



NSQHS Standards Second Edition Version 2

Final Assessment Report

ACHA Health

Bedford Park, SA

Organisation Code: 320011

Health Service Organisation ID: Z1010011

Assessment Date: 29 August 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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Preamble

How to Use the Final Assessment Report

The ACHS Final Assessment Report provides the assessment team's findings in relation to Actions that were rated Not Met at the Initial Assessment and subject to remediation. Met with Recommendation ratings are also subject to review at the Final Assessment however may not be re-rated at this time.

The Ratings

A Ratings Report is provided for each health service facility that underwent a Final Assessment. Each **Action**, requiring a Final Assessment, is rated by the Assessment Team and comments providing the rationale for the final rating are included in the report. Met with Recommendation ratings are also subject to review at the Final Assessment however may not be re-rated at this time.

The rating scale is in accordance with the Australian Commission on Safety and Quality in Health Care's Fact Sheet 4: Rating Scale for Assessment:

Assessor Rating	Definition
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.
Not Met	Part or all of the requirements of the action have not been met.
Not Applicable	The action is not relevant in the health service context being assessed.

Recommendations

Not Met/Met with Recommendation rating/s have a recommendation to address in order for the action to be rated fully met.

Risk ratings are applied to actions where recommendations are given to show the level of risk associated with the particular action. A risk comment is included if the risk is rated greater than low.

Risk ratings are:

1. E: **extreme (significant)** risk; immediate action required.
2. H: **high** risk; senior management attention needed.
3. M: **moderate** risk; management responsibility must be specified.
4. L: **low** risk; manage by routine procedures

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Introduction

On 05/06/2023, ACHA Health underwent an NSQHS Standards Second Edition Version 2. Below is a summary of the Health Service Facilities (HSFs) that were reviewed as part of this assessment:

Health Service Facility Name	HSF Identifier
Ashford Hospital	101433
Flinders Private Hospital	101434
Memorial Hospital, The	101435

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MWR	Initial Assessment NM
Ashford Hospital-101433	1.22, 1.28, 6.08	1.20, 4.02
Flinders Private Hospital-101434	1.22, 1.28, 6.08	1.20, 4.02
Memorial Hospital, The-101435	1.22, 1.28, 6.08	1.20, 4.02

The final assessment was conducted for ACHA Health on 29/08/2023. The following report outlines the assessment team's findings.

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General Discussion

The Senior Executive Staff at ACHA have undertaken a monumental amount of work to address the recommendations received at the initial Organisation Wide Assessment (OWA) in June 2023. The Assessors were delighted with the enthusiasm and dedication of this senior team who have worked diligently and consistently over the past three months.

The team and the organisation are constantly trying to improve themselves and the care they provide for their patients and community. They have collaborated with their own staff, their Medical Advisory Committee (MAC), their Visiting Medical Officers (VMOs), and the Practice Managers (PMs) of their VMO groups, as well as other (mainly public) hospitals in SA in which their VMOs work. They have made their focus centre around timely, accurate, and appropriate communication to address the various communication modalities of all those they need to communicate effectively with.

This resulted in the ability of the Assessment Team to close all the recommendations at this final assessment. However, due to the enormity of the tasks, both actions 1.20 and 4.02 have new recommendations to encourage the work commenced to be completed by the next OWA when it is due. ACHA are dedicated to improvement, they have become a force to be reckoned with in South Australia particularly in the private sector, but possibly also in the public health sector. They have found the 'Sustainability Train' and are all on board to a bright future. Well done team!

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Assessor Findings at Final Assessment

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

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 recommendation made for this action at the previous assessment had not been undertaken as it related to VMOs and surgical assistants who had not been categorised as workforce for ACHA Health in accordance with the Commissions Fact Sheet – Key Actions for Health Service Organisations – Training Requirements for credentialed practitioners (2019). An updated action plan to address this action was developed during the assessment visit. The risk has been assessed as moderate, as salaried medical officers attend all MET /Code Blue calls.	<p>Rating: Not Met Applicable: All</p> <p>Recommendation: Finalise the updated action plan to address the mandatory training of VMOs and surgical assistants, and ensure that work is undertaken to implement it, with particular attention on the following four areas as the priority:</p> <ol style="list-style-type: none"> 1. Develop a process to capture the mandatory training undertaken by VMOs and surgical assistants at public hospitals and document this and periodically update it. 2. Risk rate the training requirements of VMOs and surgical assistants who do not have public hospital appointments or have not undertaken the required mandatory training. 3. Ensure the training requirements of the 25% of VMOs and surgical assistants who do not have public hospital appointments are completed according to the training prescribed following the risk assessment of their training requirements. 4. Ensure all salaried medical officers undertake mandatory training and compliance is monitored. <p>Risk Rating: Moderate</p>

