

# Accreditation, Quality and Safety

## Measures of Hospital Performance

At Ashford Hospital, we take quality and safety seriously. To help patients make informed decisions, Ashford Hospital publishes a number of safety and quality indicators. This is just one part of our program to continually maintain and improve our high standards of quality and safety.

Quality can be defined and measured in many ways. At Ashford Hospital, quality is not just a simple measure – it is a comprehensive look at many aspects of a patient's experience. We have chosen to publish a range of clinical and safety measures which provide you with information about our performance in providing safe, quality healthcare. Click on the links below to view our data.

[Accreditation](#)

[Infection Rates](#)

[Patient Falls](#)

[Emergency Department Waiting Times](#)

[Unplanned Readmission to Hospital](#)

[Unplanned Return to Theatre](#)

Many organisations today are measuring quality in health care using varying criteria. Evaluating this information can be difficult and time-consuming since not all measures reflect the same information from one report to another. However, it is important for patients to ask questions and look at quality information to ensure they are getting the efficient and effective care they need.

Ashford Hospital is a member of the Adelaide Community Healthcare Alliance Incorporated (ACHA). ACHA and its contracted manager Healthscope, supports transparent public reporting of healthcare quality data and actively participates in initiatives of the following organisations.

[Australian Commission on Safety and Quality in Healthcare \(ACSQHC\)](#) – The Australian Commission on Safety and Quality in Healthcare (the Commission) was established in 2006 by the Australian, State and Territory Governments to lead and coordinate national improvement in safety and quality. Healthscope (ACHA's contracted manager) has representation on the Private Hospital Sector Advisory Committee and several key working groups.

[Australian Institute of Health and Welfare](#) - The Australian Institute of Health and Welfare (AIHW) is a major national agency set up by the Australian Government under the [Australian Institute of Health and Welfare Act](#) to provide reliable, regular and relevant information and statistics on Australia's health and welfare.

[MyHospitals Website](#) – This website lists all public and private hospitals in Australia, along with information about waiting times for elective surgery and emergency department access. Healthscope (ACHA's contracted manager) has representation on the MyHospitals Development Advisory Committee.

## Patient Stories

The experience of patients are another gauge of how well ACHA and Healthscope are doing at caring for patients and their families.

To have a look at what they say, see: [Patient Stories](#)

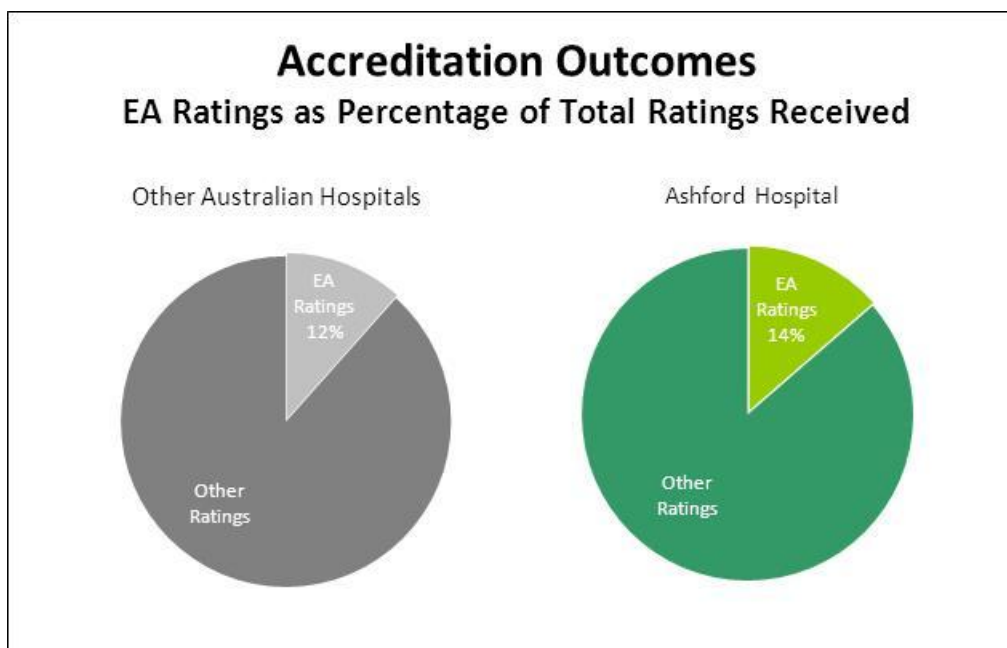
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## Accreditation

Ashford Hospital is fully accredited by the [Australian Council on Health Care Standards \(ACHS\) Evaluation and Quality Improvement \(EQuIP\)](#) standards.

Accreditation involves a visit to the hospital from an independent team of expert health professionals who review the quality and safety of services provided. Our achievements are measured against best practice by this review team. Hospitals are measured against over 40 separate criteria including patient care planning, medication management, the consent process, medical records, infection control, complaints management and staffing. Hospitals receive a rating for each one of these criteria.

