

Clinical Governance Framework

1. Purpose

- 1.1 The purpose of this document is to outline the Clinical Governance Framework for CareFlight Clinical Operations where we are responsible for Clinical Governance.
- 1.2 To support the National Safety and Quality Health Standards (2nd Edition) and CareFlight's Healthcare Policy ([ref: QS-024](#)).

2. Scope

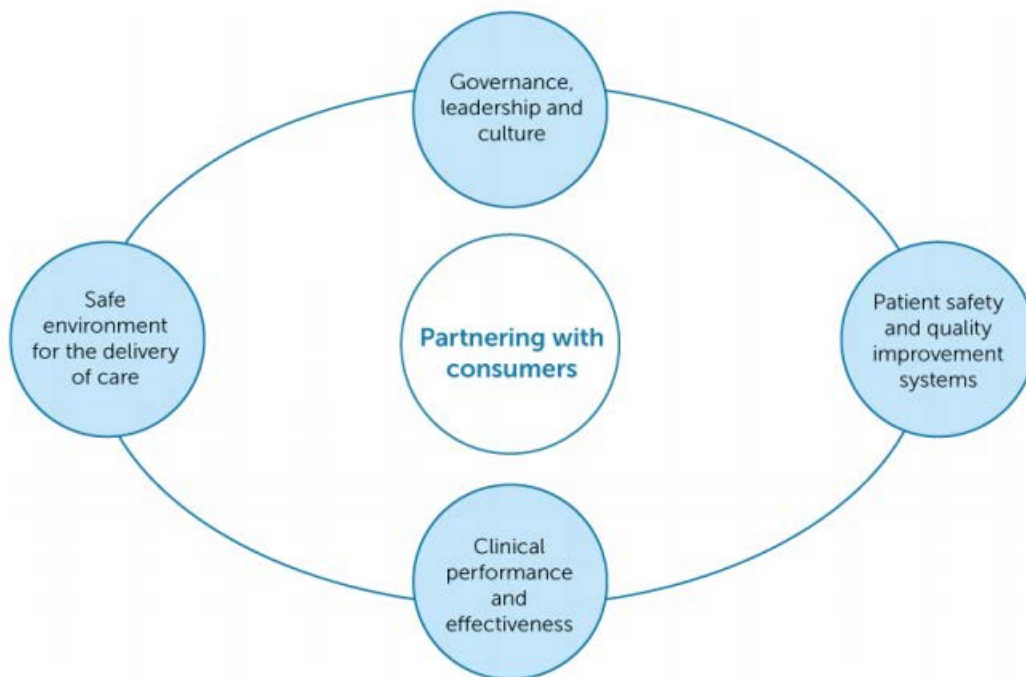
- 2.1 This document outlines the key elements and processes that contribute to the clinical governance framework as well as the roles responsible for implementing, monitoring, maintaining and coordinating the Framework in each clinical operation.
- 2.2 The clinical operations within CareFlight, where CareFlight holds responsibility for Clinical Governance are:
 - Northern Operations
 - Top End Medical Retrieval Service (TEMRS)
 - Northern Territory Emergency Aeromedical Services – (NTEAMS)
 - Eastern Operations
 - CareFlight Rapid Response Helicopter (CRRH)
 - Patient Transport Service (PTS)
 - CareFlight Air Ambulance
 - CareFlight Air Ambulance (CFAA) - Jet Operations Eastern
 - CareFlight Air Ambulance (CFAA) - Jet Operations Northern
 - CareFlight Medical Escorts (CME) – (Commercial jet medical escorts)
 - CareFlight HelpPoint Clinical Advice Service
 - Ad Hoc contracted clinical services (e.g. OGM contracts, Military contracts with supply of clinicians)

Note - Ambulance NSW Aeromedical Retrieval Service – Medical Services Agreement (MSA) – While CareFlight supplies Specialists and Registrars to work on this service under the Medical Services Agreement, we are not responsible for clinical governance. This responsibility sits with Ambulance NSW.

3. Definitions

- **Clinical Governance** is the term used to describe a systematic approach to maintaining and improving the quality of patient care within a clinical care setting, health program or health system.
- **Clinical Governance** is an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline clinicians to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of health services that are safe, effective, integrated, high quality and continuously improving. (Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney ACSQHC; 2017.)

3.1 The National Model Clinical Governance Framework has five components that are mandatory for healthcare organisations to meet the requirements of the National Safety and Quality Healthcare Standards (NSQHS). These five domains are:



- Governance, leadership and culture
- Patient safety and quality improvement systems
- Clinical performance and effectiveness
- Safe environment for the delivery of care
- Partnering with consumers

3.2 Within each of the five domains there are roles and responsibilities for:

3.2.1 Patients and Consumers

Patients and consumers participate as partners to the extent that they choose. These partnerships can be in their own care, and in organisational design and governance.

3.2.2 Clinicians

Clinicians work within, and are supported by, well-designed clinical systems to deliver safe, high-quality clinical care. Clinicians are responsible for the safety and quality of their own professional practice, and professional codes of conduct include requirements that align with the Clinical Governance Framework.

3.2.3 Managers

Managers (including clinical managers) advise and inform the governing body and operate the organisation within the strategic and policy parameters endorsed by the governing body. They are primarily responsible for ensuring that the systems that support the delivery of care are well designed and perform well.

