



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

Prince of Wales Private Hospital

RANDWICK, NSW

Organisation Code: 120001

Health Service Organisation ID: Z1010011

ABN: 28 106 723 871

Assessment Date: 10 – 12 February 2026

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	<p>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.</p> <p>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.</p>

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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/>

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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, 2029.

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
Assessor	Ann Kelly OAM	Yes
Assessor	Jean Evans	Yes
Assessor	Julie Connell	Yes
Lead Assessor	Victoria Daly	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Prince of Wales Private Hospital. The accreditation decision was made on 10/03/2026 and Prince of Wales Private Hospital was notified on 10/03/2026.

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

Prince of Wales Private Hospital underwent a National Safety and Quality Health Service Standards 2.1 Short Notice Assessment from 10th to 12th February 2026, requiring four assessors, one of whom was assigned to assess the Clinical Trials Governance Framework in collaboration with the NSQHS assessors. Prince of Wales Private Hospital is a Private health service who were last assessed 27th – 29th June 2023.

PICMoRS methodology was used to conduct this assessment, with 75% of available time spent in operational areas during this assessment.

Prince of Wales Private (PoWPH) is a Healthscope Private Hospital, situated within the Sydney Children's Hospital, Royal Hospital for Women, Eastern Heart Clinic and Prince of Wales Public Hospital Precinct. This location offers advantages for patients requiring the acute surgical and maternal healthcare services that are offered. The Hospital opened in 1997 and consists of 165 licensed beds which include a 8-bed ICU with additional 4 public beds as available with 24-hour medical cover, 6 birthing suites, special care nursery, oncology and 11 operating theatres including one hybrid theatre.

During the assessment, assessors visited all wards, departments, and services. The assessment included following patients along a surgical journey, midwifery patients pre and postnatally and oncology patients interviewed whilst commencing treatment. Assessors had excellent access to the Executive, senior leaders, staff, consumers and other stakeholders at formal and informal encounters throughout the week.

Healthscope Corporate provides the framework for clinical governance and quality improvement, and these are complemented by the Prince of Wales Private Hospital local policies, procedures and guidelines, committee meetings, audits and patient medical records. The Prince of Wales Private Hospital (PoWPH) Clinical Governance Plan describes the Clinical Governance framework, including the roles and responsibilities across the services supporting effective partnering with patients and families. The Leadership is effective at a governance, management and operational level and there is very involved and effective VMO leadership commitment.

A comprehensive and effective committee structure is in place, and the meeting minutes support the provision of high quality and safe care, reporting of issues, and risk management. The quarterly Patient Care Review Committee Report reflects KPIs, trended data, references targets, legislative requirements and overall achievement.

Evidence was gathered from documents, records, audit results, communication with staff, patients and relatives and observation whilst the assessors were in work areas. Greater than 75% of the assessment timetable was allocated to visiting the operational and clinical departments. Where applicable, the requirements of the latest versions of the NSQHS (second edition) Advisories were assessed for compliance. All clinical and non-clinical external contracted services that relate to the standards were sampled and verified as being current and reviewed in the last three years.

The assessors observed a dynamic executive and senior management team focused on the highest safety and quality outcomes for both patients and staff. There was a flexible, responsive, and can-do attitude throughout the organisation, and assessors were impressed with the passion and enthusiasm in which staff approached the assessment process and the willingness to share their successes.

There are clear strategic priorities and actions including partnering with consumers and meeting the diverse needs of the community. PoWPH demonstrates compliance with all six Aboriginal and Torres Strait Islander specific National Safety and Quality Health Service Standards Actions.

All actions contained in each of the standards were assessed as Met. One action (5.36) was granted non-applicable status by the Australian Commission on safety and Quality in Health Care.

The PoWPH adopts an initiative-taking strategy in collaborating with consumers, systematically gathering feedback from patients and their families. This input is used at multiple levels, ranging from ward operations to process redesign, and informs hospital executives of critical concerns.

Consumer consultants serve not only on the consumer advisory committee but also participate in various standards working groups, engage in regular patient rounding, and contribute to an annual calendar of events. The organisation observes Patient Experience Week annually, during which all staff engage in patient rounding activities. Patient feedback has led to numerous initiatives, such as the introduction of Sip till Send, enhancements to areas and processes within Day Procedure, and improved wayfinding. Furthermore, the inclusion of patient stories in committee discussions facilitates valuable insights for both clinical and management teams.

Infection Prevention and Control is well managed by the enthusiastic Infection Prevention and Control and Antimicrobial Committee with reporting lines to senior management. Robust processes which identify patients requiring standard and transmission-based precautions are in place with HPS Pharmacies. Assessors viewed prominently displayed signage in departments, and resources were consistent with the Australian Guidelines for the Prevention and control of infection in healthcare. PPE was readily available for staff and visitors.

An excellent and effective hand hygiene strategy is in place and aseptic technique competencies have been over 90%.

PoWPH has processes to maintain a clean and hygienic environment supported through schedules, training and implementation of cleaning guidelines, requirements to ensure cleaning is of a high standard. Assessors were able to speak with many of the cleaning staff, and they were passionate in providing a clean environment for their patients.

An extensive gap analysis has been developed in relation to the requirements of the current Advisory AS 24/01 for the AS/NZ 5369 Requirements for Reprocessing of reusable medical devices in health service and all actions are compliant.

An effective Antimicrobial Stewardship (AMS) program is in place, including a sepsis pathway and collection of National Antimicrobial Prescribing Survey (NAPS), Surgical Antibiotic Prophylaxis Survey (SNAPS) and National Antimicrobial Utilisation Surveillance (NAUSP).

The safe management of medications is understood by the staff of PoWPH and is a key responsibility when managing their patients. The processes governing medications are clear and well established. Medications are provided by HPS Pharmacies.

Staff interviewed and observed in the clinical areas demonstrated a clear understanding of the processes in place to ensure safe management as well as ensuring that appropriate, understandable information is available for patients and carers. The emphasis on ensuring that an accurate list of current medications was available, whenever transfer of care took place, was demonstrated.

Audits and reviews of processes is continual, with the goal of further improving the safe management of medications. Medications were appropriately stored and high-risk medications have appropriate controls.

At the PoWPH, a vast majority of the clinical case mix is elective surgery and maternity, and providing comprehensive care can at times have some challenges due shorter stays and turnover of patients. However, this assessment revealed a strong team-based approach to addressing these challenges, demonstrated through various models of care employed within the hospital. Integrated screening, assessment, and care planning processes are consistently applied across all clinical streams, including maternity/obstetrics, paediatrics, and adult services (both day stay and multiday stay) with a focused emphasis on risk identification and harm minimisation. Across the continuum of care there are several areas that stood out such as preadmission processes highlighting potential risks and patient needs. The K2 Monitoring in birthing suites and comprehensive post-natal education and support program provided. The work undertaken with incontinence associated dermatitis (IAD), skin tears and ensuring wound care management has a best practice approach to care.

The Allergen Matrix for all meals provided to support safe meal choices is comprehensive and detailed. Management of delirium and cognitive impairment, with notable involvement of geriatricians both pre- and post-operatively, and the development of an extensive resource folder containing tools such as the Time Bundle Assessment tool to assist staff in managing complex behaviours. Staff awareness and preparedness for end-of-life situations, Code Blacks, and potential mental health concerns having staff with First Aid Mental Health training is commendable.

Comprehensive governance structures are in place to support effective communication, including policies and procedures relevant to the Communicating for Safety Standard. The Communicating for Safety committee is multidisciplinary and meets monthly. Structured communication tools are used to ensure effective transfer of critical information. Evidence across the continuum from admission to discharge was observed by assessors through patient interactions during the assessment. Education on effective communication and documenting in the patient medical record and WebPas is provided at orientation. Ongoing audits results support the multidisciplinary team in the consistency of the process. Effective communication was observed in practice involving health professionals, patients, carers and families throughout the assessment.

Blood management at PoWPH was well done, processes are in place for the management and administration of blood and blood products managed through the Blood Management Committee.

Policies and procedures are in place and to maintain the cold chain are rigorously followed. All patients receive information regarding their transfusion or procedure for administration of blood, which is available in multiple languages and consent procedures are in place.

Iron infusions are administered and cell salvage occurs where required to optimise patients' blood. There is a low rate of blood wastage with strategies to minimise wastage and there was evidence of single unit transfusions occurring. Training with Blood Safe is identified and required by clinicians administering blood and has a high rate of compliance.

The checking process for the administration of red blood cells requires that 2 independent full checks are conducted and assessors were able to confirm that this occurs.

PoWPH has hospital wide systems to support and promote recognising and responding to acute deterioration in those who acutely deteriorate in psychological, cognitive and mental health status.

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Clinical staff use face to face and mock codes to enable them to provide appropriate care in adult, paediatric, and maternity. Families and patients are educated regarding the REACH process to escalate care if they are worried and this is monitored by the Executive team and After-Hours Co-Ordinator. Early triage, assessment, care planning and intervention are all person centric and are pivotal to the success of PoWPH staff in intervening early. Local unit and aggregated data are interrogated to identify learning opportunities. These were observed to be proudly translated into quality and service improvement projects such as improved pre-admission criteria and assessments.

Summary of High Risk Scenarios Tested

As per the requirements of ACSQHC Fact Sheet 14: Assessing high-risk scenarios during an assessment (2019), a high-risk scenario was reviewed by the Assessors using the PICMoRS methodology. The high-risk scenario tested focused on managing an Automated Transfer Switch (ATS) during a routine generator test, and the adjustment of essential power switches. Staff involved based their response on a recent real-life event that had been brought to the facilities attention in recent times.

