Report of the ACHS EQuIPNational Periodic Review

Peninsula Private Hospital

Kippa-Ring, QLD

Organisation Code: 72 08 61

Survey Date: 27-28 March 2017

ACHS Accreditation Status: **Accredited**

Table of Contents

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

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 OWS 0613. 1.1.1 is a recommendation from an OWS 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.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Survey Overview

Peninsula Private Hospital (PPH), Kippa Ring Queensland is a Healthscope (HSP) Ltd hospital. As such, there is strong corporate governance evident in all areas of operation. The hospital operates under the HSP and local policy framework and is compliant with Queensland regulations and other requirements.

This survey was a Periodic Review, covering NSQHS 1, 2 and 3 and the mandatory actions of EQuIPNational Standards 11 - 15. There were no recommendations from the previous survey. At this survey, all actions were rated Satisfactorily Met (SM), except for two actions in Standard 3 (3.14.1 and 3.14.3) which were rated Met with Merit (MM). These relate to Antimicrobial Stewardship and PPH is congratulated for the high standard of multidisciplinary work undertaken done in this area.

In Standard 1 it is evident that the hospital is well governed and the evidence provided for all criteria was very useful and informative. It was also very well organised and this assisted the survey process. The hospital has active committees that contribute a lot to the outcomes of the operational components. A suggestion is made in Action 1.9.2 to assist PPH to develop a more comprehensive patient record audit.

Although it is acknowledged that the private sector does not have an obligation to provide training to Visiting Medical Officers (VMOs), as Open Disclosure (OD) is a sensitive topic, a suggestion is made to provide some about their experience with this (refer to action 1.16.2 and note that this action is developmental). Consent can be a difficult issue and many hospitals are still working towards ensuring that the forms are legible (to the patient) and contain no abbreviations, especially for the operative site (laterality). Refer to recommendation in action 1.18.2. The surveyors noted the responsiveness of the hospital to this issue.

In Standard 2, there are no recommendations or suggestions. The surveyors met with a group of involved and enthusiastic consumers who have embraced their role with the hospital. The hospital is committed to providing the community and patients with information and a high standard of health care. Consumers formal and informal feedback is welcomed and used and some examples were demonstrated. The HSP website is available for anyone to access and find out about the company, the hospital, services provided and some benchmarking information. The consumer group at PPH is active with a low vision community group and has been able to assist the hospital with relevant issues e.g. printing and signage. They also visit inpatients from time to time to seek their views.

In Standard 3, it is evident that there is strong governance for all the sections of Infection Prevention and Control (IPC). The hospital follows the corporate governance model and utilises the services of an infection control consultant, HICMR, to add a benchmarkable framework to many areas of IPC. All actions except two for Antimicrobial Stewardship (AMS) were rated SM. Actions 3.14.1 and 3.14.3 were rated MM in recognition of the comprehensive and sustainable work undertaken by the whole team.

In action 3.10.1, a recommendation is made to ensure that all staff including VMOs can demonstrate their competence in aseptic technique. It is understood that the hospital does not have to provide evidence of VMO training but some focused audits in the operating would assist with this.

In Standard 11 the mandatory action item is rated SM, with a comment about referring to the recommendation in Standard 1 about patient consent content audits and abbreviations.

In Standard 12, the two mandatory actions are rated SM with no recommendations or suggestions and acknowledgement that assessment/ care planning and ongoing care and discharge/transfer are well done and evaluated.

In Standard 13, the mandatory actions refer to credentialing and performance management of clinicians. The processes and outcomes for these two actions are very well done and the hospital’s Medical

Advisory Committee (MAC plays a significant role in this area.

In Standard 14, the mandatory action item refers to consumer/patient access to their information and records. This process is well managed at PPH and evidence was provided to demonstrate this.

In Standard 15, the actions relating to workplace health and safety and non-clinical emergency management were reviewed. There is a good structure in place at the hospital to manage these significant areas and evidence of fire inspections and equipment maintenance was provided. Although in general, the outcomes for these actions are positive and the ratings SM, there is a suggestion made to address storage including management of gas cylinders (15.13.2).

In summary, the survey highlighted many areas of good outcomes and compliance with the Standards, sufficient to justify no ratings lower than SM.

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 1
GOVERNANCE FOR SAFETY AND QUALITY IN HEALTH SERVICE ORGANISATIONS

Surveyor Summary

Governance and quality improvement systems

Peninsula Private Hospital (PPH) is a Healthscope Ltd. (HSP) hospital. Governance is provided by HSP with specified frameworks, systems and processes. In surveying the application of the EQuIPNational Standards, the focus is on the application of the governance structures and processes to the PPH setting.

