



Dear Nursing / Midwifery Student

On behalf of Ashford Hospital, I would like to extend a warm welcome to you as you begin your Clinical Placement with us. We are thrilled to have you join our team and are confident that your presence will greatly contribute to our purpose of working together for better care. In the attached package I have included some important information for you to refer to throughout your Clinical Placement.

This is an exciting opportunity and we trust this will be an enjoyable and productive learning experience, with many new skills and accomplishments to attain. As a student, you will work alongside experienced healthcare professionals who are dedicated to providing the highest quality care. We are here to ensure your placement is a rewarding and fulfilling experience.

Please do not hesitate to ask staff for assistance in helping you to achieve your goals. We strongly believe in a supportive and collaborative environment, where learning and growth are encouraged at every step of your journey. Our team is here to guide and support you as you navigate your placement. We encourage you to take advantage of the various experiences, educational resources and professional development opportunities available at Ashford Hospital.

Once again, welcome to Ashford Hospital. We look forward to supporting you on your learning journey. Please do not hesitate to contact us if you have any questions or need assistance.

Regards,

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Staff Development & GNP Coordinator

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Ashford Hospital



## WELCOME TO ASHFORD HOSPITAL



Welcome to ACHA, where our purpose is to work together for better care. We are excited to have you join us for your Clinical Placement. We look forward to having you as part of our team to make a difference to our patients and their families. The following package has been designed to aid your orientation and clinical placement.

### **ACHA**

Adelaide Community Healthcare Alliance Incorporated (ACHA) is one of the largest private healthcare networks in South Australia which consists of three hospitals – Ashford Hospital, Flinders Hospital and The Memorial Hospital located in Adelaide. Operating within its proud community-based and not-for-profit tradition, each provides a wide range of high-quality healthcare services through a collection of acute medical, surgical, rehabilitation and obstetric specialties.

ACHA is an association governed by a Board of six Directors elected and appointed by its members in accordance with its constitution. ACHA enjoys a contractual agreement with Healthscope Ltd that sees ACHA retain responsibility for strategic direction and governance while Healthscope Ltd takes care of daily management of operations.

### **Ashford Hospital**

Ashford Hospital is a proud member of ACHA located 5 km south west of Adelaide in South Australia. With 230 beds / 30 day chairs it is one of South Australia's largest private hospitals and it is considered a centre for clinical and medical excellence. In 2020 Ashford Hospital completed a \$34million redevelopment and upgrade to ensure our patients are kept comfortable during their stay with us.

Our comprehensive range of services enables us to perform a broad range of medical, diagnostic and interventional procedures. Each are supported by a comprehensive range of facilities including medical imaging, radiology and pathology. Ashford is fully equipped with the highest level of private critical care, neonatal and maternal care available in South Australia, with the additional provision of angiography and acute cardiac units. Ashford Hospital is complemented by an Emergency Department open daily between 8:00am and 10:00pm and a 24 hour Chest Emergency Care Clinic.

Ashford Hospital provides specialties and services in Cardiology, Cardiothoracic, Maternity, Bariatric, General Surgery, Angiography, Endocrinology, Emergency Medicine, Critical Care, Diabetes, Dental, Gynaecology, General Medicine, Oncology, Gastroenterology, Orthopaedics, Urology, Vascular, Radiology and Allied Health (Physiotherapy, Speech Pathology and Dietetics).

## KEY PERSONNEL

<b>ACHA CEO, &amp; State Manager</b>	Paul Evans
<b>Ashford General Manager</b>	Kelli Blakely
<b>Director of Nursing</b>	Kirsty Grant
<b>Assistant Director of Nursing</b>	Sarah Schulze
<b>Staff Development and GNP Coordinator</b>	Elli Cussen
<b>Perioperative Educator</b>	James Cartwright
<b>Critical Care Educator</b>	Rebecca Smith
<b>Quality Manager</b>	Katie Miranda
<b>Work, Health and Safety Coordinator</b>	Sharon Reinbrecht
<b>ACHA WHS Manager</b>	Edwina Beeston
<b>Return to Work Manager</b>	Rose Maloney
<b>Chaplin</b>	Liz Dyson
<b>Domestic Services Manager</b>	Narelle Fraser
<b>Wound/Ostomy/Contenance Nurse</b>	Sandra Bradley
<b>Infection Control</b>	Linda McCaskill
<b>Case Management</b>	Jo Stringer
<b>Anaesthetics</b>	Matthew Genovese
<b>Angiography</b>	David Rich
<b>Cardiac Services</b>	Tammy Wiseman
<b>Critical Care Unit</b>	Michelle Su/ Lyndell Walker
<b>Day Ward</b>	Lachlan Taylor
<b>Emergency</b>	Liz Strand
<b>Marion</b>	Kate Gardam
<b>Marleston</b>	Melissa Paprota
<b>Maternity</b>	Christine Lindsay
<b>Mitcham</b>	Donna Meffert
<b>Perioperative</b>	Yvette Rogers
<b>Recovery</b>	Vicki Artacho
<b>Scrub Scout</b>	Alyce Cooke / Rachael Trestrail
<b>Unley</b>	Cate Howard



