



Agreed Performance Statement

The ACHS strongly believes in the public availability of appropriate information resulting from accreditation surveys, and is actively encouraging all members to make this information available to interested parties, most notably consumers. As part of our public disclosure initiative the ACHS survey team provides an Agreed Performance Statement (APS) to be placed on the ACHS website. The member organisation may also provide an APS to be placed on the website. The APS should include reference to strengths and/or weaknesses identified during survey.

Name of member organisation:	Port Macquarie Private Hospital
Org Code :	120338
Date :	28 February – 1 March 2017

Organisation's Comments

Port Macquarie Private Hospital (PMPH) and Coolenberg Day Surgery (CDS) planning has been sustained and we have continued to provide services according to our strategic direction and needs of the population of the Mid North Coast of NSW. In particular, we have developed a Rehabilitation Unit with hydro therapy pool and day rehabilitation services, two extra operating theatres and a Day of Surgery Centre. The Hastings Day Surgery was recommissioned to professional suites and CDS now operates only one day per week for Ophthalmology services. Rehabilitation Inpatient beds have been increased from 25 to 28.

The Hospital has an effective system of governance in place with a strong focus on quality, risk, organisational structure, workforce planning and partnering with consumers. Reporting systems are sound with key performance data analysed and actioned where appropriate.

The survey highlighted consistency in patient care with all staff aware of their responsibilities, with current education and demonstrating a culture conducive to safe patient care. The buildings are well maintained and clean.

The previous recommendations were closed and all core actions were rated as met with a small number of developmental actions. These were mainly around the ability of the consumers to participate in planning and implementing quality activities which we are happy to do when further maturity of our committee occurs.

We have a comprehensive list of evidenced based policies which are reviewed each three years following review and amendment and signed off by any of the relevant senior committees. Policies are also amended following advice or alert from authorities.

The RHC Facility Rules (2016) documents regulation and guidelines for the management and operation of the organisation including management of risks and clinical effectiveness with safety and quality invested in all business decision planning.

An extensive Risk Register was evident, emanating from RHCC and is a living document with monthly review and amendment. Staff are appropriately trained and indicated very good knowledge in using RiskMan and reporting and managing risk. A comprehensive Hazard and Hazard Control register is maintained by our Quality and Safety manager with items transferred from RiskMan and reported at the Work Health and Safety Committee for monitoring.

Documented Clinical Pathways are extensive with timely review and updating by Clinical Nurse Practitioner and verification and sign off by the surgeons. The pathways are limited to major and overnight surgeries

and include paediatrics such as ENT.

A full patient risk assessment occurs on admission with appropriate plans and pathways commenced. A Clinical Alert form has been reviewed and upgraded following an increase in falls. Appropriate systems are in place for escalating level of care supported by a Patient Deterioration Policy.

The quality culture of our organisation was highlighted by the work of the Clinical Nurse Practitioner who interviews patient's pre-admission and plans their journey, including discharge planning and identification of risk factors, remains in phone contact post-discharge and follows up the outcome of the patient.

The Australian Charter of Patient Rights was evident across our organisation and included in the Patient Information Compendium. Patients sign to confirm they have read and understood the content.

The PMPH Consumer Advisory Committee (CAC) commenced in February 2016 and meets three times per year, the consumer representative on the Clinical Leadership Committee transferred across to the CAC which now has eight members. The committee is underpinned by the RHCC Consumer Engagement Policy and committee. There is also a RHCC State Committee. The members of the CAC represent diverse members of the community and are able to discuss issues with their respective organisations such as the RSL and Legacy, including post-operative bariatric patient management regarding the appropriateness of their diet, the consumers worked with dietitians to design and improve the menu which was then confirmed by the medical officer.

