Clinical Governance Framework

Template

Prepared by

Author name

XX Month 2024

Australian Sports Commission Acknowledgement of Country

The Australian Sports Commission (ASC) acknowledges the Traditional Custodians of the lands where its offices are located, the Ngunnawal people and recognise any other people or families with connection to the lands of the ACT and region, the Wurundjeri Woi-wurrung people of the Kulin Nation, the people of the Yugambeh Nation and the Gadigal people of the Eora Nation.

The ASC extends this acknowledgment to all the Traditional Custodians of the lands and First Nations Peoples throughout Australia and would like to pay its respects to all Elders past, present and future.

The ASC recognises the outstanding contribution that Aboriginal and Torres Strait Islander peoples make to society and sport in Australia and celebrates the power of sport to promote reconciliation and reduce inequality.

Contents

Version history and permissions

The [ORGANISATION] acknowledges the foundational work of the Queensland Academy of Sport to develop the QAS Clinical Governance Framework, and to the Australian Institute of Sport for refining this resource into the Clinical Governance Framework Template, for utilisation across the Australian high performance sport system.

This Framework was endorsed by [ORGANISATION] Chief Executive Officer [date].

The [ORGANISATION] Clinical Governance Framework has been developed by [Framework developer & role].

Contributions by [Contributors] are gratefully acknowledged.

For permissions, please contact Framework Developer on: [email]

Version	Title	Author	Approved by	Date approved	Comments
V1.0	[ORGANISATION] Clinical Governance Framework				Document created

Introduction

At the heart of this document sits a core belief held for all Australian athletes – that they have an assurance from their Sports Institute or Academy they are accessing safe and high-quality healthcare.

It is a privilege for healthcare practitioners and allied health practitioners to be working with the most talented athletes in Australia, and this comes with a responsibility to maintain the highest ethical and professional standards in all daily performance environments and clinical settings.

In 2023 the Queensland Academy of Sport (QAS) developed the QAS Clinical Governance Framework with a vision of assuring the delivery of safe and high-quality clinical care for all QAS supported athletes, and to support the broader Sports Institute and Academy community in their clinical governance aspirations.

Following the successful implementation and peer-audit process at QAS, these resources and associated learnings were shared with the Directors of the National Institute Network (NIN). The model of clinical governance was supported with a commitment to sharing learnings across the high performance sport network and to drive standards of care, quality and safety for the benefit of all athletes.

In 2024 the Australian Institute of Sport (AIS) refined the QAS resource into a Clinical Governance Framework Template to enable the consistent, efficient, and supported development of a clinical governance framework specific to the function and operational needs of the organisation. The QAS audit tool was also refined to facilitate a nationally coordinated approach to undertaking the peer audit process, to create efficiencies in sharing developments in clinical practice, and to promote engagement with national continuous improvement initiatives.

The Clinical Governance audit is a robust, transparent, and straight-forward tool to ensure that Sports Institutes and Academies are delivering on their clinical governance responsibilities, whilst promoting conversations on continuous improvement in an informative, instructive, and collaborative way.

Each NIN is responsible for:

- Developing and maintaining their organisation clinical governance framework
- Sharing their clinical governance framework with the AIS for national continuous improvement
- Conducting regular internal reviews on the implementation of the clinical governance framework
- Liaising with AIS to plan and schedule peer-audit visits, including:
    - Preparing for the peer-audit as per the guidance provided
    - Funding expenses related to the clinical governance audit
    - Ensuring relevant staff are briefed and present for the peer-audit
    - Actioning recommendations from the peer-audit

The AIS National Quality Standards Scheme (NQSS) is responsible for:

- Publishing relevant clinical governance resources on the Clearinghouse for Sport website
- Coordinating the review and maintenance of the of Clinical Governance Framework Template and Audit Tool
- Facilitating the distribution of supporting resources to promote standards of care, quality, and safety
- Supporting NIN to conduct peer-audits, including:
    - Maintaining a schedule of peer audits in consultation with the NIN
    - Providing logistics support to deliver the peer-audit
    - Supporting an AIS NQSS representative to be involved in peer-audits
    - Supporting the collation of peer-audit feedback to the NIN
    - As appropriate, identifying national trends in areas of best practice development

Overview

The [ORGANISATION] Clinical Governance Framework has been developed to ensure the delivery of safe and high-quality clinical care for all [ORGANISATION] supported athletes.

Development of this Framework is an acknowledgement of the significant emphasis the [ORGANISATION] Executive, management and health practitioners place on the safety and quality of healthcare delivered to [ORGANISATION] supported athletes and is centred around three key principles: ***Safety, Quality and Risk***.

The [ORGANISATION] is committed to the provision of safe, high-quality healthcare for all athletes. The [ORGANISATION] prioritises athlete-centred care that respects the preferences, needs and values of each athlete, recognises athletes as partners in their own healthcare and maximises performance outcomes.[1]

Background

Through strong partnerships with sports, the Australian National Institute Network (NIN) and National Sporting Organisations (NSO) provide a united and collaborative high-performance system to support athletes in achieving international podium success. [ORGANISATION] delivers healthcare to [ORGANISATION] supported athletes, and as a result, is recognised as a *health service provider* by national bodies such as the Department of Health and Aged Care and the Australian Commission on Safety and Quality in Health Care (ACSQHC).

The ACSQHC delivers clinical governance modelling to health service providers via the National Model Clinical Governance Framework. The [ORGANISATION] Clinical Governance Framework has been developed from the national model with the aim of satisfying the National Safety and Quality in Health Care Primary and Community Health Care Standards (henceforth referred to as National Standards) presented within this Framework. The Framework, accompanied by the [ORGANISATION] Clinical Governance Audit Tool, will allow Sports Institutes to perform regular clinical governance audits and service provision review, focussing on the key areas of *Safety, Quality and Risk*, to ensure we are providing the highest standards of care and expertise to our elite athletes.

Clinical governance

The ACSQHC defines clinical governance as "*an integrated component of corporate governance of health service organisations. It ensures that everyone – from frontline health practitioners to managers and members of governing bodies, such as boards – is accountable to patients and the community for assuring the delivery of safe, effective and high-quality services*".[2]

Clinical governance is located within the broader umbrella of corporate governance and focuses exclusively on the delivery of safe and high-quality clinical care (Figure 1). Within the high-performance setting of a Sports Institute, clinical governance adopts a similar role and structure to that of community healthcare organisations, albeit with vast differences in the patient population managed.

[1] Australian Commission on Safety and Quality in Health Care - Person Centred Care.

[2] Australian Commission on Safety and Quality in Health Care (2017) - National Model Clinical Governance Framework

Organisation to update Figure 1 to reflect Clinical Governance in the context of the organisation's corporate governance. Refer to the Australian Commission on Safety and Quality in Health Care (2017) National Model Clinical Governance Framework.

https://www.safetyandquality.gov.au/our-work/clinical-governance/national-model-clinical-governance-framework

[For example]

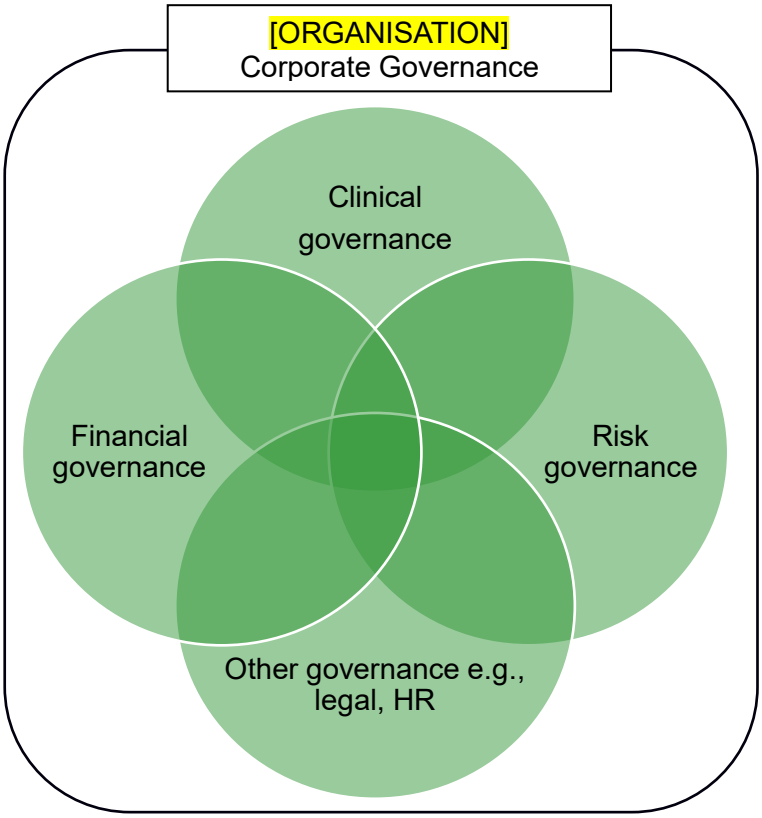

Figure 1. [ORGANISATION] Clinical governance in the context of corporate governance. Adapted from Australian Commission on Safety and Quality in Health Care (2017) National Model Clinical Governance Framework.