## WARD ALLOCATION

Each student has been allocated to a specific ward or unit. While in this area you will have a facilitator and may have several preceptors. Following Hospital Orientation and a tour of the hospital you will be taken to your allocated area for further orientation.

During your ward orientation you will develop your roster with your Clinical Facilitator. Aim to mirror your preceptor's roster where possible. You are also encouraged to work with a variety of staff throughout your placement. Due to variations in shift times, it may not always be possible to have allocated preceptors in particular areas. Please discuss this with your Clinical Facilitator. The number of students on each shift must be balanced to maintain safe supervision for students, staff and our patients. We aim to provide a fair distribution of shifts across all students on placement within an area. Please come prepared to work all shift times on a rotating roster.

Please ensure that you arrive 10 minutes before the commencement of your shift to receive handover.

## SHIFT TIMES

Early shift	0700 – 1500
Morning Tea	15 minutes
Lunch	30 minutes

Late shift	1430 - 2230
Dinner	30 minutes
Supper	15 minutes

Night Duty	2215 – 0715
Supper	15 minutes
Break	30 minutes

Shift times can vary depending on the ward / specialty area as some wards have 12 hour shifts, whilst others may have varying start / finish times. Students are not to do 12 hour shifts

Night duty shifts may be allocated on a Thursday & Friday night towards the end of a placement block. Students may be rostered to work weekends/public holidays

Each shift may be required depending on your training organisation requirements, to facilitate make-up time or to ensure safe supervision throughout your placement

## UNIFORM

All students must be in the uniform of their training organisation for all shifts. If you are working in the peri-operative area you may change into theatre scrubs for your shift, however you must wear your uniform to and from duty. Your ID badge should be clearly visible.

Uniform includes:

- Name badge with photo ID and Training Organisation details must clearly visible
- Enclosed style shoes with a flat heel, made of a non-absorbent substance
- Appropriate corporate style pants and your Training Organisation shirt
- Mild perfume and well managed body odour
- Natural fingernails, clean and short
- Keep jewellery to a minimum. If a necklace is worn, it must be contained within your uniform to prevent injury. Earrings and other piercings must be discreet and conservative. Bare below the elbows.
- Keep hair neat, clean and tidy, and secured
- Keep facial hair neat and trim

Students are to be 'bare below the elbows' when providing direct patient care / performing hand hygiene to meet infection control and WHO 5 Moments for Hand Hygiene requirements. Hand and wrist jewellery must be kept to a minimum, i.e. only single flat ring/band and no bracelets or wrist watches. Long-sleeved clothing, e.g. cardigans, must be removed for direct patient care. If there are concerns with a student uniform, placement will be ceased until resolved.

## **PERSONAL BELONGINGS**

Lockable cupboards are provided in the nurses' station / ward area for staff belongings. It is recommended that you do not bring valuables with you, as the hospital cannot be accountable for thefts. Personal mobile phones are not permitted to be used whilst attending to your placement. Mobile phones are to be accessed at break times. If you need to be contacted for emergency reasons please discuss this with your Clinical Facilitator and preceptor.

## **SICK LEAVE**

Please ring the Hospital on 83755222, ask to speak with the Hospital Coordinator to let them know that you will be off sick. Please tell them your name, that you are a student and area that you are working in so they can let the ward know of your absence. Also ask them to email the Staff Development Coordinator and your Clinical Facilitator to let them know of your absence. Please email your Clinical Facilitator to provide a sick certificate, return to work date and arrange for make-up time as required. Excess sick leave may impact on your ability to complete your placement and this will be addressed on an individual basis.

