

**Report of the Periodic Review for the
ACHS Evaluation and Quality Improvement Program**

Royal Rehabilitation Centre Sydney

Ryde, NSW

Organisation Code: 110334

Survey Date: 24-26 May 2011

ACHS Accreditation Status: **ACCREDITED**

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About The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is an independent, not-for-profit organisation, dedicated to improving the quality of health care in Australia through the continual review of performance, assessment and accreditation. The ACHS was established in 1974 and is the leading independent authority on the measurement and implementation of quality improvement systems for Australian health care organisations.

The ACHS mission is to 'improve the quality and safety of health care' and its vision is 'to be recognised nationally and internationally as the leading Australian organisation that independently assesses performance and promotes and improves the quality and safety of health care.'

The principles upon which all ACHS programs are developed and the characteristics displayed by an improving organisation are:

- a customer focus
- strong leadership
- a culture of improving
- evidence of outcomes
- striving for best practice.

These principles can be applied to every aspect of service within an organisation.

What is Accreditation?

Accreditation is a formal process to assist in the delivery of safe, high quality health care based on standards and processes devised and developed by health care professionals for health care services. It is public recognition of achievement by a health care organisation, of requirements of national health care standards.

How to Use this Survey Report

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

- provide feedback to staff
- identify where improvements are needed
- compare the organisation's performance over time
- evaluate existing quality management procedures
- assist risk management monitoring
- highlight strengths and opportunities for improvement
- demonstrate evidence of achievement to stakeholders.

This report provides guidance for ACHS members for future quality improvement initiatives by documenting the findings from the organisations accreditation survey. This report is divided into four main sections.

- 1- Surveyor Team Summary Report
- 2 - Ratings Summary Report
- 3 - Summary of Recommendations from the Current Survey
- 4- Recommendations from the Previous Survey

1 Surveyor Team Summary Report

Consists of the following:

Function Summary or Periodic Review Overview- A Function Summary/ Overview provides a critical analysis for organisations to understand how they are performing and what is needed to improve. It provides an overview of performance for that Function and comments are made on activities that are performed well and indicating areas for improvement.

Criterion ratings

Each criterion is rated by the organisation and the surveyor team with one of the following ratings (except criterion 1.3.1 which is a developmental criterion)

- LA
- SA
- MA
- EA
- OA

The rating levels are:

LA – Little Achievement- Organisations that achieve an LA rating will have an awareness or knowledge of responsibilities and systems that need to be implemented but may have only basic systems in place. At this level there will be compliance with legislation and policy that relates to the criterion.

SA – Some Achievement- An organisation that achieves an SA rating will have achieved all the elements of LA and will have implemented systems for the organisation's activities. At this level there is very little or no monitoring of outcomes or efforts at continuous improvement.

MA –Moderate Achievement- An MA rating requires that all the elements of LA and SA have been achieved and that efficient systems in collecting relevant outcome data, monitoring, evaluation procedures and methods of improvement are in place.

EA – Extensive Achievement- In the EQulP 4 program, all the elements in LA, SA and MA must be achieved. Also organisations will be able to demonstrate extensive achievement in a criterion if they satisfy one or more of the following requirements:

- internal or external benchmarking and subsequent system improvement, and / or
- the conduct of research that relates to that particular criterion, and / or
- the implementation of what would be considered to be advanced systems that relate to that criterion, and / or
- proven, excellent outcomes in that particular criterion.

Some organisations may be able to demonstrate achievement in more than one of these elements.

OA- Outstanding Achievement- The elements of LA, SA, MA and EA must be achieved as well as a demonstration of leadership in this criterion. Leadership in a criterion does not necessarily mean that that organisation is the best in Australia. It may mean that the organisation can demonstrate that it is one of the best or is outstanding amongst its peers.

Developmental Criterion (1.3.1) -

A developmental criterion is one that the ACHS has introduced to organisations for the purpose of creating awareness and for commencing collaborative national action in a specific area of health care. There is one developmental criterion that has been introduced in EQulP 4 – criterion 1.3.1 - Health care and services are appropriate and delivered in the most appropriate setting.

When a developmental criterion is introduced:

- organisations will work towards achieving the elements of the criterion
- progress towards achievement of the criterion will be discussed during survey but will not be taken into account when determining the accreditation status of the organisation
- a progressive evaluation of the implementation of the standard / criterion will be undertaken by the ACHS

Criterion Comments -

Surveyor comments regarding individual criterion detailing issues and surveyor findings and opportunities for improvement. Comments are available for all mandatory criteria giving an indication of why the organisation is achieving at the given rating level.

Criterion Recommendations-

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular criterion. Surveyors are required to make a recommendation where an LA or SA rating has been assigned in a criterion to provide guidance and to provide an organisation with the maximum opportunity to improve. Recommendations in the survey report need to be reviewed and prioritised for prompt action and will be reviewed by the surveyor team at the next on site survey.

Risk ratings and risk comments will be included where applicable- Risk ratings are applied to recommendations especially where the criterion rating is an SA or an LA to show the level of risk associated with the particular criterion.

Risk ratings could be:

- E: extreme risk; immediate action required.
- H: high risk; senior management attention needed.
- M: moderate risk; management responsibility must be specified.
- L: low risk; manage by routine procedures

High Priority Recommendations (HPR)-

These are applied to a particular criterion where

- consumer / patient care is compromised and / or
- the safety of consumers / patients and / or staff is jeopardised.

Surveyors complete a risk assessment to validate their decision to allocate a High Priority Recommendation. A HPR should be addressed by the organisation in the shortest time possible.

2 Ratings Summary Report-

This section summarises the ratings for each criterion allocated by an organisation and also by the survey team.

3 Summary of Recommendations from the Current Survey-

Recommendations are highlighted areas for improvement due to a need to improve performance under a particular criterion.

Recommendations are structured as follows:

The criterion numbering relates to the month and year of survey and the criterion number. For example recommendation number OWS 0106.1.1.1 is a recommendation from an OWS conducted in January 2006 with a criterion number of 1.1.1

4 Recommendations from Previous Survey-

This section details the recommendations from the previous onsite survey. The actions taken by the organisation and comments from the surveyor team regarding progress in relation to those recommendations are also recorded.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Survey Report

PERIODIC REVIEW OVERVIEW

The Royal Rehabilitation Centre Sydney provides a diverse range of clinical services to its client groups and has done so for over 100 years. Today, it provides specialist rehabilitation and disability services to people who have acquired a disability as a result of trauma, accident or illness. Individual multidisciplinary rehabilitation programs are provided for adults following injury or illness including spinal cord injury, occupational injury, amputations, orthopaedic injuries, age related illnesses and disease, stroke and neurological illnesses, burns and traumatic brain injury. There are strong relationships with other hospitals due to referral patterns or collaboration on state-wide services they offer. These include the Royal North Shore, Prince of Wales, Liverpool, Westmead and Lismore.

As a stand-alone teaching hospital the Centre has partnerships with the University of Sydney academic units and has the Rehabilitation Nursing Professional Development unit on site.

The inpatient units include Aged Care Rehabilitation Unit (Dixson), Brain Injury Unit (BIU), Coorabel Adult Rehabilitation Service (CARS) and Spinal Injury Rehabilitation Unit (SIU) with a total of 70 beds. There are also 28 extended care beds and five transitional care beds in Weemala as well as 69 clients housed in 29 community houses. These units are supported by other services including community and residential services for people with significant disability through the Disability Services Directorate, Home-Based Rehabilitation Service (HBRS), Brain Injury Community Rehabilitation team (BICRT), Spinal Outreach Service and Outpatient clinics. Other services offered include medical, nursing, physiotherapy, nutrition and dietetics, occupational therapy, speech therapy, social work, pastoral care, driver assessment, psychology and recreational therapy.

