FACILITY OVERVIEW

Port Macquarie Ophthalmic Surgery is a purpose designed and constructed day surgery facility located at 35 Ackroyd Street, Port Macquarie. It is licensed with the NSW Department of Health and has been fully accredited by the Australian Council on Healthcare Standards (ACHS).

1. Services and facilities provided include:
   a. Reception
   b. Waiting area
   c. Patient admission/consultation room
   d. Staff change room
   e. Patient change room
   f. 1 operating theatre, with external scrub sink
   g. Nurses station
   h. 2 first stage recovery beds
   i. 3 second stage recovery chairs
   j. 3 third stage recovery chairs
   k. Sterile stock room
   l. Dirty utility room
   m. Disabled toilet
   n. UPS room
   o. Medical gases room

2. Surgical specialties include:
   a. Ophthalmology
   b. Dermatology

3. Subcontracted services provided are:
   a. Catering
   b. Laundry service
   c. Instrument sterilising
   d. Pathology
   e. Cleaning service
   f. Biomedical maintenance
   g. Waste management
   h. Medical gas supply
This report is intended to provide patients and their carers with information on the various indicators of the safety and quality management of our facility.

The safety and quality of the service we provide is our highest priority, and our Quality Management System is currently accredited as being compliant with National Safety and Quality Health Service (NSQHS) Standards.

This report is designed to:
- Meet the requirements for an evaluation of the effectiveness of the Quality Management System.
- Provide a mechanism for reporting of key Safety and Quality Indicators to all stakeholders, including patients, carers, staff and the Board on an annual basis.

This has been done by reviewing the key outcomes of our Quality Management System over the past 12 months.

The key objectives of our Quality Management System are to;
1. Maintain a high level of patient satisfaction
2. Provide a high standard of care and treatment to all patients
3. Maintain a high level of staff and VMO satisfaction
4. Maintain a commitment to continuous quality improvement.
5. Ensure that the day surgery meets relevant standards, regulations and legislation.

MISSION STATEMENT

Port Macquarie Ophthalmic Surgery (PMOS) is a fully licensed and accredited Day Surgery specialising in ophthalmic care. We partner with our patients to provide the best possible care using state of the art equipment in a purpose-built facility.

We are dedicated to the provision of the highest quality day surgery services for ophthalmology and aim to be recognised as a regional centre of excellence in ophthalmic day surgery.
To ensure the highest quality of services are achieved and maintained, management is committed to certification against the National Safety and Quality Health Service Standards and compliance with regulatory and statutory requirements. There is a centre-wide quality management system in place with a focus on continuous quality improvement.

The quality management system and the quality objectives are reviewed annually through the management review process to assess outcomes and continuing suitability.
INTERNAL AUDITING PROCESS

There were 16 key audits on the Quality Audit Schedule, all of which were completed as follows (If there is a number in the QI No. column a non-conformance was raised requiring action):

