

SPB 12
Department of Medical Services
Bundaberg Health Service District
Bundaberg Base Hospital
PO Box 34
BUNDABERG QLD 4670

Telephone No: 41 502220
Fax No: 41 502219

CN/sh

Department of Surgery

21 February 2001

United Medical Protection Society
PO Box 26
RBH Post Office
HERSTON QLD 4029

Dear Sir/Madam,

RE: USAGE OF RUSTING INSTRUMENTS IN THE OPERATING THEATRE

I have discovered today at my hospital that the instrument tray that I was given to operate on a patient, had extensive rust in several of the instruments (scalpel handle, scissors, forceps). Naturally I refused to use these instruments. The nursing staff then informed me that had I looked closely, many of the instruments that I had been using for a while, including laparotomy trays, have rust on instruments. One nurse then told me that she had complained to someone about this and was told "yes but it is sterile rust".

I closely inspected the operating tray for my next case and again found rust on many instruments. This confirms what the nurses say applies to almost all of our instruments.

My current attitude is to place a total ban on operating on any patient if the instruments are rusty. This will of course cause something of a controversy within the hospital, however, I feel that I need to have the backing of United Medical Protection that this is both legally correct as well as ethically responsible. I realise that rust is an inorganic substance, but is there such a thing as sterile rust? Surely some could contaminate the patient as a type of foreign body.

Please advise.

Yours sincerely

Dr Charles Nankivell
Director of Surgery

Member Code: NANKIV002

Self-Assessment Mandatory Criteria

Department: ANAESTHETICS

Please complete the self-assessment for all
mandatory criteria and return to

Quality Management

by Monday September 16th 2002



Sundaberg Health Service District
Helping people to better health and well-being

THE EQUIP GUIDE

STANDARD 1.2 A comprehensive assessment by competent professionals identifies the clinical, non-clinical and social needs of consumers / patients, as the basis for providing quality and safe care.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals. NB The organisation needs to achieve a rating of MA or higher for this criterion (1.2.1) to gain ACHS accreditation.	(a) Guidelines are available to assess clinical, non-clinical and social needs, including the identification of 'at risk' consumers / patients. (b) Students / inexperienced staff are supervised when participating in the assessment process. (c) Health care providers are aware of the need to plan for separation at the time of the initial episode of care.	(a) Designated persons with relevant qualifications and experience are responsible for consumer / patient assessment. (b) Assessment is multidisciplinary, if appropriate, and is documented. (c) When appropriate, a support person / carer is involved in the assessment process. (d) The assessment process avoids unnecessary duplication. (e) Referral systems to other relevant service providers are in place. (f) Information is provided to the consumer / patient on their health status. (g) There is a system to ensure consumers / patients are reassessed when there is a change in health or functional status. (h) Planning for discharge / transfer is multidisciplinary, if appropriate, and coordinated.	(a) Comprehensive assessment guidelines, based on professional standards are used. (b) The assessment processes are evaluated and improved, as required. (c) Referral systems are coordinated and used efficiently and effectively. (d) Planning for discharge / transfer is evaluated to ensure it consistently occurs, is multidisciplinary, if appropriate, and meets consumer / patient and carer needs.	(a) Assessment and separation planning practices are compared with internal and external systems and improvements are made, as required.	(a) The organisation demonstrates it is a leader in consumer / patient assessment and separation planning.

STANDARD 1.3 Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
1.3.1 <i>Care is planned and delivered in partnership with the consumer / patient and when relevant, the carer, to achieve the best possible results.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (1.3.1) to gain ACHS accreditation.	(a) Guidelines on care planning and delivery are available. (b) Care is provided in response to immediate consumer / patient needs based on established policies and procedures. (c) Care is planned and delivered in accordance with medico-legal requirements.	(a) Effective guidelines for 'high risk' practices have been developed and implemented. (b) Responsibilities for care planning and delivery are designated. (c) Care planning and delivery are coordinated by providers. (d) Consumers / patients and carers are given information that allows them to understand their care requirements. (e) Consumers / patients are involved in care planning. (f) There are systems to ensure changes to care planning and delivery occur in response to consumer / patient outcomes.	(a) Policies and procedures for care delivery are based on professional guidelines, codes of practice and medico-legal requirements. (b) There is effective participation in care planning by all relevant staff and the consumer / patient. (c) The consumer / patient understands care delivery options. (d) Data on variances are analysed and necessary improvements are made.	(a) Care planning and delivery practices, together with data on variances, are compared with external systems and improvements are made, as required.	(a) The organisation demonstrates it is a leader in care planning and delivery practices.