Since the Organisation-Wide Survey, the Royal Rehabilitation Centre has embarked upon a strategy to build a new 60 bed state of the art facility and develop a new home for the long term residents and community-based services. This is to be achieved by selling a portion of the site. The first phase of the redevelopment was underway with the Spinal Injury Unit relocated into the Weemala building and the new accommodation for the Weemala residents is to be completed by August 2011. Planning for the new Spinal Injury and Brain Injury units was well underway. However, there was uncertainty regarding the construction of the facility on the Royal Rehabilitation Centre site as NSW Health had not confirmed the long-term future of the specialty services, and whether or not they may be relocated to Royal North Shore Hospital. The Royal Rehabilitation Board and the Executive advised that the organisation wished to pursue construction and continuation of state-wide specialty services at / on the existing site, and that the future location and the model for service delivery was hoped to be clarified in the near future.

In 2008 discussions commenced for the general rehabilitation beds to transfer to Ryde Hospital when the new 'Graythwaite' Rehabilitation Unit was constructed and this was to progress in the near future. Despite the uncertainty these issues and future service locations were causing the staff the surveyors found a strong commitment to the provision of high quality care and service. The respect for the clients and regard and inclusion of the carers and families was evident. The multidisciplinary team approach to clients' goals and respect for each other's role in achieving this was demonstrated during the survey. Further, despite staff working in ageing facilities and environments there was clearly a commitment to do the best possible with a caring attitude. Facilities to assist with activities of daily living experience and good spacious therapy areas were being used flexibly to meet the client's needs.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
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Staff were aware of the ability to impact on improved clinical outcomes and were very receptive to feedback from clients and their families on how things could be improved. This was through formal patient satisfaction surveys as well as discussions and involvement in goal setting for clients. The collaborative approach of the professional groups to create a supportive environment to achieve the best outcome for clients was evident during the survey visit.

The organisation has a streamlined referral for admission process which includes completion of a documented pre-admission assessment. All potential clients referred are providing with an information pack. There are differing referral processes for local catchment clients and for the state-wide services. This is managed by the referral co-coordinator who is aware of any issues relating to boundary. There was evidence of multidisciplinary assessment and care planning which involved the client and their family. A comprehensive range of assessment processes are in place for the various client groups including identification of 'at-risk' clients. Planning for a successful discharge was incorporated into the assessment process from the point of first contact.

Care planning is linked to patient needs. For all services, this commences prior to admission and continues through to separation which can be sometime after discharge from the facility. There is regular review of the care plans and goals by the multidisciplinary team and these are modified in conjunction with the client and their family in collaboration with the clinical team. These were documented and recorded in the medical record. The best environment is also considered in the care delivery and the best setting within the rooms / bays available are used to ensure a smooth transition to discharge. Policies and procedures exist to support care delivery and these are reviewed. The Spinal Injury Unit demonstrated the attention given to evaluating the model of care with the introduction of a new model to better match their philosophy with a multidisciplinary assessment form, a nominated contact person, a new goal setting process, changed record documentation and discharge summary to better meet the needs of their clients.

A review of the policy relating to consent and guardianship had been undertaken to better reflect the issues relating to their client groups. This included discussing with similar providers their policies. Consents for particular aspects of care had been developed. This included use of information and photography. Assessment of competency to make decision was a focus for the disability client group with attention on enabling the group to be involved in as many decision and choices as possible. Information is included in the Rights and Responsibilities brochure. There is consent taken for particular procedures such as Botulism injections and this was confirmed in the medical records reviewed during the survey.

It was evident that staff were committed to providing quality care and this included seeking client feedback through patient satisfaction surveys and informally through family and client comments. Staff do monitor outcomes of their care but were reviewing their own outcomes over time rather than identifying best performance and taking actions to improve where this was identified as needed. While case reviews were undertaken for unexpected transfers and adverse outcomes there was no central reporting of this or other outcome indicators to a peak quality committee to ensure appropriate actions were taken and monitored for improvement. It was acknowledged there had been a recent lapse in the attention given to this and it was acknowledged a better monitoring process needed to be reinstated.

Discharge planning commences from the point of first contact and is built into the admission assessment process. It is an important component of the care planning and goal setting for each client. Transition to discharge is in place in many areas and includes clients being more independent with their care and decisions prior to separation from the service. The communication to ongoing providers is done very well at discharge. Feedback from clients is incorporated into further process improvements for the future.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
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The processes in place to manage the medical records were appropriate with a well-maintained department and appropriate policies and procedures to cover legislative requirements. Orientation for staff covers the documentation requirements and responsibilities of all documentation in the record to ensure entries are sufficiently detailed to allow care delivery to be tracked and evaluated. Record reviews / audits identified areas for improvement and again the case review findings were not being incorporated in a way to lead to documentation improvements. There is a need to ensure the findings of the record reviews are reported to a quality clinical committee where areas for improvement are identified and monitored.

Throughout the Royal Rehabilitation Centre there is an obvious culture of continuous improvement and management of risks. The quality improvement and risk management programs are integrated and form part of the organisation's strategic and operational planning and clinical and non-clinical activities. The associated systems have been subject to ongoing review and strengthening. A large number of quality activities have been undertaken or are being progressed. An enterprise-wide risk register has been established and is being subjected to ongoing development with linkage to functional OH&S risk registers and incident management. There is evidence of categorisation and prioritisation of corporate and clinical risks and implementation of risk mitigation activities and that monitoring of performance and outcomes of quality and risk activities are undertaken. A recommendation has been made to progress integration of data to enhance reporting and review of organisation-wide performance on key clinical and non-clinical indicators by the Board, peak committees and the Executive.

There are well coordinated systems for the management of incidents, complaints and client feedback and evidence that these are subject to ongoing review and evaluation. An electronic system is being used to support reporting and recording of incidents and complaints and monitoring of performance. The evidence provided showed very low levels of serious incidents and complaints and high levels of client satisfaction.

The Medical (and Other) Appointments and Credentials Advisory Committee (MOACAC) is in place and is responsible to the Royal Rehabilitation Board through the CEO for the implementation of policies and procedures regarding the senior medical, dentist and allied health staff appointments. There is a process in place for the verification of credentials, registration and referee reports prior to appointment of a new staff member. Where relevant, there is a system in place to check registration annually.

Documentation of the process could be improved with agendas and minutes clearly reflecting the process being undertaken including a checklist or table of the documents reviewed prior to recommending an appointment.

The framework and processes for updating of policies and procedures have been strengthened. A large percentage of policies and the electronic policy register have been reviewed and plans are in place for ongoing work. Policies and procedures are well referenced and based on Australian Standards, Professional Guidelines and State Regulations. Processes are in place for monitoring changes in legislation and compliance. A recommendation has been made to evaluate staff satisfaction regarding ease of access to policies via the organisation's intranet.

The safety management system is generally very well developed, and is in accordance with the relevant legislation, codes of practice and industry guidelines. There are comprehensive policies and procedures, a staff education program, a strong Occupational Health and Safety (OH&S) Committee, a reporting system which includes risk rating of incidents, good management of hazardous substances and dangerous goods, and a well-developed injury management program.

Periodic Review - Survey Team Summary Report

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The emergency and disaster management systems comply with relevant legislation and guidelines. Emergency exercises are conducted and contingency plans are in place for foreseeable emergencies. Fire equipment is well maintained and subject to regular checks. Fire evacuation plans are strategically placed throughout the buildings and contain information regarding assembly points. Staff are educated about emergency and disaster management and evidence provided showed a very high level of compliance with mandatory training requirements.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.1

Criterion: 1.1.1

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

There is a good process in place for client assessments across the organisation. The assessments are comprehensive and undertaken by a multidisciplinary team involved in the individual clients care. The assessment plan commences prior to admission at the time of admission and is reviewed regularly during admission and through to discharge or separation. Assessments consider the current and ongoing needs of the client and are well documented in the medical record. An information pack is provided to all clients at first contact explaining the service and other aspects of the Royal Rehabilitation Centre.

