population identifying as Aboriginal and Torres Strait Islander are admitted for care but, information to identify is still collected.</p>	Met
5.9	<p>Planning for comprehensive care</p> <p>Patients are supported to document clear advance care plans</p>	Met	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>On advice from NERC, patients are advised to complete an Advance Care Directive in association with their general Practitioner. At assessment, Advanced Care Directives (ACDs) were available for some patients. One opportunity for improvement was a comment made that ACDs for all patients be provided, as considered appropriate. A suggestion will be made for NERC consideration.</p> <p>Improvement Opportunities</p> <p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>ACDs for all patients be provided, as considered appropriate.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.10	<p>Screening of risk</p> <p>Clinicians use relevant screening processes:</p> <ul style="list-style-type: none"> 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	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>Review of documentation shows processes are in place for the integrated and timely screening and assessment that identify the risks of harm. Advisory AS18/14 Screening and assessment for risk of harm, is well managed by NERC. Screening processes are used on patient presentation during clinical examination and history taking to identify risks of harm.</p>	Met
5.11	<p>Clinical assessment</p> <p>Clinicians comprehensively assess the conditions and risks identified through the screening process</p>	Met	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>Clinicians were seen to comprehensively assess the conditions and risks identified through the screening process. Practices are supported by policy and staff training. Staff at interview consistently commented on required practice and patients responded appropriately to questions asked about screening. The Comprehensive Care Risk Screening Form is completed on admission and is supported by the Daily Care Plan.</p>	Met
5.12	<p>Developing the comprehensive care plan</p> <p>Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record</p>	Met with recommendations	<p>Recommendation:</p> <p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>5.12 - The completion of the healthcare record for screening and clinical assessment processes was seen to be supportive of practices and generally well completed.</p> <p>It was noted that on review of some medical records, particularly progress notes, there were some entries that were not completed by Medical Officers noting the date and time. As the inclusion of the date and time is a requirement of good documentation, a recommendation is made to support improvement.</p> <p>Required actions: NERC implements a program of improvement to ensure VMO/Doctor/Medical Officers are completing documentation that records the date and time of documentation entry.</p>	Met with recommendations

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.13	<p>Developing the comprehensive care plan</p> <p>Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that:</p> <ul style="list-style-type: none"> 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 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 	Met	<p>Developing the Comprehensive Care Plan Documents/Records:</p> <p>Review of documentation shows shared decision making processes consistent with best practice are in place to develop and document a comprehensive and individualised plan that 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 showed 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. Staff at interview demonstrated knowledge and applications of comprehensive principles and practices. This was further demonstrated in staff interactions with patients. Patients interviewed spoke about care provided and screening attended. Patient audits for being involved in making decisions about treatment and care show high rates of compliance, generally between 95% to 100%. Advisory 18/15 - Developing the Comprehensive Care Plan has progressed as per the requirements of the Australian Commission on Safety and Quality in Health Care.</p>	Met

