



National Safety and Quality Health Service Standards 2.1 Short Notice Assessment *Final Report*

The Victoria Clinic
PRAHRAN, VIC

Organisation Code: 221780
Health Service Facility ID: 101121
ABN: 85 006 405 152
Assessment Date: 15 – 16 April 2025

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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Introduction

The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is Australia's leading healthcare assessment and accreditation provider. ACHS is an independent, not-for-profit organisation dedicated to improving quality and inspiring excellence in health care. We accredit organisations according to either government standards, or our own established standards.

ACHS is approved to accredit the following standards

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care Module (MPS Module)
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards
- National Clinical Trials Governance Framework
- Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition) and the RACGP Standards for point-of-care testing (5th edition)
- National Standards for Mental Health Services (NSMHS)
- Rainbow Tick Standards
- EQUiP Standards

Currently there are more than 1,600 healthcare organisations, including their associates, that undertake ACHS assessment and quality improvement programs. ACHS are proud to accredit the majority of all public and private hospitals in Australia.

With representation from governments, consumers and peak health bodies from throughout Australia, ACHS works with healthcare professionals, consumers, government and industry stakeholders to implement healthcare accreditation programs.

ACHS offers a variety of services including accreditation, education and training, data and benchmarking and consulting. We take a partnership approach to continuous improvement, tailored to the needs of individual services and health systems, using our expertise in accreditation, standards development and education.

Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care (Commission) leads and coordinates national improvements in healthcare safety and quality. It works in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission works in four priority areas:

1. Safe delivery of health care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value, and outcomes

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Under the National Health Reform Act 2011, the Commission is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the following safety and quality standards:

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care (MPS) Module
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards, and
- Any other set of standards that may be developed by the Commission from time to time

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, the NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

Rating scale definitions

Whenever the NSQHS Standards (2nd ed.) are assessed, actions are to be rated using the rating scale outline below:

Rating	Description
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. If there are no not met actions across the health service organisation, actions rated met with recommendations will be assessed during the next assessment cycle. Met with recommendations may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated not met. In circumstances where one or more actions are rated not met, the actions rated met with recommendations at initial assessment will be reassessed at the final assessment. If the action is not fully met at the final assessment, it can remain met with recommendations and reassessed during the next assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.

Rating	Description
Not met	Part or all of the requirements of the action have not been met.
Not applicable	The action is not relevant in the service context being assessed. The Commission's advisory relating to not applicable actions for the health sector need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

For further information, see [Fact sheet 4: Rating scale for assessment](#)

Repeat Assessment

If a health service organisation has 16 or more percent of assessed actions **rated not met and /or met with recommendations**, and /or more than 8 actions from the Clinical Governance Standard not met at initial assessment and is subsequently awarded accreditation, the organisation is required to undertake a further assessment within six months of the assessment being finalised. All actions rated not met or met with recommendations from the initial assessment will be reassessed. The aim of the reassessment is to ensure the organisation has fully embedded the necessary improvements in their safety and quality systems to maintain compliance with the NSQHS Standards. This is a one-off assessment with a remediation period of 60 business days. **All actions must be met when the assessment is finalised for the organisation to retain its accreditation.**

For further information, see [Fact Sheet 3: Repeat assessment of health service organisations](#)

Safety and Quality Advice Centre and Resources

The Advice Centre provides support for health service organisations, assessors, and accrediting agencies on NSQHS Standards implementation, the Primary and Community Healthcare Standards, the Digital Mental Health Standards, the National General Practice Accreditation (NGPA) Scheme, the National Pathology Accreditation Scheme, and the National Diagnostic Imaging Accreditation Scheme.

Telephone: 1800 304 056

Email: AdviceCentre@safetyandquality.gov.au

Further information can be found online at the [Commission's Advice Centre](#) via <https://www.safetyandquality.gov.au/>

Authority to act as an Accrediting Agency

I, Dr Karen Luxford, CEO of the Australian Council on Healthcare Standards (ACHS) declare that ACHS has the approval from the Australian Commission on Safety and Quality in Health Care to conduct assessment to the *National Safety and Quality Health Service Standards 2.1 Short Notice Assessment*. This approval is current until 31st December, 2024.

Under this authority, ACHS is authorised to assess health service organisations against the Australian Health Service Safety and Quality Accreditation Scheme.

Conflicts of Interest

I, Dr Karen Luxford, declare that ACHS has complied with Australian Commission on Safety and Quality in Health Care policy on minimising and managing conflicts of interest.

No conflicts of interest were evident as part of this assessment and no Consultants or third parties participated in this assessment.

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Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Lead Assessor	Ann Cassidy	Yes
Assessor	Mary Hyland	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Victoria Clinic, The. The accreditation decision was made on 30/5/2025 and Victoria Clinic, The was notified on 30/5/2025.

How to Use this Assessment Report

The ACHS assessment report provides an overview of quality and performance and should be used to:

1. provide feedback to staff
2. identify where action is required to meet the requirements of the NSQHS Standards
3. compare the organisation's performance over time
4. evaluate existing quality management procedures
5. assist risk management monitoring
6. highlight strengths and opportunities for improvement
7. demonstrate evidence of achievement to stakeholders.

The Ratings:

Each **Action** within a Standard is rated by the Assessment Team.

A rating report is provided for each health service facility.

The report will identify actions that have **recommendations** and/or comments for each health service facility.

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.

Suggestions for Improvement

The Assessment Team may provide suggestions for improvement for the health service to consider implementing. They are not required to be implemented for an action to achieve a met rating. Suggestions for improvement are documented under the criterion level.

Recommendations

Not Met/Met with Recommendation rating/s have a recommendation to address in order for the action to be rated fully met. An assessor's comment is also provided for each Not Met/Met with Recommendation rating.

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

Executive Summary

The Victoria Clinic, a private health service, underwent assessment against the National Safety and Quality Health Service Standards 2.1 Short Notice Assessment (NS2.1 Short Notice Assessment) from 15-16/4/2025, requiring two assessors. The organisation was last assessed between 19-20/7/2022.

The ACSQHC PICMoRS methodology was used to conduct the assessment, with approximately 85% of assessor time spent in operational areas during the assessment.

The Victoria Clinic (TVC) is a member of the Healthscope hospital group, which provides drug and alcohol and specialty mental health services in an inner suburb of Melbourne. At the time of the assessment, TVC was engaged in rebuilding the service, with several specialty services being introduced or reframed, and was establishing a new executive leadership team.

TVC staff were reasonably well prepared for the assessment, and appropriate evidence was available for all actions. High-risk scenario testing related to risks found on the organisation's risk register were woven into discussions with staff and demonstrated how well the organisation mitigated the risks. Met ratings were achieved for all actions. Not Applicable ratings for all Actions within Standard Seven and Action 5.36 (seclusion) were verified. Several suggestions have been made across the Standards that seek to strengthen existing systems and processes.

The executive and senior leadership team attach great importance to their responsibility for patient safety and quality of care and provide strong leadership not only at the governance level but throughout the organisation, down to the front-line workforce. Leadership is visible, demonstrating its responsibility and commitment to providing direction to achieve excellence in service provision in line with HSP's mission, values, and strategic statements. It was evident that the workforce demonstrates a positive person-centred culture in the provision of person-centred safe care.

Clinical performance and effectiveness are monitored through activities outlined in the HSP and TVC Clinical Governance Frameworks. Incidents and complaints are well managed and responded to quickly. Staff were cognisant of their responsibilities in incident management and were able to demonstrate examples of continual improvements in their service areas. Corporate oversight of policy, procedure, and clinical form development was evident, along with an ongoing focus on improving the measurement of quality improvement.

Risks are identified at a corporate and hospital level and are rated with mitigation strategies identified and actioned using a hierarchy of control approach. The TVC risk register is reviewed regularly and includes a contemporaneous record of interventions and mitigation strategies that apply to the risk. Risks listed within the registry tend to reflect the transactional risks occurring at the care delivery level (i.e. incidents) rather than the strategic risks for the organisation.

There are currently 93 risks open on the risk register, with the majority having a residual rating of low with stable controls. Suggestions have been made to review the content of the risk register to ensure that strategic and operational risks have been captured, that the residual rating of the risk reflects the evaluation of controls, and, where possible, group similar risk events under a broader categorisation where the control strategies are the same and the controls are effective. Aboriginal and Torres Strait islander initiatives are aligned with the strategic imperatives outlined in the HSP's Aboriginal Health Plan. A review of the six actions relating to the systems supporting Aboriginal and

Torres Strait Islander people indicates that TVC is in the initial phases of embedding its systems to meet the full intent of the actions.

TVC committees monitor the effectiveness of the safety and quality system through audit, clinical variation, benchmark data, incident analytics, and consumer feedback. Each has clear roles and responsibilities and is linked to one of HSP's Clinical Governance or specialty group committees. At the time of the assessment, the TVC committee structure was under review to reflect the information flows throughout the organisation.

Committees such as the Executive and Work Health and Safety were yet to be established or recommended, and the names of some of the committees had been changed. It is within this context that the naming of the committees in the sub actions of the Standards refers to the diagram listed in the CGF. Suggestions have been made for consideration as part of the review.

Feedback is sought from staff, consumers, carers, and their families through numerous media. Patient stories are utilised in clinical governance forums, facilitating opportunities for continual learning in safety and quality from the lens of a patient. Clinical performance is monitored, variation explored, and the workforce is supported through safety and quality systems and processes to provide safe, effective, and connected care across the service. Cultural and diversity informed care is supported through the HSP and TVC planning and training.

The HSP mandatory and TVC local and role-specific training programs demonstrate good compliance. This is linked to performance reviews with performance plans developed with the staff. There is access to a range of clinical resources for clinicians and non-clinical staff that support their roles and responsibilities. Credentialing and defining the scope of clinical practice of clinical staff is well managed and monitored through HSP and the Medical Advisory Committee (MAC). Supervision requirements are established, and staff were able to describe how they access this.

Paper-based medical records are used across the organisation and are accessible at the point of care. The preventive and reparative maintenance programs ensure that all buildings, plants and equipment, utilities, devices, and other infrastructure are fit for purpose. All Actions within this Standard were rated as Met. TVC partners with patients directly in their care in a comprehensive and best-practice way. The level of engagement is robust, with evidence of shared decision making. This is reflected in comprehensive patient care plans, on care boards, and the individual health outcome measures such as HoNOS. There are sound approaches to engagement with families and the identification of substitute decision makers, which staff were able to describe, although as a voluntary mental health and addiction specialty unit, the need for a substitute decision-maker is low. Consent processes and information about rights and responsibilities comply with the HSP requirements and the Australian Charter of Healthcare Rights.

Acknowledging the quality improvement projects underway regarding patient information and health literacy, the current systems aren't robust and would benefit from earlier engagement with consumer representatives. In addition, the engagement with consumers and communities in co-design appears to be at the consultation stage, and suggestions have been made regarding these areas. All Actions within this Standard were rated as Met.

Clinical governance and quality improvement systems that support the prevention and control of healthcare-associated infections and improve antimicrobial stewardship (AMS) across TVC are supported by the Director of Clinical Services, HICMR Level 2 consultancy and support service, and

an outsourced clinical pharmacist. Systems are evidence-based and apply a risk management approach to the management of infection. Operational and governance oversight is through both the HSP and TVC Quality and Risk Committees. No hospital-acquired infections or outbreaks have been reported. Standards and practices are monitored through a comprehensive range of Healthscope and HICMR self-assessment practice audits, which consistently demonstrate sustained compliance above the 90th percentile. Personal protective equipment (PPE) is readily available, and staff are provided with appropriate training and education. Facilities are well maintained and kept to a high standard of cleaning, confirmed by cleaning audits, schedules, and patient feedback. All Actions within this standard are rated as Met.