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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
Final Assessment Comments	
<p>This recommendation relates to the training of credentialed practitioners which was found to be less than that of other hospitals. To address this recommendation, the organisation undertook many actions but the top four were:</p> <ol style="list-style-type: none">1. Developed a process to capture the mandatory training undertaken by VMOs and surgical assistants at public hospitals, document it, and periodically update it.2. Risk rate the training requirements for VMOs and Surgical Assistants who do not have public hospital appointments or have not undertaken the mandatory training.3. Ensure the 25% of VMOs and Surgical Assistants who do not have public hospital appointments complete their training according to the training prescribed following a risk assessment of their training requirements.4. Ensure all Salaried Medical Officers undertake mandatory training and compliance is monitored. <p>Further analysis of the 1,600 medical staff, including Surgical Assistants, demonstrated that only 500 out of the 800 VMOs had admitted a patient in the past two years and of whom 75% also worked in the public sector and had undertaken the training; and that 300 of the VMOs were Anaesthetists / Intensivists (70% of whom worked in the public sector and had undertaken the training). The remaining 500 Surgical Assistants were in the second stage of the training program and so were always under the direct supervision of the surgeon they worked with, and so did not require the mandatory training which was already part of their role. As a result, the final count of current VMOs requiring evidence of mandatory training was:</p> <ul style="list-style-type: none">• VMO Surgeons and Physicians reduced from 800 to 500 but with 75% working in the public sector, only 25% (or 125 Surgeons and Physicians) required proof of ongoing mandated education moving forward.• The Anaesthetists / Intensivists numbered 300 but with 70% working in the public system, only 30% (or 90 Anaesthetists/Intensivists) required proof of ongoing mandated education moving forward.• The 500 Surgical Assistants were constantly under the supervision of a surgeon / proceduralist, none were required proof of ongoing mandated education moving forward. <p>In summary, the workload has been reduced from 1,600 to potentially only 215 VMOs before the next OWA. However, there is still the dilemma about the Salaried Medical Officers (SMOs) who are mandated to have the following mandatory education completed by each SMO or evidence of the training having been undertaken elsewhere each year. Currently, that compliance rate sits at 69% which is still short of the mandated 80% minimum compliance rate. More time will be required to fulfil this recommendation.</p>	

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The assessment team chose to close this recommendation due to the enormous amount of work, communication, planning, and effort by staff throughout the whole organisation to attempt to modify the entire medical education profile at the ACHA group of hospitals. Staff need to be congratulated on their massive effort. However, a Met with Recommendation rating will be provided to ensure that this work continues and hopefully is fully addressed by the next organisation-wide assessment.		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	Ashford Hospital, Flinders Private Hospital, Memorial Hospital, The	<p>Recommendation: Continue the work undertaken so far in relation to mandatory education for VMOs including in particular:</p> <ol style="list-style-type: none"> 1. Culling of VMOs who have not admitted patients in the last two years. 2. Ensure VMO training records are provided for the credentialing and recredentialing of VMOs and SMOs in the future. 3. Work with VMO Private Practices / Private Practice Managers to supply VMO education certificates to ACHA Credentialing Committee annually as part of normal practice moving forward. <p>Risk Rating: Moderate</p>

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ACTION	
1.22	The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation’s training system
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
During the assessment visit, examples of the reports completed for VMOs and surgical assistants were viewed by assessors. While many met the items covering performance review, not all aspects were always completed. The Medical Advisory Committee does not review the individual referee reports when processing the applications but confirm that they have been completed.	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: ACHA Health to implement processes to ensure all referee reports for VMOs and surgical assistants are checked for appropriate performance review information by the general managers of each hospital prior to submission to the Medical Advisory Committee for appointment endorsement.</p> <p>Risk Rating: Moderate</p>
Final Assessment Comments	
<p>All referee reports for VMOs and Surgical Assistants were all checked for appropriate performance review information by the General Managers of each of the three ACHA hospitals, prior to submission to the MAC for appointment endorsement. ACHA have now developed and implemented a new process which is now in place for the review of applications and referee reports. This process had been added to the position description and role of each of the General Manager and has been embedded as ‘business as usual’ (BAU) for these positions as a matter of due diligence from this point on. The monitoring and discussion about the completion of the referee reports will now be covered during MAC Meetings at least quarterly.</p> <p>The Assessment Team have closed this recommendation.</p>	
Final Assessment Rating	Applicable
Met	Ashford Hospital, Flinders Private Hospital, Memorial Hospital, The

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ACTION	
1.28	The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
The Colonoscopy Clinical Care standard requires the collection and monitoring of four performance indicators to meet the Advisory 18/12 (1.28a).	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: ACHA Health to monitor and review the performance indicators relating to the Colonoscopy Clinical Care Standard in line with Advisory 18/12.</p> <p>Risk Rating: Moderate</p>
Final Assessment Comments	
<p>The Colonoscopy Clinical Care Standard had been thoroughly reviewed by ACHA including the four indicators specified to support quality improvement in bowel preparation and the procedure. In addition, a retrospective collection of sessile serrated adenoma detection rate was also conducted. Performance indicators had been commenced and are now reported to both the MAC and the GI Craft Group meetings. Discussions were held between the MAC and the relevant craft group during July and August 2023 and there was a review of the process for data collection with clinical staff and the VMOs.</p> <p>The sustainability plan for this recommendation is being monitored by the MAC and relevant Craft Group Meetings to audit and maintain the GESA recertification register, and that GESA certification be obtained for any new credentialing requests with ACHA. In addition, the Sessile Serrated Adenoma Detection Rates will be collected with other clinical indicator data for reporting to MAC and the relevant Craft Group and the organisation is strongly encouraging continued engagement from Gastroenterologists via VMO craft group and 1:1 meetings. Monitoring of performance indicators, clinical indicators, and KPIs will occur, including benchmarking against other Healthscope sites.</p> <p>The Assessment Team noted that all the ACSQHCs Clinical Care Standards are now being similarly addressed systematically through their internal quality improvement processes and the Assessment team have closed this recommendation and congratulate all staff for their contribution to this wonderful outcome.</p>	