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	<p>Using the comprehensive care plan</p> <p>The workforce, patients, carers and families work in partnership to:</p>	Met	<p>Delivering Comprehensive Care Documents/Records:</p> <p>The workforce/patients and carers work in partnership to use, monitor, review and update the comprehensive care plan. Patient's needs are also reassessed as needed. The completion of the daily care aids this process.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>a. Use the comprehensive care plan to deliver care</p> <p>b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care</p> <p>c. Review and update the comprehensive care plan if it is not effective</p> <p>d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur</p>			
5.15	<p>Comprehensive care at the end of life</p> <p>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</p>	Met	<p>Delivering Comprehensive Care Documents/Records: The application of the National Consensus Statement: Essential Elements for Safe and High-Quality End of Life Care was seen to identify patients who are at the end of life. Policy support and the Last Days of Life Toolkit is available, and patient death reviews are undertaken.</p>	Met
5.16	<p>Comprehensive care at the end of life</p> <p>The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice</p>	Met	<p>Delivering Comprehensive Care Documents/Records: NERC, as a rehabilitation service, does not normally provide palliative care services. The Healthscope policy 'Voluntary Assisted Dying (Victoria)', and relationships with other providers are available if palliative care services are needed. Patient death reviews are conducted.</p>	Met
5.17	<p>Comprehensive care at the end of life</p> <p>The health service organisation has processes to ensure that current advance care plans:</p> <p>a. Can be received from patients</p>	Met	<p>Delivering Comprehensive Care Documents/Records: On advice from NERC, patients with ACDs are provided by their General Practitioner. At assessment ACD's were available for some patients. The policy 'Advanced Care Directive – Alerts, Documentation and Management' helps to guide practice.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	b. Are documented in the patient's healthcare record			
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	Met	Delivering Comprehensive Care Documents/Records: Staff are supported in their management and provision of end-of-life care. Employee Assistance and a Bereavement Resource folder are available.	Met
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 is provided against the planned goals of care	Met	Delivering Comprehensive Care Documents/Records: At assessment processes were seen to be available for reviewing the safety and quality against planned goals of care. The review of clinical indicators, including morbidity and mortality, is undertaken, MAC consideration, as well as Coroner recommendations, would be considered. At assessment processes were seen to be available for reviewing the safety and quality against planned goals of care.	Met
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	Delivering Comprehensive Care Documents/Records: Patients/carers/families are supported in accordance to the National Consensus Statement - Essential Elements for Safe and High Quality End of Life Care. Healthscope has access to the New South Wales Clinical Excellence Commission's resources for end-of-life care. The Last Days of Life Toolkit is available to support care.	Met

