Monash House Private Hospital

QUALITY SYSTEMS MANUAL
Scope of Policy: To provide an overview about how Monash House Private Hospital meets the requirements of the ISO 9001:2015 and incorporates applicable elements from the requirements of the National Safety & Quality Health Service Standards (NSQHSS).

Document Location: LOGIQC

Area/Department: Hospital Executive

Distributed to: Hospital Wide

DEFINITIONS

Authority
The right to command others, the right to make and enforce decisions.

CEO
Chief Executive Officer

CFO
Chief Finance Officer

Competence
Ability to apply knowledge and skills to achieve intended results.

Context of the Organisation
ISO 9001:2015 requires organisations to identify, monitor and review internal and external issues that are relevant to its purpose and strategic direction, and that have the ability to impact the quality management system’s intended results.

Contract
Any formal or verbal agreement between the facility and a customer for the delivery of a service. Medical services enter into formal, contract based agreements to utilise the facility. Patients who are referred to the facility for treatment enter into verbal agreements for admission and treatment in accordance with the referrers’ specifications.

Corrective Action
Action taken to eliminate the causes of an existing nonconformity, defect or other undesirable situation in order to prevent recurrence.

Customer
Includes patients and carers, referring medical staff, funding bodies and government.

DON
Director of Nursing.

LOGIQC
Electronic Quality Management and document control system.

Nonconforming Service
Any action taken/or task performed which is inconsistent with a procedure laid down as part of the management system – referred to as Incident Management System.

NSQHSS
National Safety & Quality Health Service Standards.

Position Description
A written description of work inclusive of responsibilities and tasks or activities to be performed at a specific location. Each position description should be a statement which distinguishes a particular task or set of responsibilities from all others in the organisation.

Position descriptions should clearly define the parameters within which an individual is expected to perform; they should also clarify the hierarchy of authority.

Responsibility for the quality of the key functions and activities must be individually defined and documented.
Preventive Action
Action taken to eliminate the causes of a potential nonconformity, defect or other undesirable situation in order to prevent occurrence.

Product
Result of activities or processes, which may include service, hardware, processed materials or intangibles such as knowledge or concepts or a combination of these.

Relevant Interested Parties
Groups or Individuals who have the ability to impact or potentially impact the organisations ability to supply consistently products and services that meet customer and applicable statutory and regulatory requirements.

Responsibility
The state of being held accountable for the outcomes of actions and decisions.

Senior Management
The personnel with executive responsibility for the management of the facility.

Suppliers
Supply a product or a service to the Hospital.

RESPONSIBILITIES
DON
Departmental Managers

PROCEDURE
The following is designed to provide an overview of how Monash House Private Hospital (MHPH) meets the requirements of the ISO 9001:2015 and incorporates applicable elements from the requirements of the National Safety & Quality Health Service Standards (NSQHSS). For ease of reference it is written in the same format as the ISO 9001:2015 standard.

Introduction
Monash House Private Hospital commenced operating as a hospital in July 2016 in the Monash Medical precinct. It is a purpose built facility with 4 operating theatres, offering 8 limited overnight beds and 14 day surgery beds, trolleys and recliners. The Hospital is linked to the Metro Pain Group where currently the majority of patient referrals originate from. The current scope of patients includes Interventional Pain Management, Plastic Surgery, Cosmetic Surgery and Oral & Maxillofacial Surgery.

4.0 Context of the Organisation

4.1 Understanding the organisation and its context

Monash House Private Hospital is a Private Hospital for the provision of interventional, surgical and diagnostic services including day surgery and limited overnight care for health care recipients. Monash House uses the framework of ISO 9001 and NSQHS Standards to monitor and review internal and external issues that have the ability to impact the quality management system’s intended results.
They monitor issues, both positive and negative, using the LOGIQC electronic Quality Management system via the use of registers including but not limited to compliance register, risk register, document register, supplier register, contract register and feedback register.
External context issues include legislative compliance, technology, and competition, cultural, social and economic environments. Internal context issues include, organisational culture and values, compliance with the quality policy, planning and objectives, organisational and staff performance. Internal and external context issues are identified by the Management structure (Board, Medical Advisory and Senior management) and

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monitored via the Strategic Business framework, Safety & Quality framework, and via LOGiQC, the risk register, clinical indicators, business KPI’s, HR performance, internal and external audits, which are tabled at meetings for discussion, resolution and improvement.

4.2 Understanding the needs and expectations of interested parties

Management has established their interested parties, their requirements and the relevance to the Quality Management System (QMS) using a stakeholder analysis. Types of stakeholders include:

**Primary stakeholders:** are those ultimately affected, either positively or negatively by an organization's actions. **Secondary stakeholders:** are the ‘intermediaries’, that is, persons or organizations who are indirectly affected by an organization’s actions. **Key stakeholders:** who can also belong to the first two groups have significant influence upon or importance within an organization.

Interested parties at MHPH include Metro Pain Group, referrers, customers, patients, carers, staff, medical practitioners, shareholders, board members, MAC members, accrediting agency, Department of Health and Human Services, suppliers, contractors, building managers, other tenants of the building, emergency services, and other hospitals where patients may be transferred to in an emergency situation.

The interested parties are then analysed on two parameters: Power and Interest.

![Stakeholder's matrix showing which strategies to use.](image)

Stakeholder analysis helps with the identification of the following:

- Stakeholders’ interests
- Mechanisms to influence other stakeholders
- Potential risks
- Key people to be informed about the project during the execution phase
- Negative stakeholders as well as their adverse effects on the project
4.3 Understanding the scope of the quality management system

The scope of the quality management system includes Monash House Private Hospital and excludes Metro Pain consulting services although it is acknowledged that there are some shared services as outlined on the organisational chart. Design and development is excluded from Monash House Private Hospital as they do not design or develop, but they utilise best practice guidelines.

The Hospital scope of services is:

*The provision of inpatient and day surgery interventional, surgical and diagnostic services including Interventional Pain Management, Plastics, Cosmetic and Oral & maxillofacial, services according to applicable legislative compliance.*

The scope has been determined considering external and internal issues, requirements of relevant interested parties and the products and services of the organization. MHPH Board may decide to market to additional specialities which will then be added to the hospital scope at that time.

4.4 Quality management system and its processes

MHPH utilizes LOGIQC a risk focused, process based electronic document and quality management system. The Quality Management System Manual is the principal document covering the requirements of ISO 9001:2015 requirements and incorporates applicable elements of the NSQHS Standards and is supported by facility policies procedures and forms.

One of the key purpose of implementing a quality management system is to act as a preventive tool using risk based thinking. ISO 9001:2015 defines 7 Quality Management Principles (QMPs) as the basis of the standard.