<table>
<thead>
<tr>
<th>Audit Name</th>
<th>Month</th>
<th>Audit</th>
<th>Conducted By</th>
<th>QI No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drug Storage &amp; Documentation</td>
<td>January &amp; June</td>
<td>Check of drug register to ensure all entries are correct. Check of storage areas to ensure adherence to local policy and legislation</td>
<td>S.Woods &amp; S.Arthur</td>
<td></td>
</tr>
<tr>
<td>Medical Records &amp; AMS Audit</td>
<td>February &amp; July</td>
<td>Assessment of completion of all medical records and antibiotic usage</td>
<td>E.Williams-Skillings</td>
<td></td>
</tr>
<tr>
<td>Clinical Care</td>
<td>March &amp; August</td>
<td>Assessment of clinical care against National Standards</td>
<td>Nursing Staff</td>
<td></td>
</tr>
<tr>
<td>Aseptic Non Touch Technique</td>
<td>May &amp; November</td>
<td>Observation of 5 moments for Hand Hygiene and compliance with aseptic technique</td>
<td>S.Arthur</td>
<td></td>
</tr>
<tr>
<td>CSSD Instrument Tracking</td>
<td>February &amp; July</td>
<td>Assessment of correct processes for re-usable medical equipment</td>
<td>M.Ahern &amp; M.Doyle</td>
<td></td>
</tr>
<tr>
<td>Medication Management IPC</td>
<td>April &amp; October</td>
<td>Assessment of compliance practices for management of injectable anaesthetic and sedation agents</td>
<td>S.Arthur &amp; M.Doyle</td>
<td></td>
</tr>
<tr>
<td>Staff/Doctor Survey</td>
<td>May</td>
<td>Survey of staff and doctors to assess level of satisfaction</td>
<td>E.Williams-Skillings</td>
<td></td>
</tr>
<tr>
<td>Patient Satisfaction Questionnaire</td>
<td>Monthly</td>
<td>Assessment of patient satisfaction during their admission</td>
<td>Nursing Staff/E.Williams-Skillings</td>
<td></td>
</tr>
<tr>
<td>Consumer Advocate</td>
<td>February &amp; August</td>
<td>Assessment of information given to patients by consumers</td>
<td>E.Williams-Skillings</td>
<td></td>
</tr>
<tr>
<td>Admission &amp; Discharge Brochure</td>
<td>May &amp; November</td>
<td>Assessment of the suitability of the admission brochure and discharge brochure given to patients</td>
<td>E.Williams-Skillings</td>
<td></td>
</tr>
</tbody>
</table>
## SAFETY AND QUALITY REPORT

**December 2017**

<table>
<thead>
<tr>
<th>Consumer Survey</th>
<th>October</th>
<th>Assessment of patient satisfaction during their whole experience with PMOS</th>
<th>E. Williams-Skillings</th>
</tr>
</thead>
<tbody>
<tr>
<td>Admission Papers PMEC</td>
<td>Monthly</td>
<td>Assessment of completion of paperwork by consulting rooms staff</td>
<td>E. Williams-Skillings</td>
</tr>
<tr>
<td>Admission Papers (Clinical Details)</td>
<td>May &amp; November</td>
<td>Assessment of completion of medical records by PMOS staff</td>
<td>J. Manns</td>
</tr>
<tr>
<td>IPC</td>
<td>March &amp; September</td>
<td>Assessment of standards of Infection Control</td>
<td>E. Williams-Skillings &amp; M. Ahern</td>
</tr>
<tr>
<td>Linen Management</td>
<td>January &amp; July</td>
<td>Assessment to ensure correct delivery and storage of linen</td>
<td>E. Williams-Skillings</td>
</tr>
<tr>
<td>Waste Management</td>
<td>January &amp; July</td>
<td>Assessment to ensure waste is identified and segregated into its correct category and handled safely</td>
<td>E. Williams-Skillings</td>
</tr>
<tr>
<td>Environmental Inspection</td>
<td>May &amp; October</td>
<td>Inspection of site to assess environmental risks</td>
<td>E. Williams-Skillings</td>
</tr>
<tr>
<td>External Service Review</td>
<td>January</td>
<td>Review of services supplied by contractors and other providers</td>
<td>S. Arthur/E. Williams-Skillings</td>
</tr>
<tr>
<td>Schedule 8 Register Check</td>
<td>March &amp; September</td>
<td>Assessment of the documentation of Medication Safety involving S4, S8 and other drugs.</td>
<td>S. Arthur</td>
</tr>
</tbody>
</table>

See Appendix 1
All audits were conducted using checklists to define their scope and to ensure that key elements were reviewed. Overall the audits conducted demonstrated a high standard of compliance against procedures. Staff interviewed verified appropriate knowledge of relevant processes and were keen to assist with continuous improvement.

Detailed reports have been completed and were tabled at Quality Committee meetings. Key outcomes from each audit are outlined below;

**Drug Storage and Documentation**
The Drug Storage and Documentation audit aims to check on documentation of Medication Safety involving S4, S8 and other drugs and provides information to assist in the formation of quality improvement programs. The audit is carried out twice a year in January and June. In January 2017 the compliance rate was 94% and in June 2017 the compliance rate was 100%.

**Medical Record / AMS**
A sample of patient medical records were reviewed twice in 2017 to check that each section had been completed correctly, including antibiotic usage. Results showed 96.3% compliance rate for February and 99% compliance rate for July.

