




SHORT NOTICE ACCREDITATION ASSESSMENT CHECKLIST FOR NURSES

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


From the 1st July 2023, Allowah transitioned to Short Notice Assessment 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...?			
	Clinical Governance		Yes	No
	<p>How do nursing leaders engage with other nurses 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 ○ Clinical notifications ○ Daily Safety Huddles ○ Nursing Handover updates ○ Nursing 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 – brainstorming sessions ○ Daily Safety Huddles ○ Nursing team meetings ○ Wednesday Weekly ○ Committees – IRT, ELT, T4K, Parent and Carer Council ○ Training around quality and safety • How do we get nurses involved in quality and safety initiatives? Eg focus projects? <ul style="list-style-type: none"> ○ Teamcare 4 Kids committee ○ Brainstorming sessions ○ Performance appraisals ○ Amazing Race! ○ Policy reviews 			

	<ul style="list-style-type: none"> ○ Monthly Audits ○ Project implementation and feedback – eg. Between the Flags, Hazardous and Cytotoxic medication and waste handling, BAS <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 ○ Nursing Handover – nursing Handover form and report ○ Documentation in Progress notes ○ Picture Care plan ● When do you conduct risk assessments? <ul style="list-style-type: none"> ○ Paediatric Nutrition Screening Tool ○ Falls Risk Assessment ○ Adapted Glamorgan Pressure Injury Risk Assessment ○ Bed Allocation Screening Tool ● Where are risk assessments documented? <ul style="list-style-type: none"> ○ Picture Care Plan ○ Progress notes ○ Nursing Handover Form and Report ○ 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? (<i>eg 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 meds and substances management ○ Infection control ○ Security – eg. night security checklists 		


	<ul style="list-style-type: none"> • Complete mandatory training, performance appraisals, adhere to Nursing Practice standards and Code of Conduct policy for nurses. <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> <i>Clinical Procedure Manual</i></p>		
	<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 ○ Nursing handover form • Who do you communicate with about incidents? <ul style="list-style-type: none"> ○ Immediate escalation to RNiC and DON, MO ○ Incident notification ○ Nursing handover ○ 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 ○ Nursing Handover reminders ○ IRT ○ Parent and Carer newsletter for quality improvement initiatives <p>Useful policies: <i>Incident Management Policy</i> <i>Open Disclosure Policy</i></p>		
	<p>How do we document & feedback matters regarding compliments & complaints?</p> <ul style="list-style-type: none"> • How do you communicate staff grievances? <ul style="list-style-type: none"> ○ Verbally RNiC or DON ○ Compliment, Complaint & Suggestion form • How can parents or carers make complaints or provide compliments? <ul style="list-style-type: none"> ○ Compliment, Complaint & Suggestion form ○ Verbally to RNiC or DON 		
	<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 and clinical care standards 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"> ○ <i>Do you know how to look up policies and where to find clinical policies?</i> ○ <i>Who would you ask if you were unsure of a procedure and where to locate the relevant policy?</i> 		
	<p>Am I up to date with my mandatory training requirements?</p>		
	<p>Partnering with Consumers</p>	<p>Yes</p>	<p>No</p>
	<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 ○ Child’s 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 		

	<ul style="list-style-type: none"> ○ 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 ○ Compliment, Complaint & Suggestion form <p>Useful policies: <i>Child and Family Centred Framework</i> <i>Consumer Partnership Policy</i> <i>Admission Policy and Procedure</i></p>		
	Preventing and Controlling Infection	Yes	No
	<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 nursing staff – CGU monthly report 		
	<p>What are the 5 moments of hand hygiene and do I routinely follow them?</p>		
	<p>How do we decide on the need to apply transmission-based precautions? What resources are available to you if you were unsure?</p> <ul style="list-style-type: none"> ● Infection control manual ● Outbreak Management Policy & Procedures ● COVID-19 Policy and guide for staff ● RNIC / infection control nurse / CGU <p>How do you know if a child requires transmission-based precautions? How would you know the child has an MRO or infectious disease? How is this communicated to you?</p> <ul style="list-style-type: none"> ● Leecare – MROs appears in multiple areas in leecare ● Nursing Handover Form ● Nursing Handover report ● Infection control door signage 		
	<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> <p><i>Infection control manual</i> <i>COVID / ARI isolation guide</i> <i>Outbreak Management Policy and Procedure</i></p>		
	Medication Safety	Yes	No
	<p>What resources do you provide to patients & families about medicine-related information tailored to their needs and health literacy?</p> <ul style="list-style-type: none"> Information from Consumer Medication Information Leaflet Information from pharmacists 		
	<p>What processes are used to obtain and record the best possible medication history (BPMH) in the patient’s healthcare record? Ie medication reconciliation?</p> <ul style="list-style-type: none"> Preadmission checklist to identify changes in medication Check medications against medication chart on admission (Admission / intake form) 		
	<p>How and where are discrepancies with a patient’s medicines documented and reconciled?</p> <ul style="list-style-type: none"> Discrepancies are corrected when identified Doctors asked to amend order Parent / carer to obtain letter from GP of medication changes so doctor can amend medication order 		
	<p>How are changes to a patient’s medicines and the reason for change, documented and reconciled?</p> <p>How do we know that a patient had experienced a new medicine allergy or adverse drug reaction? Where is this documented?</p> <p>Where do the allergies appear in Leecare? If your patient was experiencing a potential allergic reaction, how would you know? What symptoms do you look for? Where can you check to see what symptoms to look for? Who can you ask if you were unsure?</p> <ul style="list-style-type: none"> Clinical Procedure Manual VMO RNIC / DON <p>Where would you document this?</p> <ul style="list-style-type: none"> Progress note Allergy would be entered into Leecare 		
	Comprehensive Care	Yes	No
	<p>What systems and processes are in place to support nurses to communicate, deliver and document comprehensive care at Allowah?</p> <p>Relevant policies:</p> <ul style="list-style-type: none"> <i>Admission Policy & Procedures</i> <i>Bed Allocation and Sleep-time Policy & Procedures</i> 		

