




SHORT NOTICE ACCREDITATION ASSESSMENT CHECKLIST FOR SUPPORT WORKERS / ALLIED HEALTH

The following table contains a list of common questions an Assessor may ask support workers / allied health staff when undertaking an onsite accreditation assessment against the NSQHS Standards.



From the 1st July 2023, Allowah transitioned to Short Notice Assessments against the NSQHS Standards. What does this mean? We will only receive a minimum of 1 full business day notice that an accreditation assessment will commence. Assessors will be spending a minimum of 75% of their time out in clinical areas, therefore the likelihood of an assessor speaking with you is high!


(INCLUDES TIPS ON HOW TO ANSWER)


| NSQHS Standard | Can I answer...? | | | |
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|  | Clinical Governance | | Yes | No |
| | <p>How do clinical leaders engage with other clinicians on safety and quality matters?</p> <ul style="list-style-type: none"> • What are ways that we communicate updates or concerns around safety? <ul style="list-style-type: none"> ○ Electronic communication board in staff room – displays <i>Paediatric Watch</i> safety newsletters ○ Daily Safety Huddles ○ Team meetings ○ IRT incident reviews ○ Wednesday Weekly • What are ways that we communicate updates on quality improvement initiatives? <ul style="list-style-type: none"> ○ Electronic communication board in staff room ○ Daily Safety Huddles ○ Team meetings ○ Wednesday Weekly ○ Committees – IRT, ELT, T4K, Parent and Carer Council ○ Training around quality and safety • How do we get support workers involved in quality and safety initiatives? Eg. focus projects? <ul style="list-style-type: none"> ○ Teamcare 4 Kids committee ○ Performance appraisals ○ Amazing Race! ○ Policy reviews ○ Monthly Audits ○ Project implementation and feedback – eg. Hazardous and Cytotoxic medication and waste handling, BAS | | | |


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| | <p>Useful policies: <i>Quality Management Framework</i> <i>Quality Management policy and procedures</i> <i>Risk Management Policy and Procedures</i> <i>Risk Management Framework</i></p> | | |
| | <p>How does the hospital identify and document safety and quality risks?</p> <ul style="list-style-type: none"> • How do you communicate and handover risks? <ul style="list-style-type: none"> ○ Daily Safety Huddles ○ Escalation to RNiC ○ Support Worker Handover – Support Worker Handover Report and Checklist (new process that will be underway) ○ Documentation in Progress notes – Therapies ○ Picture Care plan • Where are risk assessments documented? <ul style="list-style-type: none"> ○ Picture Care Plan ○ Progress notes ○ Risk register <p>Useful policies: <i>Falls Prevention Policies and Procedure</i> <i>Manual Handling and Lifting Policy and Procedure</i> <i>Admission Policy and Procedure</i> <i>Clinical Handover Policy</i></p> | | |
| | <p>What are my quality and safety responsibilities?</p> <ul style="list-style-type: none"> • When do you notify incidents? How do you do this? What is your immediate priority when managing incidents? (eg. <i>keeping the patient safe. Also think about open disclosure</i>) • How do you keep yourself and your patients safe? <ul style="list-style-type: none"> ○ Adherence to WHS principles ○ Adherence to clinical and non-clinical policies. <i>Do you know where to find them? How to find them? Who to ask?</i> ○ Hazardous waste and substances management ○ Infection control ○ Security • Complete mandatory training, performance appraisals <p>Useful policies: <i>Incident Management Policy</i> <i>Open Disclosure Policy</i> <i>Work Health and Safety Policy</i> <i>Work Health and Safety Procedures</i> <i>Infection control manual</i></p> | | |

