



# Quality Management System Manual

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## 2.0 Introduction

The Mildura Health Private Hospital (MHPH) is dedicated to fostering a culture of continuous improvement in the delivery of care and services to our valued patients and customers.

Our Quality Management System (QMS) manual serves as the cornerstone guiding MHPH's personnel in comprehending and actively contributing to the establishment and effective operation of quality systems. Our paramount focus is on the provision of exceptional care which is safe, effective and person centred.

This comprehensive manual encompasses the requirements of various standards including:

- AS / NZS ISO 9001:2016: the International recognised Standard of Quality Management;
- The Private Patients' Hospital Charter: A commitment to providing excellent care to private patients;
- National Safety and Quality Health Service (NSQHS) Standards (Second Edition): Developed by the Australian Commission on Safety and Quality in Health Care (ACSQHC);
- Royal Australian College of General Practitioners (RACGP) Standards for general practices (5<sup>th</sup> edition).

These standards encompass a wide range of healthcare domains, such as clinical governance, partnering with consumers, preventing and controlling infections, medication safety, comprehensive care, communication for safety, blood management, and recognising and responding to acute deterioration.

The Quality Management System Manual outlines how MHPH ensures high quality care is consistently achieved in accordance with AS / NZS ISO 9001:2016 and the NSQHS Standards.

Accessible to all members of our team, as well as contractors and visitors, this document serves as an invaluable point of reference. Every new staff member is made aware of this manual ensuring a shared commitment to excellence in patient care from day one.

## 3.0 Quality Policy

### Leadership

The Quality Policy conveys our commitment to safety and quality to all stakeholders and is measured by the outcomes achieved. The policy is on public display within the hospital and available to all readers of this manual.

#### The Mildura Health Private Hospital Quality Policy

Mildura Health Private Hospital executive, management and staff are committed to ensuring compliance to our Management System based on ISO 9001 and the National Safety and Quality in Health Service Standards.

Regular monitoring and reporting of outcomes are the measure of safety and quality and is based on whether the care is:

- Safe – ensuring that avoidable harm during the delivery of care is eliminated.
- Effective – providing appropriate and integrated care that is delivered in the right way, at the right time, with the right outcomes for each consumer.
- Patient centered and Comprehensive – ensuring that health care is based on identified goals and that people's values, beliefs and expressed preferences, guide the delivery of care and organisational planning.

In line with the organisation's strategic direction, all staff must understand their role and contribute to ensuring all services are delivered as intended. Where possible staff should exceed the needs and expectations of all stakeholders.



Marcus Guthrie  
**Mildura Health Private Hospital Chief Executive Officer (CEO)**

The executive team is committed to and accepts the obligation to implement the Quality Policy and maintain the Quality Management System through systematic monitoring, evaluation, and review of outcomes to provide and promote a system of continuous improvement in service delivery through addressing the needs of all stakeholders.

The Director of Clinical Services (DCS) oversees the implementation and management of the Quality Management System as maintained by the Associate Director of Clinical Services (ADCS), with multi-disciplinary hospital committees responsible for the management of specific functions of the organisation. Endorsement of the Quality Management System is the responsibility of the MHPH CEO.

### 3.1 Principles

1. **Consumer Focus:** Our primary aim is to meet and, where possible, exceed the needs of our consumers, ensuring their satisfaction and well-being.
2. **Leadership:** We provide strategic direction through decisive management decisions, fostering a clear vision for the organisation.
3. **Engagement of People:** We empower our staff by aligning individual work practices with their relevant qualifications, ensuring competence and dedication.
4. **Process Excellence:** Our commitment to delivering consistent, effective, and efficient care and services is reflected in our processes.
5. **Continuous Improvement:** We adopt a systematic approach to ongoing enhancement, striving for excellence in all aspects of our operations.
6. **Evidence-Based Decision Making:** Informed decision-making is at the core of our practices, with a focus on the availability of accurate information and facts.
7. **Relationship Management:** We cultivate strong partnerships with our consumers, promoting collaboration and engagement.

### 3.2 Scope

The Quality Manual of MHPH defines the overarching framework and principles that guide the establishment, implementation, and continuous improvement of our QMS. It encompasses all aspects of our hospital's operations, policies, procedures, and practices related to healthcare delivery and patient services.

The manual serves as a comprehensive reference document that outlines our commitment to quality, safety, and continuous improvement in healthcare services. It provides a structured framework for the hospital's QMS, covering key areas such as governance, patient engagement, clinical practices, risk management, quality objectives, and compliance with applicable standards and regulations.

The only exclusion to our management system, as defined by ISO 9001 is Design & Development as this is not a component conducted in a hospital setting such as Mildura Health Private Hospital.

## 4.0 Context of the organisation

### 4.1 Our Vision

Your health, your choice

### 4.2 Mission Statement

Providing life-long, exceptional health care when you need it.

### 4.3 Values

What living the Mildura Health values means in practice for those working at the Hospital:

- We are passionate about creating the best possible patient experience;
- We acknowledge and respect the uniqueness of each person, carer and family;
- We strive to make all staff, patients and loved ones, feel part of the hospital family;
- We know we are more successful together and stand by each other when under pressure;
- We seek to bring warmth, kindness and positivity into every day;
- We strive for excellence and know this comes from setting high standards and being constantly open to learning and growth.

