

Report of the ACHS National Safety and Quality Health Service (NSQHS) Standards Survey

Northpark Private Hospital

Bundoora, VIC

Organisation Code: 22 06 86

Survey Date: 23-25 October 2017

ACHS Accreditation Status: **Accredited**

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 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.

©Copyright by The Australian Council on Healthcare Standards
All Rights Reserved

Table of Contents

About The Australian Council on Healthcare Standards	1
Survey Overview.....	4
STANDARD 1	6
STANDARD 2	11
STANDARD 3	13
STANDARD 4	19
STANDARD 5	23
STANDARD 6	25
STANDARD 7	27
STANDARD 8	30
STANDARD 9	34
STANDARD 10	37
Actions Rating Summary	41
Recommendations from Current Survey	57
Recommendations from Previous Survey	58
Standards Rating Summary	59



About The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation. The ACHS was established in 1974 and is the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations.

The ACHS mission is to 'improve the quality and safety of health care' and its vision is 'to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care.'

The principles upon which all ACHS programs are developed and the characteristics displayed by an improving organisation are:

- a customer focus
- strong leadership
- a culture of improving
- evidence of outcomes
- striving for best practice.

These principles can be applied to every aspect of service within an organisation.

What is Accreditation?

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement of accreditation standards by a health care organisation, demonstrated through an independent external peer assessment of that organisation's level of performance in relation to the standards.

How to Use this Survey Report

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

- provide feedback to staff
- identify where improvements are needed
- compare the organisation's performance over time
- evaluate existing quality management procedures
- assist risk management monitoring
- highlight strengths and opportunities for improvement
- demonstrate evidence of achievement to stakeholders.

This report provides guidance for ACHS members for future quality improvement initiatives by documenting the findings from the organisations accreditation survey. This report is divided into five main sections.

- 1 Survey Team Summary Report
- 2 Actions Rating Summary Report
- 3 Recommendations from Current Survey
- 4 Recommendations from Previous Survey
- 5 Standards Rating Summary Report

1 Survey Team Summary Report

Consists of the following:

Standard Summaries - A Standard Summary provides a critical analysis for organisations to understand how they are performing and what is needed to improve. It provides an overview of performance for that Standard and comments are made on activities that are performed well and indicating areas for improvement.

Ratings

Each action within a Standard is rated by the organisation and the survey team with one of the following ratings. The survey team also provides an overall rating for the Standard. If one core action is Not Met the overall rating for that Standard is Not Met.

The report will identify individual actions that have recommendations and/or comments.

The rating levels are:

NM – Not Met

The actions required have not been achieved

SM – Satisfactorily Met

The actions required have been achieved

MM - Met with Merit

In addition to achieving the actions required, measures of good quality and a higher level of achievement are evident. This would mean a culture of safety, evaluation and improvement is evident throughout the hospital in relation to the action or standard under review.

Action Recommendations

Recommendations are highlighted areas for improvement due to a need to improve performance under an action. Surveyors are required to make a recommendation where an action is rated as Not Met to provide guidance and to provide an organisation with the maximum opportunity to improve.

Recommendations in the survey report need to be reviewed and prioritised for prompt action and will be reviewed by the survey team at the next on-site survey.

Risk ratings and risk comments will be included where applicable. Risk ratings are applied to recommendations where the action rating is Not Met to show the level of risk associated with the particular action. A risk comment will be given if the risk is rated greater than low.

Risk ratings could be:

- E: extreme risk; immediate action required.
- H: high risk; senior management attention needed.
- M: moderate risk; management responsibility must be specified.
- L: low risk; manage by routine procedures

2 Actions Rating Summary Report

This section summarises the ratings for each action allocated by an organisation and also by the survey team.

3 Recommendations from Current Survey

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular action.

Recommendations are structured as follows:

The action numbering relates to the Standard, Item and Action.

4 Recommendations from Previous Survey

This section details the recommendations from the previous onsite survey. The actions taken by the organisation and comments from the survey team regarding progress in relation to those recommendations are also recorded.

The action numbering relates to the month and year of survey and the action number. For example recommendation number NSQHSS0613. 1.1.1 is a recommendation from a NSQHS Standards Survey conducted in June 2013 with an action number of 1.1.1.

5 Standards Rating Summary Report

This section summarises the ratings for each Standard allocated by the survey team.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Survey Overview

Northpark Private Hospital (NPH) management and staff are a team very committed to ensure systems are in place to deliver care and services safely. The survey team appreciated the active participation of the General Manager, Quality and Risk Manager, now the Director of Nursing, Managers, VMOs and staff during the survey. The consumer representatives were also very engaged in the survey and their contribution extremely valuable.

The surveyors appreciated the information provided prior to the survey and at the time of the survey.

Evidence was available to support the hospitals self-ratings of Satisfactorily Met (SM) in all Quality Health Service Standards (NSQHSS) Core Action Items.

Significant progress has been achieved in relation to the developmental actions and the two prescribed actions, Training in Aseptic Technique and Basic Life Support. Quality and Safety Action Plans, staff education and training as well as competency assessments are in place to address areas for improvement. Evaluation is occurring and remains ongoing.

The commissioning of the Emergency Department (ED) in November 2016 has increased the services for patients in the area. The Emergency Department has also established good relationships with public hospitals and the Metropolitan Ambulance Service to help relieve the stress on emergency presentations at these facilities.

The Quality Project- Nurse Call Back identified the need to gain feedback from the patients post discharge from ED, to identify areas for improvement and to avoid clinical adverse events occurring, re-admissions for example. The evaluation and outcomes thus far have been highly impressive and has resulted in recognition at the College of Emergency Nurses (CENA) conference in October as the Best Innovation Project. Well Done.

Overall

The Clinical governance structure of NPH is one that includes the medical and nursing staff and reveals a strong link between the senior managers and the clinical staff. The organisational structure is also supported and strengthened by Healthscope (HSP) corporate arrangements. Policies and procedures are well addressed and up to date. The environment is one of risk assessment and quality activities to improve safety and to reduce any risks. The survey team has noted the effectiveness of the staff education programs and teachers, and has suggested some reductions in the list of topics to further improve training. The active involvement of patients in care planning is to be congratulated.

Clinical practice is evidence-based and staff clearly understands their responsibilities. The patient clinical record is well integrated and appropriate to good patient care.

Credentialling and Scope of practice is managed in accordance policies and By-laws. Staff are supported by education and training in respect of patient safety and quality. Performance and skills management is well done - with appropriate systems in place to support the workforce with performance improvement.

The system for managing incident and complaints is well embedded and effectively managed across the hospital. Open disclosure policies and processes are in place and the clinical workforce has been trained.

The engagement of patients' families and carers in activities that improve safety and quality are evident.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Preventing and Controlling Healthcare Associated Infections is comprehensive and practised diligently in all clinical units and support services. The low infection rate is testament to the efficacy of the systems. The transition to AS 4187 is proceeding well and plans to refurbish the CSSD are underway.

There are established processes in place to manage medication safety. Documentation of patient information, continuity of medication management and the reconciliation of medicines are audited regularly. The low compliance relating to the VMO signing of telephone orders has been addressed at the time of the survey.

There is a strong culture and range of activities that reflect the hospital's commitment to ensuring "correct patient and correct procedure" actions. In particular it was noted that checking the patient's ID was an integral part of all hand over events. The Handover processes were competently addressed and the recent addition of a discharge planner will further assist in hand over at the time of discharge.

Management of blood and blood products has effective governance and actions have been taken to further reduce the risks associated with transfusion activities and to minimise the risk of wastage. To strengthen the membership on the Transfusion committee it is suggested to consider having a representative from the Blood Bank.

Comprehensive strategies and procedures for preventing and managing pressure injuries are well documented and the excellent results have been achieved in this regard. The surveyors have noted an area for improvement which relates to the paediatric risk assessment tool.

Skilled, caring and responsive staff are extremely well educated in recognising and responding to clinical deterioration with good systems to escalate unexpected deterioration in health status.

Preventing falls and harm from falls is reported and managed diligently with good patient outcomes evident. Again, it was noted by the surveyors that improvement could be made to the falls risk assessment tool for paediatrics.

NPH are commended for their good work thus far and their achievements in improving care and services.

Further comments and suggestions for improvement have been included in the Standard Summaries.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 1

GOVERNANCE FOR SAFETY AND QUALITY IN HEALTH SERVICE ORGANISATIONS

Surveyor Summary

Governance and quality improvement systems

The Northpark Private Hospital (NPH) is an acute hospital on the north side of Melbourne. The governance structure and committee structures are appropriate for the range of services and the role of this hospital. Clinical staff involvement in safety, quality and risk management is clearly evident.

There is a range of policies and procedures in place at NPH many of which are constructed and maintained at a HSP corporate level. All the policies are kept up to date and are readily available to all staff members. The policy manual is divided into three sections being corporate, administrative and hospital. Legislative changes are monitored at a corporate level and the hospital is informed of any changes that may be required to comply with the changes. There is a strategic plan for 2017/2018 and there is a Clinical Governance framework also in place for the period 2017/2018. Safety and quality matters are considered in management decision making and this is evident in the strategic and business plans for the hospital. There is a calendar of reporting to the management of performance information that highlights safety and quality issues. In addition to ACHS Quality indicators, the hospital participates in benchmarking activities with similar peer group hospitals elsewhere in Australia. The staff members are aware of their roles in quality and safety, and these are indicated in the position descriptions and are reinforced in the annual performance review.

Staff orientation programs are comprehensive and feedback from the staff is positive. There is also a mandatory training program for staff members. The survey team noted the wide range of topics on the mandatory training agenda and suggests that the hospital undertakes a risk rating of the topics with a view of reducing the list of topics to the essential ones only.

There is a risk register maintained by the hospital and this encompasses clinical and non-clinical risks.

Sections of the register include safety matters, financial and reputation risks. The register is monitored and reviewed on a regular basis. Each identified risk has a risk rating in a five by five matrix, and has an associated action plan. The organisation wide quality management system is led by the Quality and Risk Committee. Input of data about quality and safety is extensive and is also coordinated with other departmental and cluster committees. The data provided includes the KPIs, clinical indicators and RiskMan output. The committee also reviews the quality action plans of the hospital.

