

Embedding Virtual Care in Safety and Quality Frameworks

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Version 1



CLINICAL
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Contents

Executive Summary	4
1. Introduction	5
1.1. Purpose.....	5
1.2. Guiding principles of patient safety and clinical governance	5
2. Governance and Safety in Virtual Care	6
2.1. Governance Leadership and Culture.....	8
2.2. Patient Safety and Quality Monitoring System	9
2.3. Clinical Performance and Effectiveness	11
2.4. Safe Environment for the Delivery of Care	12
2.5. Partnering with consumers	14
A. Appendices.....	16
Appendix 1: Table outlines the governing committee purposes and functions linking Virtual Care systems and processes to the consumer and to the Board.....	16
References	17

Executive Summary

Virtual Care has been designated by NSW Health as an important component in the planning and delivery of health care services now and into the future. The [NSW Virtual Care Strategy 2021-2026](#) aims to achieve the same strategic outcomes as those outlined in the Future Health Strategy and is an enabler of a several other NSW Health strategies and programs including Value Based Healthcare, Elevating the Human Experience, the NSW Health Strategic Framework for Integrated Care and the eHealth Strategy for NSW Health 2016-2026.¹

The Clinical Excellence Commission (CEC) is focused on promoting and supporting continuous improvement in patient safety and clinical quality across the NSW public health system. The CEC has developed *Embedding Virtual Care in Safety and Quality Frameworks* to support and enable Local Health Districts (LHDs) and Specialty Health Networks (SHNs) to ensure patient safety and clinical quality is maintained when delivering health care via a virtual care modality.

This resource has been designed as a resource for health service organisations when planning, implementing and reviewing virtual care health services. Each component of the Australian Commission on Safety Quality in Health Care (ACSQHC) National Model Clinical Governance Framework (NMCGF) has been addressed, with specific considerations for the delivery of virtual care being identified. This ensures this guidance aligns with the NMCGF and with the ACQSHC Standards, Second Edition.

It is anticipated that this resource will assist already established clinical governance frameworks and patient safety and clinical quality systems to encompass and be responsive to the specific needs of virtual care.

As the use of virtual care expands and the NSW Virtual Care Strategy 2021-2026 progresses, this resource will be revised to ensure the guidance remains contemporary and relevant to the current health service delivery environment.

1. Introduction

[NSW Health](#) has defined virtual care as “any interaction between a patient and clinician, or between clinicians, occurring remotely with the use of information technologies”.¹

Embedding virtual care into health service safety and quality systems is essential for NSW Health to provide care that is safe, reliable and person-centred. This involves ensuring that existing clinical governance processes including policies and procedures, communication, workflows, data collection and reporting systems are effective and responsive to the specific considerations of virtual care.

The use of virtual care can enhance access, efficacy and value of care. It may provide complementary or supplementary care with face-to-face care, or as an exclusive care modality. It allows screening and assessment of patients to determine whether they are clinically at low, medium or higher risk, and may improve ongoing monitoring and implementation of sustainable person-centred management plans.

The value of virtual care to complement, sustain and improve communication and delivery of safe reliable care to the community was particularly demonstrated during the initial stages of the COVID-19 pandemic. Rapid implementation of robust virtual care systems provided consumers access to timely, appropriate and effective clinical expertise to meet changing health care needs and circumstances. This was essential to support positive patient experience, equity of access, and safe health care delivery and monitoring whilst isolating, or when geographically unable to access direct assessment and health service.

1.1. Purpose

This resource aims to assist health services to integrate virtual care models into existing safety and clinical quality governance frameworks. This resource aligns with and builds on the National Clinical Governance Framework and NSW Patient Safety and Clinical Quality Program (2005).^{1,2}

1.2. Guiding principles of patient safety and clinical governance

Clinical governance ensures there are systems and processes in place to maintain and deliver safe, high-quality care with a focus on adopting evidence-based practices, risk management approaches and driving continuous quality improvement.