There is a clear chain of command articulated via the organisational structure, with the General Manager (GM) having ultimate responsibility at the PPH site. Whilst a suite of policies is available at the HSP level, PHH applies the local application of a policy as identified and required. PPH-wide policies comply with the HSP Document Control system. Key Performance Indicators are collected and submitted to HSP and PPH in turn receives comparative reports with peer HSO hospitals. There is evidence that reports are used as management tools. Staff have position descriptions and there is evidence of ongoing performance appraisals. Education and staff training is available to all staff commensurate with their position. There is a high uptake of the available training as well as access to external training and education. PPH is a risk averse hospital. The Risk Register and the utilisation of the incident reporting platform (RiskMan) are evidence of ongoing, proactive and reactive risk management. There is a direct link between the risk register and the Quality and Business plans.

Each staff member has a Position Description and there is capacity to review this when the annual performance review is undertaken. Compliance with annual performance reviews is very good. When agency staff are used, they are orientated appropriately and provided with relevant information to assist them to undertake their duties for the designated shift. Whilst there isn't a formal Graduate Nurse Program, PPH accepts a very small number of graduate nurses. They are both mentored and work on a buddy system until they are deemed competent to practise without this intense supervision. The orientation program has recently undergone a significant review and is now 'fit for purpose' and the initial feedback is that it is value adding. This was a significant body of work that was strategically scoped to meet the requirements of new incumbents to PPH. Staff have a series of mandated training including one-off and as-required training; there is good uptake of these and the records confirm excellent compliance.

Quality and risk are embedded at the staff (clinical and non-clinical) level with evidence of quality improvements being based on an identified risk or an idea for improvement. A good example is that the Rehabilitation ward identified that there needs to be a closer link between the Nursing and Allied Health staff and as an outcome to this decision the nursing and allied health staff have implemented a system whereby the allied health staff attend the daily 'nursing' hand overs. Both disciplines are involved with briefing the patients before being accepted into the rehabilitation program to assist with identifying realistic goals and to explain the rehabilitation inpatient journey.

Clinical practice

The patient assessment tools are disseminated by HSP and are validated tools. The assessment tools are audited and improvements to patient care made accordingly. Appropriate escalation of care systems are in place and there is evidence of staff having undertaken training in Basic Life Support.

The resuscitation trolleys are standardised and require committee approval before changes are made to either the equipment, drugs or layout of the trolleys. Each trolley was appropriately secured and checked in accordance with the policy.

PPH has commenced having overnight paediatric patients and changes to the resuscitation trolley on the surgical ward were made during the survey to ensure that paediatric and adult airway management equipment is segregated. The hospital team was very responsive to suggestions made during the survey.

The medical record is well ordered and is available at the point of care. Medical records that have not been active for two years are stored in a secondary storage area provided by an external provider. The recall time to retrieve the medical records stored off site is on average one hour. The audits on the medical record address pen colour, signatures and dates, however there is no audit on the content of the medical record. A recommendation is made to this effect. With the appointment of a new Health Information Manager, the initial improvements commenced by the incumbent will assist to improve this portfolio.

Performance and skills management

The system to manage credentialling and the granting of clinical privileges and defining scope of practice is specified via the HSP policy. The only Registered Nurses with advanced scope of practice are the Medication Endorsed Enrolled Nurses. This process is closely monitored. The medical staff undergo a rigorous screening process before being granted clinical privileges and before being reappointed. There is evidence of this process with good governance in place.

The theatre staff are aware of each surgeon's privileges/scope of practice and this acts as a check point to ensure that a procedure that is booked that is not commensurate with the surgeon's approved scope of practice can be questioned at the time of booking. Staff undergo performance reviews and are provided the opportunity in these reviews to identify their career objectives.

Staff satisfaction surveys are commissioned and the results are acted upon by the PPH Executive team. As a small organisation and with the open communication channels that are in place, any staff dissatisfaction or concerns are able to be addressed at the point of identification.

Incident and complaints management

As a private hospital, PPH has a proactive approach to complaints management. Patients and their families are encouraged to express dissatisfaction at the point of care and whenever possible their issue is addressed at that point. As an outcome of this approach, there are only a few formal (written) complaints received. If a formal complaint is received, PPH complies with the HSP policy on meeting key deadlines, from acknowledgement through to the provision of a formal response. Patients are provided with their rights and responsibilities information and these are furthermore confirmed by the staff with the patient to ensure understanding.

The 'no blame' culture is reflected in the high number of incidents that are reported. The staff are provided with reports on the incidents reported and when learning opportunities are identified, these are shared across the three wards. There is a system to report near miss incidents and this is RiskMan, and near miss incidents, though few, are also trended as are the other incidents. The PPH staff are trained in the principles of Open Disclosure but the Visiting Medical Officers (VMOs) currently have no requirements to undertake this training or provide evidence that they are familiar with the process. A recommendation has been issued to address this.

Patient rights and engagement

As explained above, patients are made aware of their rights and responsibilities and each patient receives the charter. This is audited to ensure that each patient is provided with a copy. The demographic at PPH is essentially English speaking, with very few cases when patients require an interpreter.

PPH explained the processes that they follow when they have a non-English speaking patient admitted, in that day to day communication on preferences and general care discussions are assisted with the input from family and carers. When the discussion pertains to consent or the explanation of medical treatments and drug management, an interpreter is booked.

