



NS2.1 Short Notice Final Assessment

Final Assessment Report

The Geelong Clinic
St Albans Park, Victoria

Organisation Code: 220997
Health Service Facility ID: 101047
Assessment Date: 20 November 2023

Accreditation Cycle: 1

Disclaimer: The information contained in this report is based on the evidence provided by the participating organisation at the time of the accreditation survey and information that the organisation supplied through the reporting and editing process. Accreditation issued by ACHS/ACHSI does not guarantee the ongoing safety, quality or acceptability of an organisation or its services or programs, or that legislative and funding requirements are being met, or will be met.

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Introduction

The Australian Council on Healthcare Standards

The Australian Council on Healthcare Standards (ACHS) is Australia's leading healthcare assessment and accreditation provider. ACHS is an independent, not-for-profit organisation dedicated to improving quality and inspiring excellence in health care. We accredit organisations according to either government standards, or our own established standards.

ACHS is approved to accredit the following standards

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care Module (MPS Module)
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards
- National Clinical Trials Governance Framework
- Royal Australian College of General Practitioners (RACGP) Standards for general practices (5th edition) and the RACGP Standards for point-of-care testing (5th edition)
- National Standards for Mental Health Services (NSMHS)
- Rainbow Tick Standards
- EQiP Standards

Currently there are more than 1,600 healthcare organisations, including their associates, who undertake ACHS assessment and quality improvement programs. ACHS are proud to accredit the majority of all public and private hospitals in Australia.

With representation from governments, consumers and peak health bodies from throughout Australia, ACHS works with healthcare professionals, consumers, government and industry stakeholders to implement healthcare accreditation programs.

ACHS offers a variety of services including accreditation, education and training, data and benchmarking and consulting. We take a partnership approach to continuous improvement, tailored to the needs of individual services and health systems, using our expertise in accreditation, standards development and education.

Australian Commission on Safety and Quality in Health Care

The Australian Commission on Safety and Quality in Health Care (Commission) leads and coordinates national improvements in healthcare safety and quality. It works in partnership with patients, carers, clinicians, the Australian, state and territory health systems, the private sector, managers and healthcare organisations to achieve a safe, high-quality and sustainable health system.

Key functions of the Commission include developing national safety and quality standards, developing clinical care standards to improve the implementation of evidence-based health care, coordinating work in specific areas to improve outcomes for patients, and providing information, publications and resources about safety and quality.

The Commission works in four priority areas:

1. Safe delivery of health care
2. Partnering with consumers
3. Partnering with healthcare professionals
4. Quality, value, and outcomes

The Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme

Under the National Health Reform Act 2011, the Commission is responsible for the formulation of standards relating to health care safety and quality matters. This includes formulating and coordinating the Australian Health Service Safety and Quality Accreditation Scheme (the AHSSQA Scheme), which provides for the national coordination of accreditation processes.

The AHSSQA Scheme sets out the responsibilities of accrediting agencies in relation to implementation of the following safety and quality standards:

- National Safety and Quality Health Service (NSQHS) Standards including the Multi-Purpose Services Aged Care (MPS) Module
- National Safety and Quality Digital Mental Health (NSQDMH) Standards
- National Safety and Quality Primary and Community Healthcare (NSQPCH) Standards, and
- Any other set of standards that may be developed by the Commission from time to time

The National Safety and Quality Health Service (NSQHS) Standards were developed by the Commission in collaboration with the Australian Government, states and territories, the private sector, clinical experts, patients, and carers. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. They provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

There are eight NSQHS Standards, which cover high-prevalence adverse events, healthcare associated infections, medication safety, comprehensive care, clinical communication, the prevention and management of pressure injuries, the prevention of falls, and responding to clinical deterioration. Importantly, the NSQHS Standards have provided a nationally consistent statement about the standard of care consumers can expect from their health service organisations.