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| | <p>How do we document & feedback matters regarding incidents & near misses?</p> <ul style="list-style-type: none"> • Where do you document incidents? <ul style="list-style-type: none"> ○ Incident notification ○ Progress notes • Who do you communicate with about incidents? <ul style="list-style-type: none"> ○ Immediate escalation to RNIC, Support Worker Manager, DDS ○ Incident notification ○ Daily Safety Huddle ○ Team huddles ○ Open disclosure to parent / carers • How do we review incidents? <ul style="list-style-type: none"> ○ Incident Review Team • How do we communicate outcomes of incident investigations / actions <ul style="list-style-type: none"> ○ Wednesday Weekly ○ IRT ○ Parent and Carer newsletter for quality improvement initiatives <p><i>Useful policies:</i> <i>Incident Management Policy</i> <i>Open Disclosure Policy</i></p> | | |
| | <p>How are we trained and supported to discuss with patients and family's incidents that caused harm? (if relevant to your role)</p> | | |
| | <p>How do I work to meet the cultural needs of my Aboriginal and Torres Strait Islander patients & families?</p> <ul style="list-style-type: none"> • How do we identify patients who are Aboriginal or Torres Strait Islander? <ul style="list-style-type: none"> ○ Eg. Picture Care Plan, initial assessment form • Are there resources available for Aboriginal or Torres strait Islander patients or families / carers? <ul style="list-style-type: none"> ○ Posters, brochures ○ Engagement with external services eg. Aboriginal Liaison Officer at Catholic Care • Who could you ask if you were unsure? <ul style="list-style-type: none"> ○ ELT, Family Liaison Worker | | |
| | <p>How do I know which best-practice guidelines, pathways, decision support tools are to be used?</p> <ul style="list-style-type: none"> • Allowah policies and procedures. They are based off NSQHS Standards and best practice principles. <ul style="list-style-type: none"> ○ Do you know how to look up policies and where to find them? ○ Who would you ask if you were unsure of a procedure and where to locate the relevant policy? | | |
| | <p>Am I up to date with my mandatory training requirements?</p> | | |

| | Partnering with Consumers | Yes | No |
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|  | <p>How do you identify the communication needs of patients & families?</p> <ul style="list-style-type: none"> • When are communication needs identified? <ul style="list-style-type: none"> ○ On admission or preadmission ○ When meeting families / carers of NESB • How are you informed of communication needs? <ul style="list-style-type: none"> ○ Eg. Handover? Documentation (picture care plan) • What resources are available for families / carers of NESB? <ul style="list-style-type: none"> ○ Brochures in different languages ○ Phone translators – <i>how do you book this?</i> <p>How do you partner with patients & families to communicate, set goals and make decisions about current and future care?</p> <ul style="list-style-type: none"> • How do we support families? <ul style="list-style-type: none"> ○ Emotional support – Family liaison, chaplain, access to counselling referrals, volunteers ○ providing families with access to information • How do we work with families when creating child’s individual management plans? <ul style="list-style-type: none"> ○ Preadmission/initial assessment meetings where families provide input into the care plans/goals for their child ○ Childs management plans (picture care plans) – eg. hygiene, toileting, mealtime management plans ○ Parental involvement in the care of the child to increase staff knowledge ○ When creating prevention management plans for patients at risk of falls / pressure injuries ○ Regular review meetings that involve the child’s family to discuss and review goals ○ Liaising with the child’s schools and community clinicians • How do we communicate with families at Allowah and get their feedback? <ul style="list-style-type: none"> ○ Parent and Carer council ○ Parent and Carer newsletter ○ Verbal Feedback ○ Suggestion / compliment / complaint form on website <p>Useful policies: Child and Family Centred Framework Consumer Partnership Policy Admission Policy and Procedure</p> | | |
|  | <p style="text-align: center;">Preventing and Controlling Infection</p> <p>How is surveillance data on healthcare-associated infections communicated to you? I.e., Hand Hygiene audit results</p> <ul style="list-style-type: none"> • Wednesday Weekly • Electronic board in staff room • For senior staff – CGU monthly report | | |

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| | <p>What are the 5 moments of hand hygiene and do I routinely follow them?</p> | | | |
| | <p>How do we assess and manage infection risks?</p> <ul style="list-style-type: none"> • Isolate or cohort patients with similar infection risks • Infection control precautions • Infection control signage • Flagging MROs preadmission and visual alerts in Leecare • Discuss with CGU or infection control nurse • Daily Safety Huddle • Handover <p>References</p> <ul style="list-style-type: none"> ○ Infection control manual ○ Covid / ARI isolation guide ○ Outbreak Management Policy and Procedure | | | |
| | <p>Medication Safety N/A</p> | | | |
|  | <p>Comprehensive Care</p> | | <p>Yes</p> | <p>No</p> |
| | <p>What systems and processes are in place to support us to communicate, deliver and document comprehensive care at Allowah?</p> <p>Which policies would you refer to for comprehensive care (Eg. Feeding / nutritional support, End of life processes, behaviour management, TeamCare, manual handling and falls prevention) if relevant to your role?</p> <p>Relevant policies:</p> <ul style="list-style-type: none"> • Admission Policy & Procedures • Bed Allocation and Sleep-time Policy & Procedures • Between The Flags – CERS • Clinical Handover Policy & Procedures • Clinical Services Capability Framework • Discharge Policy and Procedures • Health Practitioners Policy • Patient Care Review policy • End of Life Policy • Falls Prevention Policy • Manual Handling and Lifting policy and Procedure • Patient Identification Policy and Procedures • Positive Behaviour Support Policy and Procedure • Pressure Injury Prevention and Management Policy <p>How do we communicate and document comprehensive care at Allowah?</p> | | | |
| | <p>How does multidisciplinary collaboration and teamwork operate?</p> <ul style="list-style-type: none"> • Teamcare Model of Care | | | |

