QIP Accreditation Report

Practice Name:	Verve Dental
Practice ID:	DEN 1969
Practice Details:	768 Centre Road BENTLEIGH EAST VIC 3165
Survey Date:	19 Mar 2014
Surveyors:	Ms Edel Tobin

The following report sets out the survey team's finding in relation to their assessment of the above practice against the NSQHS Standards (Private Dental A1) . The report includes both ratings for each indicator, criteria and standard and explanatory notes for key findings. A criterion is rated 'met' where the practice meets the requirements of each indicator for that criterion (or equivalent). A standard is rated 'met' where the practice meets the requirements of each criterion for that standard. Where an indicator is rated 'not met', corrective action is specified.

Overall assessment of standards

Standard	Rating
1 Governance for Safety and Quality in Health Service Organisations	Met
2 Partnering with Consumers	Met
3 Preventing and Controlling Healthcare Associated Infections	Met
4 Medication Safety	Met
5 Patient Identification and Procedure Matching	Met
6 Clinical Handover	Met

Detailed description of performance

A detailed description of your practice's performance against the criteria is as follows:

Standard 1 Governance for Safety and Quality in Health Service Organisations
• Governance and quality improvement systems
• Clinical practice
• Performance and skills management
• Incident and complaints management
• Patient rights and engagement

Criterion:	1.1 Governance systems		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.1 1 ►	An organisation-wide management system is in place for the development, implementation and regular review of policies, procedures and/or protocols.	Met	Documented policies are in place that describe the practice's management system. The policies describe how the practice develops, implements and reviews policies, procedures and/or protocols.
1.1 2 ►	The impact on patient safety and quality of care is considered in business decision making.	Met	

Criterion:	1.2 Governance - patient safety and quality care		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.2 1 ►	Regular reports on safety and quality indicators and other safety and quality performance data are monitored by the executive level of governance.	Met	

Criterion:	1.3 Workforce roles		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.3 1 ►	Workforce are aware of their delegated safety and quality roles and responsibilities.	Met	Review of the practice position descriptions shows that the delegated safety and quality roles of the practice team are documented in the position description.
1.3 2 ►	Individuals with delegated responsibilities are supported to understand and perform their roles and responsibilities, in particular to meet the requirements of these Standards.	Met	
1.3 3 ►	Agency or locum workforce are aware of their designated roles and responsibilities.	Met	

Criterion:	1.5 Risk management system		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.5 1 ►	An organisation-wide risk register is used and regularly monitored.	Met	Review of the practice's risk register showed it is used and regularly monitored.
1.5 2 ►	Actions are taken to minimise risks to patient safety and quality of care.	Met	

Criterion:	1.6 Quality management system		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.6 1 ►	An organisation-wide quality management system is used and regularly monitored.	Met	
1.6 2 ►	Actions are taken to maximise patient quality of care.	Met	

Criterion:	1.7 Clinical guidelines		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.7 1 ►	Agreed and documented clinical guidelines and/or pathways are available to the clinical workforce.	Met	
1.7 2 ►	The use of agreed clinical guidelines by the clinical workforce is monitored.	Met	

Criterion:	1.8 Management -patient increased harm		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.8 1 ►	Mechanisms are in place to identify patients at increased risk of harm.	Met	Review of the practice's health assessment form showed that it supports the identification of patients who are at increased risk of harm.
1.8 2 ►	Early action is taken to reduce the risks for at-risk patients.	Met	
1.8 3 ►	Systems exist to escalate the level of care when there is an unexpected deterioration in health status.	Met	

Criterion:	1.9 Clinical record		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.9 1 ►	Accurate, integrated and readily accessible patient clinical records are available to the clinical workforce at the point of care.	Met	

| 1.9 2 ► | The design of the patient clinical record allows for systematic audit of the contents against the requirements of these Standards. | Met | |

Criterion:	**1.10 Clinical workforce review**		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.10 1 ►	A system is in place to define and regularly review the scope of practice for the clinical workforce.	Met	
1.10 2 ►	Mechanisms are in place to monitor that the clinical workforce are working within their agreed scope of practice.	Met	Review of performance evaluation records shows that the practice monitors whether clinical practitioners are working within their agreed scope of practice.
1.10 3 ►	Organisational clinical service capability, planning and, scope of practice is directly linked to the clinical service roles of the organisation.	Met	
1.10 4 ►	The system for defining the scope of practice is used whenever a new clinical service, procedure or other technology is introduced.	Met	
1.10 5 ►	Supervision of the clinical workforce is provided whenever it is necessary for individuals to fulfil their designated role.	Met	