Staff described the processes used to share the learnings gained from the reviews.

Assessors were satisfied that the risk is known and monitored, can be rigorously managed and that appropriate risk mitigation strategies are in place.

Summary of Results

Prince of Wales Private Hospital 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

Prince of Wales Private Hospital

Site	HSFID	Address	Visited	Mode
Prince of Wales Private Hospital	101011	Barker Street RANDWICK NSW 2031 Australia	Yes	On Site

Contracted Services

The following contracted services are used by Prince of Wales Private Hospital.

Provider	Description of Services	Verified During Assessment
SC Medical	Biomedical Engineering	Yes
OTIS	Lift Maintenance	Yes
Cleanaway Daniels	Clinical Waste	Yes
Cleanaway Daniels	Confidential Waste	Yes
Clean Away Daniels	General Waste	Yes
Amcor Pty Ltd	Paper and Cardboard Waste	Yes
BGIS	Electric Boards	Yes
AFT Fire Services	Fire Alarm Systems	Yes
AFT Fire Services	Fire Extinguisher inspections	Yes
AFT Fire Services	Fire Safety Inspection & Maintenance	Yes
Lotus	Catering Filter Maintenance	Yes
Gallay Ecolab	Washer Disinfectant	Yes
Malone Hospital Services Pty Ltd.	Bed Pan Flusher	Yes
Coregas and SC Medical	Medical Gases (cylinders)	Yes
Coregas and SC Medical	Medical Gas Supplies(piped)	Yes
Spotless	Linen	Yes
Hobart Food Equipment and Dishtak	Kitchen food equipment maintenance	Yes
Sydney Children's Hospital	Paediatric Resuscitation	Yes
Public Hospital Staff (Private 'arm')	Perfusion Services	Yes
HPS Pharmacies	Pharmacy - Corporate	Yes
Southern Cross Intensive Care Group	Intensive Care Services	Yes
NSW Health Pathology Laboratory (Eastern)	Pathology	Yes
Campus Security Prince of Wales (Public) Hospital	Security	Yes
Converge	Employee Assistance Program	Yes
Malone Hospital Services Pty Ltd	Sanitiser	Yes
BGIS	Mechanical & Air Conditioning Services	Yes
Healthscope IT	UPS's Theatres	Yes

Provider	Description of Services	Verified During Assessment
Gallay Ecolab	PreVacuum Sterilisers CSSD	Yes
OTIS	Lifts	Yes
BGIS	Pest Control	Yes
BGIS	Removal of fluorescent Lights	Yes
Print Media Group	Printing	Yes
IMED Radiology	Radiology/MRI	Yes
Arora Photography	Photography	Yes
ABC Couriers - Corporate (as part of Quebec contract)	Courier	Yes
Macquarie Transport	Patient Transport	Yes
Royal Hospital for Women and Northern Beaches	Neonatal Resuscitation	Yes
Broadoak Carpentry PTY LTD	Carpentry Services	Yes
BGIS - Yarrowarrah Plumbing PTY LTD	Plumbing Services	Yes
Sharp Conditioning Solutions	Refrigeration - catering	Yes
SC Medical	Refrigeration - medical	Yes
Testel	Electrical Safety Testing	Yes
Ltak Services	Bed Maintenance	Yes
JB Medical	Pressure Injury Prevention Mattress	Yes
Hills Health Solutions	Nurse Call/Paging	Yes
Spirax Sarco & JCV P/L	Seam Control & Piping	Yes
BGIS	Theatre Airflow/Filters	Yes
Corporate Sign Industries	Signage	Yes
POW Public Maintenance	Public maintenance repairs / Enquires /Assistance	Yes
BGIS	TMV Legionellae Plate and Count	Yes
BGIS	Site Safety Audit	Yes
BGIS	Electrical Works	Yes
BGIS	Emergency Lighting	Yes
Progroup Automations PTY LTD	Theatre & Maternity automatic door repairs	Yes
BGIS	Theatres Timekeeping Clock Maintenance	Yes
Healthy Clean Services	Blinds-Cleaning of	Yes
SKG Cleaning Services	Theatres - night cleaning	Yes
SKG	Common area - cleaning	Yes
Gallay Ecolab	Batch Chemistry System	Yes
in Vitro Technologies	Drying Cabinet	Yes
Invitro technologies	Ultrasonic cleaner	Yes
Gallay Ecolab	Steam Steriliser	Yes
Steris	Low temp steriliser	Yes
Medical devices	Hi Pot Insulation tester	Yes
Precision Medical	MaQS tracking system	Yes
Pentax Medical	Plasma Typhoon	Yes
In vitro Technologies	Endoscope Washer	Yes
In Vitro Technologies	Endoscopy Drying Cabinet	Yes

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Provider	Description of Services	Verified During Assessment
Hobart Food Equipment	Gas Services	Yes
Sydney Water	Water	Yes
BGIS	Hot water boiler installations & repairs	Yes

Prince of Wales Private Hospital 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	
<p>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</p>	
Comments	
<p>The Governing Body is identified as the Executive team and the Patient Care Review Committee (PCRC) of which a VMO is the Chairperson.</p> <p>A review of the available documentation, in alignment with the ACSQHC Checklist for Assessors -Reviewing information accessed and actioned by the Governing Body- alongside observations and interviews with key clinical governance leaders across the organization, demonstrated the establishment of a robust culture of safety and continuous quality improvement. This culture is further strengthened by the leadership team, which sets the strategic direction of the organization and ensures its clear communication.</p> <p>The Prince of Wales Private Hospital (PoWPH) Clinical Governance Framework outlines governance roles and responsibilities throughout the services, enabling staff to effectively collaborate with patients and families. Additionally, a structured committee oversees the clinical quality system’s effectiveness through audits, data analysis, and incident reporting. A comprehensive risk management approach informs all dimensions of clinical safety and quality.</p>	
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	
<p>Members of the Governing Body were able to describe how they are able to assess the specific health needs of Aboriginal and Torres Strait Islander people that are admitted to PoWPH. The percentage of patients who identify as Aboriginal and or Torres Strait Islander is 1.04%.</p> <p>The PoWPH Indigenous Engagement Plan 2024-2026 has 4 key objectives. Strategies include increasing the cultural capability of the workforce, through cultural capability training and understanding, and creating a welcoming environment.</p> <p>PoWPH have a relationship with local Elders and Aboriginal Liaison Officers at the Prince of Wales Hospital (Public). This meets the intent of AS18/04.</p>	
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	
<p>Healthscope uses a standardized format and the Executive team and staff in key clinical governance leadership roles were able to describe the organization’s Clinical Governance Framework.</p> <p>There is an emphasis on safe and effective patient care and that this is the responsibility of all staff. Senior managers were able to demonstrate how the Framework is used, and how its effectiveness is monitored and reported, with changes instigated when required.</p>	
Rating	Applicable HSF IDs
Met	All

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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	
Demographic data is monitored through data sources such as the registration system and shows 1.14% of Aboriginal and Torres Strait Islander patients identifying as seeking care.	
Strategies to support their cultural needs when admitted for treatment and established relationships with local Aboriginal Community Groups and Aboriginal Liaison Officers at Prince of Wales (public) are in place. A Healthscope Cultural Diversity Committee is in place.	
Staff complete both Cultural Awareness online learning modules at onboarding and orientation includes face to face education and introduction from Aunty Linda sharing her own patient journey. A high percentage of surveys from patients who identify as Aboriginal or Torres Strait Islander people provide feedback regarding the quality of treatment and care are received.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.05	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
Comments	
PoWPH values put patients at the centre of care needs. Senior managers, clinical leaders demonstrated that the safety and quality of care for patients is considered in the business decision making.	
Safety and quality of care are part of the overall strategic plan and business decision-making process which includes investment in technology, the workforce and includes planned maintenance of the equipment.	
Rating	Applicable HSF IDs
Met	All

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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	
<p>Clinical leaders and observations and interviews with staff, verified that they work within the governance framework. Staff confirmed that they understood the scope of their role and clinical safety and quality responsibilities and were able to articulate how these are monitored, evaluated and reported through the governance structure.</p> <p>The quarterly Patient Care Review Committee (PCRC) meeting minutes show staff effectively manage all quality and safety aspects of patient care and operate within the clinical governance framework. The report highlights clear communication, ongoing collaboration to identify improvements, and planning of initiatives to reduce risks and maintain high standards.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Interviews with the managers demonstrated how policy documents, procedures and protocols are managed to ensure that they are current, comprehensive, effective, appropriately referenced and comply with legislation and regulations, along with State or Territory requirements. Compliance is monitored through incident reporting and trends influence the revision of specific policies, procedures and protocols where indicated. An extensive list of policies was provided to the assessors, with many created by Healthscope Corporate and local policies and guidelines complement the already comprehensive list. A risk management approach was evident in defining the scheduled revision of key documents.</p> <p>The HINT platform, with copies of published policies, procedures, and guidelines in eQuaMS, ensures that a risk management approach is taken when defining the scheduled revision of key documents. The platform facilitates easy identification of policies for review.</p>	
Rating	Applicable HSF IDs
Met	All

