



National Safety and Quality Health Service Standards 2.1 Short Notice Assessment *Initial Assessment Report*

Cohuna District Hospital

COHUNA, VIC

Organisation Code: 210387

Health Service Facility ID: 100055

ABN: 44 332 472 725

Assessment Date: 09 – 10 September 2025

Disclaimer: The information contained in this report is based on the evidence provided by the participating organisation at the time of the accreditation survey and information that the organisation supplied through the reporting and editing process. Accreditation issued by ACHS/ACHSI does not guarantee the ongoing safety, quality or acceptability of an organisation or its services or programs, or that legislative and funding requirements are being met, or will be met.

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Introduction

The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is Australia's leading healthcare assessment and accreditation provider. ACHS is an independent, not-for-profit organisation dedicated to improving quality and inspiring excellence in health care. We accredit organisations according to either government standards, or our own established standards.

ACHS is approved to accredit the following standards

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care Module (MPS Module)
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards
- National Clinical Trials Governance Framework
- Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition) and the RACGP Standards for point-of-care testing (5th edition)
- National Standards for Mental Health Services (NSMHS)
- Rainbow Tick Standards
- EQiP Standards

Currently there are more than 1,600 healthcare organisations, including their associates, that undertake ACHS assessment and quality improvement programs. ACHS are proud to accredit the majority of all public and private hospitals in Australia.

With representation from governments, consumers and peak health bodies from throughout Australia, ACHS works with healthcare professionals, consumers, government and industry stakeholders to implement healthcare accreditation programs.

ACHS offers a variety of services including accreditation, education and training, data and benchmarking and consulting. We take a partnership approach to continuous improvement, tailored to the needs of individual services and health systems, using our expertise in accreditation, standards development and education.

Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care (Commission) leads and coordinates national improvements in healthcare safety and quality. It works in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission works in four priority areas:

1. Safe delivery of health care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value, and outcomes

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Under the National Health Reform Act 2011, the Commission is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the following safety and quality standards:

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care (MPS) Module
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards, and
- Any other set of standards that may be developed by the Commission from time to time

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, the NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

Rating scale definitions

Whenever the NSQHS Standards (2nd ed.) are assessed, actions are to be rated using the rating scale outline below:

Rating	Description
Met	All requirements of an action are fully met.
Met with recommendations	<p>The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required. If there are no not met actions across the health service organisation, actions rated met with recommendations will be assessed during the next assessment cycle. Met with recommendations may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated not met.</p> <p>In circumstances where one or more actions are rated not met, the actions rated met with recommendations at initial assessment will be reassessed at the final assessment. If the action is not fully met at the final assessment, it can remain met with recommendations and reassessed during the next assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.</p>

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Rating	Description
Not met	Part or all of the requirements of the action have not been met.
Not applicable	The action is not relevant in the service context being assessed. The Commission's advisory relating to not applicable actions for the health sector need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

For further information, see [Fact sheet 4: Rating scale for assessment](#)

Repeat Assessment

If a health service organisation has 16 or more percent of assessed actions **rated not met and /or met with recommendations**, and /or more than 8 actions from the Clinical Governance Standard not met at initial assessment and is subsequently awarded accreditation, the organisation is required to undertake a further assessment within six months of the assessment being finalised. All actions rated not met or met with recommendations from the initial assessment will be reassessed. The aim of the reassessment is to ensure the organisation has fully embedded the necessary improvements in their safety and quality systems to maintain compliance with the NSQHS Standards. This is a one-off assessment with a remediation period of 60 business days. **All actions must be met when the assessment is finalised for the organisation to retain its accreditation.**

For further information, see [Fact Sheet 3: Repeat assessment of health service organisations](#)

Safety and Quality Advice Centre and Resources

The Advice Centre provides support for health service organisations, assessors, and accrediting agencies on NSQHS Standards implementation, the Primary and Community Healthcare Standards, the Digital Mental Health Standards, the National General Practice Accreditation (NGPA) Scheme, the National Pathology Accreditation Scheme, and the National Diagnostic Imaging Accreditation Scheme.

Telephone: 1800 304 056

Email: AdviceCentre@safetyandquality.gov.au

Further information can be found online at the [Commission's Advice Centre](#) via

<https://www.safetyandquality.gov.au/>

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Authority to act as an Accrediting Agency

I, Dr Karen Luxford, CEO of the Australian Council on Healthcare Standards (ACHS) declare that ACHS has the approval from the Australian Commission on Safety and Quality in Health Care to conduct assessment to the *National Safety and Quality Health Service Standards 2.1 Short Notice Assessment*. This approval is current until 31st December, 2029.

Under this authority, ACHS is authorised to assess health service organisations against the Australian Health Service Safety and Quality Accreditation Scheme.

Conflicts of Interest

I, Dr Karen Luxford, declare that ACHS has complied with Australian Commission on Safety and Quality in Health Care policy on minimising and managing conflicts of interest.

No conflicts of interest were evident as part of this assessment and no Consultants or third parties participated in this assessment.

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Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Assessor	Julianne Clift	Yes
Lead Assessor	Vince Gaglioti	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Cohuna District Hospital. A final assessment will be required before the accreditation determination can be made.

How to Use this Assessment Report

The ACHS assessment report provides an overview of quality and performance and should be used to:

1. provide feedback to staff
2. identify where action is required to meet the requirements of the NSQHS Standards
3. compare the organisation's performance over time
4. evaluate existing quality management procedures
5. assist risk management monitoring
6. highlight strengths and opportunities for improvement
7. demonstrate evidence of achievement to stakeholders.

The Ratings:

Each **Action** within a Standard is rated by the Assessment Team.

A rating report is provided for each health service facility.

The report will identify actions that have **recommendations** and/or comments for each health service facility.

The rating scale is in accordance with the Australian Commission on Safety and Quality in Health Care's Fact Sheet 4: Rating Scale for Assessment:

Assessor Rating	Definition
Met	All requirements of an action are fully met.
Met with Recommendations	The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required.
Not Met	Part or all of the requirements of the action have not been met.
Not Applicable	The action is not relevant in the health service context being assessed.

Suggestions for Improvement

The Assessment Team may provide suggestions for improvement for the health service to consider implementing. They are not required to be implemented for an action to achieve a met rating. Suggestions for improvement are documented under the criterion level.

Recommendations

Not Met/Met with Recommendation rating/s have a recommendation to address in order for the action to be rated fully met. An assessor's comment is also provided for each Not Met/Met with Recommendation rating.

Risk ratings are applied to actions where recommendations are given to show the level of risk associated with the particular action. A risk comment is included if the risk is rated greater than low. Risk ratings are:

1. **E: extreme (significant)** risk; immediate action required.
2. **H: high** risk; senior management attention needed.
3. **M: moderate** risk; management responsibility must be specified.
4. **L: low** risk; manage by routine procedures

Executive Summary

Cohuna District Hospital underwent a National Safety and Quality Health Service Standards 2.1 Short Notice Assessment (NS2.1 Short Notice Assessment) from 09/09/2025 to 10/09/2025. The NS2.1 Short Notice Assessment required two assessors for a period of two days. Cohuna District Hospital is a Public health service. Cohuna District Hospital was last assessed between 08/06/2023 and 09/06/2023.

PICMoRS was used to conduct this assessment. 70% of available time was spent in operational areas during this assessment.

Cohuna District Hospital (CDH) provides acute, community and residential care to the Cohuna District. The residential care component of the organisation was out of scope for the assessment, and the assessment team did not assess the residential care facility. What was in scope under the NSQHSS 2nd edition, were both the acute and the community-based programs. At the time of assessment, the bed occupancy was low, with two patients on the first day and one on the second day. The assessment team interviewed a patient attending for a transfusion and another patient who has dialysis three times per week. An inpatient was interviewed in addition to these two patients, however the patient's cognitive state did not allow a meaningful discussion and the patient's family were not in attendance.

The assessment team confirmed that at the time of assessment, there were no clinical trials taking place.

Standard 1

A skills based Board of Directors supports the Chief Executive Officer to execute the strategy and governance frameworks at CDH. At assessment time the Strategic Plan was being reviewed with the current Strategic Plan being evaluated before the new Strategic Plan is ratified. There are several frameworks underpinning the Strategic Plan which are all contemporary and actively monitored. Policies are in place and reflect the requirements of controlled documents; what requires attention and has been addressed as a Met with Recommendation is that 18% of the policies were out of date. Staff understand their requirements to address risks and to undertake and initiate quality improvements. Mandatory training is undertaken, however it was unclear what the actual compliance rates were, and a Met with Recommendation has been issued to address this. Buildings and assets are well maintained and the assessment team sighted a sample of contracts that addressed all requirements. Occupational Health & Safety (OHS) is taken very seriously and attendance at an OHS committee confirmed this. Position descriptions are in place for all levels of staff from the Board to the patient facing staff.

Standard 2

Engaging and partnering with their consumers is the cornerstone to a community hospital and CDH undertakes this very well. There is an active consumer group that is complemented by direct engagement with the community. The community are invested in the hospital. Systems and processes are in place to obtain formal input from the community and to obtain informal feedback. Patients who identify as First Nations remains below the Victorian statewide average, however this percentage has increased over the past few years. There has been a Met with Recommendation made in respect to provisioning the consumers with networking and educational opportunities as these were not in place at assessment time.

Standard 3

Cohuna District Hospital (CDH) has demonstrated good leadership for the management of infection prevention and control (IP&C) and antimicrobial stewardship (AMS). Overall, the compliance with IP&C was good, staff were very responsive to assessor requests or questions, and it was obvious the commitment and passion related to infection control practices across CDH. The AMS and sepsis programs are managed extremely well.

Standard 4

Medication safety is well governed, with Cohuna District Hospital well supported by the pharmacist from Echuca Health Service. Appropriate audits are conducted, and strategies are put in place to address issues identified by the audits. Staff were aware of medication safety issues, and patients were actively involved in their care.

Standard 5

The Cohuna District Hospital Comprehensive Care Plan policy describes the processes used to deliver comprehensive care. A review of clinical documentation confirmed that processes are in place for managing risks associated with comprehensive care and harm minimisation. Observational audit and discussions with clinical staff over the assessment period demonstrated that staff understand and practice within established guidelines. It was evident to the assessors that consumers are actively involved in the care planning process, and shared decision-making is practiced.

Systems are in place to identify patients at risk of pressure areas, falls, nutrition, delirium, violence and aggression, self-harm, and suicide. Risk assessment tools and management plans are integrated into the health record. Staff seemed confident in their use. Compliance with risk screening, assessment, and the development and implementation of risk mitigation care plans is monitored. Consumer information is available. Care is delivered using the least restrictive approach.

Standard 6

The handover framework is ISBAR, which is used well. The assessors attended an unannounced bedside handover and the principles of ISBAR were undertaken very well. If a patient is transferred to a higher level of care, a transfer letter is written following the ISBAR acronym. Discharge summaries are provided to all patients. There have been no incidents reported where the root cause has been attributable to handover.

Standard 7

Blood is managed well at CDH with the number of packed cells being administered averaging 1 - 2 units every one and half weeks. This is for a patient who requires frequent transfusions based on a chronic condition causing anaemia. Pathology services are provided by a third-party provider who are very supportive of CDH and who provide haemovigilance support to CDH. In collaboration with the CDH, O negative blood cells are monitored for expiry and put back into circulation when nearing their expiry date. The blood fridge alerts both the third-party pathology provider and CDH if it alarms. A recent temperature breach was corrected immediately after the door had accidentally not been properly closed. Staff follow strict checking procedures and the transfusion in progress confirmed that observation protocols were adhered to, along with this being confirmed by the patient. A suggestion has been made that should be read in conjunction with the Met with Recommendation made under 1.20 in respect to Blood Safe training.

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Standard 8

The Cohuna District Hospital systems for recognising and responding to acute deterioration are supported by a range of CDH policy requirements and is supported by the recognition and respond to acute deterioration Standard 8 group. Clinicians are trained and supported to respond appropriately to any signs of deterioration. Data is readily available and regular reporting to the Board occurs, and this is reported through to clinicians. Regular reporting has informed quality and safety projects, for example, the improved documentation of a clinical escalation. A patient escalation process is in place, 'REACH'. The ISBAR system is used for communication.

Summary of High Risk Scenarios Tested

Cohuna District Hospital (CDH) no longer provides birthing services. A midwife led antenatal and post-natal care model is in place. CDH recently were alerted of an antenatal patient with an extensive social history who despite being midwife case managed, and CDH were notified that the patient was in active labour and minutes away from arrival to CDH. The PICMoRS Framework was applied, and the high risk was discerned. There were opportunities identified for CDH to reflect upon.

Summary of Results

At Cohuna District Hospital's Organisation Wide Assessment three (3) Actions were rated Met with Recommendation across eight Standards. The following table identifies the Actions that were rated Met with Recommendation and lists the facilities to which the rating applies.

Summary of Recommendations Subject to the Final Assessment

Facilities (HSF IDs)	NS2.1 Short Notice Assessment 9/09/2025 - 10/09/2025	
	MwR	NM
Cohuna District Hospital-	1.07, 1.20, 2.01	

Final Assessment Requirement

As there are actions rated Met with Recommendation, there is a requirement of the Australian Commission on Safety and Quality in Health Care (ACSQHC) that the health service is given a period of sixty (60) business days for remediation and the Met with Recommendation actions will require a final assessment.

Further details and specific performance to all of the actions within the standards is provided over the following pages.

