Clinical Governance Framework

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1 Introduction

Clinical governance is a structured approach to ensuring accountability, safety, and continuous improvement in healthcare. It integrates systems, processes, and a culture of responsibility to maintain high-quality patient care. Rather than relying on reactive solutions, good clinical governance focuses on proactive strategies to enhance safety and effectiveness across healthcare services.

At CareFlight, patient safety and high-quality care are the shared responsibility of all staff involved in healthcare delivery. Our governance approach combines consumer experiences, staff expertise, and organisation-wide quality improvement initiatives to drive excellence in patient outcomes.

CareFlight's Clinical Governance Framework is fundamental to our commitment to safe, high-quality, and patient-centred healthcare. It establishes clear roles and responsibilities between our governing body, executive team, workforce, patients, consumers, and stakeholders, ensuring collaborative efforts to achieve optimal clinical outcomes.

Aligned with both the National Safety and Quality Health Service (NSQHS) Standards for Ambulance Services and the Australian Commission on Safety and Quality in Health Care (ACSQHC) National Clinical Governance Framework, our governance approach ensures corporate and clinical systems are integrated. This fosters a strong culture of safety, accountability, and continuous improvement across all levels of the organisation.

By adhering to these standards and implementing a robust Clinical Governance Framework, CareFlight reinforces its dedication to excellence in healthcare delivery, ensuring that every patient receives safe, professional, and high-quality care.

Mick Frewen, CEO

2 Scope

- 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.
- 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)
    - Palmerston Inter-hospital Road Transport Service (PIRTS)
  - Eastern Operations
    - CareFlight Rapid Response Helicopter (CRRH)
    - Patient Transport Service (PTS)
  - CareFlight Air Ambulance
  - Ad Hoc contracted clinical services, e.g. Energy & Resources or Military contracts
- CareFlight doctors who work at the NSW Ambulance Aeromedical bases, as part the Medical Services Agreement between CareFlight and NSW Health, do so under the clinical governance structure of NSW Ambulance.

3 Definitions and Acronyms

Term	Acronym	Definition
NSQHS	NSQHS	The National Safety and Quality Health Service (NSQHS) Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations.
ACSQHC	ACSQHC	Australian Commission on Safety and Quality in Health Care (the Commission)
SHEQ	SHEQ	Safety, Health, Environment, and Quality
Comprehensive Care		Health care that is based on identified goals for the episode of care. These goals are aligned with the patient's expressed preferences and healthcare needs, consider the impact of the patient's health issues on their life and wellbeing, and are clinically appropriate.
Consumer	Consumer	Consumer is a person who has used, or may potentially use, health services, or is a carer for a patient using health services (ACSQHC) (not a current patient)
Patient	Patient	A Patient is a person who is currently receiving care in a health service organisation
Person Centered Care		An approach to the planning, delivery and evaluation of health care that is founded on mutually beneficial partnerships among healthcare providers and patients. Person-centered care is respectful of, and responsive to, the preferences, needs and values of patients and consumers. Key dimensions of person-centered care include respect, emotional support, physical comfort, information and communication, continuity and transition, care coordination, involvement of carers and family, and access to care. Also known as patient-centered care or consumer-centered care.

Definitions retrieved from *ACSQHC Glossary*

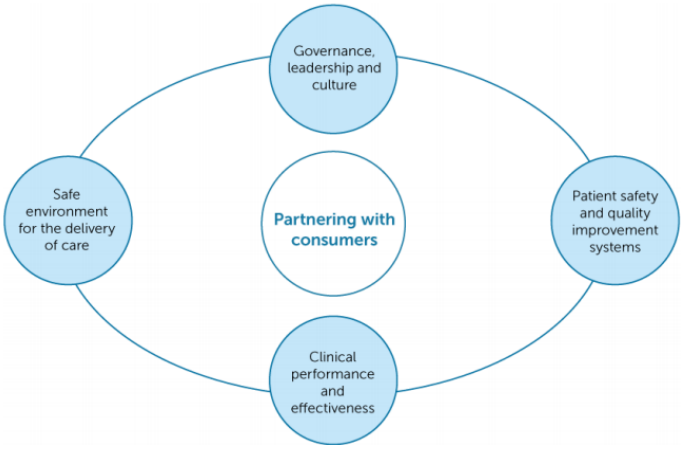
4 Clinical Governance

To support the delivery of safe and high-quality care, CareFlight has adopted the National Model Clinical Governance Framework, developed by the Australian Commission on Safety and Quality in Health Care. This framework is based on the National Safety and Quality Health Service (NSQHS) Standards, particularly the Clinical Governance Standard and the Partnering with Consumers Standard. By aligning with these standards, CareFlight reinforces its commitment to patient safety, clinical excellence, and consumer engagement, ensuring the highest quality aeromedical and critical care services through strong governance, continuous improvement, and a patient-centered approach.

The National Clinical Governance Framework consists of five key components:

Partnering with Consumers

- Engaging patients and families in decision-making.
- Providing accessible information to support informed choices.



Governance, Leadership, and Culture

- Fostering a culture of safety, quality, and accountability.
- Defining clear roles and responsibilities at all organisational levels.

Patient Safety and Quality Improvement Systems

- Implementing evidence-based policies, procedures, and guidelines.
- Utilising data, audits, and feedback for continuous improvement.

Clinical Performance and Effectiveness

- Ensuring credentialing, scope of practice, and competency assessments.
- Supporting ongoing professional development and education.

Safe Environment for Delivery of Care

- Applying risk management strategies to prevent harm.
- Maintaining safe infrastructure and equipment.

CareFlight's Clinical Governance Framework outlines the processes, procedures, and committees that support adherence to these five components.

5 Partnering with 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. – ACSQHC

5.1 Commitment to Diversity, Inclusion, and Community Engagement

CareFlight is dedicated to providing equitable, culturally safe and inclusive healthcare for all individuals, regardless of background, identity, or language. We recognise that Aboriginal and Torres Strait Islander communities, culturally diverse groups, individuals for whom English is a second language and LGBTQIA+, peoples often face unique challenges in accessing healthcare. As part of our commitment to diversity and inclusion, we actively engage with these communities to build trust, improve health outcomes, and ensure that our services remain accessible, respectful, and responsive to their needs.

Aboriginal and Torres Strait Islander peoples experience significant health disparities compared to non-Indigenous Australians, including higher rates of chronic disease, reduced life expectancy, and barriers to accessing timely and culturally safe healthcare. As an organisation dedicated to providing critical medical services, CareFlight acknowledges its role in contributing to Closing the Gap and addressing these inequities. Through our Reconciliation Action Plan (EX-017), we are committed to building meaningful relationships with Aboriginal and Torres Strait Islander communities and enhancing cultural competency across our workforce.

CareFlight recognises the importance of equity over equality in healthcare. While equality ensures that everyone receives the same resources and opportunities, equity acknowledges that different individuals and communities require tailored support to achieve similar health outcomes. By embedding equity into our clinical practices, training programs, and service delivery, we strive to remove systemic barriers and provide care that is responsive to the specific needs of the communities we serve.

