



Western Health

# MANAGER ACCREDITATION CHECKLIST MANUAL

BY NSQHS STANDARD

*live* BEST CARE



# THIS MANUAL IS A RESOURCE TOOL FOR MANAGERS TO ENSURE THEIR AREAS ARE PREPARED FOR NSQHS STANDARDS ACCREDITATION

## ABOUT THIS MANUAL

This manual is divided into 2 key parts:

- [Checklist by Standard](#)

The checklist incorporates NSQHS Standards 1-8. Each NSQHS Standard heading will enlist a checklist relating to the particular NSQHS Standard. The checklist contains items that require action to ensure the area and staff are prepared for NSQHS Accreditation. Not all items on the checklist will be relevant to particular areas and can be marked not applicable. Within the checklist some items may contain a hyperlink to an Embrace Your Space Tip.

The checklist can be emailed (with Embrace your Space Tips) or printed as a hard copy for managers to complete or share.

- [Embrace Your Space Tips](#)

The Embrace Your Space Tips are presented as key messages for frontline staff with a practical solution for managers, assistant managers, and portfolio holders. The Embrace Your Space Tip provides practical information to action an item on the checklist.

The Embrace Your Space Tips can be printed as a poster to bring awareness of the key messages or emailed (with quick click hyperlinks) to staff.

**Best Care is everyone's business at Western Health. We all have a role to play.**

**Assessment against the NSQHS standards gives people confidence in the health care we provide.**

## RESPONSIBILITIES

Managers are responsible for completing the checklist and delegating items on the checklist as appropriate. The checklist should be completed *monthly*; managers are expected to re-visit the checklist for completion as needed and *within 24 hours of receiving notice of NSQHS Accreditation*.

Managers are responsible for ensuring the items on the checklist are actioned and maintained.

Managers are responsible for informing their teams of the checklist and Embrace Your Space Tips and empowering their leadership team to complete the checklist in their absence.

Managers are responsible for escalating to their line managers areas of concern or not met.

Every Day We Live Best Care





## CHECKLIST BY STANDARD

Standard 1 Clinical Governance	
<input type="checkbox"/>	All new staff have attended orientation
<input type="checkbox"/>	All staff are wearing visible ID/ <a href="#">Name badge</a>
<input type="checkbox"/>	All staff have completed the relevant mandatory training and records are available
<input type="checkbox"/>	All staff have had an annual Performance Development Plan discussion in the last year and loaded via <a href="#">PDP portal</a>
<input type="checkbox"/>	Staff know how to access peer support or the Employee Assistance Program
<input type="checkbox"/>	Staff know how to escalate behaviours of concern through the EMPOWIR process
<input type="checkbox"/>	Clinical documentation includes time, date, signature, name and designation
<input type="checkbox"/>	Clinical notes/histories are stored to protect patient privacy
<input type="checkbox"/>	Consumer records are maintained according to privacy policy and not on display or visible on screens (WOWs), including when a patient is transported
<input type="checkbox"/>	You are confident that no unauthorised person/s could access consumer records
<input type="checkbox"/>	'Live Best Care' & 'Know Your Standards' (including Comprehensive Care) WeLearn packages are completed by all staff
<input type="checkbox"/>	Team meetings are held monthly and minutes are distributed to all staff
<input type="checkbox"/>	All clinical incidents are discussed at ward/area meetings
<input type="checkbox"/>	Staff huddles are used to share information about consumer safety
<input type="checkbox"/>	Departmental quality activities are listed on new Best Care Improvement Activity Template
<input type="checkbox"/>	Departmental quality activities are recorded on new WH Improvement Register
<input type="checkbox"/>	All staff are aware of top 3 risks in the area and know the initiatives implemented to improve results
<input type="checkbox"/>	All staff have current access and know how to enter or report all incidents, hazards and 'near misses' on RiskMan
<input type="checkbox"/>	All staff are aware of Live Best Care site and Best Care reporting structure at their Divisional level