3.2.4 Governing Body

The governing body is ultimately responsible for ensuring that the organisation is run well and delivers safe, high-quality care. It does this by establishing a strong safety culture through an effective clinical governance system, satisfying itself that this system operates effectively, and ensuring that there is an ongoing focus on quality improvement.

CareFlight has adopted the NSQHS Model Clinical Governance Framework, Appendix A, Clinical Governance Framework Domain Responsibilities outlines the detailed roles and responsibilities for patients and consumers, clinicians, managers (including clinicians) and governing bodies under the five domains.

4. Responsibilities

4.1 Leadership and Management Responsibilities

- 4.1.1 The Governing Board, through the CEO has overall accountability for all governance, both clinical and corporate, within CareFlight.
- 4.1.2 The National Medical Director, who is the Director of Clinical Governance, and the General Manager Clinical Services are jointly responsible for ensuring implementation and monitoring of a clear and robust clinical governance framework.
- 4.1.3 The Head of Clinical Governance is responsible for providing leadership and supporting clinicians, clinical teams and individuals to undertake clinical governance activities according to the framework.
- 4.1.4 Each Nursing Director and/or Medical Director has responsibility and authority to ensure this framework is followed and may delegate tasks to qualified personnel as needed.
- 4.1.5 The Director Medical Education is responsible for the supervision of clinical induction training and ongoing clinical education and competency programs.
- 4.1.6 The Supervisor of Training is responsible for the education and training of registrars during their term at CareFlight including adherence to the appropriate professional colleges' standards for clinical supervision, training and curriculum requirements.
- 4.1.7 The Human Resources Manager in partnership with the General Manager Clinical Services is responsible for the recruitment and selection process of appropriately qualified staff.
- 4.1.8 The National Clinical Equipment Manager is responsible for ensuring the availability, operational readiness, maintenance and safety of medical equipment, medical consumables and medication procurement and supply.
- 4.1.9 The Head of Safety and Quality and the Head of Clinical Governance are jointly responsible for the development of systems and processes to enable the dissemination of clinical governance information, actions and responses including patient safety initiatives across the organisation as well as producing regular reports to the governing committees and the governing board.

4.2 Committee Responsibilities

- 4.2.1 The CareFlight Board has overall accountability and responsibility for ensuring CareFlight has a robust clinical governance framework in place.
- 4.2.2 The Clinical Executive Committee (ref: [MS-014](#)) is responsible for the review and risk management of clinical practices and clinical governance processes and must provide assurance/evidence that the clinical governance program is active across all identified clinical service delivery platforms of the organisation as listed in section 2.

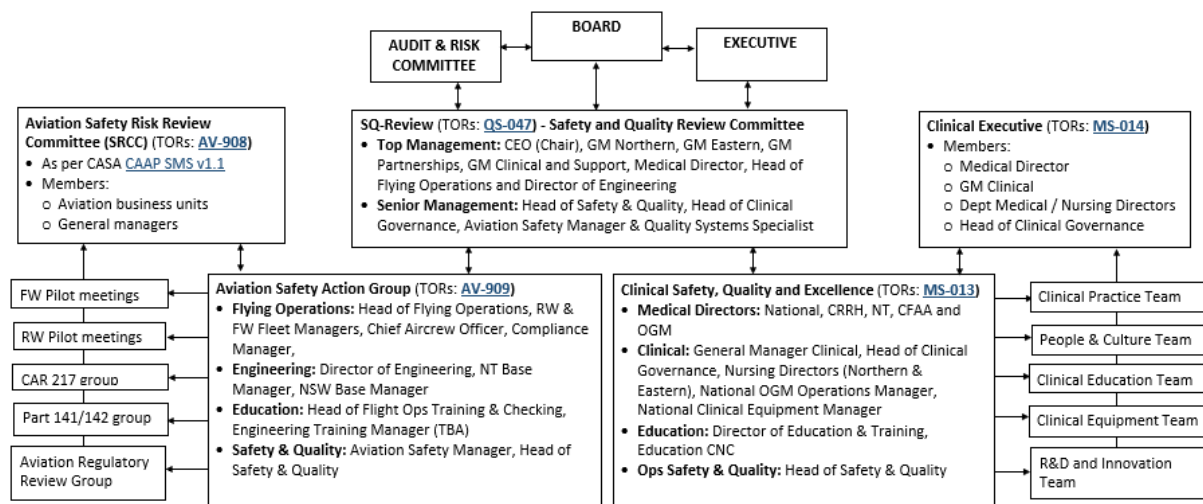
The following Clinical Teams report directly to the Clinical Executive Committee and support the Clinical Executive in its' responsibility for Clinical Governance:

- 4.2.2.i Clinical Safety, Quality and Excellence Team (ref: [MS-013](#))
 - 4.2.2.ii Clinical Practice Team – [TOR](#)
 - 4.2.2.iii Research Development and Innovation Team – [TOR](#)
 - 4.2.2.iv Clinical Equipment Team – (ref: [MS-067](#))
 - 4.2.2. v Clinical Education Team
 - 4.2.2.vi People and Culture Team – [TOR](#)
- 4.2.3 The CareFlight Clinical Safety, Quality and Excellence Team is responsible for the Safety-First clinical culture across CareFlight in the delivery of Clinical Care with oversight and coordination of the Clinical Governance (CG) Program, adherence to the National Safety and Quality Health Service (NSQHS) Standards and clinical data analytics.
- 4.2.4 The CareFlight Safety and Quality Review Committee (SQ-Review) (ref: [QS-047](#)) is the executive level safety body responsible for reviewing, monitoring and actioning safety and quality concerns, or issues, raised across the organisation and includes representatives from clinical services.