By fostering strong partnerships, promoting cultural competency, and embedding inclusive practices throughout our organisation, CareFlight creates an environment where every patient receives safe, high-quality, and compassionate care, without discrimination or judgement based on markers of diversity, including culturally and linguistically diverse backgrounds (CALD) and LGBTQIA+ identity. Through continuous education, collaboration, and meaningful engagement, we are committed to reducing healthcare disparities and ensuring that all individuals, regardless of their background, feel valued and supported.

5.2 Feedback and Complaints Management

CareFlight provides opportunities for consumers 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 careers.
- on the Working Together, Everyone's Rights and Responsibilities posters displayed in all clinical areas of CareFlight.

Feedback can be provided through the following methods:

- Through the CareFlight website using the hyperlink on the Contact to an online Consumer Feedback Form
- The "Working Together" posters contain a QR code that directs to the Consumer Feedback Form
- Verbal feedback may be given to a CareFlight staff member to record and submit on their behalf using the above form
- By emailing directly to consumer-feedback@careflight.org

All clinical feedback is managed according to the Clinical Feedback Procedure (MS-150). Feedback or complaints are lodged using the online form and the data is reviewed periodically by the HoCG. However, if the feedback represents a complaint, an email alert is automatically sent to the HoCG to ensure prompt management.

Clinical Incidents are managed according to the Clinical Incident Management Procedure (MS-079): they are registered, investigated, and addressed via the Air Maestro safety management system. Information gained from complaints and feedback is disseminated to the appropriate clinical executive or review committees to drive quality improvements and improve service design.

5.1 Open Disclosure

CareFlight has an Open Disclosure Procedure (MS-045) that aligns with the Australian Open Disclosure Framework. An Open Disclosure Documentation Record and Action Plan (MS-642) provides a framework to guide and document the process. Education on the open disclosure process is provided via e-learning during induction.

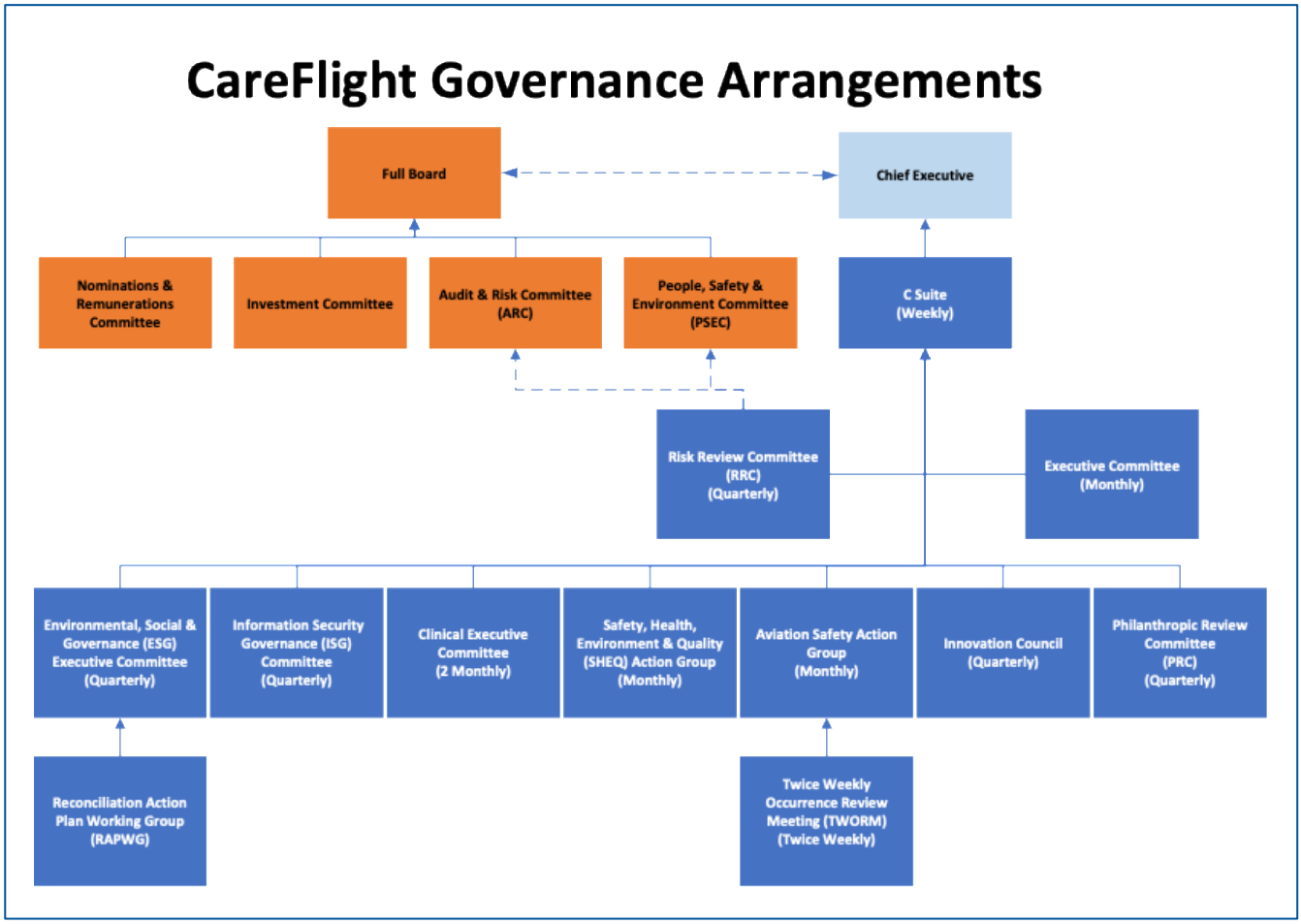
6 Governance, Leadership and Culture

Leaders at all levels in the organisation set up and use clinical governance systems to improve the safety and quality of health care for patients. – ACSQHC

6.1 CareFlight's Management Structure

CareFlight's management structure is represented in the Organisational Chart (HR-021). The CareFlight CEO reports to a Board, led by a chairperson. The National Medical Director is one of the direct reports to the CEO, alongside operational General Managers, ensuring that the appropriate balance between operational requirements and clinical governance is maintained. The National Medical Director is supported by the General Manager - Clinical and the Head of Clinical Governance.

6.2 Safety Committee Integration Within the Organisation



At CareFlight, the relationship between the Executive, the aviation safety committees and the Clinical Executive Committee is integral to ensuring the highest standards of safety in an aeromedical environment. These committees work collaboratively to address both aviation and clinical risks, recognising that patient care and flight safety are interdependent. The aviation safety committee focuses on ensuring the safety of flight operations, while the clinical safety committee ensures optimal patient care practices. Together, they share information, identify potential risks, and implement cross-

disciplinary solutions to enhance overall safety, ensuring that every aspect of aeromedical services—flight, transport, and clinical care—is consistently safe and reliable for both patients and staff.

6.3 The Clinical Executive Committee

The Clinical Executive Committee reports to the Chief Executive Officer (CEO) and the CareFlight Board, providing clinical oversight and governance for all aspects of clinical care. Meetings are held bi-monthly.

