



# NS2.1 Short Notice Final Assessment

## *Final Assessment Report*

Northpark Private Hospital  
BUNDOORA, VIC

Organisation Code: 220686  
Health Service Facility ID: 101097  
Assessment Date: 23 January 2025

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
- EQUiP Standards

Currently there are more than 1,600 healthcare organisations, including their associates, that 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, 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
<b>Met</b>	All requirements of an action are fully met.
<b>Met with recommendations</b>	<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. <b>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.</b></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>

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](mailto: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 31<sup>st</sup> December, 2029.

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	Natalie Lloyd	Yes

## Assessment Determination

ACHS has reviewed and verified the assessment report for Northpark Private Hospital . The accreditation decision was made on 14/02/2025 and Northpark Private Hospital was notified on 14/02/2025.

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## Executive Summary

On 23/01/2025, Northpark Private Hospital 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
Northpark Private Hospital	101097	On Site

### Summary of Recommendations Subject to the Final Assessment

Facilities (HSF IDs)	Initial Assessment MwR	Initial Assessment NM
Northpark Private Hospital -101097	1.08, 1.20, 7.02	4.02

The final assessment was conducted for Northpark Private Hospital on 23/1/2025. The following report outlines the assessment team's findings.



## General Discussion

An NSQHSS final assessment was conducted on the 23rd of January 2025 by a Lead assessor.

Northpark Private Hospital has acknowledged the Not Met and Met with Recommendation actions and has undertaken a full review of the requirements to address the identified gaps. The Lead Assessor was provided with opportunities to discuss the actions, interview staff, and review the evidence available to support the strategies and actions implemented.

The Actions rated as Met with Recommendation Actions (1.08, 1.20 and 7.02) can be closed as there is sufficient evidence to demonstrate that the intentions of the recommendations were fully addressed. In addition, the organisation has ensured that sustainability actions have been embedded to maintain ongoing compliance.

Northpark Private Hospital has addressed the Not Met rating for Action 4.02 regarding audit frequency, reviewing outcomes, and embedding changed behaviour by improving the utility function in the MARS audit program to enable changes in frequency of auditing. It was noted that the implemented actions have resulted in significant progress, ensuring the two recommendations have been addressed and now meet the intention of the recommendations. The evidence provided established that improvements have been made since the implementation of the revised system with actions taken to ensure sustainability has been embedded. Therefore, Action 4.02 will be re-rated to Met with Recommendation.

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## Assessor Findings at Final Assessment

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

ACTION	
1.08	The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
NPH has yet to implement a fully integrated system to support audits and associated processes, even though the assessment team noted many audits in place and reported them to standards committees. Monitoring of QI initiatives does not consistently demonstrate actions to address the risk of variation in compliance and performance.	<b>Rating:</b> Met with Recommendation <b>Applicable:</b> All <b>Recommendation:</b> Review and further develop the NPH systems to ensure a risk-based response to variance that identifies, implements, and monitors quality improvement strategies, including those for consumers and the workforce. <b>Risk Rating:</b> Low
Final Assessment Comments	
<p>NPH has modified the MARS Audit Schedule system to ensure that additional audits can be undertaken to address non-compliance with set targets. In addition, the organisation has implemented an automated system reminder for staff regarding the need to complete and undertake additional audits. All relevant staff have been provided with training to access and utilise the MARS system. All educational programs associated with the auditing program are included in the annual educational planner. NPH has also purchased additional iPads to facilitate completion of audits.</p> <p>All audit outcomes are reported at the Friday bed meeting attended by all Nurse Unit Managers. Implemented activities are also discussed to promote shared learnings. It was noted that action plans are now documented and recorded in EQuaMS and reported at relevant committee meetings, including MAC. It was clear that the revised activities have been embedded, and significant progress has been made to ensure the intent of the recommendation has been met.</p>	
Final Assessment Rating	Applicable
Met	All

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ACTION	
1.20	The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
The training for NPH staff has a gap, which is being addressed with the recent recruitment of an Education Officer. While there are plans to address this issue, at the time of the assessment, the organisation was unable to demonstrate its capacity to effectively "... monitor the workforce's participation in training" (Action 1.20c and d).	<b>Rating:</b> Met with Recommendation <b>Applicable:</b> All <b>Recommendation:</b> Expedite the next phase of the planned implementation of the training policy, which provides for reporting capacity for at least the NPH Mandated training modules and ensures local systems are developed or maintained. Routinely document completion of required locally focused training for all clinical disciplines (including medical), and take assertive action where compliance is below expected rates. <b>Risk Rating:</b> Low
Final Assessment Comments	
A collaborative approach has been adopted to identify relevant training needs for all staff, including VMOs. A gap analysis of VMO training requirements was completed which led to the development of a training database to capture VMO compliance rates, resulting in a significant improvement in the compliance rate of VMOs. Sustainable processes have been embedded to ensure that VMOs complete the relevant training. The education planner for 2025 which now includes VMO training requirements was confirmed and endorsed at the Education Planning meeting. Training completion and compliance rates for VMOs are reported to the GM/DCS. Nurse training completion rates are reported at the weekly bed meeting and a new quarterly KPI has been established as part of the embedded processes. It was noted that all training compliance data was reported and monitored at relevant Standards Committees.	
Final Assessment Rating	Applicable
Met	All