The Clinical Safety , Quality and Excellence Team reports jointly to the Clinical Executive and the CareFlight Safety & Review Committee (ref: [MS-013](#)).

The CareFlight Safety and Quality Review Committee reports directly to the Board and jointly to the Clinical Safety, Quality and Excellence Team and Aviation Safety Action Team (ref: [QS-106](#)) to ensure full integration, and communication, of all aeromedical safety and quality concerns/issues.

Integration of CareFlight Safety Committees



5. Domains of the CareFlight Clinical Governance Framework

5.1 Governance, Leadership and Culture

Integrated corporate and clinical governance systems are established, and used to improve the safety and quality of health care for patients

5.1.1 The Governing Body – CareFlight Board

- Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation
- Provides leadership to ensure partnering with patients, carers and consumers
- Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community
- Endorses the organisation's clinical governance framework
- Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce
- Monitors the action taken as a result of analyses of clinical incidents
- Reviews reports and monitors the organisation's progress on safety and quality performance

The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander people through the Reconciliation Action Plan (ref: [EX-017](#)) as well as targeted training on diversity and inclusion and cultural safety and awareness.

5.1.2 Organisational Leadership

- a. The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality

- b. The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander people
- c. The health service organisation considers the safety and quality of health care for patients in its business decision-making

5.1.3 Clinical leadership – Clinical Leaders support clinicians to:

- a. Understand and perform their delegated safety and quality roles and responsibilities
- b. Operate within the clinical governance framework to improve the safety and quality of health care for patients

The Clinical leaders of each service are responsible for promoting a safety-first culture and:

- a. ensuring the safety and quality activities listed in 5.2, 5.3 and 5.4 below are undertaken as appropriate for each service
- b. delegating activities as appropriate and reporting to the identified clinical teams/committees as required
- c. establishing and maintaining a safety-first culture and ensuring all staff feel safe to speak up and are encouraged to report any safety and quality incidents via the incident management systems appropriate to their service
- d. communicating with each other in a collaborative and innovative environment where patient centred safety and quality initiatives are fostered and shared across the organisation

5.1.4 Clinicians are responsible for:

- a. ensuring they meet their requirements for safe, competent clinical practice according to their national standards of practice as determined by AHPRA and any appropriate Specialty Colleges
- b. ensuring they operate within their agreed scope of practice as endorsed by the CareFlight Clinical Executive and within the approved Clinical Practice and Medication Guidelines.
- c. speaking up for patient safety and for role modelling appropriate workplace behaviors that enable open disclosure and reporting of safety and quality incidents

Clinicians are encouraged to participate in and contribute to clinical governance processes as outlined in 5.2, 5.3 and 5.4 below

5.2 Patient Safety and Quality Systems

Safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.

5.2.1 Policies, Procedures and Guidelines

Policies, procedures and guidelines are developed through a rigorous, evidence-based process. Time limited working groups may be established to develop identified policies, procedures and guidelines.

Clinical policies, procedures and guidelines must be reviewed when at least one (1) of the following criteria are met.

- a. There is a change in evidence requiring a change in practice
- b. A time period of 3 years has elapsed since the policy or procedure was developed or last reviewed
- c. An event or incident has occurred that directly relates to the use of the policy, procedure or guideline and a review is recommended
- d. Patterns of variance with use of the policy, procedure or guideline are identified that may indicate a need for review

The Clinical Practice Team (4.2.2.ii) is responsible for the oversight and governance of all Clinical Practice Guidelines, Medication Guidelines and Carebundles.

5.2.2 Measurement and Quality Improvement

The following activities must take place for each identified service (per 2.2) and the results and recommendations should be tabled at the Clinical Safety, Quality and Excellence Team (4.2.2.i) for review/endorsement and follow up actions as required.

1. Annual audits of clinical competency/currency status
2. Peer review/audits of Retrieval Data Base (RDB) Case notes
3. Clinical Case review – identifying excellence as well as opportunities for improvement
4. Morbidity and mortality review
5. Collection and review of identified safety and quality indicators used in services, including both outcome and process indicators – Appendix B. Clinical Governance Indicators

6. Use of Carebundles
7. Where appropriate involve consumers in the review of safety and quality systems including reporting on safety and quality that is publicly available

Scheduled audits are carried out according to the CareFlight Audit Procedure (ref: [QS-009](#))

Directed audits are conducted when incidents within CareFlight or reports from other services indicate potential problem areas or issues for review

5.2.3 Risk Management

CareFlight Clinical Governance systems are integrated within the organisation wide Risk Management Framework – (ref: [QS-004](#)).

All clinical operations have operational risk profiles conducted prior to commencement and where possible controls are implemented alongside identified risk mitigation strategies.

Identification and reporting on risks and incidents, including near misses, are reported via the CareFlight Air Maestro Incident Management System where they are investigated and appropriate actions identified, implemented and reviewed.

High risk patient transports are monitored and reviewed by the clinical leaders/mission supervisors and identified for review via Medical Retrieval Database and/or the Air Maestro safety management system. Mission outcomes are identified and opportunities to improve safety and quality are reported via the Clinical Safety, Quality and Excellence team to the Clinical Executive Committee.

