The Australian Council on Healthcare Standards
National Report on Health Services Accreditation Performance
2007–2008

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On behalf of the Board of the Australian Council on Healthcare Standards (ACHS) I am delighted to present the third ACHS National Report on Health Services Accreditation Performance.

External and independent peer review is considered international best-practice for many industries, including healthcare. ACHS Surveyors are health-industry professionals or consumers who are trained to conduct reviews of healthcare organisations against the standards of the ACHS Evaluation and Quality Improvement Program (EQuIP).

The current edition of this program’s standards, EQuIP 4, was introduced in January 2007 and has increased the focus on consumer participation in healthcare and the need to provide evidence of clinical and organisational outcomes.

This Report contains aggregate information on the performance of healthcare organisations that are members of EQuIP against the standards of that accreditation program, (for the years 2007 and 2008).

The purpose of the Report is to provide industry, consumers and the community an overview of national accreditation performance and assist organisations in evaluating their performance.

Accreditation is one of several means by which health service performance may be evaluated and improved. The aim of the ACHS accreditation program is to increase the quality and safety of care through providing an organisation-wide framework for minimising risk, evaluating performance and implementing improvements. The ACHS surveyors look for evidence of activities, systems and processes that support the achievement of required outcomes for patients, consumers, employees and the community.

The Report includes information on the majority of healthcare organisations in Australia, such as hospitals, day procedure centres, community and mental health services.

We hope by providing this information that it plays a part in supporting further improvement and direction for quality and safety initiatives.

Associate Professor Peter Woodruff
ACHS President
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This National Accreditation Report on the performance of healthcare organisations participating in the Australian Council on Healthcare Standards (ACHS) Evaluation and Quality Improvement Program (EQuIP) reports on 454 organisations that participated in onsite reviews as part of the EQuIP 4 program in 2007 and 2008. An additional 14 reports for surveys in 2008 were incomplete on 30 April 2009 and were unable to be included in this report.

The findings in this report will assist organisations participating in EQuIP to consider their performance within a national context. The information also provides an opportunity for health policy makers to identify key issues that may assist them to support healthcare providers to deliver safe and quality care.

ACHS accredited organisations

Over the period January 2007 – December 2008 performance in EQuIP resulted in:

- Full accreditation (4 years) for 94% of organisations
- Conditional accreditation (1 year) for 5% of organisations
- Non-accreditation for one organisation
- Outstanding Achievement (OA) ratings awarded on 53 occasions to 36 different organisations
- Extensive Achievement (EA) ratings awarded at a rate of 12% of all criteria surveyed
- In the non-mandatory criteria, no Little Achievement (LA) ratings were awarded and Some Achievement (SA) ratings were awarded at a rate of 6% of all criteria.

Required improvements

Areas most commonly identified as requiring improvement were related to:
- Infection control
- Health records
- Emergency and disaster management
- Encouraging and governing research
- Blood management.

Satisfaction with ACHS Services

With response rates of between 74% and 88% over the period 2003–2008 EQuIP members have consistently expressed a high degree of satisfaction with the standards (89–94%), the survey support and processes (mostly greater than 90%).

There are still opportunities for ACHS to address the needs of members in the support of the Electronic Assessment Tool (71–77% satisfaction) and the report on the desktop Self-Assessment (75–89% satisfaction).

ACHS accredited organisations

- Eighty-two percent of these 454 organisations gained full accreditation or had their full accreditation status confirmed.
- A further 12% gained full four-year accreditation after addressing issues of concern within 60 days of the Organisation-Wide Survey or Periodic Review at an Advanced Completion (AC60) Survey.
- A limited accreditation status was granted to 5% of organisations because of inadequate systems to manage a variety of risk issues and one organisation was not awarded accreditation.

Areas that healthcare organisations perform well

- Outstanding Achievement ratings represented 0.4% of all ratings.
- Organisations were more likely to receive an Outstanding Achievement rating in a non-mandatory criterion than a mandatory criterion.
- Outstanding Achievement practices included high standards of care evaluation with demonstrated improvements in clinical outcomes as a result of care evaluation; organisation wide, multidisciplinary quality improvement programs; high levels of governance in research resulting in significant clinical practice improvements and research publications; research and leadership in health promotion activities for consumers, staff and communities.
- Extensive Achievement represented 8% of non-mandatory ratings and 15% of mandatory ratings.
- Overall, Extensive Achievement ratings were awarded to 12% of all criteria in 2007–2008.
- Extensive Achievement practices included good infection control monitoring using multiple indicators that resulted in changes to practice; demonstrated commitment from governing bodies and senior managers to safety and quality; integration of risk management, strategic plans and quality improvement; good support for learning and development within organisations; high level involvement with consumers resulting in improvements to various aspects of service delivery.

Required improvements

In the key safety and quality areas (Mandatory Criteria):
- Infection control evaluation against industry standards and organisational policies and processes (clinical and non-clinical).
Provision of adequate resourcing, education and support for infection control staff.
 Improved staff education about infection control.
 Health record audit and evaluation against required standards.
 Health record audit to evaluate the timeliness of reports and investigations.
 Completion of rectifications identified in health record audits.
 Emergency and disaster management through completion of requirements identified in fire inspections and provision of mandatory fire and evacuation training to staff.
 Evaluation of clinical care using formal processes of data measurement and review.
 In the non-mandatory areas:
 Evaluation of blood management practices.
 Evaluation of research practices and research governance.
 Development of quality and risk management plans.

**Advanced completion surveys**

An “Advanced Completion in 60 days (AC60) Survey” was introduced to ensure that risks for consumers are managed and eliminated quickly.

Fifteen percent (n68) of 454 surveys in 2007 and 2008 required risk issues to be addressed at an Advanced Completion Survey.

More AC60 surveys were allocated at Organisation-Wide Survey (22%) than at Periodic Review (10%).

An AC60 was more likely in a large organisation than a small one (38% organisations with more than 500 beds received an AC60).

Seventy-nine percent (n54) organisations gained or retained full accreditation following successful management or elimination of the risk after an Advanced Completion Survey.

The most common issues that needed to be addressed at an Advanced Completion Survey related to emergency and disaster management (such as fire inspections, mandatory fire training to staff and responses to risks identified within fire inspection reports); infection control (monitoring of environmental services, especially food safety) and health records (regular review of clinical records to evaluate the quality of the clinical documentation and also to assess compliance with required industry standards).

**Consumer participation**

Organisations that performed well in consumer participation demonstrated committed leadership overseeing a culture that supports consumer engagement at all levels of the organisation.

Almost 15% of ratings for the practices that involved consumers in planning, delivery and evaluation of the health service were rated as Outstanding or Extensive Achievement.

Opportunities for improving the effectiveness of practices for ensuring consumer rights and responsibilities exist with 4.1% of ratings being Some Achievement.

In some organisations ongoing education and support for staff about consumers’ rights and responsibilities is provided.

**Mental health services**

Twenty four reviews (24) of mental health services using the National Standards for Mental Health Services (1996) were conducted within the ACHS EQuIP framework 2007–2008.

Twenty-one reviews were in the public sector and three in the private.

The top three areas where there were opportunities for improvement related to the involvement of consumers, assessment systems, and care planning and delivery in partnership with the consumer.

**Infection control**

Infection control practices were awarded Extensive Achievement in 27% of ratings with all remaining ratings at the moderate achievement level (73%).

Organisations received Extensive Achievement ratings where systems for monitoring infection control used multiple indicators that resulted in changes to processes and outcomes; were well planned and co-ordinated throughout their organisations and provided regular multidisciplinary infection control education.

There are opportunities for improved evaluation of practices against industry and professional standards (through the use of infection control indicators), as well as for staff training in infection control.

Some organisations received recommendations to undertake routine internal and external benchmarking of infection control indicator data.

**Credentialling and scope of clinical practice**

Most organisations have policies for credentialling and defining the scope of clinical practice, but the level of detail within the policies varies considerably.

Practices of organisations relating to credentialling and defining the scope of clinical practice show great variation.

A particular area that received a number of recommendations related to the introduction of new procedures, emphasising that organisations need policies and formal processes to support the safe introduction of new procedures.
Introduction

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation that has been an important part of the Australian healthcare industry since 1974. The ACHS offers healthcare organisations the opportunity to achieve their best possible levels of performance through an accreditation program that provides a structure with which healthcare organisations can assess, monitor and improve their services.

Accreditation involves performance assessment against an industry agreed set of standards that measure both the clinical and non-clinical aspects of health service delivery. In total, the ACHS program contains 13 standards that address 45 specific areas (criteria) that are assessed by the ACHS surveyors.

The program is designed to achieve both safety and quality improvement. Some areas are mandatory and performance must be assessed to a specified level for accreditation to be awarded. Other non-mandatory areas can be accepted at a less advanced level of performance. Accreditation assists in identifying improvement opportunities and provides an organisation with a framework to prioritise identified opportunities for improvement.

In 2006, the Australian Commission for Safety and Quality in Health Care (ACSQHC), defined accreditation as ‘a formal process to ensure delivery of safe, high quality healthcare based on standards and processes devised and developed by healthcare professionals for healthcare services. It is public recognition of achievement by a healthcare organisation of requirements of national healthcare standards.’*

Many organisations have been successfully accredited with ACHS for a number of years. Initially, ACHS members were hospitals; today the membership of the ACHS reflects the changing structure and diversity of the healthcare system, with more recent growth areas including community health and drug and alcohol services. Another significant change over the more recent years is growing centralisation of healthcare organisational structures, particularly in the public sector.

The majority of ACHS members are accredited using the Evaluation and Quality Improvement Program, 4th edition (EQuIP 4) standards. The EQuIP standards against which healthcare organisations are accredited are developed by the ACHS under the governance of the ACHS Board. The standards are reviewed every four years to ensure they remain current and reflect the most important quality and safety issues for Australia. The EQuIP 4 standards were implemented from 1 January 2007.

The National Accreditation Report brings together all of the results of accreditation surveys from ACHS EQuIP 4 member organisations and looks at their combined performance. Viewing the ACHS data in this way provides a good overview of Australian healthcare organisations together with their collective strengths and opportunities for improvement.

This is the third biennial National Accreditation Report produced by the ACHS. Within each two year reporting period, all ACHS member organisations will have been visited at least once by the ACHS surveyors for an on-site survey, as part of the four year accreditation cycle. Some organisations will have been visited for an Organisation-Wide Survey (OWS) and others will have been visited for a Periodic Review (PR).

FIGURE 1: The EQuIP accreditation cycle

**Phase 1: Self-Assessment**
- New members provide a Self-Assessment against all criteria
- Existing members provide a Self-Assessment against all mandatory criteria, in addition to the Clinical function criteria or the Support and Corporate functions criteria
- Progress on recommendations from previous Periodic Review

**Phase 2: Organisation-Wide Survey**
- Members provide a Self-Assessment against all criteria in preparation for the onsite survey
- All criteria are surveyed and progress on recommendations from Periodic Review is assessed

**Phase 3: Self-Assessment**
- Members provide a Self-Assessment against all mandatory criteria, and the criteria not addressed in Phase 1
- Progress on recommendations from Organisation-Wide Survey is assessed

**Phase 4: Periodic Review**
- Members provide a Self-Assessment against all mandatory criteria, in preparation for the onsite survey
- Mandatory criteria surveyed and progress on recommendations from Organisation-Wide Survey is assessed

 Evaluation and Quality Improvement Program begins

**ACHS Accreditation**

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**EQuIP Cycle**

EQuIP member organisations are guided by the ACHS through the four year cycle comprising:
- Year 1 – An organisation-wide Self-Assessment
- Year 2 – An Organisation-Wide Survey (OWS) onsite
- Year 3 – Self-Assessment (SAS)
- Year 4 – A Periodic Review (PR) onsite survey

This is the first National Accreditation Report based on data from surveys using the EQuIP 4 standards, which were introduced in 2007. The accreditation assessment data reported here does not include the 79 surveys undertaken by the ACHS using the EQuIP 3 standards between January 2007 and June 2007, a period of time during which an organisation could choose to be surveyed using either the EQuIP 3 or EQuIP 4 standards.

The data for the EQuIP 4 surveys includes assessment information from all except 14 EQuIP 4 surveys between January 2007 and December 2008. The 14 excluded surveys were not finalised in time for inclusion in the analysis of the aggregated information. Analysis of 454 surveys is included in this report.
Overview of ACHS accreditation programs

ACHS offers different products to meet the specific needs of various healthcare organisations. Healthcare organisations that deliver clinical care and services use the EQuIP 4 program, which is the principal program of the ACHS. However, ACHS also provides accreditation to organisations using the following programs:

**EQuIP Corporate for Health Services:**
Corporate offices of healthcare organisations that support the provision of health services with centralised governance and leadership

**EQuIP Corporate for Member Services:**
Corporate offices that provide services to members or customers such as associations or health insurance agencies

**EQuIP In-Depth Reviews:**
Evaluation of clinical services to external standards such as Mental Health

**ACHS Quality for Divisions Network:**
National Divisions of General Practice

**ACHS Diagnostic Imaging Accreditation:**
Diagnostic imaging practices.

Structure of standards

The EQuIP standards have a hierarchical structure and at the first level they are separated into three functions – Clinical, Support and Corporate – that group standards and criteria with common themes. Within each function there are standards, criteria and elements containing the detailed areas that a healthcare organisation needs to address within the accreditation program. The structure of the standards, criteria and elements of the ACHS accreditation program are specifically designed to guide organisations through an increasing level of performance over time. The elements reflect suggested areas that the organisation needs to address to demonstrate performance against the relevant criteria for each level of achievement and provide direction for achieving better practice. Organisations are not limited to the stated elements and are encouraged to demonstrate innovation that shows either equivalent or higher levels of achievement to the stated elements.

Mandatory criteria

The current EQuIP 4 program contains 45 criteria of which 14 are mandatory. In order to achieve an accreditation award, an organisation must demonstrate a moderate level of achievement in all mandatory criteria. Mandatory criteria were selected by the ACHS Board as those areas of the accreditation program that must be done well to achieve safe healthcare delivery in a safe environment for all and/or because they were fundamental to consumer rights.
FIGURE 2: EQuIP 4 Criterion 1.1.2 as an example of the structure of ACHS standards

**Function 1 – Clinical**  
**Standard 1.1.2**  
Consumers/patients are provided with high quality care throughout the care delivery process

<table>
<thead>
<tr>
<th>Criterion</th>
<th>1.1.2</th>
<th>Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.</th>
</tr>
</thead>
</table>
| **Little Achievement (LA) Awareness** | (a) Evidence based guidelines on care planning and delivery are available.  
(b) Care is provided in response to consumer/patient needs in a timely manner and in accordance with established policies and procedures.  
(c) A comfortable and caring environment is provided for consumers/patients. |
| **Some Achievement (SA) Implementation** | (a) Care planning and delivery are based on the assessment of the consumer/patient needs and with the consumer/patient and, when relevant, their carer.  
(b) All care planning, decisions, actions and changes are documented in the consumer/patient health record.  
(c) Care is delivered by skilled and trained individuals within a competent multidisciplinary team with an identified team leader.  
(d) A system exists for the effective identification and management of a deteriorating consumer/patient.  
(e) Consumers/patients and carers, when appropriate, are given information that allows them to understand their care.  
(f) There is evidence that the consumer/patient has been provided with information on care delivery options. |
| **Moderate Achievement (MA) Evaluation** | (a) The care planning and delivery processes are evaluated and improved as required.  
(b) Policies and procedures for care delivery are evaluated against evidence, professional guidelines, codes of practice and medico-legal requirements.  
(c) Multidisciplinary team processes for care delivery are evaluated and improved as required.  
(d) The environment in which care is provided is evaluated and improved as required.  
(e) A system for the effective identification and management of a deteriorating patient is evaluated and improved as required. |
| **Extensive Achievement (EA) Excellence** | (a) Care planning and delivery practices, together with data on variances are compared with internal and external systems and improvements are made, to ensure better practice.  
(b) Multidisciplinary team work is compared with other health services and/or industries and improvements are made to ensure better practice.  
(c) The organisation undertakes research relevant to care planning and the delivery of care and acts on results. |
| **Outstanding Achievement (OA) Leadership** | (a) The organisation demonstrates it is a leader in care planning and delivery practices. |
## FIGURE 3:
### EQuIP 4 Mandatory Criteria

### 1. Clinical

1. Consumers/patients are provided with high quality care throughout the care delivery process.

   - 1.1 The assessment system ensures current and ongoing needs of the consumer/patient are identified.
   - 1.2 Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.
   - 1.3 Consumers/patients are informed of the consent process, understand and provide consent for their healthcare.
   - 1.4 Care is evaluated by healthcare providers and when appropriate with the consumer/patient and carer.
   - 1.5 Processes for discharge/transfer address the needs of the consumer/patient for ongoing care.
   - 1.6 Systems for ongoing care of the consumer/patient are coordinated and effective.
   - 1.7 Systems exist to ensure that the care of dying and deceased consumers/patients is managed with dignity and comfort.
   - 1.8 The health record ensures comprehensive and accurate information is recorded and used in care delivery.

