NS2.1 Short Notice Final Assessment

Final Report

ACHA Health

Bedford Park, SA

Organisation Code: 320011
Health Service Organisation ID: Z1010011
Assessment Date: 14 May 2026

Contents

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	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.** 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
Assessor	Fiona Lukaitis	Yes
Lead Assessor	Mark Salmon	Yes

Assessment Determination

ACHS has reviewed and verified the assessment report for ACHA Health. The accreditation decision was made on 3/06/2026 and ACHA Health was notified on 3/06/2026.

Executive Summary

On 14/05/2026, ACHA Health 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
Ashford Hospital	101433	On Site
Flinders Private Hospital	101434	Virtual
The Memorial Hospital	101435	Virtual

Summary of Recommendations Subject to the Final Assessment

Facilities(HSF IDs)	Initial Assessment MwR	Initial Assessment NM
Ashford Hospital-101433	1.10, 1.16, 4.01, 5.15, 5.24	
Flinders Private Hospital-101434	1.10, 4.01, 5.15, 5.24	
The Memorial Hospital-101435	1.10, 4.01, 5.15, 5.24	

Summary of Ratings following the Final Assessment

Facilities(HSF IDs)	Final Assessment MwR	Final Assessment NM	Final Assessment Met
Ashford Hospital-101433	4.01		1.10, 1.16, 5.15, 5.24
Flinders Private Hospital-101434	4.01		1.10, 5.15, 5.24
The Memorial Hospital-101435	4.01		1.10, 5.15, 5.24

The final assessment was conducted for ACHA Health on 14/05/2026. The following report outlines the assessment team's findings.

General Discussion

ACHA Health underwent a NSQHS Final Assessment on 14 May 2026, with two assessors onsite for one day. This onsite base was at the Ashford Hospital site. Discussions and interviews included face-to-face sessions with Executives and staff from all three sites of Ashford, Flinders Private and Memorial. Walk arounds were conducted at the Ashford site.

The final assessment followed an Initial Assessment conducted 9th – 13th February 2026. There were five recommendations from the initial assessment, and they were in relation to Actions: 1.10 (Low Risk); 1.16 (Moderate Risk); 4.01 (Low Risk); 5.15 (Low Risk); and 5.24 (Low Risk).

It was evident to the assessors that ACHA had embraced the recommendations and approached rectification in a structured and comprehensive manner. This involved each Team and Site taking on a lead role in a specified recommendation(s), using PICMoRS methodology. Consultation had occurred with key stakeholders including Healthscope, Legal, and staff, followed by planning and implementation processes.

The outcome of this final assessment is a recommendation for accreditation (3 years). The recommendations from the initial assessment for actions 1.10, 1.16, 5.15 and 5.24 are all Met and closed. A revised Met with Recommendation for Action 4.01 is for ACHA to monitor the implementation and outcomes of the enhanced mini NIMC audit tool to ensure improved compliance.

Assessor Findings at Final Assessment

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

ACTION	
1.10	The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters

Initial Assessment Comments	**Initial Assessment Recommendation(s) / Risk Rating & Comment**
Assessors noted the 'ACHA Risk Management and Integrated Risk Register policy' does not identify any role or responsibility of the Board for the management of risks. While it receives reports on risks and reviews the enterprise risk register, it has not established a risk appetite to establish risk tolerance levels to be used at an operational level and support decision making. Assessors were also advised that the enterprise risk register is not available to site managers despite it containing a considerable number of clinical risks relevant to sites. The volume of risks within the enterprise risk register provides a challenge to effectively review and manage risks and there may be the potential to consolidate similar risks. There is a need to review and improve effectiveness of the risk management system as referenced in Action 1.10 (d). Healthscope's Enterprise Risk Management Framework policy may be a helpful resource.	**Rating:** Met with Recommendation **Applicable:** Ashford Hospital, Flinders Private Hospital, The Memorial Hospital **Recommendation:** ACHA to review its risk management framework and register to establish a risk appetite and improve the governance and communication of enterprise risks. **Risk Rating:** Low