CareFlight has plans for internal and external responses to emergencies, critical incidents and disasters. Emergency Response plan Northern Operations (ref: [EX-005](#)) and Emergency Response Plan Southern Operations (ref: [EX-003](#)).

5.2.4 Incident Management Systems and open Disclosure

CareFlight clinical operations are integrated within the organisational Quality Management System as detailed in the Quality Management System Manual (ref: [QS-001](#)).

On induction staff are introduced to the CareFlight Risk Management System. CareFlight actively promotes a “safety first” workplace culture where safety is everyone’s business.

CareFlight has an Open Disclosure process outlined in (ref: [MS-045](#)). This process is aligned to the Australian Open Disclosure Framework (ref: [QS-073](#)). Education on the open disclosure process is provided via e-learning during induction.

5.2.5 Feedback and Complaints management

CareFlight provides opportunities for patients, their carers, and non-CareFlight clinicians to provide feedback (including complaints, compliments and general feedback) on their interactions with CareFlight

Information on providing feedback is located:

- on the CareFlight website
- on a patient information leaflet, which is provided to patients and/or their carers
- on the Australian Charter of Healthcare Rights posters, displayed in clinical areas of CareFlight.

Feedback can be provided through the following platforms:

- through the CareFlight website or
- by providing verbal feedback to a CareFlight staff member to record and submit on their behalf using the Patient, Carer Clinical Feedback and Complaint Form.
- By emailing directly to clinical-feedback@careflight.org

All complaints are individually registered, investigated, addressed via the Air Maestro safety management system in accordance with the CareFlight Clinical Incident and Complaint Management Procedure

Information gained from complaints and feedback is disseminated to the appropriate clinical executive or review committees to drive quality improvements and improve service design.

5.2.6 Diversity and high-risk groups

Where possible CareFlight endeavours to identify patients who identify as Aboriginal or Torres Strait Islander and ensure that care is provided with particular attention to cultural safety and awareness. The Reconciliation action plan (ref: [EX-017](#)) details CareFlight's strategies to close the gap in the provision of care to Aboriginal and Torres Strait Islander peoples.

CareFlight does not discriminate nor pass judgements on patients with other markers of diversity including those patients from culturally and linguistically diverse backgrounds (CALD) and those who identify as LGBTQ.

Patients identified as high-risk groups in our care environment include:

- a. Patients with mental health conditions
- b. Paediatrics including neonates
- c. Obstetric patients including newborns
- d. Patients who are elderly and may suffer from frailty, dementia and/or delirium
- e. Patients from CALD backgrounds

Specific treatment protocols and CareBundles are utilised to manage patients who may fall into these high-risk groups

5.2.7 Healthcare Records

The CareFlight Healthcare records system consists of paper-based case sheets or treatment records that are commenced at the start of each mission for each individual patient. Associated medical histories, where available, are collected and reviewed by the supervising clinician and provided either in paper or electronically to the treating team at mission commencement.

On completion of the mission the paper records are transcribed by the treating clinician into the Medical Retrieval Database. Data entry MUST be completed within 48 hours of the mission. All associated paper records are scanned and attached to the electronic record in the Medical Retrieval Database. The Medical Retrieval Database supports the audit of clinical information and includes an in-built quality and safety indicator that generates an electronic notification for case review to the Clinical Governance team leads for each service as well as the Head of Clinical Safety and Quality.

The CareFlight Medical Retrieval Database complies with all medical record security and privacy requirements according to the legislation and CareFlight Policy (ref: [QS-002](#), [QS-041](#) and [MS-066](#)).

5.3 Clinical Performance and effectiveness

The workforce has the right qualifications, skills and supervision to provide safe, high quality health care to patients

5.3.1 Safety and Quality Training

During induction staff are required to complete corporate safety and quality e-learning through the HR learning hub followed by more specific in-house e-learning (ref: [QS-200](#)) through Air Maestro including the use of the Air Maestro Safety Management System and an overview of the NSQHS Standards.

5.3.2 Performance Management.

CareFlight has a comprehensive performance management process that include professional performance and clinical performance management according to the policy (ref: [HR-056](#)). All staff are subject to annual review of performance with their Manager including co-design of a targeted performance development program.

5.3.3 Credentialing and Scope of Clinical Practice.

Credentialing and scope of clinical practice occurs according to the credentialing of Clinicians Policy (ref: [MS-035](#))

Scope of clinical practice is also determined by professional registration group and scope of practice as defined in the CareFlight Clinical Practice Guidelines (ref: [MS-009-09](#)) and Medication Administration Guidelines (ref: [MS-012-11](#)) relevant to each service delivery model.

Monitoring of clinician's scope of practice occurs via the processes defined in 5.2.2 – Measurement and Quality improvement including, the use of Case review, mortality and morbidity review, monitoring of quality and safety process indicators and peer review and feedback

5.3.4 Safety and Quality Roles and Responsibility

CareFlight, within the safety and quality processes outlined in 5.2.2 supports the workforce to understand and perform their roles in safety and quality. This includes participation in audit, case reviews, representation on safety committees and participation in regular safety and quality activities.

CareFlight educates it's staff in the use of the Air Maestro Safety Management system via e-learning (ref: [QS-200](#)) and an overview of the NSQHS Standards via e-learning and the application of the appropriate NSQHS standards to all policy, procedure and reporting.