**Clinical Care**
A range of issues were audited against the National Standards including patient identification and procedure matching, clinical handover, medication safety and clinical deterioration. These showed accurate documentation for all parameters. There was a 98% compliance rate for March and a 87% compliance rate for August.

Four formalised clinical handover points are in place:
- Admission Nurse to Anaesthetist/Anaesthetic Nurse
- Surgical Team Timeout
- Anaesthetist/Anaesthetic Nurse to Recovery Nurse
- Recovery Nurse to Patient’s Escort

**Hand Hygiene / Aseptic Technique (AT)**
Hand Hygiene audits were performed in 2017 with an excellent rate of compliance. The National Average Compliance rate overall is 84.3%. PMOS has achieved 86.05% overall. All staff have also completed the World Health Organisation hand hygiene certificate.

The Aseptic Technique audit tool is designed to audit the practice of staff performing procedures requiring surgical AT in accordance with the principles of aseptic non-touch technique. The Aseptic Technique results for May were 95.2% compliant for all staff members assessed. The results for November were 100% complaint.
CSSD Instrument Tracking
A CSSD Instrument tracking audit was carried out in February and July to assess the transport, tracking, reprocessing and usage of re-usable medical devices. Sterilising services are out-sourced and this audit allows us to review and make any changes necessary to adhere to the Australian Standards. The compliance rate for both audits was 100%.

Medication Management
The Medication Management audit is completed twice a year in April and October. The audit evaluates ten healthcare workers compliance with appropriate practices for management of Injectable Anaesthetic and Sedation agents. In April and October 2017 the compliance rate was 100%.

Staff/Doctor Survey
Staff and Doctor Surveys were competed in May 2017. All respondents were happy with the unit and felt well respected and cared for in their roles. Respondents noted that our working environment was strong and the teamwork displayed was a benefit of working in the unit. Staff and doctors were provided with an education update regarding the recognition and response system to assist in the escalation of care when a patient’s condition deteriorates and the emergency procedures at the facility. Overall the staff compliance was 99% and the Doctor’s was 98%.

Patient Satisfaction Questionnaire
A monthly audit is carried out on patient satisfaction during their admission at PMOS. It covers areas such as; if the nurses and other staff have introduced themselves, if the patient was given sufficient information regarding your admission, procedure and healthcare rights and responsibilities, if staff asked if they needed anything during their stay and would they recommend this service. The compliance rate for January – December 2017 varied between 98-100%. There were numerous compliments from patients including; competent, friendly, caring, professional staff, great doctors, 5 star service.

Consumer Advocate
A Consumer Advocate audit was conducted in February and November to gage the response of the consumer regarding the effectiveness and ease of understanding of the PMOS how to use eye drops and ointment brochure and their admission experience at PMOS. All respondents noted the information was relevant and easy to understand and during their admission experience they were well looked after by staff and doctors. The compliance rate for February was 91% and for November it was 97%.
Admission and Discharge Brochure
The admission and discharge brochure audit is carried out twice a year in May & November. The admission brochure audit covers if the brochure was helpful and easy to understand, was there enough information provided, did the patients read and understand the privacy and confidentiality and the compliments and complaints sections of the brochure, did the patients remember reading about infection prevention in the brochure (hand washing, colds, sore throats, temperatures) and was it helpful, and if they had any suggestions for anything we should include in the brochure. Overall, the compliance rate was 100% and there was no suggestions noted.

The discharge brochure audit covers if the patient understands why the doctor has prescribed medication to use after the surgery, did they feel they were given adequate information on pain medication, hand hygiene and depth perception/falls prevention, did the diagram make it easier to know what to do with the drops/ointment, was the information helpful and easy to understand and was there anything we could do to improve this handout. Overall, the compliance rate was 100% and there were no suggestions noted.

Note: there was no audit completed for the admission and discharge brochures in May 2017, due to implementing this audit mid-way through 2017.

Consumer Survey
The consumer survey is an annual survey that is posted out to 30 patients and asks for their feedback on their whole experience with PMOS. It covers all areas of PMOS from before arriving, on arrival, during your stay, when leaving the facility and overall experience. In October 2017, we received 18 out of the 30 surveys back. From the 18 surveys, the compliance rate overall was 96% and there was no suggestions or complaints noted. There was numerous positive comments from patients including; numerous thankyous, staff were excellent and positive, polite, caring, friendly and attentive at all times.