Medication management services are contracted from HPS Pharmacies and integrated into the TVC clinical governance system and are supported across the organisation. There are cohesive systems for all aspects of the medication management pathway and evidence of strong commitment to continuous improvement that engages all disciplines. The process of prescribing, dispensing, administering, and monitoring the effects of medicines was found to be part of everyday business. Medication risks have been identified and communicated, and the Medication Safety Committee oversees audits and improvements. Strategies are put in place to address issues identified by the audits and incident analytics. Staff in clinical areas demonstrated their understanding of the principles of medication safety and were observed to engage positively with patients. Medicine information, alerts and guidance around medication was easily accessible and guided clinical practice. Medicines are stored in accordance with legislation, and manufacturers' instructions and records are maintained. All actions within this Standard were rated as Met.

TVC comprehensive care systems are effective and supported by accessible health records and monitoring, accessible and responsive medical oversight and multidisciplinary input into care planning and discussions. The comprehensive care plan is a good example of enabling discussion with patients and the identification and recording of their goals of care. This is supported by training in comprehensive care, which is supported through HSP e-learning and the HSP Hub. Patients are assessed for risks, and patient harm minimised with appropriate interventions initiated in a timely manner. Multidisciplinary team participation in the development of care plans and subsequent support was appropriate, with regular clinical reviews in which patients participate in real time.

Evidence-based tools and clinical forms are used by staff to record screening and assessments, including screening for risks of pressure injuries, falls, nutrition and hydration, cognitive impairment, physical health, suicide and self-harm, and aggression and violence. This was reflected in the health records reviewed and through conversations with clinicians, observing handovers, and through discussions with some patients and the consumer consultant. There was effective communication of information to staff and a review of individual outcomes. TVC has undertaken improvements, for example, in post-falls management, have increased access to bariatric equipment and relevant clinical guidelines, in accessing advanced care directives, and in promoting a sound evidence base. For example, the therapy programs including Eye Movement Desensitisation and Reprocessing (EMDR), Schema Inpatient Program for complex Trauma, and the Transcranial Magnetic Stimulation/Theta Burst Stimulation (TMS/TBS) and Electroconvulsive Therapy (ECT) are evidence-based. The ECT program recognised the anaesthetic risks posed by delayed gastric emptying for patients prescribed GLP receptor agonists (Ozempic), which required cessation of either treatment. TVC has now adopted the recently released ANZCA guidelines. Audits, incidents, and indicator reporting, including Metrik, provide TVC with information to support an effective approach to comprehensive care. All actions within this Standard were rated as Met, with one Action (5.36) verified as Not Applicable.

Effective communication for safe patient care is underpinned by policies that support the flow of information throughout the patient journey, commencing before admission through to discharge and follow-up. Formal and informal processes are in place in clinical areas to allow clinical staff to readily communicate and update patient care information. Patients have the appropriate identifiers in place, and risks and alerts are captured and flagged. Bedside handovers were observed, and patient care boards at the bedside enable easy dialogue and display information that matters to patients. A program of audit evaluation and monitoring to ensure critical information is provided at transitions of care and documented would strengthen existing processes. All Actions within this Standard were rated as Met.

TVC has systems in place for recognising and responding to deterioration, which comply with HSP requirements and are evidence-based. The systems have been tested, staff have been trained, and the equipment is accessible and contemporary. The implementation of the patient escalation system for each room provides a method of contact for patients and families. The focus on the early recognition of physiological and/or mental health deterioration and interventions using strategies developed with the patient was evident, including requirements for program and specific therapy participation and the outcomes of non-participation. All Actions within this Standard were rated as Met.

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Summary of Results

The Victoria Clinic achieved a met rating for all facilities in all actions and therefore there is no requirement for a follow up assessment.

Further details and specific performance to all of the actions within the standards is provided over the following pages.

Sites for Assessment

The Victoria Clinic

Site	HSFID	Address	Visited	Mode
The Victoria Clinic	101121	324 Malvern Road, Prahran VIC 3181	Yes	On Site

Contracted Services

A sample of Contracts Services has been verified.

The following contracted services are used by The Victoria Clinic.

Provider	Description of Services	Verified During Assessment
BGIS	Backflow Prevention Test	No
ART Security	Duress Alarm	Yes
FES Fire Equipment Services	Fire Control Panel	No
FES Fire Equipment Services	Fire Hydrants and Extinguishers	No
FES Fire Equipment Services	General Fire System	No
Veolia Environmental Services Corporate	Grease Traps	No
HICMR	Infection Prevention & Control	No
BOC Gas	O2 Cylinders	No
W.R. Gray Pty Ltd	Pest Control	Yes
BGIS	Refrigeration	No
BGIS	Thermostatic Mixing Valves	No
Integra	Water Treatment Solutions 'Legionella Testing'	No
Veolia Environmental Services Corporate	General Waste	No
Chemtronics-Corporate	Biomedical	No
Melbourne pathology	Pathology	No
Veolia Environmental Services Corporate	Clinical Waste	No
Recall	Document Destruction	No
Spotless- Corporate	Linen Services	No
ECOLAB - Corporate	Cleaning Chemical Supply	No
Bidvest- Corporate	Catering Supplies - Dry rations	No
Hills Communications	Nurse Call Services	Yes
ART Security	Security	Yes
Lease Communications Pty Ltd	Security Cameras, Swipe Card System Installation	Yes
CLEMTech Pty Ltd	Kitchen Equipment Service 'Ice Machine, Dishwasher & Bain Marie	Yes
BGIS	Electrical Installation & Service	No
Eminor Painting Services	Major Painting Services	No
BGIS	Plumbing Installation & Repairs	No
SAJ Fruit supplies	Catering Supplies - Fruit and vegetables	No
Parmalat	Catering Supplies - Dairy	No
Top Cut Food Industries	Catering - Meats	No
Bunzl Limited Corporate	Housekeeping Supplies - Paper products	No
Big Ben Services	Deep fryer/exhaust canopy cleaning	Yes
HICMR	Infection Prevention and Control	No

The Victoria Clinic has reviewed these agreements for the listed services in the three years preceding this assessment.

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Standard 1 - Clinical Governance

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.

ACTION 1.01	
The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation's progress on safety and quality performance	
Comments	
The Healthscope (HSP) Board, supported by several Board sub-committees, provides the overall leadership, strategic direction, and clinical governance for hospitals within the group, including The Victoria Clinic (TVC). HSP is accredited by ACHS with currency to September 2025. A review of available documentation (Consistent with the requirements of the ACSQHC Checklist for Assessors – Reviewing information accessed and actioned by the Governing Body), supported by observation and interviews with the leadership team, demonstrates that a culture of safety and quality improvement has been established. Reference to quality and safety statements is clearly expressed in the HSP mission, values, and strategic plan, and TVC's B.U.I.L.D - Building sustainable Growth Together statement. HSP's Clinical Governance Framework supports the Strategic Plan across all aspects of the strategy. The Framework comprises eight key pillars, which are underpinned by systems and processes designed to monitor and improve performance, outcomes, and experience. These strategies cascade down and are operationalised through various site-based operational and clinical governance frameworks and quality improvement plans, which are maintained within HSP's Electronic Quality Management System (eQuaMS). The VC Clinical Governance Plan for 2024-25 has recently been released and is yet to be disseminated to staff. A risk management approach underpins all aspects of clinical safety and quality. Operational and clinical performance reports to the Board include quality and safety, and patient and staff experience measures, and a review of position descriptions indicated that quality and safety responsibilities are clearly defined.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.02	
The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
Comments	
The HSP Board and Executive leadership team have actively considered the needs of Aboriginal and Torres Strait Islander people in the provision of healthcare within the communities in which it operates. The HSP Reconciliation Action Plan (HSP RAP) provides the overall direction for sites. The HSP Cultural, Diversity, and Inclusion Committee is responsible for the development, coordination, and communication of the plan. The HSP Board receives regular reports on Closing the Gap reforms to monitor Aboriginal health outcomes and well-being, in addition to progress reports on the implementation and outcomes of the plan. The number of patients attending TVC whom identify as Aboriginal and Torres Strait Islander Peoples is low. The organisation meets the requirements of Advisory AS18/04.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.03	
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	
Comments	
The HSP and TVC Clinical Governance Framework/Plan outlines the key focus areas for management and staff. In general, TVC personnel in key clinical governance leadership roles were able to describe some of the elements of Clinical Governance, however, were unfamiliar with the plan. There is value in developing a more formal approach to the orientation/education of all members of the clinical workforce about the key aspects of the clinical governance framework and their responsibilities for improving safety and quality. Committees have been established to monitor the effectiveness of the clinical quality system through audit, incident analytics, and consumer feedback and each has clear roles and responsibilities. At the time of the assessment, the TVC committee structure was under review. The Executive and Work Health and Safety Committees were yet to be established or recommenced, and the names of some of the committees had been changed. It is within this context that the naming of the committees in the sub actions of the Standards refers to the diagram listed in the CGF. The TVC committee performance and the satisfaction of its members are yet to be formally evaluated.	
Suggestion(s) for Improvement	
- To identify and introduce a formal process by which the senior clinical leadership team is orientated to the TVC Clinical Governance Plan and how to use the elements within the framework to drive the quality and risk agenda that is aligned with HSP strategic priorities. - To incorporate within the review of the TVC committee structure, consideration of the:	