	<ul style="list-style-type: none"> • <i>Between The Flags – CERS policy</i> • <i>Clinical Procedure Manual</i> • <i>Clinical Handover Policy & Procedures</i> • <i>Observation Procedures</i> • <i>Clinical Services Capability Framework</i> • <i>Discharge Policy and Procedures</i> • <i>Health Practitioners Policy</i> • <i>Patient Care Review policy</i> • <i>End of Life Policy</i> • <i>Falls Prevention Policy</i> • <i>Manual Handling and Lifting policy and Procedure</i> • <i>Patient Identification Policy and Procedures</i> • <i>Pressure Injury Prevention and Management Policy</i> <p>How do we communicate and document comprehensive care at Allowah?</p> <ul style="list-style-type: none"> • Leecare – Picture Care Plan, Advanced care directives / resus plans, risk assessments (eg. falls or Glamorgan risk assessment for pressure injuries and management plans if high risk identified, BAS, paediatric nutritional screening tools) • When should you be completing the risk assessments (BAS, paediatric nutrition screening tool, falls and Glamorgan pressure injury risk assessment)? <p><i>*How often you are supposed to complete these is set out by NSQHS Standards so familiarize yourselves with the relevant policies so you know how often you are supposed to be completing these.</i></p> <p>References</p> <ul style="list-style-type: none"> • <i>Falls Prevention Policy</i> • <i>Pressure Injury Prevention and Management Policy</i> 		
	<p>How does multidisciplinary collaboration and teamwork operate?</p> <ul style="list-style-type: none"> • Teamcare Model of Care • 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"> • Nurses job descriptions and scope of practice • Nursing roles in arrests - <i>how are these allocated?</i> <p>Relevant policies:</p> <ul style="list-style-type: none"> • <i>Credentialing and Scope of clinical practice policy</i> • <i>Nursing Practice Standards and Code of conduct policy</i> 		

	<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"> • Preadmission checklist • Admission form and risk assessments on admission eg. falls risk assessment, Glamorgan etc. 		
	<p>What processes are used for shared decision making between nurses and the patient & family?</p> <ul style="list-style-type: none"> • Preadmission • 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. 		
	<p>Communicating for Safety</p>	<p>Yes</p>	<p>No</p>
	<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? <ul style="list-style-type: none"> ○ Verbal and written? ○ How do you close the communication loop? • For written communication, how do you do this? (i.e. How do you document effectively? <ul style="list-style-type: none"> ○ Do you adhere to nursing documentation standards? Do you keep charts / progress notes up to date and ensure information is entered accurately and contemporaneously, as close to the time of event (eg. change in clinical condition) as possible? • Do you escalate concerns in a timely manner? Who do you escalate concerns to? (RNIC, DON, Daily Safety Huddle) • Do you utilise graded assertiveness? 		
	<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"> • Clinical Handover – Nursing Handover Report and Nursing handover form • Admission and discharge processes 		

	<ul style="list-style-type: none"> • Patient identification during handover, medication management and pre procedures • BTF CERS escalation process • Refer to Picture care plan for clinical management plans <p>Relevant Policies:</p> <ul style="list-style-type: none"> • <i>Patient Identification Policy</i> • <i>Admission policy</i> • <i>Clinical Handover Policy</i> • <i>Between the Flags – a CERS policy and procedure</i> 		
	<p>What is the minimum information content to be communicated at each clinical handover?</p> <ul style="list-style-type: none"> • Nursing Handover form • ISBAR 		
	<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?</p> <ul style="list-style-type: none"> • New Clinical Handover Process <ul style="list-style-type: none"> ○ Nursing Handover Checklist ○ Nursing Handover report • ISBAR Handover tool – nursing handover, escalation, handover to NSW Ambulance • Other handover that occurs: <ul style="list-style-type: none"> ○ MDT Handover ○ Daily Safety Huddle (Daily Safety Huddle Dashboard) ○ Shift huddles (eg. nursing / SW) 		
	<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 • Preadmission phone call • Admission / Intake form • Family Liaison worker involvement • Translators available if required 		
	<p style="text-align: center;">Recognising and Responding to Acute Deterioration</p> <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"> • BTF and Observations procedures training – Assessing deterioration in GCS / level of consciousness (AVPU) • Dignity of Risk and restrictive Practice training – Behaviour Support, Restrictive Practice <p>Relevant policies:</p> <ul style="list-style-type: none"> • <i>Between the Flags – A CERS policy and procedure</i> • <i>Observation Procedures</i> 	Yes	No

	<ul style="list-style-type: none"> • <i>Positive Behaviour Support Policy and Procedure</i> 		
	<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"> • Familiarise yourself with the <ul style="list-style-type: none"> ○ Between the Flags – CERS Process ○ Altered calling criteria <p><i>Relevant policies:</i></p> <ul style="list-style-type: none"> • <i>Between the Flags – A CERS policy and procedure</i> • <i>Observation Procedures</i> 		
	<p>What processes are in place for patients & families to directly escalate care?</p> <ul style="list-style-type: none"> • REACH • Speak to RNIC 		