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ACTION		
4.02	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the effectiveness and performance of medication management b. Implementing strategies to improve medication management outcomes and associated processes c. Reporting on outcomes for medication management	
Initial Assessment Comments		Initial Assessment Recommendations / Risk Rating & Comment
There has been much activity related to the change of service model and staffing in the hospital, including the opening of a 'sister' hospital just a few kilometres down the road from NPH. This could be the reason why continued efforts to improve medication prescribing have fallen by the wayside. There has been improvement in three of the nine main areas targeted for improvement, but other regions remain constant or, in a couple of cases, become worse. For this reason, the assessment team could not close this recommendation, and the rating has been changed to Not Met.		<b>Rating:</b> Not Met <b>Applicable:</b> All <b>Recommendation:</b> 1. Increase the frequency of auditing of medication prescribing on the NIMC and consistently review outcomes to establish a point where improved behaviour becomes embedded before returning to an annual audit. 2. Utilise the capability in the MARS audit program to tailor the increase in audit frequency concerning less-than-optimal results across the two sister sites (NPH and Latrobe Private Hospital), which the same Executive Team manages. <b>Risk Rating:</b> Moderate
Final Assessment Comments		
<p>A number of actions have been undertaken to address the intent of the recommendations, including:</p> <ul style="list-style-type: none"> <li>• Modifying the utility function of the MARS program to increase audit frequency when sub-optimal results are flagged</li> <li>• Increasing the frequency of audits and reporting</li> <li>• Increasing the use of the overnight CMOs to review and update medication charts as required</li> <li>• Providing educational packages and training for VMOs highlighting areas of concern</li> <li>• Increasing engagement with medical staff by pharmacy and nursing staff</li> <li>• Increasing education for nursing staff</li> <li>• Enhancing governance processes including reporting and tabling the results and activities implemented at the Medication Safety Committee</li> <li>• Adding two VMOs as members of the Medication Safety Committee</li> <li>• Implementing communiques to inform staff about non-compliance and expectations</li> </ul> <p>Audit results reflect an improved compliance with expectations, requirements and outcomes. It was evident that the embedded improvement strategies continue to improve practice. As some processes are still new, this will be re-rated from Not Met to a Met with Recommendation.</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendations / Risk Rating & Comment
MWR	All	<b>Recommendation:</b> Sustain strategies implemented to monitor and improve documentation on the medication chart. <b>Risk Rating:</b> Low

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ACTION	
7.02	The health service organisation applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring the performance of the blood management system b. Implementing strategies to improve blood management and associated processes c. Reporting on the outcomes of blood management
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
The assessment team felt that as there were so few occasions on which blood and blood products were used, completing the blood register with all the required information would more closely reflect best practices in such situations. They have written a recommendation to this effect. A suggestion was also made to check the blood register more frequently for complete data entry to avoid such recurrence in the future.	<b>Rating:</b> Met with Recommendation <b>Applicable:</b> All <b>Recommendation:</b> Ensure that all entries into the blood register include all patient identifier information in accordance with best practice documentation. <b>Risk Rating:</b> Moderate
Final Assessment Comments	
<p>An improvement program has been undertaken to close the previously observed gaps. Quality improvement systems have been adopted to ensure that the Blood register is correctly completed, including:</p> <ul style="list-style-type: none"> <li>• The development of a 5-minute Brain Booster video articulating the expectations and requirements for the completion of the Blood register</li> <li>• The relocation of the Blood refrigerator in the Operating Theatre, making the refrigerator and register more accessible.</li> <li>• The introduction of flag reminders in the register to facilitate staff completion.</li> <li>• The introduction of weekly compliance audits.</li> <li>• The enhancement of training and education for all relevant staff</li> </ul> <p>A review of the blood register showed 100% compliance with all the fields in the register.. Training records showed that all staff have completed the relevant training. During the review it was noted that all fields in the register have been completed consecutively for the last few months, indicating that the system has been embedded in practice.</p>	
Final Assessment Rating	Applicable
Met	All

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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
Northpark Private Hospital	101097	3 years Accreditation