Clinical practice

The clinical services have available a structured nursing care plan and a range of protocols for guiding the clinical workforce. The compliance with these pathways is monitored and any variances are recorded. It is suggested that the audit process includes ensuring that new instructions or orders that appears in the progress notes are readily being incorporated into the care plan. This will also assist in the staff having up to date information at the time of handover. Mechanisms are in place for assessing the patients that are at increased risk of harm. This process commences with the pre-admission information being provided by the patient and the referring medical officer. There is a risk assessment tool used for assessing all patients on admission, so that risks related to falls, skin care, medications, malnutrition and mental health are identified. An action plan for the identified risk is then prepared and monitored.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Benchmarking of compliance with these procedures is benchmarked with good outcomes.

There is a hospital-wide system in place for providing high level medical and nursing care to a patient that experiences an unexpected deterioration in their health. There are medical staff on site at all times. The patient's medical records are readily available in all clinical areas of the hospital. An audit of the records is carried out on an annual basis. The survey team noted that the hospital may be moving towards an electronic record system in the future but at present there is no specific timetable for this eventuality.

Performance and skills management

All medical staff appointed to the hospital are subject to a credentialling process and a defining of their specific scope of clinical practice. Records are kept of the credential documents, and the defined scope of practice is provided to the medical officer in a written formal format. Information on the scope of practice is made available to key members of the clinical staff such as the Emergency Department and the Operating Suite. These processes are described and defined in the hospital by-laws of 2012.

New procedures and re-appointments are reviewed by the Medical Advisory Committee that in turn advises the management of the hospital. Supervision of registrar staff is carried out by staff specialists in Emergency Medicine. All staff members undergo an annual staff appraisal by the supervisors/managers.

The aim of the review is to identify, evaluate and develop staff member's performance. There is a separate policy and procedure for dealing with conduct management and possible disciplinary action in regard to a staff member.

Members of the nursing staff have their scope of practice defined in their position descriptions and contracts of employment. At the time of annual appraisal, the competencies are also reviewed.

Incident and complaints management

Both incidents and complaints are reported within the hospital and recorded by the RiskMan system. The information is provided to the executive management, the MAC and to the national office of Healthscope.

Information is also fed back to the staff in general via the committee structure. There is a range of KPI's in place to monitor the processes involved and to ensure compliance with the relevant procedures and policies.

Open disclosure is an active policy within the hospital and staff members have been provided with training in how to comply with this policy. When an event occurs that requires such disclosure, support from the corporate office is readily available to assist the local staff members.

Patient rights and engagement

There is a charter of patient rights and responsibilities in use that is based on the national charter. It is included in the patients' admission pack, and feedback is sought in the patient satisfaction surveys.

Patients are actively involved in care planning and are requested to sign their care plans and provide informed consent for procedures. Consent processes include clinical consent, financial consent and consent for ECT. Interpreter services are available as are information brochures in various languages.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Family meetings are held in the mental health services. Feedback is also gained from the patient experience surveys.

The existence of Advanced Care directives is noted in the medical records and information is provided to patients seeking guidance on how to develop a directive. NFR orders are recorded in the red Alert sheets that are prominently displayed in the medical record.

Access to patients' private information is maintained by application of the code of conduct, limited access to the medical record library and the tracking of access to patient data on the ward computers.

Feedback from the patients is gained by specific surveys such as the Patient Centred Care survey carried out in 2016, and by the patient satisfaction survey emailed to each patient following discharge from the hospital.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and quality improvement systems

Ratings

Action	Organisation	Surveyor
1.1.1	SM	SM
1.1.2	SM	SM
1.2.1	SM	SM
1.2.2	SM	SM
1.3.1	SM	SM
1.3.2	SM	SM
1.3.3	SM	SM
1.4.1	SM	SM
1.4.2	SM	SM
1.4.3	SM	SM
1.4.4	SM	SM
1.5.1	SM	SM
1.5.2	SM	SM
1.6.1	SM	SM
1.6.2	SM	SM

Clinical practice

Ratings

Action	Organisation	Surveyor
1.7.1	SM	SM
1.7.2	SM	SM
1.8.1	SM	SM
1.8.2	SM	SM
1.8.3	SM	SM
1.9.1	SM	SM
1.9.2	SM	SM

Performance and skills management

Ratings

Action	Organisation	Surveyor
1.10.1	SM	SM
1.10.2	SM	SM
1.10.3	SM	SM
1.10.4	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

1.10.5	SM	SM
1.11.1	SM	SM
1.11.2	SM	SM
1.12.1	SM	SM
1.13.1	SM	SM
1.13.2	SM	SM

Incident and complaints management

Ratings

Action	Organisation	Surveyor
1.14.1	SM	SM
1.14.2	SM	SM
1.14.3	SM	SM
1.14.4	SM	SM
1.14.5	SM	SM
1.15.1	SM	SM
1.15.2	SM	SM
1.15.3	SM	SM
1.15.4	SM	SM
1.16.1	SM	SM
1.16.2	SM	SM

Patient rights and engagement

Ratings

Action	Organisation	Surveyor
1.17.1	SM	SM
1.17.2	SM	SM
1.17.3	SM	SM
1.18.1	SM	SM
1.18.2	SM	SM
1.18.3	SM	SM
1.18.4	SM	SM
1.19.1	SM	SM
1.19.2	SM	SM
1.20.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 2

PARTNERING WITH CONSUMERS

Surveyor Summary

Consumer partnership in service planning

Northpark Private Hospital (NPH) is supported with a range of Healthscope Private (HSP) and NPH policies, procedures and protocols specific to partnering with consumers. The 2016 HSP policy 'Partnering with Consumers' provides clear expectations and guidance on how to engage with consumers and the level of involvement they have in terms of operational and strategic planning. This is also supported by a HSP consumer engagement plan 2016-2019. There is good evidence to demonstrate NPH compliance with these documents by the high level of participation of consumers throughout the hospital. Currently NPH has nine active consumer consultants involved across all services from mental health through to surgical, medical and maternity. There is a consumer consultant role description that articulates responsibilities and the consumer consultant council meet regularly to discuss strategic and operational business including quality and risk data, education for staff and patients, consumer brochures and environmental risks. Consumers also participate in the Quality and Risk Management Committee. The General Manager and newly appointed Director of Nursing, previously the Quality and Risk Manager, are actively involved with the Consumer Consultant Council. Quality boards are housed in clinical areas where consumer consultants display clinical data, such as the number of incidents which have occurred over a four-week period in that unit, compliments, and quality improvement activities. There is a clearly defined orientation program for consumer consultants with evidence to support all current consumer consultants have attended and completed. There are both formal and informal processes that enable consumer feedback on healthcare publications. Formally through the Consumer Consultant Council meetings and informally through the weekly General Manager walk around where feedback is sought from current inpatients. There are also feedback forms such as 'your impression of us' which has now transitioned to an electronic form. NPH has experienced an increase in response rate in their patient experience survey since the electronic form has been introduced. Evidence was noted of consumer feedback that has been incorporated into patient information materials.

Consumer partnership in designing care

A range of focus groups have been conducted on a regular basis to engage with the Consumer Consultants. There is evidence demonstrating how consumers have been involved in the design and redesign of the health service an excellent example is the commissioning of the Emergency Department in November 2016. Other examples include the improvement to the external lighting, access around the emergency department car park and also improvements have been made regarding line demarcation on shared areas for cars and pedestrians. NPH clinical leaders are assigned the "Patient Centred Care" eLearning program annually. At the time of the survey, the completion rate was noted to be 95%.

A Consumer Consultant provides a fifteen-minute presentation at staff orientation specific to consumer engagement which has been well received by staff.

Consumer partnership in service measurement and evaluation

My Healthscope and My hospital websites provide clinical outcome data to the general public for example, falls and pressure injury rates, hand hygiene compliance and unplanned readmission. There is evidence that Consumer Consultants participate in the analysis of quality and safety data and consumer feedback on a regular basis through the Consumer Consultant Council meeting, as well as the Quality and Risk Management Committee. Improvements in service provision is evident as a direct result of consumer consultant feedback. As an example, all new mothers are discharged home with two weeks supply of meals which has been greatly received.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Consumer partnership in service planning

Ratings

Action	Organisation	Surveyor
2.1.1	SM	SM
2.1.2	SM	SM
2.2.1	SM	SM
2.2.2	SM	SM
2.3.1	SM	SM
2.4.1	SM	SM
2.4.2	SM	SM

Consumer partnership in designing care

Ratings

Action	Organisation	Surveyor
2.5.1	SM	SM
2.6.1	SM	SM
2.6.2	SM	SM

Consumer partnership in service measurement and evaluation

Ratings

Action	Organisation	Surveyor
2.7.1	SM	SM
2.8.1	SM	SM
2.8.2	SM	SM
2.9.1	SM	SM
2.9.2	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 3

PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Surveyor Summary

Governance and systems for infection prevention, control and surveillance

The infection control system is well established and managed effectively. HICMR, the Infection Control Consultants provide a comprehensive range of evidenced based policies, procedures and audit tools in accordance with the Australian Guidelines for the Prevention and Control of Infections in Health Care.

Compliance to standards are recorded on the HICMR Assessment and Reporting Program (HARP). The Infection Control Risk Management Plan toolkit is comprehensive and managed by a dedicated multidisciplinary Infection Prevention and Control Committee. The risk management approach to infection prevention is to be congratulated. Safety and Quality Action Plans have been implemented in accordance with the identified risks documented in the risk register for example, Sterilization and CSSD AS4187 compliance.

Infection control surveillance is monitored through, clinical indicators, pathology results, risk assessments and screening, incident reports and compliance audits. Monthly reports are tabled at the various clinical and department meetings including the Medical Advisory Committee (MAC). Clinical indicators are reported and bench-marked across the HSP Peer Group two and at cluster level.

Education resources have been strengthened which has improved the monitoring of infection control policies and procedures in all clinical and support service units.

Infection prevention and control strategies

Hand Hygiene is deemed a high priority and continues to be reviewed throughout all clinical and non-clinical units in accordance with the hospital's Hand Hygiene Program and Hand Hygiene Australia guidelines.

Staff education commences at orientation and regular information sessions are conducted internally and externally. ELMO e-learning packages are required to be completed as part of the education program. The hospital has increased the number of Gold Standard Auditors and there is plan to provide more education for managers and staff to be involved in the auditing process. Results from audits are reported to the appropriate committees and service units. Currently compliance is 84.8%

Consumers are also able to view results on the My Hospitals Website.

The staff immunisation program is well documented and monitored in accordance with HSP and national policies. The hospital is now registered with the Australian Immunisation Register (AIR) to enable parents to access their child's immunisation records.