The instances of patients identifying as Aboriginal and Torres Strait Islander is negligible but despite this there is a manual to inform staff of the cultural requirements of this group.

The HSP consent forms are used. The Consent policy is also a corporate policy. Patients who require a procedure must have a completed consent and there is good monitoring to ensure that this occurs. When a patient does not have a signed consent form, the procedure is delayed until a valid consent form is obtained. Despite this, a number of consent forms sighted by the surveyors did not comply with the HSP policy, in that abbreviations were used and that some of the written procedures were illegible.

A recommendation has been made to address this.

The principles of the Privacy Act are adhered to and there is evidence of the strategies to ensure that patient details are kept confidential. It was noted that staff accessing online components of the medical record are triggered to enter passwords. In addition to the processes on patient rights and complaints feedback, patients are also surveyed about their experience and satisfaction. When opportunities for improvement have been identified, these are acted upon. A common dissatisfaction expressed by the patients is in regard to the ageing infrastructure of part of the hospital and the shared accommodation. The GM provided detail on how this matter has been escalated and managed.

Organisation: Peninsula Private Hospital
Orgcode: 720861

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

Action 1.9.2 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

There is a HSP-wide medical records auditing tool in place that focuses on the use of blue/black pen, date, and the staff signature block, i.e. printed name, signature and rank. There is, however, no audit undertaken on the content of the medical record.

Organisation: Peninsula Private Hospital
Orgcode: 720861

The intention of an audit of the content of the medical record is to have a comprehensive account of a patient's episode of care; including for example a link and follow through of an investigation, to the prescribed treatment, or a clear link to which instrument tray was used if a surgical procedure was involved to name but a few examples.

The audits should provide evidence of evaluation of selected processes or outcomes. It is suggested that scheduled audits be undertaken on the content of the medical record.

Surveyor's Recommendation:

No recommendation

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
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

Organisation: Peninsula Private Hospital
Orgcode: 720861

Action 1.16.2 Developmental

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

The HSP Open Disclosure Policy is categorical in stating that if the incident is 100% attributable to the Visiting Medical Officer (VMO) then the VMO will undertake the Open Disclosure (OD)process. If the incident is 100% attributable to a HSP staff member, then the HSP staff member will undertake the OD process. Evidence of PPH staff having undergone OD training was sighted and compliance with this is very high.

There is, however, no requirement for the VMOs to provide any evidence or information about their skills, capability or experience in undertaking OD. It is suggested that evidence be demonstrated that those VMOs who may be required to use the OD process at PPH have received information about, or participated in relevant training.

The intention of this is not for the VMOs to repeat nor participate in a HSP Open Disclosure training if the training or gaining information about OD principles has already been undertaken; it is to provide evidence of prior learning or experience in OD to PPH to assure confidence that when an incident that is subject to an Open Disclosure process and is 100% attributable to the VMO, it is performed under demonstrably positive circumstances.

Surveyor's Recommendation:

No recommendation

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

Organisation: Peninsula Private Hospital
Orgcode: 720861

Action 1.18.2 Core

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

The surveyors had the opportunity to review a number of consent forms as a routine component and requirement of the Periodic Review. Of the 23 consent forms that were reviewed, nine were not compliant with the Healthscope Policy on consent forms. There was a combination of the use of unqualified abbreviations, including procedure and laterality abbreviations, illegible hand writing, and missing laterality. This was discussed with the Peninsula Private Hospital (PHH) senior management team as a serious concern.

The PHH senior managers agreed and took immediate action. This included briefing the Chairperson of the Medical Advisory Committee who concurred with the serious nature of this issue. Other immediate remedial strategies included an email to all the procedural Visiting Medical Officers reinforcing the requirements of the Healthscope Policy, a phone call by the General Manager to each of the surgeons who had an operating list the following morning, a memo to all the operating suite Registered Nurses reiterating this process, and signage to remind the Registered Nurses that a procedure was to be delayed until a fully compliant consent form was sighted.

The surveyors were impressed with the responsiveness of the senior management team and were furthermore provided with an action plan of the ongoing monitoring that would be put in place to eliminate this risk.

Surveyor's Recommendation:

Cease the use of all abbreviations on consent forms.

Ensure that consent forms are legible and unambiguous.

Risk Level: Low

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 2
PARTNERING WITH CONSUMERS

Surveyor Summary

Consumer partnership in service planning

All the appropriate corporate and local hospital approaches and processes operate to ensure that the structure supports consumer involvement. PPH has a Consumer Engagement Plan (2016- 2019) which includes involvement of patients at the basic level of handover through to engaging consumers as consultants.

The consumer group is involved in a regular meeting with a hospital manager, at which a range of issues is discussed. Some feedback is regularly south from the inpatients by the consumers themselves. The consumers in the group have had education in the form of orientation and understand the importance of hand hygiene, following emergency procedures and so forth. The group has signed a confidentiality clause and undergone the police checks required in Queensland. Records are maintained.