In a time of unprecedented demand for health services, it is essential to have defined policies and procedures, processes and systems that are transparent and accessible to proactively monitor the quality and safety of healthcare outcomes. The COVID-19 pandemic heightened the need for virtual care capability to inform decisions and support the provision of clinical care. It is important to maintain these clinical governance principles into the future.

[The NSW Patient Safety and Clinical Quality Program](#) provides the framework and safety standards for clinical quality in our public health system.³ Safety relies on a culture of openness in which errors are acknowledged and reported to reduce the risk that errors will be repeated. This continuous quality improvement is a core function of clinical governance.

2. Governance and Safety in Virtual Care

This resource describes a consistent approach to governance and safety in virtual care and patient safety and quality improvement across NSW that:

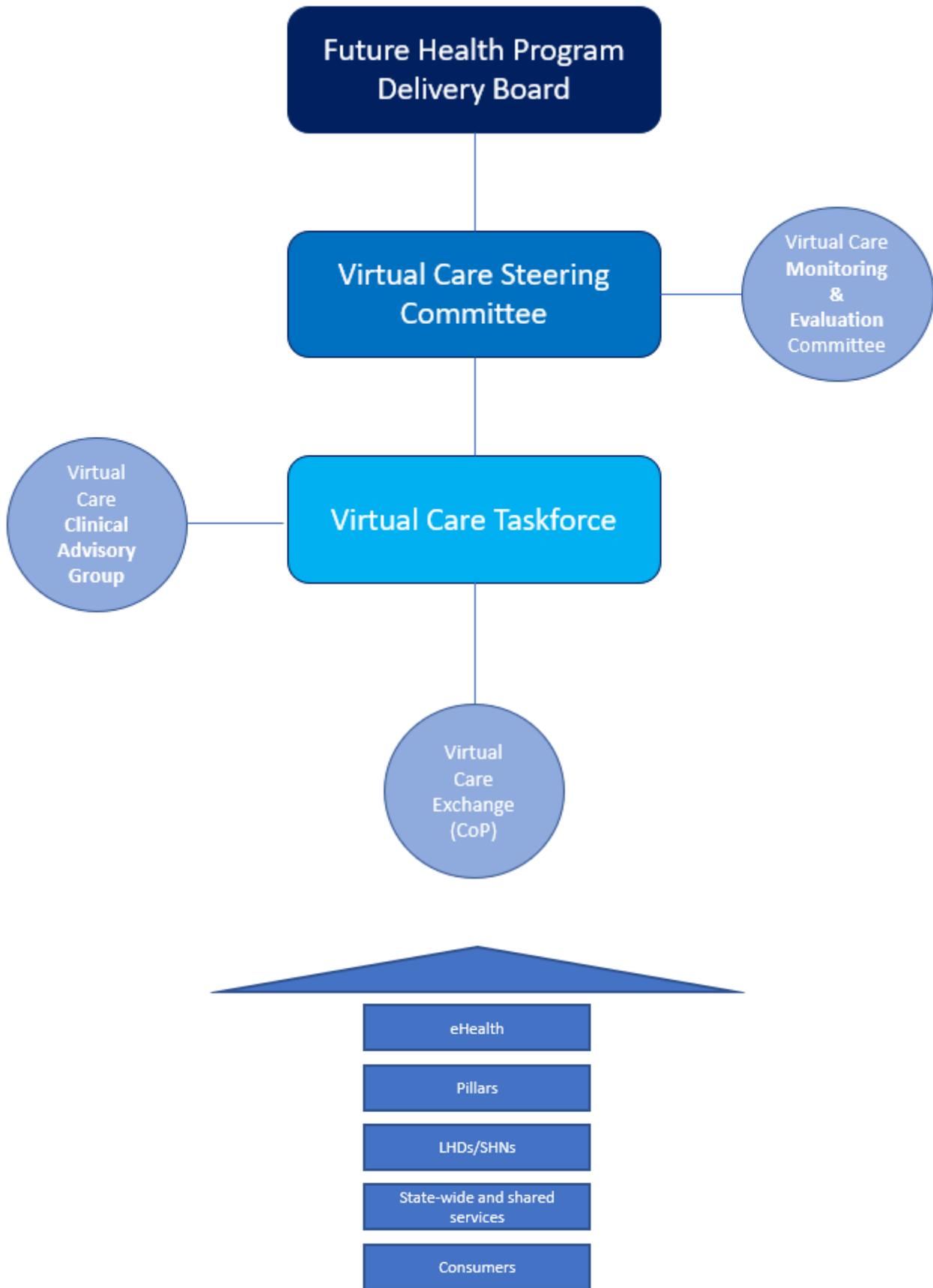
- Is fully integrated with existing clinical and corporate governance systems.
- Is underpinned by robust patient safety and quality systems.
- Strives for reliability
- Ensures clear and effective communication throughout the patient journey.
- Improves experience and outcomes for staff, patients and consumers.