Rating scale definitions

Whenever the NSQHS Standards (2nd ed.) are assessed, actions are to be rated using the rating scale outline below:

Rating	Description
Met	All requirements of an action are fully met.
Met with recommendations	<p>The requirements of an action are largely met across the health service organisation, with the exception of a minor part of the action in a specific service or location in the organisation, where additional implementation is required. If there are no not met actions across the health service organisation, actions rated met with recommendations will be assessed during the next assessment cycle. Met with recommendations may not be awarded at two consecutive assessments where the recommendation is made about the same service or location and the same action. In this case an action should be rated not met.</p> <p>In circumstances where one or more actions are rated not met, the actions rated met with recommendations at initial assessment will be reassessed at the final assessment. If the action is not fully met at the final assessment, it can remain met with recommendations and reassessed during the next assessment cycle. If the organisation is fully compliant with the requirements of the action, the action can be rated as met.</p>

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Rating	Description
Not met	Part or all of the requirements of the action have not been met.
Not applicable	The action is not relevant in the service context being assessed. The Commission's advisory relating to not applicable actions for the health sector need to be taken into consideration when awarding a not applicable rating and assessors must confirm the action is not relevant in the service context during the assessment visit.

For further information, see [Fact sheet 4: Rating scale for assessment](#)

Repeat Assessment

If a health service organisation has 16 or more percent of assessed actions **rated not met and /or met with recommendations**, and /or more than 8 actions from the Clinical Governance Standard not met at initial assessment and is subsequently awarded accreditation, the organisation is required to undertake a further assessment within six months of the assessment being finalised. All actions rated not met or met with recommendations from the initial assessment will be reassessed. The aim of the reassessment is to ensure the organisation has fully embedded the necessary improvements in their safety and quality systems to maintain compliance with the NSQHS Standards. This is a one-off assessment with a remediation period of 60 business days. **All actions must be met when the assessment is finalised for the organisation to retain its accreditation.**

For further information, see [Fact Sheet 3: Repeat assessment of health service organisations](#)

Safety and Quality Advice Centre and Resources

The Advice Centre provides support for health service organisations, assessors, and accrediting agencies on NSQHS Standards implementation, the Primary and Community Healthcare Standards, the Digital Mental Health Standards, the National General Practice Accreditation (NGPA) Scheme, the National Pathology Accreditation Scheme, and the National Diagnostic Imaging Accreditation Scheme.

Telephone: 1800 304 056

Email: AdviceCentre@safetyandquality.gov.au

Further information can be found online at the *Commission's Advice Centre* via

<https://www.safetyandquality.gov.au/>

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Authority to act as an Accrediting Agency

I, Dr Karen Luxford, CEO of the Australian Council on Healthcare Standards (ACHS) declare that ACHS has the approval from the Australian Commission on Safety and Quality in Health Care to conduct assessment to the *NS2.1 Short Notice Final Assessment*. This approval is current until 31st December, 2024.

Under this authority, ACHS is authorised to assess health service organisations against the Australian Health Service Safety and Quality Accreditation Scheme.

Conflicts of Interest

I, Dr Karen Luxford, declare that ACHS has complied with Australian Commission on Safety and Quality in Health Care policy on minimising and managing conflicts of interest.

No conflicts of interest were evident as part of this assessment and no Consultants or third parties participated in this assessment.

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Assessment Team

Assessor Role	Name	Declaration of independence from health service organisation signed
Lead Assessor	Ann Cassidy	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for The Geelong Clinic. The accreditation decision was made on 15/12/2023 and The Geelong Clinic was notified on 15/12/2023.

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Executive Summary

On 20/11/2023, Geelong Clinic, The underwent an NS2.1 Short Notice Final Assessment. Below is a summary of the Health Service Facilities (HSFs) that were reviewed as part of this assessment:

Health Service Facility Name	HSF Identifier	Delivery Type
Geelong Clinic, The	101047	

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MWR	Initial Assessment NM
Geelong Clinic, The-101047	1.30, 2.03	

The final assessment was conducted for The Geelong Clinic on 20/11/2023. The following report outlines the assessment team's findings.

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General Discussion

The Geelong Clinic (TGC) participated in a remediation assessment as described in the ACSQHC Short Notice Accreditation Assessment Fact sheet 17. The assessment was conducted by the Australian Council on Healthcare Standards on Monday the 20th of November 2023, virtually by one Assessor.