## **PROFESSIONALISM & PRIVACY**

Ashford strives to maintain a high standard of professionalism and customer service. Whilst on placement it is expected that you aim to maintain this standard. Patient confidentiality and privacy must be maintained at all times, failure to do so may result in removal from placement. Please refer to the relevant ACHA policies and procedures within your practice.

## **EXPECTATIONS OF THE STUDENT**

- Always be professional
- Be proactive in your learning and show initiative
- Always ask when unsure
- Be receptive to feedback
- Use quiet times for active learning – look up policies and procedures, read clinical notes / other supportive information or texts, look up medication information, help others, talk to a patient or two.
- All medications must be given under the direct supervision of a Registered Nurse / Midwife.
- If you are having any difficulties please speak to your Clinical Facilitator, Manager, or the Staff Development Coordinator.

## **OTHER EVIDENCE THAT MUST BE PROVIDED**

You must also bring the following documented evidence with you on your first day.

This evidence must be shown to your facilitator on orientation,

- Student photo ID
- Working with Children Check

- Vaccination evidence and serology (refer to Immunisation Table). Training organisation documents are not accepted
- Drug Calculation Test 100% Pass Grade – completed within last 3 months
- Annual Basic Life Support completion (3 yearly HLTAID010 & annual HLTAID009, or an annual institution based BLS course (e.g. Hospital)
- Annual Manual Handling completion
- Annual Bloodsafe eLearning certificate of Completion (Clinical Transfusion)
- Annual Hand Hygiene Australia eLearning Certificate
- Fit Testing evidence & details of P2 / N95 mask size

## **CAFÉ**

Jamaica Blue coffee shop is on the ground floor and is open to both staff and visitors. The opening hours are displayed in the foyer. Hudson's provide an assortment of refreshments and light meals.

## **STAFF DINING ROOM**

Staff also have access to the Staff Dining Room located on the ground floor. This area is open 24 hours. A microwave, vending machines and Tea/ Coffee facilities are available there 24 hours. All areas also have access to a tea room in which you can also sit to eat your meal. Be mindful of social distancing.

## **PARKING**

Car parking is available at reduced cost to students in the multi-storey GreenCo Carpark, accessed from Everard Avenue. You will need to complete the Student Placement Parking Registration Form to apply for a carpark swipe card. Do not park in the carpark on your first day until you have visited the carpark office near the exit gate, between 1400 and 1645 to arrange a swipe card. This may also be arranged before you commence placement. The swipe card costs \$35.00 (non-refundable and price subject to change – cash required for purchase). Parking each day is 8.00 (price subject to change). Students attending for a single day or using the car park prior to arranging the swipe card will be charged the standard visitor rate.

## **SUPPORT SERVICES**

Our chaplaincy service forms an important part of our healthcare team. Liz Dyson is our hospital chaplain and she is available for patients, families, staff and students. You can contact Liz by phone as required. Please ask the ward staff for contact details. Please also remember that your training organisation often also have a number of supportive counselling services for students to access.

## **NURSING DOCUMENTATION GUIDELINES**

Below is an example of the preferred progress note documentation style. The choice of documentation method is usually determined by the area that you are working in. For example, Critical Care utilise a systems approach. Please discuss with your Clinical Facilitator. Look through the clinical notes to see what style is used in the area you are working in. The main consideration is that all care is documented clearly, succinctly and legibly.

**Pts Cognitive State** – Pt is alert & orientated, vague, confused to time & place but appropriate in conversation, agitated, neurological observations.

**Mobility** – Mobilising around the ward independently, standby assistance required, mobilising from bed to toilet with frame (or identify other mobility aids) and x1 assist, x2 assist with mobility and aids (identify which aids), resting in bed with 2 hourly pressure area care, airmatress, limbs elevated on a pillow, (Identify other pressure relief strategies) Falls Risk, Pressure Injury Prevention (identify scale), VTE risk, physiotherapy.

**Hygiene** – Showered, sponge, hot towel wash, hair wash, oral care, eye care, peri wash, pad change / wash (how frequently required), Identify level of assistance required or independent, wounds covered.