For hospitals accredited by ACHS, a higher level of award is sometimes given – this is referred to as “EA” or “extensive achievement”.



This chart shows that the proportion of “EA” ratings achieved by Ashford Hospital at their accreditation survey (Organisation Wide) in July 2009 is higher than [other Australian hospitals](#).

Ashford Hospital is accredited jointly with the other hospitals from the Adelaide Community Healthcare Alliance Incorporated (ACHA). This group comprises Ashford Hospital, Flinders Private Hospital and The Memorial Hospital.

Ashford Hospital received a full four-year accreditation following survey in July 2009, gaining Extensive Achievement (EA) ratings for six of the criteria in Care Evaluation, Discharge & Transfer, Infection Control, Falls Management, Incident and Complaints Management, and Clinical & Corporate Policy.

The surveyors noted that staff, managers and Visiting Medical Officers were clearly committed to the provision of high quality care and services to patients. The surveyors noted that the hospital had welcoming and well-presented facilities. The surveyors also stated that ‘the staff are welcoming and demonstrated a knowledge and commitment to the continuous improvement cycle’.

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Ashford Hospital's commitment to quality improvement is ongoing, and current projects include:

- Comprehensive review of clinical handover between nurses, to make it more effective
- A focus on safe and timely administration of medication
- Patient – centred care project

## Other Awards

In addition to accreditation, Ashford Hospital is proud of the recognitions of excellence bestowed on its hospitals and staff.

Examples of recent awards are:

### 2009 Midwife of the Year (SA)

Shani Dean

Nurse

Ashford Hospital (SA)

## Infection Rates

Ashford Hospital has implemented numerous infection control procedures, and staff take every precaution to prevent **infections**. However, some patients have a higher risk of acquiring an infection in hospital. Patients with wounds, invasive devices (such as drips) and weakened immune systems are at greater risk of infection than the general public. We need to prevent infections because they may cause illness to the patient, resulting in a longer stay in hospital and a longer **recovery time**.

### What are Healthcare Associated Infections?

Healthcare associated infections (HAI) are infections that occur as a result of healthcare interventions and are caused by micro-organisms such as bacteria and viruses. They can happen when you are being treated in hospital, at home, in a GP Clinic, a nursing home or any other healthcare facility.

Some infections occur after an invasive procedure such as surgery and can be treated with antibiotics. However there are some infections such as Methicillin Resistant Staphylococcus aureus (MRSA) and Clostridium difficile that are more difficult to treat because they are resistant to certain antibiotics.

The risk of getting these infections depends on how healthy you are, how long you have been in hospital, and certain medications that you take (including antibiotics).

These specific infections require the use of special antibiotics and, at times, special precautions which may include placement in a single room and the use of personal protective equipment such as gloves and gowns.

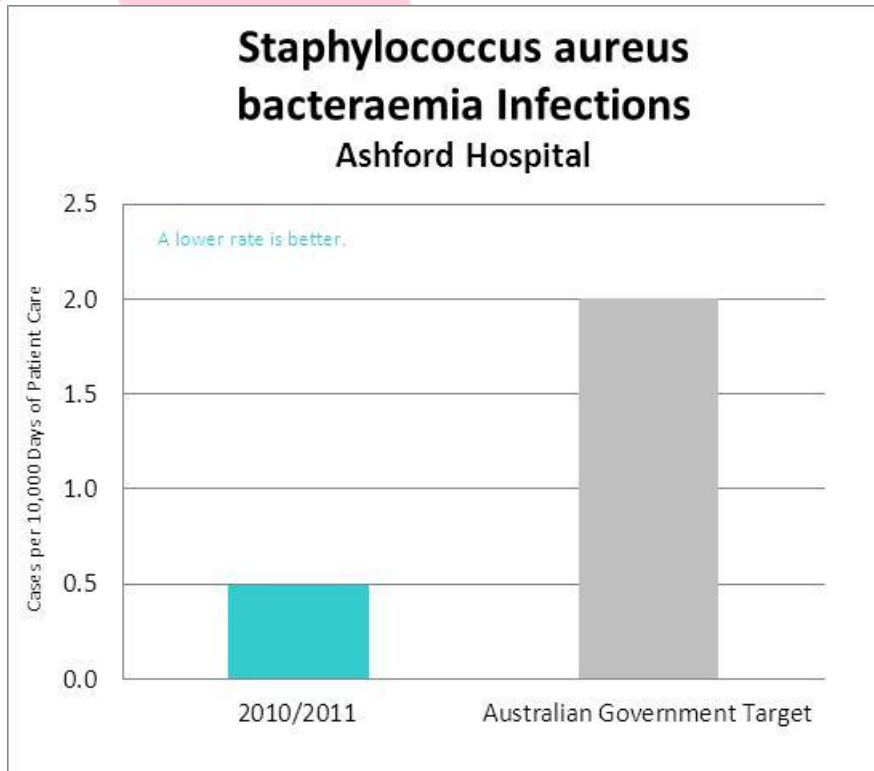
### What is Ashford Hospital doing to prevent infections?