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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	
PoWPH has a defined quality management system and information is available to staff, consumer representatives, the community and other stakeholders who are engaged in performance evaluation. Quality priorities are defined in the Strategic Plan, with local quality initiatives stemming from data gathered through safety and quality systems such as audits, incidents, patient feedback, etc. Information is reported at key committees, action plans instigated and information disseminated back to stakeholders.	
Consumers are a key component to the quality improvement cycle through surveys, bedside conversations, the Consumer Advisory Committee and other committees with a consumer representative, such as the PCRC.	
Rating	Applicable HSF IDs
Met	All

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	
Staff confirmed how PoWPH manages the safety and quality systems, with reports, including audit results, discussed at the heads of departments meetings and provided to senior management, the workforce, consumers, and to Healthscope Corporate.	
Reporting is undertaken through a range of appropriate mechanisms, and in formats that are appropriate to the intended audience. The implementation of the eQuaMS system has provided a repository of up-to-date quality, safety and management information that is easily accessible by staff. The DASH reporting tool, supports the trending of information, has enabled PoWPH to extract live information to monitor performance and to identify where improvement may be made.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>The incident platform RiskMan is used to collect data to support the identification, management, reduction, trending and reporting of risks.</p> <p>PoWPH has a comprehensive register and management, and staff explained how risks are identified, reported and monitored, with regular review to ensure it remains effective and has the capacity to respond to emergency situations.</p> <p>Risks are identified through incidents, complaints, patient or staff reported risks and reviewed locally with action taken to reduce risks.</p> <p>A high-risk scenario was discussed. Business continuity plans are in place to mitigate against service disruption when the power fails, or equipment is unavailable, demonstrating clear and effective planning for both patients and PoWPH.</p>	
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	
<p>RiskMan is the incident management and investigation system used, and staff are encouraged to report any incidents or "near misses" and patients reported that they felt empowered to raise concerns.</p> <p>Safety huddles and shift handovers provide opportunity to discuss incidents and action plans are developed to avoid further incidents.</p> <p>The clinical governance team provides analysis and feedback to all staff and key committees on incident reporting and trends. Trend analysis of incidents drives quality improvement activities and are reflected in the PoWPH Risk Register.</p>	

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
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.	
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	
<p>Healthscope Corporate Policy and Procedure: Open Disclosure, is consistent with the Australian Open Disclosure Framework and supports PoWPH staff to have open discussion of an adverse event. The organisation monitors how, why and when open disclosure occurs.</p> <p>Training in Open Disclosure in line with the training matrix occurs. Incidents are documented in RiskMan. Staff were able to articulate their role in open disclosure and felt supported in initiating and participating in open disclosure.</p> <p>The policy is available to consumers on the PoWPH website, with Patients' Rights and Responsibilities documents in Chinese, Italian and Greek.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 1.13	
<p>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</p>	
Comments	
<p>PoWPH uses a variety of mechanisms to seek and respond to feedback from patients, carers, families and staff about the quality of care provided by the organisation. A Consumer Consultant (CC) is involved in talking to patients and providing verbal feedback. This and conversations at preadmission with staff, is a valuable source of information, while surveys of discharged patients provide a useful review of the level of care provided.</p> <p>Feedback is analysed, trended, reported and used to inform quality improvement strategies.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.14	
<p>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</p>	
Comments	
<p>The PoWPH complaints management policy and processes were discussed. This demonstrated that the hospital has an established complaints management system, which are then reported at the PCRC, and supports patients, carers and the workforce to report complaints.</p> <p>Staff and consumers are appropriately involved in the review of feedback which is provided to the governing body, the workforce and consumers on the analysis of actions taken to inform improvements where indicated. Identified trends will also inform the Risk Register.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>Demographic data obtained from patient admission data in WebPas assists PoWPH in identifying the diversity of the consumers using the service. This information is used to make decisions around service planning and delivery. Predominantly admissions are 94% English speaking households with Mandarin the highest rate of LOTE spoken at home being 1%, followed by Cantonese, Indonesian and Spanish at 0.04%.</p> <p>Staff have access to Interpreter services and communication needs are identified through the health assessment and at preadmission clinics. This also identifies patients at higher risk of harm, and the nursing staff were able to confirm these processes. This information is used to support decisions on delivery service and planning, to then identify how to best address patients' needs. Examples of how the hospital team managed patients at elevated risk of delirium, post-natal depression and extreme allergies were shared with assessors.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Medical records are paper based, readily available to clinicians at the point of care and organised in such a way as to support accurate, comprehensive and timely documentation. Clinicians verified the access to the healthcare records and how the privacy and security of healthcare records are maintained.</p> <p>Clinical documentation audits are undertaken, and reports are provided to clinicians, departments, and key committees, with remedial activity required where indicated.</p> <p>Aspects of the patient record are maintained electronically in WebPas.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
National patient and provider identifiers as well as standard national terminologies have been established. Patients on admission are asked if they consent to having information uploaded into My Health Care record and given brochures to improve understanding of the system if they are unsure.	
PoWPH provides the required healthcare summaries and extract of clinical information from healthcare records to the My Healthcare Records System.	
All patients have a unique patient identifier which is used on all patient related documentation. Staff who use WepPas Patient Administrative System are trained during their induction.	
Rating	Applicable HSF IDs
Met	All

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	
Healthscope Corporate ensures that relevant policies and procedures are in place, complying with the national regulations for My HealthCare Record are met.	
PoWPH completed a gap analysis in 2025 and provides clinical information into the My Health Record system that complies with legislative requirements.	
The requirements of Advisory 18/11 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>PoWPH provides orientation to the workforce on their roles and responsibilities for safety and quality with an emphasis on the employee and patient experience and the relationship between them. Orientation is provided across all disciplines, including volunteers and consumer and CMO's. Midwifery agency staff receive a full day with the educator, completing competencies before being allocated a patient.</p> <p>Contractor management guidelines are also in place. Roles including safety and quality responsibilities are included in the position descriptions for staff.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Healthscope has a comprehensive mandatory training program which is tailored to the different training requirements of the workforce through a training matrix. Completion rates are monitored and compliance managed by Unit Managers and Educators is high.</p> <p>A competency framework is also in place with levels of competencies to be achieved outlined and managed for appropriate staff.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>PoWPH staff are provided cultural awareness and competency training and resources to support meeting the needs of Aboriginal and Torres Strait islander patients.</p> <p>First Nations training is designed to improve the cultural capability of the workforce. The program and training records were reviewed by Assessors and current attendance rates are high.</p> <p>PoWPH has an Reconciliation Action Plan Jan2024-Dec2026 with four key objectives. Within the document is the progress made in each of the objectives and reporting on the RAP progress to all staff and senior leaders has been completed annually. A traffic light report to Reconciliation Australia was due for submission at the end of this RAP.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Staff Performance Reviews are conducted annually for all staff. Education plans and training needs analysis are conducted in response to these reviews which include individual goals and discussions around the completion of mandatory training and the PoWPH values.</p> <p>Performance review completion is monitored for compliance and completion levels exceed the organisations requirements.</p> <p>Staff were able to articulate the performance management system and their role in the process.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 1.23	
<p>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</p>	
Comments	
<p>The scope of clinical practice is defined by the relevant professional groups, guided by policy and procedures that are consistent with National Standards, and with corporate and local policies. The process for defining scope of practice is monitored and regularly reviewed; individual scope of practice is reviewed and revised during recredentialing or introduction of a new service or procedure and follows established processes.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.24	
<p>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</p>	
Comments	
<p>Credentialing is overseen by a senior administrator who coordinates the process through C Gov data base and a Credentialing Committee which is well established and managed with a supporting policy.</p> <p>The Bylaws are thorough and are sent out to practitioners at expression of interest. All professions subject to professional registration requirements are monitored and checked on the AHPRA database. Credentialing processes are monitored and regularly reviewed to ensure they remain robust and references must be known to current VMO’s. Recredentialing is undertaken every three years although temporary credentialing can be given e.g. for a patient’s psychiatrist.</p> <p>Credentialing is linked to WebPas so if the process has not been completed, medical staff cannot admit patients or assist with operations. The data is available to the Operating Suite staff for verification.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>PoWPH has an orientation and mandatory training program to support the workforce to understand and perform their roles and responsibilities for safety and quality.</p> <p>These are defined in position descriptions for staff employed by the organisation and orientation and onboarding include information for staff on these responsibilities.</p> <p>The workforce also has access to evidence-based policies, procedures and other resources on HINT, that describe and support them in delivery of safe and high-quality clinical care and non-clinical practices.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Clinicians are provided with adequate supervision according to their designated roles and responsibilities and this is supported by position descriptions and the organisation structure. The hospital is staffed 24 hours per day and at least one CMO is available on a shift, with medical staff coverage in the ICU.</p> <p>Clinical Nurse Educators are rostered in all wards and units and After-Hours Hospital Co-Ordinator's available to provide advice and support.</p> <p>Processes such as peer review, performance review and clinical observation provide supervision and support to clinicians.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Staff at PoWPH are provided with access to the intranet HINT where a range of tools, policies and procedures, best practice guidelines, pathways and clinical care standards support their clinical practice. Working parties, committees and peer review process are in place to develop and review best available evidence.	
Suggestion(s) for Improvement	
Suggestion is made that all Clinicians working in the endoscopy suite are educated in the updated components of the Colonoscopy care standard to support their clinical practice.	
Rating	Applicable HSF IDs
Met	All