Final Assessment Comments
ACHA conducted a Risk Register Review Planning Day, delivered risk education, reviewed clinical risks, and developed an action plan. Risk categories were reviewed, with existing new risks aligned accordingly. A Risk Appetite Statement was finalised and sent to the Board for approval and site risk registers were updated. Communications were distributed across the ACHA organisations. In relation to enterprise risk, assessors noted the Risk Architecture of Strategic, Financial, Compliance, and Operational & Non-Financial domains. They also acknowledge the work completed on Risk Domain L1 and the development of a new reporting template. The new and revised procedures are documented in the Administration Manual under the entry: Risk Management and Integrated Risk Register. Assessors agreed this previous recommendation from the Initial assessment can now be closed.

ACTION	
1.10	The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters
Final Assessment Rating	**Applicable**
Met	Ashford Hospital, Flinders Private Hospital, The Memorial Hospital

ACTION	
1.16	The health service organisation has healthcare record systems that: a. Make the healthcare record available to clinicians at the point of care b. Support the workforce to maintain accurate and complete healthcare records c. Comply with security and privacy regulations d. Support systematic audit of clinical information e. Integrate multiple information systems, where they are used

Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Assessors visited each of the site medical records storage areas. While the storage facilities at The Memorial Hospital and Flinders Private Hospital were appropriately secure, the assessors noted that at Ashford Hospital the storage facilities, located at an adjected building, was not appropriately secure. The building also houses other staff (e.g., Allied Health staff) who have the ability of unrestricted access to the medical records at such times no medical records staff are present. Assessors were advised the medical records staff vacate their area at 4pm, providing a high likelihood of other staff remaining in the building. There is security cameral present, with swipe card and limited access out of hours, however the inability to prohibit access poses a challenge to complying with security and privacy regulations as per Action 1.16 (c).	**Rating:** Met with Recommendation **Applicable:** Ashford Hospital **Recommendation:** ACHA to review the storage of medical records at Ashford Hospital to ensure that there is no unauthorised access. **Risk Rating:** Moderate

Final Assessment Comments

Assessors met with ACHA Executives, site managers at Ashford Hospital, and relevant staff, and reviewed the evidence submitted.

Assessors visited the Medical Records Department to view the completed building works. Stakeholders, including staff teams, confirmed that a sound consultation, planning and rectification process had been progressed, with minimal disruption during build and preservation of essential workflows. They also confirmed that the enhanced control measures, including 24/7 protection of confidential information and restricted access to authorised personnel only, are working well. These measures also provide auditability of access. In addition, the installation of the purpose-built glass wall preserved staff amenity in terms of light and visual outlook.

Assessors agreed the recommendation from the initial assessment can be closed.

Final Assessment Rating	Applicable
Met	Ashford Hospital

ACTION	
4.01	Clinicians use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for medication management b. Managing risks associated with medication management c. Identifying training requirements for medication management

Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
ACHA uses the National Standard Medication Chart. Assessors observed some inconsistent completion practices, particularly related to completion of VTE orders. The Medication Orders and Administration policy, both current and proposed update, (as provided to Assessors and considered when writing the Recommendation) do not define ACHA expectations on what components need to be completed and what staff / VMOs are assigned responsibility for completion. At interview, staff confirmed that there are a variety of opinions of roles and responsibilities in completing the chart, particularly related to VTE assessment. Staff also confirmed at interview that there are ongoing difficulties in ensuring completion. The mini audit used by ACHA hospitals did not appear to cover the gaps in its scope. Assessors were shown a letter sent to VMOs advising on re-admissions for VTE.	**Rating:** Met with Recommendation **Applicable:** Ashford Hospital, Flinders Private Hospital, The Memorial Hospital **Recommendation:** ACHA to review the Medication Orders and Administration Policy to define ACHA expectations of staff / VMOsin completion of the National Standard Medication Chart and monitor compliance. **Risk Rating:** Low