Specialised Infection Control staff collect data on hospital acquired infections and analyse the data to identify patterns and trends. Infection rates are shared and discussed with clinicians in an effort to identify and implement the best practices to reduce the risks for infection.

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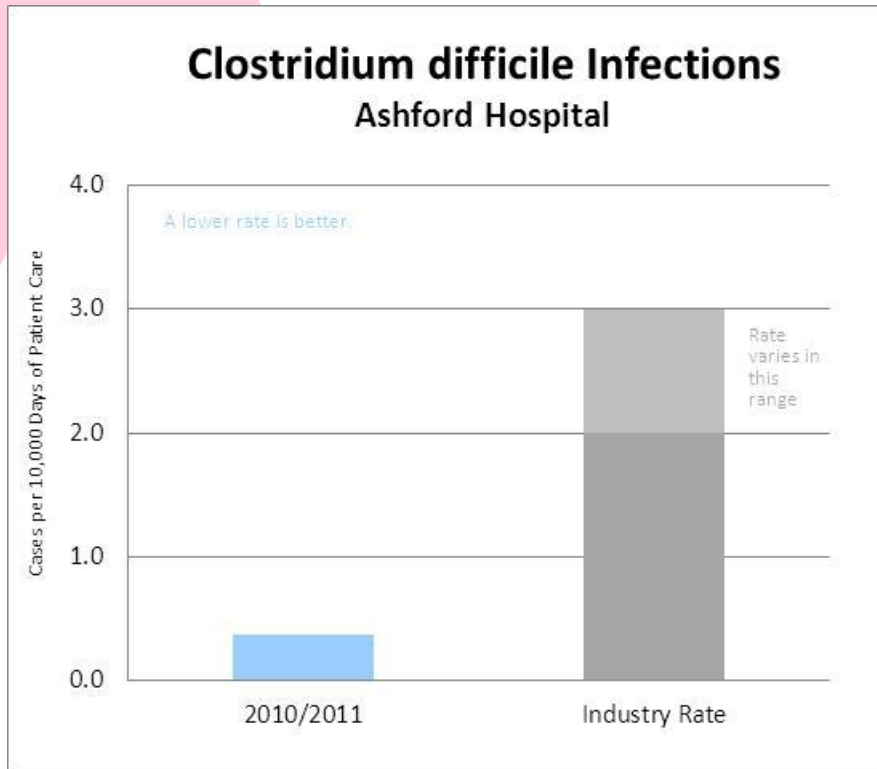
There are several types of infections that we closely monitor at Ashford Hospital. Both are caused by bacteria. You may have heard of these:

- **Clostridium difficile** – this is an infection of the bowel that causes diarrhoea
- **Staphylococcus aureus bacteraemia** (often called “golden staph”) – known as “SAB” for short. This is a serious infection caused when this bacteria enters the blood stream.



This graph shows the number of Staphylococcus aureus infections at Ashford Hospital for the year ending, June 2011 compared with the [Australian Government target](#). The graph shows the number of infections that occur for every 10,000 patient days. The national benchmark for Staphylococcus aureus bacteraemia in Australian public hospitals is no more than 2 cases per 10,000 patient days. Patients at Ashford Hospital on average have a very low number of infections.

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This graph shows the number of Clostridium difficile infections at Ashford Hospital compared with the [rate typical in other hospitals in Australia](#). Rates of infection typically vary from state to state. The rate varies from 2 to 3 cases per 10,000 days of patient care, so the industry rate reflects this range. The graph shows the number of infections that occur for every 10,000 patient days. Patients at Ashford Hospital on average have a very low number of infections.

To find out how we generated this data, see: [Infection Rate Formulas](#)

## What we are doing to further reduce infections

Improvement strategies may vary from hospital to hospital. Examples are:

- Watching, auditing and measuring how often staff wash their hands using soap and water or hand sanitiser
- Routine use of gloves and specially sterilised equipment
- An Infection Control Nurse in each hospital, to investigate issues, educate staff and carry out strategies to reduce infections
- Use of specialised approved disinfectants for cleaning and disinfecting rooms, bathrooms, equipment and shared areas. High level disinfection and sterilisation are used according to national guidelines
- Placement of hand sanitiser dispensers in public areas throughout our hospital including hallways, near elevators and cafeterias, making this readily accessible to staff, patients, families and visitors
- If additional precautions are required, staff may wear gloves, gowns, masks and goggles

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## How can you help?

At Ashford Hospital, patients and visitors are part of the health care team. Hand washing is the most important way that patients and visitors can prevent the spread of infection in hospital. Waterless hand sanitiser can be as effective as washing with [soap and water](#). Hospital staff will appreciate a reminder from patients or relatives if they forget to wash their hands.