### 5.0 Hospital Profile

- Not for Profit Private Hospital – 56 bed registration;
- 30 In-patient beds incorporating a two bed Enhanced Care Unit, 13 single rooms, Palliative Care, Sleep Study Service and treatment room;
- Operating Suite with five operating suites adjacent to the Day Procedure Unit, inclusive of Post Anaesthetic Care Unit comprising eight beds noting one operating suite will remain inactive until increased patient activity dictates its utilisation;
- Day Procedure Unit with eight beds (Stage 2 Recovery) and eight chairs (Stage 3 Recovery);
- Oncology Unit with eight chairs and one bed located in the brand-new Mildura Health ICON Cancer Centre;
- Mildura Health Private Consulting is located within the hospital and provides high quality General Practice (GP) and Specialist outpatient clinic care;
- Patient lounges, courtyards and ward pantries for patient and visitor use;
- Private Blend Café;
- Conference Facilities;
- Consulting and Teleconferencing for Health Providers and other Community and Business Groups.

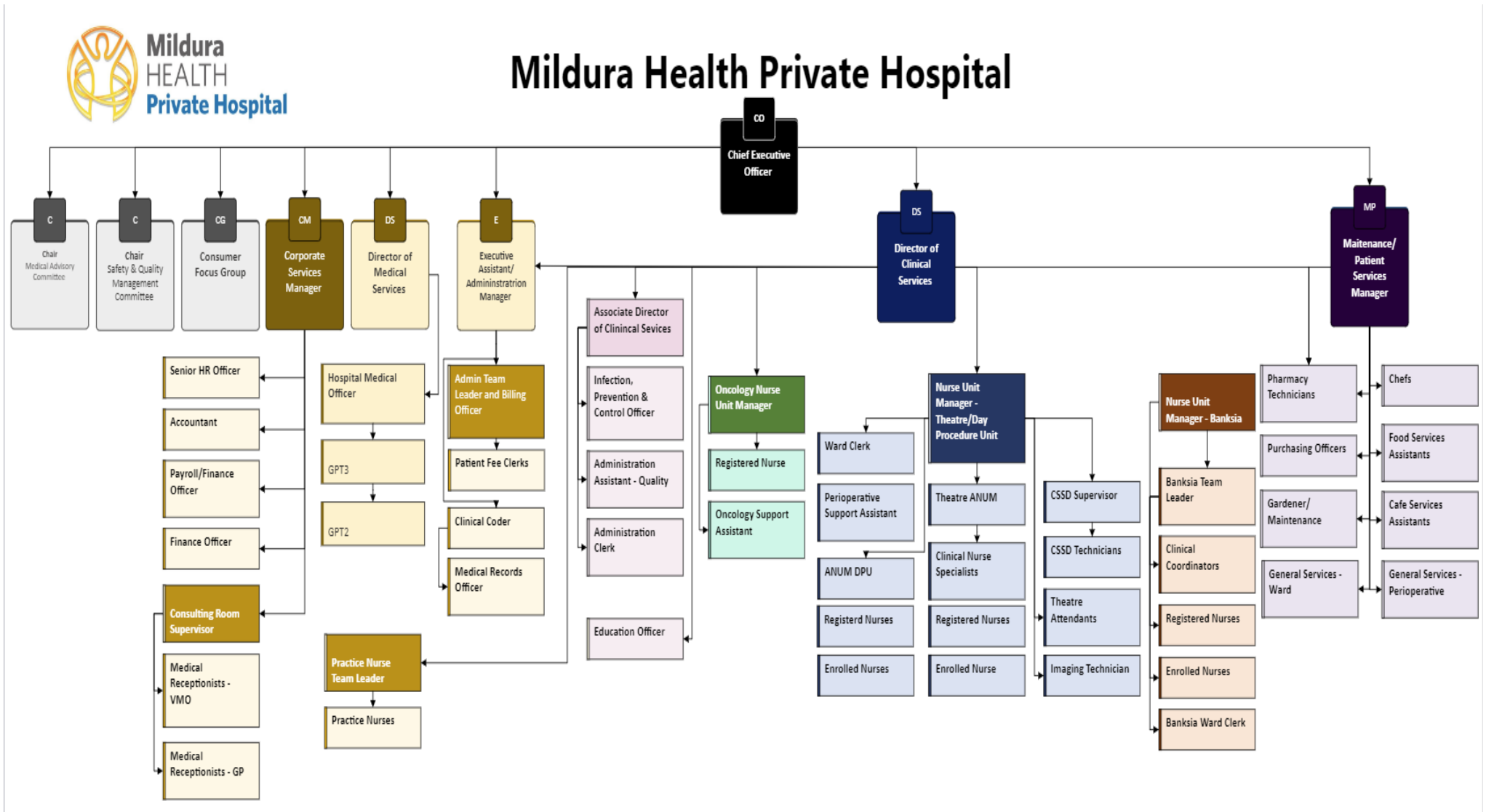
The Medical Precinct is adjacent to the hospital and includes Medical Imaging, Nuclear Medicine, Pathology and Physiotherapy. General Practice and Specialist outpatient consulting rooms are located on site. A Staff Medical Officer is employed by the hospital to support visiting specialists.