1. Customer Focus
2. Leadership
3. Engagement of people
4. Process approach
5. Improvement
6. Evidence based decision making
7. Relationship Management

The aim of the system is continuous improvement of service delivery through addressing the needs of all interested parties. Specifically the system has been designed and implemented to ensure:

- Consideration of interested parties and stakeholders.
- Understanding of the context of the organisation according to internal and external issues.
- Compliance with NSQHS Standard 2 – Partnering with Consumers to ensure consumer engagement occurs to confirm customer needs and expectations are, at a minimum, met and where possible exceeded.
- Risk focused and process based thinking is utilised.
- Compliance to legislation and regulatory requirements.
- The management infrastructure has been designed to enable staff to achieve the strategic objective
- Individual authority and responsibility for work practices has been clarified and communicated.
- Availability of resources as required to fulfilling customer needs.
- Work systems are designed to ensure effectiveness and efficiency of work practices.
• A systematic approach to continuous improvement using LOGIQC
• Availability of facts and data are an aid to decision making.
• Partnerships with suppliers.
• Best Practice guides care provision.

4.4.2 Documented Information

MHPH has established what documented information it will maintain and retain to support the operation of the hospital and quality management system to have confidence that the processes are being carried out as planned and according to legislative and regulatory requirements.

5.0 Leadership

5.1 Leadership and commitment

5.1.1 Leadership and commitment to the quality management system

Senior management at MHPH demonstrates both leadership and commitment including the accountability for the organisation’s quality management system by using a Strategic Business framework a Safety & Quality framework and LOGIQC. Commitment is demonstrated through the implementation of the quality policy and quality objectives, which reflect the overall strategic direction and the context in which the organisation is operating to foster a culture of individual responsibility for the provision of service.

Management works with staff to ensure that the quality objectives are achieved and that the quality policy is communicated, understood and applied across the organisation. This is achieved using a risk focused, process based approach ensuring the quality management system is integral to the organisation’s business processes. MHPH has a Board, a Medical Advisory Committee, a Senior Management Meeting, a Clinical Safety and Quality Meeting and Departmental Meetings. The DON is the nominated Management representative for the QMS.

5.1.2 Customer focus

Senior Management is committed to, and accepts its obligation for fulfilling consumer expectations and requirements. This includes ensuring that customer, service delivery and applicable legislative requirements are identified and met and customer satisfaction is enhanced. Risks and opportunities that may affect the organization’s ability to supply a conforming service and enhance satisfaction are also identified and addressed.

Customer focus at Monash House Private Hospital is demonstrated by compliance to NSQHS Standard 2 in addition to the elements of customer focus required for ISO 9001. Customer and Consumer Feedback will be sought and utilised for improvements to ensure:

• their needs and expectations are being met
• their requirements are understood and are being met
• the resources are available to meet these needs
• improvements to the safety and quality of care
• Monash House Private Hospital is responsive to patient, carer and consumer input
• consumer partnerships in service planning, designing care and service measurement and evaluation
5.2 Quality Policy

5.2.1 Developing the quality policy

Senior Management has established and reviews the Quality Policy at regular intervals to ensure it remains appropriate to the context of the organisation and interested parties. The Quality Policy includes a commitment to improve the effectiveness of the quality management system.

5.2.2 Communicating the quality policy

Senior management ensures that the Quality Policy is available to interested parties (as identified in Clause 4.2), as documented information and communicated, understood and applied across Monash House Private Hospital. The Quality Policy is provided to all staff at orientation, is displayed in the public areas of the hospital and is on the website for other stakeholders to view.

Monash House Private Hospital management demonstrates commitment to providing quality care as indicated in the Mission statement, Vision and expected Values and Behaviours.

<table>
<thead>
<tr>
<th>MISSION</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Provide a welcoming, relaxed and high quality hospital environment</td>
</tr>
<tr>
<td>• To be patient focused always delivering services in a caring and professional manner</td>
</tr>
<tr>
<td>• To have a culture of excellence with highly trained and skilled doctors, nurses and support staff</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>VISION BY JULY 2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>• To be established as a leading and respected private hospital within the Monash Medical Precinct</td>
</tr>
<tr>
<td>• To consistently achieve organisational goals having a culture supported by core values that are demonstrated through the behaviours of all staff</td>
</tr>
<tr>
<td>• To meet all operational objectives and deliver an exceptional patient experience</td>
</tr>
<tr>
<td>• To meet agreed financial KPIs that generate sufficient revenue and margin to support planned and sustainable growth</td>
</tr>
</tbody>
</table>
Values & Behaviours

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Excellence</strong></td>
<td>Surpass ordinary standards, always deliver your best and continually improve</td>
</tr>
<tr>
<td><strong>Integrity</strong></td>
<td>Be honest, fair and transparent adopting a consistent approach with all dealings and stakeholders</td>
</tr>
<tr>
<td><strong>Respect</strong></td>
<td>Have due regard for the feelings, wishes, or rights of others in all our interactions</td>
</tr>
<tr>
<td><strong>Quality</strong></td>
<td>Meet or exceed stakeholder expectations of the services we provide</td>
</tr>
<tr>
<td><strong>Care</strong></td>
<td>Apply serious attention to undertaking tasks correctly and show kindness and concern for others</td>
</tr>
<tr>
<td><strong>Collaboration</strong></td>
<td>Work together (with internal and external stakeholders as appropriate) to explore ideas and search for solutions that extend beyond your knowledge to achieve shared goals</td>
</tr>
</tbody>
</table>
Quality Policy

Monash House Private Hospital is accredited to ISO 9001 and the National Safety & Quality Health Service Standards.

The Management and staff at Monash House Private Hospital are committed to:

**Planned outcomes**

- To provide healthcare of a high standard using a risk focused, process approach, based on Best Practice and regulatory requirements
- Provide a timely, competitive, affordable and safe health care service that will encompass measurable and ongoing continual improvement, to our customers, as a basis of all practices.
- Engage with consumers, customers, both internal and external to ensure we are identifying and meeting their needs effectively
- Ensure that the Quality Policy is available to all interested parties
- Regularly review and assess the effectiveness of our Quality Management System and implement improvements, which are based on ISO 9001:2015.

We have processes for planning: which are transparent and communicated to our stakeholders so they know what their role and contribution is.

The outcome of the planning process is a set of objectives which will be reviewed and updated at least annually.

Finally it is important that **stakeholders:**

- Are aware of the requirements of our management systems,
- Identify, report, record all problems, incidents, complaints, or areas of improvements,
- Comply with the intent and the content of our management system.

Please contact me if you have any questions or comments regarding this policy or its implementation.

Signed by:

Roger Pendred
CEO with support from the Board of Management
5.3 Organizational roles, responsibilities and authorities

Senior Management ensures the assignment of the necessary responsibilities and authorities to individuals in the Hospital to carry out quality related activities. They ensure that responsibilities and authorities relating to the QMS are communicated across the Hospital and that they are understood.