### Standard 1 Clinical Governance

<input type="checkbox"/>	All staff can state what Best Care means at Western Health
<input type="checkbox"/>	Your area participates in local safety initiatives and staff can provide examples
<input type="checkbox"/>	Defibrillator checked daily, where applicable
<input type="checkbox"/>	<a href="#">Resuscitation trolley</a> , emergency equipment is checked according to schedule and documented on checklist as per PPG
<input type="checkbox"/>	Blood Glucose and hemocue machines checked and calibrated and recorded on schedule, where applicable
<input type="checkbox"/>	All biomed equipment including hoists and iStat machines are maintained and have an <b>in date</b> biomedical sticker
<input type="checkbox"/>	Body protection area has an <b>in date</b> biomedical sticker
<input type="checkbox"/>	All chemicals and cleaning products are stored in locked cupboard
<input type="checkbox"/>	All oxygen cylinders are stored securely and are off the floor
<input type="checkbox"/>	Emergency exits and fire equipment are free from clutter
<input type="checkbox"/>	Emergency exit lights are working
<input type="checkbox"/>	Fire Evacuation Plan is in date and documented on the plan
<input type="checkbox"/>	Tagging and testing completed for all electrical items
<input type="checkbox"/>	Weighing scales have been calibrated
<input type="checkbox"/>	All staff are aware of organisation wide audits and schedule on Audit Portal
<input type="checkbox"/>	Department/Ward/Area is free from clutter and unwanted equipment and furniture removed

### Standard 2 Partnering with Consumers

<input type="checkbox"/>	Consumers are informed of their healthcare rights and responsibilities and the Australian <a href="#">Charter of Healthcare Rights</a> is visible to consumers
<input type="checkbox"/>	Consumer communication boards are up-to-date and consumers are involved in care planning and decision making



### Standard 2 Partnering with Consumers

<input type="checkbox"/>	All consumer information brochures are approved by the Consumer Advisory Group and in date
<input type="checkbox"/>	Consumer information brochures are available and kept tidy; staff are aware of consumer brochures available on the intranet
<input type="checkbox"/>	Consumers/carers are encouraged to provide feedback on their experience of our healthcare service and all staff are able to direct consumers on how to provide feedback
<input type="checkbox"/>	All staff can describe how they have involved consumers in their care
<input type="checkbox"/>	Where applicable, staff check the patient ID at change of shift and handover using 3 points of identification and thereafter as per <a href="#">PPG</a>
<input type="checkbox"/>	All staff introduce themselves "Hello My Name Is"
<input type="checkbox"/>	Staff know where to direct consumers/carers regarding the Freedom of Information process
<input type="checkbox"/>	<a href="#">'Welcome to ward/department/area'</a> is displayed with leadership team pictures
<input type="checkbox"/>	KHWDB is up-to-date
<input type="checkbox"/>	Staff are familiar with About Me forms
<input type="checkbox"/>	All staff have completed Aboriginal Cultural Safety Training
<input type="checkbox"/>	All inpatients are wearing correct identification arm bands
<input type="checkbox"/>	<a href="#">Don't be shy, identify! poster</a> is on display

### Standard 3 Infection Prevention

<input type="checkbox"/>	Hand hygiene compliance audit results are posted and actively followed up as required; an action plan is in place if audit results are below target.
<input type="checkbox"/>	Staff are aware of the 5 moments of hand hygiene
<input type="checkbox"/>	Cleaning schedules are posted and checklists indicate all cleaning has occurred (including medication storage areas, stock rooms, trolleys, medication fridges and staff fridge)
<input type="checkbox"/>	Clear delineation between clean and dirty zones in Dirty Utility
<input type="checkbox"/>	Single use equipment is not reused or reprocessed