<b>Specialty Health Services provided by Mildura Health Private Hospital</b>	
<b>Surgical Services</b>	<b>Medical Services</b>
Day Surgery	Acute Medical admissions
Dental	Oncology
IVF Treatment (Oocyte retrieval)	Medical Day Stay
Endoscopy	Sleep Study

Ear, Nose & Throat Surgery (inclusive of paediatrics)	Mildura Health Private Consulting – GP and Specialist Clinic
General Surgery	
Gynaecology	
Plastic/Reconstructive/Cosmetic Surgery	
Oral/Maxillofacial	
Ophthalmology	
Orthopaedic	
Urology	
Vascular	



# 6.0 Organisation Structure



## **6.1 Roles and Responsibilities**

The Roles and Responsibilities section of the MHPH Quality Manual outlines the key individuals and their respective duties in ensuring the highest standards of quality and compliance within the organisation. All hospital personnel have position descriptions and have access to relevant guidelines which may be specific to their role requirements.

Authority and responsibility roles are communicated through organisation and committee flow charts demonstrating the cross-functional relationships within the organisation and to Mildura Health.

### **Mildura Health Private Hospital Chief Executive Officer (MHPH CEO)**

- Management of Mildura Health Private Hospital;
- Providing leadership and commitment in delivering and supporting the strategic direction;
- Reporting to the Board of Directors and Private Hospital Committee;
- Financial planning and management;
- CEO Report to the Medical Advisory Committee meetings;
- Adherence to regulations and statutory guidelines;
- Developing close liaisons with Visiting Medical Officers (VMO's);
- Human Resource planning and management;
- Procurement;
- Oversight of Patient Services and Maintenance;
- Oversight of hospital Health & Safety;
- Endorsement of the quality management system.

### **Director of Clinical Services (DCS)**

- Leadership in the day-to-day clinical operation of the hospital;
- Adherence to regulations and statutory guidelines;
- Working closely with the CEO on strategic matters;
- Developing close liaisons with VMO's;
- Leadership of the nursing division;
- Daily bed management;
- Clinical Risk Manager;
- Management of Risk Man reporting system – Incident and Feedback modules;
- Complaints Officer;
- Privacy Officer;
- Veteran Liaison Officer;
- Drugs and Poisons License Holder;
- Chair of the Safety and Quality Management meeting;
- Human Resource planning for the clinical workforce.

### **Chief Financial Officer (CFO)**

- Working closely with the CEO on strategic matters;
- Health Fund contract negotiations;
- Insurance negotiations;
- Budget reporting and variance analysis;
- Maintain external audits;
- Financial reporting;
- Business office management;
- Human resource processing;
- Overseeing the staff payroll process;
- New procedure reviews;
- New products/resources reviews/procurement;
- Oversight of the Mildura Health Private Consulting outpatient clinic.

### **Director of Medical Services (DMS)**

- Performance appraisals of Visiting Medical Officers (VMO) aligned with VMO re-credentialing dates;
- Attendance and participation at the Transfusion Committee meetings;
- Assistance in recruitment of Hospital Medical Officers;
- Assistance in recruitment of Visiting Medical Officers/Specialists;
- Provide information and advice on hospital clinical services;
- Provide advice to the Chief Executive Officer on medico-legal matters;
- Ensure medical and diagnostic services meet required standards for accreditation, quality,
- safety and clinical governance and clinical risk management;
- Provide support to the Chief Executive Officer and Director of Clinical Services regarding VMO performance related matters;
- Development and maintenance of effective communication and relationships internally with VMO's.

### **Staff Medical Officer (SMO)**

The Staff Medical Officer adds another level of expertise between the nursing staff and the VMO's and is responsible for:

- Assistance at surgical procedures as requested by VMO's;
- Provide medical care to inpatients when requested / as deemed appropriate by the attending Physician/Surgeons;
- Review of medical quality activities and reporting to the Medical Advisory Committee;
- Act as a resource to the DCS and CEO in medical matters;

- Facilitating patient admissions;
- Support nursing staff for enhanced care unit patients;
- Attend Code Blue's if requested by the patient's own doctor;
- Designated officer in matters of human tissue removal.

### **Associate Director of Clinical Services (ADCS)**

- Ongoing management of the quality program in compliance to ISO and the National Safety and Quality in Health Service Standards (National Standards);
- Support and foster a culture that embraces quality and strives to continually improve patient and business outcomes;
- Resource person for all aspects of safety and quality in the scope of the national standards to management and staff;
- Lead document control and coordination of policy and procedure development;
- Oversight of the internal audit program including data analysis, monitoring, and reporting of outcomes relating to all aspects of safety and quality;
- Oversight of the Infection Control Program within the hospital.