Sites for Assessment

Cohuna District Hospital

Site	HSFID	Address	Visited	Mode
Cohuna District Hospital	100055	114-158 King George Street COHUNA VIC 3568	Yes	On Site

Contracted Services

A sample of Contracts have been verified.

The following contracted services are used by Cohuna District Hospital.

Provider	Description of Services	Verified During Assessment
BOC Gases	Medical Gasses	No
Cleanaway	Medical waste collection	No
Northern District Community Health Service	Allied Health Services	No
Grays Bakery	Bread Supplies	No
Loddon Mallee Shared Services	Computer Services	No
Lions Milk	Dairy Products	No
BOC	Domestic Gas	No
Department of Veterans Affairs	DVA Community Nursing Services	No
Gary Wilson	Electricians	No
CFA / ADT fire monitoring/Tyco	Fire Alarm Monitoring and Fault Restor	No
Wormalds/Tyco	Fire Systems Services	No
R&T Catanese	Fruit and Vegies	No
HPV, Echuca Regional Health	General Hospital Supplies	Yes
Veolia	General Waste Collection	No
Cadell Traders, Natures Cargo	Groceries	No
Caterworx, Cateredge	Kitchen Appliances	No
Gouge Linen Service	Linen Supplies/Laundry services	No
Northern District Community Health	Meals On Wheels Service CP78-1	No
Cohuna Butchers	Meat	No
Arjo Huntleigh, HPV	Medical Equipment	Yes
Chemtronics - Bio chemicals, Device	Medical Equipment Electrical Safety Ck	No
Echuca Regional Health,	Office Equipment	No
HIPAC	Operating Room Tables	No
Austin Pathology	Pathology	Yes
Flick	Pest Control	No
Echuca Regional Health	Pharmacy Service	No
Reid Plumbing	Plumbing	Yes
Pro Radiology	Radiology	Yes

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Provider	Description of Services	Verified During Assessment
Kerang Refrigeration	Refrigeration Equipment	No
Ochre Health - Cohuna	V.M.O. Service	Yes
Architech	Phones	No
Air Master	Theatre / recovery air-conditioning units	No
EcoLab	Cleaning Materials	No
Rich River Physiotherapy	Physiotherapy	Yes
Peter O'Brien, Kerang Refrigeration	Air-conditioning - General	No
ALS WATER RESOURCES GROUP	Water testing	No
ARROWSMITH & GRANT	SERVICE & CALLIBRATION OF VACCINE FRIDGE	No
Arrowsmith & Grant	Calibration of vaccine fridge	Yes
Interact Learning	KINEO Online Learning Platform	No
Food Safety Acts	Food Safety External Audit	Yes
MePACS Peninsula Health	Licence & monitoring of duress alarms for DN & SSG staff offsite	No
Rauland Australia	Nurse Call Bell	No
Barwon Health	PROMPT License and support	No
FUJIFILM	XRAY equipment servicing	No

Cohuna District Hospital has reviewed these agreements for the listed services in the three years preceding this assessment.

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Standard 1 - Clinical Governance

Leaders of a health service organisation have a responsibility to the community for continuous improvement of the safety and quality of their services, and ensuring that they are person centred, safe and effective.

ACTION 1.01	
<p>The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation’s clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews reports and monitors the organisation’s progress on safety and quality performance</p>	
Comments	
<p>CDH have a skills-based Board of Directors who provide governance and set priority agendas and frameworks. At assessment time, the Strategic Plan was at the final stages of ratification after an extensive consultation process. Underpinning the Strategic Plan will be a revised Workforce Strategy, the Clinical Governance Framework, the Partnering with Consumers Framework, Medical By-Laws, and the Safety Culture Framework as the enabling frameworks.</p> <p>Agenda packs reflect good governance practices with key risks being identified and followed through to completion. Incidents, complaints and accompanying clinical metrics are discussed and actioned if required.</p>	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.02	
The governing body ensures that the organisation’s safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people	
Comments	
<p>CDH has placed a significant effort into ensuring that Aboriginal and Torres Strait Islander patients feel safe to identify themselves as First Nations. This rate has increased from 1.6% to 1.9% since 2016. To place this into perspective, the overall Victorian rate is 3.2%. Quality priorities have been set for Aboriginal and Torres Strait Islander patients. Incidents and complaints are discerned to ensure that First Nations patients are at no greater risk than the main population.</p> <p>The Blak Butterfly implementation plan is a key framework authored by a local Aboriginal person that states key indicators to be reported. It is a detailed and comprehensive framework.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.03	
The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	
Comments	
The Clinical Governance Framework is in place and contemporary and the quality systems confirm that the framework is being utilised to inform the quality and risk agenda.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.04	
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people	
Comments	
CDH had a previous Met with Recommendation regarding 1.04 that has now been addressed in full. Key Performance Indicators (KPIs) are in place and are being monitored and reported.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.05	
The health service organisation considers the safety and quality of health care for patients in its business decision-making	
Comments	
There is a Community Participation Committee which is a sub-committee of the Board where key business decisions are referred as applicable. Consumers interviewed provided examples of decisions that they have been requested to make. There were numerous decisions in respect to the new facility that was under construction at assessment time.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.06	
Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	
Comments	
Staff are supported to undertake their duties safely and utilising the quality management systems. At assessment time there had been a spike of medication incidents, notwithstanding their low severity rating, the incidents were all treated with a high level of concern and systems were reviewed and staff were fully engaged to work on solution-based outcomes.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.07		
The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of, policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements		
Comments		
There is a comprehensive suite of policies that are referenced to best practice, and where applicable, to the relevant legislation. If an incident / complaint review is identified as being required, staff refer to the source document (policy) to ascertain whether a component of the policy contributed to the error.		
At assessment time, it was identified that 18% of the policies were out of date. Whilst there is good governance in respect to policy ratification, there was little oversight of the overdue policies. A Met with Recommendation has been made to this effect.		
Suggestion(s) for Improvement		
It is suggested that when policies have exceeded their review time, that they are watermarked to flag with staff that the policy is under review or out of date, whichever is applicable.		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating & Comment
MWR	All	Comment: This pertains to (c) maintaining the currency of policies. At assessment time CDH stated that 18% of the policies were out of date and this was verified. Of these out of date policies, none had been watermarked to state that they were out of date. Whilst there is good governance

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		<p>when a policy is presented for ratification, what was not evident was the governance regarding out of date policies.</p> <p>Recommendation: Expand the policy framework and policy governance to include overdue policies.</p> <p>Risk Rating: Moderate</p>
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ACTION 1.08	
The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	
Comments	
There are a number of safety metrics collected, monitored and reported at the governance meetings. There is input from the consumers and the consumers reported being provided with this data and feeling safe to comment on any of the clinical data.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.09	
The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	
Comments	
Agenda packs sighted confirm that there are reports provided to the governance committees in a timely manner. The assessment team confirmed the reports being discussed at the relevant governance committees.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.10	
The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	
Comments	
There is a consolidated Risk Register in place that is in effect a 'living' risk register as it is a document that is constantly under review by the Board and the key governance committees. Examples of risks that have had recent reviews of their mitigation strategies were discussed and corresponding minutes confirm that this occurs. The risk register is available to the consumers who sit on the governance committees and is made available to the CDH staff so there is context to the suggested mitigation strategies that are reflected on the Quality Plan.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.11	
The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	
Comments	
CDH uses the mandated VHIMS (Victorian Health Incident Management System) incident management platform which is required for all Victorian Government funded health organisations. Staff have access to VHIMS and are supported to report incidents. Staff confirmed the same and were able to provide examples of improvements that occurred as a result of incident reporting. At assessment time, there had been a cluster of low risk stratified medication incidents that were being actively managed by the Nurse Unit Manager.	
CDH practices the intentions of Open Disclosure with all incidents and complaints. In addition, Victoria has the Statutory of Candour Act which CDH know when to enact, however since the implementation of the Act, it has not been required as there have been no incidents that have met the Act's requirements.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.12	
The health service organisation: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	
Comments	
The Open Disclosure Framework is consistent with the Australian Open Disclosure Framework. CDH take great pride in how they engage with their patients and are constantly seeking opportunities to improve the process.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.13	
The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	
Comments	
There is an open and transparent complaints and feedback system underpinned by the Charter of Healthcare Rights. As a small community where the staff are also part of the community, complaints management is undertaken well and in a sensitive manner. Each complaint is taken seriously and when identified, opportunities for improvement are implemented. The Community Advisory Committee could speak well and openly about the complaints and feedback system and were able to discuss improvements that had occurred.	
Rating	Applicable HSF IDs
Met	All

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ACTION 1.14	
The health service organisation has an organisation-wide complaints management system, and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	
Comments	
CDH has a preference to resolve complaints at the point of care. Patients / families and carers are engaged and accommodated if they have a complaint or feedback to provide. Two patients were interviewed, and despite reiterating that they had no complaints and only favourable feedback, they were able to confirm that they would feel comfortable knowing that their complaint would be treated with the utmost respect and followed through. Complaints are trended and themed and have good governance.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.15	
The health service organisation: a. Identifies the diversity of the consumers using its services b. Identifies groups of patients using its services who are at higher risk of harm c. Incorporates information on the diversity of its consumers and higher risk groups into the planning and delivery of care	
Comments	
CDH report that 1% of the population have been identified as coming from a diverse background. Amongst this diversity are First Nations peoples, Indian and Filipino peoples and a small cohort of GLBQTI+ (gay, lesbian, bisexual, queer, transgender, intersex) community. If a patient identifies as having a cultural, religious and / or lifestyle need, the staff accommodate this as best they can, given their resources. There have been no complaints of care that did not meet the diverse community's needs.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 1.16	
The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used	
Comments	
<p>CDH uses a paper based medical record that is systematically filed. Clinicians are provided with the medical record at the point of care. At the ward level, the medical record is stored in the secured nurses station, and on site there is a swipe card accessible room where the medical records are filed. The medical records room is spotless and is temperature and humidity controlled as there is a split system air conditioner, with the room also housing the onsite server.</p> <p>There are audits to address duplicate UR numbers which are reported to be frequent, and additional audits to address alias. The medical records clerk has a process to escalate non approved forms before filing these. Coding is undertaken by a third party provider.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.17	
The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	
Comments	
CDH comply with the requirements of MyHealth record. The General Practitioners (GPs) write a discharge summary on every patient, even if these patients will be returning to their care in the community.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 1.18	
The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	
Comments	
Compliance with Advisory AS18/11 occurs. As stated under 1.17, the GPs write a discharge summary on every patient under their care which is able to be uploaded into MyHealth record.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.19	
The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	
Comments	
Staff all receive an orientation. This was confirmed by members of the Board, staff employed by CDH and an agency nurse who had been appointed on a fixed term contract. Staff could confirm the contents of the orientation provided to them and in addition that it complemented their appointment.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 1.20		
The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce’s participation in training		
Comments		
<p>CDH offers an extensive suite of education, with many of the modules being mandated. Data presented to the assessment team confirmed varying levels of compliance, upon discernment of the data, it was ascertained that there were no clear definitions on what was captured to inform the data. A Met with Recommendation has been made to this effect.</p> <p>Mandatory training is otherwise informed by clinician registration requirements, CDH needs, i.e. risk management, clinical mandates and where there are national imperatives, for example, Open Disclosure. A suggestion has been made in respect to considering a skills matrix to inform which staff need to complete what training to complement their positions.</p>		
Suggestion(s) for Improvement		
Consider the introduction of a learning matrix that is commensurate with the staff member's appointment at CDH.		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Comment: This pertains to (d) monitoring the workforce's participation in training. At assessment time, mandatory training data was variable, when this was discerned by CDH it was ascertained that with a number of the modules that the numerator and denominator required amendment to accurately reflect the staff who were required to complete the module and their work location, i.e. residential care or the acute setting.</p> <p>Recommendation: Review the mandatory training numerator and denominator definitions to ensure that accurate compliance data.</p> <p>Risk Rating: Moderate</p>