The staff health program includes staff health assessments and screening, vaccinations and education and training. Staff are encouraged to participate in the Influenza Vaccination Program and contribute to their wellbeing. Patients are also included in education and vaccination programs.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Policies, procedures and audits are in place to enable the hospital to manage the use of invasive devices safely.

Intravascular device management guidelines and competency-based training tools and flow charts are used to ensure clinicians are provided with education applicable to their discipline.

There has been considerable work undertaken in regard to Aseptic Technique. Competency-based theory and practical assessments are linked to high risk services as a priority to enable the hospital to monitor medical and nursing staff compliance. Compliance at present for cannulation, wound care and IDC ranges from 82% to 97% Areas requiring further education have been identified and action plans are in place.

Managing patients with infections or colonisations

Compliance to standard precautions and transmission based precautions are monitored regularly in accordance with national guidelines. HICMR audit toolkits are used to evaluate adherence to policies. Results are reported at the appropriate committees including the MAC. An alert system on the Patient Admission System (WebPAS) is in place if a patient has been identified as a risk. It is posted in all departments and public areas. Environmental cleaning schedules are comprehensive and results reviewed regularly at committee and department level.

Whilst there are no negative pressure rooms available, patients with a suspected infection are segregated (isolated) in single rooms including the Emergency Department.

Antimicrobial stewardship

The Antimicrobial Stewardship Program continues to provide good evidence of improvements associated with antibiotic usage and prescribing patterns. An Antimicrobial Prescribing and Management Policy is in place which also includes the Restricted Antimicrobials List. Prophylaxis for patients undergoing LUSCS, joint replacements and hernia repairs using mesh are reported to the Surgical Services Committee. The HOSPITAL NAPS National Antimicrobial Prescribing Survey will be reintroduced to address compliance to guidelines and the appropriate use of Antibiotics. HPS Pharmacy who will be providing pharmacy services on-site will certainly assist clinicians and work closely with the microbiologists in this regard.

Results from correct prophylactics antibiotic usage audits conducted in 2016-2017 ranged between 70%-100%. Improvements are noted where the compliance is at 70%.

Cleaning, disinfection and sterilisation

The hospitals cleaning, disinfection and sterilisation practices are managed stringently in accordance with AS4187, GENCA guidelines and ACORN Standards.

The design and layout of the current CSSD and the segregation of clean and dirty remains a challenge for staff, however there are good processes and regular auditing in place to manage the risk of contamination. A business case has been drafted to refurbish the CSSD and to ensure full compliance to AS 4187 in the future.

Staff are provided with education and training and all competencies are recorded. Instrument tracking is in place and all validation records are documented. The reprocessing of scopes is also diligently monitored and recorded.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

There has been some very good work conducted in regard to the segregation and location of sterile stock. New metal shelving has been implemented in not only the theatre, but throughout all clinical units.

The introduction of custom packs to eliminate the use of linen is well underway.

Environmental audits as well as Food Safety Audits are conducted regularly. Results indicate a very high standard is maintained. A recent external audit of the catering department resulted in 100% compliance. Staff are well educated and training is ongoing.

Communicating with patients and carers

It was evident at the time of the survey that the hospital engages with patients and consumers in relation to infection control prevention. Hand Hygiene information and hand rub gels were readily available in all clinical units. Pre-admission and assessments also provide patient with information regarding risk factors and the management of infectious diseases. Feedback is being sort and evaluation is occurring.

The hospital is encouraged to keep up the good work.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and systems for infection prevention, control and surveillance

Ratings

Action	Organisation	Surveyor
3.1.1	SM	SM
3.1.2	SM	SM
3.1.3	SM	SM
3.1.4	SM	SM
3.2.1	SM	SM
3.2.2	SM	SM
3.3.1	SM	SM
3.3.2	SM	SM
3.4.1	SM	SM
3.4.2	SM	SM
3.4.3	SM	SM

Infection prevention and control strategies

Ratings

Action	Organisation	Surveyor
3.5.1	SM	SM
3.5.2	SM	SM
3.5.3	SM	SM
3.6.1	SM	SM
3.7.1	SM	SM
3.8.1	SM	SM
3.9.1	SM	SM
3.10.1	SM	SM
3.10.2	SM	SM
3.10.3	SM	SM

Action 3.10.1 Core

Organisation's Self Rating: SM

Surveyor Rating: SM

Surveyor Comment:

Considerable work has been undertaken to train the clinical workforce regarding aseptic technique. Clinical units have been risk rated and clinicians working and performing procedures in these areas have been part of the education program.

This Action is fully met.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Surveyor's Recommendation:

No recommendation

Managing patients with infections or colonisations

Ratings

Action	Organisation	Surveyor
3.11.1	SM	SM
3.11.2	SM	SM
3.11.3	SM	SM
3.11.4	SM	SM
3.11.5	SM	SM
3.12.1	SM	SM
3.13.1	SM	SM
3.13.2	SM	SM

Antimicrobial stewardship

Ratings

Action	Organisation	Surveyor
3.14.1	SM	SM
3.14.2	SM	SM
3.14.3	SM	SM
3.14.4	SM	SM

Cleaning, disinfection and sterilisation

Ratings

Action	Organisation	Surveyor
3.15.1	SM	SM
3.15.2	SM	SM
3.15.3	SM	SM
3.16.1	SM	SM
3.17.1	SM	SM
3.18.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Action 3.16.1 Core

Organisation's Self Rating: SM

Surveyor Rating: SM

Surveyor Comment:

Compliance to the relevant standards is embedded in everyday practice. Well established policies and procedures are in place and compliance audits regularly conducted. There have been no breaches reported in this regard. A detailed Gap Analysis and action plan has been completed and substantial progress demonstrated towards full implementation of AS/NZS 4187:2014.

Surveyor's Recommendation:

No recommendation

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
3.19.1	SM	SM
3.19.2	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 4 MEDICATION SAFETY

Surveyor Summary

Governance and systems for medication safety

Medication Safety policies, procedures and protocols are in place for medication prescribing, dispensing, supply, administration, storage and monitoring. These documents are consistent with national and state legislative requirements as well as jurisdictional regulations. There is a clearly defined process for the identification and management of high risk medications from the point of admission through to discharge.

The medication management system is regularly audited in line with the internal NPH audit schedule. The Clinical Excellence Commission's medication safety self-assessment tool was also completed in February 2017. Evidence of quality improvement initiatives specific to the outcome of the audit results were noted which included improvements in documentation specific to adverse drugs / allergies and completion of medication management plans. It was also noted that the external pharmacy provider Healthcare Pharmacy Service (HPS) is actively moving to an onsite location within the hospital by early November 2017 which will provide access to a clinical pharmacist in a timely way.

RiskMan is the electronic incident management system that is used by the hospital to capture all medication specific risks and incidents which can be accessed by all staff. Medication incidents are discussed at the Quality and Risk Management Committee. Staff are required to use an internally developed reflective practice tool if they are involved in any medication error incidents. Feedback from staff was positive on this process.

Position descriptions are supported by medication safety policies and procedures to provide guidance on scope of clinical practice. A specific policy for medication endorsed enrolled nurses inclusive of IV medication administration has been implemented. A mandatory education module specific to medication management for registered and enrolled nurses 'Med Safe' has seen a marked improvement in the completion rate from 25% in February 2017 to 95% at the time of the survey which is to be congratulated.

The medication authorisation system is regularly monitored by a range of activities including but not limited to; S8 and S11 audits, National Inpatient Medication Chart (NIMC) audit, NPH mini medication audits and HPS Pharmacy audits. Results are reported and discussed at hospital level as well as at the HSP Medication Safety Cluster. An identified area for improvement related to the Visiting Medical Officers (VMO's) signing of telephone orders within twenty-four (24) hrs. As a Quality Improvement initiative, NPH implemented an A4 Red Laminated Card designed to alert all staff of the need to gain the VMO's signature for telephone orders. Whilst the current compliance rate was identified at 78% in July 2017, there were some concerns raised on how to increase compliance in this regard. In consultation with the survey team and the hospital management, NPH developed a draft policy titled VMO for Clinical Review. The intent of the policy is to enable the treating VMO to phone the onsite Emergency Physician after hours should a patient require additional medications or treatment. Following the conversation, the Emergency Physician would then reassess the patient, prescribe any relevant medications and treatment and then via a phone call discuss the outcome with the VMO thus reducing the need for the VMO to sign after hours telephone orders. The Emergency Physicians are credentialled and have admitting rights to the hospital which adheres to HSP By-laws and Credentialling policy. Once the policy is endorsed by HSP and the Medical Advisory Committee (MAC) it is suggested to monitor and review the number of requests by the VMO's and also to gain the patient's satisfaction.

It was pleasing to note at the time of the survey that NPH's draft policy has been acknowledged by HSP and posted on the HSP Shared Learning's Portal.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Documentation of patient information

A best possible medication history is obtained from all patients which is compliant with HSP policy 'obtaining the best possible medication history September 2017. A Medication Management Plan is implemented for patients according to the HSP criteria and supported by HPS Pharmacists. The National Inpatient Medication Chart (NIMC) is used for all patients.

Medication allergies and adverse drug reactions are recorded in the patient's medical record and at the bedside. This is routinely audited and evaluated. As part of the admission, patients are required to complete a Patient Health History which also incorporates questions specific to medication management. The Medication Management Plan includes the medication reconciliation process on admission and transfer and at the time of discharge. HPS Pharmacies are involved in this process which is well established and effective.

Medication management processes

There is a range of decision support tools and resources to support the clinical workforce at the point of care such as eMIMs, eTherapeutic Guidelines (eTG) and Neonatal (NETS) handbook. Staff interviewed during the survey were able to easily demonstrate access to these. Regular review of these resources has been identified and discussed at the HSP Medication Safety Cluster, as well as the NPH Pharmacy Committee Meetings. An example of a quality improvement initiative involved the development of a specific flow chart for the management of inpatient S11 medications. Internal monitoring systems and regular audits are established to review the secure storage and safe distribution of medicines throughout the hospital. Ward drug fridges are monitored and systems are in place for the delivery, receipt and disposal of unwanted / expired medications by HPS throughout all clinical areas. Audit outcomes are regularly reported at the HSP Medication Safety Cluster and HPS Pharmacies Committee.