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	
Variation in clinical practice is monitored with peer review processes in place to evaluate and identify areas of practice that vary from best practice and reasons for variation investigated through morbidity and mortality meetings. Regular review of treatment plans, daily quality assurance checks of equipment, and data analysis of patient outcomes and deviations from protocols is routinely undertaken. Clinical indicators are reported through the governance structure at the PCRC with involvement from the professional groups and MAC. Risks identified are mitigated and escalated through the organisation based on risk rating.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>A review of safety and quality documentation by assessors confirmed through staff interviews and observations, 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. Safety of the environment is considered in service planning and design.</p> <p>PoWPH was opened in 1997 and has recently undergone some refurbishments, including two new lifts and four theatre upgrades, however the impression gained by the assessors was one of a well-maintained hospital complex. Communication, collaboration and planning between maintenance teams and clinical staff, allows for testing of plant and equipment to be conducted during quiet periods.</p>	
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	
<p>PoWPH has identified situations of high risk of unpredictable behaviours, and processes and strategies to ensure emerging risk issues can be managed. Staff complete managing patient aggression and violence training (OVA) and Mental Health First Aid trainers are available for staff.</p> <p>Staff have discreet duress alarms available under desks and on the walls and code responses are in place to minimise the risk of harm to consumers and staff by unpredictable behaviours.</p> <p>Preadmission clinics are in place for patients deemed to be at risk of a post op delirium or post-natal depression so that appropriate supports can be put in place. An exclusion from admission of patients and pathways for transfer to an appropriate care facilities following a discussion with the VMO should it be required.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>Directional signage internally and externally is clear and fit for purpose and the assessment team were able to successfully navigate their way into and through the precinct to the foyer of the PoWPH.</p> <p>The PoWPH is situated over three levels, and a concierge is available to assist patients, visitors and consumers with wayfinding.</p>	
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	
<p>PoWPH allow flexible visiting hours with consideration given for other patients in the ward/unit.</p> <p>Maternity patients, palliative care relatives and parents of paediatric patients can be accommodated to stay overnight and patients interviewed reported satisfaction with the arrangements.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>PoWPH demonstrates a welcoming environment and genuinely recognises the importance of the cultural beliefs and practices of the Aboriginal and Torres Strait Islander people.</p> <p>There is an acknowledgement to country Plaque and indigenous “Coming Together” painting at the foyer. Indigenous Hand hygiene and Healthcare rights posters were sighted and the Indigenous Map of Australia hung in the corridor. The Aboriginal & Torres Strait Islander Liaison at Prince of Wales public hospital is available for patients who identify as First Nations People.</p> <p>Initiatives include acknowledgement of National Sorry Day, promotion of National Reconciliation Week and promoting understanding during NAIDOC week.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Healthscope's national policies and local procedures are designed to foster consumer partnerships. The Prince of Wales Private Hospital (PoWPH) Consumer Engagement Plan 2024-2025 outlines comprehensive systems and processes that enable meaningful consumer involvement across all levels of the PoWPH clinical governance framework.</p> <p>The Consumer Advisory Committee, reviews activities and complaints to help identify and mitigate risks. It also evaluates consumer information and provides valuable community perspectives. Furthermore, all staff are required to undertake mandatory cultural diversity and sensitivity training, with consistently high compliance rates.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Documentation reviewed and interviews with staff, patients, families and consumer consultants confirm that PoWPH works to strengthen and improve consumer partnerships. Quality systems track consumer engagement and assessor observed how these strategies are monitored and reported on across all levels of the organisation.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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 Charter of Rights (consistent with the Australian Charter of Healthcare Rights) is readily available throughout, along with the Aboriginal and Torres Strait Islander (A&TSI) version of the Charter and included in the Patient Information Handbook. Staff ensure that it can easily accessed and understood by patients and their carers. Also available appropriately displayed are the Child Safety Charter and the Young People’s Healthcare Rights.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.04	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
Comments	
The informed consent policy and processes comply with legislation, and reference best practice. Interviews with staff indicated that they understood their responsibilities with respect to informed consent. Assessors confirmed full compliance with this process during their review of patients records and documentation audit data provided.	
The requirements of Advisory 18/10 are met with respect to informed financial consent.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Documentation confirms procedures exist for assessing patient decision-making capacity and identifying the steps to follow if a substitute decision-maker is needed.	
Guardianship orders are recorded in the WebPas system and on the Alert Sheet in the patient's clinical notes, and staff understand the protocols and actions required should any concerns arise.	
Rating	Applicable HSF IDs
Met	All

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	
Discussions with patients and clinicians revealed that staff engage patients or their substitute decision-makers in collaborative care planning and goal setting.	
Throughout the admission, there are multiple opportunities for shared decision making, such as daily handovers, and when creating personalised goals on patient care boards.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Staff were able to describe how they actively involve patients in their care and interviews with patients and carers confirmed this. Patient feedback surveys undertaken also support that patients are satisfied with the level of engagement in their care.	
Rating	Applicable HSF IDs
Met	All

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 provided to consumers is reviewed to ensure it meets the communication needs of patients, carers, and families. The diversity of the local community has informed communication and information that is available.	
Assessors observed that, throughout the wards and units visited, an appropriate selection of educational materials was available for patients and their families to access. Staff can access interpreters as and when required and were able to explain that process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Documentation and interviews with consumer representatives confirm that all internally developed information is reviewed by consumers for clarity and relevance across the various formats such as posters, brochures, patient care boards and websites.	
Rating	Applicable HSF IDs
Met	All

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	
Clinicians were able to articulate how they effectively partner with patients in their care, and how they work with patients to support their ongoing care needs. Staff have access to a range of brochures and educational information to support their patients' needs during and after discharge.	
Patients interviewed by assessors confirmed that information was presented to them clearly and in an understandable format.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Interviews with members of the Consumer Advisory Committee confirmed the committee’s governance and evaluation role at PoWPH and supported by the role consumers consultants play on a range of key committees and groups.	
PoWPH employs a range of methods that invite input from consumers and the community. The consumer consultant fortnightly patient rounding is an effective and efficient process that is well embedded at the PoWPH.	
Rating	Applicable HSF IDs
Met	All

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	
Documentation and interviews with consumer representatives confirmed that they felt supported, noting there are consumer consultant role descriptions. They are provided with orientation and training, information packs, and ongoing education as required.	
Consumer consultants reported being satisfied with the level of support provided to them and stated that the PoWPH was responsive to their information needs in interpreting data, report and information as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
<p>The PoWPH has pursued a range of activities to better partner with local Aboriginal and Torres Strait Islander communities, and to better understand and meet their specific and unique healthcare needs.</p> <p>They have partnered with the public hospital Aboriginal and Torres Strait Islander Liaison (A&TSI) service to support patients and support staffs' understanding of cultural competency. There is a campus wide event for NAIDOC week and the PoWPH reconciliation plan to support that supports this work.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Consumer representative and staff explained how PoWPH integrates consumer feedback into staff training and education.</p> <p>Staff interviewed were also able to discuss how this has been incorporated with activities such as patients' stories being part of meeting agendas and the continuing education program.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Assessors reviewed infection control documents which were consistent with the safety and quality systems from the Clinical Governance Standard. Policies and procedures regarding Infection control and Antimicrobial Stewardship (AMS), risk management and determining training requirements for preventing and controlling healthcare associated infections, and antimicrobial stewardship were in place.	
Staff were able to describe how they manage infection control related policies and procedures, how associated risks are managed and describe the training provided regarding and preventing and controlling healthcare-associated infections and AMS.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 3.02	
<p>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</p>	
Comments	
<p>The Prevention and Infection and Control Committee, and AMS committee are multidisciplinary, and ensure a systematic approach to the monitoring, implementation and evaluation of systems, policies and procedures within a framework to provide a risk management and clinical advisory function to review and guide the workforce. PoWPH has policies and procedures to deal with infectious diseases outbreaks and pandemic.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.03	
<p>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</p>	
Comments	
<p>There is a comprehensive schedule of auditing for Infection prevention and control systems and audit results are provided to individual units with aggregate data provided to the Prevention and Infectious Diseases Committee Infection control and prevention and antimicrobial stewardship are discussed at relevant committee meetings and strategies are documented to improve performance where gaps are identified. One of the recent improvements has been the 'gloves at the right time' Project.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Patients and staff interviewed by Assessors 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, carers and families. The information included pamphlets on hand hygiene and antibiotic administration. Consumers have also been involved in an AMS survey and AMS week and Hand Hygiene Day.	
Rating	Applicable HSF IDs
Met	All

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	
PoWPH monitors and collects data on healthcare related infections and antimicrobial use as well as broader infection control surveillance data. Reports on healthcare related infections and antimicrobial use are provided to clinicians.	
Current data that supports the effectiveness of strategies surgical site infections, line associated infections, and other invasive device or procedural infections, and transmission between staff and patients being low.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
A review of infection control and prevention policies and documents confirmed that processes consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions are in place at PoWPH. The Assessors noted that signage and other resources were consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. PPE is readily available and education and training for this is in the high 90%.	
Rating	Applicable HSF IDs
Met	All