Patients complete a patient feedback card and the CAC are able to review these and suggest methods of improvement Consumers teach staff on how to use their own specific medical equipment such as CPAP and Pic Lines and carers instruct staff on the best way to move and feed their disabled relative when an inpatient

Systems are risk controlled, well-established and have been improved through ongoing organisation-wide evaluation practices. Incident review, structured external surveillance programs and audit are used extensively across the organisation to review compliance and the effectiveness of the system. Daily surveillance of Hospital Acquired Infections (HAIs) is collected by the infection control nurse consultant. Rates are low. Benchmarking occurs with other Ramsey and industry peer hospitals and PMPH is well positioned across a range of indicators. Risks are identified and incorporated into the risk register which is well supported by formal quality action plans. A well matured Antimicrobial Stewardship (AMS) program is evidenced at PMPH. The policy framework includes relevant AMS policies, protocols and guidelines. These are easily accessed and monitored. The program is supported by a qualified nurse, Infectious disease consultant and pharmacist.

Food is fresh cooked at PMPH. There is a Food Safety Program in place. Audits are conducted by the NSW Food Authority and an A rating has been achieved. Internal Food safety audits are conducted in accordance with requirements listed in the food safety plan.

The RHCC policy has been amended to suit the local requirements of RHCPM and covers the medication management system. A number of audits including S8 drugs, chart audits and bedside audits are completed which are then graphed, analysed and if indicating any areas of non-compliance, an action plan is developed to include toolbox education. The education given following any errors in medication system has been reviewed and made more rigorous including repeat competency training. An improved S8 Drug Register has been implemented. All errors are reported on RiskMan and monitored. Changes are made to the system following NSW Ministry of Health Directives and Alerts. High risk medications have been given a very high priority with a register specific to each ward area, appropriate separate storage and patients receiving high risk drugs being commenced on a Track and Trigger Chart to monitor observations more closely specific to the medication given. This initiative has been evaluated and implemented across the whole organisation.

The Patient Information Compendium discusses medications and medications are discussed with patients on admission. Medication information is evident on most clinical forms. A number of specialised medication information brochures are available and a medication management plan was present in the medical

records sighted. Prescriptions are filled through a local pharmacy and patients were assisted to fill prescriptions prior to discharge at the weekend. Patients are able to make phone contact at any time post-discharge if they require any information regarding their ongoing medication management and medications are discussed during the routine post-discharge phone call.

A Safe Surgery Policy is followed within the operating suite with use of a Surgical Procedure Safety Checklist and Time Out record. Audits are conducted regularly and results discussed at ward meetings. Patients for external transfer are always escorted to ensure appropriate identification procedures and handover occur. Handover is conducted at any time when care of patients is transferred to another clinician and is supported by a number of policies and education commencing at orientation through to Tool Box sessions at ward level. A scripted handover has been introduced for all situations following misinformation observed during use of ISOBAR. All classifications of staff have received education and instruction including clerks who pass on patient information via telephone. The process for handover covers the inclusion of the patient and carer in handover and the surveyors noted this occurring during the visit. Patients spoken with were very satisfied that they were always included and appreciated the encounter. Patient information brochures discuss this aspect of their stay and what to expect including how to raise a complaint or issue or if they are concerned at any time.

24-hour access to blood and blood products are provided by two subcontracted pathology providers. Both services are NATA accredited. PMPH maintains a blood refrigerator in the perioperative unit, which is monitored locally. Controls are in place and staff are trained in maintaining the integrity of the product. Product inventory levels are regularly reviewed and meet demand. A schedule of audits monitoring the receipt, storage, collection and transport of blood and blood products is undertaken. Compliance across all areas of the process is high. Over a three year period wastage across all product types has reached zero.

Staff training commences on employment and is a key component of the training schedule for staff at the unit level. Nursing clinical leads in pressure injury and wound management are appointed to embed the principles of care into practice at a unit level. Performance monitoring occurs across all services via a series of interrelated audits. Feedback on performance is provided to clinical staff in real time. Performance data is reported and benchmarked across RHC. Injury rates are benchmarked and PMPH is positioned in the top performance quartile both from within RHC and other health care entities. At time of survey there were no hospital acquired pressure injuries reported in 2016 and YTD. Clinical handover ensures that the care plan is communicated to all members of the health care team for all high risk patients. Bedside auditing demonstrates that 100% of all persons whom are screened at risk have a documented care plan in the clinical record. Evidence-based wound management systems are in place. Management plans are developed in consultation with nursing wound consultants. Plans are consistent with best practice and monitored to determine compliance and effectiveness. The use of clinical photography as a methodology to measure, track and communicate the status of a chronic wound is utilised across all care settings.