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ACTION 1.21	
The health service organisation has strategies to improve the cultural awareness and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	
Comments	
Staff complete cultural awareness training that is sensitive to the needs of First Nations peoples.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.22	
The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	
Comments	
Despite the mixed opinions on the appropriateness and effectiveness of undertaking a performance review by external third parties, the staff at CDH have voluntarily chosen to undergo performance reviews and are using these sessions to reflect on their practices and to identify career opportunities. The assessment team were provided with very powerful examples of staff who had commenced in an 'assistant in nursing' type role and have progressed to be educated as Registered Nurses. Another Registered Nurse expressed interest in learning more about renal dialysis, and this Registered Nurse is now one of the clinicians in the renal dialysis unit.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 1.23	
The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practices to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	
Comments	
<p>The Director Medical Services oversees the credentialing and scope of practice at CDH. This process applies to the GPs, the Nurse Practitioners, the Midwives, and the Registered Nurses with advanced scopes of practice, for example, the RIPERN (Rural and Isolated Practice Registered Nurses) nurses who work in the Urgent Care Centre. Credentialling involves reconciling that the clinician is registered, scope of practice defines what the clinician can / cannot undertake. There is transparency, governance and visibility over this process. Whilst clinical outcomes are reviewed, it is suggested that triangulating clinical outcomes to variability will enhance this process. A suggestion will be made under 1.28.</p> <p>Staff report being supported to utilise new technology, a good example being the point of care testing for example, troponin levels.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 1.24	
The health service organisation: a. Conducts processes to ensure that clinicians are credentialed, where relevant b. Monitors and improves the effectiveness of the credentialing process	
Comments	
To be read in conjunction with 1.23. The credentialling meeting occurs on a quarterly basis and is underpinned by case reviews.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 1.25	
The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	
Comments	
CDH have recently undergone a project to review all their positions descriptions as it was identified that the former position descriptions did not meet contemporary requirements. As staff are having their performance reviews, the new format position descriptions are being provided to the staff. The staff uptake has been favourable and to date zero staff have had to escalate concerns regarding these. Staff's expectation as to their responsibilities to quality and risk are clearly stated.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.26	
The health service organisation provides supervision for clinicians to ensure that they can safely fulfil their designated roles, including access to after-hours advice, where appropriate	
Comments	
At assessment time, there were students on rotation at CDH, one was undergoing Registered Nurse training and another an Enrolled Nurse training. Each stated how well supported they felt and how they were being provided with opportunities to practice under the supervision of a CDH Registered Nurse.	
When CDH staff identify learning opportunities, these are discussed and accommodated by mutual consensus. An example has already been provided with one of the Registered Nurses being upskilled to practice in the dialysis unit.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 1.27	
The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	
Comments	
Policies, algorithms, and guidelines are referenced to best practice. There was evidence sighted that the Australian Commission on Safety and Quality in Health Care's clinical care standards were being used. At the Medical Meeting attended by the assessor, a case was discussed where the RIPERN nurse commenced a patient on the sepsis pathway until a definitive medical diagnosis was made. This patient was able to be cared for at CDH and had an excellent clinical outcome.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.28	
The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system	
Comments	
Clinical indicators are collected, reported and acted upon when opportunities for improvement are identified. This process was evident when reviewing agenda packs. There exists an opportunity to consider evaluating the data at a clinician level to better identify variation in practice. This may include clinical outcomes or antibiotic prescribing.	
Suggestion(s) for Improvement	
It is suggested that opportunities to assess clinical variation be explored and be used to enhance the credentialling and scope of practice system.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 1.29	
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose	
Comments	
As stated throughout the report, CDH is undergoing a rebuild of a brand new facility on the existing site. Notwithstanding this, the current building is well maintained, spotlessly clean and has preventative maintenance undertaken of the building and its surrounds. In fact, recent feedback from a patient's family member suggested that the immediate area where the disabled parking is located, had an uneven surface and this was immediately levelled, and the risk was removed. All the medical equipment sighted was in service date, and there is a system to tag faulty equipment and take this out of service.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.30	
The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required	
Comments	
<p>The Urgent Care Centre has been identified as an area where there is the greatest risk of unpredictable behaviour. At assessment time, the assessor attended the OHS meeting and this risk had been identified and it was pleasing that the concern was being taken seriously and that the waiting / reception area was being discussed and being made safer.</p> <p>The ward area has a number of single rooms and patients are placed according to their clinical needs; this includes providing a single room for patients who are experiencing agitation and / or anxiety that can be managed safely at CDH.</p> <p>There are no security officers on site, there are however CCTVs, the ability to lock down the facility and swipe card secured areas for the staff, for example, the nurse's station. CDH maintains a working relationship with Victoria Police.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 1.31	
The health service organisation facilitates access to services and facilities by using signage and directions that are clear and fit for purpose	
Comments	
The campus is small and very intuitive with its flow, notwithstanding the signage is clear. There is external signage to direct the public to the residential care wing and to the acute wing. The internal signage directs patients to the Urgent Care Centre and to the inpatient ward area.	
Rating	Applicable HSF IDs
Met	All

ACTION 1.32	
The health service organisation admitting patients overnight has processes that allow flexible visiting arrangements to meet patients' needs, when it is safe to do so	
Comments	
One of the many strengths that CDH has is its links with the community. Flexible visiting hours are accommodated and evaluated with the patient's needs in mind and staff safety considerations as there is no security on site.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 1.33	
The health service organisation demonstrates a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	
Comments	
The number of patients who identify as First Nations is low. Of these, the number who have identified requiring cultural assistance is reported to be zero. There is an Aboriginal flag flying outside, and there is art work donated by a former First Nations patient on display.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 2 - Partnering with Consumers

Leaders of a health service organisation develop, implement and maintain systems to partner with consumers. These partnerships relate to the planning, design, delivery, measurement and evaluation of care. The workforce uses these systems to partner with consumers.

ACTION 2.01		
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers b. Managing risks associated with partnering with consumers c. Identifying training requirements for partnering with consumers		
Comments		
Patients / consumers are integrated at all levels of the CDH governance systems. The consumers have full voting rights on committees where they have membership. The Terms of Reference confirm this. At assessment time, two consumers were interviewed and there was a gap identified in respect to specific training and / or networking opportunities know by the consumers to be able to access. This has been identified as a gap and will be subject to a Met with Recommendation.		
Rating	Applicable HSF IDs	Recommendation(s) / Risk Rating & Comment
MWR	All	<p>Comment: This pertains to (c) that addresses the identification of training requirements for partnering with consumers. Consumers stated that they do not access education beyond the CDH mandated training. Consumers should be made aware of networking opportunities, and access external education as appropriate and as required.</p> <p>Recommendation: Consumers to be made aware, have access to, and take up external networking and educational opportunities.</p> <p>Risk Rating: Moderate</p>

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 2.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring processes for partnering with consumers b. Implementing strategies to improve processes for partnering with consumers c. Reporting on partnering with consumers	
Comments	
CDH has enshrined the concept of partnering with consumers into each area of their organisation. The CARE acronym (Care Accountability Respect Equality) underpins all Terms of Reference, templates and email signature blocks to ensure that this transcends everything that CDH undertakes. CDH is required to participate in VHES (Victorian Health Experience Survey), however, given the low numbers, the VHES analytics cannot confirm a satisfactory confidence interval to allow CDH to utilise the data in a meaningful manner, so they have engaged Care Opinion which is able to provide data for the low numbers of patients who quality for this survey. This data has been used to assist with informing the revision of the Strategic Plan.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.03	
The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	
Comments	
The Charter of Healthcare Rights is visible throughout the campus. Patients interviewed could confirm knowing about these.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 2.04	
The health service organisation ensures that its informed consent processes comply with legislation and best practice	
Comments	
Consent is required for blood transfusions, renal dialysis, iron infusions and IVIG infusions. The assessors confirmed in real time valid consents for patients undergoing a blood transfusion and renal dialysis.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.05	
The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	
Comments	
Patients are assessed for cognition on admission, and this then informs a comprehensive care plan. If at this time it is identified that the patient lacks capacity, a substitute decision maker is confirmed and validated. There is documentation in the medical record noted to confirm this process.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.06	
The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals, and make decisions about their current and future care	
Comments	
CDH works with their patients / families / carers to make decisions. The assessment team sighted this in action. As stated under Standard 6, care planning is undertaken with the patient and their families and / or carers as appropriate and as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 2.07	
The health service organisation supports the workforce to form partnerships with patients and carers so that patients can be actively involved in their own care	
Comments	
To be read in conjunction with 2.06. Patients are included in their care as appropriate and as their cognitive state allows. Nurses were sighted explaining medications to the patients in simple words, so the patients knew in basic terms what the medication was for.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.08	
The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	
Comments	
CDH has very few occasions to utilise communication strategies for their patients, notwithstanding, if a patient was to require assistance with communication, there is access to the online interpreter services that the staff are aware of.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.09	
Where information for patients, carers, families and consumers about health and health services is developed internally, the organisation involves consumers in its development and review	
Comments	
The consumers interviewed could confirm that they review all CDH authored patient facing information and could provide examples of when they requested word changes.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 2.10	
The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	
Comments	
CDH staff interactions with their patients was sighted and despite the patients each speaking English as their first language, the dialogue was in lay words and was communicated respectfully.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.11	
The health service organisation: a. Involves consumers in partnerships in the governance of, and to design, measure and evaluate, health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	
Comments	
As stated throughout this report, there is a brand new hospital and residential care facility being built. This has entailed extensive consumer and community consultation. As a community-based facility, engaging the community into the new build is critical.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 2.12	
The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	
Comments	
The consumers confirmed having participated in an orientation program and being included in mandatory training. The consumers reported having been supported to understand the reports and the clinical metrics. and therefore, to enable them to make decisions.	
Rating	Applicable HSF IDs
Met	All

ACTION 2.13	
The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
Comments	
CDH works closely with the local Aboriginal communities, including working with them as the hospital sits on a number of First Nations countries. It was reassuring to read that there has been an increase in the rate of self-identification of the Aboriginal patients.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 2.14	
The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	
Comments	
CDH gleans opportunities from a number of platforms, including the Cohuna Women's Auxiliary, and the Care Opinion surveys as formal platforms. In addition, the anecdote from the community via informal discussions is another means where CDH obtains information on how to incorporate the consumer views into education.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 3 - Preventing and Controlling Healthcare-Associated Infection

Leaders of a health service organisation describe, implement and monitor systems to prevent, manage or control healthcare-associated infections and antimicrobial resistance, to reduce harm and achieve good health outcomes for patients. The workforce uses these systems.