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○ Redesign of the TVC Committee structure diagram to improve clarity around the type of committee and its delegated authorities as articulated in the Terms of Reference. Committees could be framed as operational, strategic and decision-making committees, those that are advisory, and those that act as communication or special interest groups. ○ Incorporation within each committee's Terms of Reference of key performance metrics that relate to the role and responsibility of the committee. Reviewing the committee's performance in terms of achieving key responsibilities and member satisfaction on an annual basis.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.04	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
Comments	
Members of the leadership team were able to describe how the specific health needs of Aboriginal and Torres Strait Islander people are currently being addressed across TVC. The TVC Indigenous Engagement Plan (2024-26) was reviewed, and while the implementation of the plan has been commenced, the staff did not appear to be familiar with the plan. A suggestion has been made to increase the visibility and conversations with staff around the plan and how they can participate. The Intake nurse has recently been assigned the Aboriginal Liaison Officer (ALO) portfolio. TVC meets the requirements of Advisory AS18/04 at the initial systems level.	
Suggestion(s) for Improvement	
• To support the initiatives incorporated within the TVC Indigenous engagement plan consideration is given to developing a performance dashboard that reports performance outcomes to the staff on several measures such as: ○ the percentage of patients who identify as Aboriginal or Torres Strait Islander, ○ the percentage of staff who identify as Aboriginal or Torres Strait Islander, ○ the percentage of staff who have completed cultural awareness training, and, ○ the number of Aboriginal or Torres Strait Islander cultural awareness activities undertaken.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.05	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
Comments	
Documents reviewed, including relevant committee minutes, confirmed that issues of safety and quality are key factors in the organisation's business decision-making process.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.06	
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	
Comments	
The HSP and TVC organisational structure supports clinical leadership, and the participation of clinicians in key governance and management committees at a Corporate and local level. Position descriptions and the HSP Bylaws refer to the requirement of staff and VMO participation in the risk and quality management systems. Corporate orientation programs reinforce this. Staff across the organisation confirmed that they understood their clinical safety and quality responsibilities. Clinical leaders participate in regular performance review conversations as part of the Performance and Review framework. Key performance metrics, clinical indicators, and an audit program are used to measure, monitor, trend, and track key quality and safety indicators. These are assigned to each service and reported through the clinical governance structures and to staff via a range of communication methodologies. Safety huddles have been introduced across the organisation to communicate and mitigate safety and quality matters of concern.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.07	
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	
Comments	
HSP and TVC policies, guidelines, and other clinical reference documents are available to staff at the point of care electronically, stored in HINT, and centrally managed. A risk rating is applied to documents within the system, and compliance is monitored through scheduled audits and incident reporting. Staff demonstrated how these documents are introduced and managed to ensure that they are current and compliant with legislation and regulations. Trends influence the revision of specific policies and procedural guidelines where indicated. Staff were able to access these documents on request.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.08	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
Comments	
The provision of exceptional patient care and clinical outcomes is one of the key pillars described in the OneHealthscope 2025 strategy and Value statements. TVC has a defined quality management system with identified performance, audit, and outcome data measures. The HSP and TVC Clinical Governance Framework/ Plan outlines the quality methodology used throughout the organisation. The Quality Plan and action items are monitored and reported at the various clinical governance committees. Areas identified for improvement from audit, clinical indicators, KPI, or patient experience data are entered into the eQuaMS Register Quality Action Plan. Safety and quality data and information is used to drive improvements and is made available to staff, consumer representatives, the community, and other stakeholders who are engaged in performance evaluation. Staff were able to outline quality projects from their departments. Examples of system or service improvements include the management of contraband and patient search practices, management of unplanned discharges secondary to a breach in a patient's contract, communication with GPs advising them of their patients' progress in the referral pathway, and the establishment of allied health therapeutic programs and services. The Consumer Consultant is an active participant in the Quality and Standards Committee. Consumer involvement will be outlined further in Standard 2, as well as under the relevant Actions in the clinical standards component of this report.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.09	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
Comments	
Information on quality and safety outcomes and performance is disseminated to members of the HSP and site-based governance committees, the workforce, consumers, and other stakeholders through a range of mechanisms, and in formats that are appropriate to the intended audience. Key safety, quality, and patient experience reports are monitored at the corporate level, and hospital consolidated reports are provided to key HSP Committees and the Board. Quality & Safety Boards have been introduced in public facing areas. Boards are used as a key communication tool for both staff and members of the community. The MyHealthscope website provides reports on clinical outcomes to consumers and the community, however, these are aggregated across all facilities and or mental health services. The data relates to the 2023 period.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.10	
The health service organisation: 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	
Comments	
HSP and TVC demonstrate an appropriate risk management system to support the identification and management of risks. Monitoring and reporting of risks and their status is built into the systems of safety and quality reporting throughout the organisation and up to the Board. Information from a broad range of sources informs the Board and leadership teams to define and operationalise the risk management system. Risks are recorded in the eQuaMS risk identification and management system and are categorised, risk rated, assigned a risk owner and include risk mitigation actions based on the hierarchy of control methodology. High Risk Analysis assessments were applied to the risk of patient aggression and self-harm, which suggests that the current controls in place are effective. TVC's risk register is reviewed regularly and includes a current record of interventions and risk mitigation strategies that apply to the risk, however, the residual risk rating remains unchanged despite these interventions and strong controls identified. In addition, the risks listed within the registry tend to reflect the transactional risks occurring at the care delivery level (i.e. incidents) rather than the strategic risks for the organisation. There are currently 93 open risks on the risk register, with the majority having a residual risk rating of low with stable controls. Components of the risk register are discussed at clinical governance committees. The risk management system includes business continuity plans to support service delivery in the case of an emergency or disaster. Fire and evacuation simulated scenarios have been scheduled to occur in the coming months, and a suggestion has been made to incorporate business continuity scenario testing into the annual audit schedule.	

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During the assessment, a TCV contract register was developed to record and differentiate between HSP and TVC contracts and identify high-risk and high-value applicability to TVC, to enable greater transparency of contract management and risk to the organisation. The TVC contract with Schema Therapy Institute Australia (STIA), who provide the contracted allied health clinicians providing the therapy program, should be included in this registry and the accountable person responsible for developing and monitoring patient specific outcome measures and the effectiveness of the clinical program identified. The contract could then be reviewed to include regular aggregate reports on the effectiveness of the program and its clinical outcomes.	
Suggestion(s) for Improvement	
- To incorporate business continuity scenario testing into the annual audit schedule. - Review the content of the risk register to ensure that strategic and operational risks have been captured, that the residual rating of the risk reflects the evaluation of controls, and, where possible, group similar risk events under a broader categorisation where the control strategies are the same and the controls are effective. - To link those activities registered in the Quality Plan to risks listed on the risk register, where it is appropriate to do so. - The TVC contract with Schema Therapy Institute Australia (STIA), who provide the contracted allied health clinicians providing the therapy program, should be included in the TVC registry and the accountable person responsible for developing and monitoring patient specific outcome measures and the effectiveness of the clinical program identified. The contract could then be reviewed to include regular aggregate reports on the effectiveness of the program and its clinical outcomes.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.11
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems
Comments
The HSP Incident Management policy provides direction for the consistent management and response to incidents in the health care setting. HSP has KPIs in relation to incident review timeliness, and TVC performs well against this metric. Incident data reports are available and reported to Clinical Governance committees and to the Board. Information on the outcomes of incident investigations is reviewed at the individual incident and aggregate levels to ensure the system is functioning as intended and to inform improvements where indicated. Trend analysis of incidents drives quality improvement activities, and these are reflected in the eQuaMS system. Several significant events have been reported in the 2024 period, all of which have been the subject of a clinical review. Recommendations from investigations are monitored at the local and corporate levels to ensure they are actioned and lessons learned are shared in staff communiques.

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I Staff confirmed that they're encouraged to report any incidents or near misses through the incident reporting system. Incident data reports are available and accessible to managers and members of the VMO community. A Shared Learning Report is published and circulated from HSP, and information is disseminated across the organisation through the various governance committees.	
Suggestion(s) for Improvement	
Periodically review the incident reports in the IMS system to determine the participation of staff in the reporting of incidents, with particular reference to the medical and non-clinical workforce, and take appropriate action as required.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.12	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	
Comments	
TVC has established an open disclosure program which is consistent with the Australian Open Disclosure Framework and Victoria's Safer Care Duty of Candour Guidelines. The incident management system has the capacity to record when open disclosure occurs for each event. Reports can be generated from the system and are typically used for higher-rated severity scores or SAPSE events. There is value in identifying an appropriate process by which Nurse Unit Managers can record when open disclosure occurs for low-rated clinical events. Open Disclosure training is mandatory, and compliance is at 98%, however, it was unclear if this included the credentialed medical staff. Staff were able to articulate their role in open disclosure and felt supported in initiating and participating in open disclosure.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.13

The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems

Comments

TVC uses a variety of mechanisms to seek and respond to feedback from patients, families, staff, and key stakeholders about the quality of care provided by the organisation. Structured Patient Experience surveys are conducted regularly for all service areas. These supplement other methods for collecting feedback, such as conversations, direct calls to the organisation, and emails. Feedback information is part of the regular reporting through the organisation. Outcome data presented during the assessment and sighted in the various governance committee minutes suggested that performance is variable (a range of 58-85%) against the ratings applied, which appeared to be below the HSP internal performance metric. Patient stories are incorporated into the agenda of clinical governance forums, and at the time of the assessment, staff were planning the activities to showcase and promote patient experiences during the Patient Experience Week scheduled for the end of April.

Patients reported that they were aware of how to make a complaint and what to do if they felt their concerns were not being addressed. These systems will be expanded upon under Standard 2.

Rating	Applicable HSF IDs
Met	All

ACTION 1.14

The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system

Comments

The HSP complaints management policy and processes and their application across TVC were reviewed. This demonstrated that an organisation-wide complaints management system is established, which supports patients, carers, and the workforce to report complaints. The organisation is required to meet KPIs in terms of initially responding to the complaint and then closing it. Compliance with these targets is met. Data presented at the assessment indicated that 4 complaints had been received during the 2023-24 period.

Verbal complaints aren't currently recorded in the system; however, this has been flagged as an improvement activity. Documentation s indicated that staff and consumers are appropriately involved in the review of complaints, which are resolved in a timely way. Feedback on the analysis of complaints is provided through the

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governance committees, the workforce, and consumers, and action is taken to inform improvements, both in response to the individual complaint and on identified trends.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.15	
The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	
Comments	
Healthscope has a Cultural Diversity and Inclusion Committee, which reports through to the National Consumer Advisory Council. Strategies identified and actions flowing from the corporate initiatives describe the approach for sites and services to follow. Staff training incorporates several online learning modules with a focus on cultural diversity. TVC uses several approaches to better understand the characteristics of its patient population and the broader community to identify those patients who are at a higher risk of harm, or who are more likely to have a poor experience of healthcare. This information is used to support decisions on service delivery and planning, to identify how to best address their needs. There were many examples provided by staff of respecting the customs of the community, responding to diversity, and the patient population. Cultural awareness events are celebrated across the organisation.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.16	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
Comments	
TVC uses a paper-based clinical record that is available to clinicians at the point of care and is organised to support accurate, comprehensive, and timely documentation. Clinicians described how they use the healthcare record, and records were also reviewed by the assessors. Healthcare records are maintained securely and comply with privacy legislation. TVC has well-organized Freedom of Information processes and meets the required timeframe targets. 82% of staff have completed the mandated Privacy and Information Awareness e-learning module. Clinical documentation audits are a key component of the TVC audit schedule, with results aggregated at a unit level. Compliance with the elements within the audit is all within the top percentile for all areas, and corrective actions are taken where appropriate. Assessors noted that the legibility of VMO entries into the record was at times below what would be considered best practice. A suggestion has been made to engage with the members of the Medical Advisory Committee to review and identify a process improvement, to mitigate risks associated with illegibility.	
Suggestion(s) for Improvement	
In consultation with the Medical Advisory Committee, identify and monitor a process by which high-risk medical clinical documentation entries are consistently legible. The legibility of medication prescriptions on the NIMC could also be incorporated into this initiative.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.17	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
Comments	
TVC has completed the integration of the clinical information in healthcare records with the My Health Record System. The requirements of Advisory 18/11V6 have been met.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.18	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
Comments	
TVC manages information sourced from and entered into the My Health Record System with consideration of State-based and Commonwealth legislative and privacy requirements. Key information from the clinical record is uploaded upon the patient's discharge. The requirements of Advisory 18/11V6 have been met.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.19	
The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	
Comments	
All new employees at TVC and HSP undertake an orientation period, which requires the completion of the Cuppa Convo Starter Checklist. Position descriptions include the ongoing responsibilities and training including quality and safety for all TVC appointed staff, agency staff, students and the contracted workforce. Attendance records and conversations with recently employed staff and students supports that the orientation and induction requirements set by HSP and TVC are completed. There are also professional and unit-level orientation programs covering non-clinical staff, nursing, allied health, including contracted clinicians (STIA), and medicine.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.20	
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	
Comments	
TVC senior clinical leaders confirmed that all clinicians participate in mandatory training via the HSP e-learning system, which is automated and role-aligned. This includes HSP mandatory training, and TVC role related required training for example, nursing staff training with competencies for medication. Training records and discussion with staff show that compliance is monitored through managers and course status reports, and that completion rates are high (overall 89.9%) and are reported to all levels of the organisation. TVC has a supportive approach to enabling staff to complete required training, and nursing and non-nursing needs analyses had been completed and action plans developed.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.21	
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	
Comments	
HSP's Cultural and Diversity modules are required for all staff at TVC as part of mandatory training. The completion rate was 90%. Clinicians reported that they benefited from the training and said that what they learned is used to inform care. TVC met the requirements of Advisory 18/04 V3, however it was unclear if the HSP cultural module has been evaluated beyond participant feedback as noted in the key actions set out in the National Survey on Cultural Training.	
Rating	Applicable HSF IDs
Met	All

