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Awaiting Final Edit

1. MISSION, VALUE STATEMENT and OUR CORE VALUES

Our Mission:

To provide exceptional Patient-Centred Care.

Value Statement:

“We believe in what we do.

What we do is important and impacts on many People’s lives everyday.”

Patients come first: From our personal experience, and the experience of friends and relatives we understand how important it to get the Clinical Outcome right is. Not only the Clinical Outcome, but also the mode of health care delivery; with empathy, respect, dignity and preservation of a person’s uniqueness.

Our Doctors: We will treat our Doctors and the Doctor/Patient relationship with respect. We will do all in our power to enhance the Doctor’s ability to achieve excellent Clinical Outcomes.

Quality Outcomes: Our goal for our Patients is to exceed Medical ‘Benchmarks’.

We uphold these values by our Behaviour. We want to make sure that we are:

Constructive

We are constructive in the way that we provide information, advice and service.

Accountable

We are accountable for what we do and say. We live up to our promises.

Transparent

We work in a transparent way in an environment which is open and honest.

Effective

We are effective by working collaboratively to deliver high quality services.

Empathetic Care

We demonstrate care by showing empathy in our dealings with everyone we work with.

Expectations

We aim to exceed Patient’s expectations. We will measure our performance by Patient and Staff satisfaction surveys.

Auditable

We will gather data. We will internally audit what we do. We will provide statistics so that we can be audited by outside bodies.

2. HISTORY OF MONTSERRAT DAY HOSPITALS

Dr Stephenson has seen his strong Gastroenterological Endoscopy Practice, operating out of two small procedure rooms on Wickham Terrace, in the early 1990's to an Organisation incorporating three Private, Licensed Day Hospital Facilities.

While Dr Stephenson had been in Practice for over 25 years, September 1996 saw the launch of his first endoscopy Day Procedure Facility (located at Spring Hill). Concurrently, his Endoscopy Practice became known as '**Brisbane Gastroscopy + Colonoscopy**'.

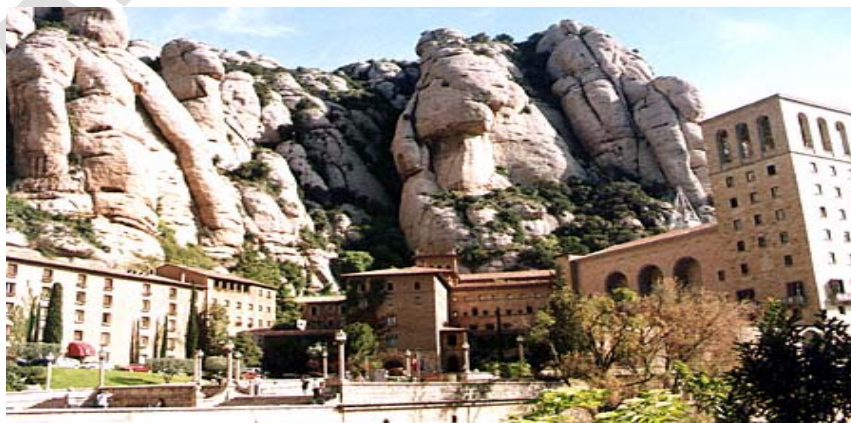
In February 1999, the second Endoscopy Day Procedure Facility opened at Indooroopilly. By 2003, the Endoscopy Facility had grown to incorporate a second division titled '**The Digestive Health Clinic**'. The Digestive Health Clinic set up consulting services in Ipswich.

As the two Endoscopy divisions, grew with an increased number of Doctors working at the Day Hospitals, there was a need to develop a third site. 2003 saw the opening of Brisbane's first stand alone multi-purpose Day Hospital at Gaythorne. The Specialty diversification made possible by the new site meant the Organisation was now a Hospital and therefore the name '**Montserrat Day Hospitals**' was launched.

The Medical Procedures are no longer limited to Endoscopy and the original 'Brisbane Gastroscopy + Colonoscopy' has become one of the many Specialist Groups now operating from the Day Hospitals.

Montserrat Day Hospitals now comprise three Architect-designed, purpose built Day Hospitals for the provision of personalised professional health services. Montserrat Day Hospitals offers a range of elective procedures and surgical techniques.

The Name 'Montserrat' comes from our Owner's Name – Dr Peter Montserrat Stephenson. The name is a family name has been a tradition in his family for generations. Montserrat is also the name of a Mountain situated at the centre of Catalonia, about 30km north west of Barcelona. It is 10km in length, 5km wide at its widest point and it has a perimeter of 25km. and contains a Benedictine Monastery carved into the Mountain. The Mountain itself looks as though it was sawn by the Gods and the word Montserrat means 'serrated mountain'.



Montserrat - Catalonia

3. PROVIDING PATIENT-CENTRED CARE – AN OVERVIEW

We will act, with our major focus, to be Trustees of Patients care. We will attempt to understand their anxieties and concerns and make allowances if their behavior seems demanding or offensive.

The delivery of medical care is undergoing a fairly rapid evolution. Once there was an attitude that doctors and health professionals were all knowing, and that it was difficult to question their judgment.

In addition, medical care a century ago relied heavily on the “hotel services” and care provided by the nursing staff. E.g. before antibiotics - whether a Patient with pneumonia survived or not, might depend on the level of nursing care.

Medicine has become more scientific and technical. Often, sadly, this improvement has been at a cost. Hospitality focus, as well as attention to the psychological (particularly emotional) factors that were a feature of the past, by general opinion, have decreased.

Education and knowledge and expectations of Patients has dramatically increased.

The Law recognizes that people are autonomous and given the appropriate information, they will make the correct decisions for themselves. This is exemplified in the informed clinical and financial consent processes at Montserrat Day Hospitals.

Patient-centered Care makes a Patient a partner in their care. Its aims to acquaint them of the circumstances and processes by which an investigation and treatment plan is formulated. Its enlists their participation in this process.

Not only does it aim to have an excellent clinical outcome, but also to look after their psychological factors.

4. PATIENTS RIGHTS AND RESPONSIBILITIES

Rights

The most important person making decisions regarding their health is the Patient. Patient's have a right to be included in decisions and choices about care. Any course of action or procedure requires their consent and they have definite rights in making a choice to consent or refuse.

Patients have the right to:

- Ask for an interpreter
- to receive a clear explanation as to why an investigation or treatment is a management option.

- Receive an explanation as to the expected outcomes, risks, and side-effects of any treatment option and an explanation of their treatment options
- to discuss any issue which they may feel relevant
- Have time to consider any proposal or discuss it with a relative, friend or helper
- to ask for a second medical opinion
- to consent , refuse or withdraw consent at any time without prejudicing their relationship with Montserrat Day Hospitals or their medical advisors
- Know that they will receive the highest quality of service
- Be informed before any procedure of the likely out-of pocket expenses
- Know that their medical details and identity are treated as strictly confidential
- Know that they will be treated with courtesy and have their ethnic, cultural and religious practices respected
- Receive copies of any communication regarding their medical condition for their personal storage, review and correction if there are errors
- to comment on care and the right to have concerns addressed
- to expect that all our staff will adhere to our value statement.

Responsibilities

Patients have responsibilities to do all in their care to assist in their health care by giving accurate and complete information, be respectful of staff trying to help them, and as this is a private hospital, they are responsible for fees incurred.

Patients undergoing procedures are responsible to organize their transport home and care as per instructions.

5. CONFIDENTIALITY

i. The Patient

The law imposes very strict rules for patient confidentiality. Information may not be divulged, except under very limited conditions or by permission of the patient. Failure to observe these limits may result in a staff member facing very expensive legal actions.

Examples, meant as a guide only, include:

- Is a Doctor allowed to tell a husband his wife is pregnant?
NO – not without her express permission
- Is a Doctor allowed to tell parents their teenage daughter has requested a prescription for the oral contraceptive?
NO
- Am I allowed to tell a relative that a Patient has been diagnosed with cancer?
NO, not without the Patient's permission.

- A well known personality (or for that matter, anyone) attends Montserrat Day Hospitals. Am I allowed to divulge this to my spouse or friend?
NO
- A family friend is diagnosed with an illness. I want to enlist the help of our local church. Am I allowed to do this on my own initiative?
NO. Not without the Patient's permission.

ii. Giving Results

Only Doctors may give results. By their training and experience they can fully interpret the significance of results.

iii. Providing information to a third person or body

For Patients to give permission for disclosure of information they must know the nature of the information, and what purpose it may be used.

We may not give out information to a relative, insurance company or Employer unless the above conditions are met.

NOTE: Some third parties or bodies may stoop to trick you into giving information! If you have any concerns, refer the requests to the Doctors involved.

iv. Other Staff

The over-riding principle is to “do unto others as you would have done to you”. Generally what happens at work should stay at work. Things told between colleagues in confidence shouldn't be divulged to anyone else

v. Montserrat Day Hospitals

A Confidentiality Deed is required to be signed by each staff member on commencement of employment at Montserrat Day Hospitals, with the understanding of the following:

“During the course of my employment at Montserrat Day Hospitals, I will obtain information and knowledge about the employer's business as well personal and clinical records of patients of Montserrat Day Hospitals as well as personal information about my Employer and fellow employees.

My signature on the deed, acknowledges that this information is confidential and is the intellectual property of Montserrat Day Hospitals and:

I will not divulge, reproduce, print out, photocopy or otherwise disclose Montserrat Information to any person or organisation, either during my employment or afterwards, the only exceptions;

- i. Where this is done in the normal course of the day to day operations of the business.

- ii. With the consent of the patient and Montserrat.
- iii. Authorised by way of a Court or Tribunal

I also acknowledge that during the course of my employment I may regularly use computerised data record system. I undertake that I will not manipulate, damage, or otherwise destroy data that is recorded in that computer system, without the express permission of Montserrat. I will not use the IT system for any other purpose apart from work, research and education related to work.

I will make my best endeavours, at all times, to prevent any outside party access to the above information.

I will not divulge any personal information about my Employer or fellow employees.

I acknowledge that any unauthorised breach on my part of any of the above acknowledgements or undertakings will be the grounds for instant dismissal from employment”.

6. OUR DOCTORS (Our Medical Practitioners By-Laws)

Montserrat Day Hospitals aims to provide and maintain a high standard of medical care in Day Patient procedures. The responsibility for the delivery of care is between the patient and Medical Practitioner. The Montserrat Day Hospital aims to share with the Practitioners the responsibility for maintenance of high standards. Montserrat Day Hospitals will ensure professionally competent Nursing staff is provided. It will provide equipment and ensure that such equipment is maintained in good working order, checked at regular intervals and operated by trained and approved staff. Montserrat Day Hospitals will provide for preventative and corrective maintenance and regular checking of all emergency equipment.