TGC staff were well prepared for the remediation assessment with appropriate evidence available for all recommendations. Recommendations relating to 1.30 Safe Environment and 2.03 were closed, both actions are rated as Met.

Assessor Findings at Final Assessment

Below is a summary of the findings of the assessment team:

ACTION	
1.30	The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
<p>Healthscope have two policies that refer to the identification, prevention and management of Occupational Violence and Aggression (OVA). Within the policy documents, there is a requirement for each site to have a Code Grey response, OVA environmental audit, and staff training that is aligned to their level of risk exposure. During the assessment, it was noted that the designated WAVE training is provided to staff and compliance with the online training module(WAVE 1) is high; however, staff participation in the face-to-face training (WAVE 2) and training for the first responders (WAVE 3) was well below internal requirements. The annual OVA environmental audit has yet to be completed. TGC does not have a Code Grey response. A Code Black response is utilised for an aggressive event which triggers a police response.</p>	<p>Rating: Met with Recommendation Applicable: All Recommendation: To: 1. Review TGC's compliance with Healthscope OVA policies with specific reference to staff training, OVA environmental auditing requirements, and the initiation of a Code Grey response. 2. Develop an action plan with assigned responsibilities and associated time frames, to address gaps identified within the review. Risk Rating: Low</p>
Final Assessment Comments	
<p>At the time of the assessment, TGC was able to demonstrate that their compliance with Healthscope’s corporate policies that respond to the risk of Occupational Violence and Aggression (OVA) has been evaluated; and appropriate action plans developed and incorporated within the eQuaMS system that respond to areas of non-compliance. 92% of staff has completed the prerequisite online WAVE 1 aggression management training with WAVE 2 (face to face) and WAVE 3 deferred due to staffing constraints and formalisation of the Code Grey and Black emergency response. A staff educational needs analysis has been completed in October 2023. Training is scheduled for 2024.</p> <p>The Healthscope Work Health and Safety Occupational Violence and Aggression audit has been completed for four areas across TGC. Each of the audits has identified a number of corrective actions with assigned responsibilities and timeframes. TGC has developed a new Code Grey emergency response that responds to TGC context and patient profile and which is pending approval by the Medical Advisory committee at the November meeting.</p> <p>Suggestion: To progress the completion of the eQuaMS action plan as presented at the remediation assessment which incorporates the ongoing OVA training and emergency scenario testing activities for TGC Code Grey and Black emergencies. Consideration to be given to incorporating those actions identified in the WHS OVA audits into the eQuaMS 11328 OVA action plan.</p>	

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ACTION	
1.30	The health service organisation: a. Identifies service areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm for patients, carers, families, consumers and the workforce b. Provides access to a calm and quiet environment when it is clinically required
Final Assessment Rating	Applicable
Met	The Geelong Clinic

ACTION	
2.03	The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Consumers' written consent for their photograph taken at admission does not consistently follow the Healthscope policy 9.15.	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: Implement processes and training to ensure consumers give written consent at admission for their photograph to be taken.</p> <p>Risk Rating: Low</p>
Final Assessment Comments	
In reviewing the evidence provided, it was clear that TGC had undertaken a substantial review of the way in which consent is obtained for photographic identification for patients. Inclusion of the requirement of consent has been incorporated into two Healthscope policies (2.08 Patient Identification and 9.15 Admission of a patient to a Mental Health facility) which are due to be released this week. Consent has also been incorporated into the Clinical record HMR 4.2 and is part of the internal auditing of the completion of prescribed clinical documentation post discharge. An education programme has been developed to inform staff on the process by which consent is to be obtained and recorded, with most staff having completed the training. Compliance with the revised process has been steadily increasing from a base audit of 48% in September through to 88% at the assessment date in November.	
Final Assessment Rating	Applicable
Met	The Geelong Clinic

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Summary of Accreditation Status

A summary of the Accreditation awarded is outlined in the below table:

Health Service Facility Name	HSF Identifier	Accreditation Status
The Geelong Clinic	101047	3 years Accreditation