2. Consumers/patients/communities have access to health services and care appropriate to their needs.

   - 2.1 The community has information on, and access to, health services and care appropriate to its needs.
   - 2.2 Access and admission to the system of care is prioritised according to clinical need.

3. Appropriate care and services are provided to consumers/patients.

   - 3.1 Healthcare and services are appropriate and delivered in the most appropriate setting.

4. The organisation provides care and services that achieve expected outcomes.

   - 4.1 Care and services are planned, developed and delivered based on the best available evidence and in the most effective way.

5. The organisation provides safe care and services.

   - 5.1 Medications are managed to ensure safe and effective practice.
   - 5.2 The infection control system supports safe practice and ensures a safe environment for consumers/patients and health care workers.
   - 5.3 The incidence and impact of pressure ulcers are minimised through a pressure ulcer prevention and management strategy.
   - 5.4 The incidence of falls and fall injuries is minimised through a falls management program.
   - 5.5 The system for prescription, sample collection, storage and transportation and administration of blood and blood components ensures safe and appropriate practice.
   - 5.6 The organisation ensures that the correct patient receives the correct procedure on the correct site.

6. The governing body is committed to consumer participation.

   - 6.1 Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.
   - 6.2 Consumers/patients are informed of their rights and responsibilities.
   - 6.3 The organisation makes provision for consumers/patients from culturally and linguistically diverse backgrounds and consumers/patients with special needs.

### Key

- **Mandatory Criteria**
**EQuIP 4 Mandatory Criteria (continued)**

### 2. Support

**2.1 The governing body leads the organisation in its commitment to improving performance and ensures the effective management of corporate and clinical risks.**

2.1.1 The organisation’s continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.

2.1.2 The integrated organisation-wide risk management policy and system ensure that corporate and clinical risks are identified, minimised and managed.

2.1.3 Healthcare incidents, complaints and feedback are managed to ensure improvements to the systems of care.

**2.2 Human resources management supports quality healthcare, a competent workforce and a satisfying working environment for staff.**

2.2.1 Human resources planning supports the organisation’s current and future ability to address needs.

2.2.2 The recruitment, selection and appointment system ensures that the skill mix and competence of staff, and mix of volunteers, meets the needs of the organisation.

2.2.3 The continuing employment and performance development system ensures the competence of staff and volunteers.

2.2.4 The learning and development system ensures the skill and competence of staff and volunteers.

2.2.5 Employee support systems and workplace relations assist the organisation to achieve its goals.

**2.3 Information management systems enable the organisation’s goals to be met.**

2.3.1 Records management systems support the collection of information and meet the organisation’s needs.

2.3.2 Information and data management and collection systems are used to assist in meeting the strategic and operational needs of the organisation.

2.3.3 Data and information are used effectively to support and improve care and services.

2.3.4 The organisation has an integrated approach to the planning, use and management of information and communication technology (I&CT).

**2.4 The organisation promotes the health of the population.**

2.4.1 Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.

**2.5 The organisation encourages and adequately governs the conduct of health and medical research to improve the safety and quality of healthcare.**

2.5.1 The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

### 3. Corporate

**3.1 The governing body leads the organisation’s strategic direction to ensure the provision of quality, safe services.**

3.1.1 The organisation provides quality, safe care through strategic and operational planning and development.

3.1.2 Governance is assisted by formal structures and delegation practices within the organisation.

3.1.3 Processes for credentialling and defining the scope of clinical practice support safe, quality healthcare.

3.1.4 External service providers are managed to maximise quality care and service delivery.

3.1.5 Documented clinical and corporate policies assist the organisation to provide quality care.

**3.2 The organisation maintains a safe environment for employees, consumers/patients and visitors.**

3.2.1 Safety management systems ensure safety and wellbeing for consumers/patients, staff, visitors and contractors.

3.2.2 Buildings, signage, plant, equipment, supplies, utilities and consumables are managed safely and used efficiently and effectively.

3.2.3 Waste and environmental management systems support safe practice and a safe environment.

3.2.4 Emergency and disaster management supports safe practice and a safe environment.

3.2.5 Security management supports safe practice and a safe environment.
Levels of Achievement

Organisations and surveyors use the elements in each criterion as a guide to rate the level of an organisation's achievement. The elements describe practices that contribute to achievement at each level. The manner in which the elements are implemented may differ between organisations. However, it is important that the organisation’s staff members demonstrate that their practices address the intent of the element.

**FIGURE 4:** Levels of achievement within the EQuIP 4 standards

There are five different levels of achievement within each of the 45 EQuIP 4 criteria:

<table>
<thead>
<tr>
<th>Level</th>
<th>Achievement</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Level 1 – Little Achievement (LA)</td>
<td>Awareness:</td>
<td>Basic requirements met including policy and legislative compliance</td>
</tr>
<tr>
<td>Level 2 – Some Achievement (SA)</td>
<td>Implementation:</td>
<td>Systems developed and put into effect</td>
</tr>
<tr>
<td>Level 3 – Moderate Achievement (MA)</td>
<td>Evaluation:</td>
<td>Data collected; evaluation of the system ensures it works effectively to monitor and improve results</td>
</tr>
<tr>
<td>Level 4 – Extensive Achievement (EA)</td>
<td>Excellence:</td>
<td>Benchmarking and/or research and/or advanced implementation strategies and/or excellent outcomes achieved</td>
</tr>
<tr>
<td>Level 5 – Outstanding Achievement (OA)</td>
<td>Leadership:</td>
<td>The organisation is recognised as a peer leader in systems and outcomes.</td>
</tr>
</tbody>
</table>

Accreditation awards

An organisation’s achievements are reviewed against the EQuIP 4 standards and the survey team provides an objective account of their findings, including a recommendation for the organisation’s accreditation status. The accreditation decision is based on the content of the survey report and pre-determined rules. A panel of ACHS councillors independently reviews the report to determine the overall accreditation status for each organisation.

**FIGURE 5:** Accreditation awards following ACHS surveys

**Full Accreditation (4 years)**
- Moderate Achievement (MA) rating level or higher for all EQuIP mandatory criteria
- All previous recommendations addressed
- No High Priority Recommendations (HPRs)
- No significant risks

**Conditional Accreditation (1 year)**
- A Some Achievement (SA) rating level in six or more non-mandatory criteria irrespective of risk level
- High risk in any non-mandatory criteria
- Moderate risk recommendations from previous survey not addressed
- HPRs in up to two criteria that are not able to be resolved within 60 days

**Non-Accreditation**
- An SA rating level in one or more mandatory criteria that cannot be satisfactorily resolved within 60 days
- HPRs from previous survey not addressed
- HPRs in more than any two criteria that are not able to be resolved in 60 days
EQuIP 4 – Developmental criterion

To create awareness of emerging issues and to encourage improvement and research, ACHS included a ‘developmental’ criterion in the EQuIP 4 program for the first time. The developmental criterion encourages organisations to assess and improve their performance in a specific area without any direct impact on their accreditation result. Surveyors review and provide feedback to the organisation in relation to the developmental criterion, however a surveyor’s rating is not disclosed to the organisation, nor considered as part of their accreditation result.

The developmental criterion in the EQuIP 4 program is about ensuring that appropriate care and services are provided to consumers. The criterion is included within the clinical function: 1.3.1 Healthcare and services are appropriate and delivered in the most appropriate setting.

ACHS has included the analysis of the developmental criterion in this report to provide an overview of how healthcare organisations have performed in this area.

Advanced completion survey

If the surveyors assess that a healthcare organisation does not meet the required MA level in a mandatory criterion, if the organisation receives a High Priority Recommendation (HPR) for any criterion, or if it is assessed that there is high risk in a non-mandatory area, an award of full or continuing accreditation cannot be made. If this situation arises, the organisation may be offered an Advanced Completion Review in 60 Days (AC60).

In these cases, the outcome of the original survey is not finalised until a review of the action to address the AC60 occurs. ACHS surveyors return to the organisation within 60 days following the initial survey and if the organisation is assessed to have addressed the identified issues that led to the AC60, then accreditation can be awarded as either confirmed or continued for one year only. In cases where the surveyors assess that the AC60 has not been addressed within the appropriate time frame, then the organisation is not accredited.
ACHS membership

On 31 December 2008 ACHS had 1,211 members, including associate members. Associate members share a single grouped ACHS membership, but each organisation is surveyed individually (at the same time). The accreditation result for the single membership must reflect a positive accreditation result in each associate member organisation for accreditation to be awarded. The majority of associate members are in the public sector (84%) reflecting the growing centralisation of health service delivery.

Of the total ACHS membership, 780 (64%) members are in the public sector and 431 (36%) members are in the private sector.

The majority of members use EQuIP 4 and are hospitals. The remaining members using EQuIP 4 are organisations such as day procedure centres, community health organisations, multipurpose services, drug and alcohol services, palliative care services, oral health and ambulance services. The universal nature of the EQuIP 4 standards ensures that the principles of safety and quality can be assessed using the standards in a variety of service types.
By State, the membership of ACHS has remained stable over time, and continues to reflect the population distribution of Australia.

ACHS also has organisations that use the EQuIP for Corporate Services which is a growing area of membership for ACHS that reflects the more centralised structure of healthcare. EQuIP for Corporate Services assesses organisations that support related organisations to deliver healthcare by offering centralised services for functions such as governance, human resources management and information management. ACHS also provides services to accredit Divisions of General Practice and certification of newly opened facilities as a first stage to joining a full accreditation program.

ACHS also provides certification to newly opened facilities as a first stage to joining a full accreditation program.
ACHS surveyors

The strength of the ACHS and its programs is based on healthcare organisations being assessed by a team of surveyors who are independent, very experienced and currently (or recently) employed within the industry. At the time of publishing, the majority of the 370 ACHS surveyors work in senior positions in healthcare organisations; others are recently retired (within the past five years) from senior positions in healthcare organisations. ACHS has one surveyor employed full time who surveys regularly and also assists ACHS in the education and training of other surveyors.

Surveyors are recruited from the areas of nursing, medicine and administration. In more recent years, the ACHS has extended its recruitment of surveyors to include allied health practitioners and consumers. Initially, consumer surveyors were recruited for Mental Health In-Depth Reviews (which require that a consumer surveyor is included in the assessment team). For general health services, ACHS is now also using consumer surveyors in EQuiP 4 surveys to provide a consumer perspective in an accreditation survey.

FIGURE 11: Surveyor workforce by type (31 December 2008, n341)

FIGURE 12: Surveyors and surveyor days (EQuiP 4 surveys, 1 January 2007 to 31 December 2008, n454)
Figure 13: Surveyor days (EQuiP 4 surveys, 1 January 2007 to 31 December 2008, n454)

- Honoraria surveyor days:
  - 2007: 61%
  - 2008: 57%

- Volunteer surveyor days:
  - 2007: 39%
  - 2008: 43%
ACHS accredited organisations

The survey data analysed for this report are from 454 EQuIP 4 surveys undertaken between January 2007 and December 2008. Depending upon the stage of each organisation’s four year EQuIP cycle, in 193 of the surveys, organisations were surveyed across all criteria (Organisation-Wide Surveys) while in 261 surveys the organisations were surveyed against the 14 mandatory criteria (Periodic Reviews).

Following an Organisation-Wide Survey (OWS), accreditation is awarded for a period of up to four years whilst at a Periodic Review (PR) survey the accreditation status of the organisation is reviewed approximately two years after the OWS. At a PR, accreditation can be confirmed, withdrawn or changed to one year conditional accreditation, depending on the survey team’s findings.

Advanced Completion Review

At OWS or PR, if the survey team assigns an LA or SA rating in a mandatory criterion, or a High Priority Recommendation (HPR) for any criterion, or if there is high risk in a non-mandatory area, an award of full or continuing accreditation cannot be made. If this situation arises, the organisation may be offered an Advanced Completion Review in 60 Days (AC60). The outcome of the original survey is not finalised until a review of the action taken to address the AC60 occurs.

ACHS surveyors return to the organisation within 60 days following the initial survey and as long as the organisation is assessed to have addressed the identified AC60 issues, then accreditation can be awarded for a full term or a one year period (depending on the outcome of the review). If the surveyors assess that the AC60 issue has not been addressed within the appropriate timeframe, then the organisation is not accredited.

Of the 454 EQuIP 4 surveys in 2007–2008, 68 organisations (15%) were required to undertake an AC60 review for at least one criterion. More AC60 reviews were allocated on OWS (22%) than on PR (10%). Public hospitals were more likely to receive an AC60 (28% public organisation surveys) than private organisations (5%). An AC60 was more likely in a large organisation than a small one: 38% organisations with more than 500 beds received an AC60 on survey during the two years.

**FIGURE 14:**
AC60 surveys by type
(EQuIP 4 surveys, 1 January 2007 to 31 December 2008, n=68)
In total, 259 surveys were undertaken in private organisations
In total, 195 surveys were undertaken in public organisations

The 68 organisations that were required to undertake AC60 reviews represented most of the larger States at an incidence of almost one in five surveys (19%). The notable exception was Victoria where the incidence was less than one in ten surveys (see figure 17).

It is of note that all but one organisation that received an AC60 at survey were able to rectify the identified risk areas within 60 days. ACHS regards the AC60 review as a successful system that supports organisations to achieve the required accreditation standards in a timely manner resulting in a positive outcome for organisations and consumers.
Accreditation survey results

On survey, healthcare organisations are measured across 45 different criteria that consider all aspects of clinical and non-clinical functions of the organisation. The EQuIP accreditation program is designed to guide organisations to identify and prioritise their opportunities for improvement. At the same time, accreditation provides external recognition for healthcare organisations and the many people who work within them by providing an opportunity for them to demonstrate the areas in which their organisation performs well.

There are 14 mandatory criteria under the EQuIP 4 standards. To be accredited, organisations are required to achieve an MA rating in all mandatory criteria reflecting the establishment of policies and processes to manage and monitor key tasks. Performance against mandatory criteria is assessed at both OWS and PR.

Three mandatory criteria are notable for their higher proportion of MA level ratings, reflecting fewer organisations performing at an EA level or OA level. All three criteria are within the Corporate function and the criterion 3.1.3 Credentialling and the scope of clinical practice was newly introduced to the program in EQuIP 4. The remaining two criteria 3.1.5 Corporate and clinical policies and 3.2.4 Emergency and disaster management were revised from EQuIP 3 to include additional requirements.