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ACTION	
1.28	The health service organisation has systems to: a. Monitor variation in practice against expected health outcomes b. Provide feedback to clinicians on variation in practice and health outcomes c. Review performance against external measures d. Support clinicians to take part in clinical review of their practice e. Use information on unwarranted clinical variation to inform improvements in safety and quality systems f. Record the risks identified from unwarranted clinical variation in the risk management system
Final Assessment Rating	Applicable
Met	Ashford Hospital, Flinders Private Hospital
Final Assessment Comments	
Colonoscopy is not performed at The Memorial Hospital. Patients requiring colonoscopy procedure are referred or transferred to another facility.	
Final Assessment Rating	Applicable
Met	Memorial Hospital, The

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
As with the recommendation from the last assessment, the complete documentation of the components of the National Standard Medication Chart (NSMC) demonstrated inconsistency when the annual audits were conducted. The overall ACHA compliance for the 2021 and 2022 audits showed 39%, and a spot audit conducted during assessment for 2023 was 68%. The results have been tabled at the Medication Safety Committee and MAC with action plans developed. However, the small improvement in the 2023 spot audit of the NSMC documentation shows the results remain below the ACHA compliance targets.	Rating: Not Met Applicable: All Recommendation: 1. Provide education to clinicians who conduct the NSMC audits. 2. As per policy, increase the frequency of the NSMC audits until a sustained improvement and compliance is achieved. 3. Develop clear action plans, with responsible person and timelines, to address the specific elements of concern and achieve compliance with organisational and Healthscope targets. Risk Rating: High

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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	
Final Assessment Comments		
<p>Assessors confirmed steady improvement was demonstrated for documentation on the NSMC. An action plan was developed. Education was completed for clinicians who conduct the audits, and there was consistency across the wards and the three hospitals. The Medication Safety Working Party met more frequently, and extensive communication with clinicians, Craft Groups and MAC identified how to initiate improvements for documentation and collaboration. A multidisciplinary approach resulted in improvement with input from nurses, doctors, and pharmacy. Medication management is a standing agenda item on above committees and the ACHA Safety and Quality Committee.</p> <p>Assessors reviewed audits undertaken since the initial visit and visited a medical and a surgical ward to review current medication charts. These charts confirmed the improvement in documentation. VTE assessment shows 100% completion in the comprehensive care plan but is not always documented on the NSMC. Consideration may be given to aligning the documentation on each form.</p> <p>The recommendation has been closed.</p>		
Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	Ashford Hospital, Flinders Private Hospital, Memorial Hospital, The	<p>Recommendation: Continue the increased frequency of the NSMC audits until sustained compliance is achieved as per ACHA and Healthscope policy and review timeframe as required.</p> <p>Risk Rating: Moderate</p>

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ACTION	
6.08	Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient’s goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care
Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Medical discharge summary audit report (late 2022) demonstrated low compliance between 18-50% across all ACHA hospitals. An eQuaMS quality action plan was developed during the assessment to ensure discharge summary letters undertaken in the VMO rooms are added to the patient medical record.	<p>Rating: Met with Recommendation</p> <p>Applicable: All</p> <p>Recommendation: ACHA to ensure that the action plan undertaken by the organisation is implemented, and that the percentage of medical discharge summaries is monitored until it consistently reaches organisational and Healthscope targets.</p> <p>Risk Rating: Low</p>
Final Assessment Comments	
<p>The ACHA Action plan defined the actions and delegation for obtaining discharge summaries. The baseline audit identified compliance and where improvement could be achieved. The concern was discussed at MAC and some VMOs did send summaries to the patient’s GP but not to the ACHA Hospitals. Communication with the VMOs and their Practice Managers to determine how to provide discharge summaries and improve continuity of care was undertaken. A system was developed for the Practice Managers to electronically send the summaries to Health Information Management (HIM) at each site and the HIM Manager will conduct audits and provide feedback to the HIM Meeting and to Safety and Quality. Audits to date show improved compliance.</p> <p>The recommendation has been closed.</p>	
Final Assessment Rating	Applicable
Met	Ashford Hospital, Flinders Private Hospital, Memorial Hospital, The

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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
Ashford Hospital	101433	3 years Accreditation
Flinders Private Hospital	101434	3 years Accreditation
Memorial Hospital, The	101435	3 years Accreditation