1. MEDICAL CREDENTIALING AND GRANTING CLINICAL PRIVILEGES

Montserrat Day Hospitals entitles only those Medical Practitioners accredited with clinical privileges to engage in care and treatment of patients at the Day Care Facility. Accreditation shall only be extended to professionally competent Medical Practitioners legally registered to practice in Queensland, who can document experience and background training. Application for clinical privileges should be made on the prescribed form and the following details are required.

1. Full name, Date of Birth, Private and Professional Addresses, as well as Telephone Numbers
2. Medical Qualifications – When and Where they were obtained
3. Endoscopic Accreditation where applicable

4. Previous and Present Appointments of Practice
5. Documentation of Registration with the Queensland Medical Board and Current Registration Number
6. Details of Subscriptions to a Medical Defence Organisation
7. Details of any physical or other condition which may place the patient safety or quality of care at risk
8. Declaration and signature of the applicant
9. Declaration of medico legal action taken against the applicant which may have limited the applicants clinical practice

2. **APPEALS PROCESS**

Medical Practitioners may appeal in writing against any matters relevant to the granting of clinical privileges. Neither Montserrat nor the Medical Practitioner shall not be legally represented during any proceedings directly or indirectly related to the appeals process.

PROFESSIONAL CAPABILITIES FOR MEDICAL PRACTITIONERS

Interpersonal

The practitioner will act with dignity, honesty, respect for:

- ◆ Staff
- ◆ Other medical practitioners
- ◆ Structure of the organization and its chains of authority and responsibility
- ◆ Quality and Risk Management initiatives at Montserrat Day Hospitals

Patient Relationship

It is expected that the practitioner will:

- ◆ Establish an empathetic relationship based on helpfulness, high quality clinical services, and appropriate level of service relative to the clinical problem.
- ◆ It is expected that Patients will be continued to be treated at Montserrat Day Hospitals unless requiring Hospital admission, after which their treatment will continue at Montserrat Day Hospitals.
- ◆ Open Disclosure – will adhere to the open disclosure process

- ◆ Evidence Based Practice (EBP) - Have expertise in accessing Cochrane Library and undertaking Evidence Based Practice. Ability to do clinical research on the Internet.

Personal Behaviour

- ◆ Practitioners will maintain his/her relevant registrations and accreditations
- ◆ Practitioners will maintain his/her “MAINTENANCE OF PROFESSIONAL STANDARDS” and documentation of ongoing education through relevant college
- ◆ Practitioners will Practice with strong focus on “evidence based” medical principles

General

It is an expectation on the medical practitioners that they will:

- ◆ Report all Incidents to the Clinical Manager at the nominated site. Those incidents becoming apparent at Montserrat Day Hospitals- immediately. An incident report needs to be completed. Those incidents becoming apparent after discharge e.g. admission to Hospital with Post-polypectomy bleed or aspiration, within 1 working day.
- ◆ Practice principles of privacy legislation
- ◆ Keep confidential all knowledge of strategies and goals as well as commercial factors of Montserrat Day Hospital and Digestive Health Clinic and associated health entities
- ◆ Keep confidential all private information of personnel within Digestive Health Clinic and Montserrat Day Hospital
- ◆ Use the IT system to streamline processes within Montserrat Day Hospital
- ◆ Practice in a manner which is cost sensitive and avoids unnecessary waste of materials, services, and staff
- ◆ Maintain appropriate follow up register where appropriate
- ◆ Be aware of “key performance indicators” in the facilities and practices and use best endeavours to achieve these
- ◆ Work as a team player in non-clinical areas
- ◆ Be participative in formal ongoing education to clinical and other staff

7. OUR STAFF

Work Ethic, Initiative, Groups and Teamwork

There can be no substitute for common sense and initiative, good work ethic, good staff inter-relations and teamwork. An example is helping a colleague although it is not on your task list. If you see something that is needed to be done it may be the best solution to simply do it.

Example 1:

A court heard of a case of an adverse outcome that the nurse’s defense was that to put the rail up on the child’s bed was “not her job and anyway she was overdue to clock off”.

Example 2:

An enquiry has heard in the case of multiple fatalities that initiative was not taken because it was not specifically allowed for in the “policies and procedures”.

In Healthcare, the most critical person after the Patient, is the treating doctor. It is most important for Patient care and outcomes, that Staff do everything in their power to enhance the doctor/Patient relationship, and assist the doctor where possible.

Our relations with staff will be governed by our Value Statements. We have an expectation that the relationships between staff and staff towards Montserrat and Montserrat towards staff will also be governed by this statement. Refer to Section 1 of this manual.

Recruitment and Selection; Performance Review and all other Employee/Employer interrelation will be based on the key elements of the Value Statement.

Staff are expected to treat the Patients as they were your own relatives, friends or self and stand up and greet them with a smile – it makes a big difference!

8. STAFF MANAGEMENT AND EQUAL OPPORTUNITY

We aim to provide a rewarding, enjoyable work environment. To this end, we will recruit staff whom we believe will be compatible, and who have a work ethic in alignment with Montserrat Day Hospitals’ values.

Recruitment will be based on these values. Montserrat Day Hospitals has developed a strict guideline for the recruitment and selection process.

Performance Reviews will also use Key Result Areas from these values as well as criteria set out in Performance Reviews.

Montserrat Day Hospitals follow principles of equal opportunity for employment. Refer to section 23.

9. HOSPITAL ACCREDITATION – Checking we are up to standard.

Accreditation should be a daily process. With a proper attitude it is easy and it can be fun. On the other side of the ledger your participation is an implied condition of your employment. A surveyor or certifier should be able to come in at any time unannounced and check that we are up to standard.

There are two bodies both of whom set standards for accreditation. These are the Australian ACHS and the International ISO 9001 system. In many ways their aims are similar. ACHS surveys their own standards through part time surveyors. In contrast in ISO 9001 the system is that we employ an independent outside body to certify that we are up to standard. The outside

body utilizes professional surveyors who themselves must undergo rigorous training for three years and accreditation to ISO 9001 standards. ISO 9001 also audit rigorously that we do what we say we do in our written policies and procedure manuals. That is, they see that what is said is actually done.

In addition the surveyor sent to look us over is the same person from one survey to the next in ISO 9001. This allows a relationship with our surveyor to be built up. We can take any issues that we have to them to help us resolve. Montserrat has recently changed from ACHS to ISO 9001 and finds that ISO 9001 process a superior system.

The quality management principles in ISO 9001 are in short.

- a) Customer focus: We should meet patient's requirements and strive to exceed their expectations.
- b) Leadership: We should establish unity, purpose and direction in the organization.
- c) Involvement of people: People at all levels are the essence of an organization and their full involvement enables their abilities to be used for the organisation's benefit.
- d) Process approach: A desired result is achieved more effectively when activities and related resources are managed as a process.
- e) Systems approach to a management: Identifying, understanding and managing inter-related processes as a system contributes to the organizations effectiveness and efficiency.
- f) Continual improvement: We periodically review our processes, systems and audit what is going on to improve.
- g) Factual approach to decision making: Effective decisions are based on analysis of data and information.
- h) Mutually beneficial supplier relationships: We are interdependent with our suppliers and a mutually beneficial relationship enhances the ability of both to create value.

The company that we have engaged to certify us under the ISO 9001:2000 is Global Mark. The person from Global Mark who surveys us is Christine Harpham.

10. RISK, QUALITY AND SAFETY

It has been shown numerous times that quality saves money in the long run. Quality systems fully utilized always save money through the lack of rectification and rework. In addition a lack of quality upsets patients and frustrates and demoralizes staff.

We undertake risk quality and safety activities because they are the morally right thing to do to serve our patients. We ask our staff to treat all patients as if they would want their relatives or themselves to be treated and that staff would be comfortable if they or a relative were referred to us. This implies a

hospital which has a major focus concentrating on these factors. It is also a condition of our accreditation.

We ask all staff to report incidents, non compliance, repairs and maintenance issues, complaints and compliments, hazards and risks and potential improvements in an imaginative and proactive manner. Indeed it is an implied condition of staff employment that they will do this. Involvement in these activities will be a subject of assessment in their annual performance review.

Montserrat has a quality management plan. Its objectives are:

- Maintenance of skills, equipment and other resources including our manuals, to at least the level of our last survey and to improve where possible. This will be achieved by regular review and updating of our policy and procedure manual as well as auditing processes to see that the manual remains appropriate and whether improvement is required.
- See that work processes are compatible with a documented procedure manual in this booklet and on SharePoint.
- Ensure specifications and standards, policies and procedures, are clearly expressed in our manuals and understood.
- Ensure suitable quality records are kept electronically and continually maintained.
- Have a user friendly method on SharePoint to record incidents, risks, hazards, non-compliance, repairs and maintenance issues and potential improvements. We expect our Staff to faithfully record all things coming under these headings. We make a commitment to investigate, follow up and make changes where necessary and report back to the reporting staff member. We will statistically report all such episodes and audit them.

Quality Indictors

1. To comply with 100% of the requirements of our Queensland Health license to operate private health facility.
2. To maintain certification against ISO 9001:2000 and the private sector quality criteria.
3. To respond to a patient, doctor or staff complaint within two (2) working days.
4. To acknowledge receipt of 100% of patient complaints within two (2) working days and satisfactory resolution within 14 (fourteen) days.
5. To meet patient expectations against agreed indicators.
6. To provide quality management training to all our staff at orientation and as necessary during employment.
7. To ensure all staff that provide services to patients and doctors are qualified and registered.

8. To ensure suppliers engaged to provide services to our patients and doctors meet credentialing, registration, compliance and insurance requirements.
9. To ensure all management staff have been trained as internal auditors or lead auditors.
10. Performance benchmarks and development needs are negotiated with employees and performance appraisal at performance appraisals.
11. Management and nominated staff representatives consider these indicators at the Risk Quality and Safety meeting.

11. CREDENTIALING

Recently there is a case in the Public Hospital system where it is said that Credentialing of a Practitioner was imperfect with severe consequences. We must ensure that staff are properly credentialed to work here in a defined role.

In the case of Medical Practitioners, this means a formal process of verifying that clinicians are qualified and competent to undertake the work for which they apply. i.e. they have the appropriate formal qualifications, training experience, competence and are of 'good standing' as judged by their peers.

For this purpose, we have a Credentialing Committee who if the above requirements are met, grants 'clinical privileges'. This means that a doctor or other health care professional e.g. Dietician, Physiotherapist, is given the right to provide services within defined limits. (Scope of Clinical Practice). A practitioner given privileges only has the right to practice within the limitations set. i.e. an anaesthetist is not allowed to do gastrointestinal endoscopies and a gastroenterologist may not give anaesthetics.