ACTION 3.01	
<p>The workforce uses the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for infection prevention and control b. Identifying and managing risks associated with infections c. Implementing policies and procedures for antimicrobial stewardship d. Identifying and managing antimicrobial stewardship risks</p>	
Comments	
<p>The assessor reviewed the infection control documents, which are consistent with the safety and quality systems outlined in the Clinical Governance Standards. This included the Cohuna District Hospital (CDH) Clinical Governance Framework, which incorporates infection control, as well as the overarching Infection Prevention and Control Policy.</p> <p>An Infection Control and Prevention Committee, which meets bimonthly and is multidisciplinary in composition, oversees these matters. An Infection Control and Prevention Plan underpins risk management, training, monitoring, and reporting processes. Antimicrobial stewardship (AMS) is monitored by the Medication Safety Committee, with clear links to the Infection Control and Prevention Committee.</p> <p>When meeting with staff, the assessor confirmed that they were able to describe how infection control-related policies and procedures are operationalised, how associated risks are managed, and the training provided in both infection control and AMS.</p> <p>There have been no recent reports of hospital-acquired infections. A Pandemic Plan is also in place.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.02	
<p>The health service organisation: a. Establishes multidisciplinary teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. Identifies requirements for, and provides the workforce with, access to training to prevent and control infections c. Has processes to ensure that the workforce has the capacity, skills and access to equipment to implement systems to prevent and control infections d. Establishes multidisciplinary teams, or processes, to promote effective antimicrobial stewardship e. Identifies requirements for, and provides access to, training to support the workforce to conduct antimicrobial stewardship activities f. Has processes to ensure that the workforce has the capacity and skills to implement antimicrobial stewardship g. Plans for public health and pandemic risks</p>	
Comments	
<p>At CDH, the Infection Prevention and Control Committee has multidisciplinary membership and Terms of Reference available via the PROMPT document control system. The Terms of Reference clearly describe the Committee’s responsibilities for monitoring and improving infection prevention, as well as the effectiveness of the surveillance system and workforce training. Bimonthly reporting to the Infection Prevention and Control Committee occurs, covering all components of infection prevention and control. The Board also receives regular infection prevention and control reports. CDH is aware of its capabilities as a small rural hospital and has escalation processes in place for infections it cannot manage (noting that there are no negative pressure rooms).</p> <p>Staff and medical staff have access to an Infectious Diseases Physician at Bendigo Health Services. They also have access to policies, training, and equipment to implement systems for infection prevention and control, including antimicrobial stewardship.</p> <p>The staff handbook includes information on Infection Prevention and Control and AMS. In addition, the electronic online learning system, Kineo, provides modules on infection prevention and control and AMS training.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.03	
<p>The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of infection prevention and control systems b. Implementing strategies to improve infection prevention and control systems c. Reporting to the governance body, the workforce, patients and other relevant groups on the performance of infection prevention and control systems d. Monitoring the effectiveness of the antimicrobial stewardship program e. Implementing strategies to improve antimicrobial stewardship outcomes f. Reporting to the governance body, the workforce, patients and other relevant groups on antimicrobial stewardship outcomes g. Supporting and monitoring the safe and sustainable use of infection prevention and control resources</p>	
Comments	
<p>CDH has a comprehensive schedule of auditing for infection prevention and control systems that includes:</p> <ul style="list-style-type: none"> • Compliance with Implementation of Standard Precautions • Compliance with Implementation of Transmission-Based Precautions • Compliance with Healthcare-Associated Infection Surveillance • Compliance with the Use and Management of Invasive Devices: Intravascular Devices - July 2025 result at 91.3% • Sharps, Curtains and Alcohol-based Handrubs Audit • Storage of sterile Stock • Laundry Practices. <p>CDH report data to VICNISS - Healthcare Associated Infection Surveillance Coordinating Centre (VICNISS). Audit results are provided to individual units, and aggregate data is provided through the governance structure to the Board of Directors. Infection control and prevention and antimicrobial stewardship are discussed at relevant committee meetings and strategies are documented to improve performance where gaps are identified. At CDH this recently has included education to staff on how to set up Personal Protective Equipment and room set ups, and the kitchen and cleaning staff on how the deliver meals and cleaning processes.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 3.04	
Clinicians use organisational processes consistent with the Partnering with Consumers Standard when assessing risks and preventing and managing infections, and implementing the antimicrobial stewardship program to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
Discussions held with patients and staff at CDH demonstrated to the assessor that both groups are aware of the actions taken to involve and inform them about infection prevention and control and AMS measures. Information regarding infection prevention and control is obtained from the Clinicians Health Channel for patient, carer and family use in a format that is easily understood. Health record documentation shows evidence of patient discussions about treatment decisions. A risk assessment is completed on admission with consumers to obtain a history of previous infection or current infection risks. As required on discharge, patients receive information on antibiotics.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.05	
The health service organisation has a surveillance strategy for infections, infection risk, and antimicrobial use and prescribing that: a. Incorporates national and jurisdictional information in a timely manner b. Collects data on healthcare-associated and other infections relevant to the size and scope of the organisation c. Monitors, assesses and uses surveillance data to reduce the risks associated with infections d. Reports surveillance data on infections to the workforce, the governing body, consumers and other relevant groups e. Collects data on the volume and appropriateness of antimicrobial use relevant to the size and scope of the organisation f. Monitors, assesses and uses surveillance data to support appropriate antimicrobial prescribing g. Monitors responsiveness to risks identified through surveillance h. Reports surveillance data on the volume and appropriateness of antimicrobial use to the workforce, the governing body, consumers and other relevant groups	
Comments	
CDH monitors and collects data on healthcare related infections and antimicrobial use as well as broader infection control surveillance data. Data is reported to VICNISS including MRO, VRE, C. diff and blood stream infections. Data is submitted to Hand Hygiene Australia. Data is submitted to National Antimicrobial Prescribing Survey (NAPS). Reports on healthcare related infections and antimicrobial use are provided to clinicians and reported through the infection control and prevention committee to the various units, Board of Directors and medical staff. Current data supports the effectiveness of the CDH strategies with, for example, no line associated infections.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 3.06	
The health service organisation has processes to apply standard and transmission-based precautions that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare, jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws	
Comments	
The CDH infection prevention and control policies and procedures are current and consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare for standard and transmission-based precautions. The assessors noted that signage and other resources were consistent with the Australian Guidelines for the Prevention and Control of Infection in Healthcare. The staff complete training via the Kineo online learning system on standard and transmission-based precautions. There is annual training in PPE donning and doffing and N95 mask fit testing.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.07	
The health service organisation has: a. Collaborative and consultative processes for the assessment and communication of infection risks to patients and the workforce b. Infection prevention and control systems, in conjunction with the hierarchy of controls, in place to reduce transmission of infections so far as is reasonably practicable c. Processes for the use, training, testing and fitting of personal protective equipment by the workforce d. Processes to monitor and respond to changes in scientific and technical knowledge about infections, relevant national or jurisdictional guidance, policy and legislation e. Processes to audit compliance with standard and transmission-based precautions f. Processes to assess competence of the workforce in appropriate use of standard and transmission-based precautions g. Processes to improve compliance with standard and transmission-based precautions	
Comments	
At CDH, to minimise the transmission of infection both within and external to CDH, known risks are communicated to both staff, patients and the wider community. The infection control and prevention systems, including the use of PPE and transition-based precautions, are implemented as required and are closely monitored to ensure compliance and to reduce the risk of spread. CDH has competency-based assessments to minimise the risk of infection transmission. CDH works within both national and Victorian legislation, policy and guidance to enable rapid action to address emerging threats and novel infections. Handover, transfer of care and discharge processes include the requirement for documentation and communication of infectious status. Brochures, posters, and internet site information are utilised to advise patients, carers and visitors on infection control and management processes in place.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.08	
<p>Members of the workforce apply standard precautions and transmission-based precautions whenever required, and consider: a. Patients' risks, which are evaluated at referral, on admission or on presentation for care, and re-evaluated during care b. Whether a patient has a communicable disease, or an existing or a pre-existing colonisation or infection with organisms of local or national significance c. Accommodation needs and patient placement to prevent and manage infection risks d. The risks to the wellbeing of patients in isolation e. Environmental control measures to reduce risk, including but not limited to heating, ventilation and water systems; work flow design; facility design; surface finishes f. Precautions required when a patient is moved within the facility or between external services g. The need for additional environmental cleaning or disinfection processes and resources h. The type of procedure being performed i. Equipment required for routine care</p>	
Comments	
<p>CDH have procedures available for implementing standard and transmission-based precautions and all staff (including non-clinical staff) are provided with education appropriate to their role within the workforce. Staff were able to confirm their understanding of these measures and where required, risk screening procedures. Processes are utilised to effectively manage infection risks, control, and manage the environment to minimise transmission. Environmental management and cleaning practices are consistent with policy. For example, processes and systems have been put in place to protect the environment during the current building works.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 3.09	
<p>The health service organisation has processes to: a. Review data on and respond to infections in the community that may impact patients and the workforce b. Communicate details of a patient's infectious status during an episode of care, and at transitions of care c. Provide relevant information to a patient, their family and carers about their infectious status, infection risks and the nature and duration of precautions to minimise the spread of infection</p>	
Comments	
<p>At CDH, there are systems and processes in place to support information related about a patient's infectious status being communicated to all staff, and this is included at all transfer of care / handover points. Signage is clearly and prominently displayed to educate and instruct both the workforce and patients, carers, families, and visitors of necessary precautions. Compliance is monitored and action taken when required. Staff assist with training of visitors as needed when PPE is required.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.10	
The health service organisation has a hand hygiene program that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the current National Hand Hygiene Initiative, and jurisdictional requirements b. Addresses noncompliance or inconsistency with benchmarks and the current National Hand Hygiene Initiative c. Provides timely reports on the results of hand hygiene compliance audits, and action in response to audits, to the workforce, the governing body, consumers and other relevant groups d. Uses the results of audits to improve hand hygiene compliance	
Comments	
The hand hygiene program at CDH is consistent with the current National Hand Hygiene initiative and the Victorian jurisdictional requirements. CDH has a trained hand hygiene auditor who undertakes annual validation to ensure consistent and reliable reporting. CDH recognise the need to train a second auditor. Regular compliance and observational audits are undertaken and provided to staff and through the governance structure to the Board of Directors. Current overall compliance rates are 88.2%. Hand hygiene products are conveniently located throughout the health service.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.11	
The health service organisation has processes for aseptic technique that: a. Identify the procedures in which aseptic technique applies b. Assess the competence of the workforce in performing aseptic technique c. Provide training to address gaps in competency d. Monitor compliance with the organisation’s policies on aseptic technique	
Comments	
CDH has procedures and processes in place for aseptic technique for all clinical staff. Designated staff are provided with education via the online training program and complete a competency. Aseptic technique online: 81% Aseptic technique practical: 76% Audit results indicate excellent compliance, for example, the invasive devices audit in July 2025 was 91.3% compliant.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.12	
The health service organisation has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare	
Comments	
CDH has processes in place for the management of invasive medical devices to align with best practice minimising harm to patients. Invasive medical devices infection rates are monitored, reviewed, and reported at the Infection Control and Prevention Committee. The emphasis is on quality improvement with additional training for invasive devices and aseptic technique in response to clinical incidents. Associated infection rates are monitored and reported. Line associated infection is noted to be zero.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.13	
The health service organisation has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare and jurisdictional requirements – to: a. Respond to environmental risks, including novel infections b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods, consistent with manufacturers’ instructions for use and recommended frequencies c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections d. Audit the effectiveness of cleaning practice and compliance with its environmental cleaning policy e. Use the results of audits to improve environmental cleaning processes and compliance with policy	
Comments	
The cleaning practices at CDH are consistent with best practice policies and procedures aligning with current Australian Guidelines for the Prevention and Control of Infection in Healthcare. The assessor team observed a clean environment, noteworthy especially given the challenges of building works. Cleaning products all have material data safety sheets available. CDH meets the requirements of the fact sheet ‘Action 3.13: Clean and Safe Environment’. Cleaning standards are consistently at or above benchmark targets. If not, an action plan is developed to address identified issues. 100% of the workforce have recently completed updated training on cleaning processes for routine, outbreak situations and novel infections. CDH utilises the Regional Infection Control Practice Group (RICPRAC) cleaning audits.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.14	
<p>The health service organisation has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the organisation b. Clinical and non-clinical areas, and workplace amenity areas c. Maintenance, repair and upgrade of buildings, equipment, furnishings and fittings d. Handling, transporting and storing linen e. Novel infections, and risks identified as part of a public health response or pandemic planning</p>	
Comments	
<p>CDH has infection control processes, policies, and procedures to respond to infection risks for equipment, devices, products, buildings, and linen that is responsive to novel infections risks and pandemic planning. Processes are in place to support that new products are reviewed and assessed for infection related risk. Maintenance is both scheduled and responsive, ensuring a safe environment.</p> <p>Linen is stored in a room that is only used for linen. In the ward areas, linen is stored on a trolley that is covered to prevent contamination. Soiled linen is placed in designated leak proof linen bags and stored in a locked area. There is a contracted laundry service.</p> <p>Bedside curtains meet requirements from an infection control perspective with all expiry dates on disposable curtains</p>	
Suggestion(s) for Improvement	
<p>CDH to give consideration to monitoring the temperature of the sterile stock storage area. While the room has a split system air conditioning unit, plus a thermometer in the room, it is recommended to consider twice a day monitoring of the temperature to ensure compliance.</p> <p>CDH to give consideration to management of the patient fridges in the ward areas. This would include assessing the need for the patient fridges, and if maintained, putting a system and process in place to monitor fridge temperatures when patient food is stored in them.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.15	
The health service organisation has a risk-based workforce vaccine preventable diseases screening and immunisation policy and program that: a. Is consistent with the current edition of the Australian Immunisation Handbook b. Is consistent with jurisdictional requirements for vaccine preventable diseases c. Addresses specific risks to the workforce, consumers and patients	
Comments	
CDH has a 'Workforce Immunisation' policy that guides a risk-based workforce vaccine-preventable disease screening and immunisation program. Immunisation status is captured during the recruitment process. There is an annual influenza vaccination program, with 100% of staff vaccinated for influenza following the recent 2025 program.	
Rating	Applicable HSF IDs
Met	All

ACTION 3.16	
The health service organisation has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health and safety regulation and the current edition of the Australian Guidelines for the Prevention and Control of Infection in Healthcare b. Align with state and territory public health requirements for workforce screening and exclusion periods c. Manage risks to the workforce, patients and consumers, including for novel infections d. Promote non-attendance at work and avoiding visiting or volunteering when infection is suspected or actual e. Monitor and manage the movement of staff between clinical areas, care settings, amenity areas and health service organisations f. Manage and support members of the workforce who are required to isolate and quarantine following exposure to or acquisition of an infection g. Provide for outbreak monitoring, investigation and management h. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events in which there is increased risk of transmission of infection	
Comments	
CDH has current risk- based processes in place that are consistent with Victorian regulations to prevent and manage infections within the workforce. Policies are provided and readily available, as verified though staff interviews, consistent with workforce screening. A well-documented approach to outbreak and pandemic management is in place and communicated to staff as required.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.17		
<p>When reusable equipment and devices are used, the health service organisation has: a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines b. A traceability process for critical and semi-critical equipment, instruments and devices that is capable of identifying • the patient • the procedure • the reusable equipment, instruments and devices that were used for the procedure c. Processes to plan and manage reprocessing requirements, and additional controls for novel and emerging infections.</p>		
Comments		
<p>The assessment team confirm that 3.17 is Not Applicable. This will, however, be applicable once the new facility is commissioned as there will be a theatre / procedure room and CSSD.</p>		
Rating	Applicable HSF IDs	
NA	All	<p>NA Comment: There is no reprocessing undertaken at CDH. At assessment time, the CSSD had been closed with no operative procedures, nor endoscopies being undertaken. All instruments used are once only as confirmed by the assessment team and these are limited to dressings and removal of sutures. As a contingency, if there is a requirement to undertake reprocessing, a contract was sighted with a nearby facility that could undertake reprocessing for CDH. Given that the physical operating theatre and CSSD have been decommissioned awaiting the completion of the new facility, the assessors were unable to assess 3.17.</p> <p>As a theatre and CSSD have been approved for the new building, a subsequent Organisation Wide Assessment when the theatre is operational will require the intentions of 3.17 to be in place.</p> <p>Verified During Assessment: Yes Complies with AS 18/01: Yes</p>

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.18	
<p>The health service organisation has an antimicrobial stewardship program that: a. Includes an antimicrobial stewardship policy b. Provides access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing c. Has an antimicrobial formulary that is informed by current evidence based Australian therapeutic guidelines and resources, and includes restriction rules and approval processes d. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard e. Acts on the results of antimicrobial use and appropriateness audits to promote continuous quality improvement</p>	
Comments	
<p>CDH has an antimicrobial stewardship program that is guided by evidence-based policy, (Infection Prevention – Antimicrobial Prescribing Policy and Procedure, including a traffic light system for protected antimicrobials) with particular reference to antimicrobial prescribing processes, management of antimicrobial formulary and restrictions, use of evidence-based therapy and access to expert clinical advice.</p> <p>The Medication Management Committee is the peak governance body for overseeing the AMS program within CDH. CDH has access to an Infectious Diseases Physician, a clinical microbiologist and AMS Pharmacist based at Echuca Health Services via a contractual arrangement. Regular training/orientation and in-service is provided to staff on AMS. Staff have access to the Australian therapeutic guidelines and resources on antimicrobial prescribing.</p> <p>CDH has conducted a Gap Analysis of the Antimicrobial Stewardship Clinical Care Standard and complies with the requirements of Advisory 18/08 and ACSQHC Fact Sheet 11 (3.15d).</p> <p>CDH participate in the National Antimicrobial Prescribing Survey (NAPS).</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 3.19	
<p>The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation’s performance over time for use and appropriateness of use of antimicrobials</p>	
Comments	
<p>CDH has participated in the National Antimicrobial Prescribing Surveys (NAPS) and have recently moved to the QI NAPS to gain more meaningful data. The survey results and the review of antimicrobial prescribing assists with the evaluation and performance monitoring via the Medication Management and Infection Prevention and Control Committees that are multidisciplinary.</p> <p>Interviews with clinicians demonstrated that the clinicians were able to describe the processes in place to evaluate antimicrobial use and how Infections Diseases Physicians are utilised in the ordering of high-risk antimicrobials. The AMS Pharmacist conducts reviews when on-site. The requirements of the Advisory AS18/08 have been met.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 4 - Medication Safety

Leaders of a health service organisation describe, implement and monitor systems to reduce the occurrence of medication incidents, and improve the safety and quality of medication use. The workforce uses these systems.