Principles for integrating clinical governance in care models inclusive of virtual modalities include:

- A defined framework for organisational accountability and responsibility for continually monitoring and improving patient safety and clinical quality.
- A prioritisation of the patient at the centre of care, with a focus on health literacy, empowerment, engagement and experience.
- Alignment with organisational priorities.
- Clear roles and responsibilities for all staff to contribute to patient safety and clinical quality.
- Focus on evidence-based practice and models of care.
- Information and communication technology (ICT) is an enabler of virtual models of care, and technical governance should specifically be considered in organisational strategy and governance structures.⁹
- Agreed quality indicators to inform a data monitoring and reporting strategy that addresses consumer and staff engagement and experience, patient outcome and experience measures, unwarranted clinical variation, and clinical incident analysis.
- Care that is culturally appropriate for Aboriginal and Torres Strait Islander peoples, and any other culturally and linguistically diverse consumer group.
- Clear NSW Health and third-party partnerships and agreements to support the patient safety and quality systems and compliance with the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme.
- Workforce strategies to strengthen executive leadership and workforce capability in supporting safety and quality for virtual care.

The NSW Health governance structure for virtual care is shown in Figure 1. The roles of each governing body are outlined in [Appendix 1](#).

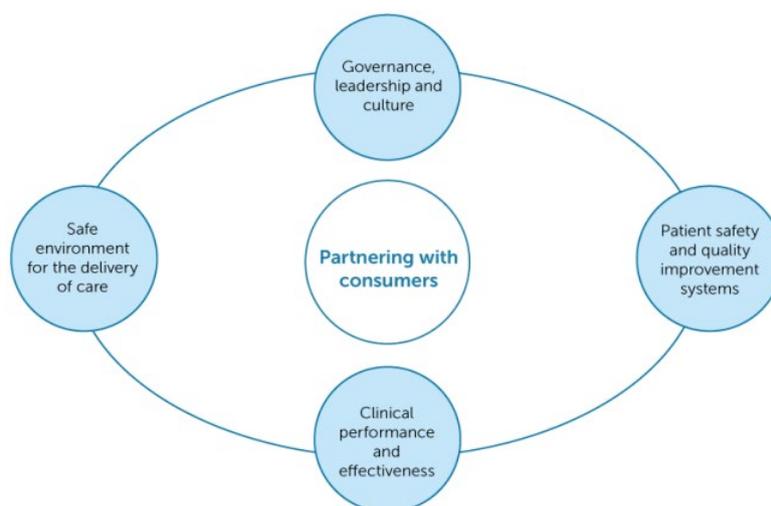
Figure 1: NSW Virtual Care Governance, 2022



The National Clinical Governance Framework guides the integration of virtual care into existing clinical governance frameworks. There are five interconnected domains for effective clinical governance.² These are outlined below and shown in figure 2.

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.
2. **Patient safety and quality improvement systems** – safety and quality systems are integrated with governance processes to actively manage and improve the safety and quality of health care for patients.
3. **Clinical performance and effectiveness** – the workforce have the right qualifications, skills and supervision to provide safe, high-quality health care to patients.
4. **Safe environment for the delivery of care** – the environment promotes safe, high-quality and uncompromised health care for patients.
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.

