

Peninsula Sleep Clinic

ANNUAL QUALITY & SAFETY REPORT 2022-2023

QUALITY & SAFETY REPORT

Introduction:

Peninsula Sleep Clinic (PSC) provides high quality patient care while ensuring that the highest standard of polysomnography (Sleep Study) recording is achieved and maintained.

The Clinic is licensed by the NSW Ministry of Health licence number: PH00300003 and is recognised by the Australian Department of Health and Aging as a private hospital, provider number: 0017230A

The Clinic performs diagnostic and therapeutic polysomnography and has a well-established CPAP clinic that is committed to providing immediate and long-term care, support and clinical advice for patients who are getting established on or are already established on CPAP / NIV treatment

Accreditation / Certification Quality and Safety:

Peninsula Sleep Clinic (PSC) is accredited by the Australasian Sleep Association (ASA) / NATA current until September 2025. Re-accreditation was conducted remotely on the 7th and 8th September 2021 and as a consequence of the remote re-accreditation there will be an additional site review planned for September 2023. The Clinic has been continually accredited since 2004. This process involved clinical peer review by an expert panel of Sleep Physicians, technical and administrative personnel nominated by the ASA / NATA independent of PSC. The panel reviewed all systems, documentation, tests (except bi-level ventilation), servicing, quality and technical records, staff recruitment and development, equipment, provision for emergencies and the quality assurance programs. As a result of this audit there was a minor 'nonconformity of document control' noted. Our written procedures were subsequently updated, and our submission was reviewed and found to be satisfactory. Two services were added to the scope which included diagnostic polysomnography unattended and limited channel sleep studies – Type 3 study.

PSC is also accredited to National Safety and Quality in Health Service Standards (NSQHS) developed by the Australian Commission on Safety and Quality in Health Care (www.safetyandquality.gov.au). An independent assessor reviews the quality and safety of the services provided and measures the Clinic's achievements against the industry standard. PSC successfully complied with the version 2 of the Standards in July 2019. The next review was due in July 2022, however due to COVID an additional year was granted, and re-accreditation is scheduled for 1st March 2023. Auditors' previous comments: "We believe that the health service organisation has the capacity to systematically meet the requirements of the NSQHSS against the activities identified within the scope of certification".

PSC was first assessed by Global Mark in 2013 against the National Safety and Quality Services Standards version 1.

The second edition of the NSQHS Standards was released in November 2017. This edition addresses gaps identified in the first edition, including mental health and cognitive impairment, health literacy, end-of-life care, and Aboriginal and Torres Strait Islander health. Assessment to the second edition will commence from 1 January 2019.

Version 2 Standards include:

1. Clinical Governance
2. Partnering with Consumers
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety

5. Comprehensive Care
6. Communicating for Safety
7. Blood management – not applicable to PSC
8. Recognising and Responding to Acute Deterioration

PSC also continually reviews and strives to improve the quality of the service we provide. At our last review in November 2018 the Global-Mark independent auditors in summary reported that 'Peninsula Sleep Clinic continues to demonstrate strong leadership in Quality and Safety processes'.

In 2014 PSC was recognised by the Sleep Health Foundation as a supplier of CPAP Sleep Therapies. Current recognition is valid until 10/10/2023. This is to ensure a high standard is maintained as PSC must comply with a 'Code of Practice' set out by the Foundation (www.sleephealthfoundation.org.au)

Monitoring of Clinical Key Indicators

PSC routinely monitors and records key elements of our performance to facilitate continuous improvement to ensure we provide a quality service to our patients, consumers, carers and to our referring doctors. Elements monitored:

1. The quality of the polysomnography recording
2. The quality of the doctors reporting
3. Patient Satisfaction
4. Referring doctors survey
5. CPAP Clinic outcomes
6. CPAP Clinic survey

In addition the Clinic occasionally hosts an educational evening for our referring doctors at which their opinion and suggestions are an integral part of the evening.

All results are analysed and presented at the Management Review Committee (MRC) and the Medical Advisory Committee (MAC) meetings.

Partnering with Consumers:

Effective communication is an essential element to providing excellent patient care. Patients and carers have the right to be involved in their care and therefore engagement and comments are actively sought.

In 2012 PSC independently sought opinions on our information provided to prospective patients, our CPAP information packs, and our CPAP charges. Since then, PSC has continued to seek further feedback from consumers who have utilised our CPAP clinic services. Feedback is regularly reviewed by management and at routine meetings.