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	
PoWPH policy and processes for management of organisms and specific risks, including prevalence in the community is in place that are consistent with jurisdictional and Public Health advice. In response to specific infections a tiered response has been developed. Handover, transfer of care and discharge processes include the requirement for documentation and communication of infectious status. Brochures, posters, Internet sites and pre-admission information are utilised to advise patients, carers and visitors on infection control and management processes in place. A competency-based training program is in place for the appropriate use of standard and transmission-based precautions.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 3.08	
<p>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</p>	
Comments	
<p>Procedures are available for implementing standard and transmission-based precautions and all staff, including non-clinical staff are provided with education appropriate to their role. Staff interviewed were able to confirm their use and understanding of these measures and risk screening procedures. Policies are in place to effectively manage infection risks. Environmental management and cleaning practices are consistent with policy.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.09	
<p>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</p>	
Comments	
<p>Assessors observed that communication of a patient’s infectious status is included at transfer of care and handover points and compliance is monitored. Patients, carers, families and visitors are alerted to precautions that are required with posters describing the required precautions at the entry of patient rooms.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 3.10	
<p>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:</p> <ul style="list-style-type: none"> a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with 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	
<p>The Hand Hygiene program aligns with the current National Hand Hygiene (HH) Initiative and jurisdictional requirements. Regular compliance and observational audits are undertaken and provided to staff and through the governance structure. Hand Hygiene compliance rates are consistently high within the mid to high eighty percent.</p> <p>The Assessors observed antimicrobial gel is available throughout PoWPH at strategic points within the facility and at the point of care. A Bare below the Elbows policy is enforced World Hand Hygiene Day 2025 was celebrated and is a whole of hospital event, also including consumers with the ‘sustainable Glove use for healthcare workers’ being a highlight.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.11	
<p>The health service organisation has processes for aseptic technique that:</p> <ul style="list-style-type: none"> 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	
<p>Processes for aseptic technique are in place, with staff education and competencies conducted. Compliance is monitored, with results indicating a high compliance with the requirements for aseptic technique.</p> <p>The Peripheral Intravenous Cannula (PIVC) Clinical Care Standard has been implemented and is regularly audited with good results.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Education and assessment for the management of invasive devices are available to staff and align with current best practice. Associated infection rates are monitored and reported, with line associated infection is noted to be extremely low.	
Rating	Applicable HSF IDs
Met	All

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	
Cleaning procedures and schedules are in place at PoWPH. With regular auditing and reports available, the results of these audits were very good and meet requirements for health facilities.	
Cleaning products all have material data safety sheets and are delivered by a dose method, in a locked room, providing consistency and safety.	
PoWPH meets the requirements of the Fact Sheet ‘Action 3.13: Clean and Safe Environment’ from the ACSQHC.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
PoWPH has infection control processes, policies, and procedures to respond to infection risks for equipment, devices, products, buildings, and linen that is responsive to novel infections risks and pandemic planning. All new products are reviewed and assessed for infection related risk. Maintenance is both scheduled and responsive to failure. The Assessors observed all linen meets requirements for transport and storage and was observed to be covered.	
Rating	Applicable HSF IDs
Met	All

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	
PoWPH has a Workforce immunisation consistent with the Australian Immunisation Handbook and is consistent with jurisdictional requirements for vaccine preventable diseases, PoWPH were to provide information to the assessors regarding the current immunisation status of the workforce.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 3.16	
<p>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</p>	
Comments	
<p>PoWPH has processes in place that are consistent with the Australian Guidelines for the Prevention and Infection control in Healthcare. Policies and procedures consistent with jurisdictional regulations to prevent and manage infections in the workforce are available.</p> <p>Assessors were advised staff who are infectious are supported to isolate during periods of infection. A policy regarding outbreak and pandemic planning and management is in place.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.17	
<p>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.</p>	
Comments	
<p>Available infection control documents indicate that processes are in place for reprocessing reusable equipment, instruments and devices.</p> <p>A gap analysis has been conducted in conjunction with Healthcare Infection Control Management Resources (HICMR) to address the Australian Commission on Safety and Quality in Health Care (ACSQHC) Advisory AS24/01 regarding compliance to AS5369:2023 for Central Sterilising Services Department (CSSD), endoscopy and clinical areas.</p> <p>Interviews with management and staff involved in reprocessing reusable medical devices confirmed that relevant national standards are followed.</p>	

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ACTION 3.17	
<p>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.</p>	
<p>The Assessors observed that facilities, equipment and sterile stock storage were compliant with the requirements of the ACSQHC Advisory AS24/01.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.18	
<p>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</p>	
Comments	
<p>PoWPH has an established antimicrobial stewardship program that is guided by evidenced based policy. Resources are available to staff include processes in place to define the restriction and rules with respect to antimicrobial use, these include an antimicrobial formulary, that is risk based an easily understood in a traffic light form. A sepsis pathway has been developed and is regularly audited.</p> <p>PoWPH complies with the requirements of Fact Sheet 11- Applicability of Clinical Care Standards(3.18d), relating to the implementation of the Antimicrobial Stewardship Clinical Care Standard.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 3.19	
<p>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</p> <ul style="list-style-type: none"> • 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	
<p>Documentation reviewed by the assessors regarding the antimicrobial stewardship program included data on the review of antimicrobial prescribing and use and surveillance data on antimicrobial resistance. PoWPH collects NAPS and NSUAPS and SNAPS data. The program is evaluated, and performance is monitored with reports provided to clinicians and the governing body.</p> <p>Clinicians interviewed were able to describe the processes in place to evaluate antimicrobial use and how surveillance data on local antimicrobial resistance is used to support appropriate prescribing. An antibiogram has been conducted and was available for the assessors to view.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>Staff interviews, observation in the clinical areas and review of policies and procedures, confirmed that the management of medications is through the overarching governance processes.</p> <p>The Medication Management Committee reports to the Safety, Quality Committee and Executive Committee. These committees strive to ensure that medications are managed in accordance with jurisdictional requirements and the principles of NSQHS Standard 4, by setting appropriate policies and procedures, monitoring compliance with the processes and developing and targeting education as appropriate Incidents with medications are reported through the RiskMan.</p> <p>Actions are reviewed by the governance teams and action taken as appropriate.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Documentation reviewed, observation in the clinical areas and staff interviews, confirmed that the effectiveness and outcomes of the medication management systems are monitored through a range of audits. The results are reported to the Medication Management and governance committees, to implement strategies for improvement where required.	
Several improvements have been implemented in the past 2 years including the introduction of TALLman lettering, APINCH training for high-risk medication, the 6 North project of minimising distractions and tamper seals on S4D and S8 medication.	
Rating	Applicable HSF IDs
Met	All

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	
Interviews with clinical staff, review of documentation and observation showed that the PoWPH strives to involve patients in their care by providing appropriate information about medications.	
Staff reported that where required interpreters are available to translate information for patients' language barriers for patients, they demonstrated an awareness of resources that could be used if the need arose.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Interviews with clinical staff and review of governance documentation, confirmed that only clinicians with the relevant authority can prescribe, dispense or administer medicines.	
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	
Documents reviewed and clinicians interviewed were able to describe how they work to ensure that a complete medication history is recorded at admission. Review of records are undertaken for compliance and seek improvements in recording a complete medication history. The medication history compliance rates 2025 were 76% for the PoWPH.	
High-risk patients with complex or numerous medications are referred to a pharmacist for review.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Interviews with clinicians, review of documentation and observations, confirmed that current medication orders are regularly reviewed for accuracy and congruency during continuing care, as well as at transitions in care. Recent data provided to the assessors indicated that 81% of patients at PoWPH had their medications reconciled on discharge.	
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	
Review of documents and interviews with staff, showed that the recording of allergies and adverse reactions to drugs, or other items, is a key responsibility whenever a patient presents for care.	
It was noted that there are Alerts in the individual patient’s health record. Audits are undertaken to review compliance, with education undertaken as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
It was confirmed by staff interviews, and a review of documentation, that any adverse reactions or allergies, experienced by a patient during care, are noted in the patient's record and this event is recorded in the incident reporting system, and is reviewed by the appropriate governance team. Evidence was seen in the minutes of the Medication Management Committee. as well as RiskMan.	
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	
It was confirmed, through a review of documentation and staff interviews, that reports of drug reactions are forwarded to the Therapeutic Goods Authority (TGA).	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Documents reviewed confirmed the descriptions, as to how medication reviews are planned, conducted and documented. Medications are discussed during clinical handover and the multidisciplinary meetings, then reviewed when necessary. There is a process for a formal review by the pharmacist based on clinical need, including high-risk medications, which are documented in the medication history.	
Regular medication safety audits of are conducted, with any areas for concern discussed and action taken as required.	
Rating	Applicable HSF IDs
Met	All

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	
A review of documents, and interviews with clinicians, confirmed that they work to provide patients with information about their individual medicines, including reasons and risks; this is tailored to the individual's level of health literacy. Family members and carers are involved when appropriate. Changes to medications are discussed with the patient and/or carers to allow informed choices to be made by them.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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 interviews and documentary reviews confirmed that PoWPH provides a list of current medications whenever there are changes, or the patient is transferred or discharged. The service provides medication profiles to patients when they are discharged.	
The majority of high-risk patients have medications discussed with them by a pharmacist if their profile contains high-risk medications or significant changes to medications.	
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	
Observation of PoWPH review of documents and staff interviews showed that contemporaneous decision support tools, including guidelines, information resources on medications and clinical protocols, are available in the clinical areas in electronic and sometimes also in hardcopy formats.	
Staff were able to demonstrate their access and confirmed that they are used regularly, with continuing education and monitoring of their use.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>It was confirmed by a review of documents, observation and staff interviews that PoWPH is diligent in ensuring that the safe and secure storage and distribution of medicines comply with jurisdictional requirements and manufacturer's instructions. Medicines are stored in a locked room. There is an impress stock in the medication rooms for the standard formulary medications, with systems for reordering stock, as well as returning surplus or expired stock to the pharmacy.</p> <p>S4D and S8 medications are stored separately within the medication rooms in locked cupboards, with appropriate registers maintained. There is a process to use the approved formulary list. Temperature sensitive medications are stored in vaccine refrigerators. Assessors consistently found in all areas that daily checking of vaccine and medication refrigerators occurred.</p>	
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	
<p>High-risk medications are managed in accordance with the specific policies and procedures by the health service. It was confirmed by staff interviews, review of documents and observation that high-risk medications are clearly identified and that there is an appropriate management system in place for the prescription, storage, dispensing and administration of those medications; alert labels and are used to identify them.</p> <p>The APINCH acronym is used by PoWPH to identify these medicines, with education provided when required and with pharmacy oversight. The practices for the management of Schedule S4D and S8 drugs complies with policy. There is a procedure for Venous Thromboembolism (VTE) risk assessment. The assessors noted that VTE Risk assessments were undertaken and it was confirmed that patients having surgery were provided appropriate VTE prophylaxis. It was clear that the VTE Clinical care Standard had been fully implemented.</p>	
Rating	Applicable HSF IDs
Met	All