Robust referral practices are well established with good communication between all health professionals. A case manager or coordinator is often appointed as the point of contact for the client and their family to improve access to the information they require.

At risk clients are identified and care plans modified accordingly. For example, pressure care requirements or falls reduction strategies are initiated.

Discharge plans are considered from the point of first contact as there is a need to have active involvement from the client and their family on goal setting.

Surveyor's Recommendation:

HPR:No

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.1

Criterion: 1.1.2

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

Organisation's self-rating: EA

Surveyor rating:MA

Surveyor's Comments:

Care planning commences prior to admission at the time of referral and is undertaken by the referral coordinator. Detailed assessments are undertaken on admission and at regular intervals during the admission by their treating team. Care planning is linked to the client's needs and goals are established with involvement of the client and their carer. A contact person is identified to the client and their family to assist with coordination and communication relating to their care.

Deteriorating patients are identified and all unexpected transfers to acute hospitals are reviewed at the Mortality and Morbidity meetings.

Care settings are evaluated and the best setting within available rooms / bays are matched to the client's needs.

Transition arrangements to discharge are given attention to ensure a successful and sustained discharge for the client.

The organisation rated itself EA for this criterion. Review of the evidence during survey demonstrated this related to a research project undertaken with the traumatic brain injury group which led to the development of new clinical protocols. Approximately 17 clients had been suitable to undertake these and had demonstrated improvements. This had not been evaluated or published at the time of the survey and was limited to about 50% of one client group. Overall, the organisation was assessed as not meeting the EA level for this criterion at the time of this survey.

Surveyor's Recommendation:

HPR:No

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.1

Criterion: 1.1.3

Consumers / patients are informed of the consent process, understand and provide consent for their health care.

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

A review of consent required in rehabilitation settings and for disability clients had been undertaken. This had led to changes in the policies and procedures relating to consent and clarity of the Guardianship Act.

Procedural consent is obtained for invasive procedures such as Botulinum injections for spasticity treatment. It was noted that good level of compliance were found on medical record audit.

Consent is also obtained for the sharing of client information with other agencies and for discharge communication.

Where a client is unable to consent, the policy was clear on the requirements and obligations to follow to obtain legal consent.

Surveyor's Recommendation:

HPR:No

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.1

Criterion: 1.1.4

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

Client feedback is actively sought and changes in care delivery and discharge planning have been implemented as a result.

Many initiatives were demonstrated at survey that resulted from care evaluation and client feedback. These included the Client Care Support Group, a new Spinal Injury Unit documentation and care planning process, the introduction of client information boards, Home-Based Rehabilitation Services, Newhaven Program with the Hall of Fame annual event and initiatives identified in the stroke audit for improvement.

While areas were reviewing their client outcomes, such as falls, medication incidents, etc, they were reviewing these in many instances based on their own past performance rates rather than best practice or benchmarked rates.

It was identified that there was a need for all clinical indicators, incidents, adverse outcome reviews, M&M meeting reviews, medication incidents, complaints to be collated and reviewed at an organisational level by a peak clinical quality committee.

Surveyor's Recommendation:

HPR:No

Indicators of care outcomes be collated, reviewed, analysed and reported with commentary to a relevant peak clinical governance committee. Actions to be taken be documented and brought forward at subsequent meetings to monitor progress against best practice or benchmark expected outcomes.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.1

Criterion: 1.1.5

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

Discharge planning commences from referral and admission. Clients and their families are well prepared for discharge and in many programs there is support for the client in the community post-discharge by discipline-specific outreach programs or outpatient follow up.

All discharge information is typed and copies provided to the client and other health professionals in the community who will be involved in their ongoing care.

Client feedback is sought on the process and this demonstrates a high satisfaction rate. Any issues identified are incorporated into further improvements.

Surveyor's Recommendation:

HPR:No

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.1

Criterion: 1.1.8

The health record ensures comprehensive and accurate information is recorded and used in care delivery.

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

Policies and procedures are in place to meet the relevant legislative requirements for medical record management.

Recently, there had been a review of the integrated progress notes, and clearer sections and prompts for staff were provided to improve compliance with documentation policy.

A pre and post implementation audit was undertaken in February 2011. Results demonstrated overall improved compliance. The overall error rate fell from 14 to 11%, with the greatest improvement being in the recording of time. There was still room for improvement identified and despite previous audits over three years being circulated to areas little action had been taken to improve the five standards being monitored.

Orientation for staff covers the importance and responsibility for documentation in the medical record but it was difficult to evaluate how this was reinforced at the unit level particularly for the medical staff.

Information on how to access an individual's record was clear and provided in the information brochures given to all clients and their families.

Discharge summary information is typed and provided to all ongoing providers of care.

There are opportunities to further improve the medical record documentation both in the technical compliance of record documentation against the five standards and the findings from record reviews for mortality and morbidity reviews, incidents, complaints or other clinical reviews.

Surveyor's Recommendation:

HPR:No

Medical record audit results, as well as the content deficiencies identified by mortality and morbidity reviews or adverse outcome reviews, be monitored by a clinical quality committee. Actions decided be monitored by a having a regular agenda item relating to medical records quality.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard: 1.5

Criterion: 1.5.2

The infection control system supports safe practice and ensures a safe environment for consumers / patients and health care workers.

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

There is evidence that the system for infection control has been subject to review and is undergoing strengthening. A multidisciplinary Royal Rehabilitation Infection Control Committee has been recently formed and the infection control services has been reviewed. The full-time infection control nurse position has been deleted, an external Infection Control Advisory Service contracted and a 0.1 FTE infection control nurse employed to provide staff health services. In each of the clinical areas, registered nurses (Infection Control Champions) have been assigned responsibility to oversee infection control issues and undertake surveillance activities. Education of the designated infection control nurses has commenced, but is in the early formative stage.

The infection control policy manual has been reviewed by the Infection Control Advisory Service in collaboration with RRC staff. The documentation is comprehensive and reflects the requirements of the NHMRC (2010) Australian Guidelines for Infection Prevention and Control in Healthcare. Hard copies of the policy manual have been distributed throughout the facility. Plans are in place to make the policy available on the organisation's intranet.

Evidence was provided which showed in March 2011 the Infection Control Advisory Service completed an audit of Royal Rehabilitation infection control practices with regards to compliance with the required NHMRC Infection Control standards. The level of achievement was assessed as being 88.7% (target score 90%). The report regarding findings had not been received by the organisation until just prior to the survey, however the organisation has commenced development and implementation of a priority action plan to address areas identified for improvement and the recommendations. This plan is to provide the framework for the organisation's infection control plan. There was evidence that action had been taken to address the recommendations made related to the standard of cleaning in clinical areas wherein the audit results show the level of achievement assessed as being 53.5%. Actions taken include implementation of more robust cleaning processes, scheduling of regular routine audits by the external cleaning service provider and scheduling of regular meetings between the provider and the Royal Rehabilitation Hotel Services Manager to improve communication. The Royal Rehabilitation maintenance services has taken action to address some defects in the physical features of the old buildings, including replacement of broken tiles in bathrooms to facilitate improved cleaning.

With regards to improving hand hygiene practice, there is evidence of some progress made in implementation of the National Hand Hygiene Initiative. Education regarding the Five Moments of hand hygiene is included in staff education programs and includes the use of a learning package. Alcohol based hand rubs / gels were observed to be available at the point of patient / client care and hand hygiene posters are displayed throughout the facility. A nurse, who is a designated as an Infection Control Champion and who is trained hygiene auditor, is to progress implementation of the hand hygiene action plan which has been formulated by the Infection Control Committee. The plan includes implementation of compliance audits and submission of compliance data to the Australian National Hand Hygiene Initiative. The progress of implementation of the action plan and hand hygiene compliance rates should be regularly monitored by the Infection Control Committee.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
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There is evidence that action is being taken to strengthen the staff immunisation system to ensure compliance with Health Policy Directive Occupational Assessment, Screening and Vaccination Against Specific Infectious Diseases PD2011_005 and NSW Health Policy. All new staff must provide information regarding immunisation status prior to employment. Interviews do not proceed without completion of documentation of required information. An assessment and screening process for current staff is being developed and is to include completion of a questionnaire regarding immunisation status, with a view to ensuring accuracy of immunisation status records. A staff health clinic is to be commenced in the very near future and conducted every two weeks by the staff health nurse, who is a qualified immuniser. Plans are in place to offer immunisation programs for measles rubella and pertussis. Implementation of the new system should be evaluated to determine effectiveness. The survey team noted that there is high uptake of influenza vaccination by Royal Rehabilitation staff.