### Standard 3 Infection Prevention

<input type="checkbox"/>	Hand sanitiser is available at the end of each bed, near linen trolley and sterile stock rooms, and at the entrance to the ward area; hand sanitiser is 'in date' in all holders, dispensers are clean
<input type="checkbox"/>	PPE is available
<input type="checkbox"/>	Linen - clean and dirty linen is appropriately separated, no linen on the floor, bags not over-filled. Clean linen trolleys are covered and hand rub is readily available and used prior to accessing linen
<input type="checkbox"/>	Linen is to be stored on clean shelves, protected from contamination from dust, and in a manner that allows stock rotation
<input type="checkbox"/>	<a href="#">Linen</a> skips are available and there is no linen or clothing on the floor
<input type="checkbox"/>	Metal trolleys are available for clinical procedures (no painted surfaces)
<input type="checkbox"/>	Minimal equipment in corridors
<input type="checkbox"/>	No holes in walls, exposed wires or frayed electrical cords are visible; if so, a PULSE job is logged for repairs
<input type="checkbox"/>	Old, unused and broken equipment has been disposed or a PULSE job is logged
<input type="checkbox"/>	Patient areas and surfaces are clean, clear and decluttered at all times
<input type="checkbox"/>	Remove any tapes/adhesives stuck to trolleys and equipment
<input type="checkbox"/>	Sharps bins are appropriately secured and off the floor
<input type="checkbox"/>	Sterile stock is stored approximately 250mm from floor and 440mm from ceiling and allows cleaning of room without damage to items. Hand sanitiser is readily available for staff to perform hand hygiene prior to accessing sterile stock.
<input type="checkbox"/>	Sterile stock is stored separately from non-sterile stock
<input type="checkbox"/>	Storage areas are tidy with no stock items in cardboard boxes or stored on the floor or close to ceiling lights; hoist slings are stored neatly and labelled as clean
<input type="checkbox"/>	Tag (Clinell green tape) all <a href="#">cleaned equipment</a> that is either stored on the ward or being returned to CEL/engineering
<input type="checkbox"/>	All shared equipment is cleaned between use and tagged as clean before returned to storage, including hoist slings

### Standard 3 Infection Prevention

<input type="checkbox"/>	The 5 moments of Hand Hygiene signs are visible above all hand wash basins
<input type="checkbox"/>	Mollicare products are not shared and individually labelled with consumer name and sent home with consumer on discharge
<input type="checkbox"/>	Air mattresses are cleaned according to PPG
<input type="checkbox"/>	All waste is appropriately segregated and stored
<input type="checkbox"/>	Remove unnecessary posters from wall; notices dated more than 6 months should be considered.
<input type="checkbox"/>	Cupboards and workstations free of unnecessary or broken equipment/folders/paperwork and clean and tidy
<input type="checkbox"/>	Food <a href="#">fridge temperature</a> is monitored daily for the last month
<input type="checkbox"/>	Food in fridges is removed from cooler bags and food is clearly dated, and stickers are available to label food
<input type="checkbox"/>	Food fridges are cleaned as per schedule and no out of date food is present
<input type="checkbox"/>	All staff comply with 'no more on the floor'
<input type="checkbox"/>	All Staff are 'bare below the elbow' and are not wearing enhanced nails (gel, acrylic, or other)
<input type="checkbox"/>	No staff food or drinks in clinical areas (except in break rooms) including not on WOWs
<input type="checkbox"/>	WOWs are cleaned including free of sticky adhesives and residues. WOWs are not used for any aseptic procedure.
<input type="checkbox"/>	All WOWs are cleaned at each handover and contain hand sanitiser and clinell wipes
<input type="checkbox"/>	Transmission based precaution signs are appropriately displayed outside patient rooms/cubicles

### Standard 4 Medication Safety

<input type="checkbox"/>	Current medication information resources are readily available (hard copy OR computer access) including injectable Drugs handbook 7 <sup>th</sup> Edition (yellow book) and Don't Rush to Crush Handbook 3 <sup>rd</sup> Edition (blue book).
<input type="checkbox"/>	Schedule 8 and 11 medications signed into register by 2 staff members