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	
Evidence and assessor observations confirm that effective processes exist for implementing policies, managing risks, and identifying necessary training to ensure comprehensive care. National framework policies and local procedures support this, and clinical team members can explain how PoWPH safety and quality systems are applied. Clinical documentation shows risk management practices are in place. Staff are required to complete several eLearning modules on comprehensive care, with evidence indicating high completion rates.	
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 quality improvement activities. At the PoWPH feedback, data and evidence-based practice guide improvements in care are overseen by the Standard Five working party. There have been many initiatives implemented including the development resources folders for Cognition and Delirium and Incontinence associated dermatitis (IAD).	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Processes have been established to facilitate collaboration with patients in their care and decision-making, according to each patient's preferences. Staff provided assessors with clear explanations of their methods for achieving this engagement, while patients indicated that they were actively involved in and well informed about their care.	
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	
Clinicians follow policies and procedures to develop effective patient care plans. PoWPH provides appropriate care within its scope and has established processes to refer patients as needed. The Visiting Medical Officer (VMO) holds overall responsibility for patient care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Multidisciplinary care is well established, and the role of team members is well defined at PoWPH. Staff from professional groups and disciplines interviewed by assessors were able to articulate how multidisciplinary care works. This was supported by clinical documentation and witnessed by assessors.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
Clinicians and patients were able to describe how they work collaboratively to plan and deliver comprehensive care. Activities such as daily handover, staff huddles and planning meetings support the delivery of this care and the documentation and witnessed handovers confirmed this for assessors.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Comprehensive processes are in place to screen and assess patients for risks aimed at minimising preventable harm. Clinicians were able to describe the risk assessment process and evidence was sighted in clinical documentation. Regular audits are undertaken to support that timely and comprehensive risk screening and patient assessment is completed.	
PoWPH is compliant with the requirements of Advisory AS18/14.	
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	
There are demonstrated processes in place for identifying Aboriginal and Torres Strait Islander patients and recording this information in the administrative and clinical information systems. This information is reviewed and reported locally and nationally.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
The booking and admission screening processes inquire about advanced care plans (ACP). If patients have an ACP it is flagged in WebPas and on the Alerts sheet. For patients without an ACP who wish to complete one, information and resources are available.	
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	
On admission a comprehensive and holistic assessment is conducted and repeated when clinically indicated. This includes screening for a range of risks for preventable harm, including cognitive, behavioural, mental, physical risks and the social and other issues that may compound risk.	
Risk screening processes are subject to audit and reports are provided through the PoWPH governance structure. The assessment team’s limited review of clinical records confirmed this process.	
PoWPH is compliant with the requirements of Advisory AS18/14.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Risks are identified using standardised screening tools which identify the level of risk and appropriate actions to mitigate them.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
Risks identified during screening and assessment are documented with appropriate action plans developed as needed to mitigate them, including alerts and responses to identified risk. Daily handovers ensure that the identified risks and updated plans are shared accordingly with team members.	
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	
Clinicians and patients were able to describe the role patients, carers and families play in their care and in determining patient centred goals tailored to individual needs. A review of clinical documentation by the assessors reflected this and demonstrated that comprehensive discharge planning is initiated as early as possible in the patient’s journey.	
Members of the assessment team witnessed interactions between staff, patients, their carers and families that demonstrated this partnership in care and decision making. Care plans follow current evidence based best practices.	

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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	
PoWPH is compliant with the requirements of Advisory AS18/15.	
Rating	Applicable HSF IDs
Met	All

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	
Patients, their carers and families were able to articulate their level of engagement in their care and expressed satisfaction that they actively participated in decision making at all points of care.	
Goals of care are monitored, and care planning modified in response to change in goals, changing clinical status needs or risk profile.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
PoWPH does not have a dedicated palliative care unit, but local procedures are in place to manage end-of-life patients including stillbirth, when required. Staff interviewed demonstrated knowledge of these processes, which comply with the National Consensus Statement on safe, 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	
If there is need to gain access to specialist palliative advice the treating VMO can contact the Public Palliative Care service for support.	
Rating	Applicable HSF IDs
Met	All

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	
A review of clinical documentation confirmed that the existence of advance care plans is documented in the patient's healthcare record. Clinicians interviewed explained the procedures for managing patients with such plans and confirmed that care would be delivered according to these documented wishes.	
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	
Supervision and support for staff providing end of life care are available and staff are aware of how to access support services such as EAP. Staff debriefs are also undertaken to check in with staff after such events including group debriefs by EAP if required.	
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	
Audits are undertaken to review the documentation of the end-of-life pathway and the comfort care observation to ensure goals of care are supported.	
Rating	Applicable HSF IDs
Met	All

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	
Goals of care for patients at end of life are articulated in the clinical record and established by VMO in partnership with patients, their carers and families. The planned goals are reviewed regularly, and changes documented in the clinical record. For stillbirths' specific resources have been developed and are available for families and staff to use.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
There are national evidence-based policies and procedures for pressure injury prevention and wound management. These are well referenced and regularly reviewed. Staff complete the Waterlow pressure injury assessment and treatment form, and they were able to describe how these tools are used when required.	
All hospital-acquired pressure injuries are recorded in the incident management system and reviewed by the clinical unit and the standard five working party. There is an online mandatory training module on pressure injury assessment and prevention management with a high completion rate.	
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 in accordance with policy and there is good compliance with completion of these assessments on admission, transfer and discharge.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
A range of equipment and products are available to prevent and manage pressure injuries, including pressure relieving mattresses, heel protectors, reclining chairs, pressure relieving cushions, dressings, and barrier creams. Bariatric equipment is also available as needed.	
Patient and family information on pressure injury prevention is provided and user-friendly and this was readily available and seen by assessors. Information is also available on equipment that can be obtained in the community post discharge.	
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	
There are national evidence-based policies and procedures that include risk assessment, prevention, harm minimisation and post-falls management to support staff.	
Compliance with undertaking falls risk assessments and falls management action plans is audited. Staff were able to describe strategies to minimise harm, post falls management and the clinical documentation reviewed by assessors supported that this is undertaken.	
Incident data related to falls is analysed and reported through the Standard 5 working party and the PoWPH governance structure.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Staff have access to equipment and strategies to prevent falls and reduce harm, tailored to each patient as identified during risk screening and assessment. These include high/low beds, mobility aids, sensor mats as well as environmental reviews during handover to remove clutter and ensure call bells are accessible.	
Patient care boards to inform patients and their families about the level of risk and required support when mobilising. Assessors observed these measures in place according to the requirements of individual patient care plans. Bariatric equipment is available when required.	
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	
There are information brochures available to patients, their carers / families about falls prevention and risk management strategies available in a user-friendly format and information specific to children and new-borns is also available and clearly visible to assessors across the units and wards visited.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>Patients are assessed for nutritional needs and risk of malnutrition. Special dietary requirements or allergies are documented within the WebPas system, and allergies are clearly noted on the Alert Sheet in the patient's bedside chart. A detailed food allergens matrix has been developed of all meals provided and individual dietary plans are developed as necessary, with referrals to a dietitian made when risks are identified. Local procedures are in place for providing texture-modified diets, and when required assessment by a private Speech Pathologist can be arranged.</p> <p>The Food Services Department Diet Aids collaborate closely with the Dietician to ensure patients' needs are being met. Assessors observed evidence of screening and referral through review of records, and staff interviews confirmed familiarity with these processes.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Nutritional support is tailored to patients' needs identified through assessment and risk screening. Those at risk of malnutrition or who require assistance are provided with assistance.</p> <p>The service has access to specialist dietetic support for those patients identified as at risk or with specific needs. Food and fluid intake is monitored and reported for those patients who are at risk of not having their nutritional needs met and additional snacks available as required.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.29	
<p>The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: 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</p>	
Comments	
<p>Cognition screening is performed on admission and as needed during a patient’s stay. Evidence-based policies guide staff in creating care plans, and strategies are regularly reviewed for effectiveness.</p> <p>Medication use is monitored to meet best-practice standards. Screening rates are audited and reported through the clinical governance system.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.30	
<p>Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: 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</p>	
Comments	
<p>Documentation reviewed shows systems are in place to care for patients with cognitive impairment. Screening for cognitive impairment and delirium is conducted, and documentation audits show high compliance with these screenings. Staff were able to describe how they collaborate with patients, carers and families in caring for patients with cognitive impairment. A consultant geriatrician is available to assess patients before and during the inpatient admission to ensure a supportive and responsive approach to preventing delirium and managing cognitive impairment.</p> <p>A comprehensive resource folder has also been developed to support staff in the management delirium and dementia and includes a detail time bundle assessment to support the management of acute delirium.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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 and / or suicide. On identification of patients who may be at risk there are documented intervention strategies that staff were able to articulate. At the PoWPH there is access to the public consultation psychiatry services and the private Sydney Clinic for patients identified at risk.	
There are also processes in place for limited credentialling of a patient’s private psychiatrist or psychologist when they may be required for support during an inpatient admission which staff were able to discuss with assessors. Across the PoWPH there are staff trained as Mental Health First Aiders to support patients and staff as required.	
Rating	Applicable HSF IDs
Met	All