The Royal Rehabilitation food services demonstrate compliance with required food safety and infection control standards. A food safety inspection completed in July 2010 State by the NSW Food Authority showed excellent compliance with the required standards. Evidence provided showed all recommendations have been implemented. All staff employed in the catering services have completed appropriate education in safe food handling.

The survey team found evidence of use of designated waste streams and processes for waste identification, separation of clinical and non-clinical waste. However, the organisation could not provide documented evidence of compliance monitoring with the relevant industry and legislative standards via completion of documented routine waste audits. The survey team was advised that waste management is subject to ongoing informal monitoring and that action is to be taken to implement routine audits in the near future with performance to be monitored by the Infection Control Committee.

Infection surveillance data is being collected monthly and performance trended. The Infection Control Advisory Service is maintaining a database providing monthly trended performance reports to the organisation, and identifying areas and strategies for improvement of performance. The survey team noted that results showed low levels of hospital acquired infections, and were advised that there had not been any outbreaks of infection for the past two years. The organisation is encouraged to benchmark performance with other facilities with similar client demographics.

The surveyors noted that organisation-wide audits undertaken by the Infection Control Advisory Service appear to be scheduled to occur on an annual basis. It is considered that a robust system of regular routine audits which involve Royal Rehabilitation Centre staff should also be scheduled and implemented to improve compliance with the required Infection Control Standards.

Surveyor's Recommendation:

HPR:No

1. Implement the Royal Rehabilitation Centre Hand Hygiene Action Plan and ensure progress and hand hygiene compliance rates are regularly monitored by the Infection Control Committee.
2. Evaluate the new staff immunisation system to determine effectiveness.
3. Implement a robust system of formal routine waste audits and performance reporting to monitor compliance with required waste management legislation and standards.
4. A robust system of regular routine audits which involve Royal Rehabilitation Centre staff be scheduled and implemented to improve compliance with the required Infection Control Standards.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Support

Standard: 2.1

Criterion: 2.1.1

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

Quality activities are incorporated in strategic and operational planning activities and a quality register is being used to track quality improvement activities across the functional units and services. The system for management of quality activities by the Disability Services Directorate has been substantially strengthened with the formation of a Disability Service Improvement Group, revision of the quality management staff guide and implementation of a robust auditing schedule.

There is evidence of implementation of a large number of quality activities progress and outcomes are being monitored. However, there is not a well-developed integrated system for reporting and reviewing organisation-wide performance on key clinical and non-clinical indicators. The survey team was advised that it is planned to review the reported KPIs and to progress integration of data from independent database sources to improve reporting and review by the Board and peak committees.

Surveyor's Recommendation:

HPR:No

Progress data integration to enhance reporting and review of organisation-wide performance on key clinical and non-clinical indicators by the Board and peak committees.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Support

Standard: 2.1

Criterion: 2.1.2

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

Systems and processes for identifying and recording corporate and clinical risks for treating and mitigating identified risks and re-rating of risks are in place. These are supported by a new Enterprise-wide risk management policy and framework which have been formulated to comply with the NSW Health requirements.

An organisation-wide integrated risk register has been established and is being subject to ongoing development and linkage to functional unit and OH&S risk registers and the incident management system. The Disability Services Directorate holds a central database of all client risks, including a tracking and monitoring system.

There is evidence of incorporation of risk management in corporate and clinical activities, strategic and operational and business planning and quality improvement activities. Performance and compliance monitoring is undertaken the Audit and Risk Management Committee, the Executive and managers.

Surveyor's Recommendation:

HPR:No

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Support

Standard: 2.1

Criterion: 2.1.3

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

The systems for management of incidents and complaints are well-established. The use of the IIMS has been expanded organisation-wide for recording of all categories of incidents and complaints. Processes are in place for categorisation of incidents and for provision of alerts to managers in the event of occurrence of high risk incidents. RCAs are used as necessary for investigation of high risk incidents. Staff are educated in the use of the IIMS and awareness of Open Disclosure principles. Information regarding clients' rights and responsibilities and how to lodge a complaint is included in the Client Information Booklet which is issued on presentation to the Royal Rehabilitation Centre services.

There is evidence of monitoring of outcomes of investigation of incidents and complaints and compliance with required target times. No serious incidents / sentinel events have occurred for some time and there is a low level of complaints. The organisation is encouraged to explore benchmarking of incidents and complaints as this is not currently undertaken.

Internal client satisfaction surveys for all services are undertaken regularly and follow-up action for areas identified for improvement has been undertaken. At the time of the survey, a revised inpatient client satisfaction survey was about to be implemented. The organisation also participates in NSW Health patient satisfaction surveys and actions had been taken to address areas identified for improvement. Results of surveys show high levels of client satisfaction.

Surveyor's Recommendation:

HPR:No

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Corporate

Standard: 3.1

Criterion: 3.1.3

Processes for credentialing and defining the scope of clinical practice support safe, quality health care.

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

There are processes in place for all clinical appointments to be reviewed by the appropriate discipline for relevant qualifications, registration and experience prior to appointment. For senior medical staff, dentists and allied health professionals this is overseen by the Medical (and Other) Appointments and Credentials Advisory Committee (MOACAC).

There is a database to support a review of the credentialing process every five years for medical staff and ensures registrations are checked for all relevant disciplines annually.

The Northern Sydney Central Coast Area Health policy 'introduction of new Health Technologies' has been used as the reference document for any proposed new procedures / technologies introduced into the organisation.

A review of the MOACAC agenda and minutes indicate that recommendations for appointment were being made to this group on the advice of a selection panel. The documentation provided to the committee was not consistent in format and at times some items were not provided. It would be useful to have a flow chart and check sheet available to support the process and ensure all relevant material has been reviewed.

Surveyor's Recommendation:

HPR:No

The MOACAC ensure that the agenda and minutes clearly reflect and document the process being undertaken to appoint staff, including honorary appointments. This should include that all relevant documents have been reviewed.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Corporate

Standard: 3.1

Criterion: 3.1.5

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

There is evidence that the system for management and review of policies and procedures has been strengthened. The framework and processes for updating of policies and procedures are well developed and is being seen by a working party. At the time of the survey, evidence provided showed 64 % of policies that the electronic policy register has been subject to review and that plans are in place for ongoing work. Policies and procedures are well referenced and based on Australian Standards, Professional Guidelines and State Regulations. Legislative compliance is managed by a system wherein there are processes to regularly scan the legislative environment to ensure that the legislative compliance system remains current. Well established communication processes for notification of the staff in relation to changes and processes are in place for monitoring and addressing compliance, including incident and complaints monitoring. Policies are made available to staff via the hospital intranet. There was no evidence of evaluation of staff satisfaction regarding ease of access to policies and it is recommended that this be undertaken.

Surveyor's Recommendation:

HPR:No

Evaluate staff satisfaction regarding ease of access to policies via the intranet site.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Corporate

Standard: 3.2

Criterion: 3.2.1

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

The safety management systems are robust and are underpinned by well-documented OH&S policies that are linked to the legislation and relevant Australian Standards. The OH&S Committee meets regularly with wide representation from all areas of the organisation. Processes are in place to ensure all members are appropriately trained and that the minutes of the meetings of the Committee are made available for staff information and displayed on notice boards. The OH&S Committee contributes to the evaluation of OH&S performance through completion of audits and risk assessments, monitoring OH&S incidents and following up to ensure improvements have been implemented. OH&S is a standing agenda item on all unit and executive meetings.