There are a number of things you can do to reduce the risk of infection:

- Wash your hands carefully and regularly with soap and water and/or use hand sanitiser upon entering the hospital
- Cover your mouth and nose with a tissue when you cough or sneeze (or into your elbow if you don't have one). Clean your hands afterwards – every time!
- Report any infection you have had, especially if you are still on antibiotics
- Make sure you take the full course of antibiotics you have been given, even if you are feeling better
- If you have a dressing or a wound, keep the skin around the dressing clean and dry. Let the healthcare worker looking after you know promptly if it becomes loose or wet
- Tell the healthcare worker looking after you if the area around the drips, lines, tubes or drains inserted into your body becomes red swollen or painful
- Let the healthcare worker looking after you know if your room or equipment hasn't been cleaned properly
- Stop smoking before any surgery, as smoking increases the risk of infection

## Visitors

- Reconsider your visit if you have an illness such as a cough, cold or gastroenteritis
- Wash your hands carefully with soap and water or use waterless hand sanitiser when entering and leaving a patient's room

**For more information about how you can help:**

**Read:** [Hand Hygiene Information Leaflet](#)

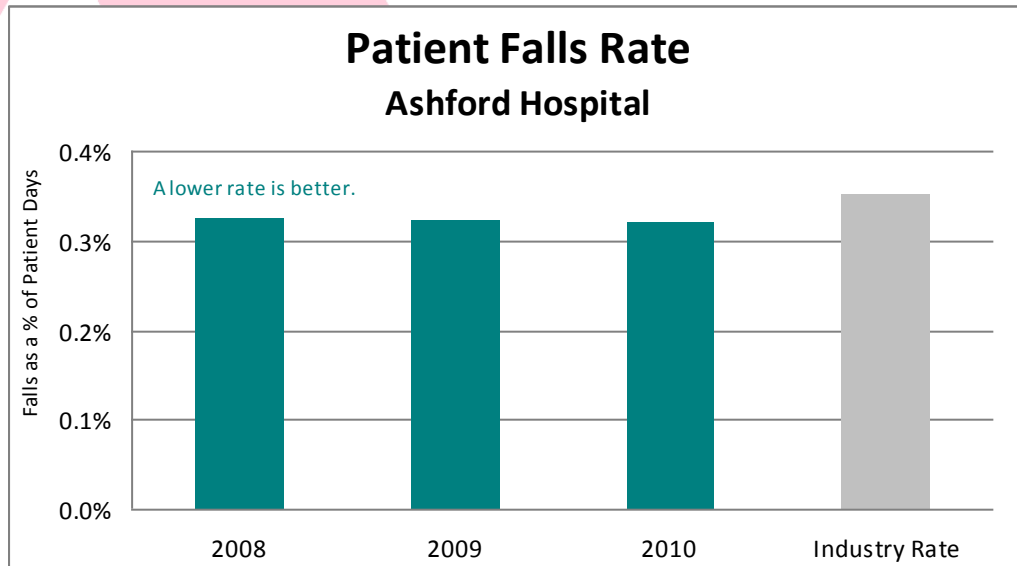
**Watch:** [Interactive Video Training](#)

**Link to:** [Better Health Channel](#)

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## Patient Falls

Patients are often in a weakened or confused state in hospital, and are more susceptible to falling. Falls are a leading cause of hospital-acquired injury, and frequently prolong or complicate hospital stays. At Ashford Hospital we document and investigate every fall and take action to reduce the number of falls that occur.



This graph shows the number of falls in Ashford Hospital for the past 3 years, compared with the rate typical in other hospitals from Australia, the UK and the USA. Falls are presented as a percentage of patient days – allowing us to compare Ashford Hospital with other hospitals of a different size. Patients at Ashford Hospital on average have a lower rate of falls than those in other hospitals.

See details on: [How we work out our falls rate](#)

For a discussion on the data see: [Limitations of data](#)

### What we are doing to further reduce falls

- Assessment of all patients for risk of falls
- Implementation of precautions to reduce the risk of falling for example:
  - non-slip socks
  - bed and chair sensors which detect patient moving from bed
  - use of lifting equipment and walking aids
- beds that are low to the floor
- Analysis of falls incidents
- Spot audits to provide information about environmental factors

### How can you help?

At Ashford Hospital, you, as a patient or visitor are part of the health care team. Print a brochure containing handy hints about preventing falls in hospital and at home. You can also watch a helpful video.