Roles and responsibilities

Good clinical governance within Sports Institutes allows athletes, coaches, health practitioners and others within the organisations and institutes to have confidence that safe, high-quality health care is being delivered.

Within the Framework, roles and responsibilities are shared between the Executive Team, managers, health practitioners and athletes themselves, as all are accountable for their contribution to the safety and quality of healthcare that is delivered (Figure 2).

The Framework articulates the level of healthcare quality and safety that athletes should expect from their Sports Institute, its leadership, its managers and its health practitioners. By providing accountabilities and responsibilities, the Framework affords the [ORGANISATION] Board and Executive a mechanism to monitor and review effective care delivery, manage risk factors to reduce the likelihood of adverse events, and promote continuous improvement and excellent standards of practice.

Organisation to update Figure 2 to reflect the tiers of responsibility relevant to the organisation's Clinical Governance Framework.

[For example]

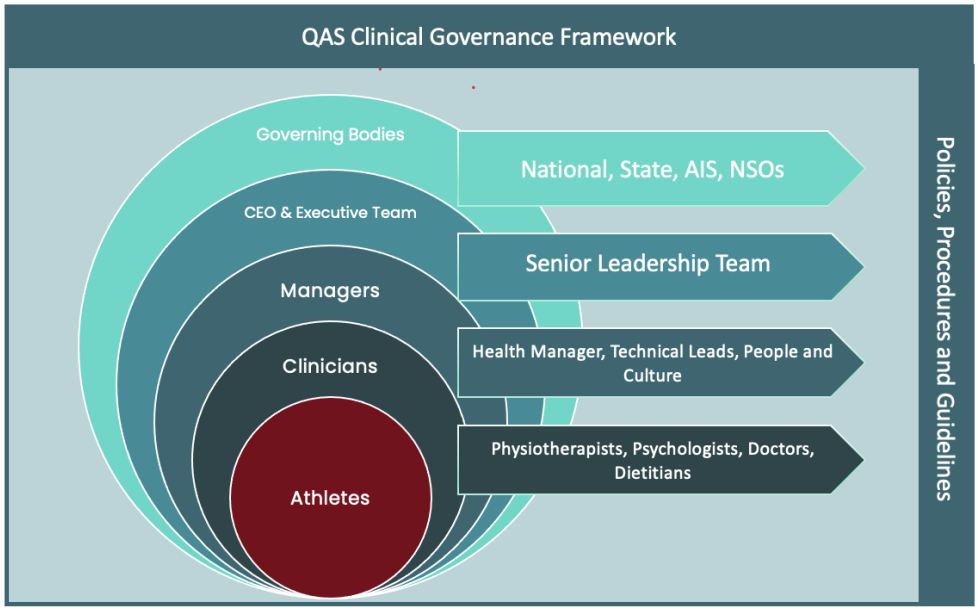

Figure 2. Tiers of Responsibility within [ORGANISATION] Clinical Governance Framework

Broadly, these roles are summarised as follows:

Athletes

Athletes participate as partners in their own healthcare, to the extent that they choose. Athletes can also contribute to the delivery of care within a Sports Institute, by providing feedback relating to organisational design, performance, and governance of the healthcare system.

Health practitioners

Health practitioners work within, and are supported by, well-designed clinical systems to deliver safe, high-quality clinical care within a Sports Institute. These practitioners are responsible for the safety and quality of their own professional practice, and references to professional codes of conduct are included within the Framework.

Managers

Managers advise and inform the Executive Team and operate within the strategic and policy parameters endorsed by the Executive on behalf of the Sports Institute They are primarily responsible for ensuring that the delivery of care is supported by systems that are well designed and well performing.

Executive Team

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

Governing bodies

In addition to the roles and responsibilities within the organisation, clinical governance and oversight is also provided by state and territory health departments, National Sporting Organisations (NSO's), the Australian Institute of Sport (AIS) and national health practitioner regulatory bodies. (Table 1).

These regulatory bodies provide significant direction for the [ORGANISATION] Clinical Governance Framework by establishing high level policies, procedures and regulations that support delivery of healthcare within individual health service organisations, ensuring legislative review, supporting the health workforce, and providing strategic direction for Sports Institutes.

Organisation to update Table 1 to reflect the governing bodies and legislation directing clinical governance in their respective state.

[For example]

	Examples of governing bodies and legislation directing clinical governance in Queensland
National	AHPRA and National Boards Department of Health and Aged Care Australian Commission on Safety and Quality in Health Care (ACSQHC) Sport Integrity Australia; National Integrity Framework Australian Institute of Sport National Sporting Organisations
State	Queensland Government Department of Tourism, Innovation and Sport Queensland Government Department of Health Information Privacy Principles - *Information Privacy Act 2009 (Qld)*

Table 1. Examples of governing bodies and legislation directing clinical governance in Queensland.

Framework structure

The [ORGANISATION] Clinical Governance Framework is comprised of five Domains, each central to the process of delivering excellence in clinical athlete care (Figure 3). These domains are:

- Practitioner Development
- Clinical Practice
- Performance Partnerships
- Health Data Management
- Clinical Risk

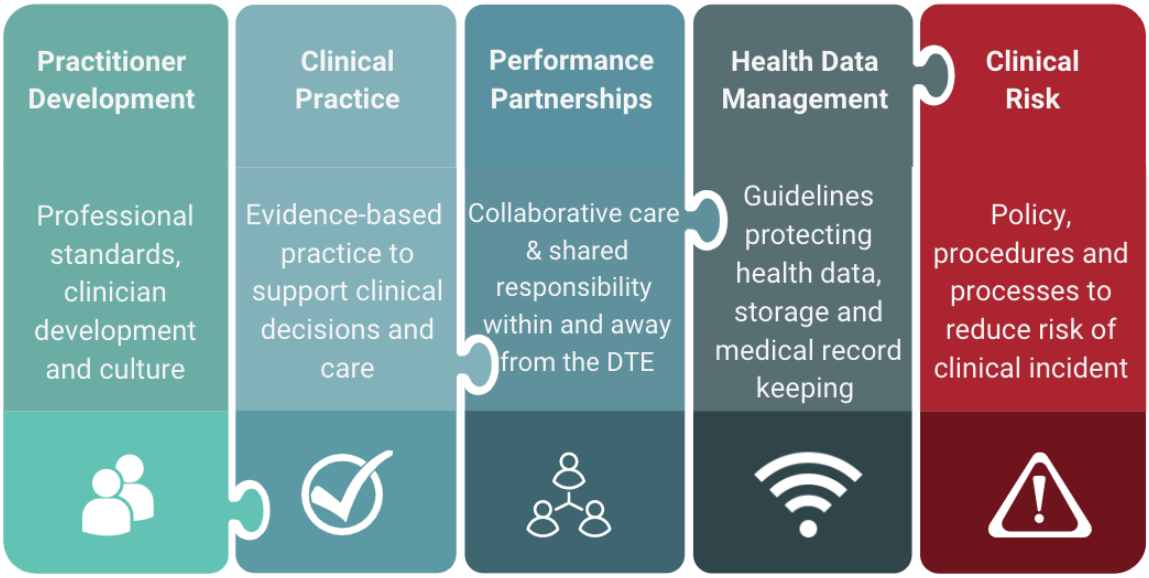

Figure 3. Clinical Governance Framework Domains

Organisations may choose to update the summary descriptions of each Domain to align with the operation of the organisation. It is recommended that any changes are made are cross-checked against Appendix A to ensure alignment with the National Standard is maintained.

Domain 1: Practitioner Development

The domain of **Practitioner Development** encompasses the engagement and development of health practitioners. Performance Support staff are engaged through an open, competitive process with clear selection criteria. Credentialling upholds minimum healthcare discipline standards for registered and self-regulated health practitioners and ensures government employment standards are satisfactorily maintained (for those sports institutes aligned within government departments). The [ORGANISATION] Clinical Governance Framework complements the regulatory role of AHPRA for registered healthcare practitioners.

Health practitioners proceed through a formalised induction program, are subject to regular performance reviews, and undertake relevant training and development activities within the sports institute during their tenure. Clear communication of role expectations, responsibilities and performance standards is provided to all staff.