The hospital has tried to ensure that the patient community is represented by engaging local people who have had experience with the hospital and with other local volunteer/support groups. The hospital understands its catchment and the reality is that this area has very few people of other ethnicities and none who require interpreter services. Formal patient feedback is actively sought and used.

A group of consumers attended a meeting with the surveyors. The consumers are enthusiastic about the hospital, the local community and their role in providing service and assistance to people who require this.

Consumer partnership in designing care

The consumer representatives have a role in review of signage, posters, public documentation and so forth. They take a genuine interest in this, especially about signage and reading material for the visually impaired. Some of the HSP evaluations that are based on consumer feedback include patient-centred care, communication about medication, communication with doctors, pain management and discharge information. The opportunity to participate in the group and to interact with patients, review documentation and liaise with other community groups provides an opportunity for input into the hospital’s planning and delivery of care.

Consumer partnership in service measurement and evaluation

Reports about incidents and complaints and quality improvement activities are used for discussion with the group and they could discuss pertinent examples during one of the meetings with the surveyors. Some of the evidence provided for this section of the Standards includes Safety and Quality Action Plans, the integrated risk register, brochures, admission guides and the webpage. The consumers appear to play a very positive role in the hospital.

Organisation: Peninsula Private Hospital
Orgcode: 720861

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

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 3
PREVENTING AND CONTROLLING HEALTHCARE ASSOCIATED INFECTIONS

Surveyor Summary

Governance and systems for infection prevention, control and surveillance

All the appropriate systems and processes for the governance of Infection Prevention and Control (IPC) are embedded throughout the hospital. HSP has organisation-wide policies and processes and the hospital has a committed local team that works in conjunction with the other HSP hospitals and the HICMR framework of policies and audits. HICMR is the consultant company that provides IPC services to many of the HSP hospitals including PPH. The hospital has a wealth of information available for guidance for staff and evidence of practice and outcomes.

The IPC committee is multidisciplinary and meets each month. It develops an annual plan which includes all the major topics of this Standard.

There is evidence of systematic monitoring of IPC outcomes such as surveillance data, audit results, policy compliance and so forth. Benchmarking between HSP hospitals occurs in the various areas of IPC with the results used to generate further improvements or practice change if indicated.

It was noted that the HICMR audit process whereby aggregate totals are provided for some sections of the organisation-wide audit tool may no longer be specific enough and this could be improved. It is suggested that this is discussed further with HICMR perhaps at a corporate or cluster level.

Infection prevention and control strategies

The IPC strategies flow from the governance, leadership and planning demonstrated at PPH. Hand hygiene is very well embedded throughout the hospital and this is demonstrated by not only the audit results but also by the supports in place such as posters, information, training, strategically placed alcohol hand rub and so forth. The hospital team noted a dip in audit results when posters about hand hygiene were removed so these were replaced and the rates increased at the next audit. Training is in place for all disciplines. The IPC program is risk-based. Many improvement activities are undertaken and used to demonstrate the link between IPC, quality improvement and risk management.

Aseptic technique (AT) training is on line and is mandatory for all staff. There are spot audits on some areas of practice and some VMOs can have training at the local public hospital.

Managing patients with infections or colonisations

Processes and audits are in place to manage any patients who have transmissible infections (except for airborne disease). The environment is carefully managed and single rooms used if necessary. The actions taken to embed and encourage hand hygiene for staff, patients and visitors also assists with this. the environment is very well looked after and designated equipment and cleaning trolleys were noted in the ward areas.

Antimicrobial stewardship

The antimicrobial stewardship (AMS) program at PPH is very comprehensive and impressive, given that PPH is a small private hospital. The IPC team, with its multidisciplinary membership, plays a lead role in this area. The AMS Prescribing and Management Policy 2016 is available and a local policy ‘Antibiotic’ Restriction’ contains guidelines and principles plus specific instructions for prescribers.

A stop-light system is in place to aid with result and discussions. Therapeutic guidelines are also used. In Queensland, HSP hospitals comply with the state government policy on surgical antibiotic prophylaxis. The HICMR AMS policy (2016) is also used and this specifies resources, tools, education, auditing and so forth.

Cleaning, disinfection and sterilisation

Cleaning throughout the hospital and in the theatre complex is very good. Audit results confirm this. There are dedicated staff in CSSD and this area, although satisfactory, is very small considering the amount of processing of instrumentation that is required. The workflow is appropriate. During the survey, it was noted that in the CSSD some improvement was required to better distinguish the sterilised packs from those awaiting processing. This was immediately addressed.

The hospital has cleaning schedules and it is evident that the housekeeping staff are very proud of their hospital and work areas. The cleaning equipment is very well managed.

Invasive devices are properly managed throughout the hospital. Where necessary these are tracked and clinical audits undertaken where relevant e.g. intravenous lines etc. Batch numbers are available for tracking purchasing information.

Communicating with patients and carers

PPH communicates well with patients and carers. This is demonstrated by the consumer input into some aspects of the system and the abundance of material available for the public and patients, including the website. As mentioned earlier, it is evident that posters and other material are important as a prompt about such issues as hand-washing, cough etiquette and so forth. Alcohol hand rub is available at entry points to the hospital and visitors are encouraged to use this.