### Brochures

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- Preventing Falls in Hospital
- Preventing Falls at Home

## Video

- [Speak Up Reduce Your Risk of Falling](#)

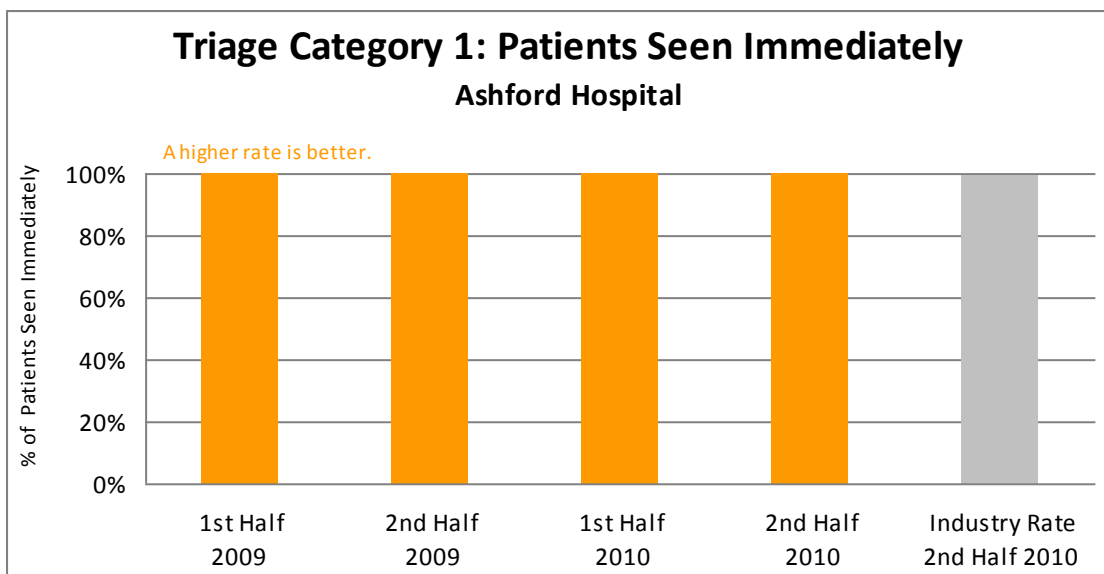
## Emergency

When a patient visits the Emergency Department at Ashford Hospital, the triage nurse carries out an assessment of how urgent the patient's condition is. Each patient is assigned a triage category from 1 through to 5 on the [Australasian Triage Scale](#). According to the best practice guidelines, patients must be seen for medical assessment and treatment within the following times:

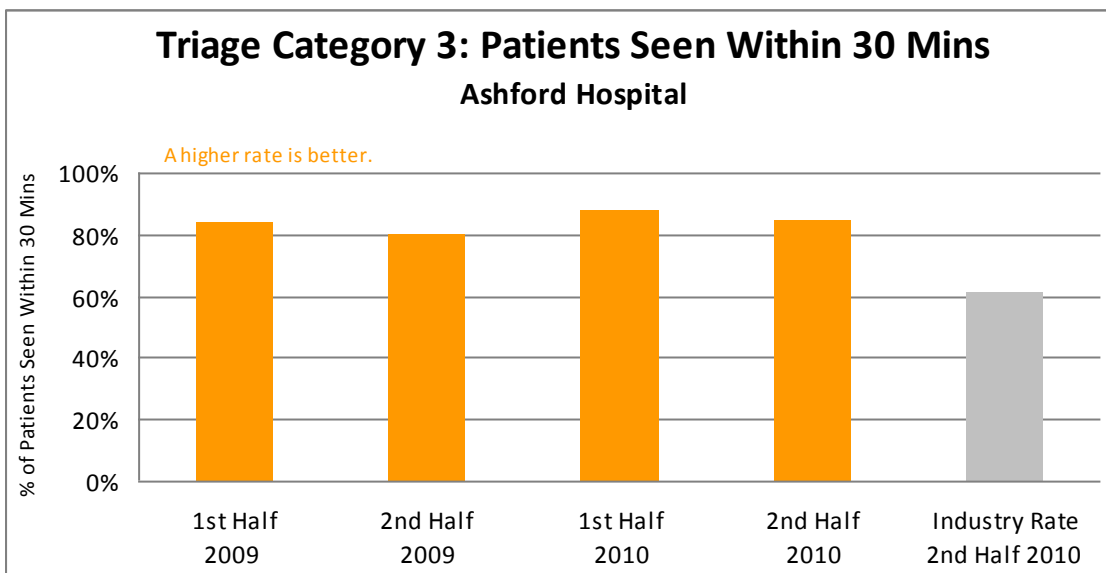
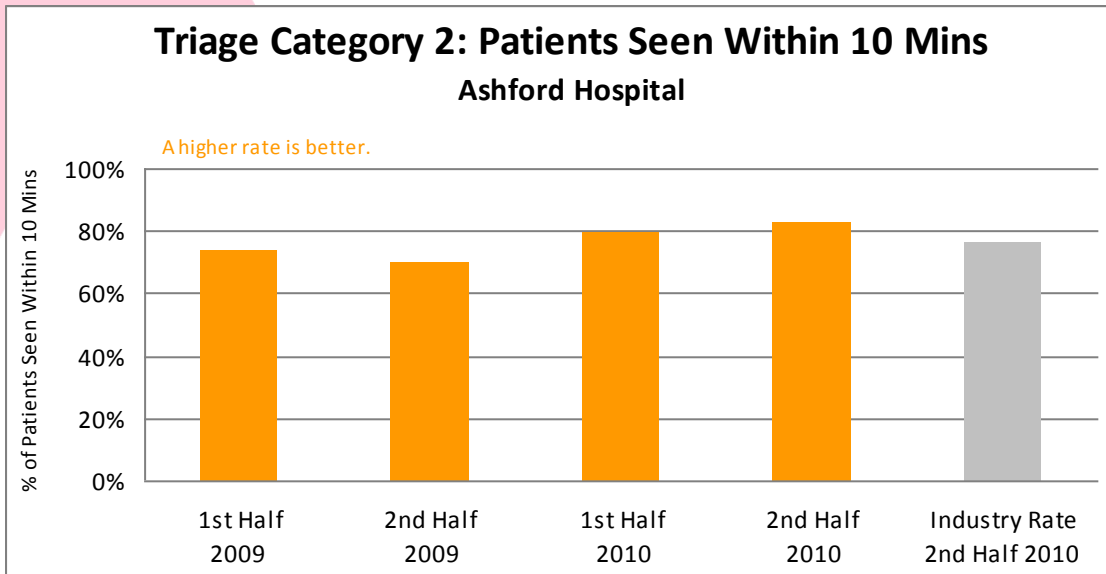
- Category 1 patients must be attended to immediately (e.g., cardiac arrest)
- Category 2 patients attended to within 10 minutes (e.g., severe blood loss)
- Category 3 patients attended to within 30 minutes (e.g., head injury but conscious)
- Category 4 patients attended to within 60 minutes (e.g., sprained ankle, possible fracture)
- Category 5 patients attended to within 120 minutes (e.g., cut not requiring stitches)