The surveyors’ assessment ratings (not disclosed to the surveyed organisation) for the developmental criterion 1.3.1 Appropriate care and services are provided in the most appropriate setting indicate that there is considerable achievement occurring in this area of healthcare delivery. With the majority of organisations being assessed at an MA level, ACHS believes that many organisations are evaluating their systems to assess the appropriateness of the care and services that they deliver.

Two non-mandatory criteria were notable for their variation in performance levels. These criteria related to research and blood management, and were both newly introduced to EQuIP 4.

### FIGURE 19:
EQuIP 4 mandatory criteria ratings at OWS & PR
(1 January 2007 to 31 December 2008, n454)

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Relates to</th>
<th>OA</th>
<th>EA</th>
<th>MA</th>
<th>SA</th>
<th>LA</th>
<th>N/A</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.1</td>
<td>Assessment system</td>
<td>0%</td>
<td>15%</td>
<td>84%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>1.1.2</td>
<td>Planned and delivered in partnership with consumer/patient</td>
<td>0%</td>
<td>14%</td>
<td>85%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>1.1.3</td>
<td>Consent</td>
<td>0%</td>
<td>10%</td>
<td>90%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>1.1.4</td>
<td>Care evaluation</td>
<td>1%</td>
<td>21%</td>
<td>78%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>1.1.5</td>
<td>Discharge and transfer of care</td>
<td>0%</td>
<td>15%</td>
<td>84%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>1.1.8</td>
<td>Health record</td>
<td>0%</td>
<td>10%</td>
<td>89%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>1.5.2</td>
<td>Infection control</td>
<td>0%</td>
<td>27%</td>
<td>73%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2.1.1</td>
<td>Continuous quality improvement</td>
<td>1%</td>
<td>22%</td>
<td>77%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2.1.2</td>
<td>Risk management; corporate and clinical</td>
<td>0%</td>
<td>16%</td>
<td>84%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>2.1.3</td>
<td>Incident and complaints management</td>
<td>0%</td>
<td>15%</td>
<td>85%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.1.3</td>
<td>Credentialling and the scope of clinical practice</td>
<td>0%</td>
<td>8%</td>
<td>92%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.1.5</td>
<td>Corporate and clinical policies</td>
<td>0%</td>
<td>7%</td>
<td>92%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.2.1</td>
<td>Workplace Health and Safety (including dangerous goods, hazardous substances and radiation, manual handling)</td>
<td>0%</td>
<td>15%</td>
<td>85%</td>
<td>0%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>3.2.4</td>
<td>Emergency and disaster management</td>
<td>0%</td>
<td>7%</td>
<td>93%</td>
<td>0%</td>
<td>0.2%</td>
<td>0%</td>
</tr>
<tr>
<td>Criterion</td>
<td>Relates to</td>
<td>OA</td>
<td>EA</td>
<td>MA</td>
<td>SA</td>
<td>LA</td>
<td>N/A</td>
</tr>
<tr>
<td>-----------</td>
<td>------------</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>----</td>
<td>-----</td>
</tr>
<tr>
<td>1.1.6</td>
<td>Ongoing care</td>
<td>0.0%</td>
<td>5.2%</td>
<td>83.4%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>6.7%</td>
</tr>
<tr>
<td>1.1.7</td>
<td>Decision making at end of life</td>
<td>1.0%</td>
<td>10.4%</td>
<td>64.2%</td>
<td>5.2%</td>
<td>0.0%</td>
<td>19.2%</td>
</tr>
<tr>
<td>1.2.1</td>
<td>Information about services</td>
<td>0.0%</td>
<td>7.8%</td>
<td>90.7%</td>
<td>1.6%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>1.2.2</td>
<td>Access is appropriate to needs and prioritised according to clinical need</td>
<td>0.0%</td>
<td>11.9%</td>
<td>87.6%</td>
<td>0.0%</td>
<td>0.0%</td>
<td>0.5%</td>
</tr>
<tr>
<td>1.3.1*</td>
<td>Right care and services are provided in the right setting*</td>
<td>0.5%</td>
<td>5.7%</td>
<td>79.8%</td>
<td>7.8%</td>
<td>0.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>1.4.1</td>
<td>Care and services are best evidence based and processes are effective</td>
<td>0.0%</td>
<td>13.0%</td>
<td>81.9%</td>
<td>5.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>1.5.1</td>
<td>Medication safety</td>
<td>0.0%</td>
<td>10.4%</td>
<td>85.5%</td>
<td>3.6%</td>
<td>0.0%</td>
<td>0.5%</td>
</tr>
<tr>
<td>1.5.3</td>
<td>Pressure ulcer prevention and management</td>
<td>0.0%</td>
<td>8.8%</td>
<td>67.9%</td>
<td>7.8%</td>
<td>0.0%</td>
<td>15.5%</td>
</tr>
<tr>
<td>1.5.4</td>
<td>Falls prevention and management</td>
<td>0.0%</td>
<td>11.9%</td>
<td>76.7%</td>
<td>8.8%</td>
<td>0.0%</td>
<td>2.6%</td>
</tr>
<tr>
<td>1.5.5</td>
<td>Blood management</td>
<td>0.0%</td>
<td>0.5%</td>
<td>54.4%</td>
<td>15.0%</td>
<td>0.0%</td>
<td>30.1%</td>
</tr>
<tr>
<td>1.5.6</td>
<td>Correct patient, procedure, site</td>
<td>0.0%</td>
<td>5.2%</td>
<td>81.3%</td>
<td>7.3%</td>
<td>0.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>1.6.1</td>
<td>Involvement of consumers</td>
<td>0.5%</td>
<td>14.0%</td>
<td>77.2%</td>
<td>8.3%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>1.6.2</td>
<td>Rights and responsibilities</td>
<td>0.5%</td>
<td>8.3%</td>
<td>87.0%</td>
<td>4.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>1.6.3</td>
<td>Cultural and special needs</td>
<td>1.6%</td>
<td>2.6%</td>
<td>90.2%</td>
<td>5.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.2.1</td>
<td>HR planning</td>
<td>0.0%</td>
<td>9.3%</td>
<td>87.6%</td>
<td>3.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.2.2</td>
<td>Recruitment, selection and appointment</td>
<td>0.0%</td>
<td>3.6%</td>
<td>93.8%</td>
<td>2.6%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.2.3</td>
<td>Continuing employment / professional development</td>
<td>0.0%</td>
<td>2.6%</td>
<td>86.5%</td>
<td>10.9%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.2.4</td>
<td>Learning and development system</td>
<td>0.5%</td>
<td>16.1%</td>
<td>78.8%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.2.5</td>
<td>Support and workplace relations</td>
<td>0.0%</td>
<td>5.7%</td>
<td>89.6%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.3.1</td>
<td>Records management</td>
<td>0.0%</td>
<td>10.9%</td>
<td>85.0%</td>
<td>4.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.3.2</td>
<td>Information and data management systems</td>
<td>1.0%</td>
<td>8.3%</td>
<td>84.5%</td>
<td>6.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.3.3</td>
<td>Data and information used effectively</td>
<td>0.5%</td>
<td>10.4%</td>
<td>83.9%</td>
<td>5.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.3.4</td>
<td>Information and communications technology</td>
<td>1.6%</td>
<td>9.3%</td>
<td>84.5%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>2.4.1</td>
<td>Health promotion, health protection and surveillance</td>
<td>2.6%</td>
<td>9.3%</td>
<td>78.8%</td>
<td>8.8%</td>
<td>0.0%</td>
<td>0.5%</td>
</tr>
<tr>
<td>2.5.1</td>
<td>Encouraging and governing research</td>
<td>3.6%</td>
<td>8.8%</td>
<td>37.8%</td>
<td>15.5%</td>
<td>0.0%</td>
<td>34.2%</td>
</tr>
<tr>
<td>3.1.1</td>
<td>Strategic and operational planning</td>
<td>0.5%</td>
<td>14.0%</td>
<td>83.4%</td>
<td>2.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3.1.2</td>
<td>Governance structures, delegations and financial management</td>
<td>0.5%</td>
<td>11.9%</td>
<td>82.9%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3.1.4</td>
<td>Non-clinical external services providers</td>
<td>0.5%</td>
<td>6.2%</td>
<td>87.0%</td>
<td>6.2%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3.2.2</td>
<td>Buildings, plant, equipment, supplies, utilities and consumables</td>
<td>0.0%</td>
<td>5.7%</td>
<td>90.2%</td>
<td>4.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3.2.3</td>
<td>Waste and environment</td>
<td>2.1%</td>
<td>9.3%</td>
<td>85.5%</td>
<td>3.1%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>3.2.5</td>
<td>Security management</td>
<td>0.0%</td>
<td>3.6%</td>
<td>91.7%</td>
<td>4.7%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
</tbody>
</table>

* Developmental criterion.
The remaining 31 EQuIP 4 criteria are the non-mandatory criteria that are only measured once in a four year accreditation cycle at an organisation wide survey (OWS). There were 193 EQuIP 4 OWSs in 2007–2008. At OWS, organisations must not have more than two high priority recommendations in non-mandatory criteria to receive full accreditation.

Performance assessment in the research criterion 2.5.1 Encouraging and governing research ranged from SA to OA. A significant proportion of organisations were able to demonstrate that this criterion did not apply to them on the basis that they never undertake or participate in research of any kind. There were 15.5% of ratings for this criterion at an SA level, indicating that a number of organisations have implemented processes for undertaking and governing research, but are yet to evaluate those processes. In contrast, despite having been introduced as a new criterion to EQuIP 4, this criterion received the greatest proportion of all OA ratings.

Performance assessment for criterion 1.5.5 Blood management is reviewed under the standard that assesses the provision of safe care and clinical services. Evaluation of the systems and processes that support safe blood management is required to gain an MA rating and was evident in only 54.4% of organisations surveyed. Thirty percent of organisations demonstrated that blood management was not applicable to their service provision. Among those organisations assessed against this criterion, none demonstrated performance that was rated outstanding (OA) and only one achieved an EA rating.

Areas that healthcare organisations perform well (OAs and EAs)

The highest assessment rating that an ACHS surveyor can allocate to an individual criterion is an outstanding level of achievement (OA). An organisation that is assessed in a particular criterion to be performing at an OA level is considered to be a leading organisation in the relevant field.

<table>
<thead>
<tr>
<th>Rating</th>
<th>Mandatory criteria (n454 surveys)</th>
<th>Non-mandatory criteria (n193 surveys*)</th>
<th>All criteria (n454 surveys)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OA</td>
<td>19</td>
<td>34</td>
<td>53</td>
</tr>
<tr>
<td>EA</td>
<td>926</td>
<td>503</td>
<td>1,429</td>
</tr>
<tr>
<td>MA</td>
<td>5,408</td>
<td>4,862</td>
<td>10,270</td>
</tr>
<tr>
<td>SA</td>
<td>0</td>
<td>348</td>
<td>348</td>
</tr>
<tr>
<td>LA</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>N/A</td>
<td>2</td>
<td>236</td>
<td>238</td>
</tr>
<tr>
<td>TOTALS</td>
<td>6,356</td>
<td>5,983</td>
<td>12,339</td>
</tr>
</tbody>
</table>

* Non-mandatory criteria are not reviewed at PR surveys.

The next highest level of assessment that can be allocated by an ACHS surveyor recognises an extensive level of achievement (EA) in a criterion. To be assessed at an EA level, there must be evidence across the organisation of advanced implementation systems and outcomes related to that criterion. An EA rating requires that the organisation is participating in external benchmarking, research processes or other equivalent methods to validate their level of performance.

In all EQuIP 4 surveys 2007–2008, a rating of outstanding achievement was awarded on 53 (0.4%) occasions, to 36 different organisations (20 public and 16 private). Mandatory criteria were assessed at an OA level on 19 occasions and non-mandatory criteria were assessed at an OA level on 34 occasions. Twenty seven (27) organisations received an OA rating on an Organisational-Wide Survey and nine received an OA rating on a Periodic Review survey.

Of all criteria surveyed in 2007–2008 (both mandatory and non-mandatory) a rating of extensive achievement was awarded on 1,429 (12%) occasions. Mandatory criteria were assessed at an extensive achievement level on 926 occasions and non-mandatory criteria were assessed at an extensive achievement level on 503 occasions.
Mandatory Criteria

For the 454 EQuIP 4 surveys that occurred in 2007–2008, 19 (0.3%) assessments in mandatory criteria were rated by surveyors at an outstanding (OA) level of achievement and 926 (14%) were assessed to be at an extensive (EA) level of achievement.

The outstanding achievement rating was most frequently awarded to mandatory criteria 1.1.4 Care evaluation (n5) and 2.1.1 Continuous quality improvement (n4).

Organisations that received an OA rating for 1.1.4 Care evaluation frequently demonstrated care evaluation using data from multiple sources with many demonstrated outcome improvements that resulted from their care evaluation processes.

Organisations that received an OA rating for 2.1.1 Continuous quality improvement demonstrated quality improvement across their entire organisation, involvement of all staff in a multidisciplinary model and had evidence of external recognition of their quality improvement activities.

Non-mandatory Criteria

For the 193 EQuIP 4 Organisation-Wide Surveys that occurred in 2007–2008, 34 (0.6%) of all ratings in non-mandatory criteria were assessed by surveyors to be at an outstanding (OA) level of achievement and 503 (8%) were assessed to be at an extensive (EA) level of achievement.

The extensive achievement rating was most frequently awarded to mandatory criteria 1.5.2 Infection control (n122) and 2.1.1 Continuous quality improvement (n100).

Organisations that received EA ratings for criterion 1.5.2 Infection control were frequently assessed to have excellent processes for monitoring infection control using multiple indicators that resulted in changes to processes and outcomes; good staff awareness of infection control issues and sophisticated planning and coordination of infection control throughout their organisations.

Surveyors comments about organisations that received EA ratings for criterion 2.1.1 Continuous quality improvement highlighted common themes related to performance monitoring resulting in improved process and outcomes, demonstrated commitment from governing bodies and senior managers to safety and quality and integration of risk management, strategic plans and quality improvement.

FIGURE 23: Allocation of OA and EA ratings to mandatory criteria 2007–2008 (n454)
### FIGURE 24:
Allocation of OA and EA ratings to non-mandatory criteria 2007–2008 (n193)

<table>
<thead>
<tr>
<th>Criterion</th>
<th>Relates to</th>
<th>OA</th>
<th>EA</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.1.6</td>
<td>Ongoing care</td>
<td>0</td>
<td>10</td>
</tr>
<tr>
<td>1.1.7</td>
<td>Decision making at end of life</td>
<td>2</td>
<td>20</td>
</tr>
<tr>
<td>1.2.1</td>
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The outstanding achievement rating was most frequently awarded to non-mandatory criterion 2.5.1 Encouraging and governing research (n7) and criterion 2.4.1 Health promotion, health protection and surveillance (n5).

Organisations that received OAs in 2.5.1 Encouraging and governing research generally demonstrated extensive evaluation of their research processes and governance, evidenced the positive influence that their research has on clinical practice and received external recognition for their research through presentations and publication of their research findings.

Organisations that received OAs in criterion 2.4.1 Health promotion, health protection and surveillance were organisations that participated in health promotion activities for their staff, consumers and communities. They showed leadership in the research and external sharing of their work which some organisations had done at an international level.

The extensive achievement rating was most frequently awarded to non-mandatory criterion 2.2.4 Learning and development system (n31), 1.6.1 Involvement of consumers (n27) and 3.1.1 Strategic and operational planning (n27).