Domain 2: Clinical Practice

The domain of **Clinical Practice** describes the delivering of day-to-day athlete healthcare. Health practitioners are encouraged to adhere to *Best Practice* within their discipline and speciality. [ORGANISATION] health practitioners are encouraged to develop high levels of clinical competency through ongoing professional development and are supported in practicing evidence-based care.

As [ORGANISATION] health practitioners provide care in various settings, the domain of **Clinical Practice** also encompasses the physical parameters for delivering clinical care, whether in camp, on tour or in the Daily Performance Environment (DPE). Health practitioners delivering services away from the DPE are encouraged to continue to uphold clinical care standards in those environments and to consider the principles of *Safety, Quality and Risk* wherever they are providing care.

The focus on athlete-centred care is most visible within the domain of **Clinical Practice**. Athlete-centred servicing ensures that athletes can expect to be treated with respect, to partner in their care, to be supplied with relevant information and provided the opportunity to give feedback on services provided in accordance with the Australian Charter of Healthcare Rights[3].

Domain 3: Performance Partnerships

The domain of **Performance Partnerships** describes the shared interests in the outcomes of athlete care provided through the [ORGANISATION]. Unlike hospital-based health services, healthcare provided within the high performance environment is often mobile, interdisciplinary, involving national discipline leads and requiring clear communication between multiple stakeholders. Athlete-centred care in these environments requires clear agreement between parties and consideration of privacy and permissions to ensure that health and performance are managed appropriately.

Partnering with coaches and sports is a key [ORGANISATION] priority. Providing healthcare to the athletes embedded within these sports means utilising a Performance Team to optimise care, and supporting and promoting collaboration by practitioners, while still adhering to the principles of *Safety, Quality and Risk.*

Domain 4: Health Data Management

The domain of **Health Data Management** encompasses the safe collection, storage, utilisation and sharing of health information collected by health practitioners. The breadth of responsibility around the use, storage and sharing of health data within the Australian High Performance Sport System is continuously evolving and is shared across all tiers.

Data management policies covering data storage, access, utilisation, and data breaches should exist to guide clinical practice within Sports Institutes. Health practitioners employed by the [ORGANISATION] should be trained in the use of the Athlete Management System (AMS) data collection platform and are expected to use AMS for clinical entries. All health practitioners must respect the safe sharing and utilisation of athlete health data. Accurate and timely clinical record-keeping is supported, while secure and confidential communication between athlete support personnel is encouraged, adhering to the principles of *Safety, Quality and Risk.*

Domain 5: Clinical Risk

The domain of **Clinical Risk** focuses on minimising risk to athletes, health practitioners and the organisation itself during the delivery of healthcare. The identification of clinical risks, assessment of these risks and subsequent management forms the basis for a risk management strategy. Sports

[3] Australian Commission on Safety and Quality in Health Care (2019) - Australian Charter of Healthcare Rights.

Institutes are encouraged to develop Risk Management frameworks and procedures to identify and manage clinical risks.

A Clinical Risk Register specifically focuses on identifiable healthcare risks. Prioritising and recognising clinical risk through maintenance of a register provides an additional layer of protection to the organisation in its attempts to ensure the safety of practice, while minimising adverse outcomes.

Supporting standards, policies and regulations

Numerous policies, procedures, and guidelines external to [ORGANISATION] direct the Clinical Governance Framework. Recognition of, and compliance with, these benchmarks ensures consistency and maintenance of clinical governance standards throughout the organisation, in line with community and National Standards. Contextualising these external regulations ensures they are fit for elite performance environments.

Audit

To ensure that a consistently high level of clinical governance is maintained at [ORGANISATION], a strategic accompaniment to the Framework is an audit and review program (Clinical Governance Audit Tool). This ongoing assessment examines compliance and quality assurance of the standards.

The AIS recommends that the [ORGANISATION] Clinical Governance Framework be reviewed annually including an internal audit process, and that a peer-led audit be performed every 3-4 years by a group of assessors from outside the organisation including representatives from the AIS, other NINs, and state/national health departments.

With repeated audit cycles, the audit process will contribute to improved clinical care, maintenance of standards and risk minimisation to athletes, health practitioners and the organisation itself.

Framework application

The [ORGANISATION] Clinical Governance Framework provides a unified construct to implement and monitor healthcare processes and procedures in Sports Institutes, to align with National Standards. The Framework can be used by health practitioners, Institutes, and governing bodies to support effective clinical governance.

The Framework can be adapted for Sports Institutes of differing sizes and organisational structures. Several core elements of effective clinical governance exist, and implementation of the Framework may require a systematic approach to action in the following areas:

- Leadership and culture
- Consumer partnerships
- Organisational systems
- Monitoring and reporting
- Effective workforce
- Communication and relationships.

Adoption of this clinical governance framework and adherence to its requirements ensures the [ORGANISATION] continues to focus on athlete safety, quality of care provided to athletes, and minimisation of healthcare risks to athletes, health practitioners and the organisation itself.

Domain 1: Practitioner Development

*The domain of Practitioner Development encompasses **the standards** required of* health practitioners *providing healthcare services within Sports Institutes, and **the process** of supporting and developing staff within the sports institute to ensure that high quality clinical care is safely and effectively delivered to athletes.*

Statement of intent

Sports Institutes require high selection standards to recruit qualified health practitioners to deliver clinical care to athletes. Health practitioner development is an important function of Sports Institutes, in order to develop and retain expert health professionals to deliver excellent health care.

Background

Health practitioners are required to attain, and adhere to, minimum national professional registration standards within their discipline. In addition, Sports Institutes may insist on additional employment requirements that must be satisfied to engage health staff.

Sports Institutes should implement specific processes related to the development of health practitioners they have engaged. These steps include credentialing, induction, role-specific training, performance management and reporting.

Engagement of health practitioners

The recruitment of health practitioners into a Sports Institute requires significant planning and consideration. Health practitioners may be engaged by an organisation through several different mechanisms, including full time employment, part time employment, or contracted services. The engagement of health practitioners requires an open, competitive process with high selection standards, in accordance with AIS Best Practice Principles[4]. The requirements of the Sports Institute and the sporting organisations serviced should be balanced, with sport consultation often guiding servicing requirements.

The Australian Performance Support Practitioner Minimum Standards and High Performance Expectations[5] provide a comprehensive summary of both the minimum requirements for health practitioners employed within the Australian High Performance Sport System, and standards expected of Performance Support Practitioners working within the high performance sport environment. The [ORGANISATION] employment standards reflect these requirements.

Organisation to provide a brief overview of how practitioners are engaged. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[4] Australian Institute of Sport (2018) Sports Science Sports Medicine Best Practice Principles.

[5] Australian Institute of Sport (2024) Australian Performance Support Practitioner Minimum Standards and High Performance Expectations

[For example]

Within QAS, health practitioners may be appointed as staff or contractors, through service agreements with the Department of Tourism, Innovation and Sport (DTIS). Throughout this Framework, contractors are included in the term 'staff'.

Credentialling

The formal process of verifying professional qualifications and other relevant criteria to form a view of health practitioner competence, performance and professional suitability is termed credentialling. Credentialling allows an organisation to set and uphold minimum standards within all healthcare streams, to provide ongoing safe and high-quality clinical care. Credentialling is an ongoing process, beginning at recruitment and continuing yearly, in line with registration renewals.

Organisation to insert a description of their credentialling processes. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

For support developing this resource, refer to supporting resources: Credentialling Process (LINK) and Health Profession Registration Bodies, Councils, and Professional Associations (LINK).

[For example]

The [ORGANISATION] has a credentialling process in place that follows national guidance and recommendations regarding scope of practice. This credentialling process is supported by the Chief Medical Officer (CMO), discipline lead and administrative staff to ensure that all employed health practitioners possess prerequisite qualifications within their discipline. Refer to [ORGANISATION] Credentialling Process.

All registered healthcare practitioners require full and unconditional registration with the Australian Health Practitioner Regulation Authority (AHPRA). Self-regulating allied health practitioners such as Sports Dietitians and Massage Therapists require current registration with a national body. Table 2 provides information regarding health profession registration bodies, councils and professional associations.