STANDARD 1.4 Consumer / patient and carer needs for ongoing care are addressed through the coordination of services and the provision of timely and useful information.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
1.4.1 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care. NB The organisation needs to achieve a rating of MA or higher for this criterion (1.4.1) to gain ACHS accreditation.	(a) Guidelines for separation are available. (b) Separation is authorised by an appropriate health professional. (c) Consent by the consumer / patient / responsible other, is obtained when providing personal information to other service providers. (d) There is a system to ensure service providers receive timely notification about consumer / patient discharge to their care.	(a) Systems for discharge / transfer are used throughout the organisation. (b) Information about ongoing care is discussed with the consumer / patient and a written copy of advice / instruction is provided. (c) Verbal information on how to re-enter a specific health service is provided. (d) Arrangements with other service providers are made and confirmed prior to transfer / discharge.	(a) There is a multidisciplinary, coordinated approach to separation. (b) Documentation on arranged post-discharge services is given to the consumer / patient or when relevant, carer. (c) Written information is provided to the consumer / patient / carer on how to re-enter a specific health service. (d) Formalised follow-up occurs for 'at risk' consumers / patients. (e) The processes for transfer / discharge are evaluated and improvements are made, as required. (f) Information for consumers / patients, other service providers and the systems for providing the information are evaluated and improvements are made, as required.	a) Performance indicators for separation and transfer / discharge are measured, compared with internal and external systems and improvements are made, as required.	(a) The organisation is a leader in discharge / transfer systems that allow consumers / patients to function at their optimal level.

STANDARD 2.1 The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
2.1.2 Care and service are provided in accordance with legislative requirements. NP, The organisation needs to achieve a rating of MA or higher for this criterion (2.1.2) to gain ACHS accreditation.	(a) Management is aware of legislative requirements. (b) A mechanism is in place to receive notification of legislative requirements. (c) Management is accountable for the implementation of, and compliance with, legislative requirements.	(a) A system is in place for assessing compliance with legislative requirements.	(a) The system for ensuring implementation of and compliance with legislative requirements is evaluated and necessary improvements are made, as required.	(a) The system to address legislative requirements is compared with external systems.	(a) The organisation is recognised as a leader for its systems to address legislative requirements.

STANDARD 2.1 **THE EQUIP GUIDE**
The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
2.1.5 <i>Documented corporate, operational and clinical policies assist the organisation to provide quality, safe and efficient care and service.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (2.1.5) to gain ACHS accreditation.	(a) There is limited awareness of by-laws / operating requirements / management requirements. (b) Corporate, operational and clinical policies are in place for legislative requirements. (c) Corporate, operational and clinical policies are developed in response to issues as they occur. (d) Management is aware of: (i) Australian Standards (ii) professional guidelines (iii) codes of practice (iv) codes of ethics.	(a) There is adherence to by-laws / operating requirements / management requirements. (b) A framework for corporate, operational and clinical policy development is in place. (c) Staff have access to relevant: (i) Australian Standards (ii) professional guidelines (iii) codes of practice (iv) codes of ethics; (d) There is a system for monitoring compliance with policies and procedures.	(a) By-laws / operating requirements / management requirements are regularly reviewed to reflect current requirements. (b) The framework for policy development is used, reviewed and improved if required. (c) Policies and procedures are regularly reviewed and updated. (d) Changes to clinical practice and in non-clinical areas are reflected in updated policies and procedures. (e) Policies reference: (i) current issues (ii) Australian Standards (iii) professional guidelines (iv) codes of practice (v) codes of ethics; relevant to the size and role of the organisation.	(a) The framework for corporate, operational and clinical policy management is compared with internal and external systems and improvements are made, as required.	(a) The organisation demonstrates it is a leader in the development, implementation and evaluation of its corporate, operational and clinical policies.

STANDARD 2.2 The governing body promotes the safety of all persons within the organisation by its pro-active approach to preventing and managing clinical and non-clinical risks.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
2.2.1 <i>An organisation-wide risk management policy ensures that safety is considered in all activities.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (2.2.1) to gain ACHS accreditation.	(a) There is an awareness of the need to manage risks throughout the organisation. (b) Legislative requirements relevant to risk management are met. (c) There is an organisation-wide risk management policy. (d) The risk management policy includes strategies for managing: (i) 'near misses' (ii) incidents (iii) adverse events (iv) sentinel events (v) communication with staff / consumers / carers. (e) Staff are aware of the risk management policy.	(a) A risk management policy is defined and implemented. (b) The risk management policy is relevant to the organisation's strategic context, goals, objectives and the nature of the business. (c) The risk management policy is endorsed by the governing body. (d) Management has allocated resources to risk management.	(a) The risk management policy is reflective of current standards. (b) There is a system for management to evaluate if the risk management policy is understood, implemented and maintained by all levels of the organisation. (c) The risk management policy is reviewed regularly in line with regulatory changes and relevant standards.	(a) The risk management policy is compared externally with other risk management policies to identify aspects that can be improved.	(a) The organisation demonstrates that it is a leader in its approach to risk management. (b) Commendations are received from third party reviews.

STANDARD 2.3 The governing body leads the organisation in its commitment to continuous improvement and the quality and safety of care and service.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
2.3.1 <i>The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.</i>	(a) Improving performance is driven by the governing body and management. (b) Philosophies, principles and methods relating to quality, are established.	(a) The philosophies, principles and methods relating to quality, are used by the organisation. (b) Improving performance is a planned and continuous process. (c) Management identifies and promotes organisational performance targets. (d) Management allocates resources to improving performance.	(a) Qualitative and quantitative data are collected, analysed and used to drive improvement. (b) Results from performance targets and improving performance activities are communicated widely within the organisation and to the governing body, as appropriate. (c) Continuous improvement activities are generated, and evaluated by staff. (d) Strategies to motivate staff to continually strive to improve performance in care and service delivery, are used.	(a) Benchmarking occurs internally and externally and improvements to practices and systems are made across the organisation, as required. (b) The organisation is able to demonstrate evidence based practice. (c) An organisation-wide culture demonstrates management is committed to and responsible for improving performance in care and service delivery.	(a) The organisation's continuous quality improvement system demonstrates it is a leader in its commitment to care and service delivery.
NB The organisation needs to achieve a rating of MA or higher for this criterion (2.3.1) to gain ACHS accreditation.					