The Process:

- i. Director of Clinical Services, Medical Director of Montserrat Day Hospitals are to be notified if a medical or allied health practitioner wishes to undertake lists at any Montserrat Day Hospital.
- ii. An Application Form for Clinical Privileges, Medical By - Laws and General Limitations on Surgical Procedures at Montserrat Day Hospitals are to be sent to the medical or allied health practitioner. In applying for clinical privileges the medical or allied health practitioner must provide evidence of qualifications, Queensland Medical Board Registration details, Indemnity Insurance and Curriculum Vitae.
- iii. Application forms and associated paperwork are to be sent to the Medical Director of Montserrat Day Hospitals, Level 1/35 Astor Terrace, Spring Hill 4004.
- iv. Interim Clinical Privileges may be granted by the Medical Director of Montserrat Day Hospital for a specified period of time until a Credentialing Committee meeting can convene to consider the application.

- v. The Credentialing Committee may grant clinical Privileges for 3 (three) years or a lesser defined period of time.
- vi. Only credentialed medical or allied health practitioners may work at Montserrat Day Hospitals.

12. 'VOICING CONCERNS' WITHIN THE ORGANISATION

STAFF - GENERAL

In any group of People working together there will be times when their interactions lead to issues. Human Nature causes this and most can be resolved by normal coping behaviour and discussion.

The spectrum of interactions between people are very varied and what is acceptable to one Person may not be to another.

But, there may be interactions which may be outside the norms of acceptable resolvable behavior.

If behaviour or comment is unacceptable to you, say so to the Person doing or saying what you find offensive or unacceptable. They should be allowed to know. e.g. 'Your saying that upsets me'.

If the behaviour persists, then it enters the unacceptable realm and possibly constitutes bullying or harassment.

The R.A.I.S.E. template is encouraged to assist in resolving issues. Refer to section 14.

It is the policy of Montserrat Day Hospitals to use outside Consultants to investigate and advise courses of action in these cases. A complaint must be made in writing and may be addressed to your Supervisor or if you feel uncomfortable, to the Board or the workplace, health and safety officer. Refer to section on "**method of handling issues of concern where immediate safety is involved**".

Refer to section 14.

PROCESS FOR HANDLING DOCTOR IMPAIRMENT

Doctors are Humans and have the same weaknesses as the general community. Examples are alcoholism and drug addiction. The Health authorities have a method of sensitively investigating, treating and managing these issues. This may involve suspensions of medical registration until resolution of issues. Unsuccessful resolution leads to deregistration.

It is a moral and legal requirement that we be alert to these issues. The Credentialing Committee has within it a subcommittee of 'three wise men' who will look at any reports rapidly and determine what action is to be taken. (In cases where there is determined to be impairment action, this involves

withdrawal of privileges, notification of all hospitals that Montserrat Day Hospitals has withdrawn privileges, involving the Australian Medical Association, (who outline the proper course of action for the involved Doctor). If it is determined at this level that he or she is unfit then there is, notification of the Health Board of Queensland.

Safety of Patients and their excellent care are of paramount importance. This can be achieved if the work environment is healthy and has high morale. Resolving issues earlier rather than later in usually results in a far better outcome.

Voicing your concerns may be through the following method:

TYPE OF CONCERN	IMMEDIATE ACTION	METHOD OF REPORTING IS UNRESOLVED
Issue with a staff Member	R.A.I.S.E.	To your Supervisor
Bullying or Harassment		Written report to a Supervisor or to the Board or Workplace, health and Safety Officer.
Employment Issues	Bring concerns to your Superior who will raise the issue with Finance Manager	If no resolution, written report to he Board
Unsafe work Practices	Bring concern to your Supervisor OR	Raise incident report, OR raise suggestion for improvement report
Suspicious, abnormal or inappropriate behavior, including suspected alcohol or drug use	Bring concern to your Supervisor OR	As above
Doctor Impairment		Notify the medical Director by phone and in writing. Obtain signatures of any other witnesses or concerned persons.

13. YOUR COMMITMENT TO QUALITY PROCESS

We have developed a very simple, easy process on “SharePoint” for:

- Reporting an Incident
- Hazard/Risk
- Feedback- complaint/compliment/Suggestions for Improvement (includes suggestions for equipment procurement)
- Non-Compliance , including maintenance or repairs

All Staff working at Montserrat Day Hospitals are considered as “Members of the team” and are required as part of their employment to part-take in the ‘Commitment to Quality’ process. The process is simple and user-friendly. It involves lodging one of the above onto the “SharePoint” electronic database. The information needed will be:

- a. nominating what the issue is
- b. documenting the relevant people involved
- c. describing the issue
- d. describing what was done to address the issue

The report will be sent to your nominated Manager who will perform further investigation and report to the Risk, Quality and Safety Committee. We will make a commitment to you that we will take your report seriously. Feedback will be provided to the Staff Member who lodged the report.

Each Staff member will be required to submit the issues on the day that they occur or are identified. Before the completion of daily timesheets, Staff must respond to an electronic question asking them if they have any issues to report for that particular day.

All staff are encouraged to report, as Management are genuine in wanting to enlist the help of all the members of the team, as well as striving for a continuous quality improvement plan.

All reports are overseen by the Risk, Quality and Safety committee.

Active participation will be one parameter used in Performance Reviews.

14. METHOD OF HANDLING ISSUES OF CONCERN WHERE IMMEDIATE SAFETY IS INVOLVED

Example 1:

A patient is ‘handed over’ to you in recovery with PR bleeding. You are concerned that the bleeding is excessive.

Example 2:

Patients are being admitted to recovery rapidly and by sheer weight of numbers you, as the Recovery Nurse feel there is insufficient resources for the situation.

In example 2, the first option is to attempt to get staff from elsewhere in the Facility who may at the time be performing in a “low priority” area such as admissions.

Although there is desire to keep the flow through the unit continuing, this **MUST NEVER** compromise safety.

If in example 2, if no further staff can be recruited, and in example 1, then follow the R.A.I.S.E. template (adopted from the aviation industry) should be used.

RAISE

R- Relay information: to proceduralists and Anaesthetist – ‘There is a problem here and I do not feel comfortable with it’

A- Ask a question: ‘do you think that the next patient could be delayed until the situation is resolved?’

I- The ‘I’ statement – I am concerned that there is a risk to safety here

S- Solution Statement: ‘Delay the next Patient and help me resolve this

E- Emergency Statement: ‘You must help me here’

The R.A.I.S.E. method escalates in a firm, but diplomatic method the concern. It progressively increases the imperative for there to be a response. It looks for a resolution at each level.

If at the end there is no response, phone the Director of Medical Services who has the authority to suspend all procedures until the concern is resolved.

An Incident Report must be generated outlining:

- (i) the incident
- (ii) the R.A.I.S.E. process followed by the response

Resolution Template (an aviation methodology)

Staff is required to bring to the attention of others any divergence from Standard Operating Procedures (SOP). The method of doing this is via a process using the acronym ‘R.A.I.S.E.’.

15. INTERNAL AND EXTERNAL AUDITS

Internal auditing is an activity to see that we do what we say we do and in a timely manner. It helps Organisations to meet their quality objectives. It does this by using a systematic methodology for analysing business processes, procedures and activities with the goal of highlighting organizational problems and recommending solutions.

Montserrat Day Hospitals has a number of nominated People as internal auditors that have completed the internal auditing course. These People are known as our internal auditors.

The scope of internal auditing within an organization is broad. Some audits are automated on SharePoint. Others require someone personally tabulating the level of compliance.

Internal audits are one of the key features in Montserrat Day Hospitals Quality Management system. The key objective is to determine whether planned

arrangements (procedures, policies etc.) are being followed in practice and to see if things might be done better.

The scope and frequency of each audit may be determined by the importance and history of the activity that is being audited.

All Staff will be required to participate at times. Results of audits will be feed back to all Staff on a regular basis.

There is a 12 month Audit Plan included in the Montserrat Day Hospitals Quality Management Plan. This provides a description of the activities that will be performed in that 12 month period.

External Auditing is performed by Queensland Health and by Globalmark Australia. Queensland Health audits aspects of our performance for licensing and Globalmark for ISO 9001 Hospital Accreditation.

16. ELECTRONIC DOCUMENTATION - SHAREPOINT

Montserrat Day Hospitals has two forms of electronic document management systems.

Patient Management System – all Patient records are kept electronically Paper records must all be in a form which can be scanned into DOX. That is, there must be a corresponding bar code which identifies Patient, Date, and type of document.

Any new forms created must be approved by the Risk, Quality and Safety Committee.

All Patient records plus any other pertinent records relating to the Patient, e.g. incident reports, letter of compliment or complaint are to be scanned in on the day they are completed.

Note: Letter of Complaint to be also forwarded – see Montserrat Day Hospitals Complaints Policy – refer section 25.

Some documents – e.g. the completed Patient Information Form (PI form) for colonoscopy, and associated, now completed documents will be retained in a lockable filing cabinet when

- a. the procedure is incomplete
- b. the Patient cancels

NOTE: the completed PI form will be file scanned on the day completed.

Any Doctor wanting to retain records for dictation must first have it file scanned into DOX. Then it must be stored in a lockable filing cabinet. At completion of dictation they are to be shredded on that day. Any other documents at the completion of an episode, coding, or Patient cancellation are to be shredded on that day.

All lockable filing cabinets are to be controlled by the Receptionist on site.

SharePoint for all Organisational Documents

Each Staff member has access to Montserrat Day Hospitals electronic documents except Staff records and financial records. They are stored in the web based program 'SharePoint'.

17. WORKPLACE, HEALTH AND SAFETY

It is our wish to provide a safe harmonious environment for patients and staff. It is also a requirement that we do so.

1. The Emotional Environment

This means an emotional environment that is set out in our Value Statement, one of respect for each other, respect for our individual personalities, our dignity and uniqueness. We attempt to see that our teams (groups) enjoy each other's company so that they can get on with the tasks in hand.

In this regard we will attempt to have an environment of opportunity, free of harassment and bullying.

2. The Physical Environment

We are a team. It is important that all understand the importance of taking initiative and fixing minor things where appropriate and otherwise report maintenance issues and potential risks.

3. Planning for Emergencies

There are definable incidents which hopefully may never happen – but we (for which) need to be prepared. These include fire and patient emergencies such as respiratory and cardiac arrests. We also need to protect staff from such things as lifting injuries by safe manual handling training.