ACTION 4.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management	
Comments	
<p>Cohuna District Hospital (CDH) has an organisation wide Medication Management Policy and a Medication Safety Committee that is a multidisciplinary committee. The committee provides reports to the Board of Directors and the Clinical Managers meeting. There is mandatory training in place for staff that covers:</p> <ul style="list-style-type: none"> • Medication Calculations – 84% • Safe Medication Management – 87% • APINCH Module • Best Medication History • National Inpatient Medication Chart (NIMC) training. <p>Medication risks are identified and managed, for example, with staff understanding of Antimicrobial Stewardship.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
Comments	
<p>The effectiveness of the medication management system is monitored through the incident reporting system and auditing. A suite of medication safety audits is conducted:</p> <ul style="list-style-type: none"> • Medication Labelling Audit • Medication Chart Audit • Clinical Fridge Audit <p>The results are reported to the Medication Safety Committee. Audits of the National Inpatient Medication Chart (NIMC) are conducted. Reports are provided to the Board of Directors and the Clinical staff via Clinical Managers Meetings.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 4.03	
Clinicians use organisational processes from the Partnering with Consumers Standard in medication management to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
Comments	
<p>CDH have processes in place to involve the patient in their care by providing appropriate information about medications and treatments, fostering shared decision-making. Patients indicated that medication management was discussed with them, and they felt involved in the process and that they were able to understand the information provided. There are multidisciplinary family meetings for complex discharges. CDH utilise Consumer Medication Information (CMI).</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.04	
The health service organisation has processes to define and verify the scope of clinical practice for prescribing, dispensing and administering medicines for relevant clinicians	
Comments	
CDH has processes to define and verify the scope of clinical practice for prescribing, dispensing, and administering medicines for relevant clinicians. There is a credentialling verification process that is conducted. Medication safety policies and procedures describe the process and the responsibility for each practitioner.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.05	
Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care	
Comments	
CDH nursing staff receive education on conducting a best practice medication history (BPMH). The BPMH is undertaken as soon as practicable and documented in the clinical record. An audit conducted in August 2025 demonstrated that BPMH documentation was 100% compliant.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.06	
Clinicians review a patient's current medication orders against their best possible medication history and the documented treatment plan, and reconcile any discrepancies on presentation and at transitions of care	
Comments	
Interviews were conducted with staff at CDH, documentation and observations were reviewed and made by the assessor confirmed that current medications are reviewed for accuracy and congruence with the best possible medication history on presentation and at transition points. The Pharmacist visits CDH and is available for consultations as required.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.07	
The health service organisation has processes for documenting a patient's history of medicine allergies and adverse drug reactions in the healthcare record on presentation	
Comments	
The process for identifying and documenting medication allergies and adverse drug reactions at CDH is well defined and monitored. Charts reviewed by the assessor confirmed their consistent use. Compliance with documenting medication related alerts in June 2025 was 100%, and in August 2025 it was 90%.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.08	
The health service organisation has processes for documenting adverse drug reactions experienced by patients during an episode of care in the healthcare record and in the organisation-wide incident reporting system	
Comments	
CDH has a process in place for reporting adverse drug reactions through the Victorian Incident Management System (VHIMS) and CDH demonstrated a strong culture of reporting incidents and near misses.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.09	
The health service organisation has processes for reporting adverse drug reactions experienced by patients to the Therapeutic Goods Administration, in accordance with its requirements	
Comments	
There is process in place at CDH, and staff were able to explain the process of reporting incidents to the Therapeutic Goods Administration (TGA). The Medication Safety Committee monitor medication related incidents.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.10	
The health service organisation has processes: a. To perform medication reviews for patients, in line with evidence and best practice b. To prioritise medication reviews, based on a patient’s clinical needs and minimising the risk of medication-related problems c. That specify the requirements for documentation of medication reviews, including actions taken as a result	
Comments	
At CDH, a small rural facility, there are process for indicating the need for a medication review, and is evidence bases and based on risk and clinical need. The nursing staff and pharmacist were able to describe this process, how it is documented and how action taken in response to the review are followed through. As required, the Pharmacist will conduct education sessions further to the mandatory education.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.11	
The health service organisation has processes to support clinicians to provide patients with information about their individual medicines needs and risks	
Comments	
CDH utilise the Consumer Medicine Information (CMI) for specific medications and is available to clinicians. Patients reported being able to understand the information that was provided to them about their medication and staff were able to explain shared decision-making.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.12	
The health service organisation has processes to: a. Generate a current medicines list and the reasons for any changes b. Distribute the current medicines list to receiving clinicians at transitions of care c. Provide patients on discharge with a current medicines list and the reasons for any changes	
Comments	
Staff interviews and documentation reviews at CDH confirmed that a list of current medications can be produced whenever a patient is discharged or transferred. This documentation includes a current medication list and the reasons for any changes. A medication list is provided to patients and their GP on discharge. This information is uploaded into 'My Health Record'.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.13	
The health service organisation ensures that information and decision support tools for medicines are available to clinicians	
Comments	
CDH have a variety of tools and information to support decision making regarding medicines for the clinicians. For example, information on APINCH - classify and identify high-risk medicines that carry a high potential for causing patient harm. There is red highlighting behind the medication label to identify these drugs in the storage and impress areas. There is access to online MIMS, and Consumer Medication Information (CMI) for example. There is an anaphylaxis action plan and education in place.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 4.14	
The health service organisation complies with manufacturers' directions, legislation, and jurisdictional requirements for the: a. Safe and secure storage and distribution of medicines b. Storage of temperature-sensitive medicines and cold chain management c. Disposal of unused, unwanted or expired medicines	
Comments	
CDH monitors compliance with manufacturer's directions, legislation and Victorian requirements for the safe and secure storage (including cold chain management), distribution, and disposal of medications (utilise the orange lid Daniels containers for disposal). All medication fridges have the temperature monitored and there is a process managed by the nursing staff if alarms are activated. All medications are rotated by expiry date; this includes rotating stock back to Echuca Health Service. There is a courier system from Echuca Health Service and from suppliers that closely monitors the arrival and recording of stock. The Medication Safety Committee manages the formulary.	
Suggestion(s) for Improvement	
CDH consider updating the Nitrous Oxide and Oxygen policy to reflect the storage requirements for the Nitrous Oxide and Oxygen and prescribing of Nitrous Oxide as a S4 drug.	
Rating	Applicable HSF IDs
Met	All

ACTION 4.15	
The health service organisation: a. Identifies high-risk medicines used within the organisation b. Has a system to store, prescribe, dispense and administer high-risk medicines safely	
Comments	
CDH staff interviews and observations, confirmed that high risk medications (APINCH - classify and identify high-risk medicines that carry a high potential for causing patient harm) are clearly identified, and that there is an appropriate management system in place for the storage, dispensing, and administration of those medications.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 5 - Comprehensive Care

Leaders of a health service organisation set up and maintain systems and processes to support clinicians to deliver comprehensive care. They also set up and maintain systems to prevent and manage specific risks of harm to patients during the delivery of health care. The workforce uses the systems to deliver comprehensive care and manage risk.

ACTION 5.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for comprehensive care b. Managing risks associated with comprehensive care c. Identifying training requirements to deliver comprehensive care	
Comments	
<p>There is an overarching Clinical Governance Framework and Clinical Governance Policy at Cohuna District Hospital (CDH) that monitor the Comprehensive Care Policy. A multidisciplinary Comprehensive Care Committee meets quarterly or via email as required. Each month, a comprehensive care report is provided to the Clinical Managers and the Board of Directors. This process supports clinicians in the assessment and delivery of safe and appropriate comprehensive care.</p> <p>The assessor's observations and the documentation provided demonstrated that processes are in place for implementing policies, managing risk, and identifying training requirements to deliver care. Education and training are provided through a range of mechanisms, including orientation, online modules, and in-service sessions. Training rates are monitored.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the delivery of comprehensive care b. Implementing strategies to improve the outcomes from comprehensive care and associated processes c. Reporting on delivery of comprehensive care	
Comments	
<p>Comprehensive care at CDH is monitored through audits:</p> <ul style="list-style-type: none"> • Preventing and Managing Pressure Injuries Audit • Preventing and Managing Harm from Falls Audit • Comprehensive Care Planning Audit • Preventing Delirium and Managing Cognitive Impairment Audit • Inpatient Daily Care Analysis Audit • Incident reports, patient feedback, and other methods to identify areas for improvement. <p>It was evident that CDH has recently completed improvement projects around preventing delirium and managing cognitive impairment and mental health. Reporting on comprehensive care deliver is done through the governance structure.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.03	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing comprehensive care to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
Comments	
The assessor was able to verify that clinicians work with patients to understand their preferences and treatment goals which are then aligned to care planning. Patients are actively involved in their own care through clinical handover, family meetings and interactions with clinicians about their care, with some good examples of shared decision making. Patients reported through feedback mechanisms that they feel engaged in and informed about their care.	
Suggestion(s) for Improvement	
CDH to consider undertaking a review of patient bedside boards to evaluate their effectiveness, utilisation, and contribution to patient care and communication.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.04	
The health service organisation has systems for comprehensive care that: a. Support clinicians to develop, document and communicate comprehensive plans for patients’ care and treatment b. Provide care to patients in the setting that best meets their clinical needs c. Ensure timely referral of patients with specialist healthcare needs to relevant services d. Identify, at all times, the clinician with overall accountability for a patient’s care	
Comments	
A range of policies, procedures, assessment tools, and communication processes, such as multidisciplinary team meetings (as required), are in place at CDH. These support clinicians to develop, document, and communicate comprehensive plans for patients’ care and treatment.	
CDH endeavours to provide care in the setting that best meets each patient’s clinical needs. General Practitioners (GPs) are employed by CDH for hospital care, and in most cases, the patient’s own GP provides their care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.05	
The health service organisation has processes to: a. Support multidisciplinary collaboration and teamwork b. Define the roles and responsibilities of each clinician working in a team	
Comments	
CDH has access to a physiotherapist on Tuesdays and Thursdays, with an additional day scheduled to commence in 2026. Other allied health services are accessed via referral through private arrangements.	
Multidisciplinary team meetings are conducted according to patients' requirements. Staff from all professional groups and disciplines were able to clearly articulate how multidisciplinary care functions across CDH.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.06	
Clinicians work collaboratively to plan and deliver comprehensive care	
Comments	
The assessor observed clinicians working collaboratively to plan and deliver comprehensive care at CDH. This was supported by clinical documentation and by observation of multidisciplinary meetings, which confirmed this practice. Patients reported that staff involved them in their care and communicated effectively with each other regarding their treatment.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.07	
The health service organisation has processes relevant to the patients using the service and the services provided: a. For integrated and timely screening and assessment b. That identify the risks of harm in the 'Minimising patient harm' criterion	
Comments	
At CDH, comprehensive risk screening on admission is completed using the Adult Admission Assessment and Discharge Risk Screen. This includes screening for social support, financial concerns, Norton Score for physical function assessment, aggression screening, Braden Scale for predicting pressure injury risk, VTE risk assessment, Malnutrition Screening Tool (MST), FRAT tool and discharge referral screening, as well as screening for risk of family violence. These processes support the identification of risks of harm under the Minimising Patient Harm criterion.	
A review of clinical documentation demonstrated that screening is routinely completed as part of care delivery. The auditing system MOA is used to monitor compliance with relevant policies.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.08	
The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	
Comments	
CDH demonstrated that processes are in place to identify Aboriginal and Torres Strait Islander patients and record this information in both administrative and clinical information systems. It was noted that the percentage of clients identifying as Aboriginal and Torres Strait Islander has increased. Staff were able to describe the processes that enable patients to identify as being of Aboriginal or Torres Strait Islander origin.	
Suggestion(s) for Improvement	
CDH to consider the suggested strategies outlined in the User Guide for Aboriginal and Torres Strait Islander Health, NSQHS Standards to provide training and support that enables members of the workforce to ask every patient about their Aboriginal and Torres Strait Islander status in a culturally appropriate way.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.09	
Patients are supported to document clear advance care plans	
Comments	
CDH has an Advance Care Planning (ACP) protocol in place that aligns with the Medical Treatment Planning and Decisions Act 2026 (Victoria). CDH also has an ACP Coordinator who is responsible for the overall management and coordination of the ACP system, including referrals, training, education, audit, promotion, and performance. The assessor verified that patients are supported to ensure that an ACP or medical treatment decision-maker documentation is available, or that a physical copy is brought into the hospital if one is not already present. Audits of healthcare records showed that two patients were identified: one was identified but no copy of the ACP was in the medical record, and no records had a medical treatment decision-maker documented. Patients do have a Resuscitation Plan in place as required.	
Suggestion(s) for Improvement	
CDH to consider a quality improvement project aimed at increasing compliance with obtaining documentation related to advance care plans and medical treatment decision-makers, to ensure a copy is consistently held in the clinical records.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.10	
Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues, and risks of harm c. To identify social and other circumstances that may compound these risks	
Comments	
A thorough assessment is done upon admission at CDH and as needed. This includes screening for risks such as falls, pressure injuries, nutrition, self-harm, cognition, and social factors. Audits monitor compliance with screening, with results reported through governance systems. Assessors reviewed clinical documentation with clinicians to verify screening processes in a sample of clinical documentation.	
Suggestion(s) for Improvement	
CDH consider the Venous Thromboembolism (VTE) Prevention Clinical Care Standard and initiate a quality improvement project to improve the compliance with VTE risk assessment. The purpose is to ensure that patients potentially at risk of VTE receive a timely assessment and documentation of that risk, so that all clinicians involved in the patients care have access to the results and are aware of the patients VTE prevention needs. Audits by CDH in April/June 2025 indicated that only 23% of patients had a VTE risk assessment completed.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.11	
Clinicians comprehensively assess the conditions and risks identified through the screening process	
Comments	
Assessors verified that clinicians at CDH use a range of screening tools to identify risks such as cognitive impairment, falls, infection, malnutrition, pressure injury, venous thromboembolism, self-harm and with these risks identified at admission and re-assessed when clinically indicated during care. Social and other circumstances that may compound these risks are identified and referrals are initiated to relevant services as required. Audit processes are in place to monitor the effectiveness of risk assessment processes and results are reported through the governance structure.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.12	
Clinicians document the findings of the screening and clinical assessment processes, including any relevant alerts, in the healthcare record	
Comments	
Risks at CDH are identified during screening and assessment are documented with appropriate action plans developed to mitigate them, including alerts (both electronic and paper based) and responses to the identified risk.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.13	
Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient’s health issues and risks of harm b. Identifies agreed goals and actions for the patient’s treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	
Comments	
The assessor at CDH observed clinicians interacting with patients and their families in understanding the significance and complexity of the patient’s health issues and risks of harm.	
The assessor reviewed documentation in the healthcare record that demonstrated this process has been followed. Patient goals and preferences are sought through shared decision-making and aligned to treatment and care plans.	
Discharge planning commences at the beginning of the episode of care via the Acute Admission & Discharge Risk Screen. Referrals for follow up services are identified through assessment processes and made to relevant services as appropriate. The requirements of Advisory AS18/15 have been met.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.14	
The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	
Comments	
At CDH, the results of audits conducted on comprehensive care showed that 75% of patients' plans have been completed, including patient involvement in care planning to reduce risk. Monitoring of the effectiveness of the comprehensive care plan is ongoing, with reassessment triggered in response to changes in the patient's clinical condition and/or the need to re-evaluate mitigation strategies in place to manage identified risks. Goals of care are monitored, and care planning is modified in response to any changes in goals.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.15	
The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
At CDH, processes are in place to identify patients who are at the end of life, and staff interviewed were aware of these processes. These are aligned with the National Consensus Statement and support safe, high-quality end-of-life care. CDH has a number of policies to guide staff, including: Palliative Care Plan – Care of the Dying Person SOP Procedure, Palliative and End-of-Life Care, Palliative Care Plan – Recognising Dying, and Palliative Care Plan – Planning Individualised Care. Patients identified as being at risk of dying within 48 hours have an End-of-Life Plan commenced. As part of its review of all deaths, CDH monitors the safety and quality of end-of-life care against the planned goals of care.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.16	
The health service organisation providing end-of-life care has processes to provide clinicians with access to specialist palliative care advice	
Comments	
CDH has access to specialist palliative care services/advice via the Echuca Specialist Palliative Care and Bendigo Palliative Care services. Staff interviewed were aware of how to access these services.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.17	
The health service organisation has processes to ensure that current advance care plans: a. Can be received from patients b. Are documented in the patient's healthcare record	
Comments	
CDH has an Advance Care Planning (ACP) protocol in place that aligns with the Medical Treatment Planning and Decisions Act 2026 (Victoria). CDH also has an ACP Coordinator who is responsible for the overall management and coordination of the ACP system, including referrals, training, education, audit, promotion, and performance.	
The assessor verified that patients are supported to ensure that an ACP or medical treatment decision-maker documentation is available, or that a physical copy is brought into the hospital if one is not already present.	
Suggestion(s) for Improvement	
CDH to consider a quality improvement project aimed at increasing compliance with obtaining documentation related to advance care plans and medical treatment decision-makers, to ensure a copy is consistently held in the clinical records.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.18	
The health service organisation provides access to supervision and support for the workforce providing end-of-life care	
Comments	
CDH staff has access to the Employee Assistance Program (EAP). Those supervising staff can also provide support for staff providing end-of-life care. Staff are aware of how to access support services. Debriefs are conducted as required. Staff have access to training in end-of-life care via Program of Experience in the Palliative Approach (PEPA) training.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.19	
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care	
Comments	
CDH facilitates proactive shared decision-making between clinicians, patients, and their families regarding goals of care in relation to quality end-of-life care. The goals of care ensure that treatment is medically appropriate and aligned with the patient's preferences for that admission and are documented as part of the Resuscitation Plan. Goals of care are completed as soon as possible after admission and remain current for the duration of the admission. They may be altered if new clinical information becomes available.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.20	
Clinicians support patients, carers and families to make shared decisions about end-of-life care in accordance with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care	
Comments	
CDH supports shared decision-making about end-of-life care with patients, their carers and families. Support for decision-making is consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care (2023).	
Rating	Applicable HSF IDs
Met	All