Organisations that received EAs for criterion 2.2.4 Learning and development system frequently demonstrated strong learning cultures throughout their organisations, evaluated and improved their programs regularly and used innovative methods to access their workforce for learning and development.

Organisations that received EA ratings for criterion 1.6.1 Involvement of consumers demonstrated strong engagement with consumers. A number have groups of consumer advisors that advise and support the organisation and other organisations had consumer representation in their strategic planning processes. All were able to demonstrate improvements that had occurred as a result of having consumer participation in their organisations.

Organisations that received EA ratings for criterion 3.1.1 Strategic and operational planning were those that used best practice methods in their planning process. A number of organisations were noted for the integration and monitoring of their plans.
OA Organisation Summaries

Armadale Health Service, Armadale, WA

Mandatory criterion 2.1.1
The organisation’s continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.

- The survey team found evidence of organisation-wide involvement in, and commitment to, improving performance.
- There is a comprehensive policy and planning framework to support the quality improvement focus and actions.
- Staff achievements, results and outcomes are recognised throughout the organisation.
- There is also evidence of external recognition of both the outcomes, and the innovative and enthusiastic approaches to quality improvement by Armadale Health Service.
- The range of funds received by the Armadale Health Service over a period of time, indicates that projects undertaken by the organisation have been meaningful in terms of their outcomes, and able to be applied in other settings to achieve improvements in other health services.
- Armadale Health Service has been approached by other health services from within the region as well as elsewhere in the State and also from interstate, with requests to share policies, procedures, tools and approaches to common issues.
- Strong links are evident between quality improvement initiatives and risk management and safety issues, as demonstrated by the number of improvements that address clinical and general risks.
- There is widespread evidence of ongoing evaluation to ensure sustainability of improvements and/or identification of opportunities for further improvement.
- The satisfaction of staff with a new policy format was formally evaluated.
- Various departments/teams at Armadale Health Service have participated in research activities which help to identify opportunities for further improvement.

Barwon Health, Geelong, Vic

Mandatory criterion 2.1.1
The organisation’s continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.

- Barwon Health is committed to improving outcomes of care and service delivery and focuses on improving safety and continuous care and innovation by supporting staff in their improvement efforts and providing direction from the Board and Executive.
- The breadth of multidisciplinary innovations throughout Barwon Health is rarely seen in such a large and complex health service and the support provided by the quality and risk management team is notable.
- All improvements are well documented and evaluated and available in an intranet-based breakthrough and innovations library to assist dissemination of ideas.
- The degree of documentation and evaluation is not often seen in health services.
- Staff in all areas, both clinical and non-clinical are involved in wide-ranging improvements.
- Many of the activities that have occurred demonstrate clearly the principles of best practice in teamwork, reward and recognition and autonomy to initiate change. Many are transferrable across the health system and need a wider audience for dissemination.

Blue Care Southern Region, Biggera Waters, Qld

1.6.1
Input is sought from consumers, carers and the community in planning, delivery and evaluation of the health service.

- Blue Care Southern Region has a distinctive and remarkable approach to planning input from consumers.
- Strong linkages are forged at all levels of their communities from the first client contact to community groups that support Blue Care and partnerships are formed with external service providers that may or may not be in direct competition with Blue Care.
- Information and data informs service delivery and improvement.
- Multiple examples of collaborative work are seen such as the Positive Ageing Expo’s, Community Surveys and Stakeholder Forums. Many improvements have been made because of these surveys and forums. Fassifern Community Services implemented a RAPID (Respite Activity Performance Indicator Database) program to capture consumer input and involvement in day respite centre activities and to gauge their feedback in relation to the planning of delivery of care within the centre.
- The surveyors verified strong evidence of consumer training and volunteers’ support and satisfaction with their involvement in the organisation’s business and strategic planning.
- Blue Care Southern Region’s approach to consumer participation is compared with other organisations and demonstrates strong leadership and innovation in regard to consumer input.
Cabrini Health, Malvern, Vic

2.4.1
Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.

- Cabrini Health’s Foundation 49 promotes the health of men (49% of the population) not just in the local community, but throughout Australia. Initiatives of Foundation 49 include a free quarterly men’s health magazine (with a distribution of 10,000 copies across Australia), a website providing an online health assessment for men and health advice for men and their health professionals, a computer based health self-assessment package, the Decades of Life Program (a tool for health professionals to use in assessing disease risk and promote early detection of physical and mental illness), men’s workplace health checks and a community grants program.

- The community grants program in 2007 funded 22 men’s health activities in all States of Australia mostly in International Men’s Health Week (from 53 applications). Evidence was provided of detailed evaluation of client satisfaction, usefulness and/or effectiveness of each initiative with demonstration of good outcomes.

- Cabrini Health’s Tackling Bowel Cancer Foundation (connected with the Monash University Department of Surgery) promotes through its newsletters and website bowel cancer awareness and screening as well as supporting research.

- The Monash Department of Clinical Epidemiology at Cabrini Hospital has a large number of population health projects which currently include review of health literacy and evaluation of mass media campaigns for back pain and development of back pain management programs for use by general practitioners.

- Cabrini Health has well developed and evaluated health promotion programs and contributes to national and international initiatives and research in population health and is recognised as a leader in population health programs.

2.5.1
The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risk associated with research.

- The Cabrini Human Research Ethics Committee is well constituted and efficiently organised. It has a well organised web-based handbook to facilitate research application.

- Training is provided for committee members and researchers at least twice a year which has included participation of the Australian Health Ethics Committee in this training.

- There are monthly research seminars.

- The timeliness of approval of research projects is audited and demonstrates a highly efficient process with most issues that may impede ethics committee approval being resolved prior to committee review.

- An audit is conducted of all research projects as to whether approvals are complied with in relation to project team, consent, protocol, security, progress and findings.

- In addition to annual reports to the Privacy Commissioner and Australian Health Ethics Committee, Cabrini Health produces and widely distributes an annual Cabrini Research report.

- The congruence of excellent research support through the Cabrini Institute, the significant research being conducted by the research departments and the evaluated and demonstrated efficiency of the Cabrini Human Research Ethics Committee is exceptional, especially for a private health service.

- Evidence of external recognition includes the nomination of the Manager of the Cabrini Human Research Ethics Committee by the Victorian Department of Health and Human Services to be part of a team to accredit NSW Health Human Research Ethics Committees.

The Children’s Hospital, Westmead, NSW

1.1.7
Systems exist to ensure that the care of dying and deceased consumers/patients is managed with dignity and comfort.

- The Pain and Palliative Care Service, under the Medical Program, provides an outstanding service to the whole organisation in facilitating the care of dying and deceased children at the Children’s Hospital at Westmead.

- The service promotes the highest standards of care across the continuum, including the availability of state of the art tertiary inpatient, outpatient and hospice services (Bear Cottage), all very inclusive of family involvement in decision making and care.
Not only does the organisation meet the standards and criteria for planning, implementation, evaluation and benchmarking of palliative care services, but it also has provided leadership nationally and internationally in regard to palliative care services for children. This is evidenced by leadership in the development of national palliative care outcome measures and implementation of measurement for improvement and comparison; leadership in the establishment of a National Paediatric Palliative Care Reference group; fellowship training for the only paediatric palliative medicine position in Australasia; an annual National Symposium with an international keynote speaker and annual Service of Remembrance; and extensive publication and presentations around management systems in paediatric palliative care, that enhance the dignity and comfort of the patient.

This is an exceptional service and is recognised nationally, as well as internationally.

2.3.4 The organisation has an integrated approach to the planning, use and management of information and communication technology (I&CT).

The Children’s Hospital, Westmead is congratulated on its leadership and innovation in the use and management of information, and communication technology.

Some of the work includes:
- the electronic medical record and the integration with other systems, such as document imaging and microfilm
- the message centre for results notification
- input into required processes to support clinical services at a State level 24 hours a day, seven days a week
- collaborations which have benefited NSW Health such as the State’s web e-learning portal.

The I&CT strategy supports ongoing innovation and improvement.

There is excellent collaboration, information sharing and education occurring between I&CT and other hospital staff.

I&CT staff are active in publishing their work.

Dental Health Services Victoria, Carlton, Vic

2.4.1 Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.

The organisation has a strong focus on providing better oral health for its patients and the wider community with a range of health promotion strategies evident, along with a dedicated committee and associated working groups working to foster deliberate improvements.

Dental Health Services Victoria’s Health Promotion Unit has implemented a range of initiatives to educate the Victorian community about the importance of maintaining health and well-being, and in particular oral health.

The organisation fosters and encourages health promotion research.

The Child Oral Health Literacy Research Project creates a benchmark for Victoria in oral health literacy, a burgeoning area of oral health.

The Smiling Schools, Smiles 4 Miles and interactive children’s website programs are clearly demonstrating improved oral health outcomes for children.

Performance indicators are used to evaluate the effectiveness of population health programs.

The targeted programs for children, together with other community collaborations, staff health initiatives and linkages to other external organisations provide very strong evidence that Dental Health Services Victoria is a leader in health promotion in Australia.

The Digestive Health Centre, Dandenong, Vic

Mandatory criterion 1.1.4 Care is evaluated by healthcare providers and when appropriate with the consumer/patient and carer.

The Centre has in place numerous forums to evaluate the care provided and any variances that may occur. These include the Medical Executive Meetings using the Defined Events Register and QPS benchmarking results.

The published journal article on the positive outcomes of the establishment of the Pre-Assessment Clinic and the structured approach to ensuring best practice discharge protocols supports the organisation’s rating of OA.

Epping Surgery Centre, Epping, NSW

Mandatory criterion 1.1.1 The assessment system ensures current and ongoing needs of the consumer/patient are identified.

There was evidence of excellent, well managed systems and processes for the assessment of patients and their care at Epping Surgery Centre.

Nurses in management roles in the day surgery setting have a key responsibility in being active members of the partnership with the clinical team.

The surveyors commend both clinical staff and management on their considerable involvement in the evolution of the comprehensive patient pathway and discharge risk screening record used to document all aspects of the episode of care.

Epping Surgery Centre was involved in a pilot project by the NSW Health Department and feedback acknowledged the high standard of quality care provided by the organisation. This external recognition puts the Epping Surgery Centre in the forefront of ophthalmic surgical care within the State.
Epworth HealthCare, Richmond, Vic

2.5.1
The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

Epworth HealthCare fosters and encourages research through the commitment of senior leadership, partnerships with universities and other centres, the chairs of Nursing Research and Neuropsychology, the provision of time release to clinical coordinators and graduate nurses doing honours programs, plus other staff members doing higher education studies to be active in research projects, and the developing structure of the Clinical Institutes.

The research policy is well established and complies with required standards, codes of conduct and legislation. Consenting processes, data security and storage comply with requirements.

The governing body clearly demonstrates responsibility for research and the Human Research Ethics Committee (HREC) reports directly to the Board of Directors.

Staff are aware of the research policy via the intranet and internet.

Ethics approval processes are timely as evidenced by the HREC research register and interviews with clinicians.

Scientific review standards are excellent and researchers are appropriately trained and qualified.

Terms of reference, position descriptions and agreements with partnership organisations outline the responsibilities of parties involved in research. Planning for research involves consumers, researchers, quality and safety drivers.

Performance indicators reported include the number of HREC submissions and approvals, timeliness of HREC approvals, attendance of committee members at HREC, submission of HREC progress reports, amount of research funding received, publications, presentations to national and international conferences, and external awards received.

Research outcomes are extensive and there are many examples where research outcomes have been used to inform improvements in healthcare delivery.

External evaluation of research governance has occurred through voluntary review by the National Health and Medical Research Council of HREC processes, peer review against other ethics committees associated with multi-centre trials, evaluation of research governance process and research outcomes, by external funding bodies as part of application processes, and on-site audit of research and research governance processes by research funding bodies for example, pharmaceutical companies.

Evidence of leadership in research includes announcement by the Federal Government in the 2008 budget of funding for the establishment of the Epworth HealthCare Prostate Cancer Research Centre – one of two national centres to be developed.

During 2007–08 the Centre had 12 papers published or accepted for publication in international journals and eight presentations were made at national or international conferences.

A study on the outcomes for patients undergoing surgery for localised prostate cancer (robotic assisted) has been presented internationally and was awarded the prize for best scientific paper at a meeting of the Australian and New Zealand Urology Nurses.

Eye Tech Day Surgeries and Eye Tech Southside, Upper Mt. Gravatt, Qld

1.6.2
Consumers/patients are informed of their rights and responsibilities.

Eye Tech Day Surgeries informs patients of their rights and responsibilities and complaint documentation through wall displays, their website, and the patient booklet.

The patient booklet is very informative, easily readable and understandable and assists patients’ awareness of their rights and responsibilities. The patient booklet has been shared with numerous organisations over the past three years. It has undergone nine reviews. The current printing includes information regarding guide dogs and more information on population health.

All patients and carers are given the booklet prior to admission as pre-reading information.

Policies and procedures for privacy, complaint management, confidentiality and informed financial consent are found in the clinical support manuals.

Staff are updated and educated by the company solicitor on privacy and current medico-legal topics every two years. The lectures are evaluated by the staff present and feedback is given to the management and the company solicitor.

All patients are required to fill in and sign the privacy consent form on admission. Two percent require privacy considerations and these patient files are flagged.

All staff sign a confidentiality agreement as part of an employment agreement when first employed.

All booked patients receive informed financial consent which is signed by the patient and kept in the medical record.
The organisation has provided consultancy support to other hospitals within Australia and New Zealand.

Karitane, Villawood, NSW

**Mandatory criterion 1.1.2**

Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.

- A great deal of planning occurs within the organisation.
- The Clinical Governance Committee undertakes priority planning and reviews progress.
- A Research Officer was appointed three years ago as a support for research and clinicians. This initiative has the full support of the Board of Karitane, which has provided ongoing funding for the position.
- Planning and delivery of care is commenced with assessment of goals expected during the admission, and there is an agreed plan of management for each client.
- A case management plan exists for the specific issues that are dealt with at Jade House, a specialised day stay and counselling unit for women. A Residential Unit Client Handbook is also available to assist in planning care. Important services that have been developed are the Clinical Practice Improvement Committee, the Juvenile Justice Program and the Karitane Toddler Clinic.
- The Juvenile Justice Program was developed to fill a perceived gap in the care of young mothers who are in prison.
- The Karitane Toddler Clinic was commenced in 2005. Research was conducted to determine evidence-based medicine relating to toddlers. The Registered Nurse supervising the Clinic was seconded to the USA to train in a Parent Child Interaction Therapy program. This program was piloted in Karitane, and reviewed by the Research Officer to determine outcomes. An assessment is based on several review scales. These include the Child Behaviour Checklist, the Eyeburg Child Behaviour Inventory, the Parenting Stress Index, the Edinburgh Postnatal Depression Scale, and the Depression Anxiety and Stress Scales. Karitane provides education on the program for other similar services, and health professionals within the specialty field.

**1.6.3**

The organisation makes provision for consumers/patients from culturally and linguistically diverse backgrounds and consumers/patients with special needs.

- The Karitane Volunteer Program is a superb example of catering for clients from a Culturally and Linguistically Diverse (CALD) background. There are more than 100 active volunteers involved in the program.
- Provision of home visits to clients in this group is excellent where clients have religious or cultural impediments to attending Karitane facilities.
- The Karitane Volunteer Training Program and handbook have been translated into several different languages, and a coordinator provides ongoing support and advice.
- There are many and diverse programs supported by the Karitane Volunteer Program; these include Kouri Kids Dance Group, Dads Having a Say, and involvement in the International Day of the World’s Indigenous Peoples.