4. Organisational

A workplace, health and safety consultant is part of our management. The Workplace Health and Safety consultant is to advise on all matters relating to Workplace Health and Safety and advise on policy and procedure formulation.

There will be appointed at each site a Workplace, Health and Safety Liaison Officer. This is to be a rotating position so that all staff members in future may be asked to participate. This will allow all staff to become familiar with workplace health and safety issues and participation is an expectation. The

liaison officer at each site will be visited at least fortnightly and the liaison officer will report any routine matters at this time.

5. Bullying and Harassment

Please refer to Section 12.

6. Maintenance Risk and Hazard

Please refer to section 13.

There will be times when issues need to be rectified within a two week period and the liaison officer will report the issue by phone on the day. It will also require entry into SharePoint see 16 “Your Making a Commitment”.

7. Fire Training

An outside consultant firm is engaged annually to provide fire training. Each staff member must attend one of these sessions and attendance records will be kept. Attendance will be reviewed at work performance review.

8. CPR Training and Manual Lifting Training

These two separate activities are also performed by outside firms annually. The comments above regarding attendance, attendance records and performance review in Fire Training will also apply.

18. MAINTENANCE AND CALIBRATION OF EQUIPMENT

All electrical and medical equipment require preventative maintenance, calibration, and certification. This is the responsibility of certain of the Managerial staff and a convenient “drop down calendar” is on their version of SharePoint. This will act as an aid to memory and also all they need to do is click on the relevant square to enter the date completed. This is then available for audit.

19. INFECTION CONTROL

Cross infections can affect patients as well as staff. They are very distressing and may even be life threatening.

In infection control there is also to be considered the environment. Our practices must ensure that we are not responsible for transmitting organisms

within our environment, from the environment to patients, or staff or from staff or patients to the environment.

The single most important strategy to reduce the risk of infection in hospitals is hand hygiene. Staff must understand and adhere to the five moments of hand hygiene.

The second core practice is that staff are vigilant to identify every day events with the potential for cross contamination e.g. a patient with flu coughs into their hand, then uses their unclean hand to use the Receptionist's pen to sign a form.

The third core practice is that staff must use protective clothing as stipulated in the Procedure Manuals. Protective outer garments must be changed between patients.

The fourth core practice is that staff are to use personal protective equipment as set out in the Procedure Manuals i.e. eye protection.

The fifth core practice is that staff are offered appropriate vaccination and a vaccination record is maintained. We will happily reimburse staff for the cost of vaccination once it is complete.

Our specific policies relating to infection control can be found on "SharePoint".

20. RECRUITMENT OF STAFF

The main objective of our recruitment process is for attitude and culture. The second objective is skill set.

We have a process that is to be followed when recruiting new Staff.

Identifying the Need

1. Perform needs analysis with current staffing levels
2. Review current Position Descriptions
3. Review divisional task lists
4. Re-write Position Description accordingly ensuring:
 - Essential criteria
 - Desirable criteria
 - Key Result Areas (KRA's) designed for the position
5. Obtain permission to employ – complete an "Application for Employee Placement" Form and approved by the Director of Montserrat Day Hospitals

Advertising

9. Develop advertisement according to essential / desirable criteria
10. Identify means of Advertising (select target market)
11. Obtain quotes

12. PROOF READ and have checked by 2nd person in the organisation
13. Advertise leaving effective time frame

Assess Curriculum Vitae

1. Assess CV's
2. Get 2nd opinion, cross matching applicants against selection criteria
3. Identify 2nd manager or staff member that is capable to assess applicants v's 'job fit', to interview: Present a clear indication of what time will be involved for monitoring costs to each Division for use of staff time. Ensure that the same person assists with the interviews, at every interview for continuity of the selection process, as well as a fair opportunity to assess the applicants.

Selection Process

1. Arrange interviews
2. Develop interview questions based on KRA's
3. Weight interview questions
4. Plan interview
5. Interview ensuring:
 - Fair allocation of time
 - Pleasant, calming environment
 - Avoidance of interruptions
 - Same panel of interviewers for each candidate, so that the candidate can be benchmarked against each other
 - Documentation is complete, and each applicant is given a rating according to knowledge and response.
 - Candidates complete a DiSC test
6. If candidate successful:
 - 2nd interview arranged with at least 1 of the 2 previous interviewees' as well as a peer, or group of peers
 - Questions developed by the team prior to interview and questions weighted
 - Scenario questions (at least 4) must be askedIf unsuccessful;
 - Candidates notified by phone and letter within 7 days
7. Successful 2nd interviews for a:
 - i. Manager – further testing may be required, aptitude tests may be necessary
 - li. Subordinate- Relevant skills and aptitude tests, assessment of "Hands on" experience
8. Unsuccessful 2nd interview applicants are notified by phone & made in writing within 7 days

Reference, Registration and Criminal Record Checking

1. At least 2, but preferably 3 referees should be contacted

2. A list of specific probing questions should be formulated following interview focussing on weak points identified or need for further information. A set of standard questions should also be formulated if no interview:

- be formulated to ask of each candidate
- All questions & responses should be documented

3. Site and copy Registration and current practicing Certificate

4. Criminal record Check (short version)

Contract Negotiations

1. Negotiations re remuneration and working conditions discussed with candidate for consideration

2. Position offered in writing

Internal Processes

1. Organisation – Finance Manager is notified re successful candidate and commencement time – complete a Employee Placement Form

2. Contract is offered, before commencement of duty, and signed by both parties

3. Orientation program organised.

4. Personnel file made, both electronically and hard copy

5. Associated paperwork is file-scanned electronically and filed into personnel file.

21. SIGNATURE REGISTER

All Staff are required to sign a central signature register that will be housed with the personnel files, stored and managed by the Finance Manager. These files are kept in a securely locked cabinet. All new Staff commencing employment at Montserrat Day Hospitals will be required to sign this register as part of their Orientation Program.

There will also be a signature register located at each of the sites for all Staff, Doctors and Anaesthetists that work at that particular site.

The Clinical Manager is responsible for ensuring that all Staff, Doctors and Anaesthetists that attend that particular site, sign the register. Once the register is updated, the Clinical Manager must scan the document and store in the Montserrat Day Hospitals Electronic Document Management system. The Hardcopy is retained by the Clinical Manager and kept securely locked away.

As new Staff, Doctors and Anaesthetists join the site, the Clinical Manager is responsible for updating the register, rescanning the updated version and storing securely again.

22. ORIENTATION TO THE WORKPLACE

All new employees are to undergo an orientation process over the first month. In the first two weeks there will be induction.

Induction will set a new employee up for success. In this process a new staff member will be introduced to:

- This Manual including our values and expectations.
- Our culture.
- Our systems including, but not limited to IT including SharePoint, communications including email and telephones.
- Our systems for patient management (Call Centre, bookings, pre admission, Day Hospital admission and post discharge, consent and service delivery).

The induction will also include making a new staff member familiar with their rights and responsibilities, rostering and timesheets. In addition a new staff member will get to know his or her work colleagues, the work environment, and how it all works.

In each Department a new employee will get specific instruction to ensure they have the skill set commensurate with their position.

Within the first month the new employee will be responsible to ensure they have completed the mandatory competencies, as specific to their role and including fire training, CPR and manual handling. Documented evidence of completion is required.

The orientation process will be completed in the first four weeks. Again the employee will be responsible to ensure he/she has documented evidence that they have fulfilled all the requirements of orientation. On the first day a booklet needed to be completed for the evidence will be given with this Manual.

The new employee's probationary period will be six months. At six months there will be a performance review.

23. PERFORMANCE REVIEWS

Montserrat Day Hospitals aims to review its own performance regarding clinical care by way of ongoing patient satisfaction and clinical outcome surveys as well as internal and external audits. It is also important that there be regular reviews of employee's performance for both the employees and Montserrat Day Hospitals benefit. These reviews are integral to our overall performance management.

Performance reviews are not meant to be stressful or threatening. Nor are they linked to pay increases. The aim is that at the day there are no surprises

as feedback has been regularly occurring from an employee's superior on an informal basis. The review will allow not only feedback on an employee's performance, but also Montserrat's performance for the employee.

It will also allow goal setting and discussion of any requirements an employee might have to achieve these or further their career.

Routine performance reviews will occur at six months after commencement and then annually – from mid November to December. If there is an issue from either side or if there is an issue recurring from either side before these dates.

The review will be based on the criteria below.

i. Attitude and Culture

This is to be conducted on as a 360 degree review and has the core responsibility areas included:

- Has a good work ethic
- Strong positive “can do” attitude
- Develop strong interpersonal and group relationships with other members of the Montserrat team to maximize workforce productivity
- Behaves in a manner consistent with our core values to ensure excellent patient outcomes
- An active participant in any continuous improvement activities
- Is of even temper and mood
- Good knowledge of what is required in the job.

(The 360 degree tool reviews a staff members' own assessment on their performance against the assessment of their Manager, peers and colleagues).

ii. KPIs derived from the job description.

- a. Knowledge of relevant parts of the Manual relevant to the work of the employee
- b. Basic competence in using SharePoint and ability to reference policies and procedures.
- c. Task competency.
- d. Participation in the “Your making a Commitment” process.

KPIs will be set in the position description and freely available to you should you misplace your copy.

Montserrat itself will be subject to “the balance scorecard review”. This latter review includes aspects of employee satisfaction and morale.

24. HOSPITAL REPORTING TO EXTERNAL BODIES

Montserrat Day Hospitals must report either as an ongoing or an intermittent requirement to:

- Queensland Government on all clinical activities being performed at the Hospital
- Queensland Government on clinical indicators. This is a numerical total of specific indices in clinical activity by which our performance is judged and benchmarked. Examples are deaths, returns to theatre, delayed discharge from recovery, and patient non shows.
- Queensland Complaints and Quality Commission. We must report three monthly on specific activities. It is of note that this body is undertaking initiative to push clinical improvement. Examples are hand hygiene, venous thrombosis and embolus prophylaxis and aspirin therapy after myocardial infarct.
- The Health Insurance Funds and DVA. All activity related to patients undergoing procedures for which there is a CMBS item number. The Health Funds and DVA in turn must pass this information to the Commonwealth Government's Private Hospital Data Bureau.
- ISO 9000 certifier on all aspects of our operation for accreditation purposes.
- Queensland Health Department on any changes to case mix proposed and we are subject to intermittent audit to maintain our hospital license.
- Any other Benchmarking bodies specific to your Specialty e.g. Gastroenterology
- Hospital cost data to the Commonwealth department of health and Aging
- Australian Bureau of Statistics

We are asked to report to:

- The Commonwealth Government Private Hospital Data Bureau on input costs annually.
- The Australian Bureau of Statistics annually.
- Benchmarking groups for our own information but intermittently the Health Insurance Funds have also required this.