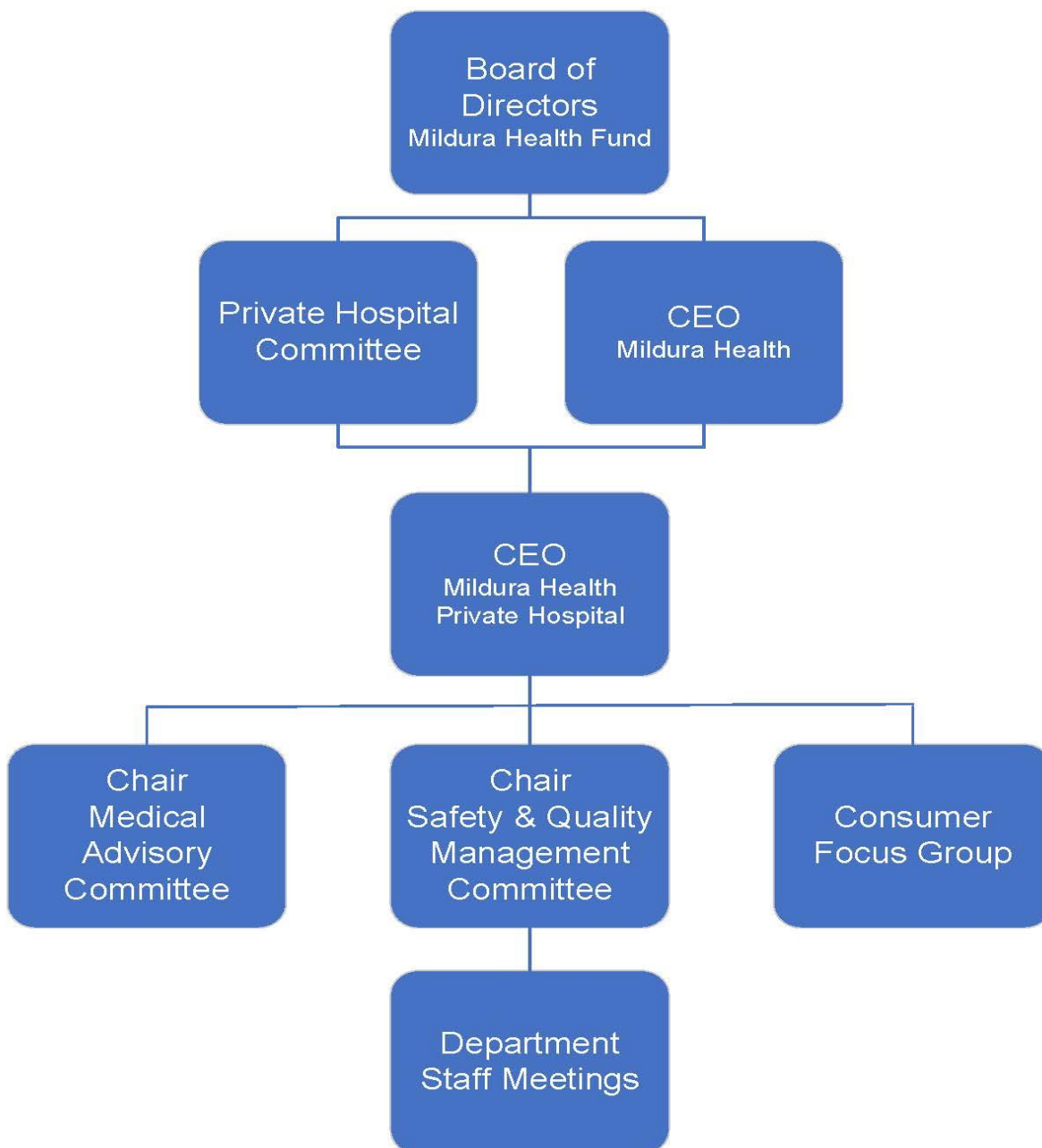
### **Department Managers and Nurse Unit Managers**

- Policy Implementation: Department managers and NUMs are responsible for implementing quality policies within their respective areas, ensuring adherence to established standards;
- Monitoring and Reporting: Regularly monitoring processes and outcomes, they report deviations, incidents, and performance metrics to facilitate continuous improvement;
- Staff Training and Development: Ensuring staff competency, they oversee training programs and mentorship, fostering a culture of quality and professionalism;
- Compliance and Audits: They ensure compliance with regulatory requirements and facilitate internal and external audits, addressing findings and implementing corrective actions;
- Communication and Feedback: Maintaining open communication channels, they encourage feedback from staff and patients, promoting a culture of transparency and responsiveness to quality concerns.

### **Infection Control Coordinator**

- Preparation and regular review of the Infection Control policies, procedures, objectives in line with the national standards;
- Establish and maintain an effective education program appropriate for each staff group;
- Maintain the organisational wide infection control surveillance systems including hand hygiene;
- Annual preparation of the Infection Control Management Plan and progress towards completion of all components;
- Resource person for infection control matters to management and staff.

## 6.2 Committee and Reporting Structure



## 6.3 Committees and Meetings

A variety of meetings are conducted to enable comprehensive communication within all levels of staff and management. Minutes are maintained for all the following meetings and are available to all staff in the Meetings folder on the “Q” drive.

- **Private Hospital Committee (PHC):** The PHC is a sub-committee of the Mildura Health Board of Directors (BOD) and consists of the Mildura Health CEO, BOD Chairman and other elected directors. Meetings are held monthly with the MHPH CEO, DCS, CFO present, as well as the Director of Medical Services (DMS) by invitation. The committee discusses such items as the financial and statistical results of the hospital and is the link to the BOD in recommending strategic plans. The group also reviews the monthly Safety and Quality reports and the Quality Management System is also reviewed annually.