Figure 2: Australian Commission on Safety and Quality in Health Care. National Model Clinical Governance Framework. Sydney: ACSQHC; 2017



2.1. Governance Leadership and Culture

The governance, leadership and culture component of the clinical governance model places focus on ensuring integrated governance systems are established (both clinical and corporate), and that these are used to improve the safety and quality of health care for patients.

Within a well-governed healthcare organisation, everyone, including frontline clinicians, managers and the governing bodies, are accountable for their contribution to the safety and quality. Governance systems should assist the health service to monitor, review and improve patient safety and quality. This requires having staff, patients and other stakeholders engaged in achieving the service's vision for high quality and safe person-centred care.

It is essential to have a clear governance structure that is embedded within the organisation, connecting the patient, consumers and all staff to the peak governing body. While there will be considerations specific to virtual care, the service's governance structure(s) should be able to respond and adapt to the inclusion of virtual care within existing services, rather than requiring an additional standalone framework for virtual care. This may require review and update to some specific aspects, such as memberships and Terms of Reference.

Roles and responsibilities

All staff within NSW Health have important roles and responsibilities in relation to clinical governance, including:

- Partnering with consumers.
- Being accountable and responsible for ensuring delivery of safe, high-quality care.
- Regularly evaluating performance to predict and adapt to service requirements.
- Participating in the safety and quality culture, including continuous improvement.

Key Governance Leadership and Culture Principles:

- Establish a culture of safety with strong working relationships between the LHD/SHN Board, Chief Executive, Executive team, all staff, and consumers.
- Build organisational governance and reporting structures to actively manage and improve patient safety and clinical quality.
- Define and report agreed minimum datasets including for the monitoring of activity, clinical incidents, agreed events, adverse patient outcomes, and complications of care.
- Strengthen a positive workforce culture that supports psychological safety, organisational learning, continuous improvement, and innovation.
- Support implementation of identified system improvements in response to identified risks and incident review outcomes.

Key considerations for Virtual Care:

- Integrate virtual care in existing organisational governance and reporting structures, including the clinical governance framework.
- Ensure virtual care is represented within peak governance leadership groups that provide oversight of safety and quality and incorporates executive, operational, workforce, quality and safety, information technology representation, with clearly documented roles and responsibilities.
- Embed virtual care in organisational and clinical service planning to ensure the design of new services and/or facilities support the delivery of virtual care modalities.
- Ensure virtual care services integrate with patient care planning and coordination processes to maintain patient access to multidisciplinary care.
- Establish a local mechanism to consider any current or future NSW Health virtual care safety guidelines.

2.2. Patient Safety and Quality Monitoring System

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

Clinical Incidents

The [NSW Health Incident Management Policy](#) and other relevant policies and guidelines stipulate requirements for incident reporting and management. This includes reporting of incidents and near miss events in the NSW Health incident management system (ims+). Where third-party providers are engaged, agreed incident reporting and agreed safety indicators should be part of the service agreement.

Quality monitoring

A range of data and information can be analysed to inform or contribute to quality and safety monitoring. Each service will have local indicators that can also inform virtual care related risks and improvement. Some common indicators typically include:

- Adverse events including unexpected death and near misses.
- Aggression events.
- Patients who deteriorate under a local virtual care model of care who require unplanned.
- transfer to emergency department, higher-level care, or readmission (this assists prioritisation and evaluation of patient suitability for service).
- Clinical Handover / Transfer of Care incidents.
- Patient engagement and experience feedback, and outcome data.
- Consumers unable to be contacted or missed appointments.

Key considerations for Patient Safety & Quality Monitoring Systems:

- Ensure compliance with reporting and management requirements outlined in the NSW Health Incident Management Policy and other relevant policies and guidelines.
- Regularly collect and review data on safety and clinical effectiveness, systems of care and consumer experience and outcomes.
- Actively promote a culture of 'speaking up for safety' to support organisational learning and continuous quality improvement.
- Ensure processes are in place for the escalation of risk to the Executive and Governance Committees.
- Analyse clinical variation for high-risk activities (e.g., patient risk assessment, escalation, and contact).
- Establish regular mortality and morbidity review process linking findings to peak governance committee to inform improvement.
- Establish regular feedback contact points, for example within the daily team huddle, with staff to discuss lessons learnt and monitor implementation of identified improvements.