Within each service there are clear lines of supervision for Doctors, Nurses and Midwives and Paramedics. Clinical oversight is in place for all missions and processes for clinical escalation and supervision are available throughout all service delivery hours.

CareFlight has a Supervisor of Training and subspecialty Co-supervisors who are responsible for oversight of training registrars on clinical rotation whilst completing Fellowship Programs.

5.3.5 Evidence based care

CareFlight has a comprehensive suite of Clinical Practice Guidelines, Medication Guidelines and Carebundles that are evidence based and guide clinical care in the transport environment.

The development, endorsement, review and monitoring of these protocols and procedures are the responsibility of the Clinical Practice Guidelines Team (4.2.2.ii)

Staff access to the Clinical Practice Guidelines, Medication Guidelines and CareBundles are provided via the iPad hosted content lockers and the CareFlight Wiki space.

5.3.6 Variation in clinical practice and health outcomes

CareFlight, through the collection of clinical indicators, process and outcome measures is able to identify variations in practice that are unexpected and outside acceptable tolerance levels.

Through the regular Case Review meetings, feedback is provided to staff on practice variation and the outcomes of the patients we treat.

Literature reviews and assessment of current evidence is undertaken as part of the ongoing evolution of the clinical and medication guidelines. Carebundles that drive contemporary practice are utilised across the services and their use is reviewed and audited.

Clinicians are expected to become actively involved in case review meetings, case presentations and quality audit activities. Clinicians are encouraged to identify cases for peer review and discussion.

The risk management system is utilised to record and monitor identified risks and track clinical safety events to drive improvements in practice and system performance.

5.4 Safe environment for the delivery of care

The environment promotes safe and high-quality health care to patients

5.4.1 Safe environment

CareFlight continuously maximises safety and quality of care through the following activities:

- The Aeromedical retrieval and retrieval clinical practice environment/s are risk assessed for safety prior to staff deployment in transport frames, be they aviation or road vehicles.
- Where staff respond to an event in an uncontrolled prehospital environment staff are taught to risk assess for safety prior to entering and commencing care.
- Operational Staff are provided education and training on operating in domestic as well as international destinations
- CareFlight Clinical Staff receive education and training on safe operations on airfields via the 20:11 Aviation Safety Training
- Where high risk exists support from other Emergency Services such as Police and Ambulance is exercised.
- All clinical equipment and equipment transport packaging such as “transport bridges’ and “kit” bags are rigorously assessed and must meet specific transport engineering specifications prior to deployment.
- All CareFlight aviation assets are assessed and meet the required CASA regulations
- All 3rd party transport assets that are utilised by CareFlight Teams undergo a rigorous Risk assessment process according to the Third Party Air Operator Assurance Audit (ref: [EX-014](#))
- In the transport environment CareFlight staff deliver safety briefings to patients and their carers/family as appropriate prior to transport.

- Where possible noise reduction strategies such as earplugs and headsets are offered to patients and their families to reduce the environmental noise associated with aeromedical transport
- Airfield and landing site safety instruction is provided to patients and their families as appropriate
- All staff, patients and escorts are appropriately secured for transport within all transport platforms according to local regulatory and legislative requirements.
- All CareFlight equipment undergoes annual maintenance inspections as per product specifications by qualified Biomedical Engineers and this is managed by the Clinical Equipment Management System and the National Equipment Manager (ref D4H)
- Clinical staff receive education and training on the use of patient transport stretchers and loading devices
- Staff receive education and training on the transport of dangerous goods including packaging and securing of dangerous good for transport
- All staff, patients and escorts must adhere to aviation safety instructions from the pilot in charge or the driver in charge for road transport
- CareFlight provides cultural safety training and cultural awareness training to staff to ensure the cultural beliefs and practices of Aboriginal and Torres Strait Islander people are recognised and implemented in the care delivered.
- CareFlight has an active Reconciliation Action Plan in place (ref: [EX-017](#))

5.5 Partnering with Consumers

Systems are designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation where applicable. Elements of this may include;

- Clinical governance and quality improvement systems to support partnering with consumers through feedback and patient stories and experience of our services
- Partnering with patients in their own care by engaging with patients on care in the aeromedical and retrieval environment as appropriate
- Health literacy – explaining treatment and care in a way that patients and their carers will understand and working with patients to ensure they are comfortable with care in our environment
- Partnering with consumers in organisational design and governance by receiving feedback on models of care to improve our patient's experience based on their experiences

Given the nature of CareFlight's varying services, partnering with consumers will be tailored according to the nature of care provided. Where appropriate consumers have representation at governing body and senior committee levels.