- **Medical Advisory Committee (MAC):** The MAC consists of a panel of Medical Officers representing each craft group and along with the MHPH CEO, DCS and SMO meets bimonthly. The committee discusses such items as clinical practice, Medical Quality Activities and Peer Review, VMO applications and contracts, ethical issues, the quality system, complaints/feedback, issue/incident improvement requests and the infection control report.
- **Executive Meetings:** The CEO, DCS, and CFO meet weekly to discuss strategic matters and the progress of the hospital. Recommendations from this meeting are presented to the Private Hospital Committee (PHC).
- **Consumer Focus Group Meetings:** The Consumer Focus Group consists of volunteer members of the local community who attend quarterly meetings with hospital executive / management. The purpose of the group is to increase consumer, carer and community participation by engaging volunteer members of the community to provide information to the hospital Executive and Board of Directors from a consumer perspective.
- **Safety and Quality Management Committee:** This committee consists of the MHPH CEO, DCS, CFO, ADCS, all Department Managers and nominated senior staff and meets monthly. They review all KPI's, Quality Improvements, Internal auditing, health and safety, human resource, purchasing, marketing, strategic directions and legislation changes affecting the hospital and the quality management program. To avoid duplication and to streamline meetings which the hospital's CEO, DCS, CFO ADCS and Department Managers attend, this committee is also the forum for all matters relating to the hospital function and business, and where strategic matters can be raised or discussed.
- **Staff Department Meetings:** Staff meetings are held as per department calendars. All staff may address any issues pertaining to specific areas of responsibility and OH&S. These meetings are pivotal to the flow of information to and from the Safety and Quality Management committee.
- **Staff Forum Meetings:** Staff Forums are conducted on a bimonthly basis where updates from the MHPH CEO, CFO, ADCS, Education Officer and any other invitees are provided to an open audience. The purpose of the forum is to improve communication throughout the organisation, provide an opportunity for staff to ask questions and celebrate achievements of our hospital staff.

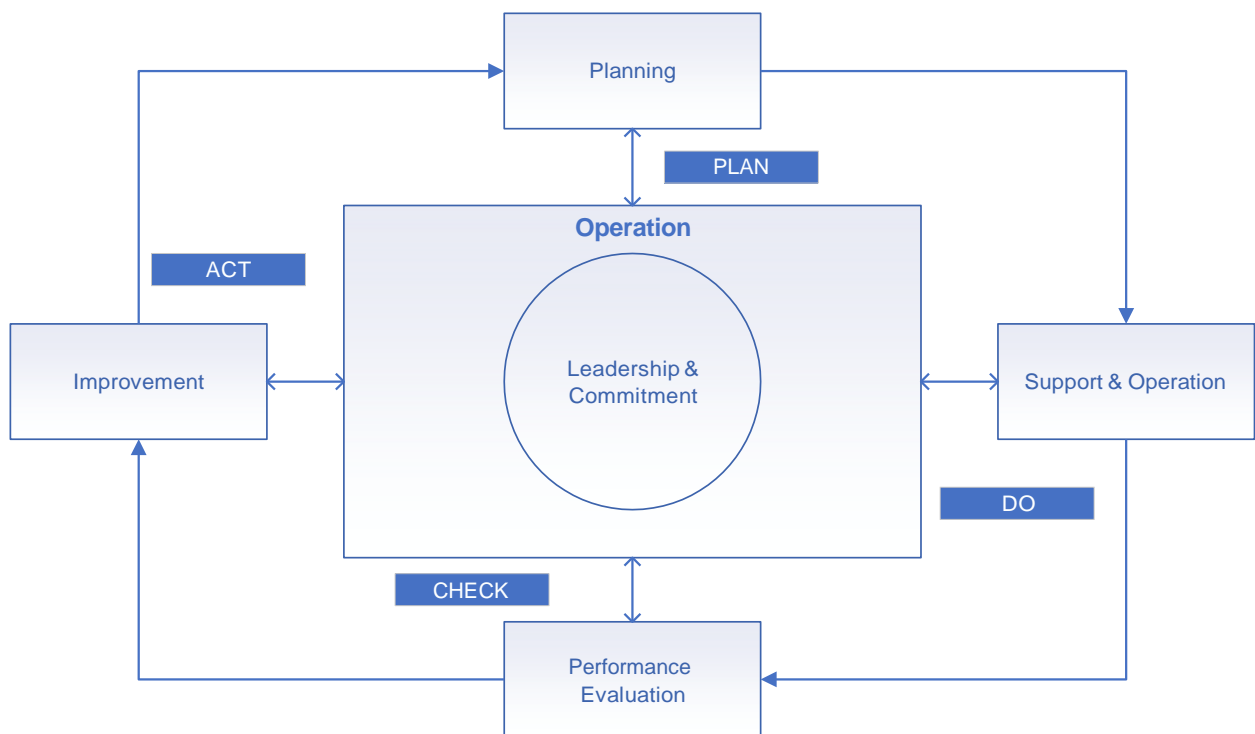
#### **Related documents:**

- Reporting and Budgeting policy;
- Delegation of Authority policy;
- Authority Matrix;
- Safety and Quality Management Meeting Monthly Report;
- Department Meetings Minutes template;
- MHPH By-Laws;
- Private Hospital Committee Charter;
- Terms of reference for relevant meetings noted above.