Senior Management has tasked the Director of Nursing with:

- Ensuring compliance with the ISO 9001 and NSQHSS requirements
- Ensuring the QMS processes are delivering their intended outcomes
- Reporting occurs on the operation of the QMS and identification of any opportunities for improvements occurs
- Promoting a customer focus throughout the organisation
- Preserving the integrity of the system whenever changes to the QMS are planned and implemented

Responsibility and authority is delegated and clarified in the following:

- Documented procedures and policies, which conform to the quality policy and the ISO 9001:2015 standard and applicable NSQHSS elements.
- An organisational chart which clearly identifies the divisions of the facility, who has authority, who holds responsibility in any area and who reports to whom.
- A committee structure with terms of reference
- Position Descriptions for all staff that outline responsibilities, tasks or activities to be performed. They also clearly define the parameters within which an individual is expected to perform and the hierarchy of authority.

Refer to Organizational Chart next page:
6.0 Planning

6.1 Actions to address risks and opportunities

6.1.1

Monash House Private Hospital has considered its context, internal and external issues and relevant interested parties (refer to Clause 4.0) when planning for its QMS.

They have developed an annual Quality & Safety framework (doc_85) that includes the review of risks and opportunities for improvement. LOGIQC allows for a systematic approach for risk identification and improvements. Actions taken to address risks and opportunities are proportionate to the potential impact of the risk or opportunity on the service (patient care) and customer satisfaction.

The Senior Management Meeting reviews the quality and risk systems which are reported at the other meetings as applicable.

The review includes:

- Evaluation and updating as required of the quality policy and objectives
- Any factors that may affect the QMS and effectiveness of the QMS
  - Identification of improvement opportunities through reference to:
    - Audits feedback
    - Consumer / workforce feedback
    - Audits of patient medical record charts
    - Outcomes from preventative and corrective actions
    - Follow up from management directives arising from meetings.
    - Incident review including clinical indicator review
    - Risk management program review and risk register review

The output from the review provides the following:

- Details of improvements to the quality and risk management system
- Details of ongoing audits as required
- Clarification of availability of resources needed to fulfil the quality requirements
- Consumer / workforce feedback for improvements
- Risk management improvements for effective controls
- Opportunities MHPH can leverage to ensure growth and sustainability

The plans developed will provide assurance that the processes will convert inputs into the expected outputs against customer requirements.
6.2 Quality Objectives and planning to achieve them

6.2.1

The Quality Objectives are established and are consistent with the Quality Policy. The objectives are measurable and take into account applicable customer and legislative requirements and are monitored to determine if they are met. They are communicated across the organisation and updated as required and are retained as documented information. The Quality Objectives of MHPH are relevant to its function, levels and processes within its QMS and relevant to the current state of the organisation as indicated in the Quality & Safety framework.

Monash House Private Hospital Quality Objectives

1. To meet all relevant health Authority requirements

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success Indicator</th>
</tr>
</thead>
</table>
|         | • Victorian Health Department state licensing  
|         | • Drugs and Poisons Licence  
|         | • Food safety Permit  
|         | • Policies and procedures to meet ISO/NSQHS requirements  
|         | • Internal audits | • Registration with Dept. of Health Victoria Drugs and Poisons licensing  
|         |                  | • Monash Council Food safety Permit  
|         |                  | • HICMR infection consultant -Quality Consultant |

2. To maintain high levels of clinical standards through strategic staff recruitment, and staff education, and quality assurance programs

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success Indicator</th>
</tr>
</thead>
</table>
|         | • Staff personnel files available and maintained  
|         | • Internal and external education available to staff  
|         | • Education calendar  
|         | • Membership of professional bodies  
|         | • Internal audit  
|         | • Monitoring by Medical Advisory Committee  
|         | • Reporting and management of incidences  
|         | • Reporting and management of patient/care feedback and complaints  
|         | • Performance appraisals | • Continual improvement from internal auditing  
|         |                  | • Minimal complaints from patients and visiting practitioners  
|         |                  | • Good attendance at in-service education and completion of e learning modules  
|         |                  | • Some staff membership of professional bodies e.g. ACORN, ADSNA, ADHA, APHA |
3. To provide a high level of care to patients

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Patient satisfaction Survey annually and analysis of results</td>
<td>• Positive patient satisfaction survey results</td>
</tr>
<tr>
<td>• Post discharge follow up calls to all day patients</td>
<td>• Minimal or zero infections and complications</td>
</tr>
<tr>
<td>• Clinical indicators</td>
<td>• Successful patient flow</td>
</tr>
<tr>
<td>• Post discharge infection and complication surveillance</td>
<td>• Clinical indicators within industry benchmark</td>
</tr>
<tr>
<td></td>
<td>• Post discharge phone call audits</td>
</tr>
</tbody>
</table>

4. To promote a safe environment for all patients, carers, staff and visitors

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td></td>
</tr>
<tr>
<td>• OHS inspection/audit</td>
<td>• Minimal or zero WorkCover claims</td>
</tr>
<tr>
<td>• Allocation of staff OH&amp;S rep</td>
<td>• Minimal numbers-dedicated to near misses</td>
</tr>
<tr>
<td>• Support and training of above representative</td>
<td>• Prompt response to any perceived risks or threats and minimal incidents</td>
</tr>
<tr>
<td>• Manual handling component included in annual staff mandatory training</td>
<td>• Manual handling training completed by all staff</td>
</tr>
<tr>
<td>• Risk assessment and register with regular review</td>
<td>• Staff representative of OHS</td>
</tr>
<tr>
<td>• Issues, incidences and improvement logged on LOGIQC</td>
<td></td>
</tr>
</tbody>
</table>

5. To provide and support high standards of medical technology for patients/carers and staff

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process</td>
<td></td>
</tr>
<tr>
<td>Monitoring of:</td>
<td>• Nil down time due to equipment breakdown</td>
</tr>
<tr>
<td>• Approved suppliers</td>
<td>• Nil evidence of ongoing equipment and maintenance issues</td>
</tr>
<tr>
<td>• Maintenance/service contracts</td>
<td>• Nil staff and VP dissatisfaction due to equipment failures</td>
</tr>
<tr>
<td>• Non-conformance and recall</td>
<td>• Service contracts in place</td>
</tr>
<tr>
<td>• Capital expenditure</td>
<td>• Any recalls, non-conformances/repairs, calibration logged on LOGIQC and reviewed and actioned</td>
</tr>
<tr>
<td>• Biomedical consultants</td>
<td></td>
</tr>
<tr>
<td>• Staff education</td>
<td></td>
</tr>
<tr>
<td>• LOQIQC register monitoring of incidences, repair register</td>
<td></td>
</tr>
</tbody>
</table>
6. Identify any medication safety issues by the evaluation and improvement in the medication reconciliation plan