6. Related and Supporting Documents

Quality (QMS) Manual ([ref: QS-001](#))

Safety (SMS) Manual ([ref: QS-049](#))

Healthcare Policy ([ref: QS-024](#))

Internal Audit Process ([ref: QS-009](#))

Risk Management Policy ([ref: QS-004](#))

Air Maestro Risk Register ([Hyperlink](#))

Actions Request Procedure ([ref: QS-013](#)) – for incident management

HR Recruitment and Selection ([ref: HR-008](#))

CareFlight Reconciliation Action Plan (ref: EX-017)

CareFlight Clinical Practice Guidelines (ref: [MS-009-09](#))

Medication Administration Guidelines (ref: [MS-012-11](#))

Credentialing of Clinicians Policy (ref: [MS-035](#))

Third Party Air Operator Assurance Audit (ref: [EX-014](#))

7. Document Change History

Version	Date	Summary of Changes	Changes compiled by	Changes approved by
01	22/12/2011	Initial publication of document in new CF document control process. Replaces CF policy 3.7, v3, 1 Oct 2010 – complete rewrite of previous version	Alan Garner Medical Director	Safety Committee
02	24/02/2012	Updated Section 4.2.3 to remove the obsolete 'Protocol Review Committee' and replace with actual practice of placing protocol on Moodle and reviewing collectively.	Alan Garner Medical Director	Safety Committee
03	16/01/2014	Included clinical competency (4.15 and 5.2.4), audit program (5.1.3, 5.4.3), CareBundles (5.1.4), CPD (5.2.3), HERRTT clinical governance policy (5.2.3), and clinical debriefs (5.3.3)	Alan Garner Medical Director	Medical QA Safety & Risk Workgroup
04	04/11/2020	Rewrite and alignment with 2 nd Edition of the National Standards and adoption of the National Clinical Governance Framework	Andrea Herring Head of Clinical Operations Support	Clinical Executive Committee
05	25/05/2021	Minor name changes to roles and responsibilities of personnel and safety committees	Ken McNoe Head of Clinical Governance	CareFlight Board

Appendix A - Table 1.0 - Clinical Governance Framework Domain Responsibilities

Patients and Consumers

Governance, Leadership and Culture	<ul style="list-style-type: none"> • Use organisational systems and processes to contribute to the planning, design and operation of the health service organisation • Identify opportunities for improvement of the health services organisation and communicate these to relevant individuals or bodies • Consider taking an active role in the governance of the health service organisation, when opportunities exist
Patient Safety and Quality Improvement System	<ul style="list-style-type: none"> • Provide feedback, complaints and compliments about experiences in the health service organisation, including; <ul style="list-style-type: none"> - Participating in patient experience surveys - Communicating with the organisation about any opportunities for improving services and systems - Communicating with the organisation about potential safety and quality risks • Consider being involved in quality improvement projects within the health service organisation • Consider advocating for, or representing, other patients in focus groups and meetings to improve the health service organisation and care that is delivered • Consider reviewing and commenting on reports on safety and quality of the health service organisation • Consider participating in the review of safety and quality incidents or other serious adverse events, when opportunities exist
Clinical Performance and Effectiveness	<ul style="list-style-type: none"> • Provide feedback, complaints and compliments about experiences in the health service, including; <ul style="list-style-type: none"> - Participating in patient experience surveys - Communicating with the organisation about any opportunities for improving services and systems - Communicating with the organisation about potential safety and quality risks • Consider sharing experiences through patient stories, information sessions, letters, pictures, patient journeys or presentations at meetings or training sessions for the workforce • Consider participating in recruitment processes for the workforce, when opportunities exist
Safe Environment for Delivery of Care	<ul style="list-style-type: none"> • Provide feedback, complaints and compliments about experiences in the health service organisation, including; <ul style="list-style-type: none"> - Participating in patient experience surveys - Communicating with the organisation about any opportunities for improving services and systems - Communicating with the organisation about potential safety and

	<p>quality risks</p> <ul style="list-style-type: none"> • Consider being involved in quality improvement projects within the health service organisation
Partnering with Consumers	<ul style="list-style-type: none"> • Are involved in planning and sharing decisions about individual health care • Ask for more information in different formats or a translator, if required • Let the workforce know who should be involved in sharing decisions about their care • Provide feedback to the health service organisation or clinician about care experiences • Consider being involved in the governance of the organisation, when opportunities exist • Consider being involved in the development and review of health information for consumers, when opportunities exist

Clinicians

Governance, Leadership and Culture	<ul style="list-style-type: none"> • Actively take part in the development of an organisational culture that enables, and gives priority to patient safety and quality • Actively communicate their profession's commitment to the delivery of safe, high- quality health care • Model professional conduct that is consistent with a commitment to safety and quality at all times • Embrace opportunities to learn about safety and quality theory and systems • Embrace opportunities to take part in the management of clinical services • Encourage, mentor and guide colleagues in the delivery of safe, high-quality care • Take part in all aspects of the development, implementation, evaluation and monitoring of governance processes
Patient Safety and Quality Improvement System	<ul style="list-style-type: none"> • Contribute to the design of systems for the delivery of safe, high-quality clinical care • Provide clinical care within the parameters of these systems • Communicate with clinicians in other health service organisations to support good clinical outcomes • Ensure contemporary knowledge about safe system design • Maintain vigilance for opportunities to improve systems • Ensure that identified opportunities for improvement are raised and reported appropriately • Educate junior clinicians in the importance of working within the organisational systems for the delivery of clinical care • Take part in the design and implementation of systems within the health service organisation for <ul style="list-style-type: none"> – quality improvement and measurement – risk management – incident management – open disclosure – feedback and complaints management • Comply with professional regulatory requirements and codes of conduct
Clinical Performance and Effectiveness	<ul style="list-style-type: none"> • Maintain personal professional skills, competence and performance • Contribute to relevant organisational policies and procedures • Comply with professional regulatory requirements and codes of conduct