STANDARD 2.4 The governing body is committed to consumer participation as a strategy to assist the improvement of quality and safe care and service

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
2.4.2 <i>Information is readily available for consumers / patients so that they are informed of their rights and responsibilities.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (2.4.2) to gain ACHS accreditation.	(a) A consumer / patient rights and responsibilities document exists. (b) The procedures that require consumer / patient consent are clearly defined. (c) Staff are aware of the policy on consent procedures. (d) A complaints mechanism is in place and is clearly communicated to consumers.	(a) All consumers / patients receive a copy of the rights and responsibilities document. (b) Staff discuss rights and responsibilities with the consumer / patient. (c) A complaints management system is implemented. (d) Consent is obtained for any relevant requirement. (e) There is a mechanism for communicating positive feedback about care and service to staff and management.	(a) Consumer / patient understanding of rights and responsibilities is evaluated and improvements to documents and practices are made as required, with the involvement of consumers. (b) Compliance with the consent process is evaluated and strategies for improvement are implemented, as required. (c) The consent process is evaluated to determine consumer / patient understanding of the information provided and improvements are made, as required. (d) Complaints are analysed and tracked and improvements are made to systems, services and facilities, as required. (e) The complaints management system is evaluated and improvements are made, as required.	(a) Comparison of documents and practices for consumer / patient: (i) rights and responsibilities (ii) consent for treatment / procedures (iii) complaints; occurs with external systems and improvements are made as required.	(a) The organisation demonstrates leadership in its systems for ensuring consumers / patients are informed about their rights and responsibilities.

STANDARD 3.1 The management of human resources supports the delivery of quality and safe care and service

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
3.1.2 The recruitment, selection, appointment and continuing employment system ensures that the skill mix and competency of staff support safe practice and the provision of quality care and service. NB The organisation needs to achieve a rating of MA or higher for this criterion (3.1.2) to gain ACCHS accreditation.	(a) Recruitment, selection, appointment and continuing employment is undertaken for staff in accordance with service, legal and / or individual state / territory requirements. (b) Recruitment processes ensure staff have the necessary licences, registration, qualifications, skills and experience to perform their work. (c) Recruitment, selection, appointment and continuing employment processes are transparent and equitable. (d) There is a system that checks the credentialing process to ensure clinical staff undertake clinical work that is in keeping with their skills and expertise. (e) Confidential staff records are maintained for recruitment, selection, appointment and continuing employment.	(a) There is a recruitment system to: (i) identify staff requirements (ii) address skill shortages (iii) identify staff who require additional training to develop, maintain or improve their skills and expertise. (b) All services comply with the organisation's recruitment, selection, appointment and continuing employment requirements.	(a) Performance indicators are used to evaluate and improve recruitment, selection, appointment and continuing employment systems. (b) Recruitment, selection, appointment and continuing employment systems are adapted to changing service requirements. (c) A review process ensures that staff continue to be appropriately registered, licensed and / or credentialed.	(a) Performance indicators and processes for recruitment, selection, appointment and continuing employment are compared internally and with external systems, and improvements are made, as required.	(a) The organisation demonstrates it is a leader in the development and implementation of recruitment, selection, appointment and continuing employment systems.

STANDARD 4.1 Valid information sources support decision making and the identification of consumer / patient care outcomes.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
4.1.1 Consumer / patient health records are a primary source of information / patient care and safety, improving performance and for managing the organisation.	(a) A current documentation policy and procedure is available for staff. (b) Every consumer / patient has a health record. (c) Relevant internal and external health care providers have access to information about the consumer / patient, in accordance with privacy legislation. (d) Staff are instructed in, and understand their responsibilities for, documentation.	(a) Health care providers use the health record to document all aspects of care and communicate about care delivery. (b) Cross-references exist between the consumer / patient paper based health record and any part of the record stored electronically.	(a) The health record is sufficiently detailed to allow care delivery to be tracked, monitored and evaluated. (b) Health records are reviewed to ensure they meet medico-legal requirements, professional documentation standards and state / territory health department guidelines. (c) Results of reviews are made available to health professionals and improvements are made. (d) Timeliness of reports and information from investigations are monitored and improved as required.	(a) Initiatives to improve documentation are internally and externally compared and improvements made, as required.	(a) Results of monitoring are trended and demonstrate that documentation continuously meets all requirements of external standards and guidelines.
N3 The organisation needs to achieve a rating of MA or higher for this criterion (4.1.1) to gain ACHS accreditation.					