## 7.0 Quality Management System

The Executive, Management, and employees of MHPH are committed to establishing, documenting, implementing and maintaining a Quality Management System. This includes a commitment to continuous improvement of the systems and processes used in the delivery of patient care and in the management of the business, with the aim of improving the efficiency and effectiveness of the hospital's performance.

The Quality Management System is based on the key continuous quality improvement principles of: Plan, Do, Check, Act.



<b>Plan</b>	<b>Development stage:</b> <ul style="list-style-type: none"> <li>• Define the methods needed to ensure that both the operation and control of processes are effective e.g. policy &amp; procedure</li> <li>• Define what is to be reviewed.</li> <li>• Plan – who, what, where and when (identify key task)</li> <li>• Seek support and endorsement from Manager (stakeholder engagement)</li> <li>• Identify how to measure the success of the improvement</li> </ul>
<b>Do</b>	<b>Implementation stage:</b> <ul style="list-style-type: none"> <li>• Ensure the availability of resources and information necessary to support the operation and monitoring of processes.</li> <li>• Commence activity/audit/review.</li> <li>• Clarify process.</li> <li>• Collect and review/analyse data/information.</li> <li>• Regular feedback to staff and key stakeholders</li> </ul>
<b>Check</b>	<b>Measurement stage:</b> <ul style="list-style-type: none"> <li>• Identified processes are subject to monitoring, measurement &amp; analysis.</li> <li>• Measurement and presentation of outcomes</li> <li>• Document results</li> <li>• Determine means of improvement (did improvement work?)</li> <li>• Collect ongoing data</li> </ul>
<b>Act</b>	<b>Revision stage:</b> <ul style="list-style-type: none"> <li>• Implement actions necessary for continual improvement.</li> <li>• Implement improvements may relate to: <ul style="list-style-type: none"> <li>○ Policy change.</li> <li>○ Change in practice.</li> </ul> </li> <li>• Consider new data – consumer feedback, incidents, near misses, audits.</li> <li>• Reward and recognise staff participation.</li> <li>• Act to sustain and hold gains made</li> </ul>



## **7.1 Continuous Improvement**

Executive encourages all staff to contribute to the continual improvement of the management system and is responsible for ensuring sufficient resources are provided for staff to perform their duties effectively and safely. The MHPH CEO, in collaboration with the hospital executive team, is responsible for the overall quality of services provided by the hospital and ensures that the Quality Management System manual is fully implemented and effective.

### **Supporting Documents:**

- Committee & Reporting Structure;
- Care & Service Feedback;
- Internal Audit Schedule;
- Communications policy;
- Position Descriptions;
- Director of Clinical Services Position Description;
- Associate Director of Clinical Services Position Description;
- Private Hospital Committee Charter.

### **Electronic Registers:**

- RiskMan Int. (Incident & Feedback modules);
- Protect (Risk Management System).

## 8.0 Change Management

### 8.1 Planning

To assist with ensuring that quality management is consistently achieved in accordance with ISO 9001 and the NSQHS Standards, and to identify / determine the risks and opportunities which need to be actioned / addressed, the hospital's risk register has been aligned with these Standards. The reporting processes of the hospital, which include but are not limited to the incident management system and audit schedule / register have also been aligned with these Standards. This enables actions and the implementation of improvement activities / processes to be easily identified, managed and evaluated.

A 2022 – 2025 Strategic Planning Event was held April 2022. This has enabled key stakeholders the opportunity to review achievements, review data, analyse the hospital's current position / current trends and propose new priorities and objectives moving forward.

The Mildura Health Private Hospital Strategic Plan has been developed for a three-year period and will be reviewed on a regular basis throughout each year. The 2022-2025 Strategic Plan will be used to guide the development and financial sustainability of the hospital. To ensure consistency across the Mildura Health business, the four strategic priorities are derived from the Strategic Plan and are subsequently linked to the following strategic objectives:

- Our Business
- Our Future Needs
- Our Governance, Compliance and Performance
- Our People, Community and Partners.

By establishing the Strategic Priorities from the Strategic Plan, this will further aim to endorse staff understanding and ownership of the Strategic Plan and also simplify the strategic direction of the MHPH.

The Strategic Priorities are incorporated into the Quality Management System to endorse staff understanding and ownership. To achieve the vision, mission and definition of success, the organisation focus will focus on, and invest in, the following strategic priorities:

- Create exceptional career moments;
- Reach new patient markets;
- Information Technology (IT) infrastructure;
- Achieve financial sustainability.

Executive ensures the Quality Management System is planned to meet the requirements of the Standard and for the achievement of the key quality objectives / priorities. The monthly Safety and Quality Management meeting includes strategic planning as a standing agenda item and is a forum which provides opportunity for open discussion between department managers and hospital management. This encourages ownership and involvement in planning the future and immediate needs of the hospital. Information is then available and provided to general staff via departmental meetings

and internal communication methods.