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
</table>
|         | • NSQHSS standard 4 Medication chart audit/medication storage and managing of meds audited.  
          • DHS/Cabrini package  
          • Staff medication competencies  
          • Policies are consistent with regulations and national guidelines  
          • Medication safety audits  
          • Medication management is regularly assessed  
          • Risk register  
          • A best possible medicine history is taken  
          • Adverse drug events are reported to the TGA  
          • Staff provision of medicines information | • Completion of learning package by all clinical staff  
• Any medication incidences are reviewed and actioned  
• All clinical staff have completed medication competencies at orientation  
• Annual medication competences on Turrell E learning platform  
• Audits identify nil non conformance  
• Relevant evidence available in meeting minutes  
• Policies and procedures in place for obtaining and documenting BPM history  
• Staff aware of process and evidence available in meetings  
• Adverse drug event education provided to staff  
• Current versions of medicine reference texts available, EMIMS available on all computers |

7. Review the Adult Observation and Response Chart (ORC) Two tier Response system (R2) program

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
</table>
|         | • NSQHSS standard 9 audit  
          • Communication material developed for the workforce or patients and carers  
          • Tools and guides are updated in line with identified risk registers and committee feedback  
          • Tools and resources provided for education of staff and patient and carers | • Appropriate documentation in charts  
• Escalation of care follows process. Early recognition of deteriorating patient.  
• Patient /carer feedback on process of identifying patients at risk  
• Learning package completion by all clinical staff  
• Tools/education provided for workforce and patients/carens |
8. Evaluate the effectiveness of Clinical Handover practices

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
</table>
|         | • NSQHSS standard 6 Audit  
         | • DHS/Cabrini learning package on MHPH clinical handover policy dissemination  
         | • Communication material developed for the workforce and patients and carers | ☐ Learning package completion by all clinical staff  
Handover audits identify compliance with handover process |

9. Evaluate the process of patient identification and Procedure matching

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
</table>
|         | • NSQHSS standard 5 audit  
         | • Staff learning packages DHS/Cabrini | • Minimal or zero patient identification and mismatch incidences  
         | | • All clinical staff completion of learning package  
         | | • Audits identify compliance with identification process |

10. Evaluate the process of identification of falls risk and prevention strategies to prevent falls

<table>
<thead>
<tr>
<th>Process</th>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
</table>
|         | • NSQHSS standard 10 audit  
         | • Staff education DHS/Cabrini learning package  
         | • Benchmark falls incidents  
         | • Clinical indicator report  
         | • Medication reviews for patients at risk  
         | • Referral of at risk patients  
         | • Additional equipment resources if applicable and audit use  
         | • Maintenance register of equipment and devices on LOQIQC  
         | • Review of equipment | • Minimal or zero incidents of falls  
         | | • Compliance with completion of falls risk assessment tool and alert form  
         | | • All clinical staff completion of learning packages  
         | | • All falls risks actioned and processes in place to prevent reoccurrence |
11. Evaluate the effectiveness of the process of prevention and control of healthcare associated infection

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSQHSS standard 3 audits</td>
<td>Minimal or zero incident reports related to infection control</td>
</tr>
<tr>
<td>DHS/Cabrini learning package</td>
<td>HICMR audits demonstrate compliance</td>
</tr>
<tr>
<td>HICMR infection control audits</td>
<td>All clinical staff complete learning package annually</td>
</tr>
<tr>
<td>HICMR portal available on all desktops</td>
<td>All clinical and non-clinical staff complete hand hygiene online annually</td>
</tr>
<tr>
<td>AMS stewardship program in place</td>
<td>All staff are familiar with accessing HICMR policies online</td>
</tr>
<tr>
<td>AMS audit completed, reviewed and actioned if applicable</td>
<td>Gold star auditor on staff</td>
</tr>
</tbody>
</table>

12. Evaluate the effectiveness of the process of governance for safety and Quality in Health care that occurs at MHPH by June 2017

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSQHSS standard 1</td>
<td>All staff can complete an incident report/access policies checklists etc. on LOGIQC</td>
</tr>
<tr>
<td>Completion of DHS/Cabrini learning package on open disclosure and adverse events</td>
<td>All staff have completed learning packages</td>
</tr>
<tr>
<td>LOGIQC education: Log in, access of policies/protocols and other documents</td>
<td>All staff have completed mandatory training and have documented this into own training registers and MHPH has also HR training register</td>
</tr>
<tr>
<td>Training provided to all staff and is matched to workforce training needs</td>
<td>Risk register is comprehensive and has been reviewed at least annually</td>
</tr>
<tr>
<td>Risk register has been developed</td>
<td>LOGIQC evidence available</td>
</tr>
<tr>
<td>Workforce is trained in use of equipment</td>
<td>Multi lingual brochures demographically appropriate</td>
</tr>
<tr>
<td>Records are kept of equipment maintenance</td>
<td>Interpreter services available</td>
</tr>
<tr>
<td>Improvement processes and actions in place</td>
<td>Johanna Briggs data base subscription to be purchased and utilised and other current reference material utilised</td>
</tr>
<tr>
<td>Needs of culturally and linguistically diverse populations are taken into consideration</td>
<td>Communication strategies are evaluated</td>
</tr>
<tr>
<td>Evidence based practices or best practice is in use</td>
<td>Timeliness of the collection and review of the data is consistent with the issue being examined</td>
</tr>
<tr>
<td>Communication to workforce</td>
<td>Data collection occurs across the Health service</td>
</tr>
</tbody>
</table>
13. To engage consumers/carers in the strategic, operational, decision making process in regard to safety and quality initiatives and quality improvement activities

<table>
<thead>
<tr>
<th>Strategy</th>
<th>Success indicator</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSQHSS standard 2</td>
<td>- A range of formal and informal mechanisms are available to engage with consumers</td>
</tr>
<tr>
<td></td>
<td>- MHPH patient information publications are reviewed by consumers and revisions are undertaken in response to their feedback</td>
</tr>
<tr>
<td></td>
<td>- Records of publications which have changed in response to consumer and carer feedback</td>
</tr>
<tr>
<td></td>
<td>- Consumer representative committee in place</td>
</tr>
<tr>
<td></td>
<td>- Annual patient survey distributed</td>
</tr>
<tr>
<td></td>
<td>- Consumer feedback document</td>
</tr>
</tbody>
</table>

6.2.2

Monash House Private Hospital undertakes planning to determine how the Quality Objectives will be achieved. The Quality Management System incorporates all elements of the quality plan which include:

- provision for the plan to be reviewed and updated as part of the management review (Senior Management Meeting)
- measurable quality objectives
- a system to verify the achievement of the quality objectives
- the means by which consistency between service delivery and the applicable documentation can be ensured
- the updating as necessary, of inspection and testing procedures
- the identification and acquisition of resources and skills that may be needed to achieve the required quality

6.3 Planning of Changes

Senior Management ensures that the integrity of the QMS is maintained whenever changes to it are planned or implemented. This includes ensuring sufficient resources to effect the change and whether any changes in responsibility or authority levels are required. Any changes are planned and carried out in a controlled and logical manner. This includes the use of an experienced quality consultant.

