



NSQHS Standards Second Edition

Final Assessment Report

Norwest Private Hospital

Bella Vista, NSW

Organisation Code: 120901

Health Service Facility ID: 101779

Assessment Date: 3/06/2021 to 3/06/2021

Accreditation Cycle: 1

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

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Preamble

How to Use the Final Assessment Report

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

The Ratings

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

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

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

Recommendations

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

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

Risk ratings are:

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

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Introduction

On 09/03/2021, Norwest Private Hospital underwent an NSQHS Standards Second Edition. Below is a summary of the Health Service Facilities (HSFs) that were reviewed as part of this assessment:

Health Service Facility Name	HSF Identifier
Norwest Private Hospital	101779

Summary of Recommendations Subject to the Final Assessment

Facilities(HSFIDs)	Initial Assessment MWR	Initial Assessment NM
Norwest Private Hospital-101779	1.22, 4.2, 5.19, 5.22	4.1

The final assessment was conducted for Norwest Private Hospital on 03/06/2021. The following report outlines the assessment team's findings.

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General Discussion

This final assessment was conducted by one assessor over a single morning in early June 2021. The organisation was extremely well prepared, providing the assessor with considerable pre-survey documentation, which indicated both actions taken since the initial survey and where appropriate, extensive auditing activity, with results showing positive outcomes. The outcome of this final assessment is that actions 4.1, 1.22 and 5.22 have been rated Met. Because of the limited time between the initial and final assessments, actions 4.2 and 5.19 continue to be rated Met with Recommendation.

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Assessor Findings at Final Assessment

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

ACTION	
1.22	The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
There is a valid and reliable performance review process to allow the workforce to regularly participate in performance review. Many departments had good compliance with annual performance review, however there are some department that have low compliance with completing the annual performance review.	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: *The importance of annual performance review be reinforced in order to ensure that each staff member receives an annual performance review.</p> <p>Risk Rating: Low</p> <p>Risk Comment: *There is a risk that staff will not receive feedback on performance and the opportunity for continuous improvement.</p>
Final Assessment Comments	
<p>Since the initial assessment, focused activity has occurred to ensure compliance with staff performance reviews. During this final assessment, data was provided demonstrating achievement. At the end of May organisational compliance was assessed at 85% against a May target of 80%. Completion targets for June and July have been set at 85% and 90% respectively. The human resources department is now providing executive with a monthly achievement report.</p> <p>During this assessment, it was stressed that emphasis was being placed on a meaningful staff member/manager review process which adds value and is not just a "tick-box" exercise. An impressive list of learning needs identified from the process was provided during this assessment.</p>	
Final Assessment Rating	Applicable
Met	All

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ACTION	
4.1	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
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
The organization has systems and processes to manage medication safety, however the policies and procedures have not been fully implemented to ensure safe delivery of medication. This is evidenced by the following: - March 2020 audit results demonstrated 30% compliance in overall completeness of medication charts with limited evidence of the supporting quality plan - September 2020 the overall rating increased to 76%, no further audits were available following this audit. At assessment a random sample audit of ten records was undertaken inclusive of all inpatient wards. The results demonstrated the need to enhance medication documentation in accordance with local policy across all areas of the chart including labelling, ceasing medication orders, allergies and adverse drug reactions (ADR) documentation, indication for medication (especially for PRN medications) and the numbering of medication charts (eg 1 of 2) and telephone orders.	<p>Rating: Not Met</p> <p>Applicable: All</p> <p>Recommendation: *Enhance the frequency of the audit program to provide increased surveillance with direct links to improvement activities, including education (formal and informal) of the staff as to the requirements for safe medication prescribing and medication chart documentation. The regular audit program should be sustainable to not only measure immediate improvements but also ensure sustainable improvements are achieved.</p> <p>Risk Rating: High</p> <p>Risk Comment: *Some systems are in place, however there is a need to expand these systems to ensure a consistent and safe approach to medication documentation.</p>
Final Assessment Comments	
<p>At time of this final assessment, the organisation demonstrated outcomes of a variety of initiatives undertaken to strengthen systems and practices associated medication prescription and management. These include:</p> <ol style="list-style-type: none"> 1. establishment of a dedicated sub-group of the medication safety committee 2. development of a mini audit tool taken from the National Audit tool 3. developed a communication strategy focused on both medical and nursing staff, to remind these craft groups of their professional responsibilities related to prescribing and safe handling of medications 4. focused education sessions and reminders for specific medical speciality groups. 5. Adopting a variety of teaching methods - workshop, groups, individual based to ensure medical, nursing and trainee staff were aware of their responsibilities. 6. Implementation of a comprehensive audit program. This includes ward specific monitoring against specific variables. 	