Continuity of medication management

The HPS pharmacist provides a comprehensive list of medications for all patients in accordance with HPS policies. At the time of admission, current medications are documented by the clinical staff in consultation with the patient and medication management plans are then generated. Medication reconciliation occurs at the time of discharge which is completed by the HPS Pharmacist. A nursing discharge summary created through WebPAS is a secondary source of relevant medication information that is provided to the receiving clinician during clinical handover upon discharge.

Communicating with patients and carers

Patients and carers have the opportunity to discuss medications during handover as this forms part of the prescribed bedside handover process. All staff have access to HPS Pharmacy to seek advice and relevant medication information. HPS Pharmacy provide information to the patient specific to their medication management. An example was the Vitamin D information sheet provided to new mothers upon discharge. It is the expectation that the treating / admitting medical officer discusses medications and any changes to existing medications with the patient during their hospital stay. NPH also use the annual Patient Centred Care Survey to specifically monitor staff communication with patients regarding their medications.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and systems for medication safety

Ratings

Action	Organisation	Surveyor
4.1.1	SM	SM
4.1.2	SM	SM
4.2.1	SM	SM
4.2.2	SM	SM
4.3.1	SM	SM
4.3.2	SM	SM
4.3.3	SM	SM
4.4.1	SM	SM
4.4.2	SM	SM
4.5.1	SM	SM
4.5.2	SM	SM

Documentation of patient information

Ratings

Action	Organisation	Surveyor
4.6.1	SM	SM
4.6.2	SM	SM
4.7.1	SM	SM
4.7.2	SM	SM
4.7.3	SM	SM
4.8.1	SM	SM

Medication management processes

Ratings

Action	Organisation	Surveyor
4.9.1	SM	SM
4.9.2	SM	SM
4.9.3	SM	SM
4.10.1	SM	SM
4.10.2	SM	SM
4.10.3	SM	SM
4.10.4	SM	SM
4.10.5	SM	SM
4.10.6	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

4.11.1	SM	SM
4.11.2	SM	SM

Continuity of medication management

Ratings

Action	Organisation	Surveyor
4.12.1	SM	SM
4.12.2	SM	SM
4.12.3	SM	SM
4.12.4	SM	SM

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
4.13.1	SM	SM
4.13.2	SM	SM
4.14.1	SM	SM
4.15.1	SM	SM
4.15.2	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 5

PATIENT IDENTIFICATION AND PROCEDURE MATCHING

Surveyor Summary

Identification of individual patients

At Northpark Private Hospital, Patient identifiers include name, date of birth, medical record number if one is issued, gender, Medicare number, and driver's license. Photographs are also used in the maternity services. Audits of compliance reveals excellent results with a 100% compliance. Any incidents with patient identification or patient procedure matching are recorded and analysed via the RiskMan software.

The national standard white and red wrist bands are used.

Processes to transfer care

At hand over events in the wards, theatres and recovery room, the survey team noted that the patients ID is checked as an integral part of the process.

Processes to match patients and their care

In both the operating suite for surgical procedures and for ECT in the Mental Health services, matching the patient and the intended procedure is carried out by the time out process. The process is monitored and audited and improvements have been instituted with good success.

The policy for time out also addresses the patient marking procedures, site marking, and anaesthetic time out.

Other improvements that have been adopted are double checking of IDs in regard to expressed milk in the maternity services, and matching processes in the Emergency Department for procedures being carried out in that area.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Identification of individual patients

Ratings

Action	Organisation	Surveyor
5.1.1	SM	SM
5.1.2	SM	SM
5.2.1	SM	SM
5.2.2	SM	SM
5.3.1	SM	SM

Processes to transfer care

Ratings

Action	Organisation	Surveyor
5.4.1	SM	SM

Processes to match patients and their care

Ratings

Action	Organisation	Surveyor
5.5.1	SM	SM
5.5.2	SM	SM
5.5.3	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 6

CLINICAL HANDOVER

Surveyor Summary

Governance and leadership for effective clinical handover

The main focus of the governance of the handover process is delegated to the Handover working party. It has a role in ensuring the policies and procedures are up to date, and managing the compliance, It also reviews the audit result and gains feedback from the staff and patients about the process. The working party is involved in the development of "champions" in the handover process. Recent actions that have been instituted to improve the handover process include the utilisation of journey boards, the usage of ISOBAR as the handover tool, and useful KPIs. The handover events include ward changes, ED admissions to the ward, shift changes, journey to and from the theatres and recovery, and inter hospital movements.

Clinical handover processes

The survey team observed the handover process taking place at various times and locations throughout the hospital. The preparation for handover was evident and the necessary team members were present. The ISOBAR tool was used as a guide.

A printed sheet of patient information was available to staff members involved in the handover. These sheets were discarded into a secure bin at the end of the shift. At ward level, handovers include an initial "huddle" meeting of the ward nursing staff followed by a bed side handover by staff members caring for specific patients. Audits of the compliance with the policies and procedures are in place. Recent improvements include the utilisation of the white boards in each patient's room. It is suggested to make the handovers more effective the hospital encourage the updating of the patient's care plan prior to handover to ensure any changes noted in the progress notes are included in the care plan and the next handover. Information about incidents relating to the handover process are shared with other similar hospitals to assist in ensuring improvements are applied to the procedure.

Patient and carer involvement in clinical handover

The survey team noted the active involvement of patient and their carers in the handover. Patients and their carers are provided with information on admission about handovers and this explains the role the patients can play in the handovers as they occur.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and leadership for effective clinical handover

Ratings

Action	Organisation	Surveyor
6.1.1	SM	SM
6.1.2	SM	SM
6.1.3	SM	SM

Clinical handover processes

Ratings

Action	Organisation	Surveyor
6.2.1	SM	SM
6.3.1	SM	SM
6.3.2	SM	SM
6.3.3	SM	SM
6.3.4	SM	SM
6.4.1	SM	SM
6.4.2	SM	SM

Patient and carer involvement in clinical handover

Ratings

Action	Organisation	Surveyor
6.5.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 7

BLOOD AND BLOOD PRODUCTS

Surveyor Summary

Governance and systems for blood and blood product prescribing and clinical use

There is a set of policies and procedures in place at the hospital that originate from HSP corporate office, and are based on the Red Cross and other national guidelines. Issues that are covered include the refrigerated storage of blood on site, emergency transfusions, massive transfusions and the general management of blood and blood products. Governance of the systems are vested in the Blood /Transfusion working party. The survey team has suggested that the membership of the NPH working party may benefit by the inclusion of a representative of the blood bank supplier linked to the Northern Hospital. Compliance with the policies and procedures is audited on a regular basis. Improvements in compliance are assisted by all the clinical staff undertaking the Blood Safe learning program. Any incidents in the management of blood and blood products is recorded in RiskMan. A range of actions has been completed by the hospital to further reduce risks in regard to blood administration. These include greater compliance with the blood refrigerator register entry procedures, the use of iron infusions to avoid blood transfusions, and impending expiry date actions.

Documenting patient information

A blood transfusion history is taken on pre-admission and at the time of admission. An alert sheet is prepared and included in the medical records if there is a history of transfusion reaction. There are medical record forms that capture the patient's consent for transfusion, the blood prescription and the administration of the blood. Also included in the records is any complication or reaction incidents. The record keeping is audited and reveals good compliance.

Managing blood and blood product safety

The receipt of the blood and blood products is managed in a safe and efficient manner. There is only one storage facility in the hospital - a temperature controlled refrigerator in the operating suite. The collection of blood from the refrigerator is only by the member of nursing staff involved in the specific patient's care.

Blood wastage audits are performed on a monthly basis and the pre-emptive return of blood units nearing their expiry dates has avoided wastage.

Communicating with patients and carers

The hospital has a readily available supply of information brochures concerning blood transfusions for the benefit of staff members and of the patients. These are Red Cross based brochures. Transfusion plans are discussed with the patients and their written consent is mandatory except in dire emergency. Auditing of the consent policy shows an excellent outcome.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and systems for blood and blood product prescribing and clinical use

Ratings

Action	Organisation	Surveyor
7.1.1	SM	SM
7.1.2	SM	SM
7.1.3	SM	SM
7.2.1	SM	SM
7.2.2	SM	SM
7.3.1	SM	SM
7.3.2	SM	SM
7.3.3	SM	SM
7.4.1	SM	SM

Documenting patient information

Ratings

Action	Organisation	Surveyor
7.5.1	SM	SM
7.5.2	SM	SM
7.5.3	SM	SM
7.6.1	SM	SM
7.6.2	SM	SM
7.6.3	SM	SM

Managing blood and blood product safety

Ratings

Action	Organisation	Surveyor
7.7.1	SM	SM
7.7.2	SM	SM
7.8.1	SM	SM
7.8.2	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
7.9.1	SM	SM
7.9.2	SM	SM
7.10.1	SM	SM
7.11.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 8

PREVENTING AND MANAGING PRESSURE INJURIES

Surveyor Summary

Governance and systems for the prevention and management of pressure injuries

NPH has in place range of HSP policies, procedures and protocols including the 'Pressure Injury Prevention, Identification & Management' policy July 2017 which has been developed in line with best practice guidelines (i.e. Pan Pacific Guidelines for Pressure Injury Prevention and Management 2012). There is a HSP 'Pressure Injury Risk Assessment / Management Plan' document (HMR7.5) that includes the modified Waterlow risk assessment tool and associated interventions for varying risk levels. The survey team highlighted that the modified Waterlow tool does not adequately assess the risk of pressure injury for paediatric patients as the tool has an age limitation. Discussions with the hospital management has resulted in the development of a quality action plan to improve this. The action plan highlights the need to update the existing pressure injury risk assessment for paediatrics, timeframes and actions to be undertaken have been included. The survey team are confident that this gap has been adequately addressed.

Pressure injuries are reported on RiskMan. All reported pressure injuries and other skin related injuries are alerted to and investigated by the Nurse Unit Manager. Specific Key Performance Indicators (KPIs) related to Pressure Injuries are reported up to the highest level of Governance and local committees such as the NPH Senior Nurses Committee and Quality and Risk Committee. The leadership for pressure injury prevention and management is supported through the HSP Pressure Injury Prevention Cluster.

A specific flowchart for special care nursery babies to reduce the risk of pressure injuries is well established. Staff when interviewed were clear on the process and this is reflected in the low rates of reported pressure injuries within the hospital.