The feedback for 2018 remained at 98% satisfaction. The next survey was due in 2020, however due to COVID and other factors it was to be completed later in 2021. The survey was finally conducted in February 2022 with excellent feedback with overall ranking at 97.5%

PSC continues to seek comments from consumers regarding our 'Quality and Safety' report including any recommendation for improvement. Recommendations and suggestions are discussed at the regular management meeting and where appropriate change is instigated.

Staff In-service training includes regular education by "CPAP and other consumers".

In February 2022, the staff were trained by a consumer who had recently been diagnosed with Obstructive Sleep Apnoea via an unattended study at home, then subsequently went on to successfully use CPAP therapy. The presentation was invaluable and gave the staff some

helpful hints, plus some of our paperwork was updated to incorporate the suggestions for improvement.

Polysomnography Recording:

A monthly random audit is undertaken to determine the quality of the recordings and to determine whether there are any systematic equipment issues or other issues. The results and feedback from these surveys are presented to management and discussed with staff at their regular technical meetings.

In 2022 our overall quality of all the recordings was 98.6%

Polysomnography Reporting:

The Medical Director who is a recognised Respiratory / Sleep Physician regularly monitors the quality of the reports of the other Sleep Physicians. This ensures consistency in reporting and that the key elements of the report are conveyed to the referring doctors. The results are discussed by management and the reporting Sleep Physicians.

In 2022 the overall quality of reporting was 93.5%

CPAP Clinic Outcomes – Quality Assurance:

Adherence to CPAP treatment is the largest factor impacting on the effectiveness of CPAP treatment. PSC routinely collects data to be able to demonstrate this effectiveness. Data is collected during the home trial period, at 6- and 12-month intervals and any time there is an issue. The data is analysed and presented at management meetings and CPAP Clinic meetings. In 2022 the home trial compliance was 91% with compliance after 6-months 99% and after 12-months 96%.

Patient Feedback:

PSC continually monitors patients' satisfaction regarding the care and services provided and seeks opinions on how we can improve our services. PSC considers consumers' opinions to be very important and encourages all patients to take the time to complete the questionnaire prior to discharge.

PSC seeks feedback on:

1. Whether there was sufficient pre-procedure information
2. Whether you were happy with the care you received
3. Whether you were happy with the attitude and behaviour of the staff
4. Whether you felt your privacy and confidentiality were maintained
5. Would you return to the facility
6. Whether you were happy with the cleanliness of the facility
7. Whether you had any suggestion for improvement
8. And on a scale 1-10 how would they rate the facility

At the end of 2015 we added two further points:

9. Whether you have any suggestions for improving our paperwork
10. Whether you have read the Quality & Safety report and whether you have any recommendation or suggestions for improvement

In 2019 added a further point

11. Whether staff washed their hand or used alcohol rub

In 2022: 89.7% of patients completed a survey with 99.42% satisfaction. In 2014, 2015, 2016, 2017 and again in 2018: Global-Mark independent auditors reported that “the actions taken to maximise patient quality care was met with merit”

Referring Doctors’ survey:

Every two years our referring doctors are surveyed to determine their level of satisfaction with the services provided by PSC to their patients. The data collected is analysed and reviewed by management who may make recommendations as a result of the outcomes / suggestions. The last survey was completed in February 2022 with an overall satisfaction rate of 89.33%. The next survey is due in 2024

CPAP Clinic Survey and CPAP Consumers Feedback:

PSC is trying hard to improve the service provided to our CPAP users and as a result have actively sought feedback from patients who have both recently used the services or have previously used the services of the Clinic. In 2022: the consumer initial feedback remains 100% satisfaction with our mean overall rating 3.95 out of 4. A ‘blind’ CPAP Clinic survey was completed in 2022 with the overall satisfaction 97.5% (to date).

Healthcare Associated Infections:

The risk of getting an infection in hospital depends on how healthy you are, how long you have been in hospital, certain medications and whether you have had an invasive procedure such as surgery. At PSC patients stay overnight only, there are no invasive procedures performed and no medication is prescribed or altered, and all accommodation is in single rooms. PSC does not accept admission from other hospitals. Anyone with a respiratory infection (including COVID 19), colds, flu, vomiting, diarrhea, or other communicable disease including shingles, other hospital acquired infections such as MRSA are re-scheduled or in the case of COVID 19 must have a negative swab. PSC does not have the resources to do wound dressings and therefore will not accept patients who require this intervention. Prospective patients are given information regarding minimising the risks. It is considered that the risk of contracting an infection at PSC is extremely low.