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.1 <i>There is a system that identifies and manages health and safety risks to ensure the well being of all employees, consumers/patients and visitors.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.1) to gain ACHS accreditation.	(a) There is an organisation-wide Health & Safety and Workers Compensation policy that is in accordance with relevant state / territory legislation. (b) Major health and safety risks are identified. (c) Staff are instructed in, and understand their health and safety responsibilities. (d) External service providers comply with the organisation's health and safety requirements. (e) Carers and visitors comply with the organisation's health and safety requirements.	(a) There is an organisation-wide system to assess health and safety risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes health and safety and injury prevention strategies. (c) Staff are consulted to enable them to contribute to decisions that affect their health, safety and well being in the workplace. (d) There is an organisation-wide injury management program.	(a) Health and safety are managed with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The health and safety system is evaluated and improvements are made to support: (i) safe practice and a safe environment (ii) compliance with relevant legislative requirements or standards. (c) The injury management program is evaluated and improvements made to ensure legislative requirements are met.	(a) Performance indicators for managing health and safety and workers compensation are measured and compared internally, and with external systems, and improvements made, as required.	(a) The organisation is recognised as a leader in the development and implementation of systems to ensure the health, safety and well being of all employees, consumers / patients and visitors.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.2 <i>Buildings, plant, equipment, utilities, consumables and supplies are managed and operated to support safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.2) to gain ACHS accreditation.	(a) Plant and equipment are installed and operated in accordance with the manufacturer's specifications. (b) Plant logs exist and are in accordance with business requirements. (c) Purchase and supply procedures ensure products are available or appropriate alternatives are implemented.	(a) There is a system to plan, manage and operate: (i) buildings (ii) plant (iii) equipment (iv) utilities (v) consumables and supplies. (vi) Written procedures for: (i) plant (ii) products (iii) workplace design (iv) refurbishment (v) service planning; address health, safety and service requirements. (c) There is a documented, planned and coordinated, preventative maintenance system. (d) There are systems that support resource conservation and environmental sustainability, relevant to the size and role of the organisation.	(a) Buildings, plant, equipment, utilities, consumables and supplies are managed with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the safety of the functional environment and the safe and consistent operation of plant and equipment. (c) Incidents and hazards associated with buildings, plant, equipment, utilities, consumables and supplies are documented, evaluated and improvements are made. (d) Deferred maintenance liability is documented and evaluated.	(a) Performance indicators for the management of buildings, plant, equipment, utilities, consumables and supplies are measured and compared internally, and with external systems, and improvements made, as required.	(a) The organisation is recognised as a leader in the safe and consistent management and operation of the functional environment.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.3 <i>The infection control system supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.3) to gain ACHS accreditation.	(a) There is an organisation-wide infection control policy. (b) Major infection risks are identified in accordance with legislative requirements. (c) Any responsibilities relating to notification of diseases are met. (d) Staff are instructed in, and understand their infection control responsibilities. (e) External service providers, carers and visitors comply with the organisation's infection control requirements.	(a) There is a system to assess infection risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes infection control management strategies. (c) The infection control system ensures effective communication of information relating to infection risks.	(a) The infection control system is managed and operated with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the infection control system to ensure safe practice and a safe environment.	(a) The performance indicators for infection control are measured and compared internally, and with external systems, and improvements made, as required.	(a) The organisation is recognised as a leader in the development and implementation of infection control systems.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.4 <i>The emergency management system supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.4) to gain ACHS accreditation.	(a) There is an organisation-wide policy for emergency management. (b) Potential emergencies are identified and response plans are prominently displayed. (c) There is documented evidence that an appropriate authority undertakes a fire inspection at least once within each EQulP cycle and in accordance with state / territory legislation. (d) Staff receive instruction in, and understand their responsibilities in emergency management. (e) External service providers comply with the organisation's requirements for the prevention of emergencies.	(a) There is a system to assess potential emergencies, determine priorities and eliminate risks or implement controls. (b) Service planning includes strategies for the management of any emergencies. (c) Emergency management systems are coordinated with all relevant external authorities. (d) Priority recommendations from fire inspections, as determined by an appropriate fire and safety authority, are implemented.	(a) The system to manage emergencies operates with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the emergency management system to ensure safe practice and a safe environment. (c) Recommendations from fire inspections are implemented, or appropriate arrangements, agreed to by an appropriate fire authority, are implemented.	(a) Performance indicators for emergency management are measured and compared internally, and with external systems, and improvements made, as required.	(a) The organisation is a recognised leader in the planning, development and management of systems for potential and actual emergencies.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.5 <i>The management of manual handling risks supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.5) to gain ACHS accreditation	(a) There is an organisation-wide manual handling policy. (b) Major manual handling risks are identified. (c) Staff are instructed in and understand their manual handling responsibilities. (d) External service providers comply with the organisation's requirements for manual handling.	(a) There is an organisation-wide system to assess manual handling and body stressing risks, determine priorities and eliminate risks or implement controls. (b) Service level planning includes strategies for manual handling and body stressing risks. (c) Staff are consulted to enable them to contribute to decisions affecting the management of manual handling risks.	(a) Manual handling risks are managed with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The system to manage manual handling and body stressing risks is evaluated and improved to ensure safe practice and a safe environment.	(a) Performance indicators for the management of manual handling risks are measured and compared internally, and with external systems, and improvements made, as required.	(a) The organisation is recognised as a leader in the development and implementation of systems for the management and control of manual handling.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.6 <i>Security management supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.6) to gain ACHS accreditation	(a) There is an organisation-wide security policy. (b) Major security risks are identified. (c) Staff are instructed in, and understand their responsibilities in, security management. (d) External service providers comply with requirements to eliminate or control on-site security risks.	(a) There is an organisation-wide system to assess security risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes strategies for security management. (c) Staff are consulted to enable them to contribute to the decisions that affect organisational and personal security risks in the workplace. (d) Security management plans are coordinated with any relevant external authorities.	(a) The system to manage security risks operates with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The security management system is evaluated and improved to ensure it supports safe practice and a safe environment.	(a) Performance indicators for security management are measured and compared internally, and with external systems, and improvements are made, as required.	(a) The organisation is recognised as a leader in the development and implementation of systems for the management of security risks.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.7 <i>The management of dangerous goods and hazardous substances supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.7) to gain ACHS accreditation	(a) There is an organisation-wide dangerous goods and hazardous substances policy. (b) Major risks from dangerous goods and hazardous substances are identified and signage is prominently displayed. (c) Employees are instructed in and understand their responsibilities in managing dangerous goods and hazardous substances. (d) External service providers comply with all requirements for handling dangerous goods and hazardous substances.	(a) There is a system to assess risks associated with dangerous goods and hazardous substances, determine priorities and eliminate risks or implement controls. (b) Service planning includes management of any relevant dangerous goods and hazardous substances. (c) There is a surveillance and environmental monitoring system for dangerous goods and hazardous substances. (d) The management of dangerous goods and hazardous substances is coordinated with any relevant external authorities. (e) A current register is kept for all dangerous goods and hazardous substances.	(a) The system to manage dangerous goods and hazardous substances operates with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) Performance indicators are used to evaluate and improve the management of dangerous goods and hazardous substances.	(a) Performance indicators for the management of dangerous goods and hazardous substances are measured and compared internally and with external systems, and improvements made, as required.	(a) The organisation is recognised as a leader in the development and implementation of systems for the management of dangerous goods and hazardous substances.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.8 <i>The radiation safety management system supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.8) to gain ACHS accreditation	(a) There is an organisation-wide radiation safety policy. (b) Major radiation risks are identified and signage is prominently displayed. (c) Relevant staff are instructed in and understand their responsibilities in managing radiation risks. (d) External service providers comply with any radiation safety management requirements. (e) A personal radiation monitoring system is in place, together with any relevant area monitoring. (f) A current register is kept on the safe disposal of all radioactive waste.	(a) There is a radiation safety system to assess risks, determine priorities and eliminate risks or implement controls. (b) Service planning includes strategies for any relevant radiation safety risks. (c) A current register is kept for all radioactive substances and radiation equipment. (d) Radiation safety management plans are coordinated with any relevant external authorities. (e) Consumer / patient radiation is kept to a minimum whilst maintaining good diagnostic quality. (f) A radiation safety report is provided to the organisations ethics committee on any research proposal involving irradiation of human subjects.	(a) Radiation is managed with reference to any relevant: (i) Australian Standards (ii) state / territory standards (iii) codes of practice (iv) industry guidelines. (b) The radiation management system is evaluated and improved to ensure it supports safe practice and a safe environment.	(a) Performance indicators for radiation safety are measured and compared internally, and with external systems, and improvements are made, as required.	(a) The organisation is recognised as a leader in the development and implementation of systems for the safe management of radiation.