As part of a Quality Improvement initiative, the hospital continues to deliver Pressure Injury education and training with August being the month specifically dedicated to pressure injury prevention and management. Education sessions were conducted on the 7th, 12th and 17th of August 2017 for all staff. Pressure relieving equipment is available in theatres and across all clinical units. Staff are able to access equipment either by internal borrowing, purchase or hire (such as air pressure mattresses) if required for an at-risk patient. NPH has implemented the Hill-Rom pressure reducing mattress as the standard base mattress for all beds.

Preventing pressure injuries

The modified Waterlow Scale is the agreed screening tool used across the clinical units. Assessment is undertaken on admission and is completed within eight hours. The hospital provided a range of audit results that demonstrated ongoing assessment of compliance against the prescribed screening tool. The hospital's audit data against the specific KPI's set by HSP have shown improvements for the period 2016 – 2017. Wound management for pressure injuries is based on the Pan Pacific Clinical Practice Guideline for the Prevention and Management of Pressure Injuries and other relevant best practices sources.

A staff member has attended a conference delivered by the Australian Wound Management Association and has since redesigned the wound management product availability within the hospital as well as provide staff with a decision support tool designed to provide a consistent approach to wound management. Feedback from staff was very positive about this quality improvement.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

There is interdisciplinary consultation on managing pressure injuries, use of appropriate mattresses / equipment, review of nutritional requirements from a dietician and education to patient, family and staff.

Information relating to monitoring and assessment of clinical records for compliance occurs within the hospital with an ongoing action plan for monitoring as indicated. Discharge planning also considers the patients skin integrity and will action any appropriate referrals to maintain good skin integrity management post discharge.

Communicating with patients and carers

NPH provides all patients with relevant information specific to the prevention and management of pressure injuries on admission, during their stay and upon discharge. These include patient brochures, posters and education materials. Any pressure or skin related injuries are discussed at the daily clinical handover with the patients and carers with explicit opportunities for patients to seek clarification about management actions. All pressure injury brochures have been reviewed by the consumer consultants.

The survey team was able to sight evidence where consumer feedback and / or suggested changes to the patient information has been included.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and systems for the prevention and management of pressure injuries

Ratings

Action	Organisation	Surveyor
8.1.1	SM	SM
8.1.2	SM	SM
8.2.1	SM	SM
8.2.2	SM	SM
8.2.3	SM	SM
8.2.4	SM	SM
8.3.1	SM	SM
8.4.1	SM	SM

Preventing pressure injuries

Ratings

Action	Organisation	Surveyor
8.5.1	SM	SM
8.5.2	SM	SM
8.5.3	SM	SM
8.6.1	SM	SM
8.6.2	SM	SM
8.6.3	SM	SM
8.7.1	SM	SM
8.7.2	SM	SM
8.7.3	SM	SM
8.7.4	SM	SM

Managing pressure injuries

Ratings

Action	Organisation	Surveyor
8.8.1	SM	SM
8.8.2	SM	SM
8.8.3	SM	SM
8.8.4	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
8.9.1	SM	SM
8.10.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 9

RECOGNISING AND RESPONDING TO CLINICAL DETERIORATION IN ACUTE HEALTH CARE

Surveyor Summary

Establishing recognition and response systems

The hospital is congratulated on their management of the deteriorating patient. Significant work has been conducted by all clinical units to ensure robust systems are in place to recognize the deteriorating patient and newborn. Evidence-based tools are used which allows evaluation and auditing to be measured and compared in a systematic way. A MET calls and Code Blue review has been conducted to include the newly commissioned Emergency Department. Emergency trolleys have been standardized and segregated for adult and Paediatric which provides staff with the equipment to undertake resuscitation in a timely manner. Compliance for training of staff in BLS and ALS this month is between 94% to 97%.

Paediatric Life support education is included in the BLS training tool. The MET team and Clinical Deterioration Cluster review all MET calls and provide recommendations if needed.

Mortality and Morbidity reviews are presented at the MAC and any recommendations are actioned accordingly.

Recognising clinical deterioration and escalating care

ISOBAR is the communication tool used to report clinical deterioration. Track and Trigger adult and paediatric observation charts, as well as a newborn care flow chart are used to alert and flag deterioration. Clinical deterioration events are registered on RiskMan and escalated to the senior management if the need arises. The Emergency Department is very responsive and supportive in this regard. Staff feedback is positive and they feel confident when making the call.

Responding to clinical deterioration

Policies and procedures are well established and support the management of the deteriorating patient. A call buzzer system and MET call flow charts are in place in all clinical units. An Emergency Doctor is on-site, an Anaesthetist is on call and clinical staff are aware of their responsibilities. There has been a significant focus on education and training which is to be congratulated.

Communicating with patients and carers

Information is provided at all levels by the staff and treating clinician. A MET call brochure is available in clinical units. Bedside handover, purposeful hourly rounding, care plans and whiteboards have enhanced the timeliness of identification and escalation of deterioration and has allowed patients and carers to be involved in the management of their care. Family meetings and debriefing sessions are held when required. Advance Care Directive Policy and treatment limiting order forms are in place and used if applicable. Audits are conducted annually.

Doctors, staff and managers are well supported and educated in the bereavement process and if the need arises staff can access the Employee Assistance Program.

Relative bereavement counselling is also available.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Establishing recognition and response systems

Ratings

Action	Organisation	Surveyor
9.1.1	SM	SM
9.1.2	SM	SM
9.2.1	SM	SM
9.2.2	SM	SM
9.2.3	SM	SM
9.2.4	SM	SM

Recognising clinical deterioration and escalating care

Ratings

Action	Organisation	Surveyor
9.3.1	SM	SM
9.3.2	SM	SM
9.3.3	SM	SM
9.4.1	SM	SM
9.4.2	SM	SM
9.4.3	SM	SM

Responding to clinical deterioration

Ratings

Action	Organisation	Surveyor
9.5.1	SM	SM
9.5.2	SM	SM
9.6.1	SM	SM
9.6.2	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Action 9.6.1 Core

Organisation's Self Rating: SM

Surveyor Rating: SM

Surveyor Comment:

Significant training and education has been conducted which commences at orientation and forms part of mandatory training for all staff. Compliance is over 93%.

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
9.7.1	SM	SM
9.8.1	SM	SM
9.8.2	SM	SM
9.9.1	SM	SM
9.9.2	SM	SM
9.9.3	SM	SM
9.9.4	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

STANDARD 10

PREVENTING FALLS AND HARM FROM FALLS

Surveyor Summary

Governance and systems for the prevention of falls

Policies, procedures and protocols are well established. The 'Falls Prevention and Management 2017' policy has been developed in line with best practice guidelines (i.e. Preventing Falls and Harm from Falls in Older People: Best Practice Guidelines for Australian Hospitals 2009). This policy is also supported by NPH specific documents including the Falls risk assessment and management tool. A variety of audit tools are in place to determine compliance with the specific KPI's set by HSP including; total patient falls and inpatient falls that require intervention. The Quality and Risk Management Report, September 2017 confirmed that the rate of falls and injury from falls is discussed at the HSP Falls Prevention and Management Cluster as well as the local Falls Management Committee. It was clearly evident that falls risk assessments are well embedded within daily clinical practice through all clinical units. The Quality and Risk Management Report also contained evidence of a significant decrease in the number of reported falls with injury between 2016 and 2017. As part of a quality improvement initiative, the hospital dedicated the month of April to focus on falls prevention with "April Falls Day" providing a forum for staff and patient education. Falls prevention equipment such as red socks and falls alarm mats to help reduce the rate of falls within the hospital are readily available.

Screening and assessing risks of falls and harm from falling

The Falls Risk Assessment Tool (FRAT) is the validated tool used throughout all clinical units. Ongoing review and monitoring of falls data is reported regularly at NPH and HSP committees. Between 2016 and 2017, the audit results focused on documented risk assessments for at risk patients. The results of these audits have highlighted the continued increase in the compliance with policy and expected falls risk assessments. This is attributed to the continued staff education and surveillance provided by the hospital.

However, the survey team highlighted some inconsistencies with the assessment of falls risk for paediatric patients. As commented in Standard 8, discussions were held with the hospital management and a quality action plan has been developed. The action plan includes the need to update the existing falls risk assessment for paediatrics as well as appropriate time frames for actions to be undertaken.

Preventing falls and harm from falls

There have been a number of quality initiatives to assist in the reduction of falls and falls with harm including; purposeful patient rounding across all clinical units. The Physiotherapist has extended the 'traffic light system' and falls balance class into all clinical units as well as the role out of the patient specific falls prevention education program. The clinical handover process also includes discussion of those patients identified as high falls risk. Discharge planning includes information regarding falls risk and associated management strategies as evidenced in discharge summary letters to GP's and referral groups. The hospital provides a number of falls prevention aids to assist in reducing falls for patients such as lifting machines; alarm mats and low-low beds which have been introduced into a number of clinical units in the hospital including the emergency department.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Communicating with patients and carers

The hospital provided evidence of their proactive approaches to engage with and support patient involvement in planning their care and falls interventions. Existing and newly developed patient information brochures have consumer input in relation to content and visual representation.

Feedback from consumers about falls specific information has been included in the latest updates of the information material.