HEALTH PROFESSION	NATIONAL REGISTRATION BODIES, COUNCILS, AND PROFESSIONAL ASSOCIATIONS
Medical Professionals	Medical Board of Australia (AHPRA) Australian Medical Council (accreditation)
Physiotherapists	Physiotherapy Board of Australia (AHPRA) Australian Physiotherapy Council (accreditation)
Psychologists	Psychology Board of Australia (AHPRA) Australian Psychological Accreditation Council (accreditation)
Nursing Professionals	Nursing and Midwifery Board of Australia (AHPRA) Australian Nursing and Midwifery Accreditation Council (accreditation)
Dietitians	Dietitians Australia and Sports Dietitians Australia
Massage Therapists	Massage & Myotherapy Australia (MMA) or Association of Massage Therapists (AMT) or Myotherapy Association Australia (MA) or Australian Natural Therapies Association (ANTA)

Table 2. Health practitioner registration bodies, councils, and professional associations

Induction

Organisation to provide a brief overview of how practitioners are inducted into the organisation. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Upon their commencement, health practitioners undergo a formal induction and onboarding process, which includes:

- orientation to the sports institute structure
- organisational strategy (including vision, mission and objectives)
- orientation to policies, processes and guidelines underpinning clinical governance
- role specific introduction, including description of the scope of clinical practice, role expectations, responsibilities and standards of performance clearly outlined.

Once inducted, health practitioners are bound to comply with the organisations policies, including child protection and safeguarding policies, information privacy principles, organisational code of conducts and policies specific to sport, such as anti-doping policies. For further information, refer to the [ORGANISATION] Onboarding and Induction Process.

Scope of practice

Sports Institutes should define the scope of clinical practice for health practitioners. Each health discipline has a 'core scope' of clinical practice that can reasonably be expected to be undertaken by all practitioners holding a particular qualification, having successfully completed the education and training leading to that qualification.

Organisation to provide a brief overview of how scope of practice is articulated and monitored for clinical practice. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

The [ORGANISATION] health practitioner's employment or service agreement contract outlines the generic clinical practice responsibilities and roles, including scope of practice. Scope of practice is monitored by the practitioner's manager, through regular conversations and clinical observation (informal and formal as required), and as part of the performance review process described below.

Changes to a role that require changes in scope of practice should be confirmed by the CMO, discipline leads and the organisations People and Culture team as required, then discussed with identified practitioners.

People development

A structured performance development process is recommended to facilitate health practitioner development. Performance planning sessions offer structured feedback and goal setting for all health practitioners. This is in line with AIS Best Practice Principles that recommend regular peer-review, including annual peer-review of new and existing practices and procedures.

Regular performance review allows:

- monitoring of health practitioners' practices to ensure they are operating within their designated scope of clinical practice
- identification of change in technologies, equipment or treatments that could require a change in scope of practice
- additional training or support required for the health practitioner
- review of health practitioner concerns
- review of concerns raised by athletes, coach or other performance support team members
- review of critical incident reports.

Where there is a large clinical team, it is recommended that Sports Institutes appoint discipline leads to facilitate health practitioner mentoring and support. Sports institutes should be committed to recruiting, developing and retaining expert and high performing health practitioners to enable a high performance culture within the organisation. It is important that health practitioners are equipped with the right attributes and capabilities to operate within highly complex environments, including highly developed collaborative skills. Training and development across core capabilities such as communication, giving and receiving feedback, leadership, collaborating with others and working in multidisciplinary teams (MDT) ensures health practitioners not only deliver the highest quality of care to athletes, but also thrive in their own careers.

Procedures to identify the needs for training and development in safety and quality in healthcare are required in any organisation. All members of the organisation should understand their assigned roles and responsibilities, when considered within the climate of *safety, quality, and risk*.

Organisation to insert a description of their people development processes in place. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At the [ORGANISATION] people development is supported through various means. Internal professional development is conducted with monthly meetings that may include case presentations, journal article discussions, and research updates. Monthly clinical case review meetings enable the performance support team to meet, discuss and optimise management for complex cases. External professional development opportunities are discussed and planned within the annual performance plan for each practitioner. Professional development opportunities are part or fully funded by the [ORGANISATION] within allocated budget. At the [ORGANISATION] employees are encouraged to seek professional development opportunities that will support current and future employment opportunities.

Sports Institutes must ensure physical, psychological and cultural safety for all athletes and staff. Institutes should provide a culturally safe environment that recognises the importance of all cultures and beliefs, allowing all staff and athletes to feel respected and valued.

Organisation to insert a description of their cultural awareness training. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At the [ORGANISATION] all staff are required to undertake cultural awareness training annually as part of the mandatory eLearning linked with the performance review process. This helps to facilitate the provision of excellent care to all athlete populations and the creation of a culturally aware and safe environment. In addition to this training health practitioners meet monthly to discuss Clinical Practice matters, and included is a standing agenda item to discuss proactive approaches to continuously

improve the Equity, Diversity and Inclusivity experience of athletes and staff, which includes matters of cultural safety. For further information, refer to the [ORGANISATION] Equity, Diversity, and Inclusion Policy.

Health practitioner feedback

Sports Institutes must possess formal measures to assess health practitioner engagement and satisfaction. Options such as feedback tools (qualitative and quantitative surveys) and electronic reporting tools should be considered and evaluated on their suitability to the particular environment.

Informal feedback approaches, such as conversations with discipline leads, National Network Leads and Performance Health Managers, should be strongly encouraged as these informal measures are considered beneficial in creating a psychologically safe and supportive workplace for staff.

Organisation to insert a description of their process for determining health practitioner engagement and satisfaction. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

***Note**: The following sections describe processes for gathering feedback:*

- *People Development (Domain 1),*
- *Health practitioner Feedback (Domain 1),*
- *Clinical Incident Management (Domain 2),*
- *Athlete Feedback (Domain 3)*
- *Domain 5: Clinical Risk*

Ensure that relevant policies, procedures, data storage and reporting are meaningfully aligned.

[For example]

At the [ORGANISATION] annual performance reviews with quarterly check-ins provide a formal structure to support health practitioner feedback. The discipline lead seeks informal and formal written feedback from NSO Performance Managers, the performance team and national leads where relevant to ensure feedback captures an accurate reflection of the health practitioner's performance. Bi-annual athlete surveys are used to capture user feedback. In addition to this formal feedback process weekly manager-health practitioner meetings are conducted to support ongoing optimal performance.

Reporting processes

Sports Institutes must possess a formal process for complaints management e.g., if a complaint is made about a health practitioner. It is recommended that this process includes a continuous improvement mechanism to ensure feedback is included in future planning and people development activities. Clinical incident management and reporting is addressed in Domain 2: Clinical Practice.

Organisation to insert a description of their complaints management process. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At the [ORGANISATION] the Complaints Management Policy includes advise on how feedback and complaints should be managed, roles and responsibilities of employees, the organisation delegates with respect to complaints, and identification of the complaint type. The policy clearly displays the process to be followed when a complaint is received and how this should be managed through to resolution. Refer to [ORGANISATION] Complaints Management Policy.

Governance responsibilities

Responsibilities for enforcing requirements within this domain are shared throughout the [ORGANISATION].

Organisation to insert a table describing the distribution of responsibilities across individuals and teams to meet the requirements of this domain.

[For example]

WHO	RESPONSIBILITY
QAS Health Professionals	• To maintain and provide evidence of unconditional registration with national registration body. • To meet and provide evidence of satisfactory minimum standards for employment within Queensland Government. • To report concerns regarding health practitioner performance using the process above.
Head of Performance Health Discipline Technical Leads People and Culture Team	• Responsible for sighting evidence of documentation defined in practitioner contracts. • Define and review scope of practice for individual QAS disciplines. • Review concerns reported by QAS Health Professionals. • Review concerns about QAS Health Professionals, if reported by staff or athletes.
People and Culture Team	• Staff development and performance management, directed by DTIS standards.
People and Culture Team Head of Performance Health	• Review of clinical incidents.
All QAS staff	• Completing cultural awareness training to ensure respect and safety for all cultures.
Executive Team	• Drive a positive safety culture within the sports institute, prioritising safety in QAS health care.

Standards, Policies and Regulations

Organisation to insert a table describing the standards, policies, and regulations necessary to meet the requirements of this domain.

