



NS2.1 Short Notice Final Assessment

Final Assessment Report

Holmesglen Private Hospital

Moorabbin, VIC

Organisation Code: 226820

Health Service Facility ID: 101057

Assessment Date: 18 March 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
- EQiP 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>

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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	Marrienne Beaty	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for Holmesglen Private Hospital. The accreditation decision was made on 25/03/2025 and Holmesglen Private Hospital was notified on 25/03/2025.

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Executive Summary

On 18/03/2025, Holmesglen 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
Holmesglen Private Hospital	101057	On Site

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MWR	Initial Assessment NM
Holmesglen Private Hospital-101057	3.19	

The final assessment was conducted for Holmesglen Private Hospital on 18/03/2025. The following report outlines the assessment team's findings.

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General Discussion

Holmesglen Private Hospital (HPH) underwent a NSQHSS Final Assessment (Desktop) on 18/3/2025. Action 3.19 was reviewed after receiving a MWR at the initial assessment in December 2024.

HPH has developed a hospital-wide action plan to address systemic issues rather than individual practitioners. The Quality, AMS, IPC, Medication, and MAC committees will monitor this ongoing action plan. HPH will continue participating in NAPS and NAUSP and review all audits, clinical indicator data, and outcomes. The AMS policy will now be Healthscope-wide at the National and local levels, along with an upgraded AMS education program. This action has enabled the Assessor to close this recommendation and congratulate the team at HPH on their hard work.

Assessor Findings at Final Assessment

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

ACTION	
3.19	The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation’s performance over time for use and appropriateness of use of antimicrobials
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
An AMS program is in place. Data reporting occurs at the AMS Committee meetings. What is required is the next step: (c) evaluate the program's performance, identify areas for improvement and take action to improve the appropriateness of antimicrobial prescribing and use. It is important to understand better the data to understand why HPH is an outlier. An audit may be the start of this process. Clinician engagement will be required to understand the clinical nuances explaining this trend. A fairly large proportion of C.difficile cases are hospital-acquired. Opportunities for improvement may emerge from this, which may translate to better patient outcomes.	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: Conduct a retrospective audit of all antimicrobial prescribing within HPH, to identify any root causes or trends arising from the data. Take action to address inappropriate prescribing and set clear instructions for the appropriate prescribing in line with the AMS Clinical Care Standard and the advice of an Infectious Diseases Clinician and/or Microbiologist especially when prescribing restricted antimicrobials.</p> <p>Risk Rating: Moderate</p>
Final Assessment Comments	
<p>The HPH immediately increased the Antimicrobial Stewardship Committee (AMSC) meetings from quarterly to bimonthly to harness early action uptake to address this recommendation.</p> <p>Immediate actions taken included but were not limited to:</p> <ul style="list-style-type: none"> ○ A concerted AMS education program for both Medical and Nursing staff, particularly in relation to: ○ Documentation of the indication for the antimicrobial ○ Documentation of the duration of treatment ○ The hospital formulary for antimicrobials, all three levels of restriction ○ The need for IDP consultation to be able to prescribe “restricted” antimicrobials ○ The need for the Emergency Department (ED) and Intensive Care Unit (ICU) staff to consult with the IDP for restricted antimicrobials 	

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ACTION	
3.19	<p>The antimicrobial stewardship program will: a. Review antimicrobial prescribing and use b. Use surveillance data on antimicrobial resistance and use to support appropriate prescribing c. Evaluate performance of the program, identify areas for improvement, and take action to improve the appropriateness of antimicrobial prescribing and use d. Report to clinicians and the governing body regarding</p> <ul style="list-style-type: none"> • compliance with the antimicrobial stewardship policy and guidance • areas of action for antimicrobial resistance • areas of action to improve appropriateness of prescribing and compliance with current evidence-based Australian therapeutic guidelines or resources on antimicrobial prescribing • the health service organisation's performance over time for use and appropriateness of use of antimicrobials
<ul style="list-style-type: none"> ○ Switch from IV to oral antimicrobials ○ Removal of all restricted antimicrobials from the wards/departments, limiting access to staff without consultation with the IDP and their authorisation to the Pharmacy to release the medication for a maximum of 24 hours. <p>New key actions undertaken by HPH:</p> <ul style="list-style-type: none"> • A change in the AMS policy stating that restricted antimicrobials can only be prescribed for 24 hours initially until the patient is reviewed by the IDP, the ICC, the CP, and the Medical Advisory Committee (MAC). • Introduction of regular weekly rounds on the wards by the AMS team to gauge first-hand the practice that is occurring within the hospital and identify practices of many of the clinician's prescribing habits/routines • The development of audit sheets for AMS prescribing will speed up the process for the AMS audit team to detect less-than-optimal prescribing. • The implementation of fluoro-pink AMS flags, which sit in the medical record and highlight to the VMO attending the patient about the need to review the prescription (cease, change or IDP review etc) • Data from the AMS rounds reporting to AMSC, IPC, Medication and MAC committees • One-on-one Meetings with physicians to improve engagement, educate them on AMS compliance requirements, inform them of targeted auditing, rank anonymously against other physicians, etc. • The inclusion of patients with C.Difficile to the AMS Round to identify Healthcare Acquired Complications (HACs) and actions required to address specific requirements • More closely monitor the ACHS Infection Control Clinical Indicators and investigate thoroughly any post-prosthetic hip or knee replacement-related infections • Gap analysis and action plan against the AMS Clinical Care Standard 	
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
Holmesglen Private Hospital	101057	3 years Accreditation