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	
Where patients have self-harmed or reported suicidal thoughts clinicians have access to timely follow-up and referral service through the public and private options previously stated in 5.31 and would be the responsibility of the treating VMO to refer.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
The PoWPH has policies that support the identification, mitigation and management of aggression and staff are aware of how these are used. There are silent duress alarms available across all the wards and clinical areas, and staff were able to discuss with assessors how and when these might be used.	
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	
There are strategies to identify and manage patients at risk of aggression, including de-escalation methods. These processes help reduce harm to patients, carers, families, staff, and visitors.	
There is mandatory training in relation to occupational violence and staff are familiar with implementing these strategies, with incidents of aggression recorded and reported through quality and safety. There is high compliance with the completion required mandatory training.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Physical restraint is not undertaken at the PoWPH. Where there is the risk of tubes being pulled out by an agitated patient in the ICU/HDU limited use of soft restraints is available and must be prescribed by the treating VMO or CMO, discussed with the family and under strict hourly observation.	
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	
Assessors verified the not applicable status of this action.	
Rating	Applicable HSF IDs
NA	All NA Comment: Non gazetted service, does not use seclusion. Verified During Assessment: Yes Complies with AS 18/01: Yes

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	
Policies and procedures are in place to support effective clinical communication including handover. These policies identify risk management strategies and training requirements and expectation of all staff in support of effective clinical communication. Staff interviewed were able to describe the processes for clinical communication.	
Rating	Applicable HSF IDs
Met	All

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	
Incidents relating to failure in clinical communication are reported through the incident management system and identified in patient feedback and discussed at the Communicating for Safety Committee meeting which occurs monthly. This drives improvements and changes in communication strategies and processes documented in an action plan. The effectiveness of clinical communication, including handover is monitored through observation, audits and feedback. It was noted in the Nov2025 minutes that anaesthetists were not always using the three identifiers when handing over.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>The Communicating for Safety does not currently have a consumer member, although the National Communicating for Safety does, which a member of PoWPH committee attends.</p> <p>Assessors witnessed handovers in wards and units where the ISBAR tool was used, and patients and families were involved in the process. Patients and parents interviewed stated that information was made available to them to be able to make informed decisions about their own or their child’s care.</p> <p>Staff were able to explain the processes required to access interpreters or documents in languages other than English. Patient Care Boards are at the bedside and used to identify special requirements and goals for care.</p> <p>Currently the National Communicating for Safety Committee are reviewing an elective surgery brochure and seeking consumer input. Midwifery also has a quality improvement project to phone all patients preadmission, not just those have an elective Caesarean Section and PoWPH are working with Auntie Linda on a “Hospital to the Home” booklet for Aboriginal and Torres Strait Islander patients.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>Established Healthscope Corporate and local policies and processes are in place to support the use of appropriate identifiers in procedure matching, transfer of care, handover, discharge and where changes in clinical care / patient risk profile need to be communicated.</p> <p>The WebPas electronic patient administration system is used and is available in each work area for clinicians to use when doing admissions and during huddles. A patient list is generated with information for staff to use at the bedside. Changes in clinical care or to the patient risk profile are updated here. Staff are given extensive education during orientation regarding handover and clinical documentation.</p> <p>Discharge documents are provided to the patient, and a summary is sent to the referring doctor\GP and a copy uploaded into My health Care Record.</p>	

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
When transfer to another facility occurs, a verbal handover is given, a Transfer Form filled out, and the appropriate medical history copied and sent with the patient.	
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	
Patient identification is defined using three appropriate identifiers which may include, Name, DOB, Medical Record number, address in line with best-practice guidelines and consumers are actively engaged to participate.	
Assessor observed Patient identification interactions during admission, when medications were dispensed, when patient transfer occurred between department and prior to treatments and during clinical handovers.	
Staff across multidisciplinary teams were able to describe how and when the identifiers were used. For patients that are unable to participate in identification a risk-based process is taken and the 3 identifiers confirmed using full name, DOB and Patients UR number against the ID band on the patient against the patient medical file,	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Assessors observed several "Surgical Safety Check List "(SCC) time out processes in the Operating suite and in the endoscopy procedure room, managed by the surgeon, involving the awake patient and engaging the whole team, documented appropriately and noted as consistent.	
The SSC including patient identification, correct site/side, planned procedure, antibiotic prophylaxis (where indicated), and project planning for any anticipated events (surgical, anaesthetic or nursing related) were discussed and documented prior to the commencement of all procedures that were observed by the assessors. Check in pre-induction and sign out processes are also completed and audited.	
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	
PoWPH guidelines and policies define the minimum content, clinician involvement and identification of individual patient's risks and needs. Compliance with these requirements is audited and reported through the clinical governance structure.	
Staff could explain their respective roles in clinical handover, the processes used to support this including the information required to be communicated. This supported the clinical handovers observed across PoWPH by assessors.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
PoWPH has established processes and uses ISBAR (Introduction, situation, background, assessment, and recommendation) methodology for all the clinical handover processes, whether face to face, over the phone, bedside, shift to shift or with a multidisciplinary team. The use of three unique identifiers to confirm the correct patient was reported to be high in Nursing Bedside audits.	
Staff were able to explain their respective roles in clinical handover processes including identifying the patient.	
Suggestion(s) for Improvement	
A suggestion is made to improve the percentage of anaesthetists following this procedure to use 3 patient identifiers when handing over in recovery from the operating and endoscopy suites.	
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	
There are established processes in place for the timely communication of critical information that supports both clinical decision making and patient preference. Forms maintained in the paper-based history and WebPas provide adequate tools such as admission notes, ISBAR tools and SSC to support clinical documentation and handovers and effectively and constantly communicates critical information, risks and alerts.	
Position descriptions, policies, and protocols guide staff to effectively communicate critical information and alerts in a timely and appropriate way. Both staff and patients were able to describe the transfer of care throughout the patient journey through admission, at transfers, handover, and discharge.	

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	
Clinical handover is audited and incidents and feedback via patient surveys relating to communication is fed back to the appropriate unit / ward, and action plans, education, and auditing is facilitated to improve the process. Discharge summaries are generated in WebPas after staff have completed notes and this is available for patients on discharge and sent electronically to known GPs or referrers.	
Rating	Applicable HSF IDs
Met	All

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	
PoWPH has communication processes to ensure patients and families can communicate critical patient information and risks to clinicians. Patients interviewed explained how they were involved in the bedside handover. Patient care boards beside each bed were used appropriately to also display appropriate critical information and were updated at each shift change.	
Throughout the organisation, and in patient rooms, there are coloured REACH (NSW Clinical Excellence Commission) posters providing patients / families and visitors with their options if they are concerned about a patient's care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
Org Code : 120001

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	
Review of clinical documentation by assessors in the medical charts and in WebPas, confirmed that it supports the contemporaneous communication of critical information, alerts and risks as well as requirements for reassessment and changes to the plan of care. A suite of tools is used as a means of identifying and documenting risk to patients and changes to care. Documentation audits are routinely done with action plans and strategies put in place for improvements.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>The governance of blood and blood products at Prince of Wales Private Hospital (PoWPH) is through the PoWPH Blood Management Committee which reports to the Safety and Quality Committee and the Executive Committee. The Terms of Reference include multidisciplinary representation. PoWPH is also represented on the Campus Transfusion Committee Prince of Wales Hospital (Public), Royal Women's Hospital and Sydney Children's Hospital.</p> <p>The committee is responsible for the development and review of policies and procedures relating to blood management based on requirements from the National Blood Authority for monitoring the safety and quality of clinical practice relating to blood management. The committee agendas include review of haemovigilance activities, incidents and adverse events.</p> <p>Risks for blood and blood products are required to be recorded in the Risk Register. Staff were able to articulate the risks for blood management at PoWPH.</p> <p>All staff involved in the management and administration of blood are required to undertake Blood Safe training. The compliance for training was excellent and includes theory, practical and transport. PoWPH has an agreement with South Eastern Area Laboratories (SEALS) which is on the same campus, for supply of blood and blood products.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
PoWPH has adequate monitoring of blood and blood products, including monthly clinical audits. The information is discussed at the PoWPH Blood Management Committee and then the PoWPH Safety and Quality Committee and action taken to make improvements where required. Information and outcomes are provided to relevant staff and committees.	
In the past two years, several improvements have been made that include the use of ROTEM to measure anticoagulation.	
Rating	Applicable HSF IDs
Met	All