Standard 5.1 A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected.

Criterion	LA - Awareness	SA - Implementation (LA plus the following)	MA - Evaluation (SA plus the following)	EA - Benchmarking (MA plus the following)	OA - Leader (EA plus the following)
5.1.9 <i>The waste management system supports safe practice and a safe environment.</i> NB The organisation needs to achieve a rating of MA or higher for this criterion (5.1.9) to gain ACHS accreditation	(a) There is an organisation-wide waste management policy. (b) Waste management streams are identified and signage is appropriately displayed. (c) Staff are instructed in and understand their responsibilities in waste management. (d) External service providers comply with any requirements for the handling, transport and disposal of waste.	(a) There is a waste management system to assess, separate, handle, transport and dispose of all waste streams. (b) Service planning includes strategies for effective management of any waste generated. (c) Services participate in recycling, reducing and reusing waste products. (d) Waste management systems are coordinated with all relevant external authorities.	(a) Waste is managed with reference to any relevant standards. (ii) State / territory standards (iii) codes of practice (iv) industry guidelines. (b) The waste management system is evaluated and improved to ensure it supports safe practice and a safe environment.	(a) Performance indicators for waste management are measured and compared internally, and with external systems, and improvements are made, as required. (b) All services actively participate in recycling, reducing and reusing waste products.	(a) The organisation is recognised as a leader in the development and implementation of programs for the management of waste.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.9 The waste management system supports safe practice and a safe environment.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

INSUFFICIENT DISPOSAL SITES IN
OPERATING ROOMS

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

-REGULAR CHANGES OF DISPOSAL BINS.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.8 The radiation safety management system supports safe practice and a safe environment.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

NO COMPLIANCE WITHIN THIS DEPARTMENT

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

RADIATION BADGES FOR ANAESTHETISTS

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.7 The management of dangerous goods and hazardous substances supports safe practice and a safe environment.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

HAVE NO INFORMATION ON THIS TOPIC

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.6 Security management supports safe practice and a safe environment

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

DOES NOT MEET LA.