**Diet and Fluids** – Fasting (time), type of diet, level of tolerance, amount eaten, assistance required, special requirements, dietician involvement, food chart, nauseated, vomiting, antiemetic, supplemental drinks, fluid intake, restrictions, special fluid intake requirements, food chart, fluid balance chart, speech pathology, dietician.

**Elimination** – Continent/incontinent, pad worn, frequency of elimination (bowels not opened, frequent diarrhoea, type), medication required, other elimination management issues, bowel chart, offensive urine, MSSU, ward urinalysis, voiding in toilet / pan / urinal, IDC insitu, bladder irrigation, hourly urine measure, low urine output, effect of lasix, test & strain urine, oliguria, anuria, dialysis, fistula.

**Observations** - Frequency, modifications, within acceptable parameters, identify any concerns/abnormal levels and interventions/recommendations, monitoring in use, neurovascular.

**Skin condition** - Intact, broken areas, bruising, skin condition in general, potential risk areas, braden score, dressing, wound and wound chart, drain.

**Medications** – Given as per chart, IV antibiotics, nebulisers, infusions, pain management, antiemetics, INR / warfarin, thrombolytic, blood products, prophylactic medications, discharge medications, medication reconciliation, invasive lines, invasive line day due, re-sited, location, patency, site, IVT, rate.

**General Condition** – Shortness of breath, chest pain, abdominal pain, changes in conscious state, changes in condition not already discussed, MET escalation

**Other** – Specimens sent, social, discharge planning, planned transfers, transport, appointments, changes in treatment, tests booked, multidisciplinary team.

## **CLINICAL PATHWAYS / CARE PLANS**

Clinical Pathways or care plans are used for each patient to outline the plan of care. Nurses must document care every shift and document variances as they occur. All care delivered must also be documented in the clinical records by the nurse.

## **DRUG ADMINISTRATION**

Every time a medication is administered all Nursing / Midwifery personnel must observe the 7 rights of medication administration per our Medication policy. Students are also expected to abide by these rights as detailed in policy 18.04 - Medication Administration by a Nursing / Midwifery student. Student administration of medications must be supervised at all times. Failure to do so may result in cessation of placement. Always ensure that the medication has not expired, and the patient does not have any allergies.

### **The 7 rights of Drug Administration**

Right Drug

Right Dose

Right Patient

Right Route

Right Time

Right Documentation

Right to Uninterrupted Medication Administration

Medication Charts are a legal document and must be completed accurately & unambiguously in order to ensure that patients receive safe & optimal therapy. Nursing students are not permitted to write any part of the prescription. Medication charts should be written legibly in the prescribing doctor's handwriting & must include:

- Name – Includes the patients Surname, First name and Medical Record Number
- Date & Time – Relating to the administration time of the order
- Medicine Name – Drug Name (Generic Name preferred)
- Dose – The amount and strength of the medicine to be administered
- Route – The route of administration must be clearly identified
- Frequency – How often the medicine is to be administered
- Indication – The reason for the medication prescription
- Signature – The ordering Medical Officer must sign each medication order
- Prescriber details

### **STUDENTS AND MEDICATION ADMINISTRATION**

- Students must show documented proof to their clinical facilitator of achieving a recent 100% correct medication calculation test prior to being given permission for any involvement in medication administration.
- 1<sup>st</sup> year student RNs / RMs may only observe medication administration.
- 2<sup>nd</sup> year student RNs / RMs may be involved in medication administration, excluding IVs, High Risk Medications and DDAs (if they have completed their study associated with medication administration).
- 3<sup>rd</sup> year student RNs / RMs may be involved with all medication administration, excluding High Risk Medications and DDAs (if they have completed their study associated with medication administration).
- Student ENs may be involved with medication administration, excluding the administration of High Risk Medications and DDAs as per the ACHA policy associated with Medication Administration by ENs (if they have completed their study associated with relevant medication administration).



## EMERGENCY PROCEDURES

### EMERGENCY CODES

Fire – Code Red
Evacuation – Code Orange
Bomb Threat – Code Purple
Internal Emergency – Code Yellow
External Emergency – Code Brown
Medical Emergency – Code Blue/MET Call
Personal Threat – Code Black

The emergency phone number in all ACHA Hospitals is **222**. This number may be called from any internal phone.

You can also ring the bell 3 x to gain assistance and call out for help.