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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	
Comments	
HSP and TVC have valid and reliable performance review processes, verified by d staff, and including linking outcomes to their training needs, through a review of employee records and of aggregate reports. Additional awareness raising and training opportunities included evidence-based training for dual diagnosis (DD) before and since the specialist DD unit opened.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.23	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
Comments	
TVC follows HSP's formal credentialing and scope of practice system, with 100% compliance with requirements for medical practitioners at TVC. The scope of practice for doctors in training (registrars employed by Alfred Health) is determined by the relevant training supervisor and uses official college criteria. Scope of practice for allied health clinicians contracted from STIA is determined by STIA and reported to TVC.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.24	
The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process	
Comments	
Recredentialing is undertaken every 5 years, and there is a clear escalation process for managing any concerns. Credential submissions to the MAC were sighted, together with completed credentialing through a review of employee records, including visiting medical officers (VMOs) defined as high risk (number of admissions). This was reflected in position descriptions and a training matrix that included training and competency requirements. TVC met the key actions set out in the Commission's Training requirements for credentialed practitioners.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.25	
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	
Comments	
Performance reviews, position descriptions, performance plans, orientation, evidence-based resources and training contribute to staff understanding and performing their roles and responsibilities. Contracted and agency staff receive orientation to TVC and their quality roles and responsibilities. Performance reviews include quality activities identified by the employee reflected in their performance plan. 100% of staff audited in the Quality and Safety Audit April 2025 knew where and how to access the education calendar.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.26	
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	
Comments	
TVC has mature supervision arrangements for all disciplines. There are defined nursing leadership structures and access to nursing and medical escalation after hours. Medical supervision and peer reviews are in place for VMOs and registrars who are employed by Alfred Health (which provides clinical supervision) and are also supervised by the TVC medical director. Advanced life support systems are in place at TVC for clinical procedures such as ECT that meet the college requirements, however other support is sought through a Triple 0 call to Ambulance Victoria. TVC has introduced a dual diagnosis program which includes medical detoxification services since it moved into the new building. This has impacted the acuity and risk profile of intake calls and decision making by intake nurses. Line management support and debriefing is available.	
Suggestion(s) for Improvement	
Consider opportunities to increase the specificity of clinical supervision to intake nurses that reflects the type and acuity of the changed role.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.27	
The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	
Comments	
TVC has excellent access to clinical practice resources, including clinical and best practice guidelines. The Royal Australian and New Zealand College of Psychiatrists (RANZCP) guidelines are fundamental to the clinical program. Therapeutic Guidelines and other on-line databases and materials were available. There was evidence of guidelines, pathways and clinical care standards use, and staff understood how to access these and were using the resources. The DD program is evidence-based and led by addiction psychiatrists. TVC had completed gap analyses on the clinical care standards and implementation as set out in Fact Sheet 11: Applicability of Clinical Care Standards. Clinicians stated they used trauma informed care in a recovery model of care. It was noted that allied health had trauma informed specific training however nursing staff in the main had not completed the training.	
Suggestion(s) for Improvement	
Consider if trauma informed care training would be appropriate for nursing staff who are delivering care within a recovery model of service delivery.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.28	
The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	
Comments	
Clinical variation is monitored by analysing comparative internal and external clinical outcomes data including Metrik indicators, and results are used to inform individual and aggregate performance, support clinicians in actively participating in clinical reviews and to inform changes needed to minimise unwarranted clinical variation. Evidence based outcomes measures are used across programs including HoNOS, DASS, HAMD, MOCA, Brief Cognitive Battery, and the 10-item orientation scale. The results of clinical audits are reported to the HSP and TVC Quality Committees. Where clinical variation is identified, a risk management approach is used to minimise harm from unwarranted variation, however this was not consistent across all programs – refer to Action 1.10. The HSP clinical programs, for example repetitive transcranial magnetic stimulation (rTMS) and theta burst stimulation (TBS) and ECT, do not formally share outcomes, learnings and currency of service delivery with other sites. This may provide an opportunity for benchmarking and shared experiences	
Suggestion(s) for Improvement	
Consider opportunities for HSP clinical programs, for example, rTMS, TBS and ECT to establish a formal process to promote benchmarking and shared learnings.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.29	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
Comments	
A review of safety and quality documentation and corrective and preventative maintenance schedules indicates that the preventative and reparative maintenance of buildings, plant, equipment, utilities, devices, and other infrastructure is undertaken to ensure that they are fit for purpose. TVC's clinical services block was opened in 2021, and the safety of the environment was considered in service planning and design. Maintenance is outsourced. Performance outcomes are reported to the Board as a component of the corporate contract management process. The TVC business continuity plan was recently reviewed. There are no generators on site to support operations during a power outage. The TVC Work Health and Safety Committee is the designated committee with the responsibility to ensure that staff work safely in the clinical environments; however, it had not met for some time. Matters relating to work health and safety were discussed in other governance forums.	

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Suggestion(s) for Improvement	
A prolonged power outage scenario be incorporated into the Business continuity/ emergency management response monitoring program.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.30	
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	
Comments	
TVC has undertaken a review to identify areas and roles that have a high risk of exposure to unpredictable behaviours and has processes to ensure emerging risk areas can be appropriately identified. Strategies have been developed to ensure that people are treated in appropriate areas and risks associated with unpredictable behaviours are considered. If an event occurs, a Code Black response is triggered, which requires a police response. Staff participate in online and face-to-face mandatory training that focuses on de-escalation, on appointment, and across their employment continuum. Compliance is in the top percentile. Security surveillance systems (cameras), Duress alarms, and staff personal security alarms are available. Behaviour-related incidents were the most frequent incident reported at TVC, and while these were generally of low severity (verbal) with no adverse outcome, several high-risk events have occurred. Aggression is not listed on the TVC risk register.	
Suggestion(s) for Improvement	
HSP has initiated a review of the frequency and management of occupational violence events across its facilities, and as part of this review, it is suggested that consideration be given to: ○ Establishing a code Grey response ○ Scheduling more frequent scenario testing of aggressive events as part of its emergency response schedule. ○ Determining the requirements of when staff are mandated to wear personal duress alarms, and ○ Undertaking a formal risk assessment of the management of inpatient aggression and depending on the outcome of the risk assessment and the effectiveness of existing controls, consideration should be given to including them on the TVC risk register.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.31	
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
Comments	
Internal and external directional signage is clear and fit for purpose and assessors were able to navigate around the unfamiliar environment across all areas visited. Disability access is clear. A combination of location maps and staffed information desks are utilised at all points of entry to the service.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.32	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
Comments	
TVC encourages inpatients to access their leave provisions to connect with families and friends. Prescribed visiting hours for inpatients are available. Information relating to visiting hours is communicated on the HSP TVC website, social media, and referenced in patient information publications. The HSP Patient Finder App is a useful application provided to patients before admission to facilitate patient tracking across their care journey for persons nominated by the patient.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.33	
The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	
Comments	
TVC demonstrates a welcoming environment and recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people. Symbols of inclusivity were demonstrated through the acknowledgement of country messaging at collective forums, the presence of Aboriginal art, and the participation in various Aboriginal and Torres Strait Islander ceremonies and celebrations such as NAIDOC week. The organisation meets the requirements of Advisory AS18/04.	
Rating	Applicable HSF IDs
Met	All

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Standard 2 - Partnering with Consumers

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.

ACTION 2.01	
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	
Comments	
HSP has the Consumers - Partnering With policy and the TVC Clinical Governance Framework and plan defines people and partnerships, including consumers and communities and patient experience as pillars of the plan. There is membership at the HSP corporate level, and this informs some of the activities of TVC. There is permanent consumer representative membership of the TVC Quality Committee, however at the time of assessment the consumer representative's participation was indirect because of other commitments. TVC identifies and manages risks associated with partnering with consumers which includes the Consumer Engagement Plan 2024-2025 which has informed ward-based quality improvement projects and confirms the focus of TVC is to continue to improve and expand the processes and methods of partnering with consumers. TVC required training includes Relationship Centred Caring (89%) which promotes the elements of shared decision making and partnerships. TVC consumer participation is at the consultation stage as defined in the NSQHS Standards Guide for Hospitals' continuum of participation (page 62).	
Suggestion(s) for Improvement	
Consider further strategies to achieve the additional stages of partnership, delegation and control.	
Rating	Applicable HSF IDs
Met	All

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ACTION 2.02	
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 processes for partnering with consumers c. Reporting on partnering with consumers	
Comments	
TVC uses information from partnering with consumers including experience surveys, specific feedback which occurs after engagement with a TVC program, and the use of outcome measures, to inform changes. There are annual consumer program audits with changes made based on feedback and 92% of staff reported having had education and improved knowledge in partnering with consumers.	
TVC/HSP website provides easy access to information and advice to support and informed decision making for the community, consumers and staff. There are QR codes, complaints and compliments systems and NET Promoter Scores accessible to patients and families to provide feedback, (NPS Mental Health overall 84.9%).	
Rating	Applicable HSF IDs
Met	All

ACTION 2.03	
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	
Comments	
The Australian Charter of Healthcare Rights is available in all wards and program areas, and in patient information poster displays, and on the TVC/HSP website, which has relevant program specific information for patients. Patients confirmed they were aware of their rights and responsibilities, and that they understood any treatment agreement they had made with TVC, both as part of admission and financial.	
Rating	Applicable HSF IDs
Met	All

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ACTION 2.04	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
Comments	
The HSP consent policy and processes comply with legislation, reference best practice, and are audited as part of the TVC audit schedule. A range of consent policies and forms is available, appropriate to the needs of patients including photographs, medical treatment and general program agreements. TVC clinicians described their responsibilities regarding informed consent and clinicians were observed explaining and discussing the TMS procedure, benefits, risks and options with a patient who was required to consent to the procedure. Audits of health records confirmed that consent was current and with sustained compliance. TVC have met the key actions as set out in the Fact Sheet: Informed Consent in Healthcare. There was a clear financial consent process, including private health insurance, Medicare ineligibility, and self-funded, uninsured patients. TVC met the requirements of Advisory AS18/10.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.05	
The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	
Comments	
TVC has processes in place to establish a patient's capacity to make decisions regarding their own care, plus the process to be followed if a substitute decision-maker is required, including the use of cognitive screening tools and referral for further assessment. This is supported by HSP policy which staff were able to explain and access. If a patient has made an Advance Care Plan this will be used to make decisions about current and future care.	
Rating	Applicable HSF IDs
Met	All

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ACTION 2.06	
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	
Comments	
A review of health records confirmed that clinicians work with the patient in shared decision making about their care planning and goals. A review of experience data, including the mental health YES Survey, showed sustained levels of involvement in treatment and care decision making across TVC wards and programs (NPS treatment and care 96.4%). This includes the goals of care, What Matters to Me conversations, and patient real-time involvement in MDT/clinical reviews. Audit results and consumer feedback shows an improvement in the commitment to care planning, goals of care and shared decision-making and their outcomes.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.07	
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	
Comments	
Patients and clinicians described the systems supporting active patient involvement in their care in partnership with the treating teams and patients reported that their experience of engagement in care was appropriate. The focus on partnering with patients is reflected in the recovery model of service delivery. Patient feedback, complaints and incidents are used to monitor HSP/TVC effectiveness in partnering with patients and families. Interpreters are used when required.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
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ACTION 2.08	
The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	
Comments	
Information was accessible in multiple languages that were current and appropriate. Clinicians were able to describe where they would access illness specific and rights and responsibilities information for a patient in a form that they could understand. Information was available in hardcopy, via QR codes or provided directly by staff. Patients described being able to access the information they needed and that it was explained to them. The patient information booklet only available online/QR code (or printed by staff) was not current and did not reflect some changes since the move to the new building. The three Wellness Booklets for patients are currently being reviewed along with the general program. There is considerable duplication between the patient information and the content of these booklets and an absence of contemporary information on IPC, falls, skin integrity, although this information was noted to be shared with patients in other ways.	
Suggestion(s) for Improvement	
Consider timely involvement of a consumer representative in the review of the patient information and Wellness booklets.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.09	
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	
Comments	
TVC patient information brochures and information, including those developed internally, showed that consumers have been part of the development and review. HSP Consumer Approved Publication (CAP) program was clearly noted on many of the patient and family brochures and information booklets, however discussion with TVC consumer representative and staff, suggests involvement in patient information development or review did not routinely commence at the earliest stage. For example, the informative ECT and Thinking Skills handout did not clearly note consumer involvement at any stage in its development, yet the frequently asked questions information readily available in the wards and programs was developed by the consumer representatives.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
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ACTION 2.10	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
Comments	
TVC clinicians explained how they partner with patients to provide information to support their needs. Patient satisfaction levels with the information provided to them was not available while onsite. Patients were however aware of planned discharge dates and agreed plans, and they had been provided with information in a language they could understand. A review of health records showed communication with primary care providers, including GPs, as required by HSP and TVC. The TVC approach to health literacy included elements of both the individual and environment components, however there may be opportunities to expand the TVC health literacy approach.	
Suggestion(s) for Improvement	
Consider a review of the current health literacy activities for opportunities to include all elements of best practice, for example, see the Australian Commission on Safety and Quality in Health Care 2014 National Statement on Health Literacy.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.11	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
Comments	
HSP and TVC have systems to engage with consumers and the community in the design, monitoring and evaluation of the healthcare provided, however the effectiveness was unclear. There were positive examples of co-design, including The Thought Drop, and the resources access guide. The engagement with consumers and the community had occurred as part of the TVC new build however the current systems for early partnering at TVC were not robust.	
Rating	Applicable HSF IDs
Met	All