The Clinical Executive at CareFlight plays a critical leadership role in ensuring the highest standards of aeromedical and emergency healthcare delivery. As a key decision-maker, they oversee clinical governance, patient safety, and operational excellence, ensuring that CareFlight's medical teams provide world-class care in high-pressure environments. By driving innovation, regulatory compliance, and continuous improvement, the Clinical Executive helps shape CareFlight's strategic direction, fostering collaboration between medical professionals, aviation teams, and external stakeholders. Their leadership ensures that CareFlight delivers high-quality, patient-centered care through efficient critical care transport and continuous service improvement.

The Clinical Executive Committee is responsible for:

- Oversight, implementation, review, and evaluation of the Clinical Governance Framework.
- Ensuring adherence to the National Safety and Quality Health Service Standards.
- Using clinical data and analytics to drive evidence-based improvements in patient care.
- Reviewing clinical feedback and incidents to drive service improvement, ensuring clinicians receive relevant feedback through their Clinical Service Lead.
- Conducting death reviews and overseeing clinical audits, and quality improvement activities to enhance patient safety and care outcomes.
- Developing, implementing, evaluating, and reviewing key performance indicators for clinical care.
- Overseeing clinical and aviation competencies for CareFlight clinicians.
- Fostering a culture aligned with CareFlight's Guiding Principles.
- Promoting engagement and empowerment of Aboriginal and Torres Strait Islander communities, culturally diverse groups, LGBTQIA+ communities, and individuals for whom English is a second language to ensure equitable access to safe and high-quality healthcare.
- Reviewing and acting on recommendations from its sub-groups.
- Addressing clinical-related incidents (quality and safety) escalated by relevant sub-groups.
- Liaising proactively with internal departments, including Aviation, Finance, Fundraising, Human Resources, and Community Engagement.
- Reviewing unbudgeted requests or performance matters before escalation to CareFlight's Executive Committee or Board of Directors.
- Recognising and acknowledging outstanding achievements within CareFlight.
- Conducting an annual review of the Anti-Microbial Stewardship program in line with NSQHS Action 3.19.

The Committee membership consists of:

- National Medical Director

- Deputy National Medical Director
- General Manager Clinical
- Head of Clinical Governance
- Directors of Nursing; Northern and Eastern
- Medical Directors and the Deputy MDs
- Director of Education
- Consumer Representative

More details can be found within the Clinical Executive ToR (MS-014)

6.4 Clinical Executive Work Groups

Reporting to the Clinical Executive Committee are four work groups:

- Clinical Practice Team
- Clinical Equipment Committee
- Clinical People and Culture Team
- Infection Control Committee

6.4.1 Clinical Practice Team

This Team is responsible for the development and scheduled review of CareFlight's suite of clinical guidelines and associated documentation. This includes:

- Clinical Guidelines – based where possible on National or International guidelines.
  - Includes Blood Product Management (MS-413-D) specific to retrieval services
- Medication Guidelines (MS-412A) – based on Australian formulary information
  - Medication administration guidelines for all drugs carried
  - Antibiotic Guidelines tailored to retrieval medicine
- Drug Management Procedure (MS-412B), with an emphasis on patient safety and in accordance with State or Territory Drug license requirements
- CareBundles
- Cognitive Aids, including Intubation checklists, crisis action cards, and paediatric drug dosing cards.
- Oversight of electronic resources carried on iPads, (e.g. eTherapeutic Guidelines)

More details can be found within the Clinical Practice Team TOR (MS-091).

6.4.2 Clinical Equipment Committee

The purpose of the Clinical Equipment Committee is to enable a team of subject matter experts, representing CareFlight's different operations, to proactively focus on these key areas of medical equipment.

These include, but are not limited to:

- Review Clinical Equipment Audit results and compliance
- Oversee the clinical management software platform to track the inventory of medical equipment
- Facilitate the process for identifying, assessing, evaluating, and purchasing clinical equipment or consumables, in accordance with the New Clinical Equipment and Consumables Evaluation and Onboarding Procedure (MS-006)
- Manage new equipment purchase projects in collaboration with the fundraising department
- Work closely with service leads to identify and manage issues related to equipment
- Investigating sentinel events and critical incidents related to medical equipment
- The committee is also ultimately responsible, via the service directors, for ensuring routine checks for all clinical equipment and consumable are undertaken according to service-specific schedules.

More details can be found within the Clinical Equipment Team TOR (MS-067).

6.4.3 People and Culture Team

The purpose of the Clinical People and Culture Team is to maintain and develop processes to support CareFlight clinicians for wellbeing, and professional development.

Areas include:

- Mentoring
- Professional development
- Debriefing and Wellbeing, including the provision of Psychological First Aid through the Potential for Personal Impact System (see below for more details)

6.4.4 Infection Prevention and Control Committee

The CareFlight Infection Prevention and Control (IPC) Committee provides strategic direction, oversight, and expert guidance on infection prevention and control across the organisation. Meeting quarterly, the Committee includes staff from all departments that influence IPC, ensuring a collaborative approach to minimising infection risks for patients, staff, and the wider community. Its work aligns with evidence-based practices, the CareFlight IPC Procedure, and the Australian Guidelines for the Prevention and Control of Infection in Healthcare framework.

Further information can be found within the Infection Prevention and Control Committee TOR (MS-172).

6.5 Senior Flight Nurses

Senior Flight nurse positions exist in both Northern and Eastern Operations to support the clinical leadership at an operational level.

These roles have associated nonclinical portfolios, including:

- Education
- Safety Quality & Excellence

- Equipment
- Infection Control

The SFNs work in support of the local Nursing Directors, the Head of Clinical Governance or the Director of Education.

6.6 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 including requirements that align with the Clinical Governance Framework.

6.7 Credentialing, Education & Training

Credentialing of clinical staff is a formal process used to verify the qualifications, experience, professional standing and other relevant professional attributes, to confirm of their competence, performance and professional suitability to provide safe, high quality health care services within specific organisational environments. Further details can be found in the policy Credentialing, Scope of Practice and Clinical Currency (MS-092).

Once staff are recruited, they undergo a thorough training process that is tailored to their operational environment. Before going online, buddy flights are typically undertaken to ensure clinicians are capable of performing their role to a high standard. Clinicians also undergo ogoing training and competency assessment such as advanced life support refreshers, equipment competencies and procedure competencies (e.g. RSI). Details can be found in MS-092.

CareFlight use Acorn as the Learning Management System; this is used to record all clinical training and will automatically notify a clinician, and their manager, should they become uncurrent.

The aviation team also conduct training to ensure all clinicians are compliant with CASA's Medical Transport Specialist (MTS) Classification. Training includes aircraft safety systems, water drills, HUET and a functionality assessment to ensure staff are physically capable of performing their duties.

CareFlight are accredited by the three critical care colleges (ACEM, ANZCA and CICM) as well as ACCRM to deliver 6 months of accredited training to Registrars. CareFlight are also accredited to deliver training for the Associateship in Pre-Hospital and Retrieval Medicine.