[For example]

INTERNAL RESOURCE	LOCATION
Queensland Government Employment Screening	
Queensland Public Service Commission Recruitment and Screening	
QAS Child Protection Policy	
Queensland Government Public Service Code of Conduct	
QAS Getting Ready Pack	
QAS Welcome Pack	
QAS Onboarding Toolkit for Managers	
QAS Individual Performance Management Framework	
QAS Individual Performance Objective Plan (iPOP)	
QAS Workplace Incident Reporting Process	
DTIS Managing Employee Complaints Policy	
DTIS Complaints Management Policy	
DTIS Workplace Health and Safety	
QAS Culture Policy – Under Development (People and Culture Team)	
DTIS Cultural Awareness Module (iLearn - Starting the Journey)	
Working for Queensland Survey (Safety Culture Questions)	
EXTERNAL RESOURCE	**LOCATION**
Australian Performance Support Practitioner Minimum Standards	Minimum Standards & High Performance Expectations | Australian Institute of Sport (ais.gov.au)
Australian Performance Support Practitioner High Performance Expectations	High Performance Expectations | Australian Institute of Sport (ais.gov.au)
AIS Sports Science Sports Medicine Best Practice Principles	AIS Sports Science Sports Medicine Best Practice Principles | Australian Institute of Sport
Sport Integrity Australia E-learning Modules	Education | Sport Integrity Australia
Queensland Health - Credentialing and defining the scope of clinical practice	Guideline for Credentialing, defining the scope of clinical practice and professional support for allied health professionals | Health service directive guideline | Queensland Health
Australian Commission on Safety and Quality in Health Care - Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners. Sydney: ACSQHC, 2015	Credentialing health practitioners and defining their scope of clinical practice: A guide for managers and practitioners | Australian Commission on Safety and Quality in Health Care

Domain 2: Clinical Practice

*The domain of Clinical Practice encompasses the **delivery of healthcare services** to high performance athletes. Practitioners within the fields of sports medicine, sports nutrition, sports physiotherapy and sports psychology are encouraged to continue developing clinical competencies. All health practitioners are supported to practice in a manner that defines clinical excellence, using evidence-based principles to guide athlete care. Clinical care standards are to be maintained when travelling with athletes.*

Statement of intent

Health practitioners working in high performance sport should show high levels of clinical competency and are encouraged to practise in a manner that epitomises clinical excellence.

Sports Institutes should support health practitioners in utilising Best Practice guidelines, available evidence and decision support tools relevant to their clinical practice to meet clinical care standards developed by the Australian Commission on Safety and Quality in Health Care.

Background

AIS Best Practice Principles recommends health practitioners embedded within high performance sport:

- work within their scope of practice, as outlined by the relevant professional accrediting body (Domain 1: Practitioner Development)
- work to written and approved Best Practice protocols (Domain 2: Clinical Practice)
- maintain accurate, comprehensive, and up-to-date medical records (Domain 4: Health Data Management)
- adhere to industry quality assurance standards (all Domains)
- actively engage in Continuous Professional Development (CPD), thereby reducing practitioner isolation and potential conflict of interest for practitioners embedded entirely within a sport (Domain 2: Clinical Practice).

All Sports Institutes should support these recommendations and encourage Best Practice clinical care.

Best practice protocols

Best Practice in healthcare refers to practices, methods, interventions, procedures, and techniques based on high-quality evidence to obtain improved patient and health outcomes[6]. Best Practice can be considered practising according to the best evidence available.

Best Practice guidelines and standards are widely available; the challenge to those providing healthcare is implementing and translating this evidence into daily practice and clinical decision-making. For further information on the clinical practice guidelines and policies relevant to high performance sporting organisations refer to CLEARINGHOUSE link.

[6] Makic MBF, Martin SA, Burns S, Philbrick D, Rauen C. Putting evidence into nursing practice: four traditional practices not supported by the evidence. *Critical Care Nurse.* 2013;33(2):28–44.

Organisation to insert a description of their process for working to Best Practice. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At the [ORGANISATION] health practitioners are encouraged to:

- monitor and review care delivered against relevant Best Practice care
- explore reasons for variation of health care from Best Practice
- use information on unwarranted variation from Best Practice to improve health care and athlete outcomes.

Continuing professional development

Continuing professional development (CPD) is the means by which members of a profession maintain, improve and broaden their knowledge, expertise and competence to optimise their delivery of clinical practice. Proof of CPD is required for annual AHPRA registration for healthcare practitioners and may also be required by speciality colleges and professional associations.

CPD serves several purposes, including:

- keeping health practitioners abreast of new research
- obtaining evidence to support or refute treatment strategies in a particular patient
- performing low-level and high-level evidence reviews for other practitioners within a particular sport to share and expand the information in a niche area, assisting other health practitioners in broadening their knowledge

Targeted learning in relevant areas is considered valuable and is strongly encouraged for all health practitioners.

Organisation to insert a description of their process for supporting health practitioners to participate in CPD activities to maintain professional accreditation. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

***Note**: If the organisation contracts health practitioners, managing CPD may be approached differently. It is important to note that the organisation still has a responsibility to ensure the standards described are met.*

[For example]

At the [ORGANISATION] health practitioners are supported to meet their CPD requirements through the people development and performance review process. The workload of health practitioners is managed to ensure adequate time is available to support this important development requirement. Health practitioners are encouraged to share and discuss their learnings from CPD activities with health practitioner colleagues during team meetings.

A record of health practitioner's professional accreditation and registration status is located in the [ORGANISATION] staff information database that is maintained by the Clinical Practice Manager.

Professional Networks

Discipline Leads fulfil a very specific role, and larger Institutes should consider the appointment of these positions, pending the size of their pool of health practitioners. Discipline Leads facilitate connection between practitioners, promote standards of care, develop CPD opportunities, provide guidelines on important matters and may act as line managers for health practitioners.

[ORGANISATION] health practitioners are united via professional development opportunities provided by the Discipline Leads both within their own discipline and across broader Performance Support network groups. Similarly, Sports Institutes should provide professional development opportunities throughout the year for Performance Support practitioners. All professionals are encouraged to attend and prioritise upskilling and collaboration.

The AIS National Network Leads were established to maintain intra-disciplinary and inter-disciplinary connections within the high performance sport landscape. With the aim of uniting practitioners, the networks encourage disciplines to facilitate communication platforms, provide professional development opportunities and share connections and activities. Each network also aims to develop and communicate Best Practice guidelines for health practitioners working in high performance sport.

The AIS facilitates periodic high performance conferences, with other discipline-specific meetings held throughout the year to further develop practitioner knowledge throughout the networks.

At the [ORGANISATION] health practitioners are supported and encouraged to be active participants in the broader national network of health practitioners supporting high performance sport.

Facilities

Organisations that manage healthcare suites are to amend this section to suit the facilities within their management.

Note: If there are no facilities managed, retain the first paragraph, then state facility arrangement in place (e.g. referral to external healthcare facilities).

Sports Institutes with healthcare suites onsite must prioritise safety and quality when considering the physical space used for treatment. Athlete treatment spaces should meet accessibility standards, be secure, ensure athlete privacy and maintain standards in relation to Workplace Health and Safety and infection control, following the National Health and Medical Research Council (2019) Australian Guidelines for the Prevention and Control of Infection in Healthcare.[7]

Healthcare facilities must possess:

- facilities for hand hygiene
- sharps management systems
- a waste management policy
- a linen management policy
- cleaning guidelines
- processes for blood or bodily fluids exposures.

[7] National Health and Medical Research Council (2019) Australian Guidelines for the Prevention and Control of Infection in Healthcare.

In addition, sports institutes must consider the Best Practice provision of equipment e.g., Automated External Defibrillator (AED), consumables and the supply of personal protective equipment (PPE) for staff and athletes.

Sports Institute facilities require Wi-Fi network access for health practitioners to utilise the Athlete Management System (AMS) and to access Best Practice guidelines and available evidence. In addition to utilising onsite facilities, health practitioners have the option to provide athlete care from their private consulting rooms. Health practitioners must ensure that these premises meet the physical standards for consultation rooms, detailed in guides such as those offered by the Royal Australasian College of General Practitioners (RACGP)[8],[9] and the Australian Physiotherapy Association (APA)[10].

Organisation to insert a description of the WHS and Infection control policies and processes in place. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

The [ORGANISATION] ensures the highest level of safety and quality in the healthcare facilities through alignment to the aforementioned standards and guidelines. A quarterly safety and quality inspection of healthcare facilities is undertaken by the Clinical Practice Manager using the [ORGANISATION] safety and quality inspection checklist, alongside the relevant infection control and WHS policies and processes.

Practicing on the road

Health practitioners are, at times, required to provide athlete care away from the daily performance environment (DPE) when in camp, on tour, or during a competition block. Health practitioners are expected to maintain clinical standards while working outside the DPE, upholding expectations of safe practice and clinical excellence, consistent with the principles of *safety, quality and risk.*

Within each profession, challenges are presented when travelling with athletes. Formal guidance for practitioners has been sparse, with health practitioners advised to keep actions consistent with their professional code of conduct. As governance in this area formalises, practical, ethical, and legal guidelines may be developed. Orchard et al. (2022) have identified key areas of risk and provided supportive recommendations for medical practitioners travelling with a team (Table 3)[11].