There was evidence that staff, visitors and contractors are educated on workplace health and safety. Staff are educated in risk and hazard identification and risk mitigation strategies, safe manual handling practices, assessment of bariatric patients and de-escalation of aggressive behaviours. All staff are responsible to assist in completion of inspections to identify hazards and report potential and actual hazards to their OH&S representative and their manager.

OH&S Risk registers are maintained at all functional sites and updated in the e-hazards log. Injury incidents are being recorded in the IIMS database and risk rated. Where appropriate, risks are recorded on the organisation's risk register.

Hazardous substances and dangerous goods are well-managed through policies, availability of MSDS and audits to identify risk and take corrective action.

An extensive building project is currently being carried out on site and evidence was provided which indicates completion of risk assessments and implementation of risk mitigation strategies. These include which include resulting in redirection of traffic flows and increased signage.

An external radiology provider provides radiology services and there is evidence which indicates monitoring of compliance with radiation safety standards. Records viewed by the survey team indicated that the portable x-ray machine had not been serviced according to the required schedule.

There is a robust system for injury management which includes follow-up investigations and organisation of early return-to-work programs for injured staff. Evaluation occurs through monitoring of frequency rates of injuries, lost time and cost of injuries.

Surveyor's Recommendation:

HPR:No

Ensure the portable x-ray machine is serviced in accordance with the required schedule.

Periodic Review - Survey Team Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Corporate

Standard: 3.2

Criterion: 3.2.4

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

Organisation's self-rating: MA

Surveyor rating:MA

Surveyor's Comments:

The disaster and emergency systems are well-established and comply with relevant legislation and guidelines. The recommendations resulting from the Fire Safety Audit completed in March 2009 had been addressed.

The Emergency and Disaster Manual is comprehensively documented and there is evidence of contingency plans for management of essential services, power, gas, steam, water outages / emergencies and business continuity. Fire equipment is well-maintained and subject to regular checks of fire extinguishers, hydrants and hose reels. Fire evacuation plans are strategically placed throughout the buildings and contain information regarding assembly points.

Staff is educated about emergency and disaster management through mandatory fire and emergency training conducted on orientation and annually. Training includes management of emergency codes and education of fire wardens. At the time of the survey, 90% of staff had completed mandatory emergency and evacuation training and plans were in place for remainder of staff to undertake training in the near future.

Clinical staff is trained in Basic Life Support and medical emergency equipment is appropriately maintained. Plans were in place to upgrade staff skills in the use of new defibrillators which were to be introduced in June 2011.

Surveyor's Recommendation:

HPR:No

Rating Summary Report

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Rating Summary

Clinical			
Criterion	Organisation's self-rating	Surveyor Rating	HPR
Crit. 1.1.1	MA	MA	
Crit. 1.1.2	EA	MA	
Crit. 1.1.3	MA	MA	
Crit. 1.1.4	MA	MA	
Crit. 1.1.5	MA	MA	
Crit. 1.1.8	MA	MA	
Crit. 1.5.2	MA	MA	

Support			
Criterion	Organisation's self-rating	Surveyor Rating	HPR
Crit. 2.1.1	MA	MA	
Crit. 2.1.2	MA	MA	
Crit. 2.1.3	MA	MA	

Corporate			
Criterion	Organisation's self-rating	Surveyor Rating	HPR
Crit. 3.1.3	MA	MA	
Crit. 3.1.5	MA	MA	
Crit. 3.2.1	MA	MA	
Crit. 3.2.4	MA	MA	

Recommendations from Current Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Recommendations from Current Survey

Function: Clinical

Standard:1.1

Criterion: 1.1.4

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

High Priority: No

Recommendation:

Indicators of care outcomes be collated, reviewed, analysed and reported with commentary to a relevant peak clinical governance committee. Actions to be taken be documented and brought forward at subsequent meetings to monitor progress against best practice or benchmark expected outcomes.

Function: Clinical

Standard:1.1

Criterion: 1.1.8

The health record ensures comprehensive and accurate information is recorded and used in care delivery.

High Priority: No

Recommendation:

Medical record audit results, as well as the content deficiencies identified by mortality and morbidity reviews or adverse outcome reviews, be monitored by a clinical quality committee. Actions decided be monitored by a having a regular agenda item relating to medical records quality.

Recommendations from Current Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Clinical

Standard:1.5

Criterion: 1.5.2

The infection control system supports safe practice and ensures a safe environment for consumers / patients and health care workers.

High Priority: No

Recommendation:

1. Implement the Royal Rehabilitation Centre Hand Hygiene Action Plan and ensure progress and hand hygiene compliance rates are regularly monitored by the Infection Control Committee.
2. Evaluate the new staff immunisation system to determine effectiveness.
3. Implement a robust system of formal routine waste audits and performance reporting to monitor compliance with required waste management legislation and standards.
4. A robust system of regular routine audits which involve Royal Rehabilitation Centre staff be scheduled and implemented to improve compliance with the required Infection Control Standards.

Function: Support

Standard:2.1

Criterion: 2.1.1

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

High Priority: No

Recommendation:

Progress data integration to enhance reporting and review of organisation-wide performance on key clinical and non-clinical indicators by the Board and peak committees.

Recommendations from Current Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Function: Corporate

Standard:3.1

Criterion: 3.1.3

Processes for credentialing and defining the scope of clinical practice support safe, quality health care.

High Priority: No

Recommendation:

The MOACAC ensure that the agenda and minutes clearly reflect and document the process being undertaken to appoint staff, including honorary appointments. This should include that all relevant documents have been reviewed.

Function: Corporate

Standard:3.1

Criterion: 3.1.5

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

High Priority: No

Recommendation:

Evaluate staff satisfaction regarding ease of access to policies via the intranet site.

Function: Corporate

Standard:3.2

Criterion: 3.2.1

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

High Priority: No

Recommendation:

Ensure the portable x-ray machine is serviced in accordance with the required schedule.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Recommendations from Previous Survey

Recommendation: OWS0309.1.5.1

Function: Clinical

Standard: 1.5

Criterion: 1.5.1 Medications are managed to ensure safe and effective practice.

High Priority: No

Recommendation:

1. Review of the thoroughness of the reporting of medication incidents through IIMS and to give attention to correct patient identification verification in medication audits.

2. Consideration be given to reporting interventions as well as incidents and to undertake trending of incidents.

Action:

Recommendation 1

Progress comment : Achieved

- New Audit Tool developed in March 2010 including measures of compliance with patient identification, audit conducted in April 2010 with results presented to Drug Committee.
- As a result of this Audit the Medical Staff Council have revised the Registrar Orientation Program to include education regarding drug committee, drug policies and charting requirements with a focus on patient identification.
- Results of drug chart audits available to staff on the shared drive under After Hours Nurse Manager Reports
- Plan to implement training program in 2011 focusing on increasing awareness in recognising medication errors and appropriate reporting.

Recommendation 2

Progress comment : Achieved

- Steps have been taken to improve reporting of pharmacy 'interventions' ie near misses concerning prescribing and documentation errors. This has included providing the pharmacy assistant with IIMS access.
- The Rehabilitation inpatient service revised its reporting of IIMS SAC 3&4 incidents in Dec 2009. This process involves IIMS summaries of aggregated primary risk areas (including medication) being forwarded to units for analysis. Trends/performance outside expectation are highlighted in these monthly summaries. These monthly reports, along with clinicians' improvement strategies are amalgamated into a quarterly Clinical Management Report that goes through the Clinical Standards Committee to the Client Outcomes and Participation Committee, providing the opportunity for high level feedback. Monthly summaries provide unit clinicians with performance, variance and improvement information.
- The Disability Service Improvement Group has a similar process and reports through the Disability Operations Directorate to the Client Outcomes and Participation Committee.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

- The Extended Care Service commenced in-house audits of medication charts which focus on identification, drug name, dose, frequency etc with increased reporting of errors.