At the Global-Mark audit conducted in November 2017 as part of the NSQHS requirements PSC were required to implement a 5 year ‘Action Plan’ to ensure compliance with the infection control standard AS / NZ 4187:2014. In 2018 a printer was purchased for the current thermal disinfectant to ensure a record of thermal disinfection is maintained and a tracking number system was introduced. Procedure and protocols were updated, and staff were given additional training. Unfortunately, due to Covid limitations the plans to purchase a thermal disinfectant with drying capacity in 2021 was put back to 2022. Which was installed in May 2022 and completed the last of the 5 year ‘Action Plan’.

Staff In-service training includes regular education on infection control.

Hand Hygiene

The single most effective strategy in preventing and or minimizing the spread of infection is hand hygiene. There are hand basins throughout the facility, there is hand rub (which is just as effective as soap & water) in every room and there is hand rub on each set-up trolley. Staff are educated in hand hygiene and participate in on-line hand hygiene modules set-up by Hand Hygiene Australia. Hand hygiene is regularly monitored, and the outcomes are reported to management and below.

Consumers are asked whether staff washed their hands or used alcohol rub during set-up.

In December 2023 all staffs hand hygiene technique was assessed and documented with no further training required

Infection control training:

Infection control annual training – November 2022 – 73% of clinical staff attendance.

Hand hygiene module – August 2022 – 100% clinical staff compliance.

Practical hand washing competency – November 2022 – 92% compliance.

New thermal dishwasher training – May 2022 – 100% compliance.

Hand hygiene audit results:

8 sessions performed in 2022, 77 hand hygiene moments monitored with 4 missed moments
95% compliant.

Environmental hand hygiene supply audit

Performed quarterly showed adequate supply or replacement of hand rub at patient, workforce locations.

Patient monitoring of hand hygiene by staff

In 2022 98.5% of patients noted that staff performed hand hygiene during their contact for in house studies (89.5% response rate). 100% of patients who had a home study noted hand hygiene was performed (response rate 73%).

How can you help to limit the spread of infection?

1. Do not come to the Clinic if you have been in or transited through a declared COVID hotspot in the last 7 days, this includes any overseas travel.
2. Do not come to the Clinic if you have been diagnosed with or have been in contact with a known or suspected case of COVID 19 or told to quarantine by a health professional.
3. Do not come to the Clinic if you are waiting for the results of a COVID swab.
4. Call the Clinic prior to admission if you have an infection, particularly if you have a cough or the flu, an open wound, or a contagious disease – your appointment will be re-scheduled.
5. Wash your hands with soap and water or the hand rub on admission.
6. Cover your mouth and nose when you cough or sneeze and wash your hands afterwards.
7. Wash your hands after using the toilet.
8. Do not bring visitors into the Clinic if they have an infection.
9. Follow NSW Ministry of Health guidelines with regards to 'out-breaks'.
10. Use respiratory masks as advised

Identification and Clinical Handover:

While PSC only performs Polysomnography it is important that patients are identified correctly. On admission and again prior to consenting to a Sleep Study the patient's identity will be confirmed. Details such as date of birth, name, address, or Medicare card number will be used. There is usually only one clinical handover during a patient's stay in the Clinic and this occurs at 11.00pm. At this time, the staff stop what they are doing and confirm the patient's identity, the

type of Sleep Study, whether there are any allergies / alerts / Advanced Care directive / Enduring Guardian Directive and any other relevant clinical history.

Staff Training:

Polysomnography is a comprehensive recording of the bio-physiological changes that occur during sleep and is a very specialised medical field. Therefore, staff require intensive training to ensure they have the necessary skills to perform their duties to the highest standard. PSC has a well-documented orientation program; new staff are provided with one-on-one training with an experienced staff member and there is regular in-service education which is compulsory and where relevant staff are provided external education. In addition, staff are given the opportunity to attend the Sydney University Sleep Course. Staff performance is reviewed and documented annually and if necessary further training is provided. In 2014, 2015, 2016, 2017 and 2018: Global Mark independent auditors reported that “agreed and documented guidelines and pathways are available to clinical workforce and the use of agreed clinical guidelines by the clinical workforce is monitored: both were met with merit” However in 2018 PSC was required to provide evidence that staff were trained in ‘Patient Centred Care’ – training continues to be provided annually.

Visit our [Resources page](#) to view various news items and research studies conducted by Peninsula Sleep Clinic.