Although this recent work highlights the risks to medical professionals, similar challenges and risks are posed to all health professionals travelling with teams and athletes. All health professionals are encouraged to maximise safety of clinical processes while travelling, and to minimize risk to themselves, their athletes and the Sports Institute.

[8] The Royal Australian College of General Practitioners (2020) - Standards for General Practices

[9] The Royal Australian College of General Practitioners (2014) - Infection Prevention and Control Standards

[10] Australian Physiotherapy Association (2011) - Standards for Physiotherapy Practices

[11] Orchard, Jessica, PhD, BEc, Maddocks, David, PhD, LLB, Carneiro, Eva, MSc, BMBS, et al. (2022). A Review of Legal, Ethical, and Governance Issues for Team Doctors. Clinical Journal of Sport Medicine, 32, 248-255.

Areas of legal and ethical risk for Team Physicians
Treating staff and athletes' family members on tour
Blurred doctor-patient relationships on tour
Medical decisions under intense public scrutiny
Media appearances
Pressure from coaching staff
Management of minors on tour
Suboptimal documentation of consultations or clinical opinions in corridors, via phone etc.
Written communications
Limited governance structures to support ethical medical decision-making

Table 3. Areas of legal and ethical risk for Team Physicians. From Orchard et al, 2022. A Review of Legal, Ethical, and Governance Issues for Team Doctors. Clinical Journal of Sport Medicine, 32, 248-255.

Organisation to insert a description of the process for managing safe practice and clinical excellence whilst providing care outside the DPE. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

Vulnerable populations

High performance athletes may belong to vulnerable population groups. These groups, by definition, have an increased risk of serious illness. These population groups may include:

- Aboriginal and Torres Strait Islander (ATSI) athletes
- athletes with disability
- older athletes
- LGBTIQ+ athletes.

Organisation to insert a description of the processes in place to ensure health practitioners are aware of specific health requirements of vulnerable populations. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At the [ORGANISATION] the health practitioners working with vulnerable athletes use their professional and clinical experience to be aware of and understand the specific health requirements of these athletes and follow guidelines to address these needs. Health practitioners are supported by the [ORGANISATION] through ongoing professional development, engagement with professional networks, and regular communication with the clinical services team.

Charter of rights

While delivering athlete care, health practitioners must uphold the Australian Charter of Healthcare Rights (the Charter). The Charter describes what consumers (athletes) can expect when receiving health care throughout Australia. As with all people who work in health service organisations, the [ORGANISATION] is responsible for upholding the Charter.[12] The domains within this Framework ensure that these rights are addressed and protected for all high-performance athletes.

[12] Australian Commission on Safety and Quality in Health Care (2019) - Australian Charter of Healthcare Rights

Athlete decision-making capacity

Sports Institutes should ensure they have a process to identify whether an athlete has the capacity to make decisions about their health care. If an athlete is unable to make care decisions (e.g., an athlete with an intellectual disability) a substitute decision-maker should be utilised.[13]

Organisation to insert a description of their informed consent process. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

***Note**: This information is connected closely with Domain 4: Health Data Management. Ensure that relevant policies, procedures, and reporting are meaningfully aligned.*

[For example]

At the [ORGANISATION] an athlete under the age of 16 requires a parent or guardian to provide consent with respect decision making. Athletes between 16 and 18 years of age must be asked if they wish a parent or guardian to be involved in the decision making. An athlete with an intellectual disability requiring a substitute decision-maker is flagged by the medical lead of the performance team to ensure all performance team members are aware of the requirement. Verbal informed consent is required prior to any intervention or management decision and should be documented in the AMS clinical record.

Clinical incident management

A clinical incident is defined as an event or circumstance which could have resulted, or did result, in unintended harm to a patient or practitioner. Sports Institutes must develop a process to record and method to address and review clinical incidents. Clinical incident management effectively recognises and manages incidents with a view to reducing preventable patient harm and is an essential component of quality health care.

Clinical incident management requires both proactive and reactive steps to:

- Identify and control the hazards before they lead to harm (see Domain 5: Clinical Risk)
- Identify when patients are harmed and promptly intervene to minimise the harm caused, as a result of the incident
- Disclose a clinical incident resulting in patient harm
- Ensure that lessons learned from clinical incidents are communicated to the relevant parties, and are proactively applied by taking preventive actions designed to minimise the risk of similar incidents occurring in the future.

Sports Institutes must maintain a secure clinical incident log to record clinical errors and adverse events. The log facilitates response to individual events and allows investigation and analysis of any trends detected.

Three questions are asked in the process of clinical incident investigation:

- What happened?
- How/why did the event occur?
- What can be done to prevent it happening again?

[13] Australian Commission on Safety and Quality in Health Care (2019) – Informed consent fact sheet for clinicians

A panel should be developed to facilitate prompt clinical incident review. Athlete privacy must be maintained during this process.

Organisation to insert a description of their Clinical Incident Management process. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

***Note**: The following sections describe processes for gathering feedback:*

- *People Development (Domain 1),*
- *Health practitioner Feedback (Domain 1),*
- *Clinical Incident Management (Domain 2),*
- *Athlete Feedback (Domain 3)*
- *Domain 5: Clinical Risk*

Ensure that relevant policies, procedures, data storage and reporting are meaningfully aligned.

[For example]

The [ORGANISATION] has a Clinical Incident Management policy that provides detailed information with respect to the process for reporting and managing a clinical incident. These are documented in the [ORGANISATION] Clinical Incident Management procedure. The policy follows the principles of risk identification, measurement and assessment, mitigation, reporting and monitoring and risk governance.

Clinical incident reporting

Organisation to insert a description of their Clinical Incident Reporting process. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Clinical incidents are reported on and recorded using the [ORGANISATION] Workplace Incident Reporting Flow Chart. The [ORGANISATION] Safeguarding Report also provides opportunity for staff or athletes to raise concerns regarding athlete safety.

Governance responsibilities

Responsibilities for enforcing requirements within this domain are shared with all members of the [ORGANISATION].

Organisation to insert a table describing the distribution of responsibilities across individuals and teams to meet the requirements of this domain.

[For example]

WHO	RESPONSIBILITY
QAS Executive Team	• Responsibility for ensuring the provision of quality facilities and support for health practitioners throughout the network.
Managers	• Set priorities and strategic directions for safe and high-quality clinical care, and ensure that these are communicated effectively to health practitioners • QAS discipline Technical Leads are responsible for providing leadership and guidance for Best Practice within their discipline and auditing usage of Best Practice guidelines. • Head of Performance Health and People and Culture team share responsibility for sighting annual registration, implying annual CPD completed. • Communicate expectations concerning standards, Charter of Rights etc.
Health practitioners	• Responsible for completing minimum CPD requirements as defined by their national registration body and providing proof of completion. • QAS health practitioners are encouraged to practice clinical excellence and to be aware of and follow *Best Practice* when available. • Responsible for assessing whether an athlete is capable of decision-making or whether to involve a substitute decision-maker in their care. • Report Clinical Incidents and Safeguarding concerns as required.
Athletes	• Responsibility to provide feedback if concerned regarding aspects of healthcare.
Clinical Incident review panel	• Meet as needed to review clinical incidents as required. • Identification of contributing factors, consider steps to prevent in future.

Standards, Policies and Regulations

Organisation to insert a table describing the standards, policies, and regulations necessary to meet the requirements of this domain.

[For example]

INTERNAL RESOURCE	LOCATION
DTIS - Complaints Management Policy	
Queensland Government - Public Service Code of Conduct	
QAS Safeguarding Statement of Commitment and Reporting Form – see Domain 3.	
EXTERNAL RESOURCE	**LOCATION**
Australian Commission on Safety and Quality in Health Care - National Model Clinical Governance Framework	National Model Clinical Governance Framework | Australian Commission on Safety and Quality in Health Care
Australian Commission on Safety and Quality in Health Care - National Safety and Quality Primary and Community Healthcare Standards	National Safety and Quality Primary and Community Healthcare Standards | Australian Commission on Safety and Quality in Health Care
Australian Charter of Healthcare Rights	Australian Charter of Healthcare Rights | Australian Commission on Safety and Quality in Health Care
Australian Commission on Safety and Quality in Health Care – Informed consent fact sheet for clinicians	Informed Consent - Fact sheet for clinicians | Australian Commission on Safety and Quality in Health Care
AIS Sports Science Sports Medicine Best Practice Principles	AIS Sports Science Sports Medicine Best Practice Principles | Australian Institute of Sport
AIS National Performance Support Systems	National Performance Support Systems | Australian Institute of Sport (ais.gov.au)

Domain 3: Performance Partnerships

The Domain of Performance Partnerships addresses the complex interplay of stakeholders and health professionals involved in athlete care. From National Sporting Organisations (NSOs), through to external specialists, management of high performance athletes requires diligent ***planning and cohesion in the delivery of multidisciplinary care****.*

Statement of intent

Sports Institutes strive to partner with coaches, Performance Support team members, state and national sporting organisations to maximise athlete health, training availability and performance within their sport.