Patients that are category 1, 2 or 3 will be seen before category 4 and 5, even if they arrive in the department at a later time. If you visit an Emergency Department you can ask the triage nurse what category you have been assigned and this may give you an idea of how long you may be expected to wait.

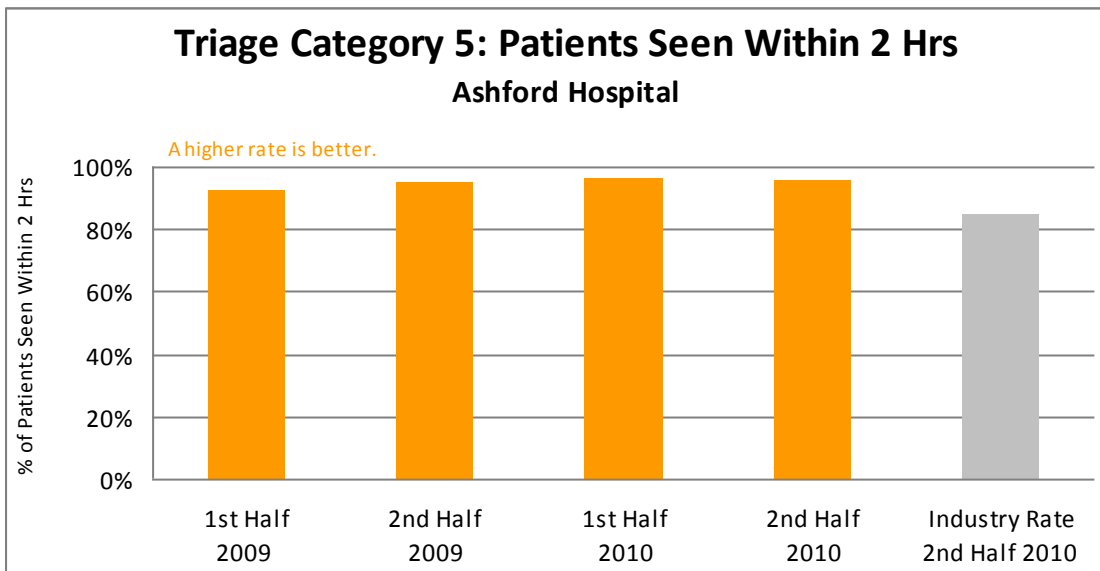
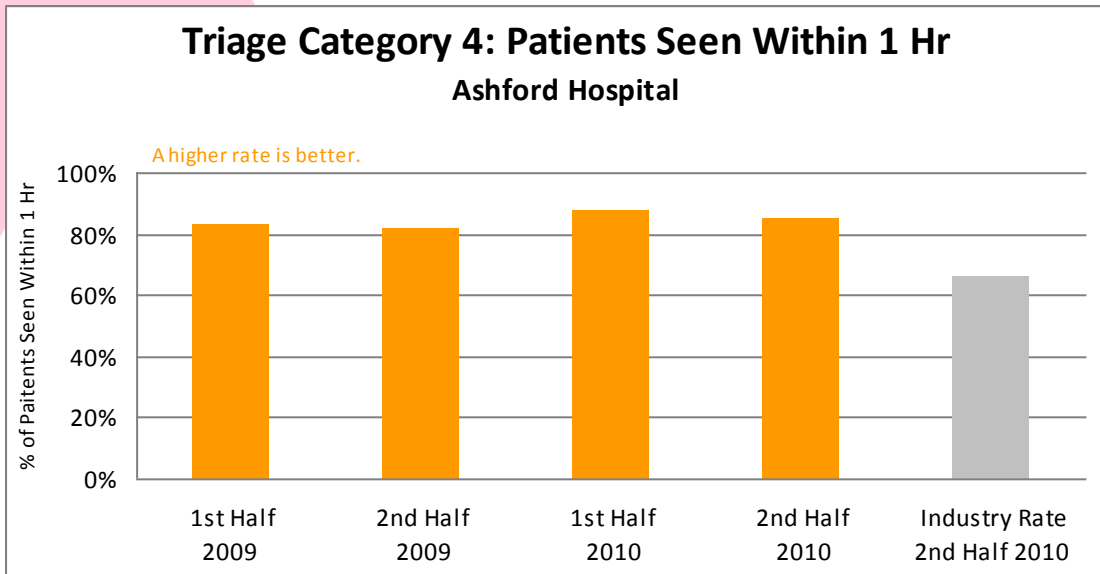
All hospitals with Emergency Departments measure how quickly patients are seen in the Emergency Department. The graphs below show the percentage of patients in each Category that are seen within the recommended time at Ashford Hospital. On average, patients visiting the Emergency Department at Ashford Hospital are seen more quickly than in [other Australian hospitals](#).