Completion Due By: 28/09/2010

Responsibility: Chair Drug Committee

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

1. Additional attention has been given to completion of medication charts at staff orientation and to the registrars at each commencement. All staff were familiar with IIMS reporting requirements although medical staff suggested that nursing staff are usually the notifiers of any ward incidents. Compliance with verification of patient identification required on the national medication charts has been reinforced at the orientation and by nursing staff when they are administering the medications.

The most recent audit in the Spinal Injury unit undertaken in May 2011 demonstrated a marked improvement in compliance from 36.6% to 72.2%.

2. Pharmacy now has access to IIMS in the pharmacy department and this has allowed reporting of incidents and near misses by them. There is a lot of attention given to verifying the discharge medication of the client on referral and transfer to the Royal Rehabilitation Centre. This ensures the pharmacist is aware of medications and checks this against medication charts. Any variations are discussed with the relevant registrar involved in the admission. The pharmacist also assists with orientation and education on medications. The main volume of incidents now reported are medications with similar names and to a less extent dosages. Centre-wide trending and review still requires attention and will be addressed in a new recommendation in 1.1.4.

Recommendation: OWS0309.1.5.2

Function: Clinical

Standard: 1.5

Criterion: 1.5.2 The infection control system supports safe practice and ensures a safe environment for consumers / patients and health care workers.

High Priority: No

Recommendation:

1. Carry out baseline hand hygiene audits in the client care areas, using the new Five Moments model, and move ahead with the implementation of that program.

2. Introduce additional procedures to ensure that there is a documented immunisation history for all staff in relevant departments and roles.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Action:

1) The Five Moments Model is offered to the Acute Sector only.

Baseline hand hygiene audits covering placement of alcohol gel & hand hygiene practice has been carried out in the Rehabilitation units. Education on the 5 moments program has commenced in the Rehab units. The e learning program for hand hygiene from Hand Hygiene Australia is to be made accessible by staff as part of the education program.

2) An Immunisation history questionnaire has been issued to all staff since 2004.

The questionnaire was updated to comply with requirements of PD 2007_006 & distributed to staff pre employment. The data from these questionnaires is entered for all Clinical staff members & recorded for each unit. All clinical staff are offered vaccinations and serology to comply with the Policy Directive. A listing of staff requiring further vaccination / serology has been compiled and questionnaires distributed. The list of vaccinations and serology required for staff has been compiled for each unit to enable updating.

Completion Due By:

Responsibility:

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

1. There has been very limited progress made in implementation of baseline hand hygiene audits in clinical care areas. However, an action plan has been documented by the Infection Control Committee and a nurse, who is trained auditor, has been employed recently to progress implementation of compliance audits and submission of compliance data to the Australian National Hand Hygiene Initiative. Refer to new recommendation 1.5.2.

2. There is evidence of strengthening of the system for recording staff immunisation histories. All new staff must provide information regarding immunisation status prior to employment. Plans are in place for survey of staff not recently employed to complete questionnaire regarding immunisation status and for updating of immunisation status records.

Recommendation: OWS0309.1.6.1

Function: Clinical

Standard: 1.6

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

High Priority: No

Recommendation:

Review of the organisational committees to identify opportunities to include a consumer and/or carer representative on the membership, and implement a training program for those representatives.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Action:

- Client Outcome and Participation (Board Sub-committee) has two consumer representatives. DSD revised its consumer Advisory Council with broader representation by clients, and independent support to the Council members by Self Advocacy –Sydney.
- The current organisation restructure will necessitate further review to committee structure and function.
- A Consumer Advisory Council has been discussed in the Client Outcomes and Participation Committee and there is commitment to its development, however the current organisation restructure will necessitate further review of all committee structure and function.

Completion Due By:

Responsibility:

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

There is evidence of increased consumer representation on the Royal Rehabilitation Centre Committees. The Consumer Outcomes and Participation Committee now have three consumer representatives and there are consumer representatives on Royal Rehabilitation Foundation & Ethics Committees. Mechanisms have also been established for consumer consultation in the development of services and new building projects.

Recommendation: OWS0309.2.1.1

Function:Support

Standard:2.1

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

High Priority: No

Recommendation:

1. The Clinical Care Review Committee review its terms of reference including membership, to include more representation from the clinical professional leaders group.
2. The Board Minutes be reviewed to reflect contemporaneous quality and risk management processes. This includes ensuring that these items appear as regular agenda items.
3. Minutes of the divisional quality meetings become outcome focused, with time lines and responsibilities.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Action:

Progress on recommendation 1

Review of the function of the Client Outcomes and Participation Committee (formerly called the Clinical Care Review Committee) led to a proposal that there was a gap concerning a high level clinical investigation and improvement function. It was proposed, and there has been progress with forming a new committee based on the original TOR of the Clinical Care Review Committee that will predominantly have senior clinician membership.

Progress on recommendation 2

It was identified that systems supporting analysis and information needed to enhance the Board's participation in the quality and risk management of the organisation. The information provided to the Board through sub-committee and minutes required further structure and focus. To this end the systems involving monitoring clinical risk and analyzing variance towards targeting areas for improvement has been reviewed and improved. Examples include the development of the Rehabilitation inpatient Clinical Management Report which monitors compliance/variance with incident management systems, management of primary clinical risk areas, AROC benchmarking, clinical indicators and client feedback. Summary reporting is provided to the Client Outcomes and Participation Committee [(COPC) a Board subcommittee] who then report to the Board. The Disability Service has developed a Service Improvement Group whose function is analysis of information concerning client outcomes, service process consistency and levels and recommendations on criteria levels of performance. Key Performance Areas and related key performance indicators are now being reported to the COPC and hence to the Board.

Feedback and direction from the Board in response to this information is currently being integrated into the Board meeting agenda and process.

Progress on recommendation 3

- Clinical Standards Committee (CSC) minutes are Action Minutes
- Service Improvement Group (SIG) minutes are Action Minutes
- Standard Leader reports are outcome focused with clear designated responsibility
- SPE committee utilises action minutes (committee now under review)
- Clinical Care Review Committee (now under development)
- Corp Services meetings (now under review)

Completion Due By:

Responsibility:

Organisation Completed:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Surveyor's Comments:

Recomm. Closed: Yes

1. Since the OWS survey, the Royal Rehabilitation Client Outcomes Participation Committee (COPC) has had responsibility for review of clinical activity and indicators. However, the survey team was advised that this committee has not been able to adequately address this responsibility and that action is being taken to establish a Clinical Care and Review Committee in the June 2011. The terms of reference show that the proposed membership is multidisciplinary and includes a senior medical officer.

2. There is evidence that the minutes and agenda of the Royal Rehabilitation Board incorporate quality and risk management issues. Items recorded in the minutes reflect items documented in the minutes of the Audit and Risk Management Committee and the COPC.

Recommendation: OWS0309.2.1.2

Function:Support

Standard:2.1

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

High Priority: No

Recommendation:

1. The draft RRCS Risk Management manual be endorsed and implemented.

2. The risk quantification work which has been undertaken so far, in relation to recently emerged risks, be expedited and completed so that the understanding of the current risks that the organisation faces, is as accurate and complete as possible.

Action:

Recommendation 1 progress

Following this recommendation NSW Health released its enterprise wide risk management policy and framework. Royal Rehab consequently developed a policy and framework based on the NSW Health documents. This, along with an implementation plan, have been ratified by the Board Audit and Risk Committee.

The implementation plan is consistent with the NSW Health plan and is scheduled to run over the next two years with completion in 2012.

