



Accreditation Performance Statement

From 1st July 2007, the ACHS Terms and Conditions includes the introduction of a policy regarding compulsory public disclosure of an individual organisation's accreditation results.

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.

Name of member organisation:	Dee Why Endoscopy Unit
Org Code :	16 08 10
Date :	30 June 2009

Organisation Comments

The Dee Why Endoscopy Unit is a freestanding day only facility on Sydney's Northern Beaches, specializing in Colonoscopy, Gastroscopy and minor anal procedures. It was first established in 1989 by a Colo Rectal Surgeon in the area and was sold to Cura Day Hospitals in March 2008.

The Dee Why Endoscopy Unit performs in excess of 4,000 procedures a year, it is committed to providing an efficient, safe and friendly environment and prides itself in the implementation of the highest quality clinical care and standards.

The Unit is utilized by 3 Colo Rectal Surgeons and 5 Gastroenterologists, supported by 7 anaesthetists and has a large referral base of General Practitioners in the immediate and surrounding areas.

Quality Improvement activities have been carried out at the Dee Why Endoscopy Unit since 1995 as part of the ACHS Accreditation Program and the Unit is a member of the Day Surgery Centre Benchmarking Group. Processes are in place for the evaluation of every aspect of performance, compliance of policies and protocol.



Survey Coordinator Comments

The Dee Why Endoscopy Unit is committed to providing a safe and efficient health care service to the patients. The Unit contributes and participates in external benchmarking activities to continually measure performance against industry standards. Quality is well addressed throughout the organisation and many improvements have been made as a result of these activities.

The staff were committed to continually strive to improve the services provided.

Risk is integrated with quality and a broad range of clinical, financial and management risk management strategies are in place and followed up.

The two main committees are Quality Activity and the MAC who meet regularly to ensure safe practice and support the governing body. New By-laws have been adopted in May 2009 and these are in-line with NSW Health requirements.