7.0 Support

7.1 Resources

7.1.1 General

Monash House Private ensures that responsibility for service delivery is assigned to staff based on their level of education, training, skills, competency and experience.
7.1.2 People

Senior Management at Monash House Private Hospital will:

- Ensure that all staff are qualified on the basis of appropriate level of education, training and experience
- Establish and maintain documented procedures identifying and providing for the training needs of the organisation
- Ensure the provision of regular, efficient programs based on research, for:
  - the development and maintenance of professional skills
  - further education and development of staff to meet service delivery needs
  - ensure staff are fully trained to comply with the requirements of the Quality system
  - appropriate records of all training are documented and maintained.

Procedures are in place ensuring all staff:

- Are aware of and comply with the quality policies
- Fulfil their level of responsibility for complying with the requirements of the quality management system
- Understand the impact of their work on the overall quality of the service
- Benefit from opportunities to improve personal performance
- Understand the consequences of departure from the specified quality management policies and procedures.

7.1.3 Infrastructure

Monash House Private Hospital has designed the facility to ensure the provision and maintenance of facilities that enhance the delivery of the service. Their facilities include building and associated utilities, equipment including software and hardware and communication and information systems.

The adequacy of the facilities is reviewed through management reporting, internal auditing, staff reports, customer feedback, staff feedback, OH&S reports and IIIR or LOGI QC reports, external audits and reported through the meeting structure and analysed as part of annual Strategic Planning.

Relevant controls are implemented to ensure a consistent and acceptable standard of service for clients to achieve the vision of Monash House Private Hospital.

In accordance with the qualifications and experience of personnel the standard of service will be achieved the following ways:

- documentation of procedures defining the manner of service delivery to ensure a consistent standard of service
- the use of appropriate equipment and suitable working environments
- compliance with the relevant standards/codes
- monitoring and control of work practices and service delivery performance standards
- the approval of service delivery procedures
- availability of clear working documents
suitable maintenance of equipment to ensure reliable service
provision of the resources, knowledge, advice and support to ensure patient and staff safety.

7.1.4 Environment for the operation of processes

Monash House Private Hospital has determined, provided and will maintain a suitable environment for its processes as a hospital. This includes physical, social, psychological, and environmental and other applicable factors related to a hospital for example temperature, humidity, ergonomics, cleanliness. Hospitals need to comply with legislative requirements for example Department of Health & Human Services requirements, AS4187 and NSQHS Standards.
The aim of the design of the hospital is to ensure that the cleanliness and maintenance of the facility could be achieved in such a way that it meets the current industry standards with minimal effort on the part of the personnel. This includes attention to such design concepts as:

- Minimal lifting
- Easy care surfaces
- Disposal of rubbish and biomedical waste
- Staff knowledgeable in the application of Infection Control Standards
- Clinical competencies
- Annual staff mandatory training
- Compliance with AS 4187 & NSQHS Standards
- OH&S assessment

7.1.5 Monitoring and measuring resources

7.1.5.1 General

Where the Hospital uses monitoring and measuring to demonstrate its services confirm to requirements it will ensure that it provides the necessary resources to ensure that it’s monitoring and measuring results are valid.

7.1.5.2 Measurement Traceability

Documented procedures are in place to provide assurance that measuring and monitoring devices that are utilised to evaluate the status of equipment and assessment tools in the delivery of the service, are calibrated and maintained in accordance with national standards. Records of the assessment status of these devices will be maintained.
Where test software or hardware is used in the testing process they will be regularly checked to assess the reliability of measurement.
Where the availability of technical data pertaining to equipment performance testing is a specified requirement such data will be made available when required by the customer for verification that the equipment is functioning adequately.
Control procedures may include measuring of devices or processes. The facility will:

- Determine the equipment and assessment tools to be used and select the appropriate test equipment and process that will provide assurance that the equipment will function to the necessary level of accuracy/precision.
- Ensure that all test equipment and assessment tools are calibrated and adjusted against recognised standards. The results will then be documented.
- Define and document the process employed for all such testing, including details of:
  - equipment type or process to be validated
  - any unique identifier
  - location
  - frequency of checks
  - check method
  - acceptance criteria
  - corrective action taken
- Label/identify the test inspection status of the equipment or assessment tools.
- Maintain calibration and adjustments records of equipment testing.
- Assess and document the validity of the previous testing process whenever equipment or assessment tools are found to be out of calibration.
- Ensure environmental conditions are suitable for testing.
- Ensure that equipment and assessment tools are suitably maintained for accuracy.
- Safeguard equipment and assessment tools to ensure accurate calibration or measurement.
- Retain documented information as evidence that the measuring and monitoring resources are fit for purpose, not just the monitoring or measuring of equipment.

7.1.6 Organizational knowledge

Management at MHPH ensures it has or obtains the knowledge resources necessary to respond to changing business environments referred to in clause 4.1, changing customer and interested party needs and expectations referred to in clause 4.2 and where applicable related improvement initiatives. This clause has a strong link with Management Review activities which are reported at the Senior Management Meeting. The hospital reassesses the extent of its organizational knowledge if it is considering making changes to its QMS in response to changing needs or trends in it operating environment.

7.2 Competence

MHPH determines the competence of people performing work under its control. This includes MHPH staff, agency or locum staff as well as people performing processes and functions that have been outsourced to external providers. Competence is determined via the recruitment process and monitored via the credentialing process, including qualifications as applicable. This is outlined in position descriptions, assessed via performance appraisals, training, competencies and internal audits including observational audits where applicable.

Position descriptions define the following:

- Each manager’s level of authority and responsibility for standard of service delivery.
- Each individual staff member’s delegated level of authority and responsibility for standard of service delivery will be in accordance with management system.
• Work performance expectations
• Professional conduct
• OH&S obligations
• Quality Management system responsibility
• Education/competence requirements

Senior management ensures provision of adequate resources, including the assignment of qualified and experienced staff for the delivery of the expected standard of health care services. Evidence of relevant qualifications and experience will be maintained in staff files.

Where agency staff are utilised to supplement permanent staff evidence of their qualifications and experience in relation to the work to be performed will be accessed and filed.

Credentialing of medical staff will be the responsibility of the Medical Advisory Committee. Senior Management will:
• ensure that all staff are qualified on the basis of appropriate education, training and experience
• establish and maintain documented procedures identifying and providing for the training needs of the organisation
• ensure the provision of regular, efficient programs based on research, for:
  - the development and maintenance of professional skills
  - further education and development of staff to meet service delivery needs
  - ensure staff are fully trained to comply with the requirements of the Quality system
  - appropriate records of all training will be documented and retained

Procedures are in place ensuring all staff:
• Are aware of and comply with the quality policies
• Fulfil their level of responsibility for complying with the requirements of the quality management system
• Understand the impact of their work on the overall quality of the service
• Benefit from opportunities to improve personal performance
• Understand the consequences of departure from the specified quality management policies and procedures.