Recommendation 2 progress

Since the Organisation Wide Survey Royal Rehab has managed to secure a purchaser for the majority of the Ryde site. This has allowed phase one of the rebuild (new Weemala) to commence. Additionally NSW Health have undertaken substantial changes to funding requiring significant reduction in workforce levels. Risks identified and risk mitigation relevant at the time of survey have therefore changed significantly.

Progressing the Enterprise-wide Risk Framework Implementation necessitated the revision of the existing multiple risk registers into a single register that was consistent with the Framework. A project group are now undertaking a body of work to compile risk profiles. Strategies and actions implemented to identify and quantify risks included:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

- Organisational and unit level surveys
- Review of Board and Committee minutes

Completion Due By: 31/05/2011

Responsibility:Risk manager

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

1. A comprehensive organisation-wide risk management policy and framework which is consistent with required NSW Health Risk Management Framework Policy has been developed and documented.
2. A comprehensive electronic risk register has been developed and shows evidence of risk rating and risk mitigation activities and monitoring of outcomes. This is being subjected to ongoing development and review.

Recommendation: OWS0309.2.2.3

Function:Support

Standard:2.2

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

High Priority: No

Recommendation:

Implementation of a centralised tracking system to record staff participation in the annual performance review; and, implement additional measures to significantly lift participation levels.

Action:

Recommendation progress

All staff completing the Performance Development Program are now entered into Proact. A report is generated indicating those staff who have not had their annual review.

Completion Due By: 31/12/2010

Responsibility:HRM

Organisation Completed:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Surveyor's Comments:

Recomm. Closed: Yes

The Human Resources Department has implemented a centralised system for recording and monitoring staff performance development reviews. This incorporates the use of Proact for recording of dates of completion and information regarding outstanding reviews. At the time of the survey, evidence was provided that showed that 84% of staff had completed required annual performance reviews.

Recommendation: OWS0309.2.3.2

Function:Support

Standard:2.3

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

High Priority: No

Recommendation:

The program of audit and review of medical records include appropriate evaluation of the clinical content of records, to support enhancement of records and subsequent information management to assist in the improvement of clinical practice.

Action:

The organisation is currently undergoing a major restructure and downsizing in response to changes in NSW Health funding. Consequently all committees are under review. However, the organisation continues to audit its processes and clinical practice through the following audit activity:

- The retrospective medical records BuMM audit in respect to falls management and consistency with Falls policy. Results are currently being collated.
- Medication chart audit was undertaken with results going to the Drug Committee for analysis and action.
- Participation in the National Stroke Rehabilitation Audit which entailed a retrospective audit of clinical records against the Clinical Guidelines for Stroke Rehabilitation and Recovery. The overall report has only recently being released. Royal Rehab is waiting on the organisation results from the audit and will then develop improvement projects where indicated.
- The AROC Data Quality Project

Further clinical audits of medical records will follow once the committee structures, responsibilities and reporting have been revised.

Completion Due By:

Responsibility:

Organisation Completed:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Surveyor's Comments:

Recomm. Closed: Yes

There are many activities that involve the review of the content of the medical records. These include medico-legal reports, morbidity and mortality reviews of any unexpected client transfers, client death notifications for all disability clients, technical audits by the medical records department, a full review and redesign of the records and discharge summary for spinal injury clients.

The medical records audit was undertaken following the implementation of new integrated progress notes. The redesign was to improve clarity of how to use the record with clearer prompts for staff. There is a need for ongoing education for all staff on the importance of documentation and using the information and trends found from medical record reviews to address common documentation concerns. This will be addressed in a new recommendation in 1.1.8. This recommendation is closed.

Recommendation: OWS0309.2.3.4

Function:Support

Standard:2.3

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

High Priority: No

Recommendation:

An appropriate disaster recovery test procedure be developed for the IT platform and carried out periodically, to ensure that the disaster recovery plan will be effective in any event of loss of service.

Action:

The organisation's current Disaster Recovery strategy as described in Policy 10-12 The Royal Rehab Network has been tested, and performed well, during the management of a number of actual incidents. With the major redevelopment of the Royal Rehab site and the considerable downsizing of the organisation due to changes in Health funding the IT policy is under review. IT recovery has been incorporated into the Risk register. The Disaster Recovery procedures include an evaluation of the critical timelines for each of our IT systems.

Completion Due By: 28/02/2011

Responsibility:Director Finance and IM

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

Evidence was provided which indicated that effectiveness of the Royal Rehabilitation Centre Disaster Recovery plan has been subjected to recent testing. The survey team was advised that simulated exercise which included a substantial failure of the organisation computerised information and administration systems had been undertaken and that the organisation was able to deploy procedures to restore computerised operations, vital business and service operations within a good timeframe. Areas for improvement have been identified and an action plan to address these has been developed.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Recommendation: OWS0309.3.1.2

Function: Corporate

Standard: 3.1

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

High Priority: No

Recommendation:

1. Peak and operational committee's terms of reference be reviewed to ensure that there is no overlap of role and responsibilities, so as to focus and drive the change and management functions.
2. Consideration should be given to the appointment of further practising allied health, rehabilitation medicine and research personnel, to peak and operational committees to support the major re-development and change agenda being undertaken.

Action:

Progress recommendation 1

The Memorandum of Association is being replaced by a Constitution to bring it in line with the Corporations Act. Changes due to local Health Networks are being clarified. Following ratification of the draft Constitution new By-Laws will follow.

The project to review operational committees is in progress. To date the TOR for the Professional and Operations Committee, Counter Disaster, Senior Nurses Team Forum, Nursing Council, Clinical Standards Committee, and Ethics Committee have been revised.

Progress recommendation 2

The Director, Medical Services is a Rehabilitation Specialist and attends all Board Meetings as a Special Advisor to the Board. He is a staff member of the Centre's Executive Management team, and the Chief Executive of the Rehabilitation Studies Unit (RSU), and holds an Academic appointment at the University of Sydney and the Northern Sydney Clinical School. The RSU is a research unit of the University of Sydney which is located on the Royal Rehab campus and supported by it, and which is involved extensively in research projects at the Centre. A current Director is the very recently retired Director of the Centre for Disability Studies, a specialised research and educational entity on campus, supported by the Centre and which is also extensively involved in research projects at the Centre. There are a number of Board Directors with senior University appointments involved in research and educational activities relevant to the Centre.

The Chair of the Staff Medical Council attends all Board Meetings, and is a member of a number of Board Committees.

The Director of Nursing and the Director of Allied Health are members of a number of Board Committees, and attend Board Meetings as part of the Executive Management team.

Three Consumer Representatives have been co-opted onto the Client Outcomes and Participation Committee and have formed a task group with Management, to establish Consumer training packages and make recommendations in regard to extended consumer representation throughout the organisation. As part of the recent organisational staff review, models of care were developed and reviewed by senior clinical groups representing all services, under Executive direction and subsequent Board approval.

A Clinical User Group and an Operational User Group comprising of practising medical, allied health, nursing, building services, clinical support services and corporate support service staff are working with external consultants to specify the design of the new development, prior to the approval of construction contracts.

Completion Due By: 28/05/2011

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Responsibility:Executive

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

1. There was evidence that the structure, terms of reference and membership of the Royal Rehabilitation Centre Peak Operational Committees have been reviewed. Implementation of the revised structure is being progressed and plans are in place to review effectiveness.
2. The membership of the revised committees incorporates rehabilitation medical and allied health staff. Well-developed communication processes are in place for consultation and involvement of key staff and stakeholders in planning and development of services.

Recommendation: OWS0309.3.1.5

Function:Corporate

Standard:3.1

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

High Priority: No

Recommendation:

Policies and procedures that are outside the nominated review date be assessed and reviewed as a matter of priority, and updated on the control register.

Action:

Recommendation progress

A Working Party developed and published a revised Policy Framework on the Intranet.