6.8 Consumer Representation

CareFlight values the vital role of consumer representatives in shaping and improving aeromedical care. In alignment with the NSQHS Partnering with Consumers Standard, CareFlight actively engages consumers in governance, policy development, and service improvement to ensure that patient-centered care remains a priority.

Consumer representatives provide feedback, insights, and lived experiences to enhance care delivery, improve patient outcomes, and strengthen communication between CareFlight and the communities it

serves. Their contributions support shared decision-making, patient safety initiatives, and quality improvement programs.

By fostering strong partnerships with consumers, CareFlight ensures that its services remain responsive, transparent, and focused on delivering the highest standards of care.

6.9 Culture

CareFlight's commitment to safety is reflected in its integration of clinical and aviation safety cultures, combining rigorous clinical protocols with proven aviation safety practices to create a cohesive environment that prioritises proactive risk management, continuous learning, and open communication. By working in unison, every aspect of its operations is aligned to deliver safe, effective care to those who need it most. The organisation is deeply committed to fostering a culture of safety, justice, and reliability throughout its operations. At the heart of this commitment is a strong safety culture that prioritises the well-being of patients and the prevention of harm. By actively identifying and assessing potential risks, CareFlight adopts a proactive approach to risk management, ensuring that both staff and patients are safeguarded at every stage of care. Through regular safety audits, comprehensive training, and continuous improvement, the organisation empowers its workforce to maintain the highest standards of safety. Together, these core values create a culture where the commitment to excellence in patient care is a shared responsibility and an ongoing process of improvement, enabling CareFlight to deliver exceptional care with trust, transparency, and accountability in a safe, high-performing healthcare environment.

6.9.1 Safety Culture

A Safety Culture is about identifying and managing risks to protect patients.

CareFlight encourages a culture where safety concerns are swiftly addressed, and all staff, from frontline clinicians to support teams, are equipped to respond to emerging risks.

By embedding safety into everyday practices, CareFlight fosters an environment where safety is seen as everyone's responsibility, from leadership to clinical staff.

This is coupled with a rigorous monitoring system to assess performance and ensure that safety protocols are followed and consistently improved.

A Safety Culture is comprised of the following components:

Just: People are always treated fairly and without blame, including when errors occur

Learning: We learn from what is working well. We also learn from what goes wrong and continuously make appropriate improvements

High Trust: High trust relationships form the foundation for openness, learning, and reporting to occur in a psychologically safe environment

Reporting: People feel safe to report safety and quality problems with the confidence they will be heard and considered

Adaptive: Managers, teams and individuals respond to and adapt appropriately to changing conditions, particularly after an incident or error

Informed: We collect, analyse, and learn about our performance and impact from a range of data and use this to inform best practice in a timely manner

Restorative: Aim to repair trust and build relationships that may be damaged when errors occur. Support all parties to discuss how they have been affected and decide collaboratively on actions to repair the harm and improve the system for safer care

6.9.2 Just Culture

A Just Culture is about fairness and learning from mistakes to improve systems.

At CareFlight, a Just Culture is fundamental to promoting patient safety and fostering an environment of trust and transparency. In this culture, staff are encouraged to report incidents, near-misses, and safety concerns without fear of blame or punishment. The focus is on understanding the root causes of errors and implementing systemic improvements, rather than attributing fault to individuals. This approach supports continuous learning, helps identify areas for improvement, and ensures that CareFlight maintains the highest standards of care. By embracing a Just Culture, CareFlight prioritises patient safety while also nurturing a supportive and accountable workforce.

6.9.3 Reliability Culture

A Reliability Culture is about ensuring consistent, high-quality care through standardised processes.

In line with its commitment to reliability, CareFlight ensures that all services are consistently safe, effective, and high-quality by prioritizing a Reliability Culture across its operations. The organisation follows evidence-based practices, standard operating procedures, and a disciplined approach to patient safety, ensuring that care is delivered reliably and predictably in every instance, whether in emergency response, patient transport, or clinical intervention. By standardizing processes, adhering to best practices, and continuously improving systems, CareFlight minimizes variability in patient care. Every team member is committed to following established protocols and consistently monitoring performance, ensuring that patients receive safe, effective, and timely care, regardless of the circumstances.

6.9.4 Compassionate Leadership in a Safety Culture Framework

CareFlight is committed to compassionate leadership. Compassionate leadership is respectful, inclusive and distributed across the whole care system, from patients, clinical and support staff, to management and boards. CareFlight recognises that we all play a part in leading with compassion by focusing on relationships through listening to, understanding, empathising with, and supporting people to feel respected and valued, so that we can all realise our full potential. Compassionate leadership behaviours enable a safety culture.

6.10 Safety and Quality Roles and Responsibility

CareFlight, within the safety and quality processes outlined in this document, 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 its staff in the use of the Air Maestro Safety Management system via IMS Awareness training delivered in person and tracked through the Acorn learning management system 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 Supervisors of Training and subspecialty Co-supervisors who are responsible for oversight of training registrars on clinical rotation whilst completing the Fellowship Programs and/or the Associateship in Pre-Hospital and Retrieval Medicine.

7 Patient Safety and Quality Improvement Systems

Safety and quality systems are integrated with governance processes to enable organisations to actively manage and improve the safety and quality of health care for patient – ACSQHC

7.1 Policies, Procedures and Guidelines

Policies, procedures and guidelines are developed through a rigorous, evidence-based process. Time limited working groups are established to develop identified policies, procedures and guidelines within the Clinical Practice Team.

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

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

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

7.2 Document Control

Document Control processes (QS-002) form an essential component of corporate and clinical governance and are a key component of the certified Quality Systems (QS-002).

The process ensures that

- Documents are produced and approved by authorised subject matter experts
- The document version available to staff is the current version
- Documents are reviewed at the appropriate intervals

The controlled documents section of the CareFlight Wiki has discreet sections for service-specific documents, as well as a general section that contains overarching or companywide documents, e.g.

- Clinical & Medication Guidelines (MS-400)
- Infection control (MS-003)
- Clinical handover (MS-005)
- Drug management (MS-412B)
- Early detection of patient deterioration (MS-010)

7.3 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 Team.

Staff access to the Clinical Practice Guidelines, Medication Guidelines and CareBundles are provided via the iPad app "Content Locker" which allows offline access, as well as the CareFlight Wiki space.

7.4 CareBundles

A CareBundle is a small, straightforward set of evidence-based practices that relate to a specific condition and when performed collectively and reliably, have been proven to improve patient outcomes. The concept originated with the Institute of Healthcare Improvement, a healthcare quality agency in the United States, and has been widely adopted in the hospital context in North America and Europe as well as Australia. CareFlight have developed a range of retrieval specific Carebundles, covering the more common conditions encountered in Pre-Hospital and Retrieval Medicine, for example penetrating trauma, blunt trauma, traumatic brain injury, cardiac arrest.

A CareBundle can also be used as a cognitive aid, so clinical teams carry pocket cards for each CareBundle. CareBundle reports are generated from the EMR to demonstrate CareFlight's clinical performance to a standard of care that is consistent with best practice guidelines.