Organisation: Peninsula Private Hospital
Orgcode: 720861

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:

The HSP policy about aseptic technique addresses clinicians. At the hospital, there is evidence that training, competence and so forth is applied to nursing staff but the issue is not formally addressed with doctors. It is important that doctors can demonstrate their current knowledge about aseptic technique. This may include sessions at other hospitals or any other form of education or refresher training.

It may also be appropriate to undertake unscheduled multidisciplinary audits of aseptic technique in relevant areas of the hospital e.g. for bedside procedures or in theatre.

The surveyors were provided with a copy of a risk assessment undertaken by HSP on this issue. The risk is assessed by HSP as 26 (very high). This may not be accurate, but it should be used to address the issue with the VMOs.

Surveyor's Recommendation:

Continue monitoring risk associated with aseptic training for relevant clinical staff.

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	MM
3.14.2	SM	SM
3.14.3	SM	MM
3.14.4	SM	SM

Action 3.14.1 Core

Organisation's Self Rating: SM **Surveyor Rating:** MM

Surveyor Comment:

The AMS program at PPH is evidence-based and comprehensive for this type of hospital with a limited number of clinical specialties.

The program is well documented and the material available is comprehensive and well utilised.

The VMOs and other staff have access to endorsed, referenced material and it is evident that this is utilised.

The hospital has put a lot of effort into this topic and has also undertaken a recent survey (February 2017) to elicit the knowledge and understanding of staff about AMS. The results were used to develop some simple actions to ensure the sustainability of knowledge and its application to AMS.

Surveyor's Recommendation:

No recommendation

Action 3.14.3 Core

Organisation's Self Rating: SM **Surveyor Rating:** MM

Surveyor Comment:

The monitoring of utilisation is well done and sustained. Hospital antibiograms are developed and used to assist with this process and to provide quantified feedback and information.

The pharmacist and microbiologist work closely with the clinical staff and VMOs to ensure that information is collected, distributed, discussed and used.

It can be difficult to achieve this level of collaboration and outcomes in a private setting where resources may be limited and guidelines difficult to implement but the IPC team and the VMOs are working together to achieve evidence-based antibiotic utilisation at PPH.

Surveyor's Recommendation:

No recommendation

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

Organisation: Peninsula Private Hospital
Orgcode: 720861

Communicating with patients and carers

Ratings

Action	Organisation	Surveyor
3.19.1	SM	SM
3.19.2	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 11
SERVICE DELIVERY

Surveyor Summary

The mandatory action was surveyed for this Periodic Review.

Consumer / Patient Consent

The comments for this criterion are to be read in conjunction with comments in Standard 1 - 1.18.1 & 1.18.2. The HSP policy on the consent process addresses the specific requirements of the whole process, including informed and implied consent and consent in an emergency situation. PPH complies with these requirements. There are very few occasions when anything other than informed consent is undertaken given the nature of the elective clinical services provided at PPH.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Consumer / Patient Consent

Ratings

Action	Organisation	Surveyor
11.4.1	SM	SM
11.4.2	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 12
PROVISION OF CARE

Surveyor Summary

Assessment and care planning

The assessment process is comprehensive and guided by HSP policy. It is positive that the assessments are individualised and when appropriate, include the input of family and carers. This is particularly evident in the Medical and Rehabilitation wards. Dependent on the nature of the discussion, that is, if it concerns day to day care, non-English speaking patients can involve their families as interpreters. If the discussion involves the consent process or discussion regarding treatment, then an interpreter is used. Elderly patients who express a preference to involve their families and / or carers are provided with this opportunity to assist them to plan their care. There is evidence of family involvement during handover and this was observed during the survey.

Despite a small Allied Health team, their involvement as key members of the assessment and care planning team is significant and excellent. Referrals are made appropriately and the treatment recommendations are documented well in the care plans. If patients are identified as benefiting from community Allied Health services, appropriate referrals and transfers are made.

As a small private organisation with defined clinical services, PPH has a good relationship with nearby providers to refer its patients to if this is identified as necessary. Transfer forms and the handover framework (ISOBAR) is used. Day to day handover from shift to shift also uses the ISOBAR process and the uptake of this is very good.

Ongoing care and discharge / transfer

Discharge planning at PPH commences at or before admission. If a discharge risk is identified, the patient is referred to the Discharge Planner. The Discharge Planner manages all the High-Risk discharges. These may be discharges to the home setting, discharge to a community provider or discharge to a Residential Care facility. All high-risk discharges involve the family and / or carer as nominated by the patient. Family meetings are convened as appropriate to discuss obstacles to the discharge process and options when the discharge place is likely not to be the home setting. Key Performance Indicators on readmission data are closely monitored by the Discharge Planner, and when a patient is readmitted, the case is reviewed and investigated for opportunities to improve.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Assessment and care planning

Ratings

Action	Organisation	Surveyor
12.1.1	SM	SM
12.1.2	SM	SM
12.2.1	SM	SM
12.2.2	SM	SM
12.3.1	SM	SM
12.4.1	SM	SM

Ongoing care and discharge / transfer

Ratings

Action	Organisation	Surveyor
12.8.1	SM	SM
12.8.2	SM	SM
12.8.3	SM	SM
12.9.1	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 13
WORKFORCE PLANNING AND MANAGEMENT

Surveyor Summary

The mandatory actions of this Standard were surveyed for this Periodic Review. HSP and PPH have strong governance over credentialing and performance management of the VMOs. Evidence was available to support this.