To report a Code

1. Dial 222
2. State the type of emergency and the location.
3. The switchboard operator will repeat the information back to you. Once information clarified & confirmed you may hang up the phone and continue with assisting the staff and / or patient.

An Emergency Planning manual is located in all areas. Please make yourself familiar with the codes and the procedures for these codes. Please read the emergency planning manual as soon as possible when you commence placement.

### FIRE PROCEDURE

You are required to know where the fire equipment is kept in the area you are working. The hospital has an early warning system of fire detection using smoke and heat detectors (located on the ceiling) when they are activated a small red light will remain lit on this detector. If there is a fire you need to call 222, break one of the “break glass” alarms or dial 000. If there is a fire alarm, all areas are to go on alert until you are notified over the intercom that your area has been cleared.

If a fire erupts in your area always remember the procedure “**RACE**”

**R**emove from danger

**A**lert – raise the alarm

**C**ontain the fire (shut fire doors)

**E**xtinguish if safe to do so

All staff should ensure that they know where their patients are and provide reassurance while the emergency is in process. The area warden will attend the red WIP phone to take instructions from the chief warden. An announcement will be made over the loud speaker that “an alert situation exists in the hospital.” At this time a visual check of all areas must be conducted, paying attention to smoke and heat detectors. If you find the detector with the red light activated it is important that the hospital coordinator is notified immediately via the WIP phone. Never use water on electrical fires and if unsure always use the carbon dioxide extinguisher. Do not attempt to use any fire fighting equipment if you do not feel confident doing so.

### INTERNAL ASSEMBLY AREAS

In case of evacuation, all staff will be directed by the area warden or chief warden. Evacuation may be to the next fire compartment or another floor or safe area.

## **MEDICAL EMERGENCY**

There is a Medical Emergency Team (MET) available at all times who respond to MET calls, Code Blue and Code Blacks. The MET team can be contacted on 222 from any phone. It is important that we recognise and respond to clinical deterioration early to achieve positive patient outcomes. The radar chart can be used to indicate criteria for a MET call. Criteria may include uncontrolled pain, new or increasing chest pain, stroke, multiple observations in the yellow and/or red zone. A MET call can also be called if you are concerned about the patient. Relatives and visitors can also call MET calls (PACE call). Stay with the patient and MET team to provide assistance as we care for the patient.

## **WHS RESPONSIBILITIES**

The following guidelines are to assist in safeguarding your own safety & those of your colleagues, during your time at Ashford. You should have already been made aware by your training provider that, for the purpose of workers compensation, you are not covered under the workcover scheme and therefore will have alternative insurance arrangements. Ashford Hospital as your "Host Employer" has a "duty of care" to ensure specific requirements of the WH & S Act 2012 are followed. A summary of these responsibilities are as follows:

### **DUTIES OF THE EMPLOYER TO:**

- Provide and maintain a safe working environment
- Provide safe systems of work
- Ensure plant & substances are in a safe condition
- Provide amenities of the prescribed kind
- Provide adequate instruction, supervision & training

### **DUTIES OF THE EMPLOYEE / WORKER TO:**

- Work in a safe manner so as not to compromise the health and safety of themselves or co-workers
- Follow policies & procedures
- Obey reasonable instruction in matters relating to health & safety
- Use equipment provided
- Ensure that the worker is not under the influence of alcohol or a drug so as to endanger their own safety, or the safety of any other person at work
- Report unsafe conditions (hazards)

### **WHAT IF YOU ARE INJURED WHILST AT WORK?**

- You must report immediately to the Team Leader who will assist you with any necessary first aid and to the completion an incident report (Riskman)
- The Team Leader will contact either the Staff Development Coordinator (SDC) during office hours or the After Hours Hospital Coordinator (HC)
- The SDC / HC will arrange first aid treatment & / or transport (cost covered by you or your training organisation)
- Please inform your Facilitator and the Staff Development Coordinator of any injury immediately or as soon as possible if it occurs after hours.
- You will also need to complete Injury Report Documents for your Training Organisation.