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

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.21	<p>Preventing and managing pressure injuries</p> <p>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</p>	Met	<p>Minimising Patient Harm Documents/Records: NERC at assessment demonstrated policies, practices and processes are in place to effectively support the management of pressure injuries. Assessment occurs on admission with risk-screening, including skin checks, and continues throughout the admission. Malnutrition screening is also attended to on admission. Audits are completed with KPIs and are reported via Healthscope. Comment was made that hospital acquired pressure injuries have occurred, but were managed. The main area of concern is for patients admitted with a pressure injury.</p>	Met
5.22	<p>Preventing and managing pressure injuries</p> <p>Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency</p>	Met	<p>Minimising Patient Harm Documents/Records: Policy is available to support needed practice on skin checks, and on staff interview, was noted to be completed. Skin checks are also undertaken throughout admission and is included in the daily care plan.</p>	Met
5.23	<p>Preventing and managing pressure injuries</p> <p>The health service organisation providing services to patients at risk of pressure injuries ensures that:</p> <ol style="list-style-type: none"> Patients, carers and families are provided with information about preventing pressure injuries Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries 	Met	<p>Minimising Patient Harm Documents/Records: Information on pressure injury management is available to the patient, and is also included on the NERC website - My Healthscope page. Equipment purchases are made to support patient care. and include mattresses, hoists, slide sheets and heel raisers/wedges.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.24	<p>Preventing falls and harm from falls</p> <p>The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for:</p> <ul style="list-style-type: none"> a. Falls prevention b. Minimising harm from falls c. Post-fall management 	Met	<p>Minimising Patient Harm Documents/Records:</p> <p>Falls management is supported by policy, identification of risk, and staff training. The risk of falls is part of admission screening. It was identified at assessment, that as a rehabilitation service, falls is a service risk. Incidents are recorded into RiskMan with incidents trended. Information for patients/carer/families are available via brochure and via the NERC website. Additional strategies for managing falls have been applied and included. These include pharmacy medication review, bed/chair alarms, relocating the patient to a room, improving visibility, access to low/lowered beds, and bathroom supervision at all times including toileting.</p>	Met
5.25	<p>Preventing falls and harm from falls</p> <p>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</p>	Met	<p>Minimising Patient Harm Documents/Records:</p> <p>On assessment, it was noted that equipment, devices and tools are available in supporting patient falls management, and staff interviewed were able to comment on these.</p>	Met
5.26	<p>Preventing falls and harm from falls</p> <p>Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies</p>	Met	<p>Minimising Patient Harm Documents/Records:</p> <p>Review of consumer documentation shows information is available about falls risks. This is demonstrated by brochure and NERC website information. Falls management is included in risk screening and daily care planning. At assessment, it was noted that the MDT works together to support patient safety.</p>	Met
5.27	<p>Nutrition and hydration</p> <p>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</p>	Met	<p>Minimising Patient Harm Documents/Records:</p> <p>Policies are available that support the needed management of food and fluids. Malnutrition screening is conducted on admission and dietician support is available to assist patients with dietary requirements. Governance is supported by the Healthscope MDT Nutrition Working Party. Meals are freshly cooked off site and delivered via the hospital kitchen. Patients generally spoke well of the meals provided. In saying this, there is a recognition that, with patient cultural diversity, food choice is important. NERC allows patients to have food brought in but there are processes in place for approval, management and storage. Food allergies are noted on admission.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.28	<p>Nutrition and hydration</p> <p>The workforce uses the systems for preparation and distribution of food and fluids to:</p> <ol style="list-style-type: none"> Meet patients' nutritional needs and requirements Monitor the nutritional care of patients at risk Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone Support patients who require assistance with eating and drinking 	Met	<p>Minimising Patient Harm Documents/Records:</p> <p>Review of documentation, as well as staff and patient interview, show systems for preparation and distribution of food and fluids are in place to meet, monitor, identify and support patients' nutritional needs and requirements. This is demonstrated by the admission process and risk screening on and throughout admission. Protected meal times are also in place.</p>	Met
5.29	<p>Preventing delirium and managing cognitive impairment</p> <p>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:</p> <ol style="list-style-type: none"> 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 Manage the use of antipsychotics and other psychoactive medicines, in 	Met	<p>Minimising Patient Harm Documents/Records:</p> <p>The management of cognitive impairment or delirium is supported by policy, risk screening, and staff training. The Medication Management Plan and Behaviour Chart are available tools to support needed care. Risk screening was noted to be consistently completed and ongoing monitoring occurs. A Sepsis Pathway is available. A Healthscope consumer approved information brochure is available to the patient/carer/family.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	accordance with best practice and legislation			
5.30	<p>Preventing delirium and managing cognitive impairment</p> <p>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:</p> <ul style="list-style-type: none"> 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	<p>Minimising Patient Harm Documents/Records: Documentation reviewed and staff interviews show systems are in place to be used for caring for patients with cognitive impairment. Policy support is available and includes Delirium and Cognitive Impairment Prevention and Management, assistance animals, duress alarms and handovers. Recent improvements over the previous 12 months or so include the introduction of the Cognitive Impairment Toolkit, the Delirium Flow Chart, the 4AT Assessment Test for Delirium and Cognitive Impairment and the Family Carer Consultation Form.</p>	Met
5.31	<p>Predicting, preventing and managing self harm and suicide</p> <p>The health service organisation has systems to support collaboration with patients, carers and families to:</p> <ul style="list-style-type: none"> 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	<p>Minimising Patient Harm Documents/Records: NERC, as part of its exclusion criteria, does not admit patients with suicidal thoughts. If a patient expresses suicidal thoughts on admission, the patient is immediately specialised and a transfer to a special mental health service is arranged. A staff member is trained in Mental Health First Aid and it was stated that this person would provide mental health awareness training for staff. As a suggestion it may be useful to include in the education advice on suicide awareness.</p> <p><i>Improvement Opportunities</i> Minimising Patient Harm Documents/Records: It may be beneficial to providing mental health training to staff include advice on suicide awareness.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
5.32	<p>Predicting, preventing and managing self-harm and suicide</p> <p>The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts</p>	Met	<p>Minimising Patient Harm Documents/Records: NERC exclusion policy covers those patients with suicidal thoughts. If a patient during admission reports suicide thoughts they are assessed for transfer. The patient is specialised to maintain safety prior to transfer.</p>	Met
5.33	<p>Predicting, preventing and managing aggression and violence</p> <p>The health service organisation has processes to identify and mitigate situations that may precipitate aggression</p>	Met	<p>Minimising Patient Harm Documents/Records: Review of documentation shows process are in place to identify and mitigate situations that may precipitate aggression. This was confirmed with staff at interview with staff training provided and duress alarm availability. Duress response is provided by the Police. Staff training on aggression management and de-escalation is undertaken. Patients receive an orientation to their environment.</p>	Met
5.34	<p>Predicting, preventing and managing aggression and violence</p> <p>The health service organisation has processes to support collaboration with patients, carers and families to:</p> <ul style="list-style-type: none"> 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 	Met	<p>Minimising Patient Harm Documents/Records: The management of aggression is supported by policy and staff training. Patients receive an orientation to their environment and risks are able to be identified on admission through risk screening. Processes to further assess the patient includes the completion of the daily care plan, handovers as well as safety and hourly rounding.</p>	Met
5.35	<p>Minimising restrictive practices: restraint</p> <p>Where restraint is clinically necessary to</p>	Met	<p>Minimising Patient Harm Documents/Records: NERC at assessment was seen not to use patient restraint. If a patient escalates they are specialised, assessed and transferred to a suitable facility. The Healthscope policy on patient restraint is available. Staff have availability to the Employee Assistance Program if</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	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		needed.	
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, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body	Met	Minimising Patient Harm Documents/Records: NERC does not have the facilities or implement practices for patient seclusion. The action is not applicable.	Met

