



NSQHS Standards Second Edition Version 2
Organisation-Wide Assessment
Final Report

Sydney LHD - Concord Repatriation General Hospital

CONCORD, NSW

Organisation Code: 110714

Health Service Facility ID: 100434

Assessment Date: 4-8 July 2022

Accreditation Cycle: 1

Disclaimer: The information contained in this report is based on the evidence provided by the participating organisation at the time of the accreditation survey and information that the organisation supplied through the reporting and editing process. Accreditation issued by ACHS/ACHSI does not guarantee the ongoing safety, quality or acceptability of an organisation or its services or programs, or that legislative and funding requirements are being met, or will be met.

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Preamble

How to Use this Assessment Report

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

1. provide feedback to staff
2. identify where action is required to meet the requirements of the NSQHS Standards
3. compare the organisation's performance over time
4. evaluate existing quality management procedures
5. assist risk management monitoring
6. highlight strengths and opportunities for improvement
7. demonstrate evidence of achievement to stakeholders.

The Ratings:

Each **Action** within a Standard is rated by the Assessment Team.

A rating report is provided for each health service facility.

The report will identify actions that have **recommendations** and/or comments for each health service facility.

The rating scale is in accordance with the Australian Commission on Safety and Quality in Health Care's Fact Sheet 4: Rating Scale for Assessment:

Assessor Rating	Definition
Met	All requirements of an action are fully met.
Met with Recommendations	The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required.
Not Met	Part or all of the requirements of the action have not been met.
Not Applicable	The action is not relevant in the health service context being assessed.

Suggestions for Improvement

The Assessment Team may provide suggestions for improvement for the health service to consider implementing. They are not required to be implemented for an action to achieve a met rating. Suggestions for improvement are documented under the criterion level.

Recommendations

Not Met/Met with Recommendation rating/s have a recommendation to address in order for the action to be rated fully met. An assessor's comment is also provided for each Not Met/Met with Recommendation rating.

Risk ratings are applied to actions where recommendations are given to show the level of risk associated with the particular action. A risk comment is included if the risk is rated greater than low.

Risk ratings are:

1. E: **extreme (significant)** risk; immediate action required.
2. H: **high** risk; senior management attention needed.
3. M: **moderate** risk; management responsibility must be specified.
4. L: **low** risk; manage by routine procedures

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Executive Summary

Sydney LHD - Concord Repatriation General Hospital underwent a NSQHS Standards Second Edition Version 2 Organisation-Wide Assessment (NS2.1 OWA) from 04/07/2022 to 08/07/2022. The NS2.1 OWA required six assessors for a period of five days. Sydney LHD - Concord Repatriation General Hospital is a public health service. Sydney LHD - Concord Repatriation General Hospital was last assessed between 5-9/12/2018.

Executive Summary

Concord Repatriation General Hospital (CRGH) underwent a NSQHS Standards Second Edition Organisation-Wide Assessment (NS2 OWA) from 4th to 8th July 2022. The NS2 OWA consisted of five assessors, and one trainee onsite. CRGH is a public health service.

Clear leadership was found throughout the organisation and the organisation's values were reflected by all the staff the assessors met during the assessment. The Board has a sound understanding of the issues, risk and challenges facing CRGH. Compliance to The Commission's Advisories has been evidenced and assessed as meeting the requirements for each Advisory timeline.

Clinical Governance

Sydney LHD CRGH has robust systems in place for the governance of the organisation. This includes effective systems for governance, clinical leadership, and the promotion of a positive culture for safety and quality. The patient safety and quality systems are mature and used to monitor, report and act on safety and quality issues. A large body of work has been undertaken to implement a clinician led structure for CRGH, to align it to a value-based vision for clinician led improvements.

The systems to provide a safe and effective working environment are in place and have been tested in recent years, through the recent and rapidly changing requirements of the COVID-19 pandemic.

Partnering with Consumers

Sydney LHD CRGH has across all services and programs, a patient centred approach which remains a priority.

The assessment team had the opportunity to speak with 40+ consumers (unplanned) regarding their experiences as a patient at CRGH. All spoke about the respect and care they receive, whether as an inpatient or attending as a day patient. The strong partnerships between staff have contributed to a positive culture, resulting in a positive outcome for consumers, and through a very difficult period in healthcare over the past two years. It was evident to the assessment team that all consumers and staff have embraced the essence of the CRGH Community.

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Infection Prevention & Control

Systems for monitoring and managing Infection Prevention and Control (IPC) are well established across CRGH. The governance of infection, prevention, and control is underpinned by process audits, education and training, and quality improvement plans.

There is a schedule of audits to determine compliance with the requirements of NSQHS Standard 3, from which reports are generated through the various committee structures with many improvements demonstrated during the assessment. CRGH has a well-documented plan for compliance with AS/NZS 4187:2014 which meets the requirements and current timeframe of Advisory AS 18/07.