ACTION 5.21	
The health service organisation providing services to patients at risk of pressure injuries has systems for pressure injury prevention and wound management that are consistent with best-practice guidelines	
Comments	
<p>CDH has the Pressure Injury Prevention and Management policy and a Pressure Injury Management Prevention Plan. Pressure injuries are reported via the Victorian Health Incident Management System and are monitored through the Comprehensive Care Committee, the Clinical Managers Meeting and the Board of Directors. A Preventing and Managing Pressure Injuries Audit is conducted four (4) times a year, as per the audit schedule, and data is reported to the Australian Council on Healthcare Standards (ACHS). The pressure injury rate is 1.752%.</p> <p>An area of focus previously has been the identification of pressure injuries on admission to the facility.</p> <p>A range of equipment is available to staff to help prevent pressure injuries.</p> <p>Staff receive education on identification and prevention of pressure injuries – 68% (see action 1.20).</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.22	
Clinicians providing care to patients at risk of developing, or with, a pressure injury conduct comprehensive skin inspections in accordance with best-practice time frames and frequency	
Comments	
Staff at CDH complete a comprehensive skin inspection on admission and ongoing in line with the policy utilising the Braden Scale for predicting pressure sore risk. Care plans and interviews with clinicians confirmed this. Auditing is completed to monitor compliance.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.23	
The health service organisation providing services to patients at risk of pressure injuries ensures that: a. Patients, carers and families are provided with information about preventing pressure injuries b. Equipment, devices and products are used in line with best-practice guidelines to prevent and effectively manage pressure injuries	
Comments	
CDH utilises the Safer Care Victoria brochure on Preventing and managing pressure injuries. The staff have access to a range of equipment, devices and products to prevent and manage pressure injuries, with clinicians providing information on the range available for patient care to the assessor.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.24	
The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management	
Comments	
<p>CDH have an overarching policy Acute – Falls Prevention and Management policy in place. To support this, there is a Post Fall Assessment and Management policy. On admission, a patient has a Falls Risk Assessment (FRAT) completed. If a patient is assessed as medium or high risk for falling, there is a Falls Risk Pack. This contains a Falls Action Plan to be completed, and it forms part of the patients health record.</p> <p>The ‘Preventing and Managing Harm from Falls’ Audit is conducted 4 times a year as per the audit schedule. Data is reported to the Australian Council on Healthcare Standards (ACHS). The current inpatient falls rate for quarter one of 2025 is 1.377%, with zero fracture injuries. If a patient falls there is a Post Falls Pack that guides the staff on the ongoing care and treatment of the patient.</p> <p>Staff were able to describe strategies to minimise harm and clinical documentation reviewed by the assessor supported this. Incident data related to falls is analysed and reported through the governance structures.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.25	
The health service organisation providing services to patients at risk of falls ensures that equipment, devices and tools are available to promote safe mobility and manage the risks of falls	
Comments	
<p>The assessor verified that equipment, devices and tools are available to promote safe mobility and managing the risk of falls at CDH. Equipment includes items such as:</p> <ul style="list-style-type: none"> • non-slip socks • Sensor mat – floor and chair • Hilo bed • Bathroom rails • Non-slip bathroom floors • gait aids • falls alert tag for the gait aids • falls alert magnets for the patient boards. <p>Patients at a high risk of falls are placed close to the nurse’s station where they can be observed.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 5.26	
Clinicians providing care to patients at risk of falls provide patients, carers and families with information about reducing falls risks and falls prevention strategies	
Comments	
There is a ‘Falls Prevention Information for Patients and Carers’ about reducing falls risks and falls prevention strategies.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.27	
The health service organisation that admits patients overnight has systems for the preparation and distribution of food and fluids that include nutrition care plans based on current evidence and best practice	
Comments	
The assessor verified that patients are screened for nutritional needs and malnutrition risk. This is managed through the Nutritional Care Policy. Private provider dietitians are available by referral if a nutritional need is identified. Food services ensure that each patient receives the correct meal. Patient feedback is obtained on food, with ongoing positive responses.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.28	
The workforce uses the systems for preparation and distribution of food and fluids to: a. Meet patients' nutritional needs and requirements b. Monitor the nutritional care of patients at risk c. Identify, and provide access to, nutritional support for patients who cannot meet their nutritional requirements with food alone d. Support patients who require assistance with eating and drinking	
Comments	
The assessor verified with staff and the food services that the preparation and distribution of food and fluids is designed to meet patient's nutritional needs and requirements.	
The nutrition of at-risk patients is monitored through ongoing assessments and adjustments to nutrition care plans, i.e. supplements, with meal assistance provided as needed. Nutritional support is offered via oral supplements for patients unable to meet their requirements with food alone.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.29	
The health service organisation providing services to patients who have cognitive impairment or are at risk of developing delirium has a system for caring for patients with cognitive impairment to: a. Incorporate best-practice strategies for early recognition, prevention, treatment and management of cognitive impairment in the care plan, including the Delirium Clinical Care Standard, where relevant b. Manage the use of antipsychotics and other psychoactive medicines, in accordance with best practice and legislation	
Comments	
CDH has a number of evidence based policies in place including the 'Early recognition, prevention and management of delirium and cognitive impairment in hospital' policy, the 'Delirium management' policy, and the 'Delirium and Cognitive Impairment Assessment test'.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.30	
Clinicians providing care to patients who have cognitive impairment or are at risk of developing delirium use the system for caring for patients with cognitive impairment to: a. Recognise, prevent, treat and manage cognitive impairment b. Collaborate with patients, carers and families to understand the patient and implement individualised strategies that minimise any anxiety or distress while they are receiving care	
Comments	
Cognition screening is undertaken on admission and as required throughout a patient's admission where clinically indicated. There is a flow chart on the 4AT that guides the staff on prevention and care strategies. This includes the use and monitoring of medications to ensure compliance with best-practice standards. A 'Preventing Delirium and Managing Cognitive Impairment Audit' is completed four (4) times a year and reported through the governance structures.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.31	
The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
Comments	
CDH have an overarching policy 'Mental Health Presentations'. This policy and the procedure assist staff to identify patients at risk of self-harm / or suicide. CDH would typically exclude patients who report having thoughts of self-harm or suicide. All staff are trained in mental health first aid. All staff are encouraged to educate themselves on the ATS mental health tool for interventions and referral processes. If there are any incidents, they are reported using the VHIMS. Staff and patient access to the Mental Health Triage Team at Bendigo Health is available 24/7. Staff can access resources from the Bendigo Health – Mental Health Services.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.32	
The health service organisation ensures that follow-up arrangements are developed, communicated and implemented for people who have harmed themselves or reported suicidal thoughts	
Comments	
Where patients have self-harmed or reported suicidal thoughts, clinicians have access to timely follow-up and referral service through Bendigo Health – Mental Health Services or Echuca Community Mental Health, as per the Mental Health Escalation flow chart in the Mental Health Presentations policy. Staff were able to describe how they would access and use these services and there is a resource folder and a resource nurse available for assistance.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.33	
The health service organisation has processes to identify and mitigate situations that may precipitate aggression	
Comments	
CDH has an Occupational Violence and Management of Aggression Framework and an Occupational Violence and Management of Aggression policy. These documents and training support the identification, mitigation and management of aggression and staff are aware of how these are used. CDH uses a Code Grey system as required. A home visit risk assessment is completed if staff need to attend a client's home, with supportive procedures available.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.34	
The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	
Comments	
Under the guidance of the policies there is a 'Client Aggression Risk Assessment form'. There are processes available to identify and mitigate situations that may precipitate aggression. Patient risk assessments / safe work plans are undertaken and the assessor noted availability and completion. The processes to manage aggression aim to minimise harm to patients, carers, families, staff and visitors. There are daily safety huddles completed. Incidents of aggression are reported through CDH governance structure.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 5.35	
Where restraint is clinically necessary to prevent harm, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of restraint b. Govern the use of restraint in accordance with legislation c. Report use of restraint to the governing body	
Comments	
CDH uses no mechanical or environmental restraints. Clinicians collaborate with patients, carers and families to identify patients at risk of becoming aggressive or violent and implement de-escalation strategies. The incidents of aggression or violence are recorded in VHIMS.	
CDH analyse and monitor any Code Greys. Triple 000 response is in place as required. Duress alarms are available with staff understanding the process and providing feedback.	
Rating	Applicable HSF IDs
Met	All

ACTION 5.36	
Where seclusion is clinically necessary to prevent harm and is permitted under legislation, the health service organisation has systems that: a. Minimise and, where possible, eliminate the use of seclusion b. Govern the use of seclusion in accordance with legislation c. Report use of seclusion to the governing body	
Comments	
The assessment team concur that there are no restrictive practices undertaken at CDH.	
Rating	Applicable HSF IDs
NA	All NA Comment: Non gazetted service, does not use seclusion. Verified During Assessment: Yes Complies with AS 18/01: Yes

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 6 - Communicating for Safety

Leaders of a health service organisation set up and maintain systems and processes to support effective communication with patients, carers and families; between multidisciplinary teams and clinicians; and across health service organisations. The workforce uses these systems to effectively communicate to ensure safety.