Criterion:	**1.11 Performance system**		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.11 1 ►	A valid and reliable performance review process is in place for the clinical workforce.	Met	
1.11 2 ►	The clinical workforce participates in regular performance reviews that support individual development and improvement.	Met	

Criterion:	1.12 Safety and quality education		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.12 1 ►	The clinical and relevant non-clinical workforce have access to ongoing safety and quality education and training for identified professional and personal development.	Met	

Criterion:	1.14 Incident management		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.14 1 ►	Processes are in place to support the workforce recognition and reporting of incidents and near misses.	Met	A review of the practice's general incident register showed no recorded incidents or near misses. The practice provided a statement indicating it has recently implemented the register and has not had an incident reported since its implementation.
1.14 2 ►	Systems are in place to analyse and report on incidents.	Met	
1.14 3 ►	Feedback on the analysis of reported incidents is provided to the workforce.	Met	
1.14 4 ►	Action is taken to reduce risks to patients identified through the incident management system.	Met	
1.14 5 ►	Incidents and analysis of incidents are reviewed at the highest level of governance in the organisation.	Met	

Criterion:	1.15 Complaints management system		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings

1.15 1 ▶	Processes are in place to support the workforce to recognise and report complaints.	Met	A review of the practice's complaint register showed no recorded complaints. The practice provided a statement indicating it has recently implemented the register and has not had a complaint since its implementation.
1.15 2 ▶	Systems are in place to analyse and implement improvements in response to complaints.	Met	
1.15 3 ▶	Feedback is provided to the workforce on the analysis of reported complaints.	Met	
1.15 4 ▶	Patient feedback and complaints are reviewed at the highest level of governance in the organisation.	Met	

Criterion:	1.17 Patient charter of rights		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.17 1 ▶	The organisation has a charter of patient rights that is consistent with the current national charter of healthcare rights.	Met	
1.17 2 ▶	Information on patient rights is provided and explained to patients and carers.	Met	

Criterion:	1.18 Informed consent		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.18 1 ▶	Patients and carers are partners in the planning for their treatment.	Met	
1.18 2 ▶	Mechanisms are in place to monitor and improve documentation of informed consent.	Met	

Criterion:	1.19 Confidentiality - patient clinical records		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.19 1 ►	Patient clinical records are available at the point of care.	Met	
1.19 2 ►	Systems are in place to restrict inappropriate access to and dissemination of patient clinical information.	Met	

Criterion:	1.20 Patient feedback		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
1.20 1 ►	Data collected from patient feedback systems are used to measure and improve health services in the organisation.	Met	

Standard 2 Partnering with Consumers

•Consumer partnership in service planning
•Consumer partnership in designing care
•Consumer partnership in service measurement and evaluation

Criterion:	2.4 Consumer consultation		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
2.4 1 ►	Consumers and/or carers provide feedback on patient information publications prepared by the health service organisation (for distribution to patients).	Met	Review of the practice publications shows the practice provides patient information that is prepared by the practice.
2.4 2 ►	Action is taken to incorporate consumer and/or carers feedback into publications prepared by the health service organisation for distribution to patients.	Met	

Criterion:	2.7 Informing consumers on safety performance		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
2.7 1 ►	The community and consumers are provided with information that is meaningful and relevant on the organisation's safety and quality performance.	Met	

Standard 3 Preventing and Controlling Healthcare Associated Infections

Governance and systems for infection prevention, control and surveillance.

Criterion:	3.1 Infection prevention governance system		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.1 1 ▶	A risk management approach is taken when implementing policies, procedures and/or protocols for: • standard infection control precautions • transmission-based precautions • aseptic non-touch technique • safe handling and disposal of sharps • prevention and management of occupational exposure to blood and body substances • environmental cleaning and disinfection • antimicrobial prescribing • outbreaks or unusual clusters of communicable infection • processing of reusable medical devices • single-use devices • surveillance and reporting of data where relevant • reporting of communicable and notifiable diseases • provision of risk assessment guidelines to workforce • exposure-prone procedures	Met	

3.1 2 ►	The use of policies, procedures and/or protocols is regularly monitored.	Met	
3.1 3 ►	The effectiveness of the infection prevention and control systems is regularly reviewed at the highest level of governance in the organisation.	Met	

Criterion:	3.2 Surveillance healthcare infections		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.2 1 ►	Surveillance systems for healthcare associated infections are in place.	Met	A review of the practice's infection surveillance register showed no recorded incidents. The practice provided a statement indicating it has recently implemented the register and has not had an incident reported since its implementation.
3.2 2 ►	Healthcare associated infections surveillance data are regularly monitored by the delegated workforce and/or committees.	Met	