Key considerations for Virtual Care:

- Actively promote that all virtual care related incidents are reported, include the contribution of virtual care and have appropriate manager involvement from both clinical and virtual care perspectives.
- Establish a data reporting framework and strategy outlining data collection and structure for regular auditing, reporting, monitoring outcomes and variation, accountability, and predictive modelling, that incorporates measures such as serious clinical incidents, risk level escalation, number of uncontactable patients.
- Ensure systems are in place to collate, analyse and report clinical safety and quality performance data to enable monitoring of the safety and quality of care, the identification of risks and the driving of quality improvement activities.
- Work collaboratively with local Data Analytics teams to develop routine virtual care safety and quality data reporting, accessible by relevant staff.

- Add virtual care as a standing agenda item at relevant safety and quality meetings.

2.3. Clinical Performance and Effectiveness

This component ensures that the workforce has the right qualifications, skills and supervision to provide safe, high-quality and uncompromised health care to patients across all modalities.

Workforce

All staff play important roles in the success of virtual care services and patient journey. Delivery of care via remote technology may present additional risks compared with face-to-face service delivery. Examples of potential risks include breakdowns in communication, inappropriate decision making, and data protection/privacy issues.

Workforce factors include:

- Sufficient staff are available to provide and facilitate services at the right time, in the right place and via the right modality.
- Staff are appropriately qualified and experienced for their roles.
- Staff maintain their competency and qualifications for the service.

Education and Training

Education and training of the workforce in response to changing virtual care requirements is required. Staff should be orientated to workplace virtual care models of care and upskilling to area specific virtual care platforms including clinical decision making as it relates to the use of virtual care.

Data Reporting Framework

Virtual care data collection and monitoring processes should be incorporated into existing data governance, reporting frameworks and risk management strategies. Key quality and safety data related to virtual care initiatives should be routinely reviewed and assessed to monitor performance and drive continuous improvement.

Partnering with External Providers

Third-party agreed performance indicators should be established, monitored and reported through governance structures to the peak governance committee and executive.

Processes and structures for ongoing shared decision making in relation to financial, physical infrastructure and clinical matters should be regularly reviewed. A culture of goodwill, transparency, and accountability to strengthen partnerships should be fostered.

Key considerations for Clinical Performance and Effectiveness:

- Engage human resource management expertise to support key workforce activities, particularly in times of demand surge.
- Establish effective systematic leadership and operational processes with clear escalation, reporting and accountability lines.
- Establish processes to quickly adjust managerial support to align with the changing workforce and caseload surges.
- Have systems in place to monitor compliance with orientation attendance, mandatory training, performance and talent (PAT) system and other accepted practice pathways.
- Regularly monitor staff experience and wellbeing.

Key considerations for Virtual Care:

- Develop a robust workforce strategy with clear processes for managing of staff credentialing, mandatory training, recruitment (on-boarding and off-boarding), matching to relevant roles and responsibilities within the model of care.
- Ensure position descriptions are updated to reflect virtual care skills, roles and responsibilities.
- Establish a comprehensive virtual care orientation program that includes education on safety and quality, roles and responsibilities, and knowledge and skills to build a safe, capable workforce.
- Develop a supervision strategy to support staff in their roles, and a focus on safety and consumers at the centre of care.
- Ensure change management support is available in the planning and implementation of new virtual care services.
- Establish strong relationships with third-party providers with clear and consistent service agreements, incorporating agreed safety and quality reporting and regular engagement to monitor quality and safety, patient outcomes and variation in practice.

2.4. Safe Environment for the Delivery of Care

This component ensures that the virtual and physical environment of the health service organisation promotes safe and high-quality care.