Recruitment processes

HSP has policies for credentialing and all hospitals must comply with these. The Medical Advisory Committee (MAC) scrutinises all applications for clinical privileges and information such as that made available on the AHPRA website is used to verify registration details for doctors and registered nurses. Compliance with corporate policies is monitored and benchmarked within the company and PPH performance is satisfactory. Information about privileges is made available to booking and OT staff.

Continuing employment and development

The MAC plays a significant role in monitoring clinician performance. There are HSP policies and several managers/staff have attended external training and seminars on clinician performance issues and management. Clinical and other performance indicators are used as part of the performance management process and the Chairman of the MAC is actively involved in all VMO professional and clinical performance issues.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Recruitment processes

Ratings

Action	Organisation	Surveyor
13.5.2	SM	SM

Continuing employment and development

Ratings

Action	Organisation	Surveyor
13.8.2	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 14
INFORMATION MANAGEMENT

Surveyor Summary

One mandatory action was reviewed for this survey.

Health records management

For 14.4.1, processes are in place to manage patients' access to their health information. Apart from policies at corporate and local levels, the patient compendium provides advice about this. the hospital website also provides a 'contact us' button which can be used for all requests for information. All requests are managed through the Health Information Manager and records are maintained. Staff are advised about access to patient records and there is a session on this at orientation. The senior managers (General Manager and Director of Nursing) review all requests for information. All access is compliant with regulations and standards.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Health records management

Ratings

Action	Organisation	Surveyor
14.4.1	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

STANDARD 15
CORPORATE SYSTEMS AND SAFETY

Surveyor Summary

The mandatory actions were reviewed as part of this survey.

Safety management systems

PHH complies with the HSP and Queensland Government Regulations pertaining to Workplace Safety. HSP policies underpin the workplace safety system and the policies are accompanied by audit tools to assist with ongoing monitoring and compliance with regulatory requirements. Mandatory training on manual handling is undertaken and compliance with this is excellent. Equipment is readily available to assist staff with manual handling and to mitigate their risk of acquiring a work place injury. Staff were fully aware of who the Work Place Officer is and each ward / department has designated workplace officers. These officers are well known and play an active role with the monitoring and audit requirements.

The platform to report workplace incidents and hazards is RiskMan. Consolidated reports are provided back to PPH on workplace incidents and hazards and these are presented in a peer format to allow for meaningful benchmarking. A designated workplace officer is employed who oversees the day to day operations and monitoring of the system. Audits and work place inspections are undertaken, and when issues are identified, corrective measures are put in place. During the survey, it was observed that oxygen cylinders were not secured in several of the locations, equipment was stored in a manner that exposed patients and staff to a trip hazard and boxes were stored under some desks. As an outcome of this, a recommendation has been made.

Material Safety Data Sheets are available at the point of service in some areas and are readily available in electronic format. It was pleasing to see that the trend to move to less toxic and therefore more environmentally friendly chemicals is in progress. The procurement of these chemicals is a Healthscope portfolio, and it was pleasing to see that the PPH staff reported full awareness of pending changes to the chemicals inventory.

Medical Imaging is provided by an external provider, however there are key pieces of equipment owned by PPH that have significance for radiation safety. Each of these items of equipment has service histories as specified by the manufacturer and each item of equipment is within the service requirements schedule. There is a radiation safety Officer who also provides oversight for the lasers. A current register is kept of all staff who are qualified to administer a radioactive dose and it is specified down to the equipment that they are permitted to use. Lead aprons are worn appropriately and patients properly are protected. The lead aprons are subject to annual and as required checks and are replaced when defects are found. Dosimeters are worn by staff and surgeons and sent off for reading as specified by the Regulations. There have been no cases of over exposure reported. If there was a case of over exposure reported, PPH has a system in place to ensure that the staff member follows processes to ensure that they are not over exposed in future. The staff who administer laser therapy are all credentialed to do so and there is appropriate oversight by the Radiation/Laser Safety Officer. Correct and appropriate signage is in place to warn staff that the laser is in use.

Emergency and disaster management

The non-clinical emergency and disaster manager systems are well organised and documented. Input from the appropriate staff members, contractors and external agencies is includes. The various types of emergencies are identified and the responses comply with requirements. Training, information, signage and location and maintenance of equipment is all very well managed. The hospital had an external fire inspection in June 2015 and evidence of this was provided to the surveyors.