Karitane Volunteer Program is represented on many State and National advisory groups. They are developing a Certificate IV course in Community Parenting that is to be adopted nationally and internationally. Other bodies that they contribute to include, the NSW Industry Training Advisory Body, the NSW Department of Community Services Learning and Development Committee, and there is a Memorandum of Understanding between Karitane and the NSW School of Volunteer Management.
Karitane Volunteer Program has international recognition for their multicultural services, volunteer training programs and their translations into languages that are prominent in the community from which their clients come.

The Karitane Volunteer program is prominent in satisfaction surveys and multilingual translation of brochures for Rights and Responsibilities, privacy policies and procedures.

Latrobe Regional Hospital, Traralgon, Vic

2.3.2 Information and data management and collection systems are used to help meet the strategic and operational needs of the organisation.

The organisation has developed a suite of data management systems that assist staff to meet their obligations in respect to budget management, reporting and compliance.

These systems have been benchmarked, upgraded and quality checked in order to provide a continuously improved product.

3.1.1 The organisation provides quality, safe care through strategic and operational planning and development.

The Department of Human Services (Vic) Statement of Priorities guides the strategic planning process.

Led by the Chief Executive Officer and Executive team, the strategic planning framework, process and reporting is impressive and inclusive of many participants.

The vision and mission values are well displayed throughout the Latrobe Regional Hospital.

The communication to staff and the community about the plans, including through The Latrobe Way is exceptional.

There is strong evidence of overcoming challenges and effective use of change management strategies.

There is ample evidence of evaluation and resulting changes in many clinical and non-clinical areas.

3.1.2 Governance is assisted by formal structures and delegation practices within the organisation.

The Latrobe Regional Hospital structure, the governing body roles and responsibilities, well defined committee terms of reference, comprehensive board and committee minutes and Board attendance registers are well organised and maintained.

The surveyors were particularly impressed with the advance questions on notice provided to the Board Chair and the prompt responses provided, where indicated, by Management. The orientation, education, participation and evaluation of the Board and its members are equally well managed.

There is evidence of current policies and procedures for financial management and budget development.

Annual reports are regularly produced and there is evidence of compliance with legislation.

The surveyors were unanimous in their praise for the strong leadership which has supported the many achievements of the staff, management and Board.

Mandatory criterion 3.1.5 Documented corporate and clinical policies assist the organisation to provide quality care.

Policy and protocol development within this organisation are at a high state of maturity. The underlying philosophy is sound and supports the innovation provided by the technical solutions currently being trialled.

The surveyors were impressed with the level of checks and balances built into the system particularly the review by legal counsel.

Policy development and review is characterised by a consultative approach examples of which were provided to the surveyors.

The electronic version of policy is linked to BACeS (a software tool to assist healthcare facilities to report on compliance with State and Commonwealth regulations). The fact that it is used by many other health units is an indication of its status as one of the leading systems in its field. The organisation is commended on its approach to the development of this framework and the leadership role it plays in promoting the product.

Manning Rural Referral Hospital, Taree, NSW

3.2.3 Waste and environmental management supports safe practice and a safe environment.

Manning Rural Referral Hospital demonstrates responsible environmental practices in relation to waste management.

Data evidenced indicates significant monetary savings and waste reduction over several years dating from 2001.

The program in place has been evaluated and benchmarked, and is recognised both internally and externally as a leader in the field.
Numerous awards have been received. These have been health and non-health related. An ‘A’ score has been achieved in the Occupation Health and Safety Numeric Profiles since the program has been running.

The outcomes and achievements made at Manning Rural Referral Hospital have been shared with other sites and facilities.

The manager of the unit has been invited to provide consultation to other external agencies keen to achieve like results. NSW Government Waste Reduction and Purchasing Policy (WRAPP) profiled the Manning Rural Regional Hospital program as a way to reduce waste.

**Mater Misericordiae Private Hospital, Cleveland, Qld**

3.2.3 Waste and environmental management supports safe practice and a safe environment.

The organisation should be congratulated on the extensive work and effort in this area and in the development and application to a healthcare facility of the Ecobiz Certification system.

The organisation has been recognised as a leader in the safe and consistent management of waste.

**Melbourne Health, Parkville, Vic**

2.5.1 The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

The commitment to clinical and benchside research at Melbourne Health, especially at the Royal Melbourne Hospital and the Orygen mental health service, is absolutely outstanding.

There is a very high level of commitment, with much evidence of proven results being converted to improved clinical practice.

The Division of Research has a director with a proven international reputation, and who is also a full professor at the University of Melbourne. There are 686 research projects that are active at the health service.

The research department at Melbourne Health has now published almost 1,000 journal articles in the last two years, 36 in peer reviewed highly reputable journals, and many in journals such as the New England Journal of Medicine and Science.

There have been many recent international awards to Melbourne Health researchers, and invitations to deliver keynote addresses at international conferences. International visitors to Melbourne Health in recent time have included the chairman of cardiology at the Mayo Clinic in America, and a research professor of medical genetics from Cardiff, Wales.

There is a Research Advisory Council which brings together the key components of research governance, and provides expert advice to the Board of Melbourne Health on all matters relating to research. This council oversees the research governance framework, and the ongoing review and refinement of the research strategy.

The staff of the office of the research directorate is responsible for meeting the research governance framework, and they provide comprehensive hands on assistance and advice about research ethics, budgets, contracts, grant management and employment of research staff, and provide mentoring.

The research directorate was able to produce a 19-page document setting out a large number of situations where research outcomes had been translated into clinical practice in areas such as immunology, medical oncology, colorectal medicine, as well as the intensive care unit and anaesthetic department.

3.1.4 External service providers are managed to maximise quality care and service delivery.

The organisation has undertaken a comprehensive and extremely thorough approach to the management of external contractors.

An in-house approach to managing a range of identified risks has resulted in the development of a standard agreement for the provision of services which is used for all contractors, a template for approval and signing of contracts, and the development of a computerised tool for the recording, approval and management of all external contracts.

The organisation has benchmarked its approach with other health services, with verifiable evidence that its system is recognised as superior to its benchmarking partners.
The organisation has been recognised by the Victorian Managed Insurance Authority as a leader in Victoria in the management of external service providers.

**Mandatory criterion 1.1.1**
The assessment system ensures current and ongoing needs of the consumer/patient are identified.

- A comprehensive and extensive patient assessment system at the Ophthalmic Surgery Centre ensures that patient suitability for surgery is addressed.
- The clinical staff involvement in the development and implementation of systems and process documentation is commended.

**Peel Health Campus, Mandurah, WA**

- Benchmarking trends are discussed at regular quality activity meetings. These results are analysed and improvements made as indicated.

- Feedback provided by NSW Health regarding the fulfilment of a tender for public cataract patient care indicates the high quality of service provision by the Ophthalmic Surgery Centre within the State.

**Perth Clinic, West Perth, WA**

**Mandatory criterion 1.1.4**
Care is evaluated by healthcare providers and when appropriate with the consumer/patient and carer.

- The surveyors were impressed with the number of outcome measures being collected, with this data provided to consumers / patients in graph form with feedback of their progress in one-to-one sessions.

- Care plans are developed including allocation into appropriate group programs (inpatient or day patient) with ongoing monitoring and feedback.

- Group therapy sessions are also evaluated using the collected data for quality improvement of the group content.

- It is noted that Perth Clinic actively participates in the National Centralised Data Management Service (CDMS) and benchmarking outcomes against those of other private organisations, as well as their benchmarking partner organisations.

- Care plans are reviewed twice daily by nursing staff, in collaboration with the treating team and the psychiatrist. Treatment evaluation is continual. Risk assessment dictates restrictions to leave.

- The wellbeing index provides feedback to patients. HoNOS and DASS scores are visually graphed for the patients to review their progress. There is a case review if the patient exceeds the expected length of stay for that diagnosis, and at 20 days.

- There is extensive training for staff in all outcome measures and there is a high level of satisfaction by staff with this training.

- Risk assessments are completed at admission on suicide, self-harm and falls and these risk areas are monitored during the episode of care.

- It is also noted that Perth Clinic is one of a very small number of organisations using the Consumer Perceptions of Care outcome measure to monitor consumers’ satisfaction.

- A number of internal surveys to assure satisfaction are also conducted.

- Carers are also encouraged to provide feedback on care delivery and service.

- A number of articles have been published in peer review journals and conference participation nationally and internationally was also noted.

- Appropriate evidence was provided to assure the survey team that Perth Clinic is a leader in the evaluation of care as demonstrated by its processes and patient/ consumer outcomes.

**2.3.3**
Data and information are used effectively to support and improve care and services.

- The surveyors were impressed with the Perth Clinic’s multiple uses of data to improve clinical care.

- A number of key committees have been established to oversee, develop, initiate and monitor the use of the data collected. The Clinical Improvement team plays a critical role in these processes.

- Patients are provided with graphs, following entry of data into the touch screen detailing their progress. This is discussed with them, and is used to improve clinical care.
Two international presentations have been made and three nationally on the collection and use of data.

The Clinic has been awarded two grants by health funds to further the work currently being undertaken in this area, particularly on the Well-being Index.

2.3.4
The organisation has an integrated approach to the planning, use and management of information and communication technology (I&CT).

The Perth Clinic’s IT Department is very active in key areas of clinical care. Surveyors were impressed with the wide use and management of information collected, including safe storage and internal transfer.

Data is transferred in real time, ensuring up-to-date information is always available in areas such as bed availability and suicide risks, to name a few.

Numerous workstations are located throughout the various areas of the Clinic, allowing staff to be constantly updated on patient status, access to reports and data.

The Clinic has clear documentation in regard to managing risks and failures within the IT systems and network.

The Clinic is a leader in the collection and dissemination of patient outcome data and benchmarks with other private hospitals.

The surveyors were impressed with the ethos of continual quality improvement, updating, monitoring and use of technology.

Peter MacCallum Cancer Centre, East Melbourne, Vic

Mandatory criterion 2.1.2
The integrated organisation-wide risk management policy and system ensure that corporate and clinical risks are identified, minimised and managed.

There is a comprehensive risk management strategy and framework, led by the Chief Executive and the Board.

An external review by the Victorian Managed Insurance Authority assessed the Hospital as being a ‘benchmark’ organisation in relation to its risk assessment and risk management (as detailed in the 2006 Risk Framework Quality Review).

The integrated approach to risk management in clinical and corporate service delivery was apparent in discussions with staff and executives, and the Hospital’s systematic approach to reviewing legislative compliance was robust.

There was good evidence of information arising from risk management activities being routinely used in service delivery and improvement.

Prince of Wales Hospital and Community Health Services, Randwick, NSW

2.5.1
The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

Prince of Wales Hospital and Community Health Services is one of the country’s leaders in medical, biomedical and nursing research. Some of the laboratories are world class in structure, function and output.

The infrastructure for research and ethics is commendable.

The outstanding contribution to knowledge made through the research activities at the Prince of Wales Hospital is internationally recognised.

The Queen Elizabeth Hospital and Health Service, Woodville, SA

Mandatory criterion 1.1.2
Care is planned and delivered in partnership with the consumer/patient and when relevant, the carer, to achieve the best possible outcomes.

Care delivery is achieved through well documented clinical pathways and care plans.
A multidisciplinary approach is adopted in all clinical departments.

- Patient treatment goals and objectives are discussed with the patient and relative care givers.
- The Consumer Advisory Council takes an active role in identifying consumers’ satisfaction with the delivery of their care and treatment.
- Patients receive a comprehensive range of education material to inform them of their treatment options and anticipated clinical outcomes.
- The program Advance Directives, Respecting Patient Choices clearly advocates the involvement of patients, carers, clinicians and community services.
- Staff competencies are assessed across all clinical areas, with many links to annual mandatory training such as basic life support and medication management. Further planned education programs have been identified in relation to medical staff cardio-pulmonary resuscitation, and emergency response allocations and responsibilities.
- Nurse practitioner models have been introduced to support and complement the delivery of clinical services.
- Senior clinicians have also embraced this very collaborative approach to patient care delivery, particularly in ear, nose and throat, and the emergency department.
- Variance analysis and length of stay outliers are used to monitor patient care outcomes and review patient care deliverables.
- Considerable work has been conducted by the pharmacy department in relation to medication management. Medication chart reviews and the implementation of clinical pharmacists in the emergency department, preadmission clinic and the wards are commended. This clinical resource has provided timely evaluation of prescribing errors and drug related interactions to the medical staff, to reduce the incidence of medication adverse events occurring.

**Mandatory criterion 1.1.4**

Care is evaluated by healthcare providers and when appropriate with the consumer/patient and carer.

- Care evaluation incorporates individual care needs, the analysis of clinical indicator data, and evaluation of results from audits and adverse event reports.
- There is significant involvement from management, staff and senior clinicians in the evaluation process.
- Improvements in length of stay, infection rates and the introduction of new technology and clinical procedures have resulted in improvements in the delivery of patient care.
- Significant international status has been achieved in the fields of renal transplant and ear, nose and throat surgery.
- Mortality and morbidity reviews are well documented and reported to all surgical disciplines.
- New clinics have been established, such as the spinal assessment/pain management clinic, to identify patients in need of acute intervention versus chronic pain management. This initiative has allowed clinicians to prioritise operative cases and initiate alternative treatments.
- Patient satisfaction surveys are conducted, as well as post-operative phone evaluations.

**Mandatory criterion 3.2.1**

Safety management systems ensure safety and well being for consumers/patients, staff, visitors and contractors.

- The Queen Elizabeth Hospital has an excellent framework and approach to safety management systems across the organisation.
- A number of the initiatives and innovations from The Queen Elizabeth Hospital have been adopted both statewide and nationally.

- More than 87% of staff in high risk areas have been fit tested for personal protective equipment following the Severe Acute Respiratory Syndrome (SARS) outbreak, and the South Australian government has adopted the The Queen Elizabeth Hospital initiative on a statewide basis.
- There is a custom built decontamination unit outside the emergency department, which has been used on a couple of occasions to date and which equips the department to deal with any major disaster.
- There is an active injury prevention and management unit, which actively assesses and manages risks to patients and staff. The unit has developed a workplace health and strategy plan.
- There are innovations, for example, the Staminait’s drip stand developed in-house to assist in the safe transport of patients on intravenous therapy, which has been adopted interstate.
- There are regular testing and inspections of emergency systems including call bells, duress alarms, paging and equipment.
- The use of cytotoxic lavage in the operating room was the impetus to put in place a safety management system for this purpose, with the assistance of an occupational hygienist.
- There is a robust sustainment program, with appropriate clinical input in respect of priority setting, which addresses the short term management of maintenance issues, despite the fact that there is a long term redevelopment plan pending.
- There is a well documented testing schedule and management plan for the detection and control of legionella in the many (approximately eleven) cooling towers at the site, which complies with AS/NZS 3666–2002.
There are good maintenance and asset management systems administered by the supply and biomedical engineering departments, both of which monitor relevant key performance indicators, including customer satisfaction surveys.

There are effective contract management practices.

There are well established and documented procedures for business continuity in the event of an information technology disaster. The security service is provided by a private provider and managed effectively by the organisation.

Workplace health statistics are collected and benchmarked internally and externally across Central Northern Adelaide Health Service, with The Queen Elizabeth Hospital comparing well in the league table.

A recent WorkCover evaluation revealed that The Queen Elizabeth Hospital has had a significant reduction in long term WorkCover claims, and has a lower injury duration rate than most other comparable institutions.

The organisation won a Self Insurers’ Award of South Australia for injury management; an employer of the year award in the SafeWork Awards 2005 and, in a recent risk engineering report from SAICORP assessing quantitatively risk assessment of inherent hazards and risk control procedures, achieved a rating of Excellent, all of which are a testament to the recognition of The Queen Elizabeth Hospital’s commitment to providing a safe environment for patients and staff.