Admission Papers
An audit is completed monthly on the admission paperwork accuracy by the PMEC reception staff. It is assessed to make sure all paperwork has been filled in correctly, including the consent form and patient information. The compliance rate for January – December varied between 94-99%.

Admission Papers – Clinical Details
The admission papers clinical details audit is completed twice a year in October and November. It is an assessment to ensure various medical records have been completed correctly. The audit in October was completed on the day procedure nursing record and the compliance rate for was 98%. The audit in November was completed on the pre-admission phone call sheet and the compliance rate was 77%.
Infection Prevention and Control
The Infection Prevention and Control Audit is an assessment of PMOS procedures against Infection Control standards. The audit covers the areas of waste management, linen/laundry, cleaning and chemicals, refrigerator/water temperatures, legislation and clinical procedures. The audit was completed in March with a compliance rate of 99% and then completed again in September with a compliance rate of 96%.

Linen Management
A linen management audit is completed twice a year and it covers the areas from DPU, linen storage area and staff change room. The audit is conducted to ensure all linen is delivered, stored and replaced appropriately and that it is handled safely and efficiently. The audit was completed in January and July 2017 and the compliance rate was 100% for both audits.

Waste Management
A waste management audit is completed twice a year and it is completed to protect staff, visitors and patients by ensuring that all waste is identified and segregated into its correct category, handled safely and disposed of in a environmentally safe manner. The audit is completed twice a year in January and July and the compliance rate for both audits was 100%.

Environment Inspection
A Environmental Inspection Audit was performed in May and October 2017 to check each area for adequate lighting, falls hazards, ergonomic workstations, nurse call and emergency buzzer functions, access to working fire and emergency equipment and access to hand hygiene products throughout the unit. This audit noted some wear and tear in the recliners in the recovery room. PMOS are in the process of looking to resolve the problem. It was also noted that a light was broken in the scrub room, a Quality improvement report have been raised to rectify this issue and this improvement has been completed. The compliance rate for both May and October was 99%.

External Service Review
In January a review of six external service providers was carried out. All companies have provided excellent service to PMOS throughout the year and no change to their contracts was required. Overall, the compliance rate for external providers was 81%.
In accordance with the Department of Health a check of the entries in the Schedule 8 Drug register must be made twice a year in March and September. The check in March and September 2017 showed all entries to have been made in accordance with the Medication Safety Standard.
REVIEW OF QUALITY POLICIES

The following procedures have been reviewed and are still effective and suitable with the following changes made:

- Work Instruction: Injection of Gas
- Blood and body substance spills policy
- By-Laws PMOS
- Consumer Participation Education
- Terms of Reference – Quality Committee
- Anaesthetists preference for pre-operative patients
- Patient Centred Care Principles
- Work Instruction: Intravitreal Injection Setup
- Fire Safety and Evacuation
- Nursing Clinical Skills Self-Assessment
- Patient Discharge Brochures
- How to use eye drops/ointment
- Guidelines for administration of pre-operative drops in DPU
OUTCOMES AGAINST KEY OBJECTIVES

1. MAINTAIN A HIGH LEVEL OF PATIENT SATISFACTION
   Patient satisfaction surveys continue to show excellent levels of patient satisfaction, with many positive comments received every month that are distributed to staff.
   No formal complaints have been received from patients attending Port Macquarie Ophthalmic Surgery.

2. PROVIDE A HIGH STANDARD OF CARE AND TREATMENT TO ALL PATIENTS
   Port Macquarie Ophthalmic Surgery participates in a rigorous benchmarking process of the key indicators of patient care and treatment through the independent ACHS organisation.
   This data is submitted on a 6 monthly basis, and our latest data set for the period June 2016 to July 2017 has shown consistently high results, which compare favourably against the benchmarked average.

3. MAINTAIN A HIGH LEVEL OF STAFF AND DOCTOR SATISFACTION
   We have consistently received positive feedback from both staff and visiting doctors working at our facility.