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	Communicating for Safety Documents/Records: Communicating for safety is supported by policy, the management of risk as well, as staff orientation and training. At assessment, staff were able to demonstrate being able to access policies, and mandatory training is undertaken at good completion rates. Clinical handover and patient identification practices support safe practice. Patient surveys provide opportunities for feedback. The treating Visiting Medical Officer (VMO) will handover to another VMO for periods of leave and at weekends. Nursing and Medical Officer discharge summaries are completed.	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	Communicating for Safety Documents/Records: The quality improvement system is applied to monitor, implement and report on matters applicable to communicating for safety. NERC provides quarterly data to Healthscope, which is bench-marked across services. Audits undertaken include clinical handover, patient identification and discharge planning. Quality action plans are implemented for non-compliance. Risk register review is also completed. Patient surveys, follow up phone calls, and shared learning also support information sharing and improvements.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<p>b. Implementing strategies to improve clinical communication and associated processes</p> <p>c. Reporting on the effectiveness and outcomes of clinical communication processes</p>			
6.3	<p>Partnering with consumers</p> <p>Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to:</p> <p>a. Actively involve patients in their own care</p> <p>b. Meet the patient's information needs</p> <p>c. Share decision-making</p>	Met	<p>Communicating for Safety Documents/Records:</p> <p>Communication with the patient/carer/family was noted to occur effectively and appropriately at assessment. Policy support, the bedside handover using the ISOBAR framework, discharge planning and escalation of care advice are all applied. Staff and patient interview confirmed an understanding of practices. The patient information compendium and TV slides with relevant information are available.</p>	Met
6.4	<p>Organisational processes to support effective communication</p> <p>The health service organisation has clinical communications processes to support effective communication when:</p> <p>a. Identification and procedure matching should occur</p> <p>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</p> <p>c. Critical information about a patient's care, including information on risks,</p>	Met	<p>Communicating for Safety Documents/Records:</p> <p>Clinical communication practices support identification and procedure matching, transfer of care, and information on patient care including risks. Policy guides practice and was seen to be understood by staff. Red wrist bands are applied for patient allergies and adverse drug reactions. The bedside handover based on the ISOBAR framework, patient alerts, comprehensive risk screening, the comprehensive care plan, hourly rounding MDT handover and the daily care plan and patient care board are all applied to well support practice. Audits are undertaken on practices to identify improvements. For example, clinical handover and identification bands.</p>	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	<p>Correct identification and procedure matching</p> <p>The health service organisation:</p> <ul style="list-style-type: none"> 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	<p>Communicating for Safety Documents/Records: NERC uses four (4) identifiers based on policy for the identification of patients. Staff were able to comment on the requirement and patients commented on practice. The use of the identifiers were seen on assessment. Audits on patient identifiers are undertaken.</p>	Met
6.6	<p>Correct identification and procedure matching</p> <p>The health service organisation specifies the:</p> <ul style="list-style-type: none"> a. Processes to correctly match patients to their care b. Information that should be documented about the process of 	Met	<p>Communicating for Safety Documents/Records: At assessment, processes to match patients to their care, and documentation of matching patients to their care, were demonstrated. This was seen through observation of care being provided by staff to patients. Patients were able to comment on practices that supported their care including the availability of the MDT.</p>	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	<p>Clinical handover</p> <p>The health service organisation, in collaboration with clinicians, defines the:</p> <ul style="list-style-type: none"> 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	<p>Communicating for Safety Documents/Records:</p> <p>Clinical handover practices were seen to be effectively applied and communicated, with risks considered in collaboration with the MDT. Documentation for care planning and risk assessments were seen to be completed and considered for care. Patients commented they were able to communicate their goals of care.</p>	Met
6.8	<p>Clinical handover</p> <p>Clinicians use structured clinical handover processes that include:</p> <ul style="list-style-type: none"> 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	<p>Communicating for Safety Documents/Records:</p> <p>Clinical handover practices support the elements of this action. Policy support, orientation and education on the bedside handover and the use of the ISOBAR framework for the bedside handover are all available and understood. Carers can participate in handover with the patient's permission and, at assessment, a carer commented favourably on care provided. Ongoing monitoring of care needs are provided through the use of care boards, hourly and executive rounding.</p>	Met