The organisation is recognised as a statewide and national leader in many endeavours pertaining to workplace health and safety for staff and patients.

Queensland Tuberculosis Control Centre, Annerley, Qld

1.6.3 The organisation makes provision for consumers/patients from culturally and linguistically diverse backgrounds and consumers/patients with special needs.

The organisation has policies and procedures that reflect the cultural and linguistic diversity of the patients.

Systems are in place and subject to regular review and improvement to meet the needs of the patients.

The organisation is a leader in understanding and catering for the special needs of patients presenting to the service.

Information is provided in a form that supports quality care.

The organisation participates in national and international bodies and is a leader in demonstrating models of care.

Royal Brisbane and Women’s Hospital Health Service District, Herston, Qld

3.2.3 Waste and environmental management supports safe practice and a safe environment.

The waste management team is supported by a waste management committee, with a clearly documented plan outlining measures to ensure the continued improvement of this important service. Priorities include waste handling safety, process improvement, and additional waste segregation initiatives.

Flyers and posters are used to promote staff awareness of waste management initiatives, and ongoing requirements such as correct disposal. Feedback is provided to the department heads on issues identified in waste audits.

Bin audits are carried out using full Personal Protective Equipment (PPE), with inspection of general and clinical waste bags to identify incorrect waste segregation and unsafe items. Samples from each floor are audited quarterly.

Waste management Key Performance Indicators are generated through weighing waste bins, this ensures accuracy in reporting.

Reports are regularly produced showing monthly amounts of each category of waste in kilograms per occupied bed day. This has enabled the long term internal benchmarking showing consistent improvements since 1996. This data is used to benchmark with other sites in the Area Health Service.

Recycling measures are well supported by the waste contractors. As a result of contract negotiations and site volumes, there are a number of categories of recycled materials which are removed from the site at no cost. The volume of cardboard recycled has lifted to the level where a compactor has recently been installed. This has reduced the manual handling required with the previous bin system.

The waste management team has negotiated for the introduction of a bin tracking system with the new waste management contract. This is an excellent initiative and supports the services continuing leadership position in the area of hospital waste management improvement. This initiative is under consideration in other sites within the Area Health Service.
Royal Children’s Hospital, Parkville, Vic

2.4.1
Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.

- A range of improved outcomes are noted, for example, increased rates of patient influenza vaccination, resources available through the Royal Children’s Hospital Safety Centre and the festival promoting mental health in children and young people.

- Proactive planning with the research undertaken.

- Staff are congratulated on the impressive body of national and international research activities undertaken by the Centre of Adolescent Health and the Centre for Child Health Research.

Royal District Nursing Service, St Kilda, Vic

1.6.3
The organisation makes provision for consumers/patients from culturally and linguistically diverse backgrounds and consumers/patients with special needs.

- The Royal District Nursing Service has placed a high priority on ensuring there is provision made for consumers/patients from culturally and linguistically diverse backgrounds to have their clinical care and special needs managed respectively.

- Staff receive comprehensive education to ensure they can be culturally sensitive at all times.

- Staff know about the support services available to them to provide these services.

- Extremely innovative packages have been developed to provide clinical education to clients in their own language, for example, Macedonian Diabetes Education Package. The packages are continually being evaluated by the appropriate cultural groups.

- Communication strategies are extremely thorough to ensure information is delivered in accordance with the clients’ physical deficits and educational needs.

- Nursing staff are allocated time each week to deal with issues related to diversity.

- Key documentation is available on the Royal District Nursing Service intranet list in 27 languages.

- Multicultural support nurse practitioner positions have been developed to support clients and staff.

- The Royal District Nursing Service Homeless Persons Program is held up as the benchmark for services caring for homeless persons. The patients needs covered include: mental illness, complex care needs, mental disability to name a few.

- Royal District Nursing Service has developed ten translation standards and a tick symbol for identifying a document that meets these standards. The tick symbol has now been registered. Other organisations are now seeking approval to use the symbol. This is evidence that the Royal District Nursing Service is the leader in providing for consumers/patients from culturally and linguistically diverse backgrounds and consumers/patients with special needs.

Royal District Nursing Service of SA Inc, Glenside, SA

Mandatory criterion 1.5.2
The infection control system supports safe practice and ensures a safe environment for consumers/patients and healthcare workers.

- All staff have been educated on infection control precautions, with regular training undertaken.

- Policies, procedures and clinical guidelines are in place and staff are well aware of their responsibilities in the client’s home. Staff order and manage their own supplies used in the home.

Royal District Nursing Service of SA communicates its infection control results with similar interstate groups and is active in research relating to infection control.

2.5.1
The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

- The Royal District Nursing Service of SA research unit provides an outstanding service for the organisation and the clients and the wider community. The unit consists of three staff educated to PhD level and an administrative officer. The academic staff are accredited with adjunct appointments at various universities in South Australia.

- The management of the unit conforms with all necessary standards and research is undertaken in accordance with National Health and Medical Research Council guidelines.

- The Royal District Nursing Service of SA has an ethics committee which approves and guides the approved research projects. The unit, since its inception, has written in excess of fifty evidence-based clinical newsletters, four books, including a major text on Wellbeing in the Community, 26 chapters for books and 69 refereed journal articles.

- All clinical policies are evidence based, and Direct Health call centre guidelines are all evidence-based.

- The Research Unit provides an exceptional evidence-based research and evaluation service to the organisation, the nursing profession and the community as a whole.
Royal Prince Alfred Hospital, Camperdown, NSW

Mandatory criterion 1.1.4 Care is evaluated by healthcare providers and when appropriate with the consumer/patient and carer.

- Excellent examples of healthcare evaluation and improved clinical practice were seen in many clinical areas surveyed. There were examples of both individual and group patient care evaluation and patients were involved along with carers in the evaluation of their care. This was particularly impressive in the Cancer Services department and in the reduction of the elective surgery waiting lists (Categories A+C).
- There were many examples of repeated patient care surveys and multidisciplinary care reviews that had led to improved patient outcomes, following evaluation of the results.
- There was evidence of the collection and monitoring of Key Performance Indicators, and morbidity and mortality review processes involving all clinical staff groups to review individual and collective outcomes.
- There was also evidence of both national and international benchmarking, leading to evaluation of some ongoing treatment and patient management, and improved outcomes.
- There were examples of outstanding leadership in the provision of treatment, especially in the Bone Tumour Database including Soft Tissue Sarcoma with world leading survival rates for osteosarcoma, and limb salvage surgery following reimplantation of the irradiated bone.
- The Royal Prince Alfred Hospital plays a leading role in the Australian and New Zealand Organ Donation Registry and has been instrumental in the development of national donor policies, which have played a key role in increasing organ donation and transplantation rates nationally.

- The Royal Prince Alfred Hospital has Australia’s largest liver transplant unit and has been involved with new developments involving split liver transplants, living donor liver transplants and incompatible Blood Group Donor Kidney Transplants.
- Innovative dietetic review of ICU patients has led to significantly better outcomes for these patients and these outcomes have been internationally benchmarked.
- Radical pelvic exenteration surgery for rectal cancer has also been demonstrated to lead to better survival rates, even in the most severely ill group (up to 36% at five years) when compared to palliative radiotherapy and chemotherapy survival of 5% at five years.
- The Royal Prince Alfred Hospital contributes to a number of national databases. Through collaboration with the National Cystic Fibrosis Registry, the Adult Cystic Fibrosis Clinic has been involved in developing specific Australian clinical practice guidelines and a national database.
- All elements of the MA and EA ratings were assessed as being present, and the survey team agreed with Royal Prince Alfred Hospital’s OA self-rating, as a leader in the evaluation of care for this criterion.

The Royal Women’s Hospital, Parkville, Vic

2.4.1 Better health and wellbeing for consumers/patients, staff and the broader community are promoted by the organisation.

- The hospital’s efforts in the promotion of population health have international recognition.
- The hospital happily contributes to national and international initiatives and research in population health as it sees this to be an important aspect of its role.

- Its advice on women’s health issues is regularly sought by government, other organisations and community health services.
- Health promotion programs are developed having regard to population health data and National and State priorities.
- Many of its programs are delivered through cooperation with a range of other providers, optimising the effectiveness of delivery.
- Programs are evaluated for effectiveness and improvements made, as appropriate.

2.5.1 The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

- An external review of research governance and the research program was undertaken and the report of this review has guided further development.
- The extent to which individual staff members and clinical streams are participating and cooperating in research programs is truly creditable.
- There is a very strong culture of research throughout the whole organisation and there is both national and international recognition of its research program.
- There is an impressive catalogue of publications which have emanated from the research.
As a result, recurrent funding has been provided and the whole service has the capacity to respond to the needs of patients and carers in order to keep people at home.

Aggregated data about symptom assessment was reviewed by surveyors and it was evident that substantial improvements in symptom control are gained from the time the patient is admitted to the service, and that these are maintained for most symptoms until the patient dies. Symptoms identified where there is limited improvement such as breathing problems and fatigue are the subject of current research projects.

Surveyors found advanced systems in place to coordinate patient care in an effective way. Information sharing through Comcare, a comprehensive healthcare record in the patient’s home, and a range of resources available to meet identified patient/carer needs works for excellent outcomes, for example, 90%+ carer satisfaction with the service.

The Silver Chain Hospice Care Service is playing an important role in the development of specialist medical practitioners who will have extensive exposure to community care and develop skills and knowledge relevant to keeping patients out of inpatient facilities for the majority of their illness trajectory.

Surveyors found that the Silver Chain Hospice Care Service provides a significant level of clinical and policy leadership in the care of people who are dying and their carers. This was demonstrated through comprehensive care systems, ongoing evaluation, collaborative clinical research to improve its care models and patient outcomes, dissemination of findings and changes to practice, and consistent achievement of the high benchmarks the service has set for itself.

In addition, surveyors observed that all levels of staff and volunteers upheld the values of the service and its objectives. The level of demonstrated expertise and leadership in palliative care were found to be consistent with an OA rating.
2.3.2 Information and data management and collection systems are used to help meet the strategic and operational needs of the organisation.

- All elements to MA are met.
- The unique data system now in place was developed internally following extensive research of other systems.
- The data system is used by the Royal District Nursing Society and is in the process of being sold to an IT provider due to extensive interest by other healthcare providers.

St Andrew’s War Memorial Hospital, Brisbane, Qld

2.5.1 The organisation’s research program promotes the development of knowledge and its application in the healthcare setting, protects consumers/patients and manages organisational risks associated with research.

- The St Andrew’s Medical Institute (SAMI) has the aim of building a centre of excellence for clinical outcomes research. It is governed by the St Andrew’s Medical Institute Foundation Limited Board and is in effect jointly managed by the St Andrew’s War Memorial Hospital and its medical staff.
- It is developing performance standards and methods to inform clinician-led change to improve patient outcomes.
- St Andrew’s Medical Institute is endorsed by the National Health and Medical Research Council (NHMRC), is an Australian Taxation Office Approved Research Institute and its Research Committee is maintained in accordance with NHMRC guidelines.

- Research proposals (on the National Ethics Application Form) have ultimate review by the Uniting Healthcare Human Research Ethics Committee which operates in accordance with National Health and Medical Research Council (NHMRC) guidelines.
- St Andrew’s Medical Institute has provided impressive support to clinical outcomes review at St Andrew’s War Memorial Hospital. This includes the maintenance of the recently commissioned ‘Dendrite’ database which enables data analysis of clinical outcomes in each specialty of care.
- Particularly impressive is the way clinical outcomes information has been analysed practitioner by practitioner and for the hospital as a whole and benchmarked against the performance of other practitioner, College and hospital groups internationally.
- The systems for clinical outcomes research are reviewed, evaluated and continually improved and improvements in healthcare are well demonstrated.
- The role of St Andrew’s Medical Institute has been recognised by the Queensland Government by being awarded (with university and other collaboration) a grant over three years from the Innovation Fund of the Smart State Strategy to continue its work on Applied Medical Intelligence.

St John of God Hospital, Subiaco, WA

3.2.3 Waste and environmental management supports safe practice and a safe environment.

- Waste and environmental management is outstanding.
- St John of God Hospital Subiaco has an excellent Environmental Action Plan (linked to the Operational Plan) and Waste Management Plan. This is regularly reviewed by the Environmental Action Team (also known as the Environmental Stewardship Committee).
- Each department has an environmental representative and there is a dedicated environmental management officer.
- There is good staff awareness of waste and environmental management and there is a good education program.
- Waste reduction strategies are in place and audits over the last five years and action resulting from them have resulted in clinical waste reduction (by 27%) and increased recycling (by 89%).
- Water usage per patient day and energy use per square metre is monitored.
- St John of God Hospital Subiaco has led benchmarking comparisons within the St John of God Healthcare Group and has initiated comparisons with outside organisations.
- St John of God Hospital Subiaco conducts Environmental Management in Healthcare Conferences which have attendees from private and public healthcare and from interstate.
- In recognition of its commitment to improving and protecting the environment and promoting and facilitating the reduction in greenhouse gases by industry, St John of God Hospital Subiaco was winner of the Business Leadership Award at the 2007 Greenhouse Challenge Plus Awards presented by the Minister for Environment and Water Resources, Canberra, September 2007.
St Vincent's and Mercy Private Hospital Ltd, Fitzroy, Vic

2.2.4
The learning and development system ensures the skill and competence of staff and volunteers.

- The organisational commitment to learning and development is exceptional.
- The Learning and Development Department is very well resourced and has excellent leadership.
- Learning and development is a key part of the organisational strategy for the future. There is a comprehensive, structured learning and development system in place to meet organisational and individual staff needs. General, specialty, environmental and food service mandatory competencies are in place and there is a system to ensure these are achieved.
- A range of learning packages is available and can be accessed via the intranet. The number of courses, workshops and twilight seminars offered is extensive. The approach to developing courses has been highly innovative and there is also a range of partnerships in place with universities and a registered training organisation.
- There is a process to review and evaluate the effectiveness of the programs offered from both a participant and organisational perspective. It is evident that changes are made based on this to ensure relevance of what is offered and to improve the quality of programs.
- There is evidence that some St Vincent’s and Mercy programs are considered to be models of best practice and they have been implemented by a number of other hospitals within Victoria and NSW.

St Vincent’s Private Hospital, Darlington, NSW

Mandatory criterion 1.1.5 Processes for discharge/transfer address the needs of the consumer/patient for ongoing care.

- Discharge planning processes are comprehensive and involve a multidisciplinary team.
- At risk patients are identified at pre-admission and the in-house developed delacey information system is used to enable discharge planning to occur.
- A recently introduced education program for major orthopaedic surgery is linked with the pre-admission interview. Preliminary results show a reduction in discharge of these patients to rehabilitative facilities.
- A number of innovative programs have commenced and include the provision of rehabilitation in the home for orthopaedic patients. Benefits of this program have been demonstrated by a reduced length of stay for these patients and a decrease in transfers to rehabilitation facilities.
- The Balanced Scorecard provides for Key Performance Indicators to be determined in regard to the effectiveness of discharge planning.
- There is evidence that the length of stay has been compared to external systems and has shown a reduced length of stay in specific areas.
- The Extended Care Program is currently being established and the effectiveness of these services on patient outcomes is being monitored.
- An external award for clinical excellence provided recognition by peers in regard to St Vincent’s Private Hospital’s leadership in the area of discharge planning through the increased emphasis and resourcing of preadmission assessments.
- Results obtained thus far demonstrate that this organisation is a leader in discharge systems.

2.3.4
The organisation has an integrated approach to the planning, use and management of information and communication technology (I&CT).