### Standard 4 Medication Safety

<input type="checkbox"/>	Signature register available and updated for all nursing and midwifery staff accessing S8/S11 medications
<input type="checkbox"/>	Staff are aware of their responsibilities with medication administration including how to record lines and devices in EMR and how to create an order for ongoing assessment
<input type="checkbox"/>	<a href="#">Medication fridge</a> temperature is monitored daily, twice daily if used for vaccination storage (if not centrally monitored)
<input type="checkbox"/>	Medication fridge only used to store medications
<input type="checkbox"/>	Medication fridge cleaning schedule available and has been cleaned in the last month
<input type="checkbox"/>	All medication drawers, the Schedule 8 safe, Schedule 11 cupboard and Medication Room are locked
<input type="checkbox"/>	<a href="#">Mortal and pestles</a> are used with patty pans/muffin liners
<input type="checkbox"/>	Medication preparation areas have adequate lighting, are free from clutter, isolated and free from distractions
<input type="checkbox"/>	WOW medication drawers/medication carts are locked at all times
<input type="checkbox"/>	System in place to record allocation of WOW keys
<input type="checkbox"/>	Staff are aware of requirement for <a href="#">labelling IV lines</a>
<input type="checkbox"/>	Staff are completing Medication Reflection Tools for all medication errors
<input type="checkbox"/>	Monthly audits are completed for <a href="#">Schedule 8 and Schedule 11 medications</a>
<input type="checkbox"/>	Staff are reviewing consumer allergies each admission and checking prior to medication administration
<input type="checkbox"/>	Appropriate bins are used for medication waste and liquid preparations
<input type="checkbox"/>	Staff know how to document and report an Adverse Drug Reaction
<input type="checkbox"/>	Staff know APINCH acronym
<input type="checkbox"/>	Medication incidents are discussed at ward/department meetings with an action plan in place
<input type="checkbox"/>	Staff are removing ceased or expired medications from WOWs or patient bedside drawers
<input type="checkbox"/>	Staff are aware of any quality improvement projects related to medication safety

### Standard 5 Comprehensive Care

<input type="checkbox"/>	Evidence of bedside safety checks in place
<input type="checkbox"/>	Bedside magnet boards are utilised and up-to-date displaying accurate consumer information
<input type="checkbox"/>	Staff have completed Pressure Injury Prevention (PIP) WeLearn module and can demonstrate PIP strategies
<input type="checkbox"/>	Staff have completed Falls Prevention WeLearn module and can identify suitable fall prevention strategies relating to risk factors
<input type="checkbox"/>	Staff have completed Malnutrition WeLearn module and can demonstrate how to enter a diet code and add additional diet modifiers (i.e. HEHP for MST>2)
<input type="checkbox"/>	Staff have completed Suicide and Self Harm for nursing/allied health we Learn module
<input type="checkbox"/>	Staff have completed Delirium WeLearn module and can discuss delirium prevention strategies
<input type="checkbox"/>	Staff have completed the OVA WeLearn module
<input type="checkbox"/>	Staff have obtained consent for Portable Video Monitoring, and can demonstrate where this is ordered and recorded in the EMR
<input type="checkbox"/>	Staff are able to identify and correctly complete screening tools for EOLC, Suicide and self-harm, Advance Care Planning
<input type="checkbox"/>	Staff know how to document Advance Care Plan/Directives in EMR, add an alert, and describe where the Advance Care Plan/Directive is located in the consumers medical record
<input type="checkbox"/>	Staff conduct comprehensive assessments and action their findings – i.e. comprehensive assessment and completion of the PHQ2 indicates low mood – escalate to HMO +/- clinical psychology
<input type="checkbox"/>	Staff know how to document restrictive practices
<input type="checkbox"/>	Nursing staff are using MPage Nursing Shift Note to document variances to nursing care plan each shift to improve communication to the team
<input type="checkbox"/>	Staff ensure About Me form is completed for all adult consumers, and information provided is reviewed each shift.
<input type="checkbox"/>	Staff are using the About Me form to create individualised Behaviour Safety Support Plans (BSSP) for consumers at risk of Behaviours of Concern (BOC)
<input type="checkbox"/>	Staff can initiate and modify the Comprehensive Care Interdisciplinary Plan of Care (IPOC) including, update, modify and discontinue tasks, and generate orders in the Comprehensive

### Standard 5 Comprehensive Care

	Care IPOC or complete comprehensive care paper-based risk assessment and create comprehensive paper-based care plans (BMM)
<input type="checkbox"/>	Staff are familiar with post fall management and initiate post fall IPOC as required.
<input type="checkbox"/>	Staff are aware of referral processes and available consultancy services i.e. Palliative Care CNC, Delirium CNC, Pain CNC, CL Psychiatry, OVA Consultant
<input type="checkbox"/>	Staff are aware of the falls rate and PI rate on their ward – can talk about the falls champion and PIP champion program
<input type="checkbox"/>	Staff provide tailored consumer education discussing identified risks and strategies consumers can do to stay safe in hospital.
<input type="checkbox"/>	Staff know how to access Interpreter Services

