



8 Perry St Dundas Valley NSW 2117
Ph: 02 8877 3400
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Email: DSS@allowah.org.au
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QUALITY & SAFETY REPORTS

Our commitment to person centred care and working with clients means that we involve you in service measurement and evaluation, which enables feedback from your experience to inform policy and quality improvement across the Allowah. We do this in two ways:

- We inform you about key areas of our safety and quality performance in a format that can be understood and interpreted independently through this website; and
- We have a Consumer Partnership Committee who participate in the analysis of safety and quality performance information and data, patient feedback, and the development and implementation of action plans.

Some of our recent safety and quality audit results include:

February – March 2017

ADMISSION HISTORY: 92% compliance

- Medications not being signed off by RN on admission form to say they have been received Childcare Management Care Plan date to be recorded on admission form
- Physical examination to be completed after admission and documented

CHILD CARE MANAGEMENT PLAN and INTERVENTION PATHWAY REAUDIT: 91% compliance

- Weight of each child is to be taken within time frame stated on intervention pathway
- All changes noted on care plan to be transferred to intervention pathway

CLINICAL HANDOVER: 94% compliance

- Morning handover starts 5 minutes late
- Afternoon handover only RN at handover, as handover is given before the rest of pm shift arrives, but handover is given to rest of staff commencement of their shift

January 2017



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ENTERAL FEEDING BAG/LUNCH BOX AUDIT: 98%

- One lunch box lid cracked
- One feeding bag poorly labelled

CARE PLAN and INTERVENTION PATHWAY AUDIT: 78%

- Weight of each child is to be taken within time frame stated on intervention pathway
- Splints/AFO's applied on the correct site and documented on Intervention Pathways
- Standing/prone and position changes signed and dated on Intervention Pathway
- If intervention for individual child is not completed and signed for V for variance is required to be written on pathway and reason transferred to progress notes

CLINICAL DETERIORATION AUDIT: 95%

- 2 patients did not have a clinical deterioration plan in progress notes

CLINICAL RECORDS REAUDIT: 90% (15 record sample)

- ID bands incorrectly used

October / November 2016

MEDICATION SAFETY AUDIT: 100% compliance

- Nil areas of concern

CLINICAL RECORDS AUDIT: 90% (10 record sample)

- Observation being taken but not transferred to chart from notes on admission and discharge
- Error not noted by single line through error and initial
- Admission form not completed
- Discharge summary not completed

NSW HEALTH INFECTION CONTROL AUDIT: 100% compliance

- Nil areas of concern



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PRIVACY and SECURITY: 98% compliance

- Patient files visible from front of desk
- Screen on Nurses Station PC not turned off when staff not at desk

WASTE MANAGEMENT AUDIT: 100% compliance

- Nil areas of concern

July 2016

MANAGEMENT OF DRUGS AUDIT: 98% compliance

- Medication orders are signed and dated by Medical Officer (new charted started waiting doctor to sign)
- Current photo of the child attached to the medication chart and not more than 2 years old (this was corrected straight away)
- weight documented on the medication chart (weight recorded)

CARE PLAN AND PATHWAY AUDIT: 94% correct

- If intervention for individual child is not completed and signed for V for variance is required to be written on pathway and reason transferred to progress notes

Infection Prevention and Control audit all areas: 91% compliant

Bathrooms

- Floors wet- shower in use
- Room 11 not being used- some dust in corner of bathroom

Utility room

- Ledges are hard to keep clean constantly being used
- Linen chute locked no longer in use

Nurse's station

- Desk messy but in use, back wall cleaned this morning.

Reception/officers/storerooms

- Sink in kitchenette some stains from cleaning

June 2016



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Hazardous Substances Management Audit: 100% correct

Clinical Deterioration Audit: 100% correct

- 10 of the observation charts, clearly identified the patient on all pages
- 10 correct aged observation chart used
- 10 patient's observation were recorded weekly
- 10 patient's charts last recorded observation completed correctly
- 10 observation charts signed off on the bottom of each page
- 10 patient's had clinical deterioration care plan in patient's progress notes
- 10 patient's plan had been prepared in partnership with parent's/carer

Departmental WH&S Audit: 100%, Area inspected: Basement, kitchen, laundry, staff room, under storage areas, office areas, downstairs car park, and medical gases area.

May 2016

Security Audit – 90% correct – A decrease from previous audits. Deficiencies addressed.
Laundry Audit – 90% correct – Minor issues addressed.

April 2016

Admission History Audit – 90% correct

March 2016

Bed Audit – 100% correct

February 2016

Medication Audit – 100% correct

October 2015

Environment Workplace Safety – 100% correct
Clinical Records Audit – 100% correct
Departmental Work Health and Safety Audit – 100% correct
Kitchen Audit – 94% correct
Management of Drugs Audit – 100% correct
Medication Safety Audit – 100% correct
Security Audit – 100% correct
Departmental Work Health and Safety Audit – 100% correct



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September 2015

Hazardous Substances – 100% correct
Admission History Audit – 85% correct
Laundry Audit – 90% correct
Security Audit – 100% correct
Food Safety Audit – 98% correct
Work Health and Safety Audit – 96% correct
Hand Hygiene Audit – 96% correct