The CareBundle concept is further explored in the document titled "CareBundles - A Strategy for Delivering & Demonstrating Excellence in Aeromedical Care" (MS-121). This also provides a list of Carebundles currently in use.

7.5 Blood Management

CareFlight is committed to the highest standards of patient safety and care in blood management, in alignment with the Blood Management Standard. Through the clinical guideline on Blood Products, Transfusion & Management (MS-413D), CareFlight ensures a systematic approach to optimising and conserving a patient's own blood while guaranteeing that any transfused blood or blood products are safe and appropriate. Procedures cover risk identification, safe storage, transport, administration, and documentation. Patients and consumers also have access to essential information through the Blood Transfusion Patient Information Leaflet (MS-303), supporting informed decision-making and safe transfusion practices.

Blood management use is reviewed within the clinical review meetings, and any incidents are reviewed at the Clinical Executive meetings.

7.6 Falls Prevention and Management

CareFlight is committed to the prevention and management of falls through the implementation of the clinical guideline on Falls Prevention and Management (MS-413C) and the use of the Falls Risk Assessment Tool (MS-637). Clinicians follow evidence-based practices to identify and mitigate fall risks, ensuring patient safety during transport. A risk assessment is documented in the EMR if the patient is not being loaded on the stretcher or in a cot.

Patients and consumers also have access to important information through the Falls Prevention Patient Information Leaflet (MS-304) promoting awareness and proactive fall prevention strategies.

7.7 Pressure Area Prevention and Management

CareFlight is committed to the prevention and management of pressure injuries through the implementation of the clinical guideline on Pressure Area Care (MS-413B) and the Pressure Area Risk Assessment Tool (MS-634). On longer transfers, clinicians follow evidence-based protocols to assess, prevent, and if needed manage pressure areas, ensuring the highest standard of patient care.

Patients and consumers also have access to important information in the Pressure area Management Patient Information Leaflet, supporting awareness and proactive care.

7.8 Comprehensive Care

CareFlight integrates the NSQHS Standards for Comprehensive Care within its clinical guidelines, policies, procedures, and risk assessment tools, ensuring a systematic and coordinated approach to patient care. This includes the implementation of care bundles such as AMBER (End of Life), Falls Prevention, and Pressure Area Care, all supported by evidence-based clinical guidelines and procedures that guide best practices in patient management. These frameworks facilitate early risk identification, proactive intervention, and harm prevention, ensuring safe, high-quality, and patient-centered care across all service environments.

7.9 Patient Safety Checklists

Patient safety or "Pre Departure Checklists" (MS-041) have been developed for each service. This use of standardised checklists provides a structured team approach to safeguard the patient during the retrieval process through clear communication amongst the team, situational awareness and cross monitoring. The checklists include:

- Positive patient identification
- Appropriate patient packaging relevant to their clinical condition
- Patient's ABCDE have all been appropriate managed, when required
- Potential for deterioration and plans to manage this discussed amongst the team
- Personal safety, e.g. PPE, considered
- Logistics considered, e.g. all equipment accounted for, routing confirmed, communication with MRC or CRC completed
- Aviation and cabin safety issue considered

7.10 Diversity and High-Risk Groups

CareFlight is committed to enhancing patient safety, and we recognise that diversity and tailored care are essential in meeting the needs of high-risk groups within our care environment. By understanding the unique challenges faced by these consumers, we can develop and implement safety strategies that are both equitable and responsive. Consumers identified as high-risk groups in our care environment include:

- Patients with mental health conditions
- Paediatric and neonatal patients

- Obstetric patients
- Patients who are elderly and may suffer from frailty, dementia, and/or delirium
- Patients from CALD backgrounds

Through proactive risk management, culturally safe practices, and ongoing community engagement, we strive to create a healthcare environment where every patient feels secure, supported, and valued.

7.11 Healthcare Records

The CareFlight Healthcare records system consists of an Electronic Medical Record (EMR) which is 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. The requirements for clinical documentation are described in the Clinical Documentation Procedure (MS-081)

Electronic Medical Records must be completed at the end of the mission to allow handover to the receiving facility. All associated paper records are securely imaged for inclusion in the EMR, and the originals are left with the patient.

The EMR supports the audit of clinical information through configurable reports and automated trigger alerts (see below). Furthermore, it complies with all medical record security and privacy requirements according to Australian legislation and CareFlight's policy on Management of Documented Information (QS-002) and the Records Management Procedure (QS-135).

The release of healthcare records and information is managed in accordance with the Release of Medical Information and Provision of Statements Procedure (MS-066), by CareFlight's Privacy Officer.

7.12 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.

7.13 EMR Triggers

The EMR is programmed to automatically send emails to the clinical leadership group when certain events are documented. This has three interrelated objectives:

- Automatic identification of certain cases, e.g. those of high acuity or complexity or patient deterioration, enabling follow-up with the clinical team for educational and QA/QI purposes.
- Reporting adverse events and near misses - a crucial element in maintaining CareFlight's safety culture and vital for the Clinical Governance Program to drive system improvements. All QA issues will also be tracked in Air Maestro as per usual processes.
- Automatic identification of missions that may have the potential to expose our staff to psychological injury. This is different to the Potential for Personal Impact Process (see below), that is initiated by the staff themselves. Furthermore, an EMR Alert email to a service leader may prompt that individual to initiate the PPI process.
- The protocol for EMR Triggered Email Alerts (MS-090) has more details, including a list of the adverse event triggers

7.14 Case Reviews

CareFlight supports an open and transparent clinical case review process, where any CareFlight clinician can request a review of a case. Reviews are conducted by the most appropriate senior clinician, who may be a Senior Flight Nurse, Nursing Director, Medical Director, or National Medical Director. Learnings from the review are shared with the relevant clinician(s) to support continuous improvement. Cases may be presented at the Clinical Review Meeting. Any concerns regarding clinical competence should be reported to the Clinical Service Lead for appropriate management.

If an external individual or agency requests a case review, this will be conducted by the service's Medical Director. If a case highlights an actual or potential deviation from appropriate clinical management or clinician competency, it must be discussed with the National Medical Director before responding to the requestor. Learnings from the review are shared with the relevant clinician(s) to support continuous improvement, and any deidentified insights may be provided to the Clinical Risk Management (CRM) team. Any concerns regarding clinical competence should be reported to the Clinical Service Lead for appropriate management.

7.14.1 Mission Review Form

The Mission Review Form is a simple, accessible tool that can be used by senior clinicians involved in reviewing a CareFlight mission. It provides a structured way to capture feedback on what went well, identify any issues or risks, and suggest improvements: issues may relate to clinical care, communication, logistics and coordination, or safety.

Key learnings from these reviews are disseminated to the relevant clinical and operational teams to support shared learning, enhance safety, and strengthen mission performance.

It allows a preliminary Harm Score and Death Classification to be recorded, pending more detailed investigation.