### Standard 6 Communicating for Safety

<input type="checkbox"/>	Weekly Safety huddles are held at the KHWDB
<input type="checkbox"/>	Staff have completed EMR training modules
<input type="checkbox"/>	ID wrist bands are present on all inpatients
<input type="checkbox"/>	Bedside <a href="#">communication boards</a> are up-dated each shift
<input type="checkbox"/>	Handover is completed at the bedside with consumers if appropriate
<input type="checkbox"/>	Staff use the Ward Overview page in EMR and action discrepancies
<input type="checkbox"/>	Staff use ISBAR as the WH standardised handover tool
<input type="checkbox"/>	Staff acknowledge handover process using EMR each shift
<input type="checkbox"/>	All staff only use organisation approved communication devices, applications and tools
<input type="checkbox"/>	Handover tools with consumer identifiers are kept confidential and consumer details are not visible to the public
<input type="checkbox"/>	Multi-disciplinary teams are reviewing Continuous notes and MPage Nursing Shift Note



### Standard 7 Blood Management

<input type="checkbox"/>	No blood products are stored in ward or medication fridges
<input type="checkbox"/>	Blood products that are no longer required are not left by the patient's bedside (or on WOWs)
<input type="checkbox"/>	Blood buckets are cleaned and available and all staff are aware of storage location
<input type="checkbox"/>	Staff collecting group and hold & cross match are labelling blood tubes and request forms at the bedside and verbally performing positive patient identification prior to collection
<input type="checkbox"/>	Staff are sighting an original valid blood consent prior to proceeding with administration
<input type="checkbox"/>	Staff administering blood products have completed WeLearn module and can locate PPGs

### Standard 8 Recognising & Responding to Acute Deterioration

<input type="checkbox"/>	<a href="#">Call 2222</a> stickers are present on all phones
<input type="checkbox"/>	Staff complete risk assessments including 4AT, suicide and self harm
<input type="checkbox"/>	All staff can explain call for help escalation processes and procedures
<input type="checkbox"/>	<a href="#">Call for help</a> posters are on display



# Call 2222 Stickers

*Call 2222 Stickers is a communication strategy that supports timely emergency escalation and response*

## TOP TIP #1

Sites that use call 2222 stickers are Sunshine, Footscray, Williamstown, Bacchus Marsh and Melton.

Need 2222 stickers?

Stickers can be picked up from front reception at all sites that use 2222.

## TOP TIP #2

All sites that use 2222 must have call 2222 stickers on phones.





# Call for help posters

*The call for HELP program allows consumers, family members and carers to directly escalate their concerns regarding patient clinical deterioration*

## TOP TIP #1

All clinical areas must have call for help posters on display.

Need a call for help poster or brochure?

## TOP TIP #2

Call for help brochures are available in 6 languages other than English.

Order 'call for help' posters through FMIS (Allanby Press) using code 42066 and click on the following link to locate brochures: [Call for help brochures](#)





# Cleaning Equipment

*Cleaning equipment after use prevents transmission of pathogens to consumers*

## TOP TIP #1

Always clean equipment after each use; all cleaned equipment is 'tagged' with a clean Clinell Tag with date.

## TOP TIP #2

Don't forget to remove the old Clinell tag prior to cleaning.

Need Clinell Tags?

Order a Clinell tags from FMIS using FMIS code CCIN1000G







# Communication Boards

*Communication Boards are a useful tool to keep consumers, carers, and families informed about their care*

## TOP TIP #1

Always update the communication board every shift.

## TOP TIP #2

Communication boards support are used to involve consumers in care planning.

Need a new communication board?

Order WH Patient Communication Boards from FMIS (Allanby Press) using code 42194.







# Charter of Healthcare Rights

*The Australian Charter of Health Care Rights describes the rights that consumers, or someone they care for, can expect when receiving health care*

## TOP TIP #1

All wards or areas are required to display the charter of healthcare rights.

## TOP TIP #2

The charter should be placed prominently on your ward or area so it is visible to consumers.

Looking for the Charter to display?