	<ul style="list-style-type: none"> • Monitor personal clinical performance • Supervise and manage the performance of junior clinicians • Ensure that specific performance concerns are reported appropriately • Work constructively in clinical teams • Take part in the design and implementation of the organisation's systems for <ul style="list-style-type: none"> – credentialing and defining scope of clinical practice – clinical education and training – performance monitoring and management – clinical, and safety and quality education and training
Safe Environment for Delivery of Care	<ul style="list-style-type: none"> • Contribute to planning and development activities regarding the environment of the health service organisation • Provide clinical care within the parameters of this environment • Maintain vigilance for opportunities to improve the environment • Ensure that identified opportunities for improvement are raised and reported appropriately
Partnering with Consumers	<ul style="list-style-type: none"> • Understand the evidence on consumer engagement, and its contribution to the safety and quality of health care • Understand how health literacy might affect the way a consumer gains access to, understands and uses health information • Support patients to have access to, and use, high-quality, easy-to-understand information about health care • Support patients to share decision-making about their own health care, to the extent that they choose • Work with consumer representative groups to ensure that systems of care are designed to encourage consumer engagement in decision-making • Assist consumer access to their own health information, and complaints and feedback systems • Implement and fully take part in the organisation's open disclosure policy

Managers including Clinician Managers

Governance, Leadership and Culture	<ul style="list-style-type: none"> • Actively communicate the commitment of the health service organisation to the delivery of safe, high quality care • Create opportunities for the workforce to receive education in safety and quality theory and systems • Model the safety and quality values of the health service organisation in all aspects of management • Support clinicians who embrace clinical leadership roles • Lead the development of business plans. Strategic plans, policies and procedures • Set up effective relationships with relevant health services to support good clinical outcomes
Patient Safety and Quality Improvement System	<ul style="list-style-type: none"> • Coordinate and oversee the design of systems for the delivery of clinical care • Engage with clinicians on all system design issues • Allocate appropriate resources to implement well-designed systems of care • Respond to identified concerns about the design of systems • Periodically, systematically review the design of systems for safety and quality • Set up an operational policy and procedure framework, with the active engagement of clinicians • Ensure availability of data and information to clinicians to support quality assurance and improvement • Ensure that safety and quality systems reflect the role of the health service organisation within a wider network of local and other health services and providers • Implement and resource effective systems for management of <ul style="list-style-type: none"> - Quality improvement and management - Risk management - Incident management - Open disclosure - Feedback and complaints • Systematically monitor performance across all safety and quality systems • Report to the health service organisation and governing body
Clinical Performance and Effectiveness	<ul style="list-style-type: none"> • Maintain personal and professional skills, competence and performance • Set up an operational policy and procedure framework • Implement and resource effective systems for the management of <ul style="list-style-type: none"> - Credentialing and defining scope of clinical practice - Clinical education and training - Performance monitoring and management - Clinical, and safety quality education and training • Respond in a prompt and effective way to indications of clinical underperformance

	<ul style="list-style-type: none"> • Systematically monitor safety and quality performance across all clinical
Safe Environment for Delivery of Care	<ul style="list-style-type: none"> • Coordinate and oversee planning and development of the health service environment to support safety and quality • Engagement with clinicians on the environment of the health service organisation • Allocate appropriate resource to ensure that the environment supports safety and quality • Respond to identified concerns about the environment
Partnering with Consumers	<ul style="list-style-type: none"> • Understand the barriers for patients and consumers to understand and use health services, and develop strategies to improve health literacy environment of the health service organisation • Ensure that patients and consumers have access to high-quality, easy-to-understand information about health care • Set up organisational systems to enable consumers to fully engage in: <ul style="list-style-type: none"> - Planning and sharing decisions about their own health care - Planning, designing, reviewing and evaluating clinical systems, and safety and quality of care • Collect and review patient experience information as part of quality improvement processes • Create opportunities for consumer involvement in relevant operational committees • When appropriate, set up specific consumer advisory committees

Governing Bodies – CareFlight Board

Governance, Leadership and Culture	<ul style="list-style-type: none"> • Lead development of a common organisational language in safety, quality and clinical governance • Actively communicate the commitment of the governing body to the delivery of safe, high-quality care • Are satisfied that an effective culture of safety and quality exists within the health service organisation • Lead the organisation towards achieving a 'blame free', accountable and learning culture • Are aware of how the health service organisation sits within a wider network of local and other health services and providers • Set up an effective relationship with the chief executive officer, founded on a mutual commitment for safety and quality of care • Ensure that the organisation has a comprehensive suite of plans, strategies and policies that support safety and quality of care • Ensure that organisational resources are allocated to support safety and quality of care • Create relevant education and training opportunities for managers and executives • Allocate enough board time and attention to safety and quality of care • Monitor organisational culture, and identify and capture improvement opportunities and ensure that they are acted on
Patient Safety and Quality Improvement System	<ul style="list-style-type: none"> • Ensure that all systems for the delivery of care are regularly reviewed for the ability to support safe, high-quality care • Incorporate systematic audits of safety and quality systems in the whole-of-organisation audit program • Ensure availability of data and information to support quality assurance and review across the organisation • Monitor system performance, and consider implications for systems design and opportunities for improvement • Ensure that the following safety and quality systems are in place, involve all members of the clinical workforce and are subject to periodic review of performance <ul style="list-style-type: none"> - Quality improvement and management - Risk management - Incident management - Open disclosure - Feedback and complaints
Clinical Performance and Effectiveness	<ul style="list-style-type: none"> • Ensure that the following safety and quality systems are in place, involve all members of the clinical workforce and are subject to periodic review of performance • Credentialing and defining scope of clinical practice • Clinical education and training • Performance monitoring and management • Whole-of-organisation clinical, and safety quality education and training