PMPH adopts a two-tier escalation response system which is activated through the use of "track and trigger" observation charts. The suite of charts include those for overnight admitted adults, high dependency, weight rated charts for paediatrics, and standardised charts for pain management and the administration of insulin. They include all recommended clinical parameters, thresholds for each physiological parameter, and specify those abnormalities that trigger a clinical review or emergency response together with actions to be taken. Education is extensive and is mandatory for the clinical workforce. Basic life support (BLS) training is offered to all staff. Records of attendance are kept at an organisation and unit level. At time of survey 100% of all clinical staff have undertaken BLS training and practical certification. Stand up medical support is available for the acute services with on call arrangements in place overnight. Advanced Life Support (ALS) training and Resus4kids is offered to staff (nursing and medical) working in high risk areas and to date 100% of designated persons have been certified as competent across the organisation. Accredited local trainers are in place to support ongoing training for Resus4kids and ALS. Patients and carers are actively engaged in the escalation of care as demonstrated through the practices of bedside clinical handovers, case reviews and care planning in sub-acute service. Initiatives such as the provision of overnight accommodation for parents of children and carers of the frail aged further strengthen this requirement. RHC PMPH has recently launched the Ramsay Rule program as the mechanism by which patients and their carers can initiate escalation of care. At time of survey there was evidence of policies to support the Ramsay Rule and staff consultations.

A launch date had been set for May 2017

Education and staff training commences on employment and is key component of the regular training schedule for existing clinical staff. Action is taken to reduce the frequency of falls and severity. Initiatives such as the 24-hour visual observation patient rounding post fall, building and environmental modifications to patient care areas and changes to assessment and care planning tools have all strengthened the process and increased falls prevention awareness across the organisation. Falls performance indicators are established and measured across all clinical units. Feedback on performance is provided to staff in real time and displayed using visual methodologies and score cards. Performance is also reported to local committees and bench marked across RHC. The total falls rate continues to decline with those resulting in significant injury reducing to one over the last year. The Clinical Leadership Committee has operational oversight of the falls management strategy across the health service, and is multidisciplinary. Evidence-based falls management strategies are recorded in the various care plans, clinical Alert Form and clinical record. Clinical handover practices enable communication between health professionals, patients and their carers. Information from administrative and clinical data sets, incidents, and organisational risk plans are used to identify and monitor trends in falls prevention plans. The effectiveness and appropriateness of the interventions are reviewed at shift handover and at transfer of care/discharge. Strategies to reduce the risk of harm from falling have been strengthened to include the use of direct nursing supervision, 24-hour visual observations programs and bariatric considerations. Discharge planning summaries to the GP and other care agencies includes reference to the patients falls risks and actions taken to mitigate such risk whilst in care.

Survey Coordinator's Comments

The survey provided an opportunity to examine the important achievements and developments which Ramsay Health Care Port Macquarie (RHCPM) have undertaken in the last three years. Their planning has been sustained and they have continued to provide services according to their strategic direction and needs of the population of the Mid North Coast of NSW. In particular, they have developed a Rehabilitation unit with hydro therapy pool and day rehabilitation services, two extra operating theatres and a Day of Surgery Centre. The Hastings Day Surgery was recommissioned to professional suites and Coolenberg now operates only one day per week for Ophthalmology services. Inpatient beds have been increased from 25 to 28.

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In addition to the APS, consent is given for the following hyperlink to the organisation's website to appear on the ACHS website:

HYPERLINK: <http://www.portmacquarieprivate.com.au>