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Governance and systems for the prevention of falls

Ratings

Action	Organisation	Surveyor
10.1.1	SM	SM
10.1.2	SM	SM
10.2.1	SM	SM
10.2.2	SM	SM
10.2.3	SM	SM
10.2.4	SM	SM
10.3.1	SM	SM
10.4.1	SM	SM

Screening and assessing risks of falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.5.1	SM	SM
10.5.2	SM	SM
10.5.3	SM	SM
10.6.1	SM	SM
10.6.2	SM	SM
10.6.3	SM	SM

Preventing falls and harm from falling

Ratings

Action	Organisation	Surveyor
10.7.1	SM	SM
10.7.2	SM	SM
10.7.3	SM	SM
10.8.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
10.9.1	SM	SM
10.10.1	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Actions Rating Summary

Governance for Safety and Quality in Health Service Organisations

Governance and quality improvement systems

Action Description	Organisation's self-rating	Surveyor Rating
1.1.1 An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols	SM	SM
1.1.2 The impact on patient safety and quality of care is considered in business decision making	SM	SM
1.2.1 Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance	SM	SM
1.2.2 Action is taken to improve the safety and quality of patient care	SM	SM
1.3.1 Workforce are aware of their delegated safety and quality roles and responsibilities	SM	SM
1.3.2 Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards	SM	SM
1.3.3 Agency or locum workforce are aware of their designated roles and responsibilities	SM	SM
1.4.1 Orientation and ongoing training programs provide the workforce with the skill and information needed to fulfil their safety and quality roles and responsibilities	SM	SM
1.4.2 Annual mandatory training programs to meet the requirements of these Standards	SM	SM
1.4.3 Locum and agency workforce have the necessary information, training and orientation to the workplace to fulfil their safety and quality roles and responsibilities	SM	SM
1.4.4 Competency-based training is provided to the clinical workforce to improve safety and quality	SM	SM
1.5.1 An organisation-wide risk register is used and regularly monitored	SM	SM
1.5.2 Actions are taken to minimise risks to patient safety and quality of care	SM	SM
1.6.1 An organisation-wide quality management system is used and regularly monitored	SM	SM
1.6.2 Actions are taken to maximise patient quality of care	SM	SM

Clinical practice

Action Description	Organisation's self-rating	Surveyor Rating
1.7.1 Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce	SM	SM
1.7.2 The use of agreed clinical guidelines by the clinical workforce is monitored	SM	SM
1.8.1 Mechanisms are in place to identify patients at increased risk of harm	SM	SM
1.8.2 Early action is taken to reduce the risks for at-risk patients	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

1.8.3	Systems exist to escalate the level of care when there is an unexpected deterioration in health status	SM	SM
1.9.1	Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care	SM	SM
1.9.2	The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards	SM	SM

Performance and skills management

Action Description	Organisation's self-rating	Surveyor Rating
1.10.1 A system is in place to define and regularly review the scope of practice for the clinical workforce	SM	SM
1.10.2 Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice	SM	SM
1.10.3 Organisational clinical service capability, planning and scope of practice is directly linked to the clinical service roles of the organisation	SM	SM
1.10.4 The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced	SM	SM
1.10.5 Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role	SM	SM
1.11.1 A valid and reliable performance review process is in place for the clinical workforce	SM	SM
1.11.2 The clinical workforce participates in regular performance reviews that support individual development and improvement	SM	SM
1.12.1 The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development	SM	SM
1.13.1 Analyse feedback from the workforce on their understanding and use of safety and quality systems	SM	SM
1.13.2 Action is taken to increase workforce understanding and use of safety and quality systems	SM	SM

Incident and complaints management

Action Description	Organisation's self-rating	Surveyor Rating
1.14.1 Processes are in place to support the workforce recognition and reporting of incidents and near misses	SM	SM
1.14.2 Systems are in place to analyse and report on incidents	SM	SM
1.14.3 Feedback on the analysis of reported incidents is provided to the workforce	SM	SM
1.14.4 Action is taken to reduce risks to patients identified through the incident management system	SM	SM
1.14.5 Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation	SM	SM
1.15.1 Processes are in place to support the workforce to recognise and report complaints	SM	SM
1.15.2 Systems are in place to analyse and implement improvements in response to complaints	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

1.15.3	Feedback is provided to the workforce on the analysis of reported complaints	SM	SM
1.15.4	Patient feedback and complaints are reviewed at the highest level of governance in the organisation	SM	SM
1.16.1	An open disclosure program is in place and is consistent with the national open disclosure standard	SM	SM
1.16.2	The clinical workforce are trained in open disclosure processes	SM	SM

Patient rights and engagement

Action	Description	Organisation's self-rating	Surveyor Rating
1.17.1	The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights	SM	SM
1.17.2	Information on patient rights is provided and explained to patients and carers	SM	SM
1.17.3	Systems are in place to support patients who are at risk of not understanding their healthcare rights	SM	SM
1.18.1	Patients and carers are partners in the planning for their treatment	SM	SM
1.18.2	Mechanisms are in place to monitor and improve documentation of informed consent	SM	SM
1.18.3	Mechanisms are in place to align the information provided to patients with their capacity to understand	SM	SM
1.18.4	Patients and carers are supported to document clear advance care directives and/or treatment-limiting orders	SM	SM
1.19.1	Patient clinical records are available at the point of care	SM	SM
1.19.2	Systems are in place to restrict inappropriate access to and dissemination of patient clinical information	SM	SM
1.20.1	Data collected from patient feedback systems are used to measure and improve health services in the organisation	SM	SM

Partnering with Consumers

Consumer partnership in service planning

Action	Description	Organisation's self-rating	Surveyor Rating
2.1.1	Consumers and/or carers are involved in the governance of the health service organisation	SM	SM
2.1.2	Governance partnerships are reflective of the diverse range of backgrounds in the population served by the health service organisation, including those people who do not usually provide feedback	SM	SM
2.2.1	The health service organisation establishes mechanisms for engaging consumers and/or carers in the strategic and/or operational planning for the organisation	SM	SM
2.2.2	Consumers and/or carers are actively involved in decision making about safety and quality	SM	SM
2.3.1	Health service organisations provide orientation and ongoing training for consumers and/or carers to enable them to fulfil their partnership role	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

2.4.1	Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients)	SM	SM
2.4.2	Action is taken to incorporate consumer and/or carers' feedback into publications prepared by the health service organisation for distribution to patients	SM	SM

Consumer partnership in designing care

Action Description	Organisation's self-rating	Surveyor Rating
2.5.1 Consumers and/or carers participate in the design and redesign of health services	SM	SM
2.6.1 Clinical leaders, senior managers and the workforce access training on patient-centred care and the engagement of individuals in their care	SM	SM
2.6.2 Consumers and/or carers are involved in training the clinical workforce	SM	SM

Consumer partnership in service measurement and evaluation

Action Description	Organisation's self-rating	Surveyor Rating
2.7.1 The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance	SM	SM
2.8.1 Consumers and/or carers participate in the analysis of organisational safety and quality performance	SM	SM
2.8.2 Consumers and/or carers participate in the planning and implementation of quality improvements	SM	SM
2.9.1 Consumers and/or carers participate in the evaluation of patient feedback data	SM	SM
2.9.2 Consumers and/or carers participate in the implementation of quality activities relating to patient feedback data	SM	SM

Preventing and Controlling Healthcare Associated Infections

Governance and systems for infection prevention, control and surveillance

Action Description	Organisation's self-rating	Surveyor Rating
3.1.1 A risk management approach is taken when implementing policies, procedures and/or protocols for: <ul style="list-style-type: none"> • standard infection control precautions • transmission-based precautions • aseptic non-touch technique • safe handling and disposal of sharps • prevention and management of occupational exposure to blood and body substances • environmental cleaning and disinfection • antimicrobial prescribing • outbreaks or unusual clusters of communicable infection • processing of reusable medical devices • single-use devices 	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

	<ul style="list-style-type: none"> • surveillance and reporting of data where relevant • reporting of communicable and notifiable diseases • provision of risk assessment guidelines to workforce • exposure-prone procedures 		
3.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
3.1.3	The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation	SM	SM
3.1.4	Action is taken to improve the effectiveness of infection prevention and control policies, procedures and/or protocols	SM	SM
3.2.1	Surveillance systems for healthcare associated infections are in place	SM	SM
3.2.2	Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees	SM	SM
3.3.1	Mechanisms to regularly assess the healthcare associated infection risks are in place	SM	SM
3.3.2	Action is taken to reduce the risks of healthcare associated infection	SM	SM
3.4.1	Quality improvement activities are implemented to reduce and prevent healthcare associated infections	SM	SM
3.4.2	Compliance with changes in practice are monitored	SM	SM
3.4.3	The effectiveness of changes to practice are evaluated	SM	SM

Infection prevention and control strategies

Action Description	Organisation's self-rating	Surveyor Rating
3.5.1 Workforce compliance with current national hand hygiene guidelines is regularly audited	SM	SM
3.5.2 Compliance rates from hand hygiene audits are regularly reported to the highest level of governance in the organisation	SM	SM
3.5.3 Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines	SM	SM
3.6.1 A workforce immunisation program that complies with current national guidelines is in use	SM	SM
3.7.1 Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are implemented to address: <ul style="list-style-type: none"> • communicable disease status • occupational management and prophylaxis • work restrictions • personal protective equipment • assessment of risk to healthcare workers for occupational allergies • evaluation of new products and procedures 	SM	SM
3.8.1 Compliance with the system for the use and management of invasive devices is monitored	SM	SM
3.9.1 Education and competency-based training in invasive devices protocols and use is provided for the workforce who perform procedures with invasive devices	SM	SM
3.10.1 The clinical workforce is trained in aseptic technique	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

3.10.2 Compliance with aseptic technique is regularly audited	SM	SM
3.10.3 Action is taken to increase compliance with the aseptic technique protocols	SM	SM

Managing patients with infections or colonisations

Action Description	Organisation's self-rating	Surveyor Rating
3.11.1 Standard precautions and transmission-based precautions consistent with the current national guidelines are in use	SM	SM
3.11.2 Compliance with standard precautions is monitored	SM	SM
3.11.3 Action is taken to improve compliance with standard precautions	SM	SM
3.11.4 Compliance with transmission-based precautions is monitored	SM	SM
3.11.5 Action is taken to improve compliance with transmission-based precautions	SM	SM
3.12.1 A risk analysis is undertaken to consider the need for transmission-based precautions including: <ul style="list-style-type: none"> • accommodation based on the mode of transmission • environmental controls through air flow • transportation within and outside the facility • cleaning procedures • equipment requirements 	SM	SM
3.13.1 Mechanisms are in use for checking for pre-existing healthcare associated infections or communicable disease on presentation for care	SM	SM
3.13.2 A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between service providers or facilities	SM	SM

Antimicrobial stewardship

Action Description	Organisation's self-rating	Surveyor Rating
3.14.1 An antimicrobial stewardship program is in place	SM	SM
3.14.2 The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage	SM	SM
3.14.3 Monitoring of antimicrobial usage and resistance is undertaken	SM	SM
3.14.4 Action is taken to improve the effectiveness of antimicrobial stewardship	SM	SM

Cleaning, disinfection and sterilisation

Action Description	Organisation's self-rating	Surveyor Rating
3.15.1 Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including: <ul style="list-style-type: none"> • maintenance of building facilities • cleaning resources and services • risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved • waste management within the clinical environment 	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

	<ul style="list-style-type: none"> • laundry and linen transportation, cleaning and storage • appropriate use of personal protective equipment 		
3.15.2	Policies, procedures and/or protocols for environmental cleaning are regularly reviewed	SM	SM
3.15.3	An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly	SM	SM
3.16.1	Compliance with relevant national or international standards and manufacturer's instructions for cleaning, disinfection and sterilisation of reusable instruments and devices is regularly monitored	SM	SM
3.17.1	A traceability system that identifies patients who have a procedure using sterile reusable medical instruments and devices is in place	SM	SM
3.18.1	Action is taken to maximise coverage of the relevant workforce trained in a competency-based program to decontaminate reusable medical devices	SM	SM