7.14.2 Death Reviews

Any death that occurs whilst a patient is under the care of a CareFlight clinician, or the remote clinical oversight of a CareFlight clinician, is carefully reviewed. This is to identify:

- Potentially preventable deaths

- Opportunities for improvement in the delivery of health services, including end of life care

Any death documented in the EMR as occurring prior to arrival, or during the care of a CareFlight clinician will initiate an automated trigger email from the EMR. In the Northern Operations, a death may occur after referral but before a clinical team is dispatched; in this case, the clinical leadership are notified by email with a report produced by LCU and the MRC.

Once a death has been identified, the Service Director or one of the Senior Clinicians involved in QA processes will conduct an initial rapid death screen by reviewing the EMR (and Mission Control when appropriate). If necessary, further information is sought from the clinicians involved. This initial review should be completed within 48 hours of the death and will allow the death to be classified according to the NSQHS Death Classification:

1 Anticipated	Due to progression of terminal illness (1a) or following cardiac or respiratory arrest before arrival of the retrieval team (1b)
2 Not Unexpected	Occurred despite the appropriate and timely preventative measures
3 Unexpected	Not reasonably preventable with medical intervention
4 Preventable	Steps may not have been taken to prevent it
5 Unexpected	Resulting from medical intervention

Deaths that are classed as Group 1 or 2 on the initial rapid screen can be recorded as such in the Mission Review Form and no further action is required, although there may be an opportunity for feedback or QI where appropriate.

If on the initial rapid screen, the death is a Category 3, 4 or 5, it is reviewed by 2 senior clinicians. Should it then be categorised as 4 or 5, a formal incident review should be undertaken as per CareFlight's Clinical Incident Management Procedure (MS-079).

Further consideration will be made if the death represents a sentinel event and if so, will be reported accordingly.

Any deaths where a delay to team arrival may have contributed should be screened to identify opportunities for improved tasking.

Deaths are reported in the appropriate services' Clinical Review Meetings and are discussed to highlight learnings and opportunities for improvements. In instances where excellent resuscitation occurred but death still ensued, cases may still be discussed to highlight excellence in care.

Whilst conducting a death review, the reviewers need to ensure the psychological safety of the team involved.

8 Clinical Performance and Effectiveness

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

8.1 Credentialing and Scope of Clinical Practice.

CareFlight ensures that all clinicians operate within a rigorous credentialing and scope of practice framework, as outlined in the policy Credentialing, Scope of Practice and Clinical Currency (MS-092). Scope of clinical practice is determined by professional registration, skills, training, and the CareFlight Clinical Practice and Medication Guidelines (MS-400), ensuring alignment with each service delivery model.

Ongoing monitoring of clinicians' scope of practice is conducted through established quality improvement processes, including case reviews, mortality and morbidity reviews, quality and safety indicators, and peer review and feedback.

Upon recruitment, all staff undergo comprehensive training tailored to their operational environment. Before commencing independent duties, clinicians participate in buddy flights to confirm their capability in delivering high-quality care. Continuing education includes advanced life support refreshers, equipment competencies, and procedural skills such as Rapid Sequence Intubation (RSI).

CareFlight utilises its Learning Management System (LMS), Acorn, to track all clinical training. The system automatically notifies clinicians and managers if training requirements are due, ensuring continued competency.

Additionally, the Aviation department provides training to meet CASA's Medical Transport Specialist (MTS) Classification. This includes aircraft safety systems, water drills, HUET (Helicopter Underwater Escape Training), and physical functionality assessments to ensure staff readiness for aeromedical operations.

CareFlight is accredited by three critical care colleges (ACEM, ANZCA, and CICM) as well as ACCRM to deliver six months of accredited training to Registrars. CareFlight is also accredited to deliver training for the Associateship of Prehospital and Retrieval Medicine, reinforcing our commitment to developing highly skilled critical care clinicians.

8.2 Clinical Review Meetings

Clinical review meetings occur for all services where CareFlight are responsible for clinical governance and are protected under the auspices of Commonwealth Qualified Privilege.

The interval varies from monthly to quarterly, depending on operational volume. Clinical review meetings allow services to review the quality of the care that is being provided to their patients.

They are a key opportunity for clinical staff to engage in the processes of patient safety and quality improvement and therefore represent an important opportunity for education regarding these processes.

Six core principles underpin CareFlight's Clinical Review Meetings:

1. Safe place for learning	Discussions are blame free with a focus on education
2. Multidisciplinary	Enhancing active participation across the disciplines
3. Meeting framework	Systematic agenda selection process with support from clinical analytics
4. Comprehensive discussions	To generate actionable learning and/or system improvement
5. Lessons learned	Documentation of lessons learned and dissemination of recommendations to ensure action
6. Governance	Pathways for reporting to support learning and recommendations

Case presentations are used to highlight significant missions, any opportunities for improvement, or instances where exceptional care occurred. Deaths and deteriorations are discussed as part of the Morbidity and Mortality Audit. Sentinel events and medication errors are discussed when required.

Data is presented on mission numbers and patient deteriorations and Airway or Ultrasound Registries, Blood Audit or CareBundle data is also presented where relevant.

Any QI activities being undertaken or clinical complaints received are also discussed and meeting action items are tracked on an Action Register

Meeting slides and corresponding reports are retained on the Wiki as a way of further enabling learning.

8.3 Potential For Personal Impact Notifications

Due to the nature of their work, CareFlight Aeromedical teams may be repeatedly exposed to situations that have the potential for personal impact and psychological injury.

The Potential for Personal Impact (PPI) process is designed to facilitate the delivery of psychological first aid to operational staff by peers who can quickly provide support in a context specific fashion. These peers have been trained in psychological first aid (PFA) and are both clinical and non-clinical personnel. The process can be activated either by a button within the Electronic Medical record, or a hyperlink/QR code

Unlike the automated RDB trigger emails, a PPI notification is manually initiated. This allows for any case to act as a trigger for support. This system will operate alongside the RDB trigger emails and it is expected that some cases will be identified by both pathways.

Staff are able to access formal psychological support via CareFlight's EAP or My Mirror.

See Potential Personal Impact Notifications (MS-028) for more details

8.4 Debriefing

Debriefing as a team after a mission is an important exercise. It facilitates learning for the individuals as well as the organisation. It may also be the first step in the process of emotional recovery after a

difficult mission. All prehospital missions should be debriefed, and any significant issues captured in the EMR or Air Maestro. The "CARE Debrief" provides a basic framework to help a team guide provide greater psychological safety and support for the more challenging missions.

8.5 Performance Management

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

8.6 Audit and Quality Improvement

The following activities must take place for each service, and the results and recommendations are tabled at the Clinical Executive Meeting for review/endorsement and follow up actions as required.

- Clinical Case review – identifying excellence as well as opportunities for improvement.
- Audit of clinical currency status
- Clinical Score Card – documenting each services adherence to clinical audits

Collection and review of identified safety and quality indicators used in services, including both outcome and process indicators – Appendix B. Clinical Governance Indicators

Where appropriate involve consumers in the review of safety and quality systems including reporting on safety and quality that is publicly available

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

CareFlight maintains a Clinical Quality Improvement Register at a National Level to record, document and track Quality Improvement Activities across all the clinical services.