The hospital's Safety and Quality Management Committee meeting includes membership of key roles within the organisation to ensure the leadership teams involvement in key operational plans.

**Related documents:**

- Risk Register;
- Mildura Health Strategic Plan 2022-2025;
- Safety & Quality Management meeting agenda and minutes;
- Mildura Health Private Hospital Risk Culture Statement.

## **8.2 Quality Management and Compliance**

### Budgeting and Financial Oversight

- Annual budget formulation approved by the Board of Directors;
- Regular review of financial performance against the budget for effective resource management;
- Allocation of financial resources for staff development and training.

### Human Resources (HR) Management

- Responsibility of executives in collaboration with Department Managers for HR management;
- Design, recommendation, and implementation of training programs for staff development and healthcare service support.

### Legislation and Regulatory Compliance

- Updates on legislation provided by Victorian Department of Health and Safer Care Victoria;
- Utilisation of resources like the Australian Private Hospitals Association (APHA) for positive influence on legislative and regulatory environments.

### Document Control and Management

- Policies, procedures, and forms available via a controlled Document Index;
- Document Control policy ensuring the management and accessibility of controlled documents.

### Record Management

- Established policies and procedures for effective record management within the hospital.

### Continuous Improvement and Training Program

- Emphasis on mandatory training programs and individual performance improvement identified through annual reviews;
- Leadership from the Education Officer to enhance clinical and non-clinical programs for patient safety and well-being;
- Monitoring and Reporting - Recording and monitoring of mandatory training through Kineo e-learning platform and TrendCare;
- Quarterly reports on compliance shared with relevant stakeholders and employees;
- Access to Best Practices - Sources for accessing best practices and compliance

- with various regulatory bodies and associations;
- Encouragement for staff to attend educational/training opportunities.

### **8.3 Operational Efficiency and Maintenance**

#### Preventative Maintenance

- Scheduled maintenance activities and requests managed through a centralised system;
- Maintenance program oversight by the Maintenance and Patient Services Manager;
- Handling, storage, and maintenance of materials used in patient care and hospital management to ensure their integrity and compliance with standards;
- Electronic maintenance schedules for essential/preventative maintenance to conform to required standards.

#### Supplier Management and Compliance

- Maintenance of an 'Approved Suppliers and Contractors' spreadsheet;
- Verification and compliance checks for incoming goods and services against relevant documentation and requirements.

#### Information Technology Management

- IT program maintenance and support provided by Mildura Health IT, with external support as required;
- Ensuring a safe work environment for healthcare delivery, meeting legislative and licensing requirements.

#### Communication and Documentation

- Effective Communication - Various communication channels utilised including committee meetings, emails, memos, and notice boards;
- Regular conduct of Staff Forums for broader communication and updates.

#### **Related documents:**

- Reporting and Budgeting policy;
- Annual budget;
- Capex budget;
- Financial Department Managers monthly report;
- Safety and Quality Department monthly reports ;
- Training & Education policy;
- Study Leave and Financial Support form;
- MHPH Education Calendar;
- TrendCare reports;
- Code of conduct;
- Document Control policy;
- Record Management policy;
- Recruitment & Employment policy;
- Appraisal policy;
- New Employee form;
- Orientation Checklist;

- Safety Orientation Checklists;
- Departmental Orientation forms;
- IT Management policy;
- Occupational Health & Safety policy;
- Discrimination, Bullying & Harassment policy.

### **Electronic Registers:**

- WebPAS;
- Kineo –eLearning platform;
- TrendCare;
- Preventative Maintenance Program;
- Biomedical program and reports;
- Document Index – Controlled documents, Medical Records & External documents.

## **9.0 Comprehensive Patient Care Framework**

### **9.1 Patient Care Continuum**

#### Care Planning

- Clinical care is planned as a continuum from admission to discharge with policy, procedures and associated documentation guiding the patient journey in the context of the NSQHS Standards;
- Clinical care is structured as a continuous process, guided by policies and procedures, in alignment with NSQHS Standards;
- Maintenance of treatment records within the patient's medical history for continuity and reference.

#### Patient Care Tools and Processes

- Utilisation of various tools such as admission triage, referral processes, health questionnaires, and clinical pathways to determine and address patient needs comprehensively;
- Implementation of discharge planning and information guides for patient understanding and engagement.

#### Capacity Management and Executive Oversight

- Executive reviews ensure the hospital's capacity aligns with both organisational and consumer demands by maintaining adequate resources and processes.

#### Effective Consumer Communication

- Various communication channels, including admission documentation, information guides, evaluation forms, and follow-up calls, ensure effective communication with consumers.

#### Regulatory Compliance and Personnel Requirements

- Ensuring contractors providing licensed or accredited services meet current accreditation standards.
- Ongoing compliance verification for allied health personnel, including registration and medical indemnity.

#### Patient Care Procedures and Validation

- Establishment and validation of necessary procedures for safe patient care, covering documentation, maintenance, infection control, and external contracts;
- Validation of care processes across clinical, service provision, human resources, and other resources to ensure quality and adherence to standards.