The Anti-Microbial Stewardship (AMS) system is mature, and resources are available to support clinicians 24/7. The Live AMS application, which was developed here is a great example of clinicians working together to achieve solutions to problems. This application supports daily review of inpatients receiving antibiotics, by the multidisciplinary AMS team.

Medication Safety

At CRGH there is good committee structure, reporting and governance oversight in place for medication management with incidents reported analysed, audits regularly undertaken and evaluated. Recommendations and action plans arising are followed up with education and review, to ensure items being overseen by the Drug and Therapeutics Committee are completed.

CRGH has transitioned from a paper-based system to the Cerner PowerChart electronic medication management system (eMeds). CRGH uses eMeds hospital wide, including ICU, utilising PowerChart for prescribing and recording administration, as well as PowerChart Oncology for chemotherapy. eMeds was commented on favourably by staff, particularly those who had previously worked with paper-based drug charts.

Medication reconciliation at discharge is reported as over 80%, with discharge summary and medication information provided to more than 90% of patients at discharge. A paper copy is provided to patients, to ensure their general practitioner receive the information if it is not delivered electronically.

Comprehensive Care

CRGH has put in place established governance structures and a variety of processes to support the provision of comprehensive care across a diverse range of services. CRGH has a strong research, education and training focus. There are many examples of quality improvement initiatives, strategies and projects aimed at improving comprehensive care. Current and ongoing monitoring of data is displayed in clinical areas and discussed at M&Ms and ward meetings, so staff are kept abreast of trends and potential issues.

CRGH has displayed a commitment to minimising patient harm, risk reduction strategies relating to falls, pressure injuries, nutrition and hydration, cognitive impairment, unpredictable behaviours and restrictive practices are utilising evidence-based tools for screening and assessment throughout the patient journey. Goals of care are monitored, and care planning modified as necessary.

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CRGH actively engages with consumers, family and carers in decision making, with multidisciplinary teams working well together, so that the patient feels well informed of their care and are cared for. Specialist palliative care advice is available 24 hours a day and clinicians feel supported when providing care. Further work is indicated for the standardisation of recording, reporting and inclusion of family and carers when incidents of restraint occur.

Communicating for Safety

At CRGH there is a good committee structure and governance oversight for Communicating for Safety. Informal as well as formal processes are part of the culture in the clinical areas, to allow staff to readily communicate and update teams on patient information. Assessors observed many handovers that are well structured. Bedside handovers had obviously had a lot of attention, and now created a great opportunity for patients and families to check information and provide details about any of the patient's clinical issues. Handovers provided an opportunity to check the goals of care and reinforce any care related risk issues, such as falls. The recent addition of communication boards in some 'trial wards,' are another mechanism to further enhance communication with patients and families. These boards allowed patients and families to write questions or provide additional information. Assessors noted the consistent use of the three patient identifiers used at handover.

Recent audits of the 'Time Out' process in the Operating Theatres demonstrated the need for greater compliance with some aspects of this process. An action plan was recently developed to address this, and a recommendation was made to ensure this is monitored closely.

The useability of the electronic Medical Record was commented on favourably by the clinical staff and it was clear to Assessors that this continued to be an ongoing investment for CRGH, to ensure it worked for the clinical staff as smoothly and effectively as possible. The discharge completion rate was impressive with more than 90% of discharge summaries completed at the time of the patient's discharge.

Blood and Blood Products

CRGH Governance of the Blood Management Standard aligns to National Standards. Clinicians utilise the safety and quality systems and organisational processes to provide safe blood management. There is close collaboration of the multidisciplinary team working across areas, to ensure timely and evidence-based care in the use of Blood and its products with strategies in place to minimise use where possible.

Recognising & Responding to Acute Deterioration

CRGH has in place a Recognising and Responding to Acute Deterioration Committee (RRADC) with a membership that includes senior representatives from all clinical streams.

CRGH utilises a three-tiered clinical emergency response that is supported by regular auditing measures, incident review, localised policy related to this standard and mandatory education and training compliance, which is subject to reporting and monitoring to ensure compliance.

The systems in place are consistent with the National Consensus Statement guiding principles.

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The Assessors rated the organisation as having Met all the Actions required but with five Met with Recommendations where although most of the Action has been met there was a smaller component still requiring some work. There is one Met with Recommendation in Standard 1; one in Standard 2; one in Standard 5; one in Standard 6; and one in Standard 8. All previous recommendations were closed.

Summary of Results

At Sydney LHD - Concord Repatriation General Hospital's Organisation-Wide Assessment five Actions were rated Met with Recommendation across 8 Standards. The following table identifies the Actions that were rated Met with Recommendation and lists the facilities to which the rating applies.

Actions Rated Met with Recommendations

Facilities (HSF IDs)	NS2.1 OWA 4/07/2022 - 8/07/2022
	MwR
Sydney LHD - Concord Repatriation General Hospital-100434	1.16, 2.04, 5.29, 6.06, 8.12

Further details and specific performance to all of the actions within the standards is provided over the following pages.