ACTION 6.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures to support effective clinical communication b. Managing risks associated with clinical communication c. Identifying training requirements for effective and coordinated clinical communication	
Comments	
The handover framework in use across CDH is ISBAR (Identify, Situation, Background, Assessment and Recommendation). Handovers are audited via visual audits and CDH reported recently having to remind staff of the imperatives of following the policy. This has resulted in an inclusive handover where patients are invited to join in.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness of clinical communication and associated processes b. Implementing strategies to improve clinical communication and associated processes c. Reporting on the effectiveness and outcomes of clinical communication processes	
Comments	
As stated under 6.01, a recent observational audit confirmed that handover wasn't being followed using the intentions of ISBAR. This was actively managed by the Nurse Unit Manager and staff now fully comply.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 6.03	
Clinicians use organisational processes from the Partnering with Consumers Standard to effectively communicate with patients, carers and families during high-risk situations to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
Comments	
It was very pleasing to observe that the patients were included in their handover. One patient had early signs of dementia and notwithstanding this confusion, the patient was included and asked to participate as they felt comfortable. The patient had enough insight to contribute favourably to the handover. This was undertaken respectfully without compromising the patient's dignity. CDH were noted to include the patient in all decision making.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.04	
The health service organisation has clinical communications processes to support effective communication when: a. Identification and procedure matching should occur b. All or part of a patient’s care is transferred within the organisation, between multidisciplinary teams, between clinicians or between organisations; and on discharge c. Critical information about a patient’s care, including information on risks, emerges or changes	
Comments	
The system in place at CDH is to positively identify patients at each point of care and treatment administration and transfer of care. This was sighted by the assessment team. Three-point identification is used and only two wrist bands are in use, white for no alerts and red for when any alerts have been confirmed.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 6.05	
The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	
Comments	
Positive patient identification was witnessed to occur using the three approved identifiers. This was confirmed by the patients interviewed, that positive patient identification occurs at handover, before an intervention and with all episodes of medication administration.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.06	
The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	
Comments	
As discussed elsewhere in the report, there are four treatments that require consent and it was evidenced that despite both the renal dialysis and elective blood transfusion patients were with regular and well-known to the staff, procedure matching occurred.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 6.07	
The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	
Comments	
ISBAR is the clinical handover process, and it is undertaken well. Families and carers are invited to join in and contribute as appropriate.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.08	
Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	
Comments	
Each patient had a patient board and their goals were written on the board and reconciled with the patient at handover. The dialysis patients also had a board and these were updated with the patient when they attended for treatment. One dialysis patient had an appointment at the end of the week at the Regional Hospital on a schedule and their rescheduled dialysis schedule was listed, including that the patient was to receive a packed lunch so they would not go hungry on the 1.5-hour drive to the Regional Hospital.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 6.09	
Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	
Comments	
Critical information is captured in the medical record. A High-Risk scenario was undertaken on a maternity patient who had a significant social history that impacted on her antenatal care and this was well documented in the medical record.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.10	
The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
Comments	
As patients, their families and carers are included as appropriate in the patient's care, their input to inform clinical decision making is always available.	
Rating	Applicable HSF IDs
Met	All

ACTION 6.11	
The health service organisation has processes to contemporaneously document information in the healthcare record, including: a. Critical information, alerts and risks b. Reassessment processes and outcomes c. Changes to the care plan	
Comments	
The progress notes sighted by the assessment team were inclusive of contemporaneous information including risks and alerts. One patient had allergies and that patient had a red wrist band and was asked to confirm their allergies at handover time.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 7 - Blood Management

Leaders of a health service organisation describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems.

ACTION 7.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for blood management b. Managing risks associated with blood management c. Identifying training requirements for blood management	
Comments	
There is a third party blood bank who provide haemovigilance services to CDH. The third part provider provides policies and technical support in addition to cross matching and blood bank. In addition to these services, the third party has policies to underpin their services made available to CDH. CDH, in addition to these technical policies, has policies that address the blood management processes. Staff are required to complete the requisite Blood Safe training and at assessment time, the exact number of staff who required to complete this training could not be reconciled and a Met with Recommendation has been made under 1.07 to address this.	
Suggestion(s) for Improvement	
It is suggested that once the policy governance Met with Recommendation is addressed that it is applied to 7.01.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 7.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management	
Comments	
CDH administers blood on an ongoing and frequent occurrence, approximately one to two units every one to two weeks. This is an elective administration of blood to treat an underlying blood dyscrasia that negates the patient having to travel. This has been a long standing arrangement and the patient has been managed safely and well. Recently there was a query on whether the former two (2) units of blood could be reviewed and this has been amended down on some weeks. There has also been a process to write on the blood fridge door when each unit expires so this is highly visible to the CDH staff. This has resulted in blood being returned to the blood bank and negating wastage.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.03	
Clinicians use organisational processes from the Partnering with Consumers Standard when providing safe blood management to: a. Actively involve patients in their own care b. Meet the patient's information needs c. Share decision-making	
Comments	
The patient undergoing the transfusion was interviewed by the assessor and the patient could articulate clearly the process that is required, from checking the haemoglobin, cross matching the blood, cannulation and transfusion. The patient even offered the process for positive patient identification and the observations that are required. The patient understood why these checks were required, despite the patient being very well known to the staff.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 7.04	
Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by: a. Optimising patients' own red cell mass, haemoglobin and iron stores b. Identifying and managing patients with, or at risk of, bleeding c. Determining the clinical need for blood and blood products, and related risks	
Comments	
CDH administers IGIV and Iron to optimise a patient's haemoglobin. Given that CDH is a nurse led and GP visiting medical officer model, this is appropriate for this facility.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.05	
Clinicians document decisions relating to blood management, transfusion history and transfusion details in the healthcare record	
Comments	
The medical record was very clear on the documentation for the process to document the entire transfusion continuum. As the patient discussed in this report is a chronic patient requiring frequent transfusions as stated, there is a blanket consent form that is in place for a 12-month period.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 7.06	
The health service organisation supports clinicians to prescribe and administer blood and blood products appropriately, in accordance with national guidelines and national criteria	
Comments	
<p>With the exception of the patient that has been discussed throughout this report, any prescription for blood is undertaken by the GP and in an emergency situation, may be directed by the VVED (Victorian Virtual Emergency Department). CDH maintains a stock of O Negative blood.</p> <p>In respect to the patient who has ongoing transfusions, whilst this is prescribed by the GP, it is under the direction of the treating Haematologist who provides medical governance of the transfusions. Blood is administered in keeping with the requirements of Blood Safe Australia.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 7.07	
The health service organisation uses processes for reporting transfusion-related adverse events, in accordance with national guidelines and criteria	
Comments	
If an adverse transfusion reaction was to occur, this would be reported in VHIMS and escalated accordingly. Staff were aware of what actions need to be taken if there was a suspected transfusion reaction. The patient was also aware to escalate any concerns that may be suspected from the transfusion.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 7.08	
The health service organisation participates in haemovigilance activities, in accordance with the national framework	
Comments	
Haemovigilance is directed by the third-party provider and CDH complies with the processes. The third-party provider provides CDH with reports on each of the haemovigilance parameters and components.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.09	
The health service organisation has processes: a. That comply with manufacturers' directions, legislation, and relevant jurisdictional requirements to store, distribute and handle blood and blood products safely and securely b. To trace blood and blood products from entry into the organisation to transfusion, discard or transfer	
Comments	
There is a dedicated blood fridge that is monitored locally and centrally by the third-party provider. It was reassuring to sight that the blood fridge door had been left ajar, resulting in the alarm being activated, the expected responses by CDH and the third-party ensued with no compromise of the blood stock. As the blood is transported in, this is undertaken in a refrigerated container that does not risk freezing the blood therefore resulting in it being discarded.	
Rating	Applicable HSF IDs
Met	All

ACTION 7.10	
The health service organisation has processes to: a. Manage the availability of blood and blood products to meet clinical need b. Eliminate avoidable wastage c. Respond in times of shortage	
Comments	
Two units of O negative blood are stored, and the additional blood is cross matched on a as required basis. There has been zero wastage reported.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

Standard 8 - Recognising and Responding to Acute Deterioration

Leaders of a health service organisation set up and maintain systems for recognising and responding to acute deterioration. The workforce uses the recognition and response systems.

ACTION 8.01	
Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for recognising and responding to acute deterioration b. Managing risks associated with recognising and responding to acute deterioration c. Identifying training requirements for recognising and responding to acute deterioration	
Comments	
<p>Procedures are in place regarding recognising and responding to acute deterioration. These included 'Deteriorating Patient – Escalation of Care', 'Recognising and Responding to Clinical Deterioration' and 'Medical Emergency Response (MER) Code Blue' policies. There is a Standard 8 lead and group that either meet or communicate via email and report up to the Board of Directors.</p> <p>Risks and training needs are identified, particularly in the areas of advance life support, basic life support and obstetric escalation and unplanned births. Maternity policies outline process to escalate care and a flow chart for any unplanned maternity cases.</p> <p>While there are no birthing services, there is a Maternity Group Practice who have key processes in place such as utilising Maternity Connect, regular work at the larger regional hospital in the maternity services and all midwives are at Level 3 for reading and interpreting Cardiotocography (CTG).</p> <p>Paediatric resuscitation training is included in the advanced life support training, and they have a Broselow Trolley.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
 Org Code : 210387

ACTION 8.02	
The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring recognition and response systems b. Implementing strategies to improve recognition and response systems c. Reporting on effectiveness and outcomes of recognition and response systems	
Comments	
<p>CDH have systems in place for monitoring the effectiveness of processes for identifying and managing acute deterioration. This includes regular auditing via the 'Recognising and responding to acute deterioration audit', 'Urgent Care Centre documentation' and 'Sepsis audit' with results reported to the Board of Directors and the Clinical meetings and medical group.</p> <p>Recent improvements have included training staff to document more concisely the events during a deterioration. Also, when a potential patient with sepsis is identified, during communication this is referred to as a 'code sepsis' to highlight the concern when contacting the medical staff. There is a trigger tool review of all Urgent Care Centre (UCC) transfers and interhospital transfers.</p> <p>CDH are in the process of implementing the HIRAIID assessment. This is a seven-component emergency nursing assessment standing for History, Identify Red flags, Assessment, Interventions, Diagnostics, Reassessment, and Communication. This structured approach will help the UCC nurses systematically gather patient information, prioritize care, and improve patient safety by identifying potential deterioration</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 8.03	
Clinicians use organisational processes from the Partnering with Consumers Standard when recognising and responding to acute deterioration to: a. Actively involve patients in their own care b. Meet the patient’s information needs c. Share decision-making	
Comments	
<p>At CDH there is a process in place that supports partnering with consumers in recognising and responding to acute deterioration, including safety huddles, resuscitation plans – goals of care, escalation plans for patients and maternity clients. This includes involving patients directly in their care with shared decision-making based on assessments, including of information and education needs. Interviews with staff and consumers and a review of the health records confirm consumers are actively involved in planning and making decisions about the prevention and management of acute deterioration.</p> <p>The team have used the Consumer Advisory Committee for advice. Updated training has been conducted with staff on the updated ‘Victor Charts’ that now has patient/family/carer concern as one of the triggers. The new charts commenced at the beginning of September.</p>	
Rating	Applicable HSF IDs
Met	All