In addition Montserrat Day Hospitals personnel have participated in Federal Government committees for policy formation as well as taking a significant role in industry bodies. It is Montserrat Day Hospitals intention to continue to contribute.

25. COMPLAINTS MANAGEMENT

Complaints often are “gold mines”. They tell us where we can and may need to improve. For this reason we want to ensure that patients and staff satisfaction is enhanced through the provision of effective complaints management as well as allowing for us to improve. The complaints

management process is documented under Section 13 – Your Commitment to Quality Process

26. MAKING A COMPLAINT TO THE HEALTH QUALITY AND COMPLAINTS COMMISSION

Following the problems highlighted by a subsequent report into the Patel incident at Bundaberg Hospital the Health Quality and Complaints Commission was set up. It aims at improving health delivery in Queensland.

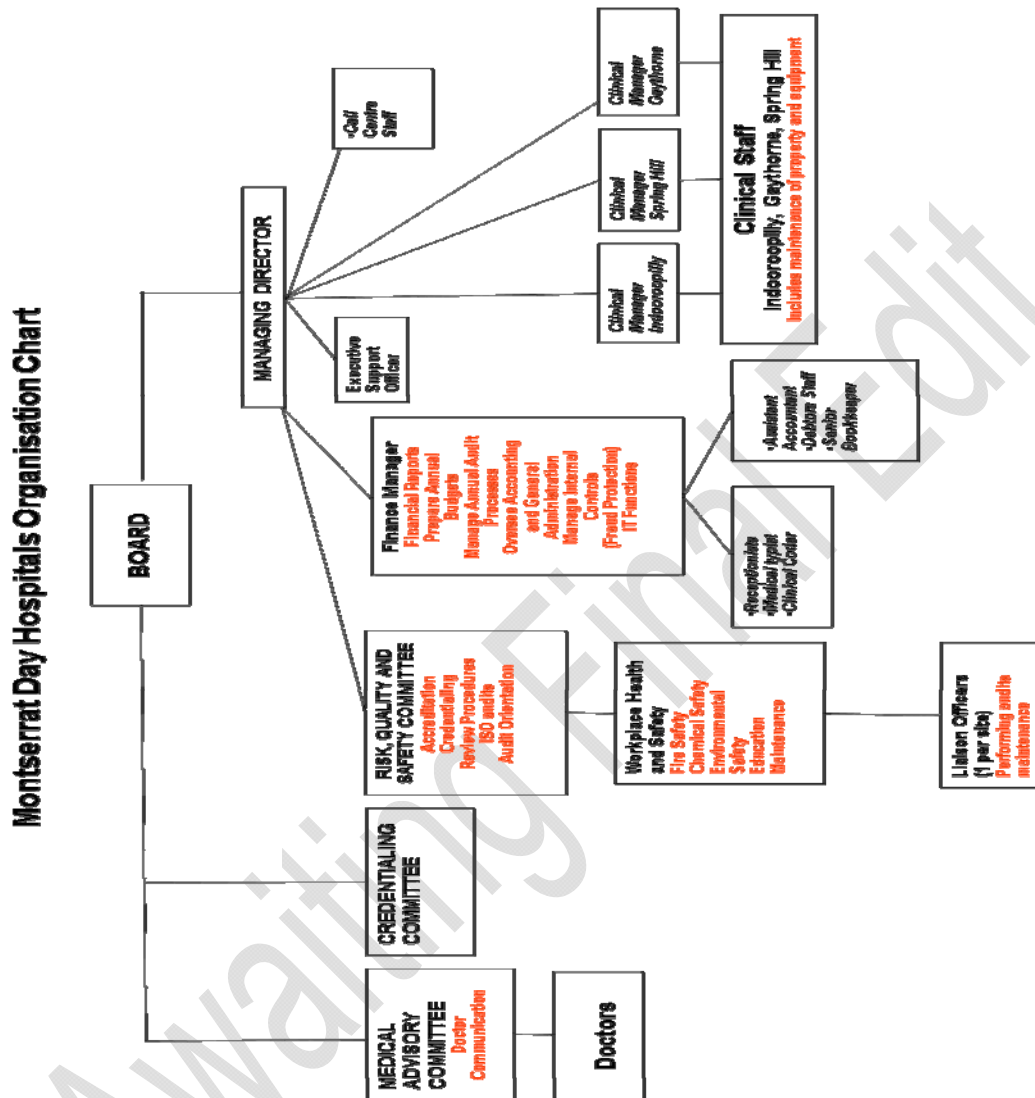
We adhere to their standard re management of complaints.

In the event of a complaint which may end up with the Health Quality and Complaints Commission the first step is to acquaint the health provider be it the Day Hospital or a proceduralist within the Day Hospital of the patient's concern so that they might be resolved if possible without the complaint going any further. If a patient remains unhappy with the response they are invited to contact the Health Quality and Complaints Commission. This can be done in writing, by telephone, in person or online.

If a person wishes to make a complaint to the Health Quality and Complaints Commission they are to be assisted in this process. Copies of the complaint forms can be downloaded from the Health Quality and Complaints Commission website.

Montserrat Day Hospitals along with all other hospitals in Queensland provides information on activity on a three monthly basis to the Health Quality and Complaints Commission.

27. ORGANISATIONAL STRUCTURE



28. CHAIN OF COMMAND AND COMMITTEE STRUCTURE

Montserrat Day Hospitals is governed by a Board of Directors. The Role of the Board is to set up Strategic Direction and budget, and to ensure the Company can meet its financial, legal and regulatory obligations. The Board meets monthly.

It has 3 committees to assist it. These are and are scheduled:

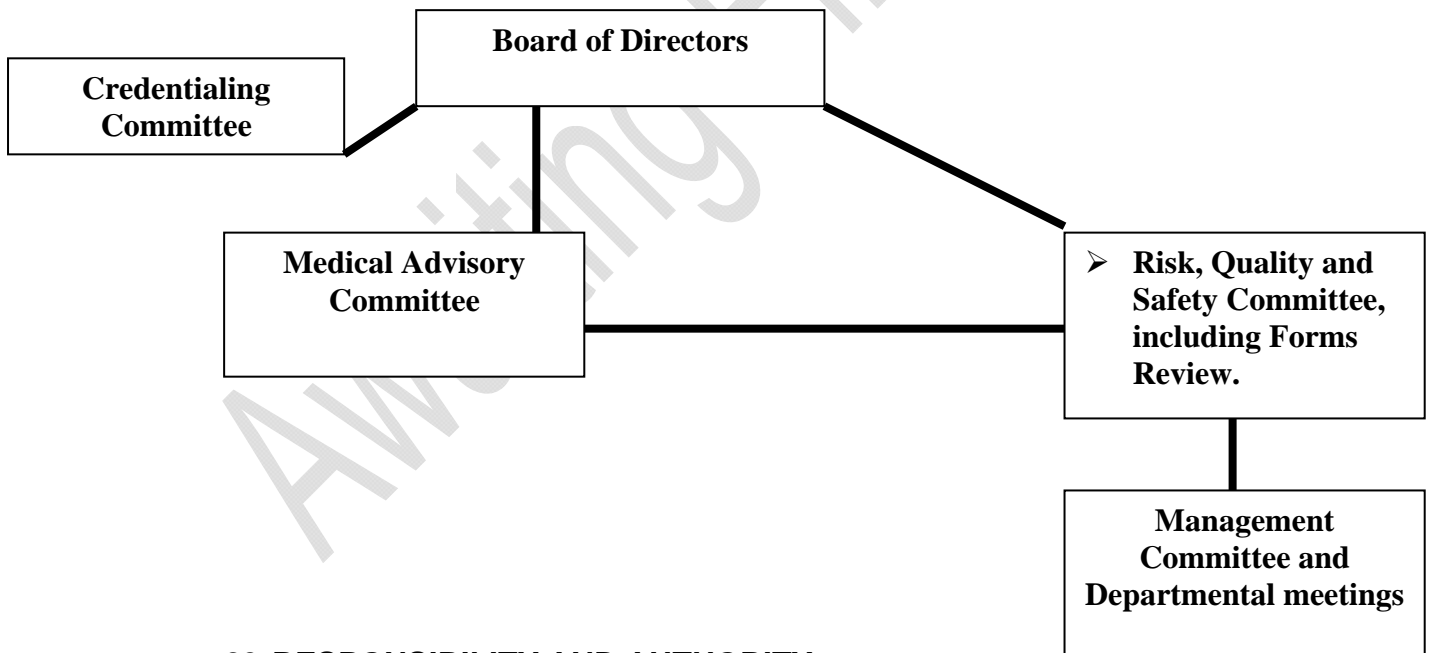
1. Medical Advisory Committee
Meets 4 times per year (1st Tues February and October)
2. Credentialing
Meets 4 times per year (2nd Tuesday February and October)
3. Risk, Quality and Safety Committee
Meets Monthly (2nd Tuesday every month, except January)

In addition, the Management of the Facilities is the responsibility of the Managing Director.

The Finance Manager is responsible for the Administration and Finance Team. The Director of Clinical Services is responsible for the Clinical Division and Call Centre Staff.

Management Meetings are conducted on the 2nd Tuesday of every month for the management team and these are conducted for the day to day operations of Montserrat Day Hospitals. Departmental Meetings are conducted in both the clinical and administrative divisions, and meet as determined by the Manager of that division.

The Organisational Committee Reporting Structure:



29. RESPONSIBILITY AND AUTHORITY

In an emergency, Staff are expected and authorized to use their common sense and initiative to resolve the matter.

All Staff are expected to treat Patients according to our Value Statements.

Montserrat Day Hospitals recognizes that good Staff relationships based on respect and dignity are fundamental to good working relationships. And good working relationships leads to good Patient service.

Otherwise for consistent quality service, Montserrat Day Hospitals sets the expectations of performance by means of

- Work contracts
- Job descriptions
- Task lists
- Performance reviews
- Processes and Procedures
- A healthy, robust and accessible Risk, Quality and safety Committee

Whinging

People frequently complain in a manner that is designed to “big note” themselves rather than have the subject of their complaint fixed. It is to be discouraged.

Complaints are valid attempts to get something fixed and we encourage any effort for improvement.

Lunch Room Scuttlebutt and Rumour

These are almost always inaccurate or untrue and have a similar purpose to a whinge.

For *Quality Assurance*, any changes made must go through the Quality, Risk and Safety Committee for review and implementation. All document reviews or new document formulation must also go through this process.