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Org Code : 221780

ACTION 2.12	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
Comments	
TVC consumer representative described an appropriate position description and reimbursement, and a support system, including the nursing staff who were providing sound support while awaiting the commencement of the line manager/quality manager. The HSP Foundations training had been completed, and the consumer representative was able to describe the information he could access and that the links with other Healthscope consumer representatives was helpful and allowed for shared experiences and learnings.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
HSP has a current strategy for engaging with Aboriginal and Torres Strait Islander communities and the Appropriate Cultural Care for First Nations Peoples. TVC has developed the 2024-2025 First Nations Peoples Engagement Plan, which is supported by the mandatory cultural training. There has been some implementation progress including a focus on NAIDOC week and the TVC Aboriginal Health Engagement Project.	
Rating	Applicable HSF IDs
Met	All

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Org Code : 221780

ACTION 2.14	
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	
Comments	
The TVC consumer representative, patients, and staff explained how TVC collaborates with them to incorporate views and experiences into training and education for the workforce including the consumer representative orientation presentation that had been updated recently, in the education calendar, feedback of patient survey data and as part of the general program. An example is the consumer representative community meetings and program sessions. There are opportunities for inpatients to engage and an escalation process for any concerns or issues identified. The attendance at the TVC community meetings is very low. A possible contributing factor is their scheduling at the same time as the therapy programs.	
Suggestion(s) for Improvement	
Consider opportunities to increase the engagement of patients with the consumer representative led sessions.	
Rating	Applicable HSF IDs
Met	All

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Standard 3 - Preventing and Controlling Healthcare-Associated Infection

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.

ACTION 3.01	
The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks	
Comments	
Healthscope and HICMR policies, procedures, toolkits, and clinical forms for managing healthcare-associated infections (HAIs) and antimicrobial stewardship (AMS) address the associated risks and training requirements for staff. Staff described how they operationalise infection control-related policies and procedures, and how associated risks are managed and as well as describing the training provided regarding AMS and preventing and controlling HAIs. The HICMR-informed TVC Infection Prevention and Control Risk (IPC) management plan incorporates all elements of the program and is based on the risks associated with the services offered and compliance with the NSQHS standards. The program has recently been evaluated and demonstrated 88% compliance with the criteria evaluated. The main areas of risk identified were related to Hand Hygiene. The systems are supported by the Director of Clinical Services, Nursing Unit Managers, a Level 2 HICMR consultancy service, and an outsourced clinical pharmacist. TVC has recently recruited for the combined Quality and IPC role, with a potential start date at the end of April 2025. TVC's operational risk register presented at the assessment includes several open infection control risks, two of which had a residual rating of moderate despite stable controls. Refer to Governance 1.10, where additional commentary has been made that relates to the management and monitoring of the TVC integrated risk register.	
Rating	Applicable HSF IDs
Met	All

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ACTION 3.02	
The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks	
Comments	
The HSP IPC and TVC Infection Prevention and Control and AMS committee has operational and governance oversight of TVC's IPC and AMS programs. , reporting to the TVC Quality and Standards Committee. The Terms of Reference clearly describe the committee's responsibilities for monitoring and improving infection prevention, antibiotic stewardship, the effectiveness of the surveillance systems, and workforce training. Training to support the IPC and AMS systems is separated into mandatory and role-specific requirements, competencies, general professional development, interdisciplinary communications, and safety huddles for the workforce. It commences at induction and continues across the employment period. Food services staff have completed food safety training at both a basic and supervisory level. Records of attendance are maintained. Training provided meets the requirements of Advisory AS22/0202.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.03	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources	
Comments	
There is a comprehensive schedule of HSP and TVC audits monitoring both compliance with and the effectiveness of the IPC and AMS systems. The HICMR IPC Risk assessment audit tools and reports provide an objective assessment of operational performance against evidence-informed practices across the elements of the system and service delivery areas. Action plans addressing areas of noncompliance from the audits are well progressed. Audit results are provided to the workforce, and aggregate data is reported to both the HSP and TVC clinical governance structures.	

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IPC and AMS are discussed at relevant committee meetings, and strategies are identified to improve performance where gaps are identified. Outcome data is benchmarked both internally and externally, utilising ACHS clinical indicators and various jurisdictional reporting requirements. Incidents entered into the Incident management system are reviewed and presented to the workforce with the opportunity to review risk categorisation and controls implemented.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.04	
Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
The engagement of consumers is primarily at the individual level, where specific information is provided as part of the care planning process. Patients and staff were able to describe the actions taken to involve and inform them about infection prevention and control and AMS measures. Information is available to patients, families, and carers utilising a range of different communication methodologies, in a format that is easily understood. The consumer representative is engaged in the endorsement of locally produced publications. General IPC awareness information, such as the prevention of transmissible diseases, COVID-19 prevention strategies, and the importance of hand hygiene and respiratory etiquette, is communicated on the MyHealthscope website.	
Rating	Applicable HSF IDs
Met	All

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ACTION 3.05	
The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups	
Comments	
TVC monitors and collects data on HAIs and antimicrobial use, as well as broader IPC surveillance data, and reports are provided to clinicians and to the clinical governance structure and general staff communication methods. There have been no HAIs reported. Urinary tract infections are recorded as a Hospital-Acquired Complication, however these are community acquired.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.06	
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, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	
Comments	
IPC documents are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements for standard and transmission-based precautions.	
Rating	Applicable HSF IDs
Met	All

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ACTION 3.07

The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions

Comments

Policy and processes for the management of organism-specific risks, including prevalence in the community, are evident and are consistent with jurisdictional, HICMR, and Public Health advice. Standardised precautions are applied for all persons irrespective of the care setting across TVC. Clinical handover, transfer of care, and discharge processes include the requirement for documentation and communication of a patient's infectious status.

Brochures, posters, the My Healthscope Intranet site, and pre-admission information are utilised to advise patients, carers, and visitors on infection control and management processes in place.

Rating	Applicable HSF IDs
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Met	All
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ACTION 3.08

Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care

Comments

Documents describe the implementation of standard and transmission-based precautions, and all staff receive education appropriate to their role. Staff confirmed their understanding and use of these measures and risk screening procedures. TVC facility, patient, and staff workflows have been adapted to control the environment to effectively manage infection risks. There are no purpose-built negative-pressure rooms available. Single rooms are used to reduce transmission. Cleaning practices are consistent with policy. Personal protective equipment is available for staff. Training is provided to staff on the correct use of PPE and other equipment. Practice audits on donning and doffing (including fit testing) demonstrate good compliance with evidence-informed practice.

Rating	Applicable HSF IDs
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Met	All
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ACTION 3.09	
The health service organisation has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection	
Comments	
Patients and staff with suspected or confirmed infection are identified promptly, and appropriate action is taken. A detailed assessment of a patient's history and current infectious status is undertaken at preadmission and on admission. Alerts are used to communicate this between staff at all transfer of care and handover points. Identified risks are entered into the WebPas patient administration system, communicated at operational safety huddles, and documented in the clinical record as an Alert. Patients, carers, families, and visitors are alerted to precautions that are required with A3 posters describing the required precautions at the entry of patient rooms.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.10	
The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance	
Comments	
The TVC Hand Hygiene program is consistent with the current National Hand Hygiene (HH) Initiative and jurisdictional requirements. HH products and hand-washing basins were positioned with signage encouraging good hygiene practices. Staff were provided with personal HH products to use at the bedside. HH practice was observed in the various clinical areas visited and some variability was noted, which may be due to access to appropriately located HH products. At the time of the assessment, TVC had no trained Hand Hygiene auditors, and therefore, the first quarter hand hygiene audit had been deferred. Corrective quality improvement plans entered into the eQuaMS system (ID 17476 and 17946) were developed during the assessment with the aim of fast-tracking five staff currently enrolled in the HH course to complete their training, access to qualified HH auditors within Healthscope and/or HICMR, and a review of the placement of HH products. Scheduled compliance and observational audits are undertaken, and performance reports are provided to staff and through the governance structure. TVC's Period 3 2024 aggregated HH compliance rate is at 51.9% with 129 moments captured. This is significantly less than the previous months, both in compliance and moments captured. Compliance with Bare Below the elbows was observed to be high. The completion of Hand Hygiene training for the workforce as a whole is currently at 84%.	

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Performances against targets are communicated to the workforce via public-facing Quality and Safety boards and reported to the various safety committees. The organisation meets the requirements of AS23/01.	
Suggestion(s) for Improvement	
To engage with staff across all care settings to review the appropriateness of the Hand hygiene product location and use.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.11	
The health service organisation has processes for aseptic technique that: a. Identify the procedures in which 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	
Comments	
Clinical practice guidelines describe the required aseptic non-touch technique (ANTT) for procedures performed across TVC. The clinical workforce is trained in ANTT at the commencement of their employment. Competency training and assessments are a component of the mandatory training for all clinical staff, and at the time of the assessment, engagement in both the theoretical and practical components of the training was above the 90th percentile.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.12	
The health service organisation has processes for the appropriate use and 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	
Comments	
TVC has appropriate clinical practice guidelines and forms in place for the management of invasive devices which are consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare and the Management of Peripheral Intravenous Catheters clinical care standard (PIVC CS). Education and competency assessment programs are in place to support staff in the safe use of invasive devices Peripheral cannulas are inserted in the ECT suite by the Visiting Anaesthetists and removed after the treatment, and no HAIs have been recorded. A HICMR gap analysis against the PIVC CS and subsequent peripheral cannulation audit demonstrated appropriate practices against the standard. An IV starter pack and a change to the taping of the IV cannula demonstrate improvement in practice.	
Rating	Applicable HSF IDs
Met	All

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ACTION 3.13

The health service organisation has processes to maintain a clean, safe 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 – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers' instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy e. Use the results of audits to improve environmental cleaning processes and compliance with policy

Comments

TVC uses Cleaning Practice Guidelines, Standard Operating Procedures, schedules, and checklists to support its cleaning program. The staff have completed training on cleaning processes for routine and outbreak situations and novel infections. Environmental and reusable equipment cleaning audit reports indicated that cleaning standards across all areas of the hospital are consistently at or above benchmark targets. Consideration has been given to the information as provided in the Fact Sheet: Clean and safe environment. The plan to incorporate additional environmental cleaning outcome validation and increased objectivity into the auditing process is supported.