ACTION 8.04	
The health service organisation has processes for clinicians to detect acute physiological deterioration that require clinicians to: a. Document individualised vital sign monitoring plans b. Monitor patients as required by their individualised monitoring plan c. Graphically document and track changes in agreed observations to detect acute deterioration over time, as appropriate for the patient	
Comments	
<p>Vital signs are monitored according to the CDH policies (General Observation Guidelines) and use of the standard adult general observation chart and the hospitals protocols in regard to escalation and reviews. The Victor Charts are utilised for paediatrics and newborns. This was apparent on review of health records and the results of regular auditing. Observations are undertaken in response to each consumers circumstances and with documented parameters or modifications as determined by the medical staff. The review and Medical Emergency Response is clearly outlined on the track and trigger documentation. There is a policy for the ‘Adult Sepsis Recognition and Management’. There is an audit conducted ‘Preventing Delirium and Managing Cognitive Impairment Audit’ which is conducted monthly. Staff have attended Mental Health First Aid training.</p>	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 8.05	
The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state	
Comments	
At CDH there is a policy 'Mental Health Presentation' that staff can utilise for the management of mental health presentations. This assists staff to assess and triage according to the Australian triage system and provides guidance on presentation and referral processes. Policies and procedures also support staff in identifying acute deterioration in mental state including the risk of delirium. There are pathways that include the escalation requirements for a deterioration in mental state, for example, the Sepsis Pathway, and Delirium. CDH staff were able to articulate the referral process for mental health via the 24 hour advice line and Bendigo Health.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 8.06	
<p>The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration</p>	
Comments	
<p>CDH have the following protocols regarding escalating care and associated criteria:</p> <ul style="list-style-type: none"> • Deteriorating Patient – Escalation of care • Recognising and Responding to Clinical Deterioration • General Observation Guidelines. • Mental Health Presentation <p>Training is conducted in recognising and responding to deteriorating patients and Advance Life Support (62%) and Basic Life Support (85% practical, 90% online). CDH monitor performance in identification and management of acute physiological deterioration including pain and mental stage. The health records support there are consumer specific indicators of deterioration, and the concerns raised by clinicians, staff, consumers and families was reflected in audits, incident management, clinical review and rapid response details, and through interviews by assessors. Clinicians interviewed were able to describe to the assessor the process for escalation of care.</p> <p>There are procedures in place for inter-hospital transfers, Virtual Care and use of the Victorian Virtual Emergency Department (VVED). The Midwifery Group Practice (MGP) has an emergency birthing escalation process. Roles and responsibilities in the UCC for the unplanned pregnancy presentation (inclusive of imminent birth) 'Emergency Birthing Policy' provides clinical information to the non-midwife and management and escalation for the registered midwife. Women are informed and sign a consent and waiver at commencement of care to acknowledge CDH as a non-birthing service.</p>	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.07	
The health service organisation has processes for patients, carers or families to directly escalate care	
Comments	
Processes are in place for consumers and families to directly escalate care to clinical staff. This is via the REACH process and includes community-based teams and services. REACH calls were discussed with the assessors who were able to verify REACH processes tailored to local resources.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.08	
The health service organisation provides the workforce with mechanisms to escalate care and call for emergency assistance	
Comments	
The policy for escalation of care is clear and provides direction for staff to escalate care and respond to a clinical emergency, and staff were able to describe this process. The nurse call emergency alarm at all beds and care spaces includes the patient call bell, staff assist and emergency buzzers. Call bell response reports are tabled at clinical meetings. Flow charts are provided at each bedside folder that indicate how to escalate care and who should be contacted. Staff can use the '2222' number and, if required, 000.	
Rating	Applicable HSF IDs
Met	All

Org Name : Cohuna District Hospital
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ACTION 8.09	
The workforce uses the recognition and response systems to escalate care	
Comments	
Clinicians and staff at CDH were able to describe the systems in place to escalate care that is consistent with the CDH policy and procedures. Audit results are reviewed and provided to the clinical teams, medical staff and the Board of Directors. Training in the various areas of emergency management and escalation are monitored.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.10	
The health service organisation has processes that support timely response by clinicians with the skills required to manage episodes of acute deterioration	
Comments	
<p>Clinicians at CDH are provided with access to education to support the timely and effective management of consumers who experience acute deterioration. There is an extensive training programs available to support the timely and effective management of patients who acutely deteriorate and this training covers all areas of clinical deterioration including adult, paediatric, mental health, and maternity and newborn. Compliance with training was impacted by the lack of a matrix that is reflective of role and responsibilities – refer Action 1.20.</p> <p>There is access to a de-brief after any significant episode of acute deterioration.</p> <p>All midwives are competent at Level 3 for CTG interpretation.</p>	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.11	
The health service organisation has processes to ensure rapid access at all times to at least one clinician, either on site or in close proximity, who can deliver advanced life support	
Comments	
CDH provides clinicians with access to advance life support (ALS) skills and competency, and training compliance rate is 62%. CDH meets the Victorian Urgent Care Centre requirements of a clinician with ALS rostered on each shift. Where access to clinicians with advanced life support is not available, i.e. District Nursing, access is via '000' emergency response. Staff were able to describe the process.	
Rating	Applicable HSF IDs
Met	All

ACTION 8.12	
The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	
Comments	
At CDH, there is a policy and procedure 'Mental Health Presentation' and an escalation process to either 24 hour support line or Bendigo Health. Interviews with clinicians confirmed the process for timely referral to mental health services to ensure these referrals can meet the needs of patients whose mental state has acutely deteriorated. Staff were able to articulate the referral process for these patients.	
Rating	Applicable HSF IDs
Met	All

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ACTION 8.13	
The health service organisation has processes for rapid referral to services that can provide definitive management of acute physical deterioration	
Comments	
<p>CDH has policies and procedures in place for the timely referral to definitive care for patients who physically deteriorate. Escalation is normally to Echuca Health Service or Bendigo Health. CDH has access to Adult Retrieval Victoria (ARV) who also assist with determining a suitable escalation health service. Victorian Virtual Emergency Department (VVED) can assist with escalation and suitable location. Paediatric Infant Perinatal Emergency Retrieval (PIPER) Service is also available.</p> <p>Staff were able to explain these processes to the assessor and the effectiveness of escalation of care processes are monitored via transfer of care audits with results monitored by the Board of Directors, medical staff and Clinical Meetings.</p>	
Rating	Applicable HSF IDs
Met	All

Recommendations from Previous Assessment

Standard 1

ACTION 1.04			
The health service organisation implements and monitors strategies to meet the organisation’s safety and quality priorities for Aboriginal and Torres Strait Islander people			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
Met with Recommendation	All	At initial: 08/06/2023	<p>Recommendation NS2.1 OWA 0623.1.04</p> <p>Finalise and implement the indicators to meet the organisation’s safety and quality priorities for Aboriginal and Torres Strait Islander people.</p> <p>Risk Rating: Moderate</p>
Organisation Action taken			Assessor’s Response
<p>QRM receives monthly IPM reports on ATSI presentations to the Acute Ward and UCC.</p> <p>Data is manually sourced from Midwifery Group Practice (MGP), District Nursing, Aged Care and Dialysis.</p> <p>Presentation data is reported via the QRM Key Performance Indicator report to all Committees that the QRM Reports to (as per the Committee Chart).</p> <p>Data reported has been further expanded to include UCC Discharge destination data i.e., Home/Transfer/discharge at own risk/Did not wait.</p> <p>CDH attends and is a member of the LMHN Blak Butterfly Implementation Committee. Developed to implement the Lodden Mallee First Nations emergency care best practice framework within the LM region. Priorities identified in this committee are reported to the BQittee via the attendee report (CEO/DCS/QRM).</p> <p>Aboriginal and Torres Strait Islander Health Policy was reviewed (2024) and updated to reflect the reporting of this data. Reporting of the data has been consistent for over 12 months.</p>			<p>Recommendation Closed: Yes</p> <p>The assessment team were able to confirm with meeting with members of the Board and Hospital Management that metrics pertaining to Aboriginal and Strait Islander patients are monitored and reported. Key metrics that are monitored and reported are did not wait in the urgent care centre, discharge against medical advice and workforce who identify as Aboriginal and / or Torres Strait Islander. The requirements of this recommendation have been addressed and this recommendation will now be closed.</p>

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ACTION 1.04			
The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
Completion Due By: Responsibility: Melanie Church Organisation Completed: Yes			

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ACTION 1.29			
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
Met with Recommendation	All	At initial: 08/06/2023	<p>Recommendation NS2.1 OWA 0623.1.29</p> <p>Implement a risk assessment to formalise and action the mitigation of potential workplace and clinical risk from the current time until the rectification/building is finalised.</p> <p>Risk Rating: Moderate</p>
Organisation Action taken			Assessor's Response
<p>Previous Recommendation – NS2.1- OWA 0623.1.29</p> <p>Implement a risk assessment to formalise and action the mitigation of potential workplace and clinical risk from the current time until the rectification/building is finalised.</p> <p>Comment:</p> <p>In the period until the planned building and rectification of the operating theatre/CSD, related storage and fire exit, medical record storage, the pathology hub reposition, and the urgent care centre upgrade is completed (1-2 years), there are no formal risk mitigation systems, such as temporary lockout of decommissioned equipment/areas, temporary measures to manage environmental factors such as temperature/humidity/pests/security for example. There have been no adverse events, the staff are vigilant and careful, the site is clean and tidy, plus there is an on-site building services person.</p> <p>Actions:</p> <p>Please note this rec relates to capital infrastructure only.</p> <p>Theatre Upgrade.</p>			<p>Recommendation Closed: Yes</p> <p>At the time of assessment, building works were underway to complete a brand-new facility adjacent to the existing site. Sections of the existing hospital have been closed off and not accessible due to the new building being erected. The current medical record storage area is secure and has a compactus system, it is temperature controlled and is subject to a thorough cleaning regime as it is spotless. The Urgent Care Centre is in a secure setting and can only be accessed from the public entrance by swipe card access and staff escort. The pathology room is located off the main corridor in the acute ward and is well ordered with blood refrigerators that are monitored. The theatre / CSSD complex is no longer in existence as they have been decommissioned awaiting the new facility. The intentions of this recommendation have been met and this recommendation will closed.</p>

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ACTION 1.29			
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
			<p>Theatre Issues: air quality, fire upgrade, recovery standards and AS 4187.</p> <p>Actions by CDH</p> <p>>\$6 million approved by Regional health Infrastructure fund, Board of CDH and Donated funds.</p> <p>Theatre ceased in April 2022.</p> <p>Tender to Market in July 2024. Pending Work Commencing in Qtr 3 2024.</p> <p>Capital Works manager appointed</p> <p>Transitioning from AS 4187-2014 to AS 5369 2023</p> <p>SLA with Kerang to provide CSSD services in interim.</p> <p>All surgical cases being performed at ERH and KDH.</p> <p>Schematic design and detailed design phase completed. Delivery phase in progress and Practical Completion Qtr 4 2025.</p> <p>Recruitment of Theatre NUM to coordinate project management and model of care</p> <p>Contracted expert infection control nurse to advise on upgrade and planning and delivery phase. .</p> <p>Status: 20/8/25</p> <p>Theatre is a building site until further advice.</p> <p>Practical completion Late 2025.</p> <p>PCG minutes available assessors.</p> <p>Pathology</p>

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ACTION 1.29			
The health service organisation maximises safety and quality of care: a. Through the design of the environment b. By maintaining buildings, plant, equipment, utilities, devices and other infrastructure that are fit for purpose			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
			<p>New pathology Hub commissioned with RHIF funding. This also has sterile stock storage. Access control to room monitored. Status: complete</p> <p>Medical records New Compactus installed June 2024. New carpet and painting. Awaiting installation of air con and humidity management. Access control in situ and random auditing of compliance with access. Status : complete</p> <p>New Build \$41.9 million funded by PSRACS and VHBA to deliver new 16 bed aged care plus 8 acute beds. State of the art single ensuite rooms. Practical completion Feb 2026. Minutes in PCG folder for assessors. Status: Currently a building site.</p> <p>Completion Due By: Responsibility: Bernadette Loughnane Organisation Completed: Yes</p>

Standard 5

ACTION 5.19			
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
Met with Recommendation	All	At initial: 08/06/2023	<p>Recommendation NS2.1 OWA 0623.5.19</p> <p>Ensure all deaths are formally reviewed, comparing the safety and quality of end-of-life care provided to patients with the planned goals of care and best practice. These reviews should then be reported to the Quality and Safety Committee.</p> <p>Risk Rating: Low</p>
Organisation Action taken			Assessor's Response
<p>A monthly report is automatically obtained by QRM from IPM, notifying of Palliative Deaths in the acute ward.</p> <p>Each report is noted into the KPI report by QRM and forwarded onto the ACP/Palliative Care nursing team.</p> <p>Each death is reviewed as per Case Review policy.</p> <p>The review trigger questions include:</p> <p>Were the planned Goals of Care documented on admission?</p> <p>Was the care provided in line with the documented Goals of Care?</p> <p>Is there evidence that the patient/family/carer involved in developing these goals?</p> <p>Was there any VHIMS reports made about the care provided?</p> <p>Is the documentation adequate?</p> <p>Was there a survey completed by the family/carer after the episode of care?</p>			<p>Recommendation Closed: Yes</p> <p>All deaths where end-of-life care has been provided by Cohuna District Hospital (CDH) should be routinely reviewed to determine the safety and quality of the persons end-of-life-care and how care could be improved.</p> <p>The assessor was provided with evidence demonstrating that a report on palliative care deaths is generated each month. Each death is reviewed in accordance with the Case Review Policy. The specific end-of-life care review questions include: Were the planned Goals of Care documented on admission? Was the care provided in line with the documented Goals of Care? Is there evidence that the patient, family, or carer was involved in the development of these goals? Were any incidents reported via the Victorian Health Incident Management System (VHIMS) regarding the care provided? Was the documentation adequate, and was a survey completed by the family or carer after the episode of care? Once the review has been conducted, a summary of all reviews is documented and reported to the Board Quality and Safety Meeting.</p> <p>Any actions arising are also communicated to the medical team via the Medical Consultative Committee, and to clinicians via the Ward Clinical</p>

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ACTION 5.19			
The health service organisation has processes for routinely reviewing the safety and quality of end-of-life care that is provided against the planned goals of care			
Rating	Applicable	Date previously reviewed	Recommendation(s) / Risk Rating & Comment
			<p>A summary of all the reviews for the month is written by the ACP/Palliative Care Nurse and presented to the Board Quality and Safety Meeting and Clinical Mangers meeting by the QRM.</p> <p>Actions from these meetings are reported back to the medical team via the Medical Consultative Committee meeting and the clinical team via the monthly Ward Clinical Meeting.</p> <p>Completion Due By: Responsibility: Melanie Church Organisation Completed: Yes</p>
			<p>Meeting. The requirements of this recommendation have been addressed in full and this recommendation will now be closed.</p>