7.3 Awareness

Monash House Private Hospital will ensure that all personnel (including agency or locums) performing work under the Hospitals control are aware of the organisations quality policy, relevant quality objectives, how they are contributing to the effectiveness of the QMS and what the implications of them not conforming to the QMS. This is included in the orientation process and communication mechanisms including meetings and noticeboards. Other stakeholders are informed of the Quality Policy by the displaying of this in public areas as well as being on the MHPH website.
7.4 Communication

Procedures are in place to enable effective communication with customers regarding the following:

- Availability of information relating to service provision
- Accessing the service and any amendments to the service delivery process
- Process of submitting complaints and notification of actions being implemented to rectify problems
- Feedback from customers regarding the quality of the service

This system is also designed to ensure ongoing, effective and efficient communications between all levels of staff regarding the continuous improvement of the quality management system. The internal communication system is based on clearly defined communications and reporting channels inclusive of the following as a minimum,

- A documented Organisational Chart defining lines of authority and reporting
- Position Descriptions
- Formalised committee structures which includes their terms of reference, minutes and agendas
- Memos
- Communication Book
- Reports
- Staff meetings
- Emails
- Contracts/Service agreements
- Issues, Incidents and improvements logged in LOGiQC

7.5 Documented information

7.5.1 General

The QMS contains documented information including statements of a quality policy and objectives, documented information needed by the organisation to ensure the effective planning, operation and control of its processes and records required by ISO 9001 and as applicable the NSQHS Standards.

7.5.2 Creation and updating

When documented information is created or updated, MHPH ensures that it is appropriately identified and described as per document templates and via LOGiQC.

7.5.3 Control of documented information

7.5.3.1

Documented information, including records, are subject to control procedures to ensure that they are available where needed and suitable for use. It is adequately protected against improper use, loss of integrity and loss of confidentiality. This is outlined in policies and procedures and managed via LOGiQC.
7.5.3.2

Monash House Private Hospital has policies on document control and Records management that complies with ISO 9001 and regulatory compliance for a hospital, which include how it distributes, accesses, retrieves and uses documented information, how it stores and preserves documented information and how it controls any changes to the documented information.

External documents required for planning and operation of the QMS are identified and controlled via LOGiQC. There are access and authorization codes for access to electronic information and medical records are maintained according to legislative requirements.

8.0 Operation

8.1 Operational planning and control

Processes are implemented as planned, including actions to address risks and opportunities, to ensure the delivery of service in compliance with customer requirements.

These include:
- Clinical supervision and leadership
- Medical records and documentation
- Medical Advisory Committee Co-ordination
- Dept. of Health Liaison and Documentation
- Poisons License and Control Plan
- Risk Management systems
- Board of Management Reporting
- Financial Analysis, Reports, Cash flow, Budget setting
- Health Fund Negotiation, Setting Uninsured Rates
- Materials Management
- Suppliers contracts, bio-medical testing, linen, catering, cleaning, security etc.
- Compliments and complaints handling
- Management & staff meetings
- Consumer engagement
- Compliance with ISO and NSQHSS
- Infection Control Management plan
- Compliance to AS 4187

Outputs from the operational planning and control activities will be considered when assessing the capacity of the processes for ensuring achievement of the service requirements through:

- establishing, maintaining and maintaining service delivery guidelines to support a consistent service outcome
- utilising criteria to assess conformance of service to customer requirements
- verification of the capacity of the process to fulfil customer requirements
• assurance of ongoing operation of processes through measurement, monitoring and follow up actions
• ensuring the availability of the information and data necessary to support operation and monitoring of processes
• maintenance of records providing evidence of effective control of processes
• ensuring the level of risk of the processes to either clients or personnel is known and steps are taken to ensure the potential risks are avoided

8.2 Requirements for products and services

• To ensure the availability of the resources required to support the delivery of the service:
• There are purchasing procedures in place to ensure that purchased goods and services conform to requirements. This includes the evaluation method for selecting suppliers and the type and extent of control over the supplier. A list of acceptable suppliers and a performance record is maintained
• All purchasing documents contain data clearly defining the requirements of purchasing procedures
• All purchasing documents are reviewed and authorised by the appropriate person, prior to release

8.2.1 Customer Communication

Procedures are in place to enable effective communication with customers regarding the following:

• Availability of information relating to service provision
• Accessing the service and any amendments to the service delivery process
• Process of submitting complaints and notification of actions being implemented to correct problems
• Customer views and perceptions regarding the quality of the service
• Partnering and engagement with consumers as per NSQHS Standard 2

8.2.2 Determination of requirements related to products and services

Monash House Private Hospital has processes in place, including compliance with NSQHS Standards to ensure a complete understanding of consumer needs and expectations. These processes are designed to ensure the differences in expectations between the various consumers, are identified and resolved prior to entry into a contract.

8.2.3 Review of requirements related to products and services

8.2.3.1

Regardless of the type of agreement or contract being entered into qualified personnel will be responsible for:

• establishing a clear understanding of customer and or relevant interested parties requirements, to ensure that the service supplied will comply with relevant legislative and regulatory obligations and meet interested parties needs and expectations
• ensuring that verbal requests and subsequent acceptance are adequately documented
• ensuring that any differences between the service requested and those services which can be supplied are resolved with customer/s
• ensuring that where prior arrangements were made, any differences between the service requested and those services which can be supplied are resolved with the customer and where prior arrangements were
not made and the service supplied was different to the service expected, then a mechanism exists to investigate and resolve the difference. Processes are in place to ensure that required amendments to contractual arrangements will be identified, agreed and notified to relevant personnel to enable the delivery of a consistent service.

8.2.3.2

Documented information shall be retained on the results of the review and on any new requirements for products or services.

Examples of contracts entered into by the facility include:

- Patients as recorded in their Medical Records
- Supplier contracts
- Medical Practitioners
- Health fund contracts

8.3 Design & Development of products

Monash House Private Hospital has assessed this requirement as not being applicable to their organisation which is a service provision based organisation.

8.4 Control of externally provided products and services

8.4.1 General

Purchasing policies and procedures relate to the following:

- Sub-contractors
- Equipment and Services
- Consumables
- Externally providers of processes, products or services

Monash House Private Hospital ensures that externally provided processes, products or services meet the specified requirements:

- There are purchasing procedures in place to ensure that purchased goods and services conform to requirements. This includes the evaluation method for selecting suppliers and the type and extent of control over the supplier to monitor performance and re-evaluate as applicable. A list of acceptable suppliers and a performance record is maintained.
- All purchasing documents contain data clearly defining the requirements of as per purchasing procedures.
- All purchasing documents are reviewed and authorised by the appropriate person, prior to release.
- Documented information will be retained of the evaluation, re-evaluation and monitoring of performance.
- Controls must be in place when the hospital seeks to obtain.
- Products and services from external providers for incorporation into the organisations own products and services.
• products and services to be provided directly to the customer by external provider on the organisation's behalf
• outsourced processes or parts of processes from an external provider

**8.4.2 Type and extent of control of external provision**

Monash House Private Hospital ensures the externally provided processes, products and services do not adversely affect the organization’s ability to deliver conforming products and services to its customers.