A safe environment incorporates both physical, psychological and digital safety. Providing a physically and psychologically safe workplace, aligning with the NSW Core values is essential to building a high performing team and safety culture. NSW Health strives to have people and processes in place to ensure the right care, is safely provided to the right person, in the right time, and in the right place for the best outcome for the consumer.

Access

In addition to support the performance of the team, and to support appropriate access and engagement with patients, the health service needs to enable staff and patients to access and use virtual care modalities appropriately and efficiently. Individuals who currently experience difficulties accessing healthcare, are at a higher risk of experiencing difficulties when accessing virtual care.

This should include access to:

- The required ICT including devices, internet access and data.
- The correct virtual care software platform(s).
- Troubleshooting, navigation and technical support.
- Physical infrastructure required for virtual care modalities.

Privacy

The use of virtual modalities to deliver care to patients does not change the foundational responsibilities for privacy. During virtual care encounters, there may be family members, members of the public, or additional technical support staff present at times. Patients are entitled to being assured that their health care treatment and data are private. This extends to the physical surroundings of the clinician and patient, to information recording and to data transfer.

During videoconferencing, clinician discretion should be used on a case-by-case basis to determine whether a “blurred” or generic/uniform background is used. This should take into consideration the physical background and surrounds of the clinician and patient, the required interaction, and patient preferences.

Communication

Effective communication with patients via a virtual modality may require clinicians to employ specific communication techniques such as the teach-back method, to ensure patients understand the information provided.

Risk

Delivery of health services via virtual modalities introduces some challenges when compared to a face-to-face service. As the clinician is not physically with the patient at the point of care, additional risk mitigation strategies may need to be considered and implemented.

All NSW public health organisations are to have local systems, structures and process in place to support the recognition, response and appropriate management of the physiological and mental state deterioration of patients¹⁰. This may be more difficult via virtual modalities, which must be considered and addressed in the planning and implementation of virtual care services.

Challenging behaviour in relation to virtual care services requires specific consideration for a virtual care model. Predicting, preventing, and managing aggression and violence is integral to ensuring the wellbeing of staff and consumers and their engagement within the model. Each virtual care model should have processes in place to:

- Escalate concerns.
- Ensure staff have access to wellbeing and aggression management training and supports, including an Employee Assistance Program.
- Risk assess and identify suitability of patients for inclusion in the service.
- Ensure appropriate information is available to inform patients regarding the service.

Key considerations for a Safe Environment:

- Ensure infrastructure is maintained, fit for purpose, and supports a safe working environment that meets patient and clinician needs.
- Develop and communicate strategies to minimise risks for patients, carers, families, consumers and the workforce.
- Regularly seek staff feedback and experience to inform wellbeing strategies to support and acknowledge staff.
- Embed restorative approach for staff involved in incidents, e.g., human error or fatigue, that promotes staff wellbeing and system learning.

Key considerations for Virtual Care:

- Ensure capital works and infrastructure planning and redevelopment/refurbishment is undertaken with appropriate consultation to meet specific regulatory requirements for virtual care, including privacy, data management, and any required logistics e.g., home monitoring, transport etc.
- Embed processes to manage real-time patient safety risks and priorities.
- Confirm that the facility or service has a multidisciplinary training program for aggression management and de-escalation specific to virtual care.
- Ensure clinician facilities are available and appropriate to deliver virtual care modalities.

2.5. Partnering with consumers

Systems should be designed and used to support patients, carers, families and consumers to be partners in healthcare planning, design, measurement and evaluation. Elements of this component include:

- Consumer involvement in governance committees and/or processes.
- Investment in digital and health literacy.
- Established process for the management of culturally and linguistically diverse resources.
- Collection and analysis of Patient Reported Experience Measures (PREMs) and Patient Reported Outcome Measure (PROMs).

Aboriginal and Torres Strait Islander Support

It is important that services ensure a welcoming environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander peoples and encourages positive engagement.

Holistic Care and Social Welfare and Support

Established processes should be embedded into the operational systems for the identification, reporting and monitoring of social welfare needs, service compliance with legislative responsibilities, and required referrals for patients. Data and information should be reported in line with the agreed governance structures.