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ACTION	
4.1	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
<p>Assessor random review of medication charts in several clinical areas including, medical, surgical, orthopaedics and Intensive care showed significant adherence to policy, confirming the latest audit reports which show considerable improvement in prescribing practices.</p> <p>Processes for ongoing monitoring and regular executive oversight of outcomes are established. This is led by the General Manager, Medical Director of Anaesthetics and the Chairman of the Medical Advisory Committee.</p>	
Final Assessment Rating	Applicable
Met	All

ACTION	
4.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
As highlighted in 4.1 there are evaluation and monitoring systems however the systems need to be strengthened to ensure sustainable achievements are achieved.	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: *Enhance the medication safety evaluation and monitoring processes to ensure sustainable results are achieved.</p> <p>Risk Rating: Moderate</p> <p>Risk Comment: *Some systems are in place, however there is a need to expand to ensure a consistent and safe approach to medication documentation.</p>
Final Assessment Comments	
As mentioned in the comments for 4.1 a series of strategies have been put in place to strengthen processes to evaluate compliance with medication prescribing.	

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ACTION		
4.2	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
<p>A series of weekly and monthly auditing processes have been established. Responsibilities of the Quality and Risk Committee, which provides oversight of auditing processes within Norwest have been extended to include review of individual ward based audit results.</p> <p>Associated education programs have been evaluated and adjustments made following participant feedback.</p> <p>The most recent audit results suggest for a small group of measures- e.g. drs signing phone orders within 24 hrs, ceasing medications correctly and providing indications for PRN orders still require further attention. However, assessor review of charts (mentioned in 4.1) found all charts viewed were 100% compliant on these measures.</p> <p>This assessor suggests there may be scope to further view the audit "targets " for some of the measures to promote further safe practice.</p> <p>Insufficient time has lapsed since the initial survey to allow the organisation to demonstrate that the initiatives have been sustained, however, the strategies are appropriate and the outcomes to date very promising.</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Recommendation: Maintain the momentum through the auditing and educative initiatives already established to sustain safe prescribing practices.</p> <p>Risk Rating: Low</p> <p>Risk Comment:</p>

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ACTION		
5.19	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	
Initial Assessment Comments		Initial Assessment Recommendation(s) / Risk Rating & Comment
Norwest Private has systems in place for recording the patients end of life wishes and to provide this care. A review of the patients clinical record by assessors showed that end of life care is recorded and that discussion occurs with the family. There has not been formal review that that the patients wishes align wi this does occur. A draft document entitled 'End of Life Care Survey for Families', has been developed but has not yet been implemented.		Rating: Met with Recommendation Applicable: All Recommendation: *The End-of-Life Care Survey for Families be implemented, and the results of the surveys be regularly collated and provided to staff. Risk Rating: Low Risk Comment: *There is a risk that feedback will not be obtained concerning patients and that their wishes have been implemented.
Final Assessment Comments		
<p>The organisation has a well-developed strategy to conduct an end of life survey for families, following the death of a relative.</p> <p>Documentation provided during this final assessment included a process guide and survey form for relatives. Acknowledging that family responses to death can be very different and that sensitivity is required, the organisation is still refining processes for administering the survey. A spreadsheet to track deaths and the stage of surveying was sighted. It is still very early in the life of this project which must be considered a very commendable "work in progress".</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	Recommendation: Continue to implement the end of life care survey for families. Risk Rating: Low Risk Comment:

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ACTION	
5.22	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
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
The comprehensive care plan very clearly addresses pressure injuries, however there is not a section to record the daily skin integrity check on the daily care plan. If there is a skin integrity breach it is either recorded on the wound chart or under the other section. If there is not a breach the skin integrity check is currently written into the patients clinical record notes. There is a potential risk that skin integrity test may not be conducted	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: *A system is developed to ensure a consistent approach to recording the daily skin integrity check.</p> <p>Risk Rating: Moderate</p> <p>Risk Comment: *Daily skin integrity checks may not occur leading to the potential for a pressure injury to occur.</p>
Final Assessment Comments	
Assessor clinical file reviews across several wards during this final assessment confirmed that the processes developed since the initial assessment to record daily skin integrity checks are being used as described in the pre-survey documentation. The change process has included a formalised action plan with components focused on development of a new care plan, considerable education, snapshot compliance auditing and planned 3 and 6-month post-implementation audits to demonstrate continued adherence to the new requirements.	
Final Assessment Rating	Applicable
Met	All

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Summary of Accreditation Status

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

Health Service Facility Name	HSF Identifier	Accreditation Status
Norwest Private Hospital	101779	3 years Accreditation