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

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	<p>Communicating critical information</p> <p>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:</p> <p>a. Clinicians who can make decisions about care</p> <p>b. Patients, carers and families, in accordance with the wishes of the patient</p>	Met	<p>Communicating for Safety Documents/Records:</p> <p>The communication of critical information, alerts, and risks occur between clinicians and patients and others as necessary. Healthscope by-laws mandate VMO responsibility for patient care, which occurs in collaboration with the MDT. Case conferences, the Comprehensive Care Plan, and comprehensive care risk assessment supports practice. If a patient requires transfer, patient transfer information is provided. Escalation of care practices are available.</p>	Met
6.10	<p>Communicating critical information</p> <p>The health service organisation ensures</p>	Met	<p>Communicating for Safety Documents/Records:</p> <p>At assessment there are processes and practices available for patients, carers and families to directly communicate to clinicians critical information and risks. Patient</p>	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		brochure information, responding to acute deterioration and escalation of care processes support needed care.	

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	<p>Documentation of information</p> <p>The health service organisation has processes to contemporaneously document information in the healthcare record, including:</p> <ul style="list-style-type: none"> a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan 	Met	<p>Communicating for Safety Documents/Records:</p> <p>At assessment, the review of healthcare record documentation showed the contemporaneous recording of critical information, alerts and risks, reassessment processes and outcomes and changes to the care plan. To support further documentation improvement, refer to the recommendation at action 5.12.</p>	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	Standard 7 is not applicable to North Eastern Rehabilitation Centre as blood and blood products are not in use.	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

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

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

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
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
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
7.8	Reporting adverse events The health service organisation participates in haemovigilance activities, in accordance with the national framework	Not applicable		Not applicable

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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
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