Health professionals are encouraged to form partnerships with athletes, carers and families so that athletes can be actively involved in their own health care. Sports Institutes should seek to incorporate athlete opinions and experiences into the planning, monitoring and evaluation of health care provided within their organisation.

Background

Just as patients in community settings may require health practitioners to manage complex health conditions, athletes too experience optimal health and performance benefits when multidisciplinary care is delivered. Whilst non-clinical performance support team members such as Sports Scientists and Physical Performance Coaches are essential for athlete development, these practitioners fall outside the context of clinical governance (or health servicing).

Clinical Performance Support team members vary across Sports Institutes, but typically include:

- Sports Physiotherapists
- Sports Psychologists
- Sports Dietitians
- Sports Physicians and/or Sports Doctors
- Nursing staff

Athletes may also receive care from external providers such as general practitioners, medical specialists, dentists, podiatrists and massage therapists. Importantly, these external health practitioners also have the capacity to contribute positively to athlete health and performance.

Athlete performance is dynamic, and can vary according to many factors – health, wellbeing, fatigue, recovery, injury and training history, and life outside sport. Both coaches and health practitioners, together with the broader Performance Support team members provide integrated athlete support; coaches design the technical and tactical strategies, while health practitioners, performance coaches and sports science staff ensure athletes possess the health, physical and mental capacities necessary to fulfil their roles. An athlete's Performance Support team should aim to integrate with coaching support to address the many factors that contribute to successful performance outcomes.[14]

For Performance Support teams to function well, all disciplines must appreciate the benefits of a unified approach to Performance Support. Numerous models of collaboration have been developed, including

[14] Sporer BC, Windt J. Integrated Performance Support: facilitating effective and collaborative performance teams. *British Journal of Sports Medicine* 2018; **52:1014**-1015.

the High Performance Team model developed by Salcinovic et al, 2022[15] (Figure 4), and the Integrated Performance Support Model. Care is shared between coaches, management, wellness staff and the Performance Support team (with the overall group referred to as the Sports High Performance Team). Critically, knowledge and expertise is shared between support personnel as required, with the aim of addressing individual contributors to health and performance as they are identified.

Figure 4. Structure of a Sports High Performance Team. From Salcinovic, B., Drew, M., Dijkstra, P. *et al.* Factors Influencing Team Performance: What Can Support Teams in High-Performance Sport Learn from Other Industries? A Systematic Scoping Review. *Sports Med - Open* 8, 25 (2022).

Integrated performance support is clearly desirable within high-performance sport to optimise athlete health, function and outcomes. Sporer and Windt (BJSM 2018)[16] define integrated performance support as demonstrating:

1. **Clear 'multi-lingual' leadership** - the leader must speak the language of the different disciplines and both understand and respect practitioner skillsets in order to better facilitate collaboration, focus and efficiency. Equally importantly, leaders must understand and respect the coaching process and deliver information in a manner that coaches and athletes understand.

2. **Distinct skillsets, evidence-based, collective decisions** - each member of the support team and coaching staff brings a specialised skillset best suited to manage specific aspects of athletes' health or performance. Decisions are collaborative, with individuals bringing to the table their specific perspectives and 'toolkit', while leaving egos and agendas at the door. Importantly, these decisions should carefully combine practitioner and coach experiences and intuition with the best-available evidence.

3. **Shared and shifting responsibility** - collective discussions allow shared responsibility for decisions. Responsibility may shift as an athlete enters different phases of injury or

[15] Salcinovic, B., Drew, M., Dijkstra, P. *et al.* Factors Influencing Team Performance: What Can Support Teams in High-Performance Sport Learn from Other Industries? A Systematic Scoping Review. *Sports Med - Open* **8**, 25 (2022).

[16] Sporer BC, Windt J. Integrated Performance Support: facilitating effective and collaborative performance teams. *British Journal of Sports Medicine* 2018; **52:1014**-1015.

rehabilitation. In this way, decisions are shared across the team while the primary responsibility shifts between individuals depending on whose 'skillset' is best suited for that specific time.

4. **Context-dependent** - the composition of every performance team will vary, depending on the sport, objectives, resources, personnel and budget. The process by which the team works together is more important that the individuals themselves. The success of any particular team is more dependent on the dynamics and culture of the team, than on the personal prowess of any number of individual team members.

[ORGANISATION] aims to deliver integrative performance support that recognises and values collective opinions, practices collaborative care and respects knowledge and experience within the support team.

Collaborative care

Organisation to insert a description of their approach to achieve collaborative care. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Clear communication and collaboration between providers is required to maximise information sharing and enhance athlete health and performance outcomes. Use of the Athlete Management System (AMS) serves to provide health and science staff with a central safe health data storage location for communication ease (see Domain 4: Data Management). AMS also allows communications from external health providers to be securely added to athlete records for reference.

Performance Team meetings are encouraged in all [ORGANISATION] supported sports, and health practitioners are encouraged to attend to plan around athlete health and performance objectives. These meetings provide the opportunity for all Performance Team members to understand health challenges, care plans and proposed management. Confidentiality and discretion should always be prioritised during Performance Team meetings, particularly for sensitive medical information. Performance Team meetings should be shaped by coach-led athlete objectives and plans.

External organisations

Organisation to insert a description of their approach to engaging with External Organisations. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

High performance athletes are often engaged with multiple organisations, including:

- National Sporting Organisation e.g., Volleyball Australia
- State Sporting Organisation e.g., Volleyball Queensland
- Sport Integrity Australia e.g., education, testing
- The Australian Institute of Sport (AIS)
- State Sports Institutes and Academies e.g., attending training camps
- The Australian Olympic Committee
- Commonwealth Games Association
- Paralympics Australia
- Local club and school organisations

Health practitioners, technical and performance staff and coaches from these organisations all carry a shared interest in the performance outcomes of athletes. Effective agreements between organisations, role delineation and duty of care definition are required for providers in each organisation.

Healthcare communications

Organisation to insert a description of their process for managing healthcare communications for athletes at times of transitions in health care providers. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At times of transition from an athlete's DPE to a national team (camps, events, competitions) and vice versa, health practitioners who have been providing athlete care should provide health summaries to accompany transitioning athletes. These summaries assist in delivering safe and uninterrupted care and, upon return to their DPE, support re-integration for athletes into home programs.

The document titled Physical Therapy handover considerations for successful athlete transition between daily performance and National team environments is an example of a healthcare communication process that can benefit athletes and health practitioners during times of transition between training environments.

Athlete care partnerships

Organisation to insert a description of their process for managing athlete care partnerships. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Athlete centred care forms the central focus of this Framework. In keeping with this focus, athletes, carers and families are encouraged to be 'active consumers' as health practitioners plan, communicate, set and review goals, make decisions and document their recommendations about athletes' current and future health care.

All health practitioners in the high-performance system are encouraged to form partnerships with athletes, carers and families so that athletes may be actively involved in their own healthcare. Health practitioners are encouraged to communicate with athletes, families and carers about health and health care in a way that:

- is tailored to the athlete's needs and preferences
- is easily understood
- addresses the need for ongoing health care.

Safeguarding

Organisation to insert a description of their Safeguarding processes. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Each Sports Institute must commit to ensuring the safety of its athletes and provide an environment that has zero tolerance in relation to athlete harm or abuse. A safeguarding strategy is required to ensure Sports Institutes and their employees are both aware and informed about the risks of athlete harm and abuse, and also has processes in place to minimise ongoing or future risk occurring.

Delivering Safeguarding education to all Institute staff ensures that all employees understand how to be responsive and supportive to athletes who may be at risk of, or may be experiencing, any form of harm. For further information, refer to the [ORGANISATION] Safeguarding Statement of Commitment and the [ORGANISATION] Safeguarding Report form.

The [ORGANISATION] Clinical Governance Framework is concerned with the provision of clinical healthcare at [ORGANISATION]. Although safeguarding falls underneath clinical governance as a method of recognising and prioritising athlete safety, responsibility for overseeing and progressing the Safeguarding strategy and delivering Safeguarding operations falls outside the scope of the Clinical Governance Framework.

