# NS2.1 Short Notice Final Assessment

## *Final Report*

The Sydney Clinic

Bronte, NSW

Organisation Code: 120616
Health Service Facility ID: 101028
Assessment Date: 12 October 2026

**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 Integrated Health and Aged Care Services Module (IHACS)
- 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 Integrated Health and Aged Care Services Module (IHACS)
- 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** | 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.**<br>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. |

| 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/

# 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, 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.

# Assessment Team

| Assessor Role | Name | Declaration of independence from health service organisation signed |
|---|---|---|
| Lead Assessor | Jean Evans | Yes |

# Assessment Determination

ACHS has reviewed and verified the assessment report for The Sydney Clinic. The accreditation decision was made on 20/10/2026 and The Sydney Clinic was notified on 20/10/2026.

# Executive Summary

On 12/10/202613/07/2026, The Sydney Clinic 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 |
|---|---|---|
| The Sydney Clinic | 101028 | |

## Summary of Recommendations Subject to the Final Assessment

| Facilities(HSF IDs) | Initial Assessment MwR | Initial Assessment NM |
|---|---|---|
| The Sydney Clinic -101028 | 4.05 | |

## Summary of Ratings following the Final Assessment

| Facilities(HSF IDs) | Final Assessment MwR | Final Assessment NM | Final Assessment Met |
|---|---|---|---|
| The Sydney Clinic - 101028 | | | 4.05 |

The final assessment was conducted for The Sydney Clinic on 12/10/2026. The following report outlines the assessment team's findings.

## General Discussion

On 12/10/2026, The Sydney Clinic underwent an NSQHS Standards Second Edition Version 2 Final Assessment. Below is a summary of the evidence and findings. The Final Assessment was conducted as a desktop review of The Sydney Clinic. The following report outlines the assessment team's findings.
The Sydney Clinic at Bronte, Sydney, NSW, used the single Met with Recommendation (MwR) rating for Action 4.05 as an opportunity to strengthen its approach to venous thromboembolism (VTE) assessment. Improvements focused on policies and procedures, staff education and communication, and reporting responsibilities.

**Key Improvements**

• Policies and procedures: Updated to clearly document responsibility for VTE assessment and risk screening.
• Staff education: Enhanced to reinforce clinical responsibilities and support consistent practice.
• Monitoring and assurance: Audits were completed to assess compliance, with clinical staff education and monitoring now at an acceptable level.
• Team communication: Safety huddles were revised to include discussion of VTE spot checks.
• Quality improvement: Quality activities now place greater emphasis on VTE assessment procedures.

These improvements were achieved through strong leadership and a coordinated team effort.
The Assessor, acting on behalf of the Lead Assessor, reviewed all documents provided as evidence of the completion of the recommendations and conducted a desktop assessment and an online meeting of the Sydney Clinic staff. The Assessor was able to confirm compliance with all aspects of the MwR requirements. The Sydney Clinic meets all elements of the recommendation given.

# Assessor Findings at Final Assessment

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

| **ACTION** | |
|---|---|
| 4.05 | Clinicians take a best possible medication history, which is documented in the healthcare record on presentation or as early as possible in the episode of care |

| **Initial Assessment Comments** | **Initial Assessment Recommendation(s) / Risk Rating & Comment** |
|---|---|
| The completion of VTE assessment in the patient's paper-based medical record does not meet needed compliance, noted as 13% at assessment. | **Rating:** Met with Recommendation<br>**Applicable:** All<br>**Recommendation:** Confirm VTE assessment responsibilities and conduct further training of clinical staff to meet the requirements for VTE assessment for all patients during the admission process. Conduct audits of VTE assessment completion until VTE assessment compliance is at an acceptable level.<br><br>**Risk Rating:** Moderate |

**Final Assessment Comments**

Evidence was provided for all aspects of the recommendation made including:

- Updated Policy and Procedures VTE Assessment and Escalation
- Enhanced education process for Comprehensive Risk Screening Mental Health Facility
- Quality Activity for VTE Assessment
- Medical Advisory Committee Meeting agenda item for VTE assessment and risk identification to be completed by CMO and nursing staff
- Safety Huddle Script noting VTE screening spot checks
- Audit results conducted
- Information Pages on Venous Thromboembolism, and staff completion of course
- CMO’s Check list

The above evidence satisfies and closes the recommendation given at the previous assessment.

| **Final Assessment Rating** | **Applicable** |
|---|---|
| Met | The Sydney Clinic |

# 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 Sydney Clinic | 101028 | 3 years Accreditation |