Criterion:	3.3 Infection systems and process		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.3 1 ►	Mechanisms to regularly assess the healthcare associated infection risks are in place.	Met	
3.3 2 ►	Action is taken to reduce the risks of healthcare associated infection.	Met	

Criterion:	3.5 Auditing hand hygiene program		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings

3.5 1 ►	Workforce compliance with current national hand hygiene guidelines is regularly audited.	Met	Review of hand hygiene compliance audit results showed that the practice audits compliance with hand hygiene against the National Hand Hygiene Initiative.
3.5 3 ►	Action is taken to address non-compliance, or the inability to comply, with the requirements of the current national hand hygiene guidelines.	Met	

Criterion:	3.6 Workforce immunisation program		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.6 1 ►	A workforce immunisation program that complies with current national guidelines is in use.	Met	Review of the practice's workforce immunisation register shows that vaccinations are offered/provided to the practice team as recommended by the Australian Immunisation Handbook.

Criterion:	3.7 OHS programs		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.7 1 ►	Infection prevention and control consultation related to occupational health and safety policies, procedures and/or protocols are implemented to address: • communicable disease status • occupational management and prophylaxis • work restrictions • personal protective equipment • assessment of risk to healthcare workers for occupational allergies • evaluation of new products and procedures	Met	

Criterion:	3.8 Invasive devices systems		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.8 1 ►	Compliance with the system for the use and management of invasive devices is monitored.	Met	

Criterion:	3.11 Standard precautions		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.11 1 ►	Standard precautions and transmission-based precautions consistent with the current national guidelines are in use.	Met	
3.11 2 ►	Compliance with standard precautions is monitored.	Met	
3.11 3 ►	Action is taken to improve compliance with standard precautions.	Met	
3.11 4 ►	Compliance with transmission-based precautions is monitored.	Met	
3.11 5 ►	Action is taken to improve compliance with transmission-based precautions.	Met	

Criterion:	3.13 Patient infection protocols		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.13 1 ►	Mechanisms are in use for checking for pre-existing healthcare associated infections or communicable disease on presentation for care.	Met	

3.13 2 ►	A process for communicating a patient's infectious status is in place whenever responsibility for care is transferred between service providers or facilities.	Met

Criterion:	3.14 Antimicrobial stewardship system		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.14 1 ►	An antimicrobial stewardship program is in place.	Met	
3.14 2 ►	The clinical workforce prescribing antimicrobials have access to current endorsed therapeutic guidelines on antibiotic usage.	Met	

Criterion:	3.15 Hygienic environment		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.15 1 ►	Policies, procedures and/or protocols for environmental cleaning that address the principles of infection prevention and control are implemented, including: • maintenance of building facilities • cleaning resources and services • risk assessment for cleaning and disinfection based on transmission-based precautions and the infectious agent involved • waste management within the clinical environment • laundry and linen transportation, cleaning and storage • appropriate use of personal protective equipment	Met	

| 3.15 2 ► | Policies, procedures and/or protocols for environmental cleaning are regularly reviewed. | Met | |
| 3.15 3 ► | An established environmental cleaning schedule is in place and environmental cleaning audits are undertaken regularly. | Met | Review of the practice's cleaning audit results showed that environmental cleaning is undertaken and monitored. |

Criterion:	**3.19 Consumer information infections**		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
3.19 1 ►	Information on the organisation's corporate and clinical infection risks and initiatives implemented to minimise patient infection risks is provided to patients and/or carers.	Met	
3.19 2 ►	Patient infection prevention and control information is evaluated to determine if it meets the needs of the target audience.	Met	

Standard 4 Medication Safety
•Governance and systems for medication safety
•Documentation of patient information
•Medication management processes
•Continuity of medication management
•Communicating with patients and carers

Criterion:	4.1 Medication safety		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.1 1 ►	Governance arrangements are in place to support the development, implementation and maintenance of organisation wide medication safety systems.	Met	
4.1 2 ►	Policies, procedures and/or protocols are in place that are consistent with legislative requirements, national, jurisdictional and professional guidelines.	Met	

Criterion:	4.2 Medication systems		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.2 1 ►	The medication management system is regularly assessed.	Met	Review of medication management audit results showed that the practice has assessed its medication management system.
4.2 2 ►	Action is taken to reduce the risks identified in the medication management system.	Met	

Criterion:	4.3 Medication authorisation		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings

4.3 1 ►	A system is in place to verify that the clinical workforce have medication authorities appropriate to their scope of practice.	Met
4.3 2 ►	The use of the medication authorisation system is regularly monitored.	Met
4.3 3 ►	Action is taken to increase the effectiveness of the medication authority system.	Met