Click on the following link to locate the Australian Charter of Healthcare Rights:

[Australian Charter of Healthcare Rights Poster](#)



# D

## Don't be shy, identify Poster

*This poster supports the delivery of culturally safer care to Aboriginal and Torres Strait Islander people*

### TOP TIP #1

Do not assume that a person is not Aboriginal or Torres Strait Islander.

### TOP TIP #2

The Don't be shy, identify must be placed prominently on your ward or area so it is visible to consumers.

Looking for the poster to display?

Click on the following link to locate the Don't be shy, identify poster: [Don't be shy, identify poster](#)



# F

# Fridge Monitoring

*All fridges require monitoring to reduce the risk of infection (food safety) and to ensure the safe storage of medication (medication safety)*

## TOP TIP #1

All fridges that contain food must have a temperature recording sheet that is completed daily.

Need a temperature recording sheet?

Temperature monitoring sheets for food fridges can be supplied by the Food Services Manager.

## TOP TIP #2

All fridges that contain medication or vaccines must have a temperature recording sheet that is completed once daily, in the morning or twice daily, morning and afternoon for vaccines.

Medication/Vaccine fridge temperature monitoring chart can be located by clicking on the following link: [Medication temperature monitoring chart](#)





# LINEN

*Safely storing clean and dirty linen is key to keeping your space free from infection*

## TOP TIP #1

Always have the cover down on your linen trolley when not in use.

## TOP TIP #2

The floor is no place for dirty linen.

Need an extra skip?

Order an extra linen skip from FMIS using FMIS code AX286 and linen skip sling using FMIS code ML8391.







# Labelling IV lines

*Implementation of the Labelling Standard is a mandatory requirement for meeting the National Safety and Quality Health Service Standards*

## TOP TIP #1

Administration lines and catheters must be labelled with the relevant route of administration.

## TOP TIP #2

Minimum requirements for labelling administration lines are route and date and time the line commenced.

Need IV line labels?

Order IntraVENOUS catheter labels from FMIS (Allanby Press) using code 41179.







# Safe use of Mortar & Pestles

*A mortar & pestle can be used to crush medication if it is used safely*

## TOP TIP #1

Crushing tablets with a mortar & pestle can leave remnants of crushed medication on the mortar & pestle. Always use a Patty pan/Muffin liner when crushing tablets with a mortar & pestle.

## TOP TIP #2

Patty pans and muffin liners are a single use item.

Need patty pans/muffin liners?

Order patty pans from FMIS using FMIS code PP400.



# Name Badge

*Wearing a name badge and introducing yourself to consumers promotes partnering with consumers*

## TOP TIP #1

Always wear your name badge and introduce yourself “Hello my name is...”.

Need a name badge?

Click on the following link to locate the name badge order form: [Name badge order form](#)

## TOP TIP #2

Name badges identify our role to consumers and each other.



# R

# Resuscitation Trolley

*The resuscitation trolley contains essential equipment for responding to acute deterioration*

## TOP TIP #1

Always complete the daily and weekly checks of the resuscitation trolley and equipment.

## TOP TIP #2

The task of checking the resuscitation trolley can be assigned at the beginning of the shift.

Need a copy of the resuscitation trolley checklist?

Click on the following link to locate the resuscitation trolley checklist: [Resuscitation trolley checklists](#)





S

# Schedule 8 & 11 Register Audit Tool

*The S8 / S11 Register Compliance Audit Tool assists with the identification and action of the Registers compliance*

## TOP TIP #1

The S8 / S11 Register Audit Tool must be completed monthly by the Unit Manager or delegate, and area Pharmacy if there is a clinical pharmacy service.

Need a new S8 / S11 audit tool?

Click on the following link to locate the S8 / S11 audit tool:  
[S8 / S11 audit tool](#)

## TOP TIP #2

Action items identified during audit need to be actioned by the next audit. The audit sheet must be retained for future reporting .





# Welcome to Ward Template

*The 'Welcome to Ward' template is a visual display for our consumers showcasing the staff in the ward/area/department*

## TOP TIP #1

Place your 'Welcome to ...' display in an area easily visible to consumers.

## TOP TIP #2

Ensure your 'Welcome to ...' display is kept up-to-date.

Need a new template?

Click on the following link to locate the Welcome to Ward Template: [Welcome to Ward Template](#)