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	
Information is available for patients regarding consent for blood and blood products with a policy to support consent for administration and refusal of consent for blood and blood products.	
Patient information is provided both online and it can be printed if required. Information is available in English and 18 other languages. Information is also available regarding iron infusions and the administration of Intravenous Immunoglobulin (IVIG).	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>Policy and procedures have been developed for the optimisation and conservation of patient's blood and to minimise the use of blood where clinically indicated. These include the administration of oral iron or iron infusion and cell salvage. Patients are provided with fact sheets regarding iron infusions and the possible side effects.</p> <p>The National Blood Authority encourages where possible one unit of blood should be transfused, haemoglobin be repeated and if required, another unit is transfused. On review of the Red Blood Cell audits, it was observed by the assessors that single use transfusion was occurring where possible.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 7.05	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
Comments	
<p>Documentation by clinicians regarding decisions relating to the management of blood and the transfusion history are recorded in the patient clinical record and viewed by assessors.</p> <p>The documentation included any past history of transfusion, the patients most recent pathology including haemoglobin, iron levels and any previous reaction to blood or blood products.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
<p>The prescription and administration for blood and blood products is recorded on the Blood Administration form. The prescription clearly states the date, time, blood product, dose, rate of infusion and prescriber's name. The reason for transfusion is also stated. The requirements meet jurisdictional requirements for blood transfusion.</p> <p>Clinicians who are prescribing or administering blood are provided with training to ensure they have the appropriate skills to administer the transfusion. A blood journey was not able to be witnessed by the assessor, however the whole procedure was undertaken as if there were a patient and all steps in the administration of blood, including two separate identification checks were undertaken.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 7.07	
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	
Comments	
Blood and blood product events or adverse events, including prescription and administration, time to transfuse, transport, temperature and incorrect documentation events relating to the patient are recorded on the RiskMan incident management system. They are reviewed by the Blood Management Committee and included in the Blood Management Committee Report.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 7.08	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
Comments	
A range of surveillance activities relating to Hemovigilance activities are monitored at PoWPH including reason for transfusion, labelling of specimen collection, storage, transport and handling, prescription, observations during transfusion, reaction to transfusion and adverse events and education. Should an adverse event occur it is discussed at the Blood Management Committee and appropriate action taken to implement improvements and minimise further events.	
Rating	Applicable HSF IDs
Met	All

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	
Transport of blood and blood products transport occurs in approved transport pack. The blood products are received from the supplier and are immediately logged into the blood fridge on arrival. Non-compliant transport or storage events are reported and recorded in the RiskMan system.	
Blood refrigerator standards are compliant with NATA requirements and include monitoring of local and remote alarms and alarm checking.	
There are protocols developed that determine emergency procedures for refrigerator failures for blood storage should this occur, include an automatic notification to a person onsite.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
Org Code : 120001

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	
Blood and blood products are recorded into the fridge and only removed from the fridge immediately prior to transfusion. It was noted that there were very low rates of blood wastage in the past year. Waste events, should they occur are included in the monthly Blood Management Committee Report and the and the PoWPH Safety and Quality Committee.	
Rating	Applicable HSF IDs
Met	All

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	
<p>Healthscope Corporate and local policies and procedures are in place to recognising and responding to acute deterioration and staff were able to describe their role on such events. Planning and governance documents support a culture of safe care. Nursing guiding principles clearly acknowledge “escalating issues in a timely manner,” supporting “what matters to me,” and “seeking assistance.” This is supported by a Clinical Deterioration Committee (CDC). Risks, clinical incidents and trends are monitored and training needs identified. There is a National Standard 8 committee with representation from PoWPH.</p> <p>A culture of inquiry was evident with all units/services reviewing all clinical escalation events leveraging off data and information and focusing on improvement and patient outcomes.</p>	
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	
<p>Systems are in place for monitoring the effectiveness of processes for identifying and managing acute deterioration and this is reported through the Clinical Deterioration committee and to clinicians for the purposes of clinical review.</p> <p>In response to incidents related to clinical deterioration improvements have been made including notification to the anaesthetist for any maternity patient with a blood loss of greater than 1Litre.</p>	

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
Resuscitation trolleys in all the wards and units are identical except for ICU which has additional supplies for advanced resuscitation. ICU also has a CALS trolley with appropriate equipment.	
Rating	Applicable HSF IDs
Met	All

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	
Documents reviewed show there is a process in place that supports partnering with consumers in recognising and responding to acute deterioration. This process includes involving patients, meeting their information needs and shared decision making.	
On admission, patients and their families are advised of the REACH Program (Recognize, Engage, Act, Call Help). The posters are displayed on the wall beside each bed and can be used for physical and psychological deterioration, and a robust interpreter service is available. The assessors observed examples of the shared decision-making during handovers, and this was supported by interviews with clinicians and patients.	
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	
There are multiple processes for Recognising and Responding to Acute Deterioration in Physiological and Mental State, including age-appropriate / unit-appropriate Observation Charts available to PoWPH staff. These charts graphically record observations and use colour variations to highlight potential clinical deterioration and the need for escalation / intervention.	
Observations are undertaken in response to each patient’s individual circumstances and the need for any further escalation or intervention. Alterations to calling criteria are documented on the front of the observation chart.	
Rating	Applicable HSF IDs
Met	All

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	
Policies and procedures support staff in identifying acute deterioration in mental state including the risk or delirium. Assessment and care planning documentation reviewed by the Assessors also supported that assessment drives the establishment of individualised and appropriate and management plans for patients with acute mental deterioration and / or delirium. One Orthopaedic surgeon refers his appropriate patients preadmission to one of the hospital credentialed geriatricians, to reduce the risk of post-surgical delirium.	
Changes to pre-admission process are in place in Midwifery to identify those at risk of mental health deterioration and access to a Psychiatrist and Psychologist can be arranged in a timely manner, with temporary credentialing arranged for a patient’s known psychiatrist.	
Clinical documentation is audited regularly and compliance with cognition screening is reported above 90%. Processes are in place to support timely communication between members of the treating team and the patient, carers and family members as detailed in Standard 6.	

Org Name : Prince of Wales Private Hospital
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ACTION 8.05	
<p>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</p>	
<p>A flow chart detailing the Clinical deterioration of Mental state provides staff with appropriate pathways and includes practicing Cultural Safety.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 8.06	
<p>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</p>	
Comments	
<p>PoWPH monitors performance of the identification and management of acute physiological, mental status, pain and / or distress and concerns raised by staff, patients, carers and families through clinical documentation audits, incident management and clinical review. Staff and patients interviewed were aware of these processes and able to describe them to members of the Assessment Team, including the process for escalation of care where needed.</p> <p>Documentation reviewed identified policies and procedures are in place to support clinical staff in the management and escalation of clinical deterioration, and they are current and reference best-practice.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
<p>Processes are in place for patients, carers or families to directly escalate care using REACH. Posters are situated throughout the clinical areas at each bedside, and patients and families are educated regarding the process.</p> <p>Interviews with clinical staff, patients and carers confirmed this and observation of the escalation system used across the organisation further supported this process.</p>	
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	
<p>The Escalation of Care in the Code Blue and Medical Emergencies suite of policies is clear, and provides direction for staff to escalate care in adults. Midwifery and Paediatrics have their own suite of policies to support staff respond to a clinical emergency.</p> <p>Staff were able to describe these processes, and assessors were provided with documentation to support the evaluation of these processes which are reported through the Clinical Deterioration Committee.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
<p>Staff were able to escalate care and call for emergency response via several avenues' dependent on the issue at hand (examples included duress alarms, call buttons, phoning 2222.</p> <p>Information was available in lanyard cards worn by staff, wall information and through training and education on entry to the organisation. The Afterhours Co-Ordinator has the capacity to phone the MET team at the Royal Hospital for Women and other hospitals in the precinct if their assistance is required.</p>	
Rating	Applicable HSF IDs
Met	All

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	
<p>A dedicated MET team has been established to respond to the PoWPH codes. Flow charts are used in the wards and units and provide clarity of escalation response, pathways and key decision makers. Additional work and Mock scenarios, rounding, provide recognition and response systems that are person centred.</p> <p>Educators provide and monitor compliance with training for clinical staff on the management of acute deterioration and escalation of care and BLS compliance is above 80% and CMOs are ALS trained.</p> <p>Clinicians are appropriately trained to manage deterioration in their specialized areas. ICU staff have CALS included on their training matrix, paediatric staff complete PALS and Midwives complete competencies for Neonatal resuscitation.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
 Org Code : 120001

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	
PoWPH has staff rostered on all shifts that are trained in ALS, PALS, CALS and NALS life support skills. When access to senior clinicians with advanced life support skills at collocated hospitals are requested, staff can contact the contact the team directly.	
PoWPH have nurse educators to manage recertification of ALS which is completed yearly. Staff were able to describe the process.	
Rating	Applicable HSF IDs
Met	All

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	
PoWPH has staff rostered on all shifts that are trained in ALS, PALS, CALS and NALS life support skills. When access to senior clinicians with advanced life support skills at collocated hospitals are requested, staff can contact the team directly.	
PoWPH have nurse educators to manage recertification of ALS which is completed yearly. Staff were able to describe the process.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
Org Code : 120001

ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
Policies and procedures are in place for the timely referral to specialist care for patients who physically deteriorate. Transfers to ICU occur and staff were able to explain these processes to assessors. The effectiveness of escalation of care processes is monitored through the Standard 8 Clinical Deterioration Committee.	
Rating	Applicable HSF IDs
Met	All

Org Name : Prince of Wales Private Hospital
Org Code : 120001

Recommendations from Previous Assessment

Nil.