4. MAINTAIN A COMMITMENT TO CONTINUOUS QUALITY IMPROVEMENT.
   A wide range of quality activities and audits are conducted throughout the year at Port Macquarie Ophthalmic Surgery, according to an annual schedule. Various opportunities for improvement have been identified through this process, and all of these have been appropriately documented and action taken.
   The details of this continuous quality improvement process are monitored and reviewed at regular Board Meetings, Medical Advisory Committee Meetings and Quality Committee Meetings.
5. **ENSURE THAT THE DAY SURGERY MEETS RELEVANT STANDARDS, REGULATIONS AND LEGISLATION.**

External surveillance audit by ACHS in August 2015 confirmed that the centre was meeting certification requirements, including compliance to the National Safety and Quality Health Service Standards. At this audit we were awarded a three year accreditation certificate.

During 2017, a report was submitted to ACHS outlining the progress achieve by PMOS since accreditation. The next audit will be in August 2018.
Appendix 1.
Graphical Representations of PMOS Internal Audits.

**Drug Storage and Documentation January & June 2017**

Questions 11 and 20 (destruction of expired drugs is documented and medication risks/incidents documented via incident report) are not applicable for January and June 2017 Audit.

**Medical Records and AMS February & July 2017**
Clinical Care March & August, 2017 Quality Activity Audit Graphical Representations

Questions 23 (if any risk identified, was appropriate action taken – Standard 8), 26 (is there evidence of an escalation response as required on track and trigger form for any abnormal observation’s recorded – Standard 9, 27 (if the patient has a mobility aid, is it within reach – Standard 10) and 32 (is risk identified, was appropriate action taken – Standard 10) are not applicable for the March 2017 Audit.

Questions 26 (is there evidence of an escalation response as required on track and trigger form for any abnormal observation’s recorded – Standard 9), and 27 (if the patient has a mobility aid, is it within reach – Standard 10) are not applicable for the August 2017 Audit.
SAFETY AND QUALITY REPORT

December 2017

Aseptic Non-Touch Technique May & November 2017

CSSD Instrument Tracking February & July 2017

Aseptic Non-Touch Technique May & November, 2017 Quality Activity Audit Graphical Representations

CSSD Instrument Tracking February & July, 2017 Quality Activity Audit Graphical Representations
Positive comments included; keep doing what we are doing, PMOS runs a tight ship, good teamwork, and working environment is great.

Improvements included; busier lists, understanding of education of the whole process.
Positive comments included: staff quality, efficiency, streamlined admission process, competent staff, and high quality of patient care, high staff morale, staff skills, friendliness, facility layout and environment.

Improvements included; automatic closure of procedure room door, more time spent at PMOS.
Question 4 (did anything in the information sheet need to be explained more clearly): Patients noted that they wished they had more information on drops, that they could talk during the operation and just more information on their discharge instructions.

Question 7 (were staff helpful in explaining the discharge information on drops/ointment): Patients noted that they would like more explanation instead of them just reading the instruction sheet themselves.
SAFETY AND QUALITY REPORT

December 2017

Admission Brochure November, 2017 Quality Activity Audit Graphical Representations

Discharge Brochure November, 2017 Quality Activity Audit Graphical Representations
Consumer Survey October, 2017 Quality Activity Audit Graphical Representations

PMOS Admission Paperwork January - December 2017

Admission Papers PMEC January – December, 2017 Quality Activity Audit Graphical Representations
Admission Papers Clinical Details, Day Procedure Nursing Record October, 2017 Quality Activity Audit Graphical Representations

Admission Papers - PAC Sheet
November 2017
Infection, Prevention and Control
March & September 2017 - Cleaning & Chemicals, Refrigerator/Water Temperatures/Legislation/Theatre

Infection, Prevention and Control March and September, 2017 Quality Activity Audit Graphical Representations

Linen Management
January & July 2017

Linen Management January and July, 2017 Quality Activity Audit Graphical Representations
Waste Management January & July 2017

External Service Review January 2017
Environmental Inspection
May & October 2017

Environmental Inspection
May & October 2017

Environmental Inspection May & October, 2017 Quality Activity Audit Graphical Representations