It is an expectation of all who work at Montserrat Day Hospitals that they will contribute to quality improvements and report incidents, hazards and Risks and suggestions for improvement as well an identification of maintenance needs. This can be achieved by reporting to the site Clinical Managers or via the electronic records system “SharePoint”. This is very simple and you will receive feedback on the outcome of your report within days.

“To whom should I report?” Follow **Table 1** as a guide:

Table 1 – Line of Authority and Reporting:

Degree / Severity of Risk	Examples of Risk	Risk Communication Process

	<ul style="list-style-type: none"> ◆ Machinery failure – Air conditioning ◆ Payment of accounts not possible due to shortage of cash flow 	
Extreme	<ul style="list-style-type: none"> ◆ Generator Failure ◆ Security Breach – break and enter & fire ◆ Natural Disaster ◆ Fraud ◆ Information Technology Functionality Disaster ◆ Medico Legal Case ◆ Clinical incident - sentinel Event ◆ Health fund negotiations failure ◆ Accreditation by ACHS – high priority recommendations or accreditation failure 	<p>Director of Clinical Services or Finance Manager</p> <p>Executive Director of MDH or Medical Advisory Committee or The Board</p>

30. 'WHAT MAY BE SAID AND BY WHOM'

What is said, by whom and when is of paramount importance.

- It is most important that nothing ever is said even jokingly to undermine the Day Hospital, Doctors and other staff. To do so otherwise creates unnecessary anxiety on the part of patients.
- Language and the content of discussion should not offend patients or other staff. Anything of a sexual or confidential nature may not be discussed within earshot of others who might be offended or create a bad impression. It is to be assumed that patients, who appear to be sedated, can hear perfectly.
- Confidentiality is to be respected. Please see Section 5 on Confidentiality.
- You may be asked questions which are beyond your training and expertise. You will be respected if you say "I don't know how to answer that but I will find out for you immediately".
- Don't offer advice unless you have had specific training at Montserrat on the topic.

31. OPEN DISCLOSURE

In procedures in medicine there is always a possibility of an adverse outcome. This may be very serious for a patient's health ranging through to minor. The adverse outcome may also be serious for a patient's psychological state.

Adverse outcomes are very upsetting for all concerned.

It is Montserrat's policy that the doctor involved will:

- (a) Say sorry to the patient/relatives for the adverse outcome.
- (b) Explain to the patient/relatives what is to be done to correct the situation.
- (c) Give an explanation what went wrong to the patient/relatives.
- (d) Explain what steps we/he/she is going to take to minimize the chances of it happening again.

These four steps labeled (a), (b), (c) and (d) are called Open Disclosure.

32. CLINICAL CONSENT

Please refer to Section 3 – “Providing Patient Centred Care – an Overview”.

Clinical consent is a process. A signature on a form does not confirm this process.

The process takes into account the following:

1. The patient must be able to give consent i.e. they must be of sufficient age and intellectual capacity.
2. They must have the process explained to them, the reason for the procedure, the outcomes expected, possible complications and their ramifications, and alternative methods of dealing with the situation.
3. They must be under no duress to agree.
4. They should have time to consider the information and discuss it with whomever they wish.
5. They should have the right to withdraw their consent at any time without prejudicing their relationship with the health care providers.

We attempt to document all our involvement in the process. This is very important.

The consent process for colonoscopy is used to illustrate this below.

When the patient comes for their preparation they are given as part of their pre admission process the C17 brochure outlining the procedure etc. The patient and staff member sign in the relevant space that this has occurred.

The patient then has days to consider proceeding.

On the day of the procedure the patient is seen by the Anaesthetist and Proceduralist separately. They ensure that the patient has had the opportunity to read and understand the C17 brochure. They ensure any questions the patient may have are answered, and if the patient at the end of this consents then the consent form is signed by the patient. It is also

separately signed by the Proceduralist and the Anaesthetist confirming that they have completed their part in the process.

33. FINANCIAL CONSENT

Please refer to Section 3 – “Providing Patient Centred Care – An Overview”.

It is appropriate that patients know approximately the cost of their procedure before consenting to undergo it. We provide this information and the patient separately consents to this by signing on the appropriate form on the day.

34. HANDLING OF CONTROLLED AND NON-CONTROLLED DRUGS

This policy covers the acceptance of drugs from the pharmacy, handling, storage, delivery to Doctors and accountability. This policy covers controlled and the non controlled drugs (Midazolam and Propofol).

Acceptance of Drugs from the Pharmacy.

All drugs to be delivered by the Pharmacy delivery service to the RN at the Nurses Desk. The RN will immediately confirm the drugs received match the order and then enter them into the relevant book (controlled drugs to be counted and checked by an RN and another entered into the Controlled Drug Book and both sign). Non controlled drugs will be documented similarly and entered in into the “Non Controlled Drug Book”.

The receipt form delivered by the Pharmacy will be signed by the RN and faxed back to the Pharmacy. The form will then be kept in a document wallet at the RN desk later to be filed.

Storage

- (a) Controlled drugs are to be kept in the safe within the medication cupboard which is also to have a lock. These are to be counted by the RN and one other at the beginning and at the end of the shift and both sign in the book the results.
- (b) All controlled drugs delivered to a doctor will be signed out by the RN and counter signed by the doctor contemporaneously.
- (c) Non controlled drugs are to be stored in the locked medication cupboard and locked fridge.
- (d) Non controlled drugs will be delivered to a doctor and will be checked by an RN and one other who will sign them out and countersign. Non controlled drug count is to be checked by the RN and one other at the beginning and end of shifts and both are to sign in the Non Controlled Drug Book the results.

Security

All cupboards and drug fridges are to be locked throughout the day and the responsible RN is to wear the keys on a lanyard or other secure arrangement on their bodies, or locked in the key safe with the drug safe locked at all times except to retrieve drugs.

The drug keys are to be locked in the combination safe at all other times. The RNs at each site are allowed to know the combination and thus must be kept by them confidential.

Discrepancies

Immediately a discrepancy becomes apparent, an incident report must be filled out and also the discrepancy reported verbally to the Manager.

35. OXYGEN USE

The maintenance of patient's blood oxygen levels is of paramount importance during their procedure and in the recovery phase.

The following sets out the procedure to be followed. If you have any concerns about this refer the concerns either to your immediate superior or an Anaesthetist.

At no times should blood oxygen levels be allowed to fall below the levels outlined, without your notifying the Anaesthetist.

It is our policy to monitor arterial oxygen levels immediately pre the procedure to obtain a baseline level throughout the procedure and in first stage recovery. Oxygen will be administered during procedures and in recovery at a rate of 3 litres per minute.

In the preparation area if the baseline oxygen is below a saturation of 95, you must notify the Anaesthetist.

In first stage recovery the patient will be receiving oxygen at a rate of 3 litres per minute. You must notify the Anaesthetist if the oxygen saturation falls below 90.

In first stage recovery when the patient is awake and talking and the oxygen saturations are above 95, the supplemental oxygen is to be removed. Continue arterial oxygen monitoring for a further 3 minutes to see that it does not fall, prior to transferring the patient to second stage recovery.

36. RECOVERY PROCESS

First Stage Recovery

Begins with handover by the Anaesthetist to the recovery staff.

First stage recovery is under the authority of a suitably trained Registered Nurse (S). There will be a paediatric competent Registered Nurse in charge of recovery for paediatric patients.

Please see separate oxygen policy in this management re supplemental oxygen and oxygen saturation monitoring.

Other Monitoring

- i. Vital signs (pulse rate, blood pressure, baseline temperature for adult patients, respiratory rate) are monitored. The frequency is to be at 10 minutes when the patient is unconscious and 15 minutes when conscious or more frequently if there are concerns as ordered by the Registered Nurse in charge.
- ii. General signs. Level of consciousness, colour (pale, pink, blue), nausea and vomiting, sweating, pain score, and position.
- iii. Patient should be roused to consciousness within 10 minutes of arriving in recovery; otherwise the Anaesthetist must be notified.
- iv. Surgical patients will be satisfactory from transfer to second stage recovery when conscious, off supplemental oxygen (see oxygen policy) and have had 3 sets of satisfactory stable observations at 15 minute intervals and have sat on the side of the bed for a period of 30 seconds without faintness. Obese Patients are to have Blood Pressure recorded lying and sitting on the side of the bed before transfer (see Obesity (Bariatric) policy).
- v. Patients who have undergone sedation only (i.e. endoscopy and local anaesthetic and sedation) may be suitable for transfer after 3 awake satisfactory observations off oxygen 5 minutes apart, and also do not get syncopal sitting on the edge of the bed.

Second Stage Recovery

- i. In second stage recovery patients are offered food and drink if appropriate (in paediatric patients whether this occurs is at the judgement of the Registered Nurse in charge).
- ii. Coeliac patients, diabetic patients or other patients with special dietary requirements must be served foods compatible with their diet.

Discharge

A patient is suitable for discharge from second stage recovery when:

- i. Suitable transport home and a supervisor at home arrangements are in place.
- ii. Tolerating foods orally at least without significant nausea.
- iii. Any pain is well controlled and there is a pain management plan when the patient goes home.
- iv. There is minimal wound ooze.
- v. IV cannula has been removed.
- vi. The patient is able to move around – some patients e.g. liposuction may cause limitations. The Charge Recovery Nurse will judge if mobility is adequate.

- vii. Patient has discharge instructions including emergency contact numbers.
- viii. Patient has follow up clinical arrangements.
- ix. Confirm contact number – there has been confirmation of the contact number for follow up.

- x. In the case of endoscopy patients the Gastroenterologist will wish to discuss the results with the patient prior to discharge from second stage recovery.

36. ASA SCORE OR RATING

The ASA score or rating was devised in 1963 by the American Society of Anaesthesiologists for the assessment of fitness of patients before surgery. It initially adopted a five category system but later a sixth category was added.

The ASA score or rating is commonly used and the Anaesthetists classify patients in our documentation. It is required for appropriate billing.

The classification system is:

- ASA 1: A normal healthy patient.
- ASA 2: A patient with mild systemic disease.
- ASA 3: A patient with severe systemic disease.
- ASA 4: A patient with severe systemic disease that is a constant threat to life.
- ASA 5: A moribund patient who is not expected to survive without the operation.
- ASA 6: A declared brain dead patient whose organs are being removed for donor purposes.

There have been a number of modifications suggested. The most common is the score or rating followed by “E” (for emergency). There are limitations to the value of the ASA score or rating. It does not take into account a patient’s age, nor does it take into account a patient’s obesity for example. However over the years it has been a simple classification which has allowed reasonable communication regarding patients.