Rating	Applicable HSF IDs
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Met	All
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ACTION 3.14

The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning

Comments

TVC has infection control processes, policies, and procedures to respond to infection risks for equipment, devices, products, buildings, and linen. New products, equipment, and building refurbishments are formally reviewed and assessed for infection-related risks. Maintenance is both scheduled and responsive to failure. Water sample testing for Legionella is undertaken, and variances are reported to the executive. If a positive result is identified, pathways of escalation and treatment are activated. The TVC waste management plan has recently been updated, and waste is now segregated at the point of generation. Waste disposal and the provision of linen are both outsourced and managed by corporate contracts. The HICMR IPC Risk Management report on linen and waste management demonstrated 95% compliance with the elements audited. Sharps waste handling audits, however, demonstrate a 57% compliance rate and is the subject of a review.

Rating	Applicable HSF IDs
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Met	All
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ACTION 3.15	
The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients	
Comments	
TVC has a risk-based vaccine-preventable disease screening and immunisation program which is consistent with the Australian Immunisation Handbook and complies with the jurisdictional policy and national guidelines. Staff immunisation status is captured during the pre-employment, credentialling, and onboarding phases and recorded in local databases. The HICMR RAP staff health and vaccination compliance with required vaccines audits demonstrated 95% and 99% compliance, respectively. Credentialed nursing staff immunisers are engaged to support the program. Reporting vaccines into the Australian Immunisation Registry remains a manual process.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.16	
The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection	
Comments	
Documents show that TVC is compliant with jurisdictional regulations to prevent and manage infections in the workforce. Work Health and Safety policies are aligned to State-based work health and safety guidelines and the current edition of Australian Guidelines for the Prevention and Control of Infection in Healthcare. An annual influenza vaccination program is in place, demonstrating variable compliance with the 90% plus corporate target, however 100% of the workforce is compliant with the two COVID-19 vaccination requirements. Exposure protocols were sighted, and incidents are monitored.	
Work health and safety and the IPC support network collaborate to manage staff exposure, and staff well-being and support services are available. A tiered approach to outbreak and pandemic planning and management is evidenced. No outbreaks have been reported. The TVC Pandemic plan is due for review.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 3.17	
When reusable equipment and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections.	
Comments	
TVC is a non-surgical facility and undertakes no sterilisation or reprocessing activities. Single-use items are used and stored in appropriate clinical unit treatment areas. The HICMR RAP audit performed on the storage of sterile stock demonstrated 98% compliance with the criteria. A HICMR AS 5369:23 gap analysis was sighted, with corrective actions identified and completed in February 2025. Facilities and equipment were noted to be compliant with the requirements of the Advisory AS24/01.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.18	
The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement	
Comments	
The HSP Antimicrobial prescribing and monitoring policy underpins TVC's AMS program. The TVC antimicrobial formulary is limited and is categorised into a three-tiered traffic light system. Additions to the formulary require formal approval, and there is access to an external ID physician if required. Resources are available to staff, and processes are in place to define the restrictions and rules concerning antimicrobial use. The recently introduced sepsis guidelines will assist in the timely identification and management of sepsis patients. A gap analysis on the AMS Clinical care standard has recently been completed and demonstrated some variances in practice, which have been included for discussion at the Medical Advisory Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
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ACTION 3.19	
The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation's performance over time for use and appropriateness of use of antimicrobials	
Comments	
Documentation indicated that the AMS Program included the review of antimicrobial prescribing and use, and surveillance data on antimicrobial resistance. Monitoring of the program occurs, however, it is limited to the resources available within the service. The program is evaluated, and performance is monitored with reports provided to clinicians and the relevant HPS and TVC governance committees. The NAPS and local antibiograms are used to monitor the appropriateness of prescribing. The recent audit indicated low levels of compliance with guidelines and high levels of non-assessable prescriptions. Antimicrobial utilisation is also monitored at an individual patient level at the point of prescribing and dispensing. The requirements of the Advisory AS18/08 have been met.	
Suggestion(s) for Improvement	
To engage with the Medical Advisory Committee to review the results of the NAPS audit undertaken in 2024 and identify strategies to improve the appropriateness of antibiotics prescribed.	
Rating	Applicable HSF IDs
Met	All

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Org Code : 221780

Standard 4 - Medication Safety

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.

ACTION 4.01	
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	
Comments	
TVC pharmacy services are outsourced to HPS Pharmacies, with onsite clinical pharmacy support provided as defined in the contractual arrangements and as required. The Medication Management pathway is governed by Healthscope policies that apply a risk-based approach to effectively minimise incidents and harm across all steps of the medication management pathway. Clinical staff are required to demonstrate medication administration competency and are provided with medication management training through the eLearning portal, HPS medication in services and shared learnings. Compliance with the completion of the mandated Safe Medication Administration program is at 92%. The TVC Medication Safety Committee provides operational and monitoring support of the medication pathway, which reports into the TVC Quality and Standards and Heads of Department/leadership Committees, respectively. The Committee meets bimonthly, and the Terms of Reference have recently been reviewed. The annual evaluation of the committee was not sighted. Elements of the Medication Management pathway are listed as open risks on the TVC Risk register with residual risk ratings of low. Incidents reported in the Incident Management system that relate to Medication Safety are primarily related to administration errors and are categorised as a low severity.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
 Org Code : 221780

ACTION 4.02	
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	
Comments	
TVC monitors the effectiveness and performance of the Medication Management system through incident reporting analytics, clinical pharmacy intervention reports, and scheduled audits monitoring compliance. Reports are provided through the governance structure, and strategies are identified to improve performance when issues are identified. Benchmarking occurs internally within Healthscope peer hospitals and participation in the ACHS Clinical Indicator program. TVC is not an outlier. The TVC Quality and Risk Audit Schedule includes audits that relate to elements of the Medication Management system. Compliance across the elements audited are above the 90th percentile. A modified National Standard Inpatient Medication Chart Audit (NIMC) is conducted with variances identified and, where appropriate, escalated to the Medical Advisory Committee. Areas of concern include the documentation of VTE risk assessment and prophylaxis, and the indicators for the medication being documented. A Gap analysis has been undertaken on several Clinical Care standards, such as Anaphylaxis, VTE, and AMS, and where gaps were identified, they have been entered in the eQuaMS register. Improvements to the system included the introduction of a double signature for schedule 4 and 11 drugs, the appointment of a Clopine coordinator, and discharge medication management.	
Suggestion(s) for Improvement	
While elements of the medication safety systems are audited, there is value in conducting the Medication Safety Self-Assessment for Australian Hospitals (available on the NSQHC site) to objectively assess all elements of the Medication Management pathway and to ensure that all elements are reviewed and action taken where appropriate. Develop a process by which the clinical pharmacy interventions are monitored for trends and discussed at the TVC Medication Safety committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 4.03	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
TVC aims to involve patients in their care by providing appropriate information about medications and treatments and fostering shared decision making within the constraints of the person's legal status or capacity. Patients in the inpatient care setting reported having a good understanding of their medication treatment regimes.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.04	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
Comments	
Scope of practice with respect to medication management is defined in policy and, where appropriate, in position descriptions for clinicians. TVC Nurse Initiated medications policy is currently under review by the Medical Advisory Committee.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.05	
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	
Comments	
A Best Possible Medication History (BPMH) is undertaken as soon as practicable by members of the medical, nursing, and pharmacy team and documented in the clinical record. The patient and family are engaged in the process and are one of the primary sources of truth. Audits indicate a high rate of compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 4.06	
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	
Comments	
Medication reconciliation is undertaken at the point of care for patients or by the next day after admission. The HSP Medication Management plan is used to record all medication interventions on admission and across the care continuum through to discharge. Clinical records revealed good compliance with HSP policy on obtaining BPMH.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.07	
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	
Comments	
The HSP Medication policy outlines the process for identifying and documenting medication allergies and adverse drug reactions (ADRs) and these are identified before and on admission to a service. Clinical records indicated that alerts were documented, although it was unclear as to how patient-related drug allergies and ADRs were validated. Non-drug-related allergies were also transcribed onto the NIMC Alert.	
Suggestion(s) for Improvement	
Consider incorporating a process by which drug allergies and or ADRs are validated within policy or clinical procedure documents.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 4.08	
The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	
Comments	
Documents within the system describe how ADRs experienced by patients during care are reported through the incident management system, recorded on the clinical alert record, and entered into the WebPas system. An alert sticker is applied to the NIMC. A review of the clinical records and discussions with staff validated their understanding of, and compliance with, the practice.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.09	
The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	
Comments	
TVC has established processes for reporting ADRs to the TGA where required. Staff stated that no notifications have been reported.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.10	
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	
Comments	
The process for indicating the need for a medication review is based on risk and clinical need. Responsible clinicians were able to describe how this process is facilitated and documented, and how action taken in response to the review is followed through. Patients can access the clinical pharmacist for additional information relating to their medications as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 4.11	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
Comments	
Information on specific medications is available to clinicians and appropriate to the patient population. Patients reported being able to understand information about medications that was provided to them.	
Suggestion(s) for Improvement	
Consider developing and implementing a process that validates that the information provided to patients on newly prescribed medications (including antibiotics) is understood and documented in the clinical record.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.12	
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	
Comments	
Staff confirmed that a list of current medications can be produced whenever a patient is discharged or transferred. Documents provided as part of the discharge process refer to all medications ceased during the episode of care, copies of which are provided to the patient. A discharge medication profile is provided by the clinical pharmacist prior to discharge.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.13	
The health service organisation ensures that information and decision support tools for medicines are available to clinicians	
Comments	
Clinicians have access to a range of information and medication management support tools at the point of care, and reported being able to readily access this information.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 4.14	
The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines	
Comments	
TVC monitors compliance with manufacturers' directions, legislation, and jurisdictional requirements for the safe and secure storage, distribution and disposal of medications. The Tall man lettering system isn't used for imprest medications stored in the clinical units. Medications are stored according to the drug class. Cold chain monitoring of medications stored in designated medication fridges was observed by Assessors in all clinical units. Assessors noted that a patient's own medications were stored together with their prescribed medications. There is value in identifying a process by which these medications are clearly separated from those medications prescribed during the episode of care.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.15	
The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely	
Comments	
High-risk medications are visually identifiable, with an appropriate management system in place for the storage, dispensing, and administration of those medications. The HSP Medication safety policies and TVC High risk medications register were sighted. Awareness posters for staff were visible in medication rooms, and awareness training is provided during unit-based orientation. Incidents relating to the High-risk medications are monitored, and to date, they are relatively infrequent and are of a low severity score. The High-risk medication and controlled drug audit in the clinical units indicated good compliance.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

Standard 5 - Comprehensive Care

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.