Safe Environment for Delivery of Care	<ul style="list-style-type: none"> • Ensure that the environment of the health service organisation promotes safe and high-quality care
Partnering with Consumers	<ul style="list-style-type: none"> • Show leadership and commitment to partnerships with consumers • Set up high-level policies and procedures that support partnerships with consumers • Ensure that the organisation has effective systems for consumer complaints and open disclosure, and monitor performance based on these systems • Ensure consumer input to decisions of the governing body • Create opportunities for consumer involvement in subcommittees of the governing body • Ensure that organisational systems support consumer engagement in decision-making • When appropriate, set up a specific consumer advisory committee to the board

Appendix B – Clinical Governance Indicators

CareFlight Clinical Governance Indicators

Master list – October 2020

Each service has a specific subset of these indicators

All data entry into the Retrieval Database MUST be completed within 48 hours of mission end.

Indicator Name	Count	KPI	Number reviewed	KPI explanation
Total missions				Count
Died Prior to team arrival at referring site				Case review for logistics/tasking
Died After team arrival at referring site				Case review for clinical management
Died enroute				Case review for clinical management
Died at receiving hospital				Case review for clinical management
Stable initially but deteriorated pre-departure				Case review for clinical management
Stable initially but deteriorated enroute				Case review for clinical management
Unstable initially didn't improve				Case review for clinical management
Unstable initially but improved with treatment				Case review for clinical management
Sentinel Events		< 0.5%		Incident Investigation
Scene times for primary missions				<25 mins CRRH, <30 mins TEMRS

Indicator Name	Count	KPI	Number reviewed	KPI explanation
Team debrief offered/undertaken for all deaths/significant cases		100%		Team wellness
Airway Registry				All cases where intubation attempted
Intubations				Entry into registry is complete
Emergency Anaesthetics (RSI)				review for drug type/dose
Cold Intubations				review for appropriateness
First look intubation successful		>95%		skill/technique review
desaturation		<10%		identify preventable desaturations
hypotension		< 10%		identify preventable desaturations
> 1 attempt laryngoscopy		<6%		identify issues
scene times when RSI performed		< 25mins		Identify preventable delays

Indicator Name	Count	KPI	Number reviewed	KPI explanation
Blood Products administration				
No of pts receiving blood or blood products				All cases reviewed for indicators
Pre-hospital administration by CareFlight				appropriateness
In transport administration by CareFlight				appropriateness
Transfusion indicated following review		100%		correct decision making
Tranexamic Acid/PATCH where indicated		100%		indications for use followed
Blood Unit numbers documented		100%		legislation requirement
Any wastage identified		0%		Ensure no wastage
Ultrasound Audit				
No of pts having ultrasound				Identify denominator
No of pts with images saved		90%		Good practice for governance
Number that meet standard for image capture		100%		Compare to standard
Number with correct image interpretation		100%		Skill assessment to identify gaps
Number of procedural ultrasounds				Frequency identification
CareBundles				
Total Cases eligible for a CareBundle				Identify denominator
Eligible cases with a CareBundle		>90%		Compliance rate
Eligible Cases without a CareBundle		<10%		Non-compliance rate
Eligible cases with 100% of mandatory criteria		>90%		appropriate criteria used
Indicator Name	Count	KPI	Number reviewed	KPI explanation

Eligible cases with < 100% of mandatory criteria		<10%		identify criteria for review
Number with acceptable variance after review		100%		Compliance rate

Indicator Name	Count	KPI	Number reviewed	KPI explanation
General Indicators				
Pts eligible for Falls Risk Screening				Age >64 risk identified
Falls Risk screening score recorded		>90%		Non-compliance rate
Falls risk action plan in place		100%		Nursing action in place for high risk
Falls Risk Screening Score not recorded		<10%		Non-compliance rate
VTE Risk assessment completed		>90%		Risk identified
VTE risk assessment not completed		<10%		Non-compliance rate
Pts eligible for Pressure Injury Risk Assessment				All Patients
Pressure Injury Risk assessment completed		>90%		Risk identified
Pressure Injury Risk Assessment not completed		<10%		Non-compliance rate
Pressure injury prevention intervention				Intervention for high risk
Number of medication errors reported				All medication errors reviewed
Number of Equipment issues				All equipment issues reviewed
Mental Health				
Total number of Psychiatric Patient Transports				Identify number of transports
Mental Health Risk Assessment completed				Review Risk
Transports of involuntary patients				Identify number of transports
Past Behaviour				Risk Assessment
Confirmation of risk				Total numbers

Appendix B – Notes

Notes:

Australian sentinel events – serious harm

Serious harm is indicated where, as a result of the incident the patient:

- Requires life-saving surgical or medical intervention, or
- Has shortened life expectancy, or
- Has experienced permanent or long-term physical harm, or
- Has experienced permanent or long-term loss of function.

Psychological harm is recognised as an important harm. In the context of the sentinel events list, psychological harm has not been included in the definition of serious harm given the inability to measure psychological harm in the way that physical harm can be measured.