Criterion:	4.4 Medication incidents		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.4 1 ►	Medication incidents are regularly monitored, reported and investigated.	Met	A review of the practice's general incident register showed no recorded medication incidents. The practice provided a statement indicating it has recently implemented the register and has not had an incident reported since its implementation.
4.4 2 ►	Action is taken to reduce the risk of adverse medication incidents.	Met	

Criterion:	4.6 Patient medication history		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.6 1 ►	A best possible medication history is documented for each patient.	Met	
4.6 2 ►	The medication history and current clinical information is available at the point of care.	Met	

Criterion:	4.7 Patient adverse medicines		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.7 1 ►	Known medication allergies and adverse drug reactions are documented in the patient clinical record	Met	
4.7 2 ►	Action is taken to reduce the risk of adverse reactions.	Met	
4.7 3 ►	Adverse drug reactions are reported within the organisation and to the Therapeutic Goods Administration.	Met	

Criterion:	4.9 Medicines information		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.9 1 ►	Information and decision support tools for medicines are available to the clinical workforce at the point of care.	Met	
4.9 2 ►	The use of the information and decision support tools is regularly reviewed.	Met	
4.9 3 ►	Action is taken to improve the availability and effectiveness of information and decision support tools.	Met	

Criterion:	4.10 Medicine storage		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings

4.10 1 ►	Risks associated with secure storage and safe distribution of medicines are regularly reviewed.	Met	
4.10 2 ►	Action is taken to reduce the risks associated with storage and distribution of medicines.	Met	
4.10 4 ►	A system that is consistent with legislative and jurisdictional requirements for the disposal of unused, unwanted or expired medications is in place.	Met	
4.10 5 ►	The system for disposal of unused, unwanted or expired medications is regularly monitored.	Met	
4.10 6 ►	Action is taken to increase compliance with the system for storage, distribution and disposal of medications.	Met	

Criterion:	4.11 High risk medicines		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
4.11 1 ►	The risks for storing, prescribing, dispensing and administration of high-risk medicines are regularly reviewed.	Met	
4.11 2 ►	Action is taken to reduce the risks of storing, prescribing, dispensing and administering high-risk medicines.	Met	

Standard 5 Patient Identification and Procedure Matching

•Identification of individual patients

•Processes to transfer care

•Processes to match patients and their care

Criterion:	5.1 Patient identification system		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
5.1 1 ▶	Use of an organisation-wide patient identification system is regularly monitored.	Met	
5.1 2 ▶	Action is taken to improve compliance with the patient identification matching system.	Met	

Criterion:	5.2 Patient mismatching events		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
5.2 1 ▶	The system for reporting, investigating and analysis of patient care mismatching events is regularly monitored.	Met	A review of the practice's general incident register showed no recorded patient identification or procedure matching incidents. The practice provided a statement indicating it has recently implemented the register and has not had an incident reported since its implementation.
5.2 2 ▶	Action is taken to reduce mismatching events.	Met	

Criterion:	5.4 Effectiveness patient identification		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings

| 5.4 1 ► | A patient identification and matching system is implemented and regularly reviewed as part of structured clinical handover, transfer and discharge processes. | Met | |

Criterion:	5.5 Patient procedure matching		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
5.5 1 ►	A documented process to match patients and their intended treatment is in use.	Met	
5.5 2 ►	The process to match patients to any intended procedure treatment or investigation is regularly monitored.	Met	
5.5 3 ►	Action is taken to improve the effectiveness of the process for matching patients to their intended procedure, treatment or investigation.	Met	

Standard 6 Clinical Handover

•Governance and leadership for effective clinical handover
•Clinical handover processes
•Patient and carer involvement in clinical handover

Criterion:	6.1 Clinical handover		
Criterion Rating:	Met		
Indicator	Description	Rating	Assessment Findings
6.1 1 ▶	Clinical handover policies, procedures and/or protocols are used by the workforce and regularly monitored.	Met	
6.1 2 ▶	Action is taken to maximise the effectiveness of clinical handover policies, procedures and/or protocols.	Met	
6.1 3 ▶	Tools and guides are periodically reviewed.	Met	

QIP Accreditation Report

Accreditation Decision

I, the Accreditation Decision Maker, have decided to accredit Verve Dental against the NSQHS Standards (Private Dental A1) .

The practice is required to maintain compliance with these standards throughout the accredited period.

Date of Commencement: 21 Mar 2014

Date of Expiry: 20 Mar 2016

Surveyors/Auditors   Ms Edel Tobin

Decision Maker: ....   Date: ....
                                    Fiona Elliot...