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.5. The management of manual handling risks supports safe practice and a safe environment. The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

TRAINING LETTING OFF, BY CANCELLED
AND NOW MADE AVAILABLE TO MEDICAL
STAFF

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.4 The emergency management system supports safe practice and a safe environment

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

IF THERE IS AN EMERGENCY RESPONSE
I HAVE YET TO BE INFORMED OF IT.

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.3 The infection control system supports safe practice and a safe environment

~~The organisation needs to achieve an MA rating or higher for this criterion to gain CCHS accreditation~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

INFECTION CONTROL IS MONITORED
AS YET I HAVE SEEN NO RESULTS OF
RESPONSES TO THIS DATA.

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.2 Buildings, plant, equipment, utilities, consumables and supplies are managed and operated to support safe practice and a safe environment.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

MAINTENANCE IS REACTIVE NOT
PROACTIVE

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

REGULAR REPLACEMENT OF EQUIPMENT
BEFORE END OF LIFE EXPECTANCY - NOT
ON OBSOLESCENCE

Safe Practice and Environment Mandatory Criteria :

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.1 There is a system that identifies and manages health and safety risks to ensure the wellbeing of all employees, consumers / patients and visitors.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

UNIVERSAL PRECAUTIONS ARE OBSERVED

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Information Management Mandatory Criterion

Standard 4.1

Valid information sources support decision making and the identification of consumer / patient care outcomes.

4.1.1 Consumer / patient health records are a primary source of information to support consumer / patient care and safety, improving performance and for managing the organisation.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

WE MEET SOME CRITERIA UP TO MA

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result
ANATOMICAL RECORD	YES	BEING REVIEWED
RECOVERY RECORD	YES	BEING REVIEWED

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

PROCESS ONGOING - NO EXTRA MEAS

Human Resources Management Mandatory Criterion

Standard 3.1

The management of human resources supports the delivery of quality and safe care and service.

3.1.2 The recruitment, selection, appointment and continuing employment system ensures that the skill mix and competency of staff support safe practice and the provision of quality care and service.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

NO SUPPORT FROM MANAGEMENT OR HR
IN RECRUITMENT

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Active HR

Standard 2.4

The governing body is committed to consumer participation as a strategy to assist the improvement of quality, safe care and service.

2.4.2 Information is readily available for consumers/patients so that they are informed of their rights and responsibilities

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

"ANAESTHETIC" CONSUM/INFORMATION SHEETS
ARE BEING DEVELOPED

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

WE DO NOT MEET LA. REQUEST FOR
COMPLAINTS - SO THAT WE CAN ADDRESS
THEM HAVE YET TO BEAR FRUIT

Standard 2.3

The governing body leads the organisation in its commitment to continuous improvement and the quality and safety of care and service.

2.3.1 The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

THE ESTABLISHMENT OF COMMITTEES OR
CLINICAL FORA DOES NOT IMPLEMENT
IMPROVEMENT.

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQulP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

-ADEQUATE STAFF

Rating – Criterion	Organisation's Self Rating	Surveyor Rating
2.3.1 The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.	LA	

Standard 2.2

The governing body promotes the safety of all persons within the organisation by its proactive approach to preventing and managing clinical and non-clinical risks.

2.2.1 An organisation-wide risk management policy ensures that safety is considered in all activities. The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

PROBLEMS OF FATIGUE ARE IGNORED.
SAFE STAFFING LEVELS ARE NOT
MAINTAINED

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

ERRORRED SEMINARS ARE A GOOD START
BUT WE NEED AVAILABLE TIME TO
ORGANISE IMPLEMENTATION

Standard 2.1

The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

~~2.1.5 Documented corporate, operational and clinical policies assist the organisation to provide quality, safe and efficient care and service.~~

~~The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

NANAKEMUNI IS AWARE OF AUSTRALIAN
COLLEGE STANDARDS AND KNOWS THEM

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

ROSTERS DO NOT APPROXIMATE RECOMMENDATION
WITH REFERENCE TO FATIGUE - APPROPRIATE
STAFFING IS IN ORDER.

Leadership and Management Mandatory Criteria

Standard 2.1

The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

~~2.1.2 Care and service are provided in accordance with legislative requirements.~~

~~The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

NO INFORMATION FROM MANAGEMENT ON THIS TOPIC

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

DISSEMINATION OF INFORMATION FROM MANAGEMENT

Standard 1.4

Consumer / patient and carer needs for ongoing care are addressed through the coordination of services and the provision of timely and useful information.

1.4.1 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care. The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

NOT APPLICABLE TO ANAESTHETIC SERVICES

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUiP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION? It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Rating - Criterion	Organisation's Self Rating	Surveyor Rating
1.4.1 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care.	N/A	

Standard 1.3

Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care.

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

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

CARE IS DELIVERED ON AN AD HOC BASIS
AS CONTINUUM OF CARE IS IMPOSSIBLE WITH
CURRENT STAFFING LEVELS
ICU - COMPLIED WITH ITS STATUS IN
TRANSFERRING PATIENTS

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

CRITERION LA NOT ACHIEVED. - LACK OF
STAFF.