**8.4.3 Information for external providers**

Monash House Private Hospital has clear lines of communication with external providers. The information includes applicable requirements for the following:

- Requirements relating to the products or services to be provided or the process to be performed.
- Requirements relating to the approval or release of the product or service, methods, processes or equipment
- Requirements relating to the competency of personnel, including any necessary qualifications they must possess
- Any actions that the external provider must undertake in order to ensure that it interacts appropriately with the organization's QMS
- Details as to how the external provider's performance will be monitored and controlled by the organisation
- Details of any verification that the organisation or its customer intends to perform at the external provider's premises

A record of all orders is maintained and the external provider supplies a record or report of products delivered or services provided.

MHPH reserves the right to reject unacceptable goods and services. Where necessary MHPH will verify purchased goods and services at the supplier’s premises before final acceptance of the order.

In such a case, suitable arrangements will be made for this verification. This does not negate any responsibility for quality by the supplier.

**8.5 Production and Service provision**

**8.5.1 Control of production and service provision**

The product at MHPH is the provision of hospital and day surgery services. The service includes pre-admission consultation (as indicated), pre-operative consultation and post-operative follow up. Procedures are in place to plan and control the delivery of the service from initial presentation to the facility through to final consultation by:

- Ensuring the availability of patient information either in printed form or via access to MHPH website which defines the characteristics of the services to be provided
- Consumer engagement, feedback and complaints management
• Availability of guidelines, instructions and directions for those activities where conformance of service is necessary
• The use and maintenance of approved equipment
• The provision of suitable working environments
• Availability and use of suitable measuring and monitoring equipment
• Monitoring and verification of outcomes
• Appropriate clinical handover of patients
• Personnel are competent and where applicable suitably qualified

Appropriate clinical handover of patients occurs

Validation of services are undertaken to ensure they meet customer requirements following the completion of the care. This will include reviews of:

• patient referral and admission processes
• rostering of staff according to experience and qualifications
• collection of clinical indicators and post op infection surveillance
• service exceptions
• consumer engagement and feedback

To ensure patient safety and an optimum outcome from the service patients are contacted after discharge to assess their condition and provide any ongoing information or support as required following their discharge. The data and information generated through the review and validation processes is utilised as inputs to ongoing system design and development processes.

8.5.2 Identification and traceability

Identification and traceability is used where necessary to the conformity of products and services
Purchased goods and services are verified as meeting the specifications as detailed in the purchasing orders or contractual agreements prior to use.

Assessment and testing is completed and recorded in accordance with documented procedures. During the actual service delivery tests and assessments as detailed in the patient medical record is completed and recorded.
To ensure completion of the service and fitness for discharge all patients are to be assessed against the agreed care plan, base line condition and industry standards prior to discharge. Documented information of this assessment is kept.

Where the patient fails to meet the discharge criteria the procedure for non-conforming product applies.

The status of the clinical services will be assessed through collection of clinical indicators and or LOGIQC records.

To ensure individual patient and customer safety and confidentiality a system has been implemented to differentiate between them through the allocation of a unique number or identifier. This applies to all:

• Records relating to patient care
• Customer files

This unique identification will be recorded.
8.5.3 Property belonging to customer or external providers

Due care will be applied to all aspects of the service delivery, both to the customer and any external providers and/or their belongings inclusive of care and transport of any pathology samples. Due care also includes all aspects of confidentiality inclusive of information provided in confidence. In the event of an exception occurring, documented information will be kept and the relevant customer notified.

As part of this responsibility, procedures are also in place to access emergency treatment in the event of an unexpected deterioration of a patient’s condition.

8.5.4 Preservation of product

Documented procedures have been implemented to ensure the safe handling, storage, and preservation of incoming goods and documentation directly affecting service delivery.

Procedures are in place to ensure that all incoming goods and information are handled to maintain their safety and to prevent any deterioration according to the supplier’s specifications.

Fully maintained and clearly defined storage areas or stock rooms are provided for the storage of goods and information. This ensures that all incoming goods are stored in well defined, clean areas consistent with legislation and supplier recommendations.

Appropriate methods for authorising receipt of, or dispatch from, such areas are stipulated for both incoming goods and client records. To facilitate access and traceability:

- all stored goods and records are clearly identified. This applies equally to physical product as it does to data and software
- all storage facilities are checked at appropriate intervals to ensure the preservation of its condition and for the actual stock conformity with stock records

Non-conforming goods or information on delivery, or those outside their use by dates or other specifications, or which show evidence of deterioration are protected from inadvertent use whilst decisions are made as to their disposition.

Information, pathology specimens and any other products are packaged and labelled prior to dispatch in accordance with specified requirements and records kept.

Steps are taken to ensure that any confidential information is delivered to the appropriate person in the receiving institution.

Specimens and other products are delivered in accordance with legislation and customer specifications.

Preservation of any electronic data transmission is maintained.

8.5.5 Post-delivery activities

Post-delivery activities are determined and undertaken. This includes consideration of risks associated with the product or service, how the product or service will be used.

Consideration of post-delivery activities includes customer feedback and any applicable regulatory requirements. For hospitals this includes products such as medical devices, pathology or other test results and customer
feedback regarding the service. We have procedures in place to ensure stock is rotated and use by dates, including sterile stock and corrective action taken as necessary.

A schedule for maintenance of equipment as per manufacturer’s instructions is maintained. External contract providers meet and validate statutory and regulatory requirements for providing services. Validation of services are undertaken to ensure they meet consumer requirements following the completion of the care which is documented in the minutes of meetings. This includes reviews of:

- Patient referral and admission processes
- Rostering of staff according to experience and qualifications
- Collection of data, clinical indicators and post-operative infection surveillance
- IIIR/LOGIQC data
- Results of internal and external audits
- Consumer engagement and feedback

To ensure patient safety and an optimum outcome from the service, patients are telephoned after discharge the next business day following surgery to assess their condition. The Nurse will provide ongoing information or support during this phone consultation as required. A record is kept of the outcomes from these calls. The records are summarised and discussed at meetings and are used to improve service delivery.

The data and information generated through the review and validation processes is utilised as inputs to ongoing system design and development processes.

### 8.5.6 Control of changes

Changes made to the service provision are tracked to ensure consumer needs are met. Changes to policies and procedures are discussed at relevant meetings and endorsed at the applicable meetings. All documents are version controlled and reviewed at regular intervals.

Any changes to the service provision is documented and each step is reviewed and discussed at relevant meetings to ensure outputs meet consumer needs.