Communicating with patients and carers

Action Description	Organisation's self-rating	Surveyor Rating
3.19.1 Information on the organisation's corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers	SM	SM
3.19.2 Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience	SM	SM

Medication Safety

Governance and systems for medication safety

Action Description	Organisation's self-rating	Surveyor Rating
4.1.1 Governance arrangements are in place to support the development, implementation and maintenance of organisation-wide medication safety systems	SM	SM
4.1.2 Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines	SM	SM
4.2.1 The medication management system is regularly assessed	SM	SM
4.2.2 Action is taken to reduce the risks identified in the medication management system	SM	SM
4.3.1 A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice	SM	SM
4.3.2 The use of the medication authorisation system is regularly monitored	SM	SM
4.3.3 Action is taken to increase the effectiveness of the medication authority system	SM	SM
4.4.1 Medication incidents are regularly monitored, reported and investigated	SM	SM
4.4.2 Action is taken to reduce the risk of adverse medication incidents	SM	SM
4.5.1 The performance of the medication management system is regularly assessed	SM	SM
4.5.2 Quality improvement activities are undertaken to reduce the risk of	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

patient harm and increase the quality and effectiveness of medicines use

Documentation of patient information

Action Description	Organisation's self-rating	Surveyor Rating
4.6.1 A best possible medication history is documented for each patient	SM	SM
4.6.2 The medication history and current clinical information is available at the point of care	SM	SM
4.7.1 Known medication allergies and adverse drug reactions are documented in the patient clinical record	SM	SM
4.7.2 Action is taken to reduce the risk of adverse reactions	SM	SM
4.7.3 Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration	SM	SM
4.8.1 Current medicines are documented and reconciled at admission and transfer of care between healthcare settings	SM	SM

Medication management processes

Action Description	Organisation's self-rating	Surveyor Rating
4.9.1 Information and decision support tools for medicines are available to the clinical workforce at the point of care	SM	SM
4.9.2 The use of information and decision support tools is regularly reviewed	SM	SM
4.9.3 Action is taken to improve the availability and effectiveness of information and decision support tools	SM	SM
4.10.1 Risks associated with secure storage and safe distribution of medicines are regularly reviewed	SM	SM
4.10.2 Action is taken to reduce the risks associated with storage and distribution of medicines	SM	SM
4.10.3 The storage of temperature-sensitive medicines is monitored	SM	SM
4.10.4 A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place	SM	SM
4.10.5 The system for disposal of unused, unwanted or expired medications is regularly monitored	SM	SM
4.10.6 Action is taken to increase compliance with the system for storage, distribution and disposal of medications	SM	SM
4.11.1 The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed	SM	SM
4.11.2 Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines	SM	SM

Continuity of medication management

Action Description	Organisation's self-rating	Surveyor Rating
4.12.1 A system is in use that generates and distributes a current and comprehensive list of medicines and explanation of changes in	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

medicines			
4.12.2	A current and comprehensive list of medicines is provided to the patient and/or carer when concluding an episode of care	SM	SM
4.12.3	A current comprehensive list of medicines is provided to the receiving clinician during clinical handover	SM	SM
4.12.4	Action is taken to increase the proportion of patients and receiving clinicians that are provided with a current comprehensive list of medicines during clinical handover	SM	SM

Communicating with patients and carers

Action Description	Organisation's self-rating	Surveyor Rating
4.13.1 The clinical workforce provides patients with patient specific medicine information, including medication treatment options, benefits and associated risks	SM	SM
4.13.2 Information that is designed for distribution to patients is readily available to the clinical workforce	SM	SM
4.14.1 An agreed medication management plan is documented and available in the patient's clinical record	SM	SM
4.15.1 Information on medicines is provided to patients and carers in a format that is understood and meaningful	SM	SM
4.15.2 Action is taken in response to patient feedback to improve medicines information distributed by the health service organisation to patients	SM	SM

Patient Identification and Procedure Matching

Identification of individual patients

Action Description	Organisation's self-rating	Surveyor Rating
5.1.1 Use of an organisation-wide patient identification system is regularly monitored	SM	SM
5.1.2 Action is taken to improve compliance with the patient identification matching system	SM	SM
5.2.1 The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored	SM	SM
5.2.2 Action is taken to reduce mismatching events	SM	SM
5.3.1 Inpatient bands are used that meet the national specifications for patient identification bands	SM	SM

Processes to transfer care

Action Description	Organisation's self-rating	Surveyor Rating
5.4.1 A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Processes to match patients and their care

Action Description	Organisation's self-rating	Surveyor Rating
5.5.1 A documented process to match patients and their intended treatment is in use	SM	SM
5.5.2 The process to match patients to any intended procedure, treatment or investigation is regularly monitored	SM	SM
5.5.3 Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation	SM	SM

Clinical Handover

Governance and leadership for effective clinical handover

Action Description	Organisation's self-rating	Surveyor Rating
6.1.1 Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored	SM	SM
6.1.2 Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols	SM	SM
6.1.3 Tools and guides are periodically reviewed	SM	SM

Clinical handover processes

Action Description	Organisation's self-rating	Surveyor Rating
6.2.1 The workforce has access to documented structured processes for clinical handover that include: • preparing for handover, including setting the location and time while maintaining continuity of patient care • organising relevant workforce members to participate • being aware of the clinical context and patient needs • participating in effective handover resulting in transfer of responsibility and accountability for care	SM	SM
6.3.1 Regular evaluation and monitoring processes for clinical handover are in place	SM	SM
6.3.2 Local processes for clinical handover are reviewed in collaboration with clinicians, patients and carers	SM	SM
6.3.3 Action is taken to increase the effectiveness of clinical handover	SM	SM
6.3.4 The actions taken and the outcomes of local clinical handover reviews are reported to the executive level of governance	SM	SM
6.4.1 Regular reporting, investigating and monitoring of clinical handover incidents is in place	SM	SM
6.4.2 Action is taken to reduce the risk of adverse clinical handover incidents	SM	SM

Patient and carer involvement in clinical handover

Action Description	Organisation's self-rating	Surveyor Rating
6.5.1 Mechanisms to involve a patient and, where relevant, their carer in clinical handover are in use	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Blood and Blood Products

Governance and systems for blood and blood product prescribing and clinical use

Action Description	Organisation's self-rating	Surveyor Rating
7.1.1 Blood and blood product policies, procedures and/or protocols are consistent with national evidence-based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products	SM	SM
7.1.2 The use of policies, procedures and/or protocols is regularly monitored	SM	SM
7.1.3 Action is taken to increase the safety and appropriateness of prescribing and clinically using blood and blood products	SM	SM
7.2.1 The risks associated with transfusion practices and clinical use of blood and blood products are regularly assessed	SM	SM
7.2.2 Action is taken to reduce the risks associated with transfusion practices and the clinical use of blood and blood products	SM	SM
7.3.1 Reporting on blood and blood product incidents is included in regular incident reports	SM	SM
7.3.2 Adverse blood and blood product incidents are reported to and reviewed by the highest level of governance in the health service organisation	SM	SM
7.3.3 Health service organisations participate in relevant haemovigilance activities conducted by the organisation or at state or national level	SM	SM
7.4.1 Quality improvement activities are undertaken to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	SM	SM

Documenting patient information

Action Description	Organisation's self-rating	Surveyor Rating
7.5.1 A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record	SM	SM
7.5.2 The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	SM	SM
7.5.3 Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	SM	SM
7.6.1 Adverse reactions to blood or blood products are documented in the patient clinical record	SM	SM
7.6.2 Action is taken to reduce the risk of adverse events from administering blood or blood products	SM	SM
7.6.3 Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider, blood service or product manufacturer whenever appropriate	SM	SM

Managing blood and blood product safety

Action Description	Organisation's self-rating	Surveyor Rating
7.7.1 Regular review of the risks associated with receipt, storage,	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

	collection and transport of blood and blood products is undertaken		
7.7.2	Action is taken to reduce the risk of incidents arising from the use of blood and blood product control systems	SM	SM
7.8.1	Blood and blood product wastage is regularly monitored	SM	SM
7.8.2	Action is taken to minimise wastage of blood and blood products	SM	SM

Communicating with patients and carers

Action Description	Organisation's self-rating	Surveyor Rating
7.9.1 Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce	SM	SM
7.9.2 Plans for care that include the use of blood and blood products are developed in partnership with patients and carers	SM	SM
7.10.1 Information on blood and blood products is provided to patients and their carers in a format that is understood and meaningful	SM	SM
7.11.1 Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation	SM	SM

Preventing and Managing Pressure Injuries

Governance and systems for the prevention and management of pressure injuries

Action Description	Organisation's self-rating	Surveyor Rating
8.1.1 Policies, procedures and/or protocols are in use that are consistent with best practice guidelines and incorporate screening and assessment tools	SM	SM
8.1.2 The use of policies, procedures and/or protocols is regularly monitored	SM	SM
8.2.1 An organisation-wide system for reporting pressure injuries is in use	SM	SM
8.2.2 Administrative and clinical data are used to regularly monitor and investigate the frequency and severity of pressure injuries	SM	SM
8.2.3 Information on pressure injuries is regularly reported to the highest level of governance in the health service organisation	SM	SM
8.2.4 Action is taken to reduce the frequency and severity of pressure injuries	SM	SM
8.3.1 Quality improvement activities are undertaken to prevent pressure injuries and/or improve the management of pressure injuries	SM	SM
8.4.1 Equipment and devices are available to effectively implement prevention strategies for patients at risk and plans for the management of patients with pressure injuries	SM	SM