For easier identification, mandatory criteria are in the shaded boxes

Continuum of Care Mandatory Criteria

Standard 1.2

A comprehensive assessment by competent professionals identifies the clinical, non-clinical and social needs of consumers / patients, as the basis for providing quality and safe care.

1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals
 The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

DOES NOT MEET ANY STANDARD

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result
PAIN RELIEF	ESTABLISHED ACUTE PAIN SERVICE	ABANDONED - LACK OF STAFF

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

APPROPRIATE LEVEL OF STAFFING TO ADDRESS
PROBLEMS

Rating - Criterion	Organisation's Self Rating	Surveyor Rating
1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals.	NONE	

For easier identification, mandatory criteria are in the shaded boxes

Continuum of Care Mandatory Criteria

Standard 1.2

A comprehensive assessment by competent professionals identifies the clinical, non-clinical and social needs of consumers / patients, as the basis for providing quality and safe care.

1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals. The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

clinical, non-clinical & social needs of patients are identified by surgical teams but providing quality care is compromised by lack of funding for beds, inadequate radiology services and an understaffed operating theatre complex

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result
Clinical pathway for breast cancer surgery	decreased LOS	approaching best-practice

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

we need guaranteeing of surgical beds, improved radiology services, increased anaesthetic services, funding for comparative introduction of new advanced surgical techniques and the establishment of a proper intensive care unit

Rating - Criterion	Organisation's Self Rating	Surveyor Rating
1.2.1 The assessment system ensures consumer / patient needs are identified by competent professionals.	SA	

Standard 1.3

Consumer / patient needs for quality and safe care with desirable outcomes are addressed through the planning, delivery and evaluation of care.

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

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

- care is planned well in theory
- delivery is compromised by inadequate number of surgical beds, inadequate radiology services, insufficient anaesthetists and lack of equipment finding.

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUiP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

- increase surgical bed availability
- improve radiology services
- eliminate inefficient admission practices by unsupervised junior medical staff
- improve anaesthetic services
- obtain a proper intensive care unit
- improve surgical equipment

Standard 1.4

Consumer / patient and carer needs for ongoing care are addressed through the coordination of services and the provision of timely and useful information.

1.4.1 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care. The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

- discharge summaries given & sent
- outpatient investigations organised
- follow-up appointments organised

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result
Discharge information to GMO	referrals to phone LMOs	improved communication to public relations

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

- process of transferring patients to other hospitals / nursing homes using ambulance services needs to be made more efficient to eradicate bed block

Rating - Criterion	Organisation's Self Rating	Surveyor Rating
1.4.1 Processes for discharge / transfer address the needs of the consumer / patient for ongoing care.	SA	

Leadership and Management Mandatory Criteria

Standard 2.1

The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

2.1.2 - Care and service are provided in accordance with legislative requirements.

The organisation needs to achieve a rating of LA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

There is little direction from management with regards to strategic direction. They refuse to clearly define the hospital's operational role in delivery of services and the critical mass of medical staff required to meet this role. They appear more interested in making targets than delivery of quality healthcare.

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle - monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

- The Department of Surgery's operational role needs to be clearly defined with reference to the budget provided.
- Staff levels need to be set in order to maintain services.
- There needs to be a operational plan for the continued development of surgical services in the Bundaberg Health Services District.

Standard 2.1

The governing body leads the organisation's strategic direction and establishes an operational framework to ensure the provision of quality, safe services.

~~2.1.5 Documented corporate, operational and clinical policies assist the organisation to provide quality, safe and efficient care and service.~~

~~The organisation needs to achieve a rating of MA or higher for this criterion to gain ACFTS accreditation.~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

Management continues to ignore
safe hours practices, and the fact
that the anaesthetic department
is grossly understaffed

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

improved critical levels of staff

- 1 in 4 surgical on-call
- 1 in 4 anaesthetic on-call
- evening nursing shift (or) to avoid cancellation of elective surgery by emergency surgery

Standard 2.2

The governing body promotes the safety of all persons within the organisation by its proactive approach to preventing and managing clinical and non-clinical risks.

2.2.1 An organisation-wide risk management policy ensures that safety is considered in all activities.

The organisation needs to achieve a rating of MA or higher for this criterion to gain AGS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

- Safety of ^{senior} medical staff performing long hours of service without sleep are ignored.
- Staff levels are allowed to deteriorate until crisis point e.g. anaesthetists

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

- Errorred educate
- adequate staff levels
- adequate supervision of junior staff in emergency department

Standard 2.3

The governing body leads the organisation in its commitment to continuous improvement and the quality and safety of care and service.

2.3.1 The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

At present improving performance in service delivery is impossible due to lack of surgical beds, routine cancellations of elective surgery, poor radiology and lack of anaesthetists

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUiP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result
re-admission rates		

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

management needs to allocate resources to improve performance

Rating – Criterion	Organisation's Self Rating	Surveyor Rating
2.3.1 The organisation develops a continuous quality improvement system to demonstrate its commitment to improving performance in care and service delivery.	LA	

Standard 2.4

The governing body is committed to consumer participation as a strategy to assist the improvement of quality, safe care and service.

2.4.2 Information is readily available for consumers/patients so that they are informed of their rights and responsibilities.