37. OBESITY (BARIATRIC) PROCEDURE POLICY

Overview

Obese patients are at higher risk for anaesthesia and procedures because of their obesity and also because of the higher risk of associated conditions.

Generally the American College of Anaesthesiology Association rating is used for assessing risks to patients from anaesthetic and procedures, but this is probably not a good measure in the obese. It does not take a patient’s weight into account. Please refer to A.S.A. ratings in section 36 of this Manual.

The American Society of Bariatric Physicians classifies the risk according to a measure called the Body Mass Index (BMI), and co-morbidities.

The BMI is based on the relation between a person's weight and height.

An icon is provided on the computer to enable any staff member to calculate an individual's BMI from knowledge of their height and weight. The height and weight will be obtained by the staff at the Call Centre when a patient first books for an appointment and they will calculate the BMI.

A person with a BMI greater than 25 is considered overweight.

The American Society of Bariatric Physicians classifies the risk to a patient as follows:

BMI Category morbidityes	Health Risk	With Co-
25-to less than 27	Low	Moderate
27-to under 30	Moderate	High
30-to under 35	High	Very High
35-less than 40	Very High	Extremely High
Greater than 40	Extremely High	Extremely High

We will **not accept patients** with a weight greater than 135 kilograms which is the safe working load of our surgical bed.

We will not accept, without a pre procedure anaesthetic consultation:

1. A patient with a BMI greater than 35 at Gaythorne and Indooroopilly; and a Patient with a BMI greater that 32 at the Astor Terrace Facility.
2. A patient with a BMI of greater than 30 and co-morbidity (ASA 3) at all facilities.

It is up to the Anaesthetist performing the consultation to determine if the patient is suitable to have their procedure at Montserrat Day Hospitals or be referred to an overnight Facility.

Sleep Apnoea Patients:

Patients with sleep apnoea who have CPAP devices for use sleeping at home must be advised to bring these in. They will be used in the post procedure recovery.

There are five issues surrounding the management of bariatric patients.

1. Anaesthetic – covered above.
2. Safe manual handling.
3. Equipment (our equipment has a safe working load to 135 kilograms only).
4. Emergency evacuation and management.
5. Transfer to another hospital or place.

In addressing these issues:

1. Every effort should be made to use propofol alone in bariatric Patients
2. Every effort must be made to pre-empt a situation where a patient may fall. When patients are sedated on a trolley side rails will be elevated.
3. The patient is to be put on the trolley in the pre operative area and not taken off the trolley until transfer to second stage recovery. (See Manual regarding the criteria required for transfer from first stage to second stage recovery).
4. Blood pressure is to be taken lying and sitting on a bed before getting off the bed. This relates to going to the toilet and moving to second stage recovery.
5. In the event of a fall, the patient will be assessed for damage whilst on the floor. No attempt should be made to lift them until this assessment has been performed.
6. Should the patient need lifting use a lift blanket however we have a “No Lift” policy as a general rule.

How to calculate the BMI:

1. Use the computer. It is the easiest way to do it.
2. $BMI = \frac{\text{weight}}{\text{height squared}}$

Emergency Evacuation Management

If an emergency evacuation is required of a bariatric patient the movement is likely to be more difficult, take a greater length of time and require extra staff.

Additional precautions include:

1. Bariatric patients should be cared for closest to the Emergency exists
2. Emergency exists and pathways need to be free of obstacles at all times.
3. Patients with a weight greater than 110 kilograms or a BMI of greater than 32 will not be performed at Astor Terrace.
4. Transport of a patient on a trolley is necessary to remove them out of immediate danger.
5. Provision of bariatric education and emergency training.

Ambulance Transfer

Transporting a bariatric patient can pose significant challenges for the ambulance service. Effective planning in this will facilitate the safe and timely management of the patient and safety of staff and doctors.

Additional consideration should be made in relation to communication both to:

1. Ambulance.
2. Inter facility transfer site.

We will need to have relevant information on patient's size, shape, weight, degree of morbidity and ability to assist those providing care.

Additional information is required as to the estimated time of arrival so that the appropriate plans can be made for the patient's admission management.

38. ABSENCE FROM WORK, INCLUDING VARIOUS LEAVE

Sick Leave

We hope sincerely that you do not get sick. If you do your absence will be felt, by the lack of your camaraderie, interactions and absence from the team. There will be times however when you are sick, say with infectious flu, when we would prefer you did not come to work. If you will be absent from work because of illness your Manager should be informed as soon as possible so that relief can be arranged. A list of staff contact numbers is available from your Manager. If your department is unavailable, please speak to another Manager. Except in extreme circumstances, it is not adequate to:

1. Leave a message on the answering machine
2. Leave a message with a peer.

Upon return to work you are required to complete an "Application for Leave" form and return it to your Manager. You are also required to indicate your sick leave on your next timesheet. If absent for more than two days, a medical certificate is required as per the industrial award.

Annual Leave

Annual leave necessitates planning and approval in advance. Whilst it is our best intention that approval for leave be granted, it may not always be possible. (To date, to the author's knowledge, it has never been rejected). Annual leave is as per the relevant industrial award.

Part time benefits are in accordance with working hours on a pro rate scale.

Please note:

A minimum of one month's notice is required for annual leave unless there are extreme circumstances. This allows for rostering of staff to ensure the necessary relief requirements can be arranged. Request must be made on an annual leave application form and be approved by your Manager.

Family leave, cultural leave, long service leave, carer's leave and bereavement leave entitlements are based on the relevant industrial awards.

39. STAFFING LEVELS

Facility Managers or their delegate are responsible for reviewing staffing levels for the following weeks. They are to assess the procedure lists for the coming two weeks as above and note any doctors that may take leave during this time. From this an estimate of the staff required for that period is to be estimated. In addition there should be continuous monitoring of procedure lists to ensure that staffing numbers are adequate and available.

Staffing requirements for the two weeks as estimated is tabulated as staffing requirement for rostering.

All leave must be approved by the Site Manager as well as the Director of Clinical Services (except in cases of emergency) at least one month prior to the requested leave.

Over time and working longer than five (5) hours without a meal break must be authorized by the Director of Clinical Services or their delegate.

40. AGENCY STAFF

When booking agency staff, the agency is to provide the name of staff, qualifications, scope of practice, registration and current practicing certificate by email. These are to be checked and emailed through to the appropriate person for incorporation in the Nursing Register in SharePoint.

When the agency staff member first arrives at Montserrat they must report to the Clinical Manager to complete agency timesheet documentation.

The Clinical Manager will organise an appropriate staff member to orientate the agency member to allocated working areas, mandatory cover of emergency procedures, fire and evacuation plan, and the staff tea room and change areas.

A specimen signature will be obtained from the agency staff member. A file on the staff member will be opened and the details including the specimen signature will be scanned in.

On completion of duty the agency staff member is to report back to the Clinical Manager in order to complete documentation of timesheets, and to return locker keys etc.

41. ALCOHOL AND DRUGS OF ADDICTION

The consumption of alcohol or drugs of addiction while on duty, or reporting for duty under the influence, will result in instant dismissal. Montserrat Day Hospitals may sanction from time to time the consumption of alcohol in private Staff areas and Staff functions. These occasions will normally be after hours or after the Patient contact has ceased for the Day. These occasions **must** be granted approval of your Manager.

42. CODE OF CONDUCT FOR STAFF IN THE WORKPLACE

Montserrat Day Hospitals upholds the belief that first impressions count. All Employees will be required to conduct themselves in such a way that is professional and courteous when dealing with other Staff, Patients and other visitors to the Day Hospitals. Professionalism is to be displayed in all instances and communications, including telephone and face to face dealings.

Staff are not to conduct themselves in a way that is unprofessional and offensive to patients (i.e. make rude jokes, use expletives, converse with other staff about other patients or social activities etc). Employees acting in a manner inconsistent with this policy may be subject to disciplinary action.

43. NURSING STAFF CREDENTIALING

We anticipate there will be closer scrutiny of nurses' credentialing and ongoing registration in the future.

Nursing staff are automatically accredited with their employment, and documentation of annual registration and current practicing certificates.

Your registration and current practicing certificates will be checked annually. If not current you will be suspended without pay until rectification.

For agency staff:

On booking agency staff, have the agency email immediately the name of the staff, qualifications, scope of practice, registration and current practicing certificates. These should be checked prior to the person commencing work and be kept to be incorporated in a staff file in SharePoint.

A specimen signature will also be required to be filed. Refer to section 21 – "signature Register".

44. COMPETENCY TESTING FOR STAFF

We will develop standardised competency testing for all Staff. These tests will include Fire Policy, Manual Handling, CPR, and others specifically based on the Hospitals expectations of tasks relevant to Staff positions.

The annual performance review will incorporate competency testing.

45. CONTRACTORS/VISITORS IN THE DAY HOSPITAL

Any visitor or contractor entering Montserrat Day Hospital's restricted areas should be clearly identified by a VISITOR badge. They should also register their Personal Details in the Visitor/contractor Register kept at the Reception desk.

This is for:

1. Security
2. Confidentiality for Patients
3. Identification of visitors or contractors to patients, staff and the general public.

The process:

- Name Badges are supplied to visitors or contractors by Montserrat Day Hospitals once the Visitor/Contractor has made their presence known to reception staff
- Visitor/Contractor signs book, including Name, Company, time in to the Day Hospital, and signature
- The badges are supplied and remain the property of Montserrat Day Hospitals.
- On completion of work or duties, the name badge must be returned to Montserrat Day Hospitals reception and the visitor or contractor must sign out ensuring that the time is documented.
- The name badge is not to be defaced in any way or form, any loss or vandalism of the badge may incur a replacement fee.

46. DRESS AND UNIFORM

We supply uniforms to reception and management staff. Clinical Staff are required to wear theatre clothes and protective clothing that is provided while on duty.

We have a dress standard and it is important that Staff are aware of the those standards.

- All uniforms are to be embroidered with the Montserrat Day Hospitals logo.
- A scarf is provided and must be worn. Other accessory items must be kept to a minimum
- Shoes are to be plain black with a closed in toe
- Hosiery must be dark grey or black
- Jewellery must be kept to a minimum and appropriate to the work environment. Jewellery is restricted in the operating theatre and rings must be removed for scrubbing.
- Casual or agency Staff are to wear a white blouse and black or dark navy skirt or trousers with closed in toe shoes.

47. NAME BADGE

All Staff are provided with a name badge and the badge must be visible whilst on duty.

The name badge will display the Christian name only of the Employee as well as title.

The name badge is not to be defaced in any way or form. Any loss may incur a replacement fee.