Final Assessment Comments
ACHA used PICMoRS methodology to analyse the identified gaps, contributing factors, improvement required, consumer needs, reporting and the systems required to achieve improved National Inpatient Medication Chart(NIMC) compliance. The development of clear roles and responsibilities, an enhanced mini NIMC audit tool, targeted multidisciplinary education, training and communication has resulted in demonstrated improvement, particularly with VTE documentation. Ongoing monitoring and reporting through the governance system will ensure embedding of the renewed system.

Final Assessment Rating	Applicable	Final Assessment Recommendation(s) / Risk Rating & Comment
MWR	All	**Recommendation:** ACHA monitor the implementation and outcomes of the enhanced mini NIMC audit tool to ensure improved compliance. **Risk Rating:** Low

ACTION	
5.15	The health service organisation has processes to identify patients who are at the end of life that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care

Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
There has been organisational recognition of the opportunities to improve practice against the National Consensus Statement: Essential elements for safe and high-quality end-of-life care. A working party has met, and a gap analysis has been developed to guide improvements. Output from this work has included a revised Healthscope Corporate draft policy, “End of Life Care and Management.” This revised policy is currently awaiting approval and implementation.	**Rating:** Met with Recommendation **Applicable:** Ashford Hospital, Flinders Private Hospital, The Memorial Hospital **Recommendation:** ACHA to develop and implement processes to ensure all patients eligible for end-of-life care receive early identification to ensure prompt commencement of relevant comprehensive care planning. **Risk Rating:** Low

Final Assessment Comments

ACHA has developed and implemented an evidence based risk screening tool to support early identification of patients who require end-of-life care. Aligning the improvement plan to the national consensus statement; essential elements for safe and high quality end-of-life care, ACHA engaged a multidisciplinary team, developed a sound plan using the PICMoRS methodology. ACHA has an integrated risk assessment for end-of-life care, trial implementation and organisational plan for improved consistency.

Assessors agreed the recommendation from the initial assessment can be closed.

Final Assessment Rating	Applicable
Met	All

ACTION	
5.24	The health service organisation providing services to patients at risk of falls has systems that are consistent with best-practice guidelines for: a. Falls prevention b. Minimising harm from falls c. Post-fall management

Initial Assessment Comments	Initial Assessment Recommendation(s) / Risk Rating & Comment
Assessors noted that ACHA uses a version of the Falls Risk Assessment and Management Plan (FRAMP) to identify, document and manage falls risks. This follows on from the screening process described under Action 5.10. However, Assessors noted that falls assessment cannot currently be quantified in an evidenced based way using the systems currently in place at ACHA, other than in the maternity and paediatrics inpatient wards. This could be impacting on effective falls prevention. Assessors noted Falls data and Falls HAC data. Assessors noted work being undertaken in relation to new processes.	**Rating:** Met with Recommendation **Applicable:** Ashford Hospital, Flinders Private Hospital, The Memorial Hospital **Recommendation:** ACHA to finalise and approve (as appropriate), and implement, the new assessment processes which have been the subject of recent review, in relation to systems that are consistent with best-practice guidelines for delivering: (a) Falls prevention as per Action 5.24 (a) (other than in maternity and paediatrics' inpatient wards, which already utilise an evidence-based assessment approaches). **Risk Rating:** Low

Final Assessment Comments
ACHA used PICMoRS methodology to ensure a consistent organisational wide approach to falls risk assessment, prevention and management. There is a demonstrated evidence based tool included in comprehensive care risk screening tool. The demonstrated system improvement included policy update, education, training, ward champions, implementation plan, reporting and planned monitoring. This recommendation can now be closed.

Final Assessment Rating	Applicable
Met	All

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
The Memorial Hospital	101435	3 years Accreditation