- St Vincent’s Private Hospital management is commended for outstanding achievement in integrating information management and technology planning with the organisation’s strategic directions.
- Management and the Board demonstrate commitment to innovation, evaluation of risk, resource support, peer accountability and evaluation, and re-evaluation of the criticality of information, communication and technology development and progress to best practice.
- Strategic directions drive innovation as well as utilisation of clinical, clinical support and business user needs assessment.
- A risk management framework exists to ensure provision for backup, security, disaster recovery and maintenance planning.
- Education is readily available.
- The organisation has undertaken an independent review of the I&CT system, compared the preventative program externally, supported innovation and achieved external ‘buy-in’ of the clinical information system supporting internal improvements as a result.
- With the uptake of the in-house developed deLacey system by other large health organisations in Australia and achievement of a risk maturity rating index, the St Vincent’s Private Hospital identifies itself as a leader in I&CT systems and risk management.
Mandatory criterion 3.2.1
Safety management systems ensure safety and wellbeing for consumers/patients, staff, visitors and contractors.

The surveyors found strong evidence to demonstrate a clearly annunciated and apparent commitment by St Vincent’s Private Hospital to the development, application and understanding of an effective health and safety system.

The health and safety risk structure is used to prioritise safe work practice activities and to deal with issues across all aspects of the system, including taking account of health and safety risks within service planning.

A responsive and robust safety net was demonstrated in the integration of the elements of this criterion as the basis of the system.

The Hazard Register, which has been utilised to raise staff awareness regarding the identification and management of hazards, is an excellent example of how the application of health and safety principles can result in substantially improved risk management leading to risk mitigation over time. Its effectiveness is measured via an audit process which reviews a range of performance indicators and compares results across the four participating hospitals.

There is an active injury management program and evidence of sustained improvement over time in regard to reducing the incident of work related injury.

There are a range of elements which comprise the safety management system and there is evidence of improvement emanating from their application and review. These include:

- Effectiveness of the Occupational Health and Safety Committee evaluated annually.
- Mandatory training program which covers key safety disciplines with attendance monitored and staff follow up when required.
- The Activity Booklet that accompanies the education is an excellent initiative engaging those staff who may need a more pragmatic approach to learning.
- Training program for managers built around the six modules designed to enable managers to fulfil their organisational and legislative responsibilities.
- Appropriate array of policies and procedures, including a Purchasing Policy which requires pre-purchase Occupation Health and Safety review.
- Electrical systems analysis undertaken regularly with evidence that actions are taken to address any deficits identified.
- Hazardous substances register used as a component of risk management.
- Use of the Numerical Profile technique (undertaken by an external consultant) covers all aspects of health and safety management including manual handling, emergency planning, contractor management, injury management and rehabilitation, hazardous substances, hazard management. Results are collated and reviewed by the Occupational Health and Safety Committee with evidence of changes made as indicated.
- Standard Operating Procedures developed for a wide range of activities and regularly reviewed and amended where necessary.
- Codes of practice, for example, manual handling, utilised and staff receive the necessary training to ensure appropriate application and use. Excellent pictorial charts used to demonstrate correct techniques and form part of the orientation program.
- Substances Chemical Assessment – first aid treatments can be actioned in the event of an incident.
- Radiation and Laser Management safety plans meet the industry requirements.
- Hazardous Substances Management Audit for each area undertaken in early July 2007 demonstrated continuous improvement processes for most areas reviewed. Where the maximum achievement had not been demonstrated corrective action is taken.
- Customer Satisfaction review undertaken regularly with the results used to enhance areas identified for improvement.

Evaluation is achieved through the regular use of audit tools, environmental assessments, and risk assessments leading to evaluation of risk reduction strategies and incident monitoring in addition to annual Occupational Health and Safety committee review.

External comparison with peers within the Sisters of Charity Health Services Group across three States and 14 facilities enables these activities to be collated and used to monitor trends leading to improvement. These processes are supported by monthly and quarterly comprehensive reporting, which compares performance and identifies areas for improvement.
The Sydney Clinic for Gastrointestinal Diseases, Bondi Junction, NSW

Mandatory criterion 1.1.4
Care is evaluated by healthcare providers and when appropriate with the consumer/patient and carer.

- Outcomes of care have been collected and shared within a benchmarking group over a considerable length of time. As this process has matured, it has yielded strong evidence of the high standard of care which is provided.

- The analysis of comparative data from other organisations is sophisticated.

- Serious consideration is given to the significance of variances and whether any of the statistics suggest the need for review or modification of the systems of care.

- The Sydney Clinic for Gastrointestinal Diseases has not only applied outcome measurement and benchmarking effectively as quality improvement tools, it has provided leadership to other organisations in this area.

- Staff members influence standards of care in other organisations through their active involvement in professional organisations.

- As an early adopter of quality improvement innovations, The Sydney Clinic for Gastrointestinal Diseases has been an incubator for the development of right side surgery safety systems and a forerunner in the development of Endoscopy Clinical Indicators and Cataract Surgery Clinical Indicators.

- Endoscopy outcome measures developed at Sydney Clinic for Gastrointestinal Diseases have become incorporated into the current set of ACHS Endoscopy Clinical Indicators. In contributing to the development of outcome indicators which have become widely respected in the field, the Sydney Clinic for Gastrointestinal Diseases has not only ensured excellent care for its own patients, but has also shown leadership and contributed to quality improvement across the healthcare system.

West Gippsland Healthcare Group, Warragul, Vic

Mandatory criterion 2.1.1
The organisation's continuous quality improvement system demonstrates its commitment to improving the outcomes of care and service delivery.

- Throughout West Gippsland Healthcare Group services there is a widespread culture of improving performance and learning. This is facilitated by the strong leadership of the Executive and Board.

- The frameworks for quality improvement are very well structured and there is extensive evidence of integration of the quality, safety and risk management systems and that the framework and associated systems have been subjected to ongoing review and improvement.

- Staff demonstrate good understanding of quality improvement and the relationships with safety and risk management processes. Widespread application in the clinical and non-clinical work practices areas and involvement of staff at all levels is apparent.

- There is evidence that a large number of quality activities have been undertaken or are being progressed within and across services, and that these are associated with the use of multidisciplinary and cross functional teams and improvements in the quality and safety of services provided. A whole of organisation approach has been adopted for many of the projects and there are many significant examples of these in both the clinical and non-clinical areas that are highlighted throughout the report and which impressed the surveyors.

- There is strong evidence that the quality cycle was being well applied. This is associated with widespread use of key performance indicator data for corporate, clinical and support services and extensive evidence of review of performance, implementation of follow-up actions and review of outcomes.

- Substantial clinical indicator data is being collected, aggregated and reviewed. Of particular note is the well developed system for review of performance by the Clinical and Risk Evaluation (CARE) Committee and for reporting to the Board Clinical Quality Committee.

- Many areas are using benchmarking to good effect and staff are able to demonstrate improvements resulting from benchmarking activities.

- Satisfaction surveys undertaken by the various services show a high level of consumer satisfaction.

- There is evidence that West Gippsland Healthcare Group is recognised as a leader in quality improvements and there are a number of examples which demonstrate this. These include the selection for pilot site testing of a number of new projects initiated by the Victorian Department of Human Services and at a national level.

A number of the quality projects have received external recognition.
Required improvements

Surveyors’ lowest rating for any criterion is little achievement (LA). This assessment level is allocated when the expected policies and compliance requirements have not been consistently demonstrated throughout the organisation. A rating of little achievement (LA) or some achievement (SA) in any mandatory criteria that cannot be resolved within 60 days results in non-accreditation; this occurred in only one EQuIP survey in 2007–2008. The organisation failed to meet the requirements for criterion 3.2.4 Emergency and Disaster Management.

A rating of some achievement (SA) for a criterion indicates that although the organisation may have some of the necessary structures in place they have not been able to demonstrate the required level of implementation of the systems and processes (to support those structures) throughout the organisation. For example, if an organisation has a newly introduced policy that has no evidence of consistent implementation across the organisation, this would be an area that would be likely to be allocated an SA rating.

All criteria that are rated by surveyors at an LA or SA level receive a specific recommendation to improve the organisation’s performance. Recommendations can also be made for all other rating levels, if a surveyor believes there is an issue that the organisation needs to address within 12 months. If the identified issue is assessed by the surveyors to be of significant risk to consumers, staff and/or the organisation, then the recommendation is noted as having a high priority.

In the EQuIP 4 non-mandatory criteria surveyed during 2007–2008, no organisations were assessed to be at an LA level. The non-mandatory criteria with the highest proportion of SA ratings were 2.5.1 Encouraging and governing research and 1.5.5 Blood management. These criteria were both new to the program in EQuIP 4, however all organisations were assessed to have implemented the necessary requirements. Those that received SA ratings were considered not to be evaluating the effectiveness of their systems and processes. Evaluation is a critical part of a safety and quality program as it is the means by which an organisation verifies the effectiveness of their practices. Without evaluation, an organisation will not achieve an MA rating.

Surveyors’ recommendations required organisations to improve practices related to implementation, evaluation and benchmarking.

Relevant to the specific criterion, organisations were frequently required to implement practices and processes such as training in clinical and non-clinical safety, updating policies, developing quality improvement and risk management plans, and rectifying matters identified in fire safety reports.

Recommendations relating to evaluation covered a variety of topics. Many identified the need for improved evaluation of clinical care using formal processes of data measurement and review. Others identified the need to evaluate health records and safety requirements for compliance with specific Australian standards or regulations.

Surveyors also made a number of recommendations about benchmarking performance with comparable organisations. These recommendations most often related to clinical care. It was recommended that organisations use performance indicators to compare their services with others, as well as to National and State benchmarks.

Recommendations within Mandatory Criteria

Of the 454 EQuIP 4 surveys completed during 2007–2008, 2,755 (43%) mandatory criteria received a recommendation. Most commonly the recommendation was allocated to criterion 1.5.2 Infection control.

<table>
<thead>
<tr>
<th>Mandatory Criterion</th>
<th>2007–2008</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.5.2 Infection control</td>
<td>305</td>
</tr>
<tr>
<td>1.1.8 Health record</td>
<td>256</td>
</tr>
<tr>
<td>3.2.4 Emergency and disaster management</td>
<td>252</td>
</tr>
<tr>
<td>3.2.1 Safety management</td>
<td>242</td>
</tr>
<tr>
<td>2.1.2 Risk management</td>
<td>216</td>
</tr>
<tr>
<td>3.1.3 Credentialling and scope of clinical practice</td>
<td>205</td>
</tr>
<tr>
<td>2.1.1 Quality improvement</td>
<td>204</td>
</tr>
<tr>
<td>1.1.2 Care planning and delivery</td>
<td>187</td>
</tr>
<tr>
<td>1.1.1 Care assessment</td>
<td>172</td>
</tr>
<tr>
<td>3.1.5 Corporate and clinical policies</td>
<td>166</td>
</tr>
<tr>
<td>1.1.4 Care evaluation</td>
<td>157</td>
</tr>
<tr>
<td>1.1.3 Consent</td>
<td>153</td>
</tr>
<tr>
<td>2.1.3 Healthcare incidents</td>
<td>122</td>
</tr>
<tr>
<td>1.1.5 Care discharge</td>
<td>118</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>2,755</strong></td>
</tr>
</tbody>
</table>
Infection control recommendations

The most common recommendations for criterion 1.5.2 Infection control related to the need for evaluation of compliance with relevant policies and processes such as hand hygiene and other relevant industry standards; adequate resourcing, education and support for infection control staff; environmental issues such as separation of clean and contaminated areas to minimise the risk of cross-contamination; improved staff education about infection control; monitoring of refrigerator temperature alarms and storage of sterile stock.

Other recommendations included the requirement to evaluate infection control practices through the use of ACHS clinical indicator data or alternative forms of external benchmarking to monitor and improve systems, as required.

Health records recommendations

Requirements of criterion 1.1.8 Health record ensure that the consumer’s health record is comprehensive, is maintained efficiently and protects the consumer’s confidentiality. Surveyors made recommendations that organisations evaluate (through audit) the health record for compliance with medico-legal and content requirements; improve the timeliness of discharge summaries to out-of-hospital doctors; improve compliance with National and State medication chart requirements; provide training for relevant staff; and improve storage and security of the health records.

Emergency and disaster management recommendations

Criterion 3.2.4 Emergency and disaster management requires that healthcare organisations have systems in place to identify and manage potential emergency situations that may arise internally or externally. The majority of the recommendations for this criterion related to fire safety.

Most frequent are issues related to organisations failing to respond to identified recommendations in fire inspection reports. Also significant was staff attendance at mandatory emergency training and the need to improve fire maintenance documentation and fire equipment access. Another important area of emergency and disaster management is planning for business continuity in the event of a disaster or emergency; a number of organisations received recommendations to either develop or review their business continuity plans.

Recommendations that resulted in AC60 reviews

Most organisations required to undertake AC60 reviews have only a single criterion to address. Initially, ACHS did not set a maximum number of criteria to be reviewed and in the earlier EQuIP 4 surveys, some organisations were allocated AC60 reviews in more than four criteria. A policy was subsequently introduced to limit the number of criteria to four so that organisations would not be set an unrealistic number of issues to comprehensively rectify within 60 days.

The 68 EQuIP 4 AC60 surveys that resulted from surveys in 2007–2008 addressed a total of 153 criteria. Of these 153 criteria, 141 (92%) criteria received a rating of SA, and 75 (53%) included a High Priority Recommendation.

For the seven criteria that received a rating of LA, all included High Priority Recommendations. The five criteria that were rated MA had at least one High Priority Recommendation.

The three criteria most frequently allocated AC60 reviews are all mandatory criteria. The corporate criterion 3.2.4 Emergency and disaster management (n34) is allocated an AC60 review most often due to fire and safety requirements not being in place. Of the 34 recommendations that resulted in AC60 reviews for criterion 3.2.4 Emergency and disaster management, 27 were nominated by surveyors to be High Priority Recommendations. Two other criteria that more commonly require AC60 reviews are 1.5.2 Infection control (n15) and 1.1.8 Health record (n14).
### FIGURE 27: AC60 recommendations (including HPRs) by criteria (EQuIP 4 surveys, 1 January 2007–31 December 2008, n153)

<table>
<thead>
<tr>
<th>Clinical Function</th>
<th>Support Function</th>
<th>Corporate Function</th>
</tr>
</thead>
<tbody>
<tr>
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<td><strong>Criterion</strong></td>
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**Corporate Function**

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<td>3.2.5</td>
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</tbody>
</table>

### FIGURE 28: AC60 HPRs by criteria (EQuIP 4 surveys, 1 January 2007–31 December 2008, n87)

<table>
<thead>
<tr>
<th>Clinical Function</th>
<th>Support Function</th>
<th>Corporate Function</th>
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<tr>
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<td><strong>Number</strong></td>
<td><strong>Criterion</strong></td>
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</table>

**Key**

Mandatory criteria shown in bold and italics.
A significant number of the AC60 high priority recommendations related to criterion 3.2.4 Emergency and disaster management resulted from fire safety issues. In order to be accredited, organisations are typically required (within 60 days) to undertake fire inspections; develop prioritised action plans in response to recommendations that have been made during fire inspections; provide mandatory fire and evacuation training to staff and rectify blocked areas of egress.

The next most frequent area referred to in AC60 recommendations (including high priority recommendations) relate to 1.5.2 Infection control. Recommendations for this criterion relate to the need to improve infection control monitoring of environmental services, and compliance monitoring against industry regulations and requirements.

Food safety is often highlighted as an area that requires rectification within 60 days and organisations have been required to undertake compliance checks against the required food standards; to action recommendations from previous food and safety audits; and to routinely monitor temperatures to ensure the safe transport and storage of food.