Key considerations for Partnering with Consumers:

- Engage with local consumer participation and consultation systems, to facilitate inclusive and diverse consumer contribution to the organisational governance, relevant to the protection of participant rights.
- Ensure appropriate consultation occurs with consumers during the planning of new services.
- Engage appropriate staff, such as Aboriginal Liaison Officers, to support and guide a culturally safe experience for patients who identify as Aboriginal and Torres Strait Islander.
- Provide inclusive and culturally safe care for those who are culturally and linguistically diverse. For example, through the engagement of Multicultural Liaison Officers.
- Ensure information is available in different formats and languages and is easily understood by consumers and patients.
- Establish a structured process for managing consumer feedback and open disclosure where applicable.
- Implement regular patient experience surveys and ensure monitoring of results through the governance committee.
- Empower consumers to participate in their care.

Key considerations for Virtual Care:

- Establish processes to adequately address health literacy requirements and timely access to audio and visual interpreter services (where required) to ensure information is provided in a manner that is understood.
- Ensure patients (and their carers where applicable) are provided with sufficient information, education and support in advance of their first virtual care encounter.
- Provide staff with easy instructions to guide consumers to access relevant virtual care information, such as on the NSW Health website and other relevant professional sites.
- Establish processes and procedures to obtain and document patient consent to engage with the virtual care service. Include risk management and/or alternative treatment plans for patients who refuse or withdraw consent.

- Establish clear processes for monitoring and managing patients that are not able to be contacted. Include uncontactable patient metric as a daily safety reporting measure.
- Consider the need for establishing or linking with local social welfare and support teams to manage the varying physical and social needs of patients, to keep them safe and engaged, particularly if they are required to be in isolation.
- Establish consumer feedback, management and escalation procedures. Provide information to patients, family and carers outlining how to provide feedback and escalate concerns before, during and/or after occasions of care (including REACH or equivalent services).
- Ensure robust data governance to ensure and protect patient information privacy.

A. Appendices

Appendix 1: Table outlines the governing committee purposes and functions linking Virtual Care systems and processes to the consumer and to the Board

Appendix 1: Roles of NSW Health virtual care governing bodies

Position/entity	Purpose
NSW Health Secretary, Ministry of Health	The Secretary is responsible for the management of the NSW Health system and setting the strategic direction to ensure NSW continues to provide exceptional healthcare, research and education.
Future Health Program Delivery Board	The Future Health Program Delivery Board meets monthly and receives reports on all Future Health Reform areas. The Steering Committee will report directly to the Delivery Board, including through Strategic PMO workplans. The Delivery Board drives NSW Health's strategic direction and endorses the portfolio of work for each reform area.
Virtual Care Steering Committee	The role of the Virtual Care Steering Committee is to provide strategic direction and advice on NSW Health's approach to, and investments in, virtual care and ensure alignment with Future Health reform directions, especially as an enabler of value based healthcare.
Virtual Care Taskforce	The Virtual Care Taskforce (the Taskforce) is responsible for the timely implementation of actions set out in the NSW Virtual Care Strategy (the Strategy).
Virtual Care Community of Practice	The Agency for Clinical Innovation convenes the Virtual Care Clinical Community of Practice to provide the opportunity for sharing ideas, strategies and local solutions and concerns with respect to the COVID-19 pandemic. The Virtual Care Community of Practice is consulted but does not have a direct reporting line to the Steering Committee or Working Groups.
Virtual Care Clinical Advisory Group	The Clinical Advisory Group will establish a direct point of contact between clinicians in LHDs and the Virtual Care Taskforce with responsibility for providing clinical advice to the Taskforce in relation to the implementation of the Virtual Care Strategy.
Virtual Care Monitoring and Evaluation Committee	The Virtual Care Monitoring and Evaluation Committee is responsible for overseeing and advising on the development of a Monitoring and Evaluation Plan and associated analyses and evaluations for the NSW Health Virtual Care Strategy; overseeing the development of data collection mechanisms; providing advice on data, evaluation and monitoring as required. The Advisory Group reports to the Steering Committee.

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