## POTENTIAL HAZARDS OF THE WORKPLACE

Please ensure your ward / unit orientation includes all potential hazards specific to that environment. If you identify a hazard in your area, please report this and complete a riskman form. Below is a list of common potential hazards in the clinical areas:

- **Linen Bags** – Please only fill linen skips to a maximum of 2/3 (or less if they contain wet items of linen). Securely tie the top of the filled bag and store them to allow unrestricted access in the area. Replace filled linen bags with empty ones so they are ready for use when required.
- **Bathrooms / Patient Rooms** – Please do not use talcum powder in any tiled or vinyl floors & be careful on wet floors. Please dry any wet floors before leaving the room.
- **Manual Handling** – A manual handling risk assessment is carried out for all patients to assist you with manual handling tasks. This can be found on the patient's care plan & must be updated each shift, and when the patient's status changes. Remember if you don't feel confident to perform a manual handling task do not attempt and ask for assistance.
- **Beds & Equipment** – Please do not attempt to use any equipment for which you have not been trained. This includes beds & lifters that may be different from those you have previously used. A minimum of 2 staff members are required to move an occupied bed at all times.
- **Emergency Procedures** – Please familiarise yourself with the location of the flip charts, emergency exits, break glass alarms, WIP phones & fire fighting equipment including fire & smoke doors as well as the emergency phone number. Be aware of your environment & keep passageways & exits free of obstructions. If equipment needs to be stored in corridors, please ensure that it is only in specified locations.
- **Waste Management** - All waste systems are clearly marked & examples of appropriate waste are displayed at point of disposal. Place sharps only into sharps containers (no syringes, swabs or wrappers). Be mindful not to use yellow bins for general waste.
- **Security** – Be alert to strangers in the workplace & report suspicious behaviour to your manager immediately. Familiarize yourself with the location of duress alarms & know how they are activated.
- **Personal Protective Equipment (PPE)** – Appropriate PPE is located throughout the hospital. In particular, be mindful to use gloves & goggles whenever there is the possibility of exposure to body fluids. See Infection Control information.
- **Electrical Safety** – The hospital is RCD protected. All electrical equipment, including extension cords must be tested & tagged before being used (including patients' personal equipment). Prior to using any electrical equipment please check that the tags are in place, there are no frayed cords or exposed wires and that the equipment is in general sound condition.

## QUALITY TEAM

The organisation has a dedicated Quality Team, with a Quality Manager situated at Ashford Hospital. This team's role and function is to support all staff in quality activities and assist the organisation to maintain accreditation.

### OVERALL AIM

- Ensure that a culture of commitment to continuous quality improvement and safety exists and is evident throughout the organisation
- Identify what is needed to improve outcomes in the future to strive for evidence based best practice
- All requirements are met to achieve legislative compliance
- Act as a conduit reporting quality improvement activity information for appropriate sources to all committees
- Address issues/recommendations/suggestions identified by the ACHS
- Oversee the implementation of ACHS standards/criteria
- Ensure the requirements for each function are met, incorporating relevant factors from National Standards Guidelines
- Collectively report on quality improvement activities from individual areas

### EXPECTED OUTCOMES

- Organisational risks will be minimised and managed through standardisation of processes where applicable, and based on evidenced based best practice
- All ACHA Quality Improvement activities will be documented and registered
- Improve networking regarding quality activities and initiatives, resulting in a reduction of rework and duplicity of activities
- Ensure that the intent of each National Standard is met and is relevant to ACHA
- Heightened awareness of the requirements and benefits of using the National Standards framework to ensure a culture of continuous quality improvement throughout the Hospital

### ACCREDITATION AND NATIONAL STANDARDS

The organisation's vision is to be the first choice for private health services. Our mission is to deliver a comprehensive and integrated range of high quality, value for money, health care services and facilities. For us to be able to say we do this, we need to prove it. Therefore, we utilise the services of an external accreditation organisation to rate our standards against the National Standards. This organisation is The Australian Council on Healthcare Standards (ACHS) and our performance in all areas and services is measured against the 8 National Safety and Quality Healthcare Standards (NSQHS).

All of the planned care and service delivered to our customers is based on and directed by these national standards. It is important that our staff and therefore you understand these standards and practice according to them. More information on these standards can be found at: <https://www.safetyandquality.gov.au/standards/nsqhs-standards>

Accreditation operates in a continuous cycle, where we provide evidence of our performance for the ACHS to review. In 2023 ACHA successfully completed an organisation wide survey for accreditation. As the accreditation process is changing to short survey, we may be assessed at any time. This means we must all strive to maintain the highest standards at all times. Therefore, the Quality Cycle is a "Never Ending Cycle".