48. ONGOING EDUCATION AND TRAINING

Clinical medicine as well as management is rapidly evolving.

We want to make the most of our members and ensure that they get the most from working with us. It is our policy to recruit for attitude and culture as much as possible and provide on site training as well as in-service and external education.

There are requirements that there must be documentation of ongoing education to maintain registration in clinical areas e.g. doctors and nursing staff. Both groups are expected to manage their own ongoing education and the documentation of this. We will assist nurses in this regard. We do require records of all ongoing education.

If you would like to attend an external conference and workshop, please submit appropriate paperwork to either the Director of Clinical Services or Finance Manager prior to “earlybird” application closing date. These applications will go to the Education Sub-Committee which is part of the Risk Quality and Safety Committee.

Any conference or external education opportunity funded by Montserrat Day Hospitals will require a report summarizing the key elements provided at the activity. It will require documentation of what was gained at the meeting and a copy of the report will be filed in your personal file. You may be expected to give a verbal report to your peers.

49. OCCUPATIONAL REHABILITATION

Our staff is our greatest asset. We value you and will do all in our power to protect you from the risk of injury or work related illness.

Should you be injured at work, report injuries at the earliest possible time so control measures to lessen the effect of your injury and measures to protect others, may be instituted.

We will cooperate with rehabilitation programs according to protocols designed by the relevant medical experts.

We will examine alternate duties if the treating doctors consider these duties appropriate. Our aim is to get you back to your work team as soon as possible as there are many intangible benefits in this to you. Also your personality and presence will otherwise be missed.

If you are away for a protracted time we will aim to have a colleague and your Manager contact you at least weekly to see if there is anything we can do, and to keep you up to date on work place events, as well as enquire about your progress.

Under current Workers Compensation injuries during work and injuries that occur on the way to and from work are covered, provided the normal route is used and travel occurs within a reasonable time. Travelling to a different route to see a friend or stopping off for a meal or the pub, for example, are not covered.

If a rehabilitation program is appropriate do the following:

1. Notify the Manager who, with your permission, will contact the doctor re your capabilities.
2. Check length of medical certification for injuries required for time off work.
3. If injury is related to work, contact Workcover Queensland local rehabilitation counsellor.
4. Negotiate a detailed return to work/rehabilitation program.

50. EXITING THE ORGANISATION

We hope you don't. If there is an issue that we might be able to address please discuss it with your manager.

If you are going to exit for any reason please check your contract of employment and the relevant award applicable to you. The Finance Manager will assist you.

You should give notice according to the award and work that period. Leaving before the period results in your sacrificing your entitlements.

An exit interview will be conducted by your Manager before leaving the Organisation and prior to receiving an entitlements or payments. The following will need to be returned before any such payments:

- Uniform
- Keys- either to building or carpark

Montserrat Day Hospitals will immediately

- Disable the security code
- Disable IT login
- And provide notice of Entitlements to be paid

51. REFERENCES AND OUR ACTING AS REFEREES

We are happy to provide these services. We prefer to act as Referees rather than give written references.

Official references / Referee reports will be from the director of clinical Services, the Finance Manager or the CEO.

Personal references from other Staff members may be given but not on Montserrat Day Hospitals letterhead nor with reference to work performance at Montserrat.

52. GIFTS LEFT BY PATIENTS OR SUPPLIERS

If a Company gives a benefit as a result of doing custom or potentially doing custom, this must be notified on the gift registry on SharePoint. The acceptance is subject to the discretion of the Finance Manager and Director of Clinical Services.

Gifts and benefits from Patients to Staff are not subject to this, though we would like to know the acknowledgement of anyone's good services. Please enter it on the 'make a commitment' under compliments and complaints.

Should a Patient give a lottery ticket or some such benefit, it should name individually who should benefit should it win. (otherwise there is likely to be a protracted legal battle by those who think they should be included)

53. TIMESHEETS

These are to be filled out daily on SharePoint. At orientation, you will be shown how to do it. It is simple. If you have any concerns, ask your Manager.

54. MEAL BREAKS

We are concerned for your well being and if you are employed for more than 5 hours, will provide a meal break of at least 30 minutes.

We also expect that rostering will allow at least 30 minutes meal break between the fourth and fifth hour after official commencement of duty.

If for personal reasons e.g. need to pick up your child from school etc, you wish to change this discuss it with your Manager and he or she will negotiate this arrangement and documentation.

If you are required to work more than 5 hours without a break, we want to know the reason. We will pay you overtime for the period from 5 hours to the time you get a meal break.

We will audit these events so that management changes can be made to see that meal breaks are taken on time.

55. PERSONAL RECORDS

All Staff have a Personnel File that is stored both electronically and in hardcopy. It is an expectation of our Certifying body that these records are kept up to date. These records are stored confidentially.

Please notify the Finance Department if there are any changes to your personal information e.g. change of address.

The following information is stored in your personnel file:

1. Personal Information
 - Staff Information Form
 - Curriculum Vitae
2. Contract Documentation
 - Letter of Appointment
 - Appointment Schedule
 - Statement of Acceptance
 - Confirmation of Employment
3. Recruitment documentation
 - Advertisement
 - Interview Questions
 - Reference Checks
 - Tax File Declaration
 - Superannuation details
4. Position Description
5. Policy Acceptance Documents
 - Confidentiality Deed
 - Internet and Email Use
 - Uniform Care and Acceptance of
6. Performance Review Documents
 - Annual Review
 - File Notes
7. Orientation and Role Competency Documentation
 - Orientation Checklists
 - Job Role competency checks

8. Continuing Education
 - Register of Continuing Education
 - Original Documentation
 - Certificates of attendance
9. Miscellaneous
 - Any other documents not relating to the above categories
10. Termination Documentation
 - Letter of Resignation
 - Letter of Acceptance of Resignation
 - Exit Interview
 - Notice of Entitlements paid
 - Uniform Return checklist
 - Key checklist
 - Security code disabled
 - IT logins disabled

File Note: is a documented record of a conversation, directive, advice, instruction, warning, performance related issue.

It is also your responsibility to keep records of your in-service education. This information is kept on a Continuing Education Register. All certificates of attendance should be stored in your file and you keep a copy.

56. STUDENTS AT MONTSERRAT DAY HOSPITALS

We welcome and encourage students in conjunction with educating bodies. The scope of instruction is set out in their Manuals and we aim to follow the education facility's requirements. We also aim to make the students experience rewarding in a personal and education sense. Students may be allowed to perform supervised duties depending on their level of training and the requirements set out by their education body in their Manual.

Students must follow directions and instructions from staff members.

THE FOLLOWING PROCESSES MUST BE IMPLEMENTED:

1. Patients are to be notified that a student may be present but only if they (the patient) consent to their presence.
2. The student must complete a personal information sheet and the Confidentiality document.
3. Recording of each observation or activity is necessary and must be recorded in their Manual and signed by the Clinical Manager.
4. It is the joint responsibility of the individual and us to ensure that they are familiar with emergency procedures at their introduction.
5. Students must wear a student identification badge.

57. SUPERANNUATION

Staff commencing at Montserrat Day Hospitals must nominate a Superannuation fund that they want their contributions to be paid into. We must provide a standard choice form (Nat 13080) to new Employees who are eligible to choose a Superannuation Fund within 28 days of the commencement date.

Once an Employee chooses the Fund, we have two months to arrange to pay contributions into that fund.

If the Staff member does not choose a Superannuation Fund, then we will default to the Organisational Fund (currently sun super).

58. MOBILE TELEPHONE AND PERSONAL TELEPHONE CALLS

Staff using mobile phones are upsetting to patients and disrupt workflow. Mobile phones are therefore not to be used during times when procedures or surgery are performed. Mobile phones of course may be used in meal breaks in the tea room.

Staff should inform family members and schools the Montserrat work number. In an emergency a phone call will be put through to staff numbers.

Similarly text from mobile phones is not permitted except at meal breaks and in the tea room.

59. PURCHASING

Managers or their delegate who is responsible for ordering stock, resources, equipment, will follow the procedure outlined below.

1. Review procedure lists for the upcoming two weeks. Lists include endoscopy, surgical, IVF, dental, bone marrow biopsy and colonoscopy preparation interviews noting any leave doctors may take during that time.
2. Estimate the required stock, resources, equipment for that period.
3. Order all items on the 1st and the Thursday of pay week by using the Purchase Requisition Book and send this to the Site Manager for authorization on the specialized form. These are then forwarded to the Accounts for issue of purchase orders.
4. Continuously monitor procedure lists and stock levels to ensure appropriate stock levels and all resources and equipment is functioning and available.
5. On reviewing new stock, present stock will be rotated forward and new stock stored in the rear to ensure that stock is used within the expiry date

60. “JUST IN TIME” STOCK CONTROL

We must ensure appropriate turnover in stock to see that it does not expire. The accrediting bodies insist on this. To manage our finances appropriately we also need to ensure that we do not hold stock in excess of current need. This is called “Just in time” and is common with all modern companies.

On the other hand we do need to ensure we have a method to deal with acute unforeseen shortages e.g. if a list uses more of an item than is foreseen and following lists may be short in certain stock.

61. COMING INTO THE DAY HOSPITALS OUT OF HOURS

If you intend to come into the any one of the Day Hospitals out of hours please follow the following process so that the monitoring security company does not assume a break in and start ringing to Management as well as activating patrols etc.

- Notify by phone your Manager or Peter Stephenson on 0400 444 414.
- After activating the security using your security number ring the security company to let them know you are there, and the time you expect to leave. The security company’s telephone number is attached to the receptionist’s desk at eye level.
- On leaving, please remember to reactivate the security system.

62. REFERENCE DOCUMENTS:

63. PATIENT CHARTER OF SERVICE

Montserrat Day Hospitals will seek to enshrine in its behavior the following:

1. We will answer your call within 30 seconds,
2. We will offer you an appointment for a procedure within 2 weeks,
3. We will attempt to ring you by mobile phone if there is to be a delay of more than 1 hour of your appointment time,
4. We will not make decisions regarding management of your health without your input.
5. We will adequately explain your procedure in terms you can understand,
6. We will give you an estimate of the cost of the procedure,
7. We will not communicate with your other medical practitioners without your notification, specifically – we will send you copies of all correspondence to other Medical Practitioners regarding your Health.
8. We will correct any mistakes in this correspondence that you identify,
9. We will make every attempt to contact you regarding serious pathology within 1 working day of receipt of the result,
10. We will see that your referring Doctor receives your pathology results at the same time as we do,
11. We will return your medical call within 24 hours, or respond to your written correspondence within 2 working days,
12. We will maintain the confidentiality of your visit and your records.