



NS2.1 Short Notice Final Assessment

Final Assessment Report

Sydney Southwest Private Hospital

LIVERPOOL, NSW

Organisation Code: 120303

Health Service Organisation ID: Z1010011

Assessment Date: 11 July 2024

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 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>

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
Assessor	Heather Brown	Yes
Lead Assessor	Jo McGoldrick	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Sydney Southwest Private Hospital. The accreditation decision was made on 17/07/2024 and Sydney Southwest Private Hospital was notified on 17/07/2024.

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Executive Summary

On 11/07/2024, Sydney Southwest 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
Sydney Southwest Private Hospital	101029	On Site

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MWR	Initial Assessment NM
Sydney Southwest Private Hospital-101029	4.02, 6.10	

The final assessment was conducted for Sydney Southwest Private Hospital on 11/07/2024. The following report outlines the assessment team's findings.

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General Discussion

At the final assessment, the Assessor verified that Sydney Southwest Private Hospital (the Hospital) has addressed the two recommendations made at the Short Notice accreditation in April 2024. It was noted that the Hospital had found value in the recommendations made and both had stimulated National improvement activities.

A structured approach of audit, education, observational surveillance, and incident reporting is now embedded across the Hospital to ensure labelling of invasive device and administration lines meet the national standard.

The audit results of the VMO-generated discharge summaries demonstrated marked improvement with the most recent results (June 2024) at 80%. Minutes of relevant meetings and a review of formal documentation verified the communication which had occurred to ensure an improvement has occurred.

The sustainability measures for both recommendations are well documented.

The recommendations made for the Sydney Southwest Private Hospital has stimulated a National approach to addressing the shortfall noted in ensuring labelling of invasive device and administration lines meet the national standard, and that critical clinical information is documented and provided on the transitions of care.

The recommendations were both comprehensively addressed and close.

Assessor Findings at Final Assessment

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

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 Recommendation(s) / Risk Rating & Comment
Assessors noted during the site visit, particularly in the surgical ward, that intravenous fluid lines were not labelled with the route of infusion. Medication incidents may include the injection of medications into the wrong site if lines are not clearly labelled consistent with the national standard. The expectation is outlined in the National Standard for User-applied Labelling of injectable Medicines Fluids and Lines. A program of audit, evaluation, monitoring, and labelling of invasive devices was addressed by the team at the visit and added as a quality improvement moving forward.	<p>Rating: Met with Recommendation Applicable: All Recommendation: SSWPH must ensure a program of audit, evaluation, and ongoing monitoring is in place to ensure labelling of invasive device and administration lines meet the national standard.</p> <p>Risk Rating: Moderate</p>
Final Assessment Comments	
<p>The Hospital has addressed the recommendation made at the SNAP accreditation in April 2024. A structured approach of audit, education, observational surveillance, and incident reporting is now embedded across the Hospital to ensure labelling of invasive device and administration lines meet the national standard.</p> <p>Verification by the Assessor included (not limited to), documentation and audit results review, observational audit of patients in the ward area. The one-page resource created and placed in medication rooms near labelling (stickers) and in the ward areas clearly explains the line labelling requirements in accordance with the National Standard for User-Applied Labelling of Injectable Medicines, fluids, and lines (Issues register January 2022).</p> <p>Education attendance results were sighted. Relevant meeting minutes captured audit results and the progress made in achieving excellent results were sighted. Of note, the introduction of a QR quiz guiding staff to test their knowledge on IV line labelling developed for clinical staff has had good uptake. Sustainability measures were noted, and this recommendation has stimulated a national approach to meeting the requirements of the National Standard for User-Applied Labelling of Injectable Medicines, fluids, and lines (Issues register January 2022).</p>	

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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
This recommendation is now closed.	
Final Assessment Rating	Applicable
Met	All

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ACTION	
6.10	The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
At SSWPH, it was noted that the Visiting Medical Officers (VMOs) are not currently completing discharge summaries for patients prior to discharge. Auditing further identified that the discharge summaries completion is well below Healthscope's key performance indicator and policy directive.	Rating: Met with Recommendation Applicable: All Recommendation: SSWPH must ensure that a program of audit evaluation and monitoring is in place, to ensure critical clinical information is documented and provided in transitions of care. Risk Rating: Low
Final Assessment Comments	
<p>This recommendation made for the Hospital has stimulated a national approach to addressing the shortfall noted in ensuring critical clinical information is documented and provided on the transitions of care.</p> <p>At Sydney Southwest Private Hospital the audit results of the VMO generated discharge summaries demonstrated marked improvement with the most recent results (June 2024) at 80%. Minutes of relevant meetings and a review of formal documentation verified the communication which had occurred to ensure an improvement has occurred.</p> <p>The sustainability measures are well documented. The medical discharge summaries Tracking Tool will ensure recalcitrant VMOs will be identified.</p> <p>This recommendation is now closed.</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
Sydney Southwest Private Hospital	101029	3 years Accreditation