Preventing pressure injuries

Action Description	Organisation's self-rating	Surveyor Rating
8.5.1 An agreed tool to screen for pressure injury risk is used by the clinical workforce to identify patients at risk of a pressure injury	SM	SM
8.5.2 The use of the screening tool is monitored to identify the proportion of at-risk patients that are screened for pressure injuries on	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

	presentation		
8.5.3	Action is taken to maximise the proportion of patients who are screened for pressure injury on presentation	SM	SM
8.6.1	Comprehensive skin inspections are undertaken and documented in the patient clinical record for patients at risk of pressure injuries	SM	SM
8.6.2	Patient clinical records, transfer and discharge documentation are periodically audited to identify at-risk patients with documented skin assessments	SM	SM
8.6.3	Action is taken to increase the proportion of skin assessments documented on patients at risk of pressure injuries	SM	SM
8.7.1	Prevention plans for all patients at risk of a pressure injury are consistent with best practice guidelines and are documented in the patient clinical record	SM	SM
8.7.2	The effectiveness and appropriateness of pressure injury prevention plans are regularly reviewed	SM	SM
8.7.3	Patient clinical records are monitored to determine the proportion of at-risk patients that have an implemented pressure injury prevention plan	SM	SM
8.7.4	Action is taken to increase the proportion of patients at risk of pressure injuries who have an implemented prevention plan	SM	SM

Managing pressure injuries

Action Description	Organisation's self-rating	Surveyor Rating
8.8.1 An evidence-based wound management system is in place within the health service organisation	SM	SM
8.8.2 Management plans for patients with pressure injuries are consistent with best practice and documented in the patient clinical record	SM	SM
8.8.3 Patient clinical records are monitored to determine compliance with evidence-based pressure injury management plans	SM	SM
8.8.4 Action is taken to increase compliance with evidence-based pressure injury management plans	SM	SM

Communicating with patients and carers

Action Description	Organisation's self-rating	Surveyor Rating
8.9.1 Patient information on prevention and management of pressure injuries is provided to patients and carers in a format that is understood and is meaningful	SM	SM
8.10.1 Pressure injury management plans are developed in partnership with patients and carers	SM	SM

Recognising and Responding to Clinical Deterioration in Acute Health Care

Establishing recognition and response systems

Action Description	Organisation's self-rating	Surveyor Rating
9.1.1 Governance arrangements are in place to support the development, implementation, and maintenance of organisation-wide recognition	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

	and response systems		
	Policies, procedures and/or protocols for the organisation are implemented in areas such as:		
9.1.2	<ul style="list-style-type: none"> • measurement and documentation of observations • escalation of care • establishment of a rapid response system • communication about clinical deterioration 	SM	SM
9.2.1	Feedback is actively sought from the clinical workforce on the responsiveness of the recognition and response systems	SM	SM
9.2.2	Deaths or cardiac arrests for a patient without an agreed treatment-limiting order (such as not for resuscitation or do not resuscitate) are reviewed to identify the use of the recognition and response systems, and any failures in these systems	SM	SM
9.2.3	Data collected about recognition and response systems are provided to the clinical workforce as soon as practicable	SM	SM
9.2.4	Action is taken to improve the responsiveness and effectiveness of the recognition and response systems	SM	SM

Recognising clinical deterioration and escalating care

Action Description	Organisation's self-rating	Surveyor Rating
9.3.1 When using a general observation chart, ensure that it: <ul style="list-style-type: none"> • is designed according to human factors principles • includes the capacity to record information about respiratory rate, oxygen saturation, heart rate, blood pressure, temperature and level of consciousness graphically over time • includes thresholds for each physiological parameter or combination of parameters that indicate abnormality • specifies the physiological abnormalities and other factors that trigger the escalation of care • includes actions required when care is escalated 	SM	SM
9.3.2 Mechanisms for recording physiological observations are regularly audited to determine the proportion of patients that have complete sets of observations recorded in agreement with their monitoring plan	SM	SM
9.3.3 Action is taken to increase the proportion of patients with complete sets of recorded observations, as specified in the patient's monitoring plan	SM	SM
9.4.1 Mechanisms are in place to escalate care and call for emergency assistance	SM	SM
9.4.2 Use of escalation processes, including failure to act on triggers for seeking emergency assistance, are regularly audited	SM	SM
9.4.3 Action is taken to maximise the appropriate use of escalation processes	SM	SM

Responding to clinical deterioration

Action Description	Organisation's self-rating	Surveyor Rating
9.5.1 Criteria for triggering a call for emergency assistance are included in the escalation policies, procedures and/or protocols	SM	SM
9.5.2 The circumstances and outcome of calls for emergency assistance	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

	are regularly reviewed		
9.6.1	The clinical workforce is trained and proficient in basic life support	SM	SM
9.6.2	A system is in place for ensuring access at all times to at least one clinician, either on-site or in close proximity, who can practise advanced life support	SM	SM

Communicating with patients and carers

Action Description	Organisation's self-rating	Surveyor Rating	
9.7.1	Information is provided to patients, families and carers in a format that is understood and meaningful. The information should include: • the importance of communicating concerns and signs/symptoms of deterioration, which are relevant to the patient's condition, to the clinical workforce • local systems for responding to clinical deterioration, including how they can raise concerns about potential deterioration	SM	SM
9.8.1	A system is in place for preparing and/or receiving advance care plans in partnership with patients, families and carers	SM	SM
9.8.2	Advance care plans and other treatment-limiting orders are documented in the patient clinical record	SM	SM
9.9.1	Mechanisms are in place for a patient, family member or carer to initiate an escalation of care response	SM	SM
9.9.2	Information about the system for family escalation of care is provided to patients, families and carers	SM	SM
9.9.3	The performance and effectiveness of the system for family escalation of care is periodically reviewed	SM	SM
9.9.4	Action is taken to improve the system performance for family escalation of care	SM	SM

Preventing Falls and Harm from Falls

Governance and systems for the prevention of falls

Action Description	Organisation's self-rating	Surveyor Rating	
10.1.1	Policies, procedures and/or protocols are in use that are consistent with best practice guidelines (where available) and incorporate screening and assessment tools	SM	SM
10.1.2	The use of policies, procedures and/or protocols is regularly monitored	SM	SM
10.2.1	Regular reporting, investigating and monitoring of falls incidents is in place	SM	SM
10.2.2	Administrative and clinical data are used to monitor and investigate regularly the frequency and severity of falls in the health service organisation	SM	SM
10.2.3	Information on falls is reported to the highest level of governance in the health service organisation	SM	SM
10.2.4	Action is taken to reduce the frequency and severity of falls in the health service organisation	SM	SM
10.3.1	Quality improvement activities are undertaken to prevent falls and minimise patient harm	SM	SM
10.4.1	Equipment and devices are available to implement prevention	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

strategies for patients at risk of falling and management plans to reduce the harm from falls

Screening and assessing risks of falls and harm from falling

Action Description	Organisation's self-rating	Surveyor Rating
10.5.1 A best practice screening tool is used by the clinical workforce to identify the risk of falls	SM	SM
10.5.2 Use of the screening tool is monitored to identify the proportion of at-risk patients that were screened for falls	SM	SM
10.5.3 Action is taken to increase the proportion of at-risk patients who are screened for falls upon presentation and during admission	SM	SM
10.6.1 A best practice assessment tool is used by the clinical workforce to assess patients at risk of falling	SM	SM
10.6.2 The use of the assessment tool is monitored to identify the proportion of at-risk patients with a completed falls assessment	SM	SM
10.6.3 Action is taken to increase the proportion of at-risk patients undergoing a comprehensive falls risk assessment	SM	SM

Preventing falls and harm from falling

Action Description	Organisation's self-rating	Surveyor Rating
10.7.1 Use of best practice multifactorial falls prevention and harm minimisation plans is documented in the patient clinical record	SM	SM
10.7.2 The effectiveness and appropriateness of the falls prevention and harm minimisation plan are regularly monitored	SM	SM
10.7.3 Action is taken to reduce falls and minimise harm for at-risk patients	SM	SM
10.8.1 Discharge planning includes referral to appropriate services, where available	SM	SM

Communicating with patients and carers

Action	Description	Organisation's self-rating	Surveyor Rating
10.9.1	Patient information on falls risks and prevention strategies is provided to patients and their carers in a format that is understood and meaningful	SM	SM
10.10.1	Falls prevention plans are developed in partnership with patients and carers	SM	SM

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Recommendations from Current Survey

Not Applicable

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Recommendations from Previous Survey

Not applicable

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Standards Rating Summary

Organisation - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	20	0	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	0	209	0	209

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	3	0	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	0	47	0	47

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	20	0	20
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	209	0	209

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	3	0	3
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	47	0	47

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	23	0	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	0	256	0	256	Met

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	23	0	23	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	256	0	256	Met

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Surveyor - NSQHSS V01

Core

Standard	Not Met	Met	N/A	Total
Standard 1	0	44	0	44
Standard 2	0	4	0	4
Standard 3	0	39	0	39
Standard 4	0	31	0	31
Standard 5	0	9	0	9
Standard 6	0	9	0	9
Standard 7	0	20	0	20
Standard 8	0	20	0	20
Standard 9	0	15	0	15
Standard 10	0	18	0	18
Total	0	209	0	209

Developmental

Standard	Not Met	Met	N/A	Total
Standard 1	0	9	0	9
Standard 2	0	11	0	11
Standard 3	0	2	0	2
Standard 4	0	6	0	6
Standard 5	0	0	0	0
Standard 6	0	2	0	2
Standard 7	0	3	0	3
Standard 8	0	4	0	4
Standard 9	0	8	0	8
Standard 10	0	2	0	2
Total	0	47	0	47

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Standard 4	31	0	31
Standard 5	9	0	9
Standard 6	9	0	9
Standard 7	20	0	20
Standard 8	20	0	20
Standard 9	15	0	15
Standard 10	18	0	18
Total	209	0	209

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Standard 4	6	0	6
Standard 5	0	0	0
Standard 6	2	0	2
Standard 7	3	0	3
Standard 8	4	0	4
Standard 9	8	0	8
Standard 10	2	0	2
Total	47	0	47

NSQHSS Survey

Organisation: Northpark Private Hospital
Orgcode: 220686

Combined

Standard	Not Met	Met	N/A	Total	Overall
Standard 1	0	53	0	53	Met
Standard 2	0	15	0	15	Met
Standard 3	0	41	0	41	Met
Standard 4	0	37	0	37	Met
Standard 5	0	9	0	9	Met
Standard 6	0	11	0	11	Met
Standard 7	0	23	0	23	Met
Standard 8	0	24	0	24	Met
Standard 9	0	23	0	23	Met
Standard 10	0	20	0	20	Met
Total	0	256	0	256	Met

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Standard 4	37	0	37	Met
Standard 5	9	0	9	Met
Standard 6	11	0	11	Met
Standard 7	23	0	23	Met
Standard 8	24	0	24	Met
Standard 9	23	0	23	Met
Standard 10	20	0	20	Met
Total	256	0	256	Met