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| | <ul style="list-style-type: none"> • Handover • Multidisciplinary huddles eg. Daily Safety Huddle • Committees – Teamcare 4 Kids, WHS, IPACC, • Patient Care Review meetings, case conferences | | | |
| | <p>How are the roles and responsibilities of each person working in a team defined? How is this communicated to team members and the patient & family?</p> <ul style="list-style-type: none"> • Job descriptions and scope of practice | | | |
| | <p>What processes are used for screening patients on admission and at other appropriate times? Do these screening processes have the capacity to identify cognitive, behavioural, mental and physical conditions, issues or risks of harm?</p> <ul style="list-style-type: none"> • Patients are admitted and screened by a nurse on admission. • Any issues or risks of harm identified are handed over from RNiC to SW / SW to RNiC | | | |
| | <p>What processes are used for shared decision making between clinicians and the patient & family?</p> <ul style="list-style-type: none"> • Patient care Review meetings / case conferences | | | |
| | <p>What processes are in place for developing a comprehensive and individualized plan that addresses the significance and complexity of the patient’s health issues and risk of harm, and identifies the agreed goals of care?</p> <ul style="list-style-type: none"> • Preadmission/initial assessment meetings where families provide input into the care plans/goals for their child • Child’s management plans (picture care plans) – eg. hygiene, toileting, mealtime management plans • Regular review meetings that involve the child’s family to discuss and review goals • Case conferences | | | |
| | Communicating for Safety | | Yes | No |
|  | <p>How do you reflect & improve the effectiveness of your clinical communication?</p> <p>Key questioning:</p> <ul style="list-style-type: none"> • Do you communicate effectively? How? Verbal and Written? • How do you close the communication loop? • For written communication, how do you do this? (document effectively) • Do you escalate concerns in a timely manner? Who do you escalate concerns to? (RNiC, SW manager, DDS, Daily Safety Huddle) | | | |
| | <p>What processes are in place for patient identification, procedure matching, clinical handover and communication of critical clinical information or risks?</p> <ul style="list-style-type: none"> • New Clinical Handover process underway – Support Worker Handover Report and Support Worker handover checklist | | | |

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| | <ul style="list-style-type: none"> Refer to picture care plan for relevant care plans eg. mealtime management, toileting, hygiene Admission and discharge processes Patient identification during handover and pre procedures eg. feeding | | |
| | <p>What is the minimum information content to be communicated at each clinical handover? (if relevant to your role)</p> <ul style="list-style-type: none"> New Clinical Handover Process - Support Worker Handover Report and Support Worker handover checklist | | |
| | <p>Describe the different situations in which structured clinical handover should take place, the method of communication, who should be involved and the structured communication tools to assist with handover? (if relevant to your role)</p> <ul style="list-style-type: none"> New Clinical Handover Process - Support Worker Handover Report and Support Worker handover checklist Daily Safety Huddles | | |
| | <p>What processes are in place to support patients and families to communicate critical information about their care?</p> <ul style="list-style-type: none"> Intake and admission processes Family Liaison worker involvement Translators available if required | | |
|  | Recognising and Responding to Acute Deterioration | Yes | No |
| | <p>How are clinicians trained to be alert for the signs of acute deterioration in a patient's mental state?</p> <ul style="list-style-type: none"> Dignity of Risk and restrictive Practice training Behaviour Chart documentation | | |
| | <p>What protocols are used to specify the criteria for escalating care? How and when would you use the recognition and response system?</p> <ul style="list-style-type: none"> Support worker's escalation process would be to inform the RNIC | | |
| | <p>What processes are in place for patients & families to directly escalate care?</p> <ul style="list-style-type: none"> REACH escalation process but Support workers would escalate to the RNIC | | |