The organisation needs to achieve a rating of MA or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

Surgical information is available for most common procedures

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION? It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Complaints about surgery need to be discussed with all stakeholders for proper resolution

Human Resources Management Mandatory Criterion

Standard 3.1

The management of human resources supports the delivery of quality and safe care and service.

3.1.2 The recruitment, selection, appointment and continuing employment system ensures that the skill mix and competency of staff support safe practice and the provision of quality care and service. The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

- Surgical skill mix is not even considered in recruitment or encourage.
- There is very little support from management or JHR for locum finding for holiday / conference relief

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUiP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

• Management shows no interest in alternative skill mix models of staff recruitment for the future in view of changing models of surgical training

Information Management Mandatory Criterion

Standard 4.1

Valid information sources support decision making and the identification of consumer / patient care outcomes.

4.1.1 Consumers/patient health records are a primary source of information to support consumer/patient care and safety, improving performance and for managing the organisation.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

SA - delayed reports from radiology
suboptimal

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle - monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result
Medical Records	yes	doctor name time <i>Improved</i> <i>down</i>

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Safe Practice and Environment Mandatory Criteria

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

~~5.1.1 There is a system that identifies and manages health and safety risks to ensure the well being of all employees, consumers, patients and visitors.~~

~~The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

MA — workplace health & safety officers present in OT
— universal precautions observed

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

• management needs to examine safe hours document and implement it

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.2 Buildings, plant, equipment, utilities, consumables and supplies are managed and operated to support safe practice and a safe environment

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

- Maintenance is not pro-active
CSSD was at risk of an explosion last year due to inadequate maintenance

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

need to be pro-active

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

~~5.1.3 The infection control system supports safe practice and a safe environment~~

~~The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

MA

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

improved communication between
infect control & clinicians
needed for exam of
practice & benchmarking

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.4 The emergency management system supports safe practice and a safe environment

~~The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

Disaster planning is not practised and appears ad hoc

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

improved co-ordination of disaster planning and integrate of departments in their response

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

~~5.1.5 The management of manual handling risks supports safe practice and a safe environment. The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

No informat / lectures appear
to be for medical staff

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

education

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.6 Security management supports safe practice and a safe environment

The organisation needs to achieve an MA rating or higher for this criterion to gain a CHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

LA

- understaffed (wards men)
- no properly trained security

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

• need proper security

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.1 The management of dangerous goods and hazardous substances supports safe practice and a safe environment

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

Unaware of any breaches of
guidelines for dangerous goods
and hazardous substances

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

5.1.8 The radiation safety management system supports safe practice and a safe environment.

The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

~~ach the radio~~
radiation safety management in
the operating theatre meets
safety standards

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQuIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

radiat badges for staff

Standard 5.1

A systematic risk management program is used to manage services and facilities and ensure that the safety and health of all persons within the organisation are protected

~~5.1.9 The waste management system supports safe practice and a safe environment.~~

~~The organisation needs to achieve an MA rating or higher for this criterion to gain ACHS accreditation.~~

Using quantitative and qualitative data describe the outcomes relating to this MANDATORY CRITERION.

- insufficient sharps containers in operating theatre
- scalpel blades could be more safely removed from handles

This will demonstrate the quality and safety of care, customer focus, outcome and striving for best practice.

Since the last EQUIP event (ie organisation-wide survey, self-assessment, periodic review) what activities has your organisation reviewed, what changes have been made, what results can be demonstrated?

This will demonstrate completion of the quality cycle – monitoring, assessment, action, evaluation and feedback. This will also demonstrate a culture of improvement. (Insert more rows as required.)

Reviewed	Changed	Result

What does your organisation want to do to improve your outcomes for this MANDATORY CRITERION?

It is expected that there will be activities described here, especially if there is a rating of LA or SA. This will demonstrate continuous improvement.

- more sharps containers
- Quicksmart scalpel blade removers more widely available

"SPB 14"

From: Peter Leck
To: Nydam, Kees; Raven, Leonie
Date: 27/09/2002 12:38pm
Subject: Re: Self Assessment - Mandatory Criteria

Thanks Leonie/Kees - there appear to be some issues in the document that should be able to be easily fixed (eg scalpel blade removers, sharps containers) and others that appear uninformed (eg. lack of security training).

Please liaise with infection control and advise Dr Baker of what has been occurring with PART training.

Peter

>>> Leonie Raven 27/09/2002 10:42:11 >>>
Hi Kees

I am attaching the self assessment against the mandatory criteria that was completed by Sam Baker.

While not as scathing as the Anaesthetics document, some of the comments in the surgical document are still not appropriate for inclusion in the District response.

Also, Martin Carter approached me yesterday to enquire if I had received the self assessment that he had completed. I told him that his second document had been forwarded on for appropriate follow-up, and clearly indicated to him that the comments made by him were not at all helpful. Martin then claimed that he had not yet completed the second document and suggested that he and I meet next week to complete it together. I have agreed to do this, but have my doubts that a more positive outcome can be achieved.

Thanks

Leonie

Leonie Raven
Quality Coordinator
District Quality & Decision Support Unit
Phone: .

ignoring assessment
of surgical service
I have a copy of
anaesthetics & surgery
if needed
Johnson & Johnson
MEDICAL
It's in our nature to care