A process to manage incoming NSW Health Mandatory Policy, Guidelines and Information Bulletins through a policy mailbox has been incorporated into the policy management process.

Intranet publishing has been reallocated as part of the organizational restructure.

By-Law review has been allocated with the view to substantial progress by Feb 2011. However, this will be dependent on the major organizational structural review that is underway.

As of the 15/2/2011 the status of policy currency stood at 61% current, 39% expired and of these 65% were allocated to staff for review.

Completion Due By: 31/01/2011

Responsibility:Director Inpatient and Specialty Services

Organisation Completed:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Surveyor's Comments:

Recomm. Closed: Yes

Good progress has been made with strengthening the processes for updating of policies and procedures. At the time of the survey, review of 64% of policies / procedures had been completed. Plans are in place for completion of review of the remainder by the end of 2011.

Recommendation: OWS0309.3.2.1

Function:Corporate

Standard:3.2

Criterion: 3.2.1 Safety management systems ensure safety and well being for consumers / patients, staff, visitors and contractors.

High Priority: No

Recommendation:

1. The radiography service contractor provide appropriate periodic written reports to the facility to document compliance to standards, and effective operation of the service relating to radiation safety and management in patient care.

2. A review of the management of the several risk, injury and incident registers be undertaken, with the view of preparing and maintaining a single register of incidents and risks for the organisation to manage.

Action:

Recommendation 1 progress (completed)

All compliance and operation documentation is now kept in a folder in the x-ray area and HR records. The contractor set up an orientation process for referral for x ray and this is included in the orientation education for registrars.

Changes were made to improve efficiency of the x-ray department and to ensure compliance with radiography best practice standards.

Recommendation 2 progress

Meetings were held between Royal Rehab managers and NSCCAH IIMS Manager and OHS Manager in late 2009 and early 2010. The purpose of these meetings was to determine if utilisation of all the IIMS functions would be a positive step for Royal Rehab. Prior to this Royal Rehab was only using the Clinical and Complaints function of IIMS. Security, staff incidents, property and hazard reporting were all undertaken using paper based systems, although Hazards and Staff incidents were entered into their own spreadsheets for reporting purposes.

This project has now progressed and in phase one all inpatient units are using all functions of IIMS. Therefore there is now one data base for recording, monitoring and reporting on the full range of incidents. Phase two will include all support services transferring over to using IIMS. This phase is due to be completed by mid May 2011.

Completion Due By: 18/05/2011

Responsibility:Quality & Accred Coordinator

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

1. There was evidence that records are being maintained in the radiology service regarding compliance with required standards. It was noted that the records showed routine maintenance of the portable x-ray machine had not been attended to within the required timeframes. Refer to new recommendation 3.2.1.
2. There was evidence that injury incidents are being recorded in the IIMS database and risk-rated. Where appropriate, risks are recorded on the organisation-wide risk register.

Recommendation: OWS0309.3.2.2

Function: Corporate

Standard: 3.2

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

High Priority: No

Recommendation:

1. As the planned re-development of campus buildings will be delayed, a plan that identifies priority building fabric and soft furnishings upgrades and improvements, particularly in client facing areas, be finalised and approved for early implementation.
2. A program of external benchmarking and performance review, to strengthen the existing services monitoring and audit, be implemented to enhance the quality assurance program of the building services and plant, equipment and utilities functions.

Action:

Recommendation (1) progress Report

Building inventory/property report was updated in Sept 2010. Furniture upgrades have occurred in CARS, BIU and public area of administration reception.

Recommendation (2) progress Report

St George hospital was consulted in respect to a review of the Royal rehab maintenance agreement. Lady Davidson Private Hospital was consulted in the organisation's upgrading of the stores procedures.

Completion Due By:

Responsibility:

Organisation Completed:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Surveyor's Comments:

Recomm. Closed: Yes

1. There was evidence of upgrading of furnishings in the general rehabilitation and brain injury units client accommodation. Upgrading of air conditioning and lighting and painting has also been undertaken in throughout client areas. A new building for the accommodation of Weemala residents is currently being constructed and planning is being undertaken for construction of a new building to accommodate the spinal and brain injury patients is being progressed.

2. The survey team was advised that the organisation had consulted with other organisations in development of the Royal Rehabilitation maintenance agreement and stores procedures. However, establishment of systems using a suite of key performance indicators have not been explored for comparison of performance with other organisations regarding maintenance of buildings and equipment.

Recommendation: OWS0309.3.2.3

Function: Corporate

Standard: 3.2

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

High Priority: No

Recommendation:

The audit of general and confidential waste be routinely included in waste audits, to ensure appropriate disposal of patient identified waste material.

Action:

Appropriate disposal of patient identified waste material reinforced with all staff at Orientation & in Mandatory training.

General & recycled paper waste has been regularly monitored by the IC CNC to ensure no confidential data disposed of. Feedback to units immediately if inappropriate disposal identified (none identified so far). However, with the restructure the IC CNC position was deleted. Infection Control Clinical Audits are now undertaken by a contractor, Bug Control. Bug Control is also now quoting on extending their service to provide General Waste auditing.

Document destruction bins available in units requiring them.

Completion Due By:

Responsibility:

Organisation Completed:

Surveyor's Comments:

Recomm. Closed: Yes

The organisation could not demonstrate that a formal schedule of routine waste audits is in place; however, designated waste streams were evident at the time of the survey. The survey team was advised that action is to be taken to implement routine audits in the near future and that performance is to be monitored by the Infection Control Committee. Refer to new recommendation 1.5.2.

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Recommendation: OWS0309.3.2.4

Function:Corporate

Standard:3.2

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

High Priority: No

Recommendation:

1. Reports on progressive attendance by staff at mandatory fire and emergency training be included on the Counter Disaster Committee's agenda at least quarterly.
2. Formal communications be undertaken with the main utility and fire authorities regarding the organisation's planned response and support requirements to any loss of these services or fire and evacuation emergencies on the Ryde Campus, and that the level of agreed support be considered and documented by the Counter Disaster Committee.

Action:

Recommendation (1) progress report

Training has been a standing item on the Counter Disaster Meeting since April 2009, however the training statistics have been reviewed once within this committee since. It is a standing agenda item on the newly constituted Safe Practice and Environment Committee (which includes Counter Disaster). The first meeting will be during April 2011. In the mean time the Human Resource Manager has been reviewing the staff training statistics and acting on variance through communicating with Executive and Managers.

Recommendation (2) progress report

Royal Rehab Centre is included in the NSCCAHS Disaster Response Plan (DISPLAN 2007). Major events are coordinated through the Area HSFAC. It is implicit that the main utilities and fire authorities are aware of the Centre's planned response and support requirements. These authorities are committed in the development of the DISPLAN. In addition the District Emergency Management Officer for Sydney North and the NSW Ambulance Senior Operations Manager for northern Sydney are members of the NSCCAHS CDC. Royal Rehab reports incidents and issues to this committee.

The terms of reference for the NSCCAHS CDC includes 'establish and monitor counter disaster arrangements in the Area Health Service including preparedness, response, education and testing. In addition Royal rehab will meet with the DEMO to advise them of the local plan in place. BCPs located in all units, for example for electricity supply, are signed off by the CEO.

Completion Due By: 30/04/2011

Responsibility:Director inpatient and Specialty Services

Organisation Completed:

Recommendations from Previous Survey

Organisation : Royal Rehabilitation Centre Sydney
Orgcode : 110334

Surveyor's Comments:

Recomm. Closed: Yes

1. Evidence provided showed that performance related to staff compliance with mandatory emergency and fire training is monitored by the Human Resource Manager and the Safe Practice and Environment Committee. At the time of the survey, 90% of staff had completed required training. Plans were in place for the remainder of staff to undertake training in the near future.
2. The organisation is included in the Northern Sydney Health District Disaster Response Plan. Formal mechanisms are in place for ongoing communication by the organisation with key disaster committees and relevant fire authorities.