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## What we are doing to improve our emergency response times

Improvement strategies may vary from hospital to hospital. Examples are:

- Continually reviewing our doctor and nurse staffing levels
- Monitoring the number of ambulance presentations to our Emergency Departments
- Monitoring bed availability for transfers to the ward

## Unplanned Readmission to Hospital

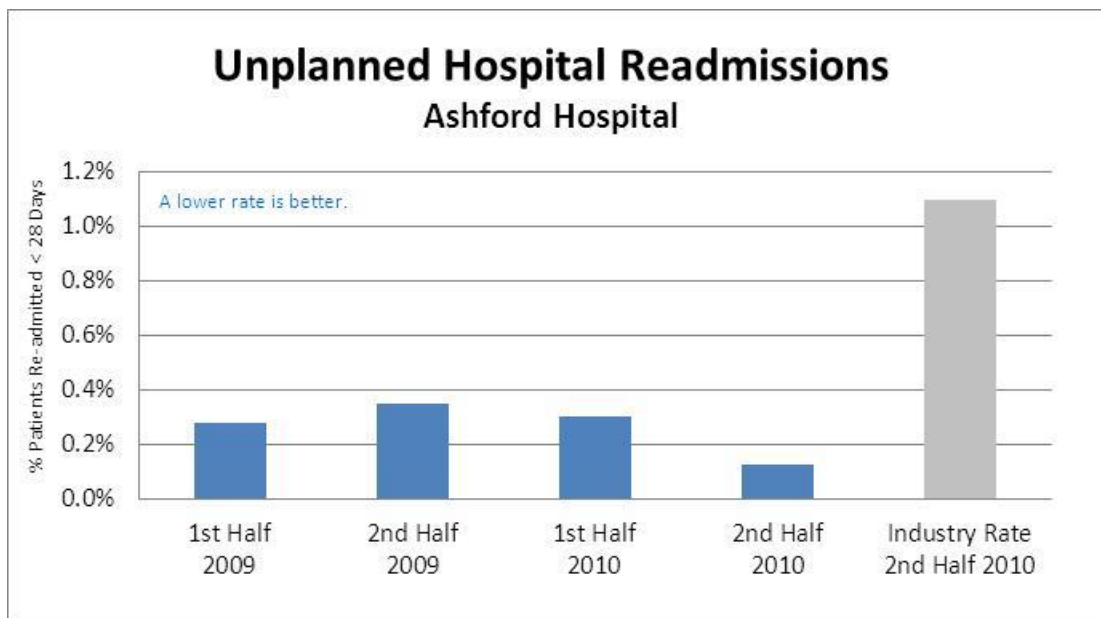
After a successful hospital stay, the most important task for patients, families and staff is preparing for a successful discharge home. It is disappointing for everyone if a patient requires an unexpected readmission into hospital.

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Tracking the number of patients who experience unplanned readmissions to Ashford Hospital after a previous hospital stay is one way that we can judge the quality of hospital care. One example of an unplanned readmission would be someone who is readmitted to the hospital for a surgical wound infection that occurred after his or her initial hospital stay.