### 8.6 Release of product and services

Satisfaction with the outcomes of the service is reviewed as part of the formal management review process. Interested parties include, staff, patients, carers, practitioners, owners, suppliers or other interested parties/stakeholders. To facilitate access to their expectations and requirements information is gathered systematically from them through a range of strategies. This information is assessed to determine the extent to which the needs and expectations are known, understood and are being met. Documented information of the verification process is retained.
8.7 Control of non-conforming outputs

8.7.1

Monash House Private Hospital is committed to ensuring that any process outputs, products or services that do not conform to their intended requirements are identified. Controls are established and implemented to ensure that these are not delivered to the customer or used unintentionally.

Strategies are in place to ensure that all service exceptions are reviewed and actioned according to the corrective and preventative action system in LOGiQC.

The hospital verifies that the action taken has restored the process, product or service conformity to requirements.

8.7.2

Documented information is retained in LOGiQC that:

- Describes the non-conformity
- Describes the action taken
- Describes any concessions obtained
- Identifies the authority deciding the action in respect of the nonconformity
- Lists any improvements

9.0 Performance Evaluation

9.1 Monitoring, measurement, analysis and evaluation

9.1.1 General

Satisfaction with the outcomes of the service is reviewed as part of the management review process. Interested parties include both internal and external stakeholder. To facilitate access to their expectations and requirements, information is gathered systematically from them through a range of strategies such as formal and informal feedback mechanisms. This information is assessed to determine the extent to which the needs and expectations are known, understood and are being met.

Procedures are in place to facilitate measurement, monitoring, analysis and improvement processes to ensure that the quality performance, quality management system, service delivery processes and outputs conform to customer requirements:

- The type, location timing and frequency of measurements will be defined and documented
- The effectiveness of the measures will be periodically evaluated
- Statistical tools will be utilised to provide the data required establish, control and verify service process capability and service characteristics
- Outcomes from data analysis and improvement activities will be submitted to the management review committee, Board, MAC and tabled at staff meetings.
9.1.2 Customer satisfaction

The hospital monitors the degree to which customers believe their requirements have been met. Customer perception of the organisation and the service provided is monitored. Compliance to NSQHS Standard 2, patient satisfaction, consumer feedback and internal auditing will be utilised to evaluate ongoing system compliance. Procedures are in place to generate customer feedback regarding their level of satisfaction or dissatisfaction. A formal complaint system is provided for customers as well, staff are required to collect information regarding patient perceptions of the organisation and the service when contacting them post discharge.

9.1.3 Analysis and evaluation

Procedures are in place to ensure the collection of data to support an objective analysis and evaluation of the effectiveness of the quality management system and planning process and for identifying where improvements to the system can be made. Data is collected via measuring and monitoring activities and any other relevant sources. Specifically analysis and evaluation of applicable data will be undertaken to:

- Performance and effectiveness of the QMS
- Report on process operation trends
- Report customer satisfaction and/or dissatisfaction
- Demonstrate conformity of products or service
- If planning has been implemented effectively
- The effectiveness of actions taken to address risks and opportunities
- The performance of external providers
- The need for improvements to the QMS
- Evaluation and benchmarking of applicable clinical indicators

9.2 Internal audit

9.2.1

Monash House Private Hospital will carry out internal audits at planned intervals in order to determine that the QMS is being effectively implemented, maintained and conforms to ISO 9001 requirements.

9.2.2

Documented procedures for planning and implementing internal quality audits have been formalised to provide verification that the quality activities and practices are achieving the quality goals of the hospital. When developing the internal audit program, customer feedback, organizational changes, and quality objectives are considered. Internal auditing also provides the evidence required, demonstrating the degree to which customer needs and expectations have been met.

Internal quality audits are scheduled on the basis of the status and importance of the activity to be audited. Each audit has a defined scope and its own audit criteria. Audits and auditors will be impartial and objective. The
results of the audits are recorded and brought to the attention of the relevant manager. The responsible manager for the area will take timely corrective action on deficiencies found during the audit.

- Follow up audit activities will verify and record the implementation and effectiveness of the corrective action taken.
- A report of internal audit outcomes and trends are supplied to management for consideration and inclusion in continuous improvement strategies.

Senior Management is responsible for evaluating the impact of the quality management system on the financial status of the facility. Data obtained from linking financial considerations with the quality management system is utilised in the planning and implementing of improvement processes in the facility. Documented information of these outcomes is maintained.

Through the use of Strategic Plans and key performance indicators the hospital is in a position to constantly assess its status in relation to its objectives and priorities. Records of its status are maintained in the Senior Management (Management Review) meeting minutes.

9.3 Management review

9.3.1 General

The QMS is reviewed during the Senior Management Meetings to ensure the systems’ continuing suitability, adequacy and effectiveness. It consider any changes to the context of the organisation and the degree of alignment between the quality management system and the strategic direction of the organisation.

9.3.2 Management review inputs

The review encompasses the following:

- Status of actions from previous management review
- Changes in external and internal issues relevant to the QMS
- Information on the performance and effectiveness of the QMS including trends in:
  - Process performance and conformity of products and services
  - The extent to which the quality objectives have been met
  - Customer satisfaction and feedback from relevant interested parties
  - Outcomes from preventative and corrective actions
  - Monitoring and measurement results
  - Audits results
  - The performance of external providers
  - Clinical indicator reviews
- The adequacy of resources
- The effectiveness of actions taken to address risks and opportunities

9.3.3 Management review outputs

The output from the management review will be an action plan which will include actions and decisions related to:
• Opportunities for improvement
• Any need for changes to the QMS
• Resource needs

Documented information is retained as evidence of results of the management reviews and is reported to the other committees as applicable or as required.

10 Improvement

10.1 General

Continuous quality improvement is a key element in being accountable for the quality service delivered at MHPH. Through continual quality improvement we aim to improve service delivery through innovative ideas, preventative and corrective action. This is achieved via review of audit results, IIIR’s, data reports, Clinical indicators, and LOGiQC data and documented on a Continuous Improvement Plan.

10.2 Nonconformity and corrective action

10.2.1
Monash House Private Hospital procedures (LOGiQC) ensure:

• The effective handling of customer complaints and nonconforming goods and services
• Results of investigations are reported to all stakeholders
• Methods of eliminating the cause of nonconforming goods and services
• Controls are applied to ensure corrective action is taken and is effective
• Reports detailing corrective actions are reported to management for review
• On discovering non conformity they will determine if other similar nonconformities actually do or potentially could exist
• Determination of whether changes are required to the QMS to prevent a reoccurrence

10.2.2

Monash House Private Hospital retains documented information in LOGiQC as evidence of

• The nature of the nonconformities and any action taken
• The results of any corrective action

10.3 Continual improvement

We are committed to continually improving service delivery and improving the suitability, adequacy and effectiveness of the QMS. Results of the analysis and evaluation and the outputs from Management review are considered, to determine if there are needs or opportunities that shall be addressed for improvement. LOGiQC assists Monash House Private Hospital in this process.