9 Safe Environment for the Delivery of Care

The environment promotes safe and high-quality health care for patients – ACSQHC

9.1 Risk Management

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

All clinical operations have operational risk profiles developed 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 and identified for review via the EMR and/or the Air Maestro safety management system. Opportunities to improve safety and quality are discussed in the Clinical Review Meetings and reported to the Clinical Executive Committee.

CareFlight has plans for internal and external responses to emergencies, critical incidents and disasters.

The Emergency and Incident Response Plan (EX-028) provides a high level overview and more detailed plans are found on the Emergency Response Plans wiki page.

9.2 Incident Management Systems

CareFlight clinical operations are fully integrated within the organisational Integrated Management System, as detailed in the manual (QS-001).

All staff are introduced to the CareFlight Risk Management System during induction, ensuring awareness of incident reporting processes, risk identification, and mitigation strategies from the outset. The organisation actively promotes a "safety first" workplace culture, recognising that safety is everyone's responsibility and central to high-quality patient care. The Incident Management System, facilitated through Air Maestro, supports the systematic reporting, investigation, and follow-up of clinical and operational incidents, enabling continuous learning and improvement. This approach aligns with the National Safety and Quality Health Service (NSQHS) Standards, particularly Standard 1 (Clinical Governance) by ensuring risks are proactively managed, patient safety is prioritised, and organisational accountability is maintained across all aeromedical retrieval operations.

9.3 Safety Systems & Incident Reporting

Air Maestro (AM) is CareFlight's wide safety system and has several functions for clinicians:

- Incident notification and subsequent investigation
- Monitoring of aviation related currencies for MTS requirements
- Rostering

AM is used for all CareFlight's clinical, engineering, aviation and OH&S incidents and hazards: this means that incidents which cross between disciplines, e.g. clinical incident resulting from delay in

departing for a critical case due to aviation reasons, are all managed within a single system and resolved at the lowest possible management level.

AM also contains an investigation management system, whereby the CareFlight quality manager can assign incidents to appropriate managers for investigation and then manage the recommendations.

Clinicians are all trained to enter incidents into the AM reporting system, although the process can also be initiated by sending an email to qa@careflight.org.

Additionally, the EMR allows for quick and easy notification of any QA issue (e.g. equipment problems) or opportunities for improvement, and once a mission is completed, a notification is sent to the clinical leadership group for that service. Minor items are can simply be discussed and actioned, whilst more significant items and any safety issues are secondarily entered into the AM safety system.

9.4 Clinical Adverse Event Auditing

Air Maestro is the primary incident tracking system used by CareFlight staff to report adverse patient events and clinical hazards. However, it is acknowledged that, despite best efforts, reported adverse events represent only a fraction of incidents that occur or were near misses. Therefore, there are several processes in place to ensure adverse events and near misses are identified, captured and reviewed:

- EMR triggers and case reviews
- Morbidity and Mortality Audits within the Clinical Governance Meetings
- Blood Transfusion and Airway Audits

9.5 Infection Control

CareFlight is firmly committed to the highest standards of infection prevention and control across all operational settings and adheres to the Infection Prevention and Control Procedure (MS-003), aligning our practices with the ACSQHC Australian Guidelines for the Prevention and Control of Infection in Healthcare framework. This approach ensures that every aspect of our service—whether in aeromedical missions or road-based operations—meets stringent hygiene protocols, regular risk assessments, and ongoing staff training. By maintaining these robust measures, we safeguard the health and safety of our patients and team members, reinforcing our commitment to delivering exceptional, high-quality care in every environment we work in.

9.6 Clinical Equipment Management

All clinical equipment is evaluated. onboarded and managed in accordance with the Clinical Equipment Evaluation and Onboarding Procedure (MS-006) and Clinical Equipment Management Procedure (MS-037) under the guidance of the National Clinical Equipment Manager and supported by the clinical equipment leads and other clinical staff within the relevant service..

9.7 Drug Management

Drug safety, security and general operations are managed in accordance with the CareFlight Drug Management Procedure (MS-412B). CareFlight holds drug licenses in the States and Territories that it operates in, as well as a license to export and import medications carried on international missions.

9.8 Antimicrobial Stewardship

CareFlight is dedicated to maintaining effective antimicrobial stewardship as a key component of our clinical safety and quality framework. The Infection Prevention and Control Procedure (MS-003), which supports Antimicrobial Stewardship Clinical Care Standard, ensures that our approach to antimicrobial use is both evidence-based and aligned with best practice guidelines.

The programme is designed to optimise antimicrobial prescribing across our services, recognising that less than 3% of our patients receive antimicrobials directly under our care. In instances where antibiotics are necessary—whether as prophylaxis for prehospital procedures or during interfacility transfers—our clinicians follow strict protocols informed by resources such as the Therapeutic Guidelines: Antibiotics and locally tailored guidelines like NT Health's TEAMS.

Results of audits on antibiotic administration are reviewed by the Clinical Executive every six months, ensuring that our antimicrobial stewardship practices are continuously monitored and refined. Through ongoing audits, continuous education, and rigorous documentation, CareFlight maintains high levels of accountability and transparency. Our Clinical Executive Committee, in collaboration with the Clinical Practice Team, regularly evaluates antimicrobial use and updates our clinical and medication guidelines as required. This integrated approach not only safeguards our patients' health but also supports our broader objective of delivering safe, high-quality care across all our aeromedical and road-based operations.

9.9 Safety and Quality Training

During induction staff are required to complete corporate safety and quality e-learning through the HR learning system followed by more specific in-house e-learning through Air Maestro including the use of the Air Maestro Safety Management System and an overview of the NSQHS Standards.

9.10 Aviation Safety

Clinical staff receive aviation safety education and training relating to activities in and around aircraft and on airfields as per the requirements of their CASA classification as "Medical Transport Specialists". Flight nurses and Air Crew Officers are trained to deliver a safety brief to patients and operate emergency exits if required. Furthermore, they are responsible for ensuring any dangerous goods (e.g. cigarette lighters) are appropriately stored whilst on board an aircraft.

9.11 Work Health and Safety

Pre-hospital environments often include a variety of hazards and the principles are covered in the guideline on Scene Safety (MS-050). Scenes are risk assessed where possible prior to and during the mission. The skills of other emergency services are utilised, when possible, to help ensure clinician and patient safety.

Staff deploying internationally are provided with relevant safety information prior to travel.

Clinicians undergo annual refresher training and assessments, incorporating a physical functionality assessment, manual handling, equipment and clinical competency scenarios and assessments.

Staff are provided PPE appropriate to their role.