The hospital now admits children post-surgery and during the survey the resuscitation trolley in the surgical ward was rearranged to ensure that the paediatric airway management equipment is segregated from the adult equipment.

Refer to recommendation in 15.19.1 about regular drills for emergencies. This recommendation was made because there had been only one mock or desktop evacuation carried out since the last survey.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Safety management systems

Ratings

Action	Organisation	Surveyor
15.12.1	SM	SM
15.13.1	SM	SM
15.13.2	SM	SM
15.13.3	SM	SM
15.14.1	SM	SM

Action 15.13.2 Mandatory

Organisation's Self Rating: SM **Surveyor Rating:** SM

Surveyor Comment:

Environmental audits are undertaken at PPH.

These include audits against a check list and audits based on a Safety Walk Round methodology.

Despite these audits which are demonstrating good compliance, there were several issues noted by the surveyors which had the potential to compromise patient and staff safety.

The issues included – unsecured oxygen cylinders, storage of boxes under desks and tables, and some poor organisation of the storage of equipment in one of the ward areas. It is suggested that environmental audits be reviewed and revised to better identify and mitigate any occupational health and safety risks.

Surveyor's Recommendation:

No recommendation

Emergency and disaster management

Ratings

Action	Organisation	Surveyor
15.18.1	SM	SM
15.19.1	SM	SM
15.20.1	SM	SM
15.20.2	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

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

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

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

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: • 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	SM	SM

	• single-use devices • 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: • 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 in 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
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: • 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	MM
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	MM
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: • maintenance of building facilities	SM	SM

	• 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 • 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

Service Delivery

Consumer / Patient Consent

Action	Description	Organisation's self-rating	Surveyor Rating
11.4.1	The organisation has implemented policies and procedures that address: • how consent is obtained • situations where implied consent is acceptable • situations where consent is unable to be given • when consent is not required • the limits of consent.	SM	SM
11.4.2	The consent system is evaluated, and improved as required.	SM	SM

Provision of Care

Assessment and care planning

Action	Description	Organisation's self-rating	Surveyor Rating
12.1.1	Guidelines are available and accessible by staff to assess physical, spiritual, cultural, psychological and social, and health promotion needs.	SM	SM

12.1.2	Guidelines are available and accessible by staff on the specific health needs of self-identified Aboriginal and Torres Strait Islander consumers / patients.	SM	SM
12.2.1	The assessment process is evaluated to ensure that it includes: • timely assessment with consumer / patient and, where appropriate, carer participation • regular assessment of the consumer / patient need for pain / symptom management • provision of information to the consumer / patient on their health status.	SM	SM
12.2.2	Referral systems to other relevant service providers are evaluated, and improved as required.	SM	SM
12.3.1	Care planning and delivery are evaluated to ensure that they are: • effective • comprehensive • multidisciplinary • informed by assessment • documented in the health record • carried out with consumer / patient consent and, where appropriate, carer participation.	SM	SM
12.4.1	Planning for discharge / transfer of care is evaluated to ensure that it: • commences at assessment • is coordinated • consistently occurs • is multidisciplinary where appropriate • meets consumer / patient and carer needs.	SM	SM

Ongoing care and discharge / transfer

Action	Description	Organisation's self-rating	Surveyor Rating
12.8.1	Discharge / transfer information is discussed with the consumer / patient and a written discharge summary and/or discharge instructions are provided.	SM	SM
12.8.2	Arrangements with other service providers and, where appropriate, the carer are made with consumer / patient consent and input, and confirmed prior to discharge / transfer of care.	SM	SM
12.8.3	Results of investigations follow the consumer / patient through the referral system.	SM	SM
12.9.1	Formalised follow up occurs for identified at-risk consumers / patients.	SM	SM

Workforce Planning and Management

Recruitment processes

Action	Description	Organisation's self-rating	Surveyor Rating
13.5.2	The credentialling system to confirm the formal qualifications, training, experience and clinical competence of clinicians, which is consistent with national standards and guidelines and with organisational policy, is evaluated, and improved as required.	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

Continuing employment and development

Action	Description	Organisation's self-rating	Surveyor Rating
13.8.2	Ongoing monitoring and review of clinicians' performance is linked to the credentialling system.	SM	SM

Information Management

Health records management

Action	Description	Organisation's self-rating	Surveyor Rating
14.4.1	Consumers / patients are given advice / written guidelines on how to access their health information, and requests for access are met.	SM	SM