ACTION 5.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	
There are processes for implementing policies, managing risks and identifying the training required to deliver comprehensive care and staff had a good understanding of these. Staff, including specialist VMOs and psychologists, were able to describe how TVC's safety and quality systems are used to achieve comprehensive and patient centred care. A review of the health records confirmed risks associated with comprehensive care are managed. Overall governance at TVC is by committees, the executive and through to HSP national committees and includes all aspects of comprehensive care. Elements of comprehensive care are reflected in the TVC Clinical Governance Plan 2024-2025.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: 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	
Comments	
Comprehensive care is defined and monitored through MDT clinical reviews, comprehensive care planning and staff were able to describe the learnings and actions taken in response to each A range of ward-specific quality improvement activities was noted, both recently established or near completion, , across all wards (or HSP-wide), to improve comprehensive care planning and delivery, including the Comprehensive Care Audit, and Developing the Comprehensive Care Plan.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.03	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
Health records show clinicians partnering with patients in their care and in decision-making to support their needs and goals. Staff described how they actively achieve this, and patients reported that they felt actively engaged in, and continuously informed about, their care. Staff encouraged patients to use the care board to ask questions for the treating teams.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.04	
The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients' care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient's care	
Comments	
HSP and TVC policies and procedures inform comprehensive care planning expectations for patients' care and treatment. Clinicians operate within the recovery model and there are systems for referrals for physical assessment on admission and for specialist assessment as required. The health records show that referrals were timely.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.05	
The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	
Comments	
MDT care is well established, and the role of team members is well defined by HSP and TVC. Staff from all professional groups and disciplines described how MDT care works across the TVC wards and clinical programs, including specialist access and support.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Clinicians and patients described how they collaborate in planning and delivering comprehensive care, including with specialist psychiatry, addiction and medical assessment VMOs. This was supported by reviews of clinical documentation in the health records and specifically the clinical reviews to which patients are invited to directly participate, and in discussions with clinicians.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.07	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Comments	
TVC systems support the timely screening and assessment of patients using the Comprehensive Care Risk Screening and Assessment which is audited, actioned, reported and includes oral health care. Health records indicate that TVC has a focus on reducing the risks of harm specific to the outcomes of screening and assessment. TVC is compliant with the requirements and essential elements of the of Advisory AS18/14 and key actions of the Fact sheet: Oral Health Care for Adult Patients.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.08	
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	
Comments	
TVC has training for staff specific to asking and recording if a patient identifies as Aboriginal or Torres Strait Islander (rate 100%) and education about the purpose of asking and where to record the information. This is aligned with HSP requirements. TVC met the requirements of Advisory 18/04 V3.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
TVC have information on advance care planning and patients can be referred to the social worker and VMO for further discussion. This informs patients and families about the creation of advance care directives and advanced care plans.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.10	
Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks	
Comments	
TVC has policy and tools to support risk screening of patients, including the use of assessment tools to assess skin integrity, pressure injury, falls and cognitive impairment. The 4AT is, amongst specific cognitive screening and monitoring tools including the mini mental, Brief Cognitive Battery, and 10-item orientation scale, used to assess cognitive impairment and delirium. There was extensive evidence of documentation of social and other circumstances, including perpetuating factors and interpersonal violence, within risk assessments.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Following screening, identified risks are comprehensively assessed and appropriate actions taken to mitigate the risk. Examples of these actions were noted across the wards and programs. A review of health records showed evidence that the requirements are implemented. Comprehensive physical examinations are completed within 24 hours (rate 89%).	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
HSP's comprehensive assessment documentation was appropriately completed, with screening and assessments. Relevant actions are developed with the patient, updated on care boards communicated to the MDT, recorded in the health records, handed over during clinical handover and discussed at the nursing safety huddle.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.13	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and 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	
Comments	
Patients and staff confirmed that decision making is informed, shared, and documented and includes consideration of the patient's individual circumstances and engagement with or referral to other care partners. The identification of clinical care goals was evident within the comprehensive care plans and meets the essential element of identifying goals of care. The clinical review process, which is weekly or earlier if clinically indicated, assesses what is working and what is not, which then updates the comprehensive care plan in partnership with the patient. The care boards recorded goals of care and were completed across TVC. TVC met the requirements for AS18/15.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.14	
The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	
Comments	
TVC has comprehensive audits in place to ensure the delivery of each patient's comprehensive care plan. The Metrik indicator for individual care plans was 97%. The communication of care goals was observed on patient care boards and patients told assessors their goals of care were understood by clinicians, that they were aware of the goal of treatment, their care plans, their program participation schedule and what was happening as part of their care daily. This is supported by intentional rounding, bedside handovers, updating of care boards and family meetings.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.15	
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	
Comments	
HSP end of life systems apply at TVC, although minimal end-of-life care is provided in TVC. Clinicians described the approaches to end of life and palliative care which are consistent with the essential elements of the National Consensus Statement: Essential Elements for Safe and High-Quality End-of-Life Care.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	
TVC can access specialist end-of-life and palliative care services if required. TVC can transfer a patient to a specialist centre if end-of-life needs cannot be met in what is a recovery model environment.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.17	
The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	
Comments	
TVC has a specific procedure for advance care directives that complies with the HSP policy. The existence of an advance care plan results in an alert to staff in WebPas, and the advance care plan is stored in hardcopy in the patients' health records which is accessible.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
Clinicians at TVC have access to supervision and support through specialist palliative care services and staff were able to describe the process. The TVC Employee Assistance Program is available to staff.	
Rating	Applicable HSF IDs
Met	All

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	
Comments	
The system for planning and ongoing assessment of patient end of life goals of care was clear and was informed by the HSP policy that supports engagement and shared decision making with patients and their families. Patients at end of life generally are not admitted to TVC or are transferred to a more appropriate facility.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.20	
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	
Comments	
Clinicians were able to describe how patient and families are supported to make shared decisions for end-of-life care as described in the HSP and TVC policies and procedures, including MDT and a focus on engaging with and supporting families and carers.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.21	
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	
Comments	
TVC has evidence-based policies and referenced procedures for pressure injury prevention and wound management including the Key Actions of the Commission's Preventing Pressure Injuries and Wound Management. Clinicians detailed the planning of care, how the decisions were reached about the plan of care of a patient's wound, their own training in wound management, and access to medical review and expert advice. This included shared decision making and patient goals of care.	
Rating	Applicable HSF IDs
Met	All

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	
Comments	
Skin inspections are conducted according to HSP requirements and compliance is consistently high. Skin integrity issues are minimal in the TVC wards, however the admission profile of patients shows that there are patients assessed as having vulnerabilities. There was evidence of screening, monitoring and reporting of skin inspections compliant with timeframes. There is access to specialist and contemporary wound management practices and if assessed as outside of TVC capacity, a patient is transferred to an appropriate facility, usually Alfred Health, for specialist care.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.23	
The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries	
Comments	
TVC clinicians have access to information for patient and families about pressure injury prevention, and there are processes for the assessment and management of pressure injuries including how the patients are involved. Equipment, products and devices, are available or ordered in, to prevent and manage pressure injuries and to maintain skin integrity in what is a mobile patient population.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	
TVC has evidence-based guidelines and procedures that comply with HSP policy and best practice regards the prevention and management of falls. These include risk assessment, prevention, harm minimisation and post-falls management and monitoring. The incident data shows a moderate rate of falls, some associated with behaviours specific to an individual patient which had been assessed and verified. The prevention and post falls management remained unchanged in these circumstances and were reflected in falls management plans. Compliance with undertaking falls risk assessments and review by a physiotherapist and/or occupational therapist, with care planning for at-risk patients reported and communicated to staff. Staff were able to describe strategies to minimise harm and the health records support that these are implemented appropriately.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.25	
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	
Comments	
Equipment, devices and strategies to prevent falls and minimise harm from falls are sourced as required or patient specific, for example, a walking frame. Clinicians report that their confidence with falls risk screening, assessment and interventions has increased through increased education, auditing, and associated quality improvement projects. Many of these are ward specific, such as raising awareness of appropriate footwear with patients.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.26	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
Comments	
TVC clinicians have access to information for patient and families about falls prevention and mitigation of harm, however this is only provided as required rather than being used to increase awareness as a prevention intervention from the point of admission (e.g. by highlighting it in initial patient information – refer Action 2.08).	
Rating	Applicable HSF IDs
Met	All

ACTION 5.27	
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	
Comments	
Nutritional and hydration needs assessments, including risk of malnutrition screening, were completed and recorded using the MST and evidence-based tools. Special dietary plans are available for those who require them and referrals to a dietitian are made where risks are identified. Shared decision-making and multidisciplinary care planning was reflected in the health records. The assessors saw evidence of screening and referrals to dietitians, and staff confirmed their understanding of the process. Audits support sustained high levels of screening.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.28	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
Comments	
TVC provides nutritional support to consumers following screening and assessment of patients who are identified as being at risk of malnutrition or other nutritional and metabolic risks. Patients requiring assistance with eating or drinking are provided with appropriate options and assistance, with implementation of a nutritional plan. There is access to specialist dietetic support, and food and fluid intake are monitored, recorded and reported for those patients who are at risk of not having their nutritional needs met. The menus are compliant with the HSP menu.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.29	
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	
Comments	
HSP and TVC have comprehensive policies and guidelines for clinicians that link to and operationalise the ACSQHC Delirium Clinical Care Standard. Clinicians were able to access this standard and describe their training and their responsibilities, including screening for delirium (4AT), comprehensive assessment to investigate the cause of delirium and the minimising of psychoactive medication use. It was noted that TVC completes screening, however if a patient has symptoms of a delirium or a sudden change in cognition, they would, in consultation with family, be transferred to an appropriate facility for specialist care.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.30	
Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care	
Comments	
TVC has a focus on cognitive impairment including the assessment and monitoring of potential treatment related cognitive impairment for example, with TMS/ECT. There are policies, procedures and support systems to care for patients with temporary treatment related cognitive impairment at TVC, which is monitored with evidence-based tools, and escalation pathways requiring specialist reviews or referrals. Risk screening for cognitive impairment and delirium is undertaken and compliance with screening is above benchmarks.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.31	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
Comments	
Strategies and screening tools are in place to identify patients at risk of self-harm or suicide, including the comprehensive assessment documentation and HSP Risk Management - Clinical policy. TVC has supports and options for managing the care of at-risk clients, which includes escalation to VMO reviews and treatment changes, transfer to an appropriate specialist facility such as the HSP Melbourne Clinic with capacity for patients with higher acuity, or to a public mental health facility, dependent on identified needs.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.32	
The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	
Comments	
Clinicians described the assessment, monitoring and escalation pathways for a patient who have expressed self-harming thoughts or experienced deliberate self-harm. Staff were confident in accessing the VMOs and treating teams for timely advice and reviews. The 48-hr follow-up contact made with all patients who have been discharged, includes a discussion about suicide and self-harm risks.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
The organisation has strategies and processes to identify patients at risk of becoming aggressive including de-escalation strategies, with the aim of minimising harm to patients, families, staff and visitors. Staff described how they work with patients and others to implement these strategies effectively.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.34	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
Comments	
HSP and TVC Occupational Violence and Aggression training includes WAVE 1 - Managing Conflict and Challenging Behaviours (92% completed) and Wave 2 – practical (74% completed with evidence of staff scheduled into future sessions). HSP policies that support the identification, mitigation and management of aggression are current and accessible to staff and incidents are reviewed and reported.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
Org Code : 221780

ACTION 5.35	
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	
Comments	
The HSP Restrictive Practices – Patient Restraint was accessible and understood by clinicians. The use of constant supervision was noted as a restrictive practice, however, this degree of supervision rarely occurs and would be temporary and associated with an escalation of risk and escalation of required response. Staff were clear about the requirements for monitoring, reporting and recording any use. Leave is based on risk assessment which are conducted prior to and on return from leave. Patients are voluntary at TVC and agreement with treatment boundaries and restrictions are negotiated with transparency as part of the treatment planning, including the likely outcome of not participating in the agreement, including, for example, agreed substance abstinence during program participation. Events such as leave without approval, breaches of treatment agreements, etc, are approached within the negotiated terms, and individual patient clinical risks and benefits. Early departure from a program does not prevent future participation.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.36		
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		
Comments		
The Victoria Clinic is not a gazetted mental health facility.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic is not a gazetted mental health facility. The use of seclusion is not an endorsed practice. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

Org Name : The Victoria Clinic
Org Code : 221780

Standard 6 - Communicating for Safety

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.