It is important to note that unplanned hospital readmissions may or may not be related to the previous visit, and some unplanned readmissions are not preventable. Good discharge plans can help reduce the rate of unplanned readmissions by giving patients the care instructions they need after a hospital stay and by helping patients recognise symptoms that may require immediate medical attention.

This graph shows the percentage of patients admitted to Ashford Hospital that have required an unexpected and unplanned readmission to hospital within 28 days of their first admission. The rate for the past 2 years is shown in the blue bars. This is compared to the rate of “unplanned readmission” in other Australian hospitals (the grey bar).



The graph shows that patients admitted to Ashford Hospital are less likely to have an unplanned readmission compared with other Australian hospitals.

There is a limitation to this data. Currently no unique patient identifier exists that would allow us to measure unplanned readmissions to a different hospital. Therefore the unplanned readmission rates presented in this graph represent patients readmitted to the same hospital only.

## What we are doing to further reduce unplanned readmission rates

Improvement strategies may vary from hospital to hospital. Examples are:

- We review each case of readmission to check if there were any preventable factors
- Check each patient’s risk for re-admission
- Use a consistent process for discharging patients that includes making sure patients understand their medications and other instructions

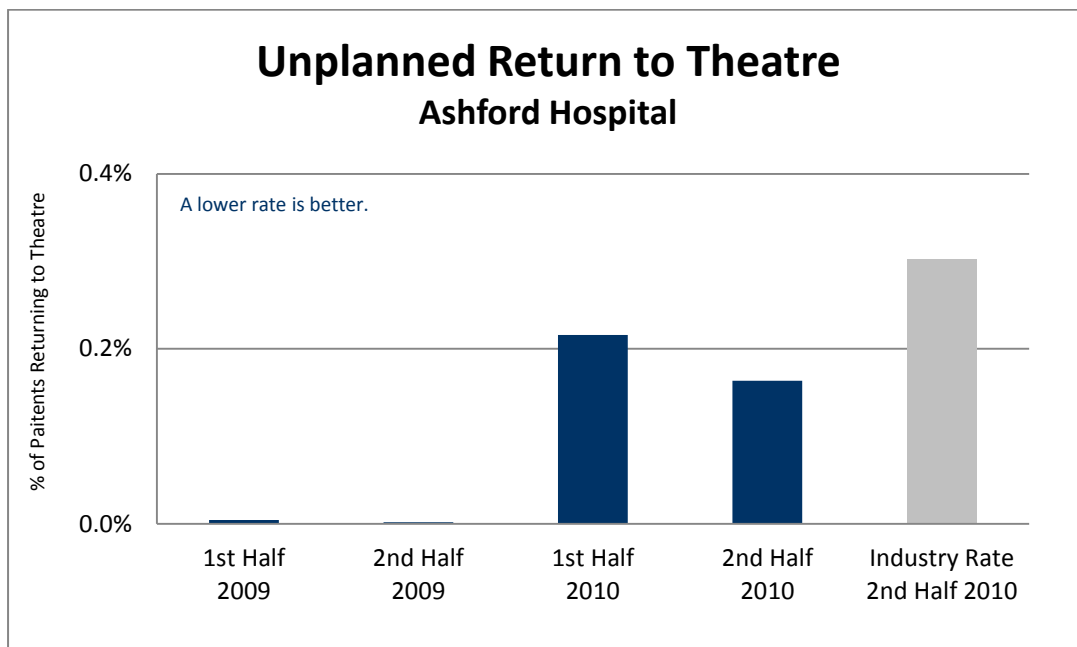
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- Arranging prompt follow up care and ongoing appointments, e.g., with Physiotherapist and General Practitioner
- We monitor this data to make sure that the rate of unplanned re-admission is not increasing

## Unplanned Return to Theatre

Ashford Hospital has an operating theatre and carries out many sessions of surgery every year. One of the ways of monitoring the success of surgery is to check whether any patients require an unexpected second operation – we call this “[return to theatre](#)”. There are many reasons why a patient may need a further operation – however where possible we aim to minimise this number.

This graph shows the percentage of patients having an operation or procedure at Ashford Hospital that have required a return to theatre during the same admission. The rate for the past 2 years is shown in the blue bars. This is compared to the rate of “return to theatre” in [other Australian hospitals](#) (the grey bar).



The graph shows that patients undergoing surgery at Ashford Hospital are less likely to have an unexpected return to theatre compared with [other Australian hospitals](#).

### What we are doing to reduce unplanned returns to theatre

Improvement strategies may vary from hospital to hospital. Examples are:

- Careful monitoring of patients in recovery
- Ensuring patient’s level of pain is carefully assessed
- Reviewing every case when a patient requires a return to theatre, to work out the reasons why and how to prevent it in future
- Conducting thorough pre-operative evaluation including coagulation studies and anti-coagulant therapy management where indicated

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- Pre-admission assessment of high risk patients to make sure all required tests and precautions are taken

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