Corporate Systems and Safety

Safety management systems

Action	Description	Organisation's self-rating	Surveyor Rating
15.12.1	Safety management systems include policies and procedures for: • work health and safety (WHS) • manual handling • injury management • management of dangerous goods and hazardous substances • staff education and training in WHS responsibilities.	SM	SM
15.13.1	The system for ensuring WHS includes: • identification of risks and hazards • documented safe work practices / safety rules for all relevant procedures and tasks in both clinical and non-clinical areas • staff consultation • staff education and provision of information • an injury management program • communication of risks to consumers / patients and visitors and is implemented, evaluated, and improved as required.	SM	SM
15.13.2	Staff with formal WHS responsibilities are appropriately trained.	SM	SM
15.13.3	A register of dangerous goods and hazardous substances is maintained and Material Safety Data Sheets (MSDSs) are available to staff.	SM	SM
15.14.1	There is evidence of evaluation and improvement of the radiation safety management plan, which: • is coordinated with external authorities • includes radiation equipment, a register for all radioactive substances, and safe disposal of all radioactive waste • ensures staff exposure to radiation is kept as low as reasonably achievable (ALARA) • keeps consumer / patient radiation to a minimum whilst maintaining good diagnostic quality • includes a personal radiation monitoring system and any relevant area monitoring.	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

Emergency and disaster management

Action	Description	Organisation's self-rating	Surveyor Rating
15.18.1	There is evidence of evaluation and improvement of the emergency and disaster management systems, which include: • identification of potential internal and external emergencies and disasters • coordination with relevant external authorities • installation of an appropriate communication system • development of a response, evacuation and relocation plan • display of relevant signage and evacuation routes • planning for business continuity.	SM	SM
15.19.1	There is evidence of evaluation and improvement of staff training and competence in emergency procedures, which includes: • education at orientation • annual training in emergency, evacuation and relocation procedures • regularly conducted emergency practice / drill exercises • the appointment of an appropriately trained fire officer • access to first aid equipment and supplies, and training of relevant staff.	SM	SM
15.20.1	There is documented evidence that an authorised external provider undertakes a full fire report on the premises at least once within each EQuIPNational cycle and/or in accordance with jurisdictional legislation.	SM	SM
15.20.2	There is a documented plan to implement recommendations from the fire inspection.	SM	SM

Organisation: Peninsula Private Hospital
Orgcode: 720861

Recommendations from Current Survey

Standard: Governance for Safety and Quality in Health Service Organisations
Item: 1.18
Action: 1.18.2 Mechanisms are in place to monitor and improve documentation of informed consent

Surveyor's Recommendation:

Cease the use of all abbreviations on consent forms.

Ensure that consent forms are legible and unambiguous.

Standard: Preventing and Controlling Healthcare Associated Infections
Item: 3.10
Action: 3.10.1 The clinical workforce is trained in aseptic technique

Surveyor's Recommendation:

Continue monitoring risk associated with aseptic training for relevant clinical staff.

Organisation: Peninsula Private Hospital
Orgcode: 720861

Recommendations from Previous Survey

Not Applicable

Organisation: Peninsula Private Hospital
Orgcode: 720861

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
Total	**0**	**87**	**0**	**87**

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
Total	**0**	**22**	**0**	**22**

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	39	0	39
Total	**87**	**0**	**87**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Total	**22**	**0**	**22**

EN PR

Organisation: Peninsula Private Hospital
Orgcode: 720861

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
Total	**0**	**109**	**0**	**109**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	41	0	41	Met
Total	**109**	**0**	**109**	**Met**

Organisation: Peninsula Private Hospital
Orgcode: 720861

Organisation – EQuIPNational

Mandatory

Standard	Not Met	Met	N/A	Total
Standard 11	0	2	0	2
Standard 12	0	10	0	10
Standard 13	0	2	0	2
Standard 14	0	1	0	1
Standard 15	0	9	0	9
Total	**0**	**24**	**0**	**24**

Standard	SM	MM	Total
Standard 11	2	0	2
Standard 12	10	0	10
Standard 13	2	0	2
Standard 14	1	0	1
Standard 15	9	0	9
Total	**24**	**0**	**24**

EN PR

Organisation: Peninsula Private Hospital
Orgcode: 720861

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
Total	**0**	**87**	**0**	**87**

Standard	SM	MM	Total
Standard 1	44	0	44
Standard 2	4	0	4
Standard 3	37	2	39
Total	**85**	**2**	**87**

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
Total	**0**	**22**	**0**	**22**

Standard	SM	MM	Total
Standard 1	9	0	9
Standard 2	11	0	11
Standard 3	2	0	2
Total	**22**	**0**	**22**

EN PR

Organisation: Peninsula Private Hospital
Orgcode: 720861

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
Total	**0**	**109**	**0**	**109**	**Met**

Standard	SM	MM	Total	Overall
Standard 1	53	0	53	Met
Standard 2	15	0	15	Met
Standard 3	39	2	41	Met
Total	**107**	**2**	**109**	**Met**

EN PR

Organisation: Peninsula Private Hospital
Orgcode: 720861

Surveyor – EQuIPNational
Mandatory

Standard	Not Met	Met	N/A	Total
Standard 11	0	2	0	2
Standard 12	0	10	0	10
Standard 13	0	2	0	2
Standard 14	0	1	0	1
Standard 15	0	9	0	9
Total	**0**	**24**	**0**	**24**

Standard	SM	MM	Total
Standard 11	2	0	2
Standard 12	10	0	10
Standard 13	2	0	2
Standard 14	1	0	1
Standard 15	9	0	9
Total	**24**	**0**	**24**