10 Appendix A - Clinical Governance Framework Domain Responsibilities

Patients and Consumers

Governance, Leadership and Culture	• 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	• Provide feedback, complaints and compliments about experiences in the health service organisation, including. • 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	• Provide feedback, complaints and compliments about experiences in the health service, including. • 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	• Provide feedback, complaints and compliments about experiences in the health service organisation, including. • 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.
Partnering with Consumers	• 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	• 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	• 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 o – quality improvement and measurement o – risk management o – incident management o – open disclosure

	○ – feedback and complaints management • Comply with professional regulatory requirements and codes of conduct
Clinical Performance and Effectiveness	• Maintain personal professional skills, competence and performance • Contribute to relevant organisational policies and procedures • Comply with professional regulatory requirements and codes of conduct • 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 ○ 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	• 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	• 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	• 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	• 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 • 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	• 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 • 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 • Systematically monitor safety and quality performance across all clinical
Safe Environment for Delivery of Care	• 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	• 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: • 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	• 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 heath 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	• 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
	  ○ Quality improvement and management
	  ○ Risk management.
	  ○ Incident management
	  ○ Open disclosure
	  ○ Feedback and complaints

Clinical Performance and Effectiveness	• 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	• Ensure that the environment of the health service organisation promotes safe and high-quality care
Partnering with Consumers	• 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

11 Appendix B – Clinical Governance Indicators

Each service has a defined subset of these indicators, according to that service's scope of clinical operation. Some KPIs will vary across low and high acuity services (e.g. deaths and deteriorations for CRRH vs PTS)

Indicator Name	Standard	KPI	% reviewed	Service	Explanation
Total missions per service				All	Denominator for other metrics
Died prior to team arrival at referring site	1	<1%	100%	All	Case review for logistics/tasking issues
Died after team arrival at referring site	1, 8	<1%, <5% for CRRH	100%	All	Case review for clinical management
Died enroute	1, 8	<1%	100%	All	Case review for clinical management
Died at receiving hospital <24 hour	1, 8	<2%	100%	CRRH	Case review for clinical management
Stable initially but deteriorated pre-departure	1, 8	<5%	100%	All	Case review for clinical management
Stable initially but deteriorated enroute	1, 8	<5%	100%	All	Case review for clinical management
Unstable initially remained unstable	1, 8	<2%	100%	All	Case review for clinical management
Unstable initially but improved with treatment	1, 8	<5%	100%	All	Case review for clinical management
Sentinel Events	1	<1%	100%	All	
Scene times for primary missions	1	90% within time		CRRH, TEMRS	<25 mins CRRH, <45 mins TEMRS. Marker of efficiency as well as preventing delays to definitive care
Scene times for primary missions with penetrating trauma	1	90% within time		CRRH, TEMRS	<10 mins CRRH and <45 mins TEMRS
Scene times for IHT	1	90%		TEMRS, NTEAMS, PTS, CFAA	< 90 minutes but if >60 min is recorded, EMR will request reason for the delay
Airway Registry	1			CRRH TEMRS	All cases where intubation attempted
Intubations and emergency anaesthesia			100%		All missions with an intubation attempted are fully documented and cases reviewed
First attempt intubation successful		95%	100%		Skill/technique review 1st pass, no complications.
Desaturation (<90% or <10% from baseline)		<10%	100%		Identify preventable desaturations
Hypotension		<10%	100%		Identify preventable hypotension
CMAC recordings of laryngoscopy		> 80%	100%		To allow review of laryngoscopy technique

Indicator Name	Standard	KPI	% reviewed	Service	Explanation
Blood Transfusion Audit	7			CRRH TEMRS	
No of pts receiving blood or blood products per service			100%		All cases reviewed for indication and transfusion safety
Transfusion indicated following review	7	100%	100%		Correct decision making
Tranexamic Acid and Calcium given where indicated	7	100%	100%		Indications for use followed
Blood Unit numbers documented	7	100%	100%		Legislative requirement
Unused units identified and reviewed for appropriateness	7	100%	100%		Monitor blood wastage
Ultrasound Audit	1			CRRH TEMRS	
No of pts having ultrasound			100%		Identify denominator
No of pts with images saved		80%	100%		Governance quality and credentialling
Number that meets technical standard for image quality		80%	100%		Quality
Number with correct image interpretation		90%	100%		Skill assessment to identify gaps
CareBundles	1			CRRH TEMRS	
Eligible cases with a CareBundle			>90%		Compliance rate
Eligible cases with 100% of mandatory criteria			>90%		Appropriate care delivered used
General Indicators					
Falls Risk Assessment score recorded when required	1, 2, 5	95%	100%	PTS, CFAA, NT Ops	An assessment is required if rapid screen positive (MS-637)
Falls prevention measures in place if risk elevated	1, 2, 5	>95%	100%		Mitigation strategies enacted if risk identified
Patients considered for VTE prophylaxis	1	100%	100%	CFAA	Risk identified for long missions > 6hrs with appropriate management
Pressure Injury Risk Assessment recorded when required	1, 5	95%	100%	CFAA & NTEAMS	When stretcher time is > 2hrs and risk factors are present (MS-413B)
Pressure injury prevention measures documented if risk elevated	1, 5	90%	100%		Mitigation strategies enacted if risk identified
Number of medication errors reported	4	<2%	100%		All medication errors reviewed
Number of equipment faults that impact patient care	1	<2%	100%		All equipment faults that impact patient care
Number of infection control incidents reported	3		100%		All infection control incidents

Indicator Name	Standard	KPI	% reviewed	Service	Explanation
Patient's Indigenous Status recorded	2, 5	>80%			Accuracy and completeness of recording patients' Indigenous status
Patient's Gender recorded	2, 5	>95%			Accuracy and completeness of records
Mental Health				TEMRS	
Total number of MH transfers	1, 2, 5				Identify denominator
Mental Health Risk Assessment completed	1, 5, 6	100%			Compliance with MH Guideline
Transports of involuntary patients	1, 5				Identify number of transports
Physical restraint used as clinically appropriate	5		100%		Compliance with MH Guideline, Standard 5
Number of times intravenous sedation used inflight.	5		100%		
Complications of physical restraint or intravenous sedation.	4, 5		100%		
CQIs					
Mission Documentation Review	1, 6		Variable	All	Assesses quality and completeness of documentation
Scheduled Medication Reconciliation	1, 4		All S8s		

A Note on Australian Sentinel Events

A sentinel event is a particular type of serious incident that is wholly preventable and has caused serious harm to, or the death of, a patient. They are of concern to both the public and healthcare providers for the purpose of public accountability. Sentinel events have the potential to seriously undermine public confidence in the healthcare system and are a subset of the most serious incidents reported through each jurisdiction's incident reporting system.
The intent is not to measure episodes that do not end in death or ongoing morbidity.
To be classified a sentinel event, a strict set of criteria need to be met:

- The event should not have occurred where preventive barriers are available.
- The event is easily recognised and clearly defined.
- There is evidence the event has occurred in the past.

Serious harm has occurred where, because 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 sentient 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.

Australian Commission on Safety and Quality in Health Care. Australian Sentinel Event List (version 2): Specifications. Sydney: ACSQHC; 2020

12 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 2nd 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
06	24/09/2025	Extensive review and update including combination with Clinical Governance processes (MS401B), now obsoleted. Reference to the EMR, evolved KPIs	Toby Fogg – NMD Renata Melan – GM Clinical	Mick Frewen, CEO

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