The AC60 recommendations allocated to criterion 1.1.8 Health record were often related to the need to implement a program of regular review of clinical records to evaluate the quality of clinical documentation and assess compliance with required standards. The timeliness of reports and investigations were identified as important processes that also had to be evaluated through audit of the clinical record. Some organisations that had undertaken clinical record audits received recommendations to implement the rectification issues that the audit had identified.

Consumer participation

The EQuIP 4 program has consumer involvement embedded within criteria such as care assessment, planning and discharge. EQuIP 4 also introduced a standard within the clinical function that specifically evaluates the organisation’s commitment to consumer participation across three specific criteria: 1.6.1 Involvement of consumers, 1.6.2 Consumer’s rights and responsibilities and 1.6.3 Cultural diversity and special needs.

Organisations that performed well in the area of consumer participation were able to demonstrate committed leadership overseeing a culture that supports consumer engagement at all levels of the organisation. Many had documented policies and processes for recruitment of consumers. A number of organisations had consumer or community advisory committees and many held focus groups with consumers to review identified issues or specific areas of their services.

Working with consumer support groups was another means for organisations to demonstrate the engagement of consumers. Education was provided as part of an orientation program in some organisations and others offered ongoing education for consumers who participated in areas such as strategic planning and care evaluation committees.

In some organisations ongoing education and support for staff about consumers’ rights and responsibilities is provided. Most organisations use printed material to advise consumers of their rights and responsibilities, while some organisations also use the internet to better engage consumers with their organisations.

Organisations serving diverse communities provide printed information in a variety of formats, have access to interpreter services and also develop links with the relevant communities to support consumers with diverse and special needs. Some organisations provide specialist volunteer programs for consumers from cultural and linguistically diverse backgrounds.

Methods to collect feedback from consumers included consumer satisfaction surveys and focus groups conducted with consumers. The level of response that organisations commit to the received feedback varies. Some organisations routinely ensure that consumer feedback is incorporated when reviewing specific service areas or the organisation’s strategic plan.

Organisations that evaluated the effectiveness of their consumer participation programs also demonstrated the improvements developed through effective consumer participation strategies. A number of organisations also compare their consumer participation strategies with others, to identify opportunities to further develop their involvement with consumers.
Mental health services

An EQuIP 4 In-Depth Mental Health Review is undertaken by ACHS surveyors in conjunction with an EQuIP 4 Organisation-Wide Survey. Extra time is allocated to the regular survey for surveyors to assess a mental health service against the Commonwealth Government’s National Standards for Mental Health Services (1996). The organisation receives its accreditation report for EQuIP 4 and also receives a separate report specifically addressing the National Standards for Mental Health Services.

It is of note that rates of participation for In-Depth Mental Health Reviews is poor given the number of mental health services in both the public and private sectors. There were 24 reviews conducted in 2007–2008 with the greatest number of In-Depth Reviews occurring in Queensland and only three of the 24 reviews occurring in the private sector. It is anticipated that more services will engage in the important process of performance assessment to industry-recognised standards when the Commonwealth Government implements the revised National Standards for Mental Health Services (expected to be in 2010).
The rate for attempted or actual suicides has declined from 0.81% to 0.45% since 2001.

The proportion of patients that assault during an admission has declined from 4.60% to 2.10% since 2001.

The proportion of inpatients who assault twice or more in an admission has declined from 33.8% to 19.2% since 2008.

Since 2001 the rate for inpatients who undertake significant self-mutilation in an admission declined from 1.21% to 0.49%.

The rate for inpatients suffering significant other injuries has also declined from 0.94% to 0.38% since 2001.

Inpatient death rates have not declined and have averaged about 0.1% from 2001 to 2008.

The rate of unplanned readmissions within 28 days was 8.4% in 2008.

Two indicators that measure the proportion of patients with a discharge summary or letter at the time of discharge and whose final discharge summary is recorded in the medical record within two weeks of discharge both improved slightly in 2008.

The proportion of inpatients with a stay of greater than three months, who have a multidisciplinary review recorded at least every three months was 86.8% in 2008.

The proportion of inpatients admitted to an acute unit whose stay was longer than 30 days was 16.6%, with significant differences within and between States and Territories.

The proportion of inpatient mental health admissions that were voluntary was 53.3%.

The ACHS reports clinical indicator data biannually to organisations that participate in the Clinical Indicator Program. ACHS also reports the aggregated trends in the data in the annual publication ACHS Australasian Clinical Indicator Report. The current Australasian Clinical Indicator Report 2001–2008, Determining the Potential to Improve Quality of Care: 10th edition reports the following observations in the current data for Mental Health Inpatient services:

- The rate of providing a diagnosis within 24 hours of admission was 94% showing no significant trend since 2001.
- The 2008 rate for having a diagnosis recorded in the health record at the time of discharge was 86.1%.
- The rate of inpatients with an individual care plan was 77.2%.
- There was a 72.9 – 98.7% range (average 84.2%) in the number of patients that had a complete documented physical examination within 48 hours of admission in 2008.
- Eight percent of inpatients had at least one episode of seclusion, showing a 2% decline since 2001.
- Of those patients secluded once, 40.6% had at least two episodes of seclusion within the same admission or in a one month period of an extended admission.
- The rate for inpatients secluded and not reviewed by sight at least half hourly improved from 1.67% to 0.70%.
- The rate for major complications while in seclusion was stable at 0.3%.
- The 2008 rate of inpatients having at least one episode of physical restraint while admitted was 1.93%.

Mental Health Inpatient Clinical Indicators

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- The rate for major complications while in seclusion was stable at 0.3%.
- The 2008 rate of inpatients having at least one episode of physical restraint while admitted was 1.93%.
Infection control

Infection control is a high priority issue for healthcare organisations. The World Health Organization is leading countries all over the world to improve infection control through adoption of the WHO Guidelines on Hand Hygiene in Health Care 2006. Australia has committed to the project and many organisations have introduced high profile activities to promote the importance of effective hand washing in their healthcare organisations.

Surveillance of infections in healthcare organisations is also a crucial part of infection control. Organisations routinely collect data to monitor the rate of infections and in particular, intensive care units (ICUs) and surgical wards are carefully monitored to protect admitted patients from infection.

ACHS surveyors assess healthcare organisations to ensure that there is a systematic approach to the prevention of infection. Sound policies and practices must be in place, staff need to be provided with the necessary education on a regular basis and organisations must routinely monitor infection rates to ensure that their infection control programs are effective.

Many infection control activities relate to clinical practice, however other key areas for infection control in healthcare organisations are food handling and waste management.

Organisations that were assessed by ACHS surveyors to have very good infection control practices generally demonstrated:

- Organisation-wide approaches to regular infection control education.
- A high level of staff awareness of infection control policies and guidelines.
- Systems for monitoring infection control using multiple indicators that resulted in changes to processes and outcomes.
- Well planned and coordinated infection control throughout their organisations.

The most common recommendations allocated to infection control during EQuIP 4 surveys related to:

- The need for evaluation of hand hygiene, other relevant industry standards and organisational policies and processes.
- Provision of adequate resourcing, education and support for infection control staff.
- Environmental issues such as separation of clean and contaminated areas to minimise the risk of cross-contamination.
- Improved staff education about infection control.

- Routine evaluation of infection control practices through the use of infection control indicators to monitor and improve systems as required.
- Routine internal and external benchmarking of infection control indicator data.
- Regular food and safety compliance audits to industry standards.
- Routine monitoring of temperatures to ensure the safe transport and storage of food.

The ACHS reports clinical indicator data to healthcare organisations that participate in the ACHS program measuring infection control indicators. The current Australasian Clinical Indicators Report 2001–2008 Determining the Potential to Improve Quality of Care: 10th edition reports the following observations in the data about infection control:

- In the 2008 data, the mean rates of infections for the procedures ranged from zero to 1.97% except for superficial and deep surgical site infection in elective colectomy (2.71% and 2.14%, respectively) and superficial and deep surgical site infection in femoral-popliteal bypass (7.09% and 2.36% respectively).
- There has been a statistically significant decrease in the mean rates for superficial incisional surgical site infection following hip prosthesis procedures from 1.29% in 2001 to 0.88% in 2008, but conversely the rates for deep incisional infections in hip prosthesis procedures increased from 0.54% to 0.79%.
- Three measures of central line-associated bloodstream (CLAB) infections in adults showed a statistically significant decrease in their rates from 2001 to 2008 – those associated with Intensive Care, Haematology and Oncology units.
- In 2008, there were 1,754 cases reported to ACHS of methicillin-resistant Staphylococcus aureus (MRSA) infection. The rate was 2.93 per 10,000 bed days in ICU for sterile sites and 11.4 per 10,000 bed days for non-sterile sites. The rates for non-ICU sterile and non-sterile sites were 0.79 and 2.08 per 10,000 bed days respectively showed statistically significant improvements between 2005 and 2008. The rate for non-ICU, sterile site infection deteriorated from 0.32 to 0.75 per 10,000 bed days between 2005 and 2008.
- Occupational exposure to blood and body fluids sustained by staff was reported to ACHS in 2008, with a rate of 0.040 and 0.015 per 100 bed days respectively. The rates have been stable for the four years of reporting.

Credentialling and scope of clinical practice

Credentialling is the formal process of assessing a healthcare professional's credentials in relation to a professional role within a specific facility.

Credentialling and scope of clinical practice was introduced to the EQuIP 4 standards as an area that required a systematic approach throughout all Australian healthcare organisations. In the 2007–2008 EQuIP 4 surveys, the level of performance in this area was assessed by ACHS surveyors to be satisfactory in the majority of organisations, however few organisations received a rating of extensive achievement (EA), and none received a rating of outstanding achievement (OA) for criterion 3.1.3 Credentialling and scope of clinical practice.

Some State health departments have developed a state-wide policy for credentialling and scope of clinical practice providing a guideline of what is expected within the public system of their State. However, there remains a need for a national approach to credentialling and scope of clinical practice to be developed to reduce the inconsistencies that occur in this area. Some organisations limit credentialling to medical staff, others include additional clinical staff such as nurses and allied health.

Most organisations have policies for defining the scope of practice for a clinician, but the level of detail within these policies varies considerably. Another area that received a number of recommendations from ACHS surveyors related to the introduction of new procedures, emphasising that organisations need policies and formal processes to support the safe introduction of new procedures.

Analysis of the recommendations made to organisations for the criterion 3.1.3 Credentialling and scope of clinical practice highlights that while organisations have systems in place, there are many opportunities for further improvements in this area.

ACHS regularly monitors members’ satisfaction with its services and uses the information to review its services as required. There are many events within the EQuIP cycle for which ACHS directly provides service to its members. The ACHS evaluates feedback from members following their survey, survey reports and self-assessment reports.

**Standards**

- Members’ satisfaction with applying the EQuIP standards has increased in the second year of EQuIP 4 (2008) and is higher than in 2004, at the equivalent stage of EQuIP 3.
- Members’ satisfaction with EQuIP mandatory criteria has increased in the second year of EQuIP 4 (2008) and is higher than at the equivalent stage of EQuIP 3 (2004).

**FIGURE 31:** Organisation satisfaction with applying the EQuIP standards

**FIGURE 32:** Organisation satisfaction with the mandatory criteria
Support

> The proportion of members satisfied with support received from their Customer Services Managers (CSMs) decreased in 2007 and increased slightly in 2008.

> ACHS provides a support service for the EQuIP Electronic Assessment Tool (EAT).

**FIGURE 33:**
Organisation satisfaction with CSM support

![Graph showing satisfaction with CSM support](image)

**FIGURE 34:**
Organisation satisfaction with EAT support

![Graph showing satisfaction with EAT support](image)
Surveys

ACHS receives a high response rate to the feedback questionnaire after an organisation has been surveyed. The response rate remained above 80% in 2007 and 2008.

In 2008, an increased proportion of members were satisfied (96%) with the length of their survey. There was a considerable decrease in the proportion of members expressing dissatisfaction with the length of their survey from 11% (2007) to 4% (2008).

A greater proportion of members were satisfied with the cohesiveness of the survey team in 2008 (96%) than in 2007 (92%).

An increasing proportion of members are satisfied with the summation conference at the conclusion of their survey. The summation conference is held by surveyors to provide an immediate overview of their survey findings to the organisation’s staff.
Survey coordinator

Every ACHS survey team has an appointed survey coordinator who is responsible for the on-site management of the survey.

- Satisfaction with the coordinator’s negotiation of the survey timetable has remained constant.
- Survey issues were clarified prior to survey to the satisfaction of organisations in a high proportion of surveys.
- Organisations were satisfied that the coordinator ensured that surveyors communicated and interacted appropriately with staff during survey in 99% (2008) of surveys.
- Organisations were satisfied that the coordinator managed the survey team in a professional manner in 98% (2008) of surveys.

FIGURE 39: Satisfaction with coordinator’s negotiation of survey timetable

FIGURE 40: Organisation satisfaction that coordinator ensured surveyors communicated and interacted appropriately with staff during survey

FIGURE 41: Organisation satisfaction that coordinator managed their survey team in a professional manner
Surveyors

Feedback from organisations is an important part of the ACHS performance management system for surveyors. The information is aggregated annually to provide an overview of members' satisfaction with surveyors and indicates that in 2008 the majority of members were satisfied that surveyors:

- had read the pre-survey information (98%)
- had a good understanding of the organisation (94%)
- listened to and understood what staff said (95%)
- had a flexible approach to suit different people and situations (97%)
- surveyed to the standards (98%)
- presented opportunities for improvement in a positive manner (98%)
- provided useful suggestions for greater achievement (97%)
- conducted the survey in a professional manner (99%).

**FIGURE 42:** Organisation satisfaction that surveyors had read the pre-survey information

**FIGURE 43:** Organisation satisfaction that surveyors had a good understanding of the organisation

**FIGURE 44:** Organisation satisfaction that surveyors listened to and understood what staff said
FIGURE 45: Organisation satisfaction that surveyors had a flexible approach to suit different people and situations

FIGURE 46: Organisation satisfaction that surveyors surveyed to the standards

FIGURE 47: Organisation satisfaction that surveyors presented opportunities for improvement in a positive manner

FIGURE 48: Organisation satisfaction that surveyors provided useful suggestions for greater achievement

FIGURE 49: Organisation satisfaction that surveyors conducted the survey in a professional manner
Survey report

The rate of response from organisations about the survey report is lower (65%, 2008) than the rate of response ACHS receives about surveys (81%, 2008).

Members’ satisfaction with survey reports was generally high in 2008 indicating that:

- the survey report was well written and easy to read (96%)
- the comments and recommendations contained within the survey report are relevant and reasonable to the organisation (93%)
- the survey report contained useful ideas on how to improve (95%)
- the survey report acknowledged outstanding performance (92%)
- areas requiring improvement identified in the report were mentioned at the summation conference (93%)
- there was consistency within the survey report (97%)
- the survey report is useful as an effective management tool to support the organisation’s promotion of continuous improvement (97%)
- feedback from members is followed up to ensure that ACHS survey reports are useful documents that support continuous improvement and reflect outstanding performance.
FIGURE 54: Organisation satisfaction that the survey report acknowledged outstanding performance

FIGURE 55: Organisation satisfaction that areas requiring improvement were mentioned during the summation conference

FIGURE 56: Organisation satisfaction with consistency of the survey report

FIGURE 57: Organisation satisfaction that the survey report may be used as an effective management tool to support continuous improvement
Desktop self-assessment

ACHS provides members with a report on their submitted self-assessment in the non-survey years of the EQuIP cycle. The information provided to members is an important part of their survey preparation and continuous quality improvement programs. Recently, more members have been satisfied (89%, 2008) with the feedback they received about their self-assessment reports.

FIGURE 58:
Organisation satisfaction with self-assessment feedback

![Organisation satisfaction with self-assessment feedback](image)