Athlete feedback

Organisation to insert a description of their processes for athletes to provide feedback on their clinical care experience. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

***Note**: The following sections describe processes for gathering feedback:*

- *People Development (Domain 1),*
- *Health practitioner Feedback (Domain 1),*
- *Clinical Incident Management (Domain 2),*
- *Athlete Feedback (Domain 3)*
- *Domain 5: Clinical Risk*

Ensure that relevant policies, procedures, data storage and reporting are meaningfully aligned.

[For example]

As active partners in their own healthcare journey, athletes are encouraged to provide feedback whenever they have a concern relating to health or their health practitioners. Several methods exist for athletes to deliver feedback, including:

- written identified feedback
- spontaneous, de-identified feedback
- verbal feedback via other staff members in the Performance Support team
- review with coaches and Institute staff to review performance support provided
- feedback via athlete advisory groups regarding organisational concerns.

All sports institutes should follow recommendations for obtaining patient (athlete) feedback from established governance models such as those provided by the RACGP, for the purpose of quality improvement[17].

[17] The Royal Australian College of General Practitioners (2017) - Standards for General Practices 5th Ed Patient Feedback Guide

Governance responsibilities:

Responsibilities for requirements within this domain are shared throughout the sports institute.

Organisation to insert a table describing the distribution of responsibilities across individuals and teams to meet the requirements of this domain.

[For example]

WHO	RESPONSIBILITY
Executive Team	• Responsible for ensuring effective agreements are in place between QAS and NSO's.
Executive Director High Performance Programs, Head of Performance Health	• Responsible for liaising with sports and determining clinical servicing requirements
Discipline Technical Leads	• Responsible for promoting athlete centred care and how this can be delivered within each discipline.
Health practitioners	• Responsible for utilising AMS to maximise sharing of medical records throughout the NIN/NSO network. • Health practitioners are encouraged to provide updates directly to sport medical officers and CMO's if short timeframes or serious health issues are present. • Health practitioners may be required to communicate athlete needs and performance timeframes to specialists outside the NIN network, to facilitate prompt care and clarification of athlete needs (as different from community patients). • Responsible for liaising with national Technical Leads for handover when athletes transition between DPE and away environment. • Encouraged to communicate with athletes about health care in a way that is tailored to the athlete's needs and preferences, is easily understood and addresses the need for ongoing care.
QAS Safeguarding Team	• Review and triage reported concerns regarding athlete safety
Athletes	• Responsible for informing health practitioners of upcoming commitments or timeframes to optimise care delivery. • Responsible for providing feedback regarding QAS health servicing.

Standards, Policies and Regulations

Organisation to insert a table describing the standards, policies, and regulations necessary to meet the requirements of this domain.

[For example]

INTERNAL RESOURCE	LOCATION
QAS Safeguarding Framework	
EXTERNAL RESOURCE	**LOCATION**
Queensland Health Child Protection	Child protection education resources for health workers | Queensland Health
Sport Integrity Australia Child Safeguarding	Safeguarding Sport | Sport Integrity Australia
AIS Intensive Rehabilitation Program	Intensive Rehabilitation | Australian Institute of Sport (ais.gov.au)
Mountjoy M, Rhind DJA, Tiivas A, *et al*. *Safeguarding the child athlete in sport: a review, a framework and recommendations for the IOC youth athlete development model*. British Journal of Sports Medicine 2015; **49:883**-886.	Safeguarding the child athlete in sport: a review, a framework and recommendations for the IOC youth athlete development model - PubMed (nih.gov)

Domain 4: Health Data Management

*The Domain of Health Data Management encompasses the safe **collection, storage, utilisation and sharing of health information** of individual athletes during the course of their clinical care.*

Statement of intent

Health data and personal information collected while providing healthcare to athletes is deemed sensitive and strict requirements apply to its handling. National and state privacy principles apply to the collection, storage, sharing and utilisation of health information, and should be adhered to by all sports institute staff. Health practitioners are required to use AMS for storage of, and appropriate dissemination of, athlete health information (consultation notes) within the Performance Team.

Background

Health data is a powerful tool collected and managed by health practitioners on a daily basis. Health practitioners understand the sensitive nature of this data and the need for appropriate care when handling personal information. Within Sports Institutes, staff outside health disciplines may be presented with this information and must also be conscious of the care required.

All Sports Institutes should aim to satisfy the National Standards and respective state privacy principles to ensure that collaborative athlete care and communication remains effective, while concurrently observing athlete privacy and confidentiality.

Definitions

The Office of the Australian Information Commissioner (OAIC) Guide to health privacy[18] provides the following definition and explanation of Health Information, according to the Privacy Act 1988:

> All **personal information** collected in the course of providing a health service is considered health information under the Privacy Act. Health information is '**sensitive information**' under the Privacy Act, meaning that some stricter requirements apply when handling it.
>
> 'Health information' means:
>
> - information or an opinion about:
> - the health, including an illness, disability or injury, (at any time) of an individual
> - an individual's expressed wishes about the future provision of health services to him or her
> - a health service provided, or to be provided, to an individual that is also personal information
> - other personal information collected to provide, or in providing a health service to an individual. This includes personal details such as a patient's name, address, admission and discharge dates, billing information and Medicare number
> - other personal information collected in connection with the donation, or intended donation, by an individual of his or her body parts, organs or body substances

[18] OAIC Guide to health privacy (2019) https://www.oaic.gov.au/__data/assets/pdf_file/0011/2090/guide-to-health-privacy.pdf

- genetic information about an individual in a form that is, or could be, predictive of the health of that individual or a genetic relative of the individual.

In the high performance sporting environment, health information includes:

- consultation notes, whether maintained in the Athlete Management System (AMS) or in external software, servers or devices, including information relating to health, symptoms, diagnoses, or treatment
- examination findings, including body composition assessment performed by health practitioners
- investigation results including imaging, pathology, and other test results
- medical and physiotherapy screenings
- prescriptions recommended or provided
- appointment and billing details
- an individual's healthcare identifier and other personal information (e.g., date of birth, gender, race, sexuality, or religion) collected while providing the health service
- communications or correspondence from health practitioners external to the sports institute or from within the Performance Support Team.

In the context of healthcare provided across the Australian high performance sport system, health data includes not only health information as defined above but also personal performance data, often captured throughout the disciplines of Sports Science and Strength and Conditioning. Handling of such sensitive information is addressed in the 2022 Australian Academy of Science report *Getting Ahead of the Game: Athlete Data in Professional Sport*[19], and can include data types such as:

- geospatial e.g., direct geospatial tracking devices, such as global navigation satellite systems (GPS data)
- biomechanical e.g., 3D motion capture systems, force plates
- physiological e.g., heart rate metrics
- player management and wellbeing e.g., daily wellness scores, sleep scores.

The scope of responsibility around the use, storage and sharing of health data within a high performance sporting organisation is continually evolving and expanding.

Privacy principles

Organisation to insert information on the National and state-based Privacy legislation relevant to the Clinical Governance Framework. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

https://www.oaic.gov.au/privacy/privacy-legislation/state-and-territory-privacy-legislation/state-and-territory-privacy-legislation

[For example]

All health information is governed by privacy principles. Three separate sets of privacy principles exist within the Queensland privacy framework.

[19] *Getting ahead of the Game: Athlete Data in Professional Sport*. 2022. Australian Academy of Science.

1. Information Privacy Principles (IPPs) are contained in Schedule 3 of the *Information Privacy Act 2009 (Qld)* and apply to Queensland Government departments that are not health agencies (including DTIS).

2. National Privacy Principles (NPPs) are contained in Schedule 4 of the *Information Privacy Act 2009 (Qld*) and apply to Queensland Government health agencies (e.g., Queensland Health facilities).

3. Australian Privacy Principles (APPs) are contained in the *Privacy Act 1998 (Cth)* and apply to private hospitals and private health care providers.

The *Information Privacy Act 2009 (Qld)* guides data safety and usage by Queensland Government organisations and professionals within those organisations; collection, storage and security of athlete information is directed by the IPPs contained within Schedule 3 of the Act.

Those health practitioners working from private clinic settings to provide athlete care must understand that health information use and safety in these private settings also falls under the Australian Privacy Principles.

Documentation of healthcare records

Organisation to insert their process for documentation of healthcare records. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Balancing the principles of *Safety, Quality and Risk* is a key consideration when documenting healthcare records. All health practitioners are required to keep accurate and timely medical records, in keeping with National Standards.

For healthcare documentation to support the delivery of safe, high-quality care, it should:

- be clear, legible, concise, contemporaneous, progressive, and accurate
- include information about assessments, action taken, outcomes, reassessment processes (if necessary), risks, complications, and changes
- meet all necessary medico-legal requirements for documentation.[20]

Health practitioners are required to utilise AMS for all categorised athlete medical records for ease of collection and storage, and