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. Management and staff interviewed were clear on the policy directives and actions to respond to both medical, physical and mental acute deterioration and sighted examples of learning from incidents and reducing patient trauma.	Met
8.2	Applying quality improvement systems The health service organisation applies the quality improvement system from	Met	Acute Deterioration Documents/Records: 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. The RiskMan software tool helps management to record and track	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		responses to acute deterioration and identify opportunities for improvement as well as root cause analysis. At times, working parties are set up to work through a better practice solution to an event and how to improve response.	
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	Acute Deterioration Documents/Records: 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.	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	Acute Deterioration Documents/Records: 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. Monitoring processes include observation and behaviour charts. The service conducts behaviour chart audits to ensure staff practice followed the correct procedure.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	<ul style="list-style-type: none"> 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 			
8.5	<p>Recognising acute deterioration</p> <p>The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to:</p> <ul style="list-style-type: none"> 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	<p>Acute Deterioration Documents/Records: Review of documentation shows there are protocols in place 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.</p> <p>This includes monitoring of suicide ideation and the potential for self-harm. Incident analysis is used to inform practice improvement.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.6	<p>Escalating care</p> <p>The health service organisation has protocols that specify criteria for escalating care, including:</p> <ul style="list-style-type: none"> 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	<p>Acute Deterioration Documents/Records: 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, management of pain and concerns about acute deterioration.</p> <p>Patients in their rooms have an emergency call button and staff are trained to call emergency services. Mock trials are conducted on responding to acute deterioration from both a patient and/or their visitor.</p>	Met
8.7	<p>Escalating care</p> <p>The health service organisation has processes for patients, carers or families to directly escalate care</p>	Met	<p>Acute Deterioration Documents/Records: Review of documentation shows processes are in place for patients, carers or families to directly escalate care. The escalation of care procedure is laminated and placed in patient rooms. Staff interviewed could explain the escalation procedure and the different roles taken by staff in this event.</p>	Met
8.8	<p>Escalating care</p> <p>The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance</p>	Met	<p>Acute Deterioration Documents/Records: Review of documentation shows the workforce has the ability to escalate care and call for emergency assistance. Staff explained how one person will take observations, another call emergency services, one staff members records vital information to handover to the first responders and other staff perform CPR, apply first aid, and keep the patient comfortable, and as stable as possible.</p>	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
8.9	Escalating care The workforce uses the recognition and response systems to escalate care	Met	Acute Deterioration Documents/Records: Review of acute deterioration documents and records shows 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	Acute Deterioration Documents/Records: Review of human resource documents and interviews demonstrated the clinicians at NERC have the skills required to manage acute deterioration. Staff participate in regular planned and responsive training to continue to improve awareness and skills. Recent training in mental health and looking for warning signs has been found to be beneficial by staff. <i>Improvement Opportunities</i> Acute Deterioration Documents/Records: Consider mental health first aid training for all clinical staff as a mandatory requirement.	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	Acute Deterioration Documents/Records: Review of human resource documents shows there is rapid access to a clinician at NERC who can deliver advanced life support.	Met
8.12	Responding to deterioration The health service organisation has	Met	Acute Deterioration Documents/Records: Review of documentation shows a process is in place for referral to mental health services for patients whose mental state has acutely deteriorated.	Met

Actions	Description	Audit Attainment Level	Audit Comments	Final Attainment Level
	processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated		<p><i>Improvement Opportunities</i></p> <p>Acute Deterioration Documents/Records: It may be beneficial to consider further mental health first aid training for staff and/or non violent crisis intervention.</p>	
8.13	<p>Responding to deterioration</p> <p>The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration</p>	Met	<p>Acute Deterioration Documents/Records: Review of documentation shows a process is in place for referral to services that can provide definitive management of acute physical deterioration. There are comprehensive protocols followed for providing information and update to first responders. The Nurse Unit Manager also follows up the patient after they are handed over to the emergency services to see if any further information can be provided. Reviews and reflection is undertaken by staff on the underlying reason for the acute deterioration diagnosed at the emergency department or while the patient was in hospital so further insight can be gained on early warning signs.</p>	Met



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