ACTION 6.01	
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	
Comments	
Clinical governance and quality improvement systems to support effective and coordinated communication for continuous and safe care are consistent with the systems from the Clinical Governance Standard. The TVC Quality and Standards Committee (Q&SC) provides oversight of the system and reports to the Heads of Department/Leadership Committee and Medical Advisory Committees. Each has terms of reference which have recently been reviewed. HSP policy directives, clinical records, and supportive tools are utilised to support effective clinical communication, including handover, throughout the organisation. These are well-structured, comprehensive, and accessible to staff electronically. The use of, and compliance with the intent of the documents within the framework are monitored via several audits, measuring practice compliance with several elements of the system. Observational audit and discussions with clinical staff over the assessment period, demonstrated that staff understand and practice within established guidelines. Ten risks relating to communicating for safety including patient identification, transfer of care to another facility, clinical documentation, are listed on the TVC enterprise risk register as open risks, with a residual risk rating of between 2-4 (low). The clinical workforce has access to training and education resources to support coordinated clinical communication.	
Rating	Applicable HSF IDs
Met	All

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ACTION 6.02	
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 b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
Comments	
The system supporting communicating for safety is monitored through a range of compliance and performance measures, which include audits, incident analysis, operational safety huddles, clinical reviews, and patient/carer feedback. Results are communicated to the clinical workforce utilising a range of methods. Incidents relating to failure in clinical communication are reported through the incident management system. This drives improvements and changes in communication strategies and processes. Improvements to the system include the documentation of telephone advice, standardisation of the procedural time-out process, increased compliance with the use of patient-facing communication/care boards and the completion of the physical assessment within the designated time frames, the standardisation of a suite of letters to referring General Practitioners, and leader rounding.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.03	
Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
The principles of person-centred care, shared decision making, and health literacy inform the way clinicians communicate with patients, carers, and families across the care continuum. Healthscope policy and associated guidelines support the engagement of patients in their care and shared decision making. Patients are involved in clinical handover and this was observed. Patients reported being engaged in their care and that they had information available to them to make informed decisions about their care.	
Rating	Applicable HSF IDs
Met	All

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ACTION 6.04	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient's care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient's care, including information on risks, emerges or changes	
Comments	
HSP Communicating for Safety policies describe the elements of an effective clinical communication system. Processes to support effective clinical communication for key high-risk situations, such as patient identification, procedure matching, clinical handover at transitions of care, and communication of critical information, were evident. Documents within the system also refer to the use of safety huddles and active rounding as supportive elements of the system. The framework incorporates clinical records and checklists. The use of and compliance with the documents within the framework are monitored through scheduled audit activities, which are reviewed at the QSC. Corrective actions/and or changes are made.	
Suggestion(s) for Improvement	
To undertake a mapping exercise to identify the situations within the organisation in which identification, procedure matching, structured clinical handover, and communication of critical information are required across a patient's care continuum. As part of this review, linkages to existing policies, clinical tools, and training could also be identified to evaluate the efficacy of existing processes and practices in supporting and enabling effective communication.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.05	
The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	
Comments	
The HSP Patient Identification Bands policy describes the requirements for an effective patient identification process. The use of three approved patient identifiers is required on admission and for all care transition communication points, procedures, and therapeutic interventions. Photographic identification is primarily utilised in the mental health care setting as an adjunct to the use of three identifiers. Staff interviewed by the assessment team were able to describe how and when these are used. Patients were also able to describe the questions asked to confirm their identity, and the Assessors witnessed this when observing therapeutic interventions and medication administration. During the assessment, the use of red patient identification bands in communicating a clinical alert was observed. Incidents related to patient identification are infrequent and are of a low severity score. Discussions with staff suggested that clinical records may not be appropriately labelled. These are typically corrected at the point of discharge and or the record is discarded if it is not able to be reconciled with the correct patient. It is suggested that these events be recorded in the incident system to enable monitoring of the frequency and risks associated with this variance in practice.	

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Suggestion(s) for Improvement	
Assessors noted some variability in the frequency and the way patient photographs were taken. Some photographs have a clear background, and others are taken in front of other images. There is value in undertaking existing practices to ensure they meet contemporary best practice and are consistent with HSP policy. There is value in reporting the number of clinical records that are identified in a patient's clinical record after an episode of care that may not have three identifiers visibly on them into the RiskMan system.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.06	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
Comments	
HSP policy (Correct patient, correct procedure, correct site) describes the process by which patients are correctly matched to their intended care. The use of approved patient identifiers, as described in Action 6.5, was noted. Additional processes are in place for procedural time-out, which were observed during the TMS and ECT procedures. This is documented and audited, with compliance being within the top percentile. A limited review of clinical documentation supported these findings.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.07	
The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	
Comments	
The HSP Clinical Handover – Department and Intra-unit policy describes the minimum content and required practice across all care points and service settings. Clinical handover checklists are used to improve and standardise the handover process at the point of care. ISOBAR has been adopted as the mnemonic used to structure clinical conversations across transitions of care within and across the organisation. Staff explained their roles in clinical handover and the processes used to support this. Compliance with the process is the subject of a formal audit, which is currently at 76.7%. This was supported by the clinical handovers witnessed by members of the Assessment Team.	
Rating	Applicable HSF IDs
Met	All

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ACTION 6.08	
Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	
Comments	
Clinical handovers were structured and staff effectively engaged with patients. The processes for clinical handover ensure that the relevant clinicians are actively engaged in the process, and members of the multidisciplinary team are encouraged to be involved. Patients described the process by which they could escalate or participate in care conversations. Patient communication care boards are located in patient rooms and are utilised to facilitate interactive communication around care goals.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.09	
Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	
Comments	
The HSP Alerts – documentation and management policy describes the processes required to ensure critical information, alerts and risks are identified at the first point of entry into the service and communicated across the care continuum. Written communication tools such as clinical handover sheets, discharge and transfer forms and clinical records all include prompts/data fields to record critical information and alerts. Patients and staff were able to describe how this worked and how patients, their carers, and families are involved.	
Clinical documentation audits, incident analysis, clinical reviews, and patient feedback suggest that the existing processes are effective in ensuring that information critical to the development and implementation of a plan of care is accessible to the clinical workforce.	
Rating	Applicable HSF IDs
Met	All

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ACTION 6.10	
The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
Comments	
Documentation describes the communication processes for patients, carers, and families to directly communicate critical information and risks about care. Clinicians and patients confirmed this, and information available to support and facilitate this process was sighted. Escalation of care placards were visible across the organisation. Bedside conversations are also used to encourage patients and carers to escalate matters of concern to the staff.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.11	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
Comments	
Clinical staff are made aware of their communication requirements in role description accountability statements, professional development conversations, and ongoing learning opportunities that commence at induction. Members of the clinical team could describe this process. Health Care records indicated that the paper-based records viewed were contemporaneous and demonstrated reassessment and changes in care plans.	
Rating	Applicable HSF IDs
Met	All

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Standard 7 - Blood Management

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.

ACTION 7.01		
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		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe or administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

ACTION 7.02		
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 processes c. Reporting on the outcomes of blood management		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe nor administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

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ACTION 7.03		
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		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe nor administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

ACTION 7.04		
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 c. Determining the clinical need for blood and blood products, and related risks		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe or administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

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ACTION 7.05		
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe or administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

ACTION 7.06		
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe or administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

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ACTION 7.07		
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe nor administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

ACTION 7.08		
The health service organisation participates in haemovigilance activities, in accordance with the national framework		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe nor administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

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ACTION 7.09		
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		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe or administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

ACTION 7.10		
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		
Comments		
The Victoria Clinic does not prescribe nor administer any blood or blood products.		
Rating	Applicable HSF IDs	
NA	All	NA Comment: The Victoria Clinic does not prescribe or administer any blood or blood products. Verified During Assessment: Yes Complies with AS 18/01: Yes Approved by ACSQHC: No

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Standard 8 - Recognising and Responding to Acute Deterioration

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.

ACTION 8.01	
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	
Comments	
The HSP clinical deterioration policy and TVC escalation of care policy (currently under review) set out clearly the current systems of recognising and responding to patient deterioration. The workforce understand their responsibilities within the escalation processes and have access to resources and have completed training.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.02	
The health service organisation applies the quality improvement system from 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	
Comments	
The effectiveness of the systems for identifying and managing acute deterioration occurs is monitored and reported through the HSP system, and TVC committees. There is an emergency code call system in place and staff described how to use it. Response times and outcomes are reported, reviewed and debriefing occurs. Incidents are reviewed and reported to the MAC and learning provided to staff.	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.03	
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	
Comments	
Discussions between staff and patients about early warning signs of deterioration, both in general and specific to the patient, were observed, including the signs of withdrawal and when to alert staff. This involves patients directly in their care with shared decision making and the development of strategies that they could use. The communication of individual patient specific strategies from the psychologist to nursing staff in the event of increased distress following therapy were sound.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.04	
The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: 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	
Comments	
Vital signs are monitored according to HSP policy, and the standard adult general observations chart (SAGO) was routinely used and appeared to be complete. Observations had been undertaken in response to a consumer's circumstances with documented parameters, and there was a process for recording a change to parameters that required VMO involvement. Additional vital signs were required before TMS/TBS and ECT, and again pre-anaesthetic in ECT and routinely during the recovery period that complied with college guidelines.	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.05	
The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state	
Comments	
Strategies and pathways have been defined, and staff know how to use them in circumstances of an acute deterioration in mental state. The assessment documentation promotes the discussion with a consumer if they identify as being at risk or are screened as at risk, including level of support, and this approach is consistent for all patients admitted to TVC. There are escalation pathways for deterioration in mental state and transfer to a specialist facility with a higher acuity profile can be considered.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.06	
The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	
Comments	
HSP policies set out the criteria for escalating care in circumstances of acute physiological deterioration, mental status, pain and distress, and concerns raised by staff, patients, and families. The policy is current and reference best-practice and the TVC local policy was under review and alignment with HSP. Staff explained the process for escalation of care and patients were able to explain who to contact should they require assistance.	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
HSP has a current national project to review the escalation process for patients and families. TVC has a patient escalation system for each room. This includes a duress button and short written directions for the patient/family. This provides a method of contact for patients and families however it does not provide a clear escalation above the nurse unit manager level, which the staff were aware of. The leadership were confident that with regular rounding, care boards and regular VMO attendance, that there were multiple ways currently for patient and family to escalate care until TVC align with the HSP system, once the project is completed.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.08	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
Comments	
TVS follows the current HSP policies including the local escalation of care policy. Clinicians were confident they understood the mechanisms to escalate care and were able to describe how to use them. This was evident across the wards, the therapy programs and specific treatment programs including ECT, and was supported by mandatory and role specific training. There had been some improvements made, for example the assessment and response to anaphylaxis.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
A review of the escalation systems and of the low level of incidents related to deterioration supports the staff use the systems and mechanisms TVC provides for the escalation of care and management of deterioration. Incidents are reviewed by the TVC MAC and reported to HSP.	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.10	
The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	
Comments	
Education and training are provided to staff about the timely and effective response to, and management of, acute deterioration. This includes emergency management and emergency procedures practical (94%), BLS/CPR (89% theory and 83% practical), and mental health training (83%) and escalation pathways, intervention flowcharts (anaphylaxis/ALS guidelines) and equipment, such as the review of the emergency trolley contents and access that complies with the Australian Resuscitation Council guidelines.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.11	
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	
Comments	
There was an onsite response to deterioration with high levels of BLS training completed, access to medical officers during business hours, ALS during therapies that complied with ANZCA guidelines, and Triple0/Ambulance Victoria support. Assessors discussed the TVC confidence in the context of minimal events in maintaining emergency management while awaiting a Triple 0 response. The nursing staff who also work in the ECT suite, have raised the issue of accessing ALS training which is being considered.	
Suggestion(s) for Improvement	
Consider the appropriateness of intermediate life support training as part of the review of the request by ECT staff at TVC.	
Rating	Applicable HSF IDs
Met	All

Org Name : The Victoria Clinic
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ACTION 8.12	
The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	
Comments	
Clinicians described how they would use the escalation pathway for acute deterioration in mental state, which complies with the National Consensus Statement: Essential elements for recognising and responding to acute deterioration in a person's mental state. A review of health records supports there is a focus on early recognition and intervention.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
The TVC policy for escalating care of the deterioration includes the criteria for escalating care in circumstances of acute physiological deterioration. There was an onsite response to codes and medical emergencies, and access to an onsite medical officer in business hours. The effectiveness of escalation of care systems are audited, monitored and reported through to the TVC Quality Committee and MAC.	
Rating	Applicable HSF IDs
Met	All

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Recommendations from Previous Assessment

Nil.