#### Information Traceability and Patient Records Management

- Utilisation of systems like WebPAS, Best Practice, and Genie to maintain patient records and ensure traceability;
- Issuance of unique medical record numbers to patients for traceability and drug register maintenance.

#### **9.1.2 Clinical Pathways for Patients**

- Grammar Appendices 1 and 2 at the end of this document provide visual examples of the patient pathways for both Medical and Surgical Patients, which align with the NSQHSS processes.

### **9.2 Compliance and Privacy Standards**

#### Patient Property, Privacy, and Confidentiality

- Careful handling of patient property and maintenance of consumer privacy and personal information in accordance with privacy policies and legislation;
- Requirement for staff to sign confidentiality agreements and understand their responsibilities regarding patient privacy.

#### **Supporting documents:**

- Clinical Handover Policy;
- Recruitment and Employment Policy;
- Document Index – “Q” drive;
- Medical Record forms;
- Operating Theatre lists;
- Asset Management Policy;
- Procurement Policy;
- Capital Expenditure form;
- Occupational Health & Safety Policy;
- Privacy Policy;
- Training & Education Policy.

## **10.0 Performance Evaluation and Enhancement**

### **10.1 Internal Audit Program**

- At MHPH, an internal audit program has been instituted to assess the efficacy of the Quality Management System in accomplishing the organisation's goals;
- This audit program ensures a comprehensive review of all aspects within the Quality Management System within the stipulated audit cycle. Moreover, processes posing high risks or potentially affecting patient outcomes may undergo more frequent audits;
- Scheduled internal audits are determined collaboratively by the ADCS and the

Safety and Quality Management Committee. This determination factors in risks and regulatory requirements, with all internal audits duly recorded in the Audit Register. Subsequent audit results are presented and deliberated upon in pertinent committee meetings for necessary action and monitoring.

## **10.2 Monitoring and Measurement for Achievement**

MHPH implements a meticulous monitoring and measurement process to validate the attainment of organisational objectives. These activities include:

- Assessment of patient outcomes;
- Oversight of administrative systems;
- Supervision of equipment functionality;
- Analysis of clinical indicators and quality statistics;
- Evaluation of staff performance and competence;
- Review of non-conformities;
- Annually, a comprehensive review is conducted to assess the suitability, sufficiency, and effectiveness of the Quality Management System. The Quality Management System manual remains a "controlled" document and is endorsed by the PHC;
- This formal review process incorporates various sources of information such as follow-up actions from previous management reviews, internal and external changes affecting the Quality Management System, customer satisfaction, quality objectives, process performance, corrective actions, monitoring and measurement results, performance of external providers, resource adequacy, and the effectiveness of risk management actions.

## **10.3 Identifying and Addressing Non-conformities**

- MHPH identifies instances of non-conformities in patient care and health and safety through multiple avenues, including RiskMan incident reporting, collection of clinical indicators/quality statistics, audits, quality activities, system reviews, and risk assessments;
- Upon identification, corrective action is promptly initiated to mitigate the root cause of non-conformities, aiming to prevent their recurrence and reduce associated risks within the hospital's existing resources.

## **10.4 External Benchmarking**

- The MHPH Internal Audit program integrates electronic documents like audit schedules, registers for actions (corrective, preventative, continuous improvement), fostering a framework for staff to identify, plan, implement, and measure continuous improvement endeavors;
- Internally collected data is crucial for informing and driving changes, fostering continuous improvement within the hospital. Sources of this data include clinical indicators/quality statistics, audits, TrendCare reports, and patient satisfaction evaluations.
- Additionally, external sources such as ACQSHC, Clinical Care Standards, Bariatric

Surgery Registry, National Joint Replacement Registry, VAHI, and VASM are monitored for further evaluation and improvement opportunities.

### 10.5 Corrective Actions and Continuous Improvement

- The PROTECHT system serves as a tool to monitor corrective and preventative actions taken by MPPH, reinforcing the commitment to continual process improvement.

MPPH remains dedicated to enhancing its processes through comprehensive review and analysis of the Quality Management System, strategic plan, key performance indicators, clinical indicators/quality statistics, clinical outcomes, adverse events/near misses, and customer feedback. This commitment fosters ongoing enhancement of patient care and organisational performance.

Related Policies:	Refer to body of document for related Policies.
Related Procedures:	Refer to body of document for related Procedures.
Related Documents	Refer to body of document for related documents.
References:	<ul style="list-style-type: none"> <li>• AS/NZS ISO 9001:2016 “Quality Management Systems – Requirements”</li> <li>• Private Hospitals and Day Procedure Centres Act</li> <li>• Health Services (Private Hospitals and Day Procedure Centres) Regulations 2013</li> <li>• Health Services (Private Hospital and Day Procedure Centres) Amendment Regulations 2018</li> <li>• National Safety and Quality Health Service Standards (Second Edition)</li> <li>• Safer Care Victoria – Delivering high-quality healthcare: Victorian clinical governance framework (June 2017 LAST UPDATED 09 Mar 2018)</li> <li>• Australian Commission on Safety and Quality in Health Care National Model Clinical Governance Framework (2017).</li> <li>• Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition).</li> </ul>

Revision Date	Revisions Made
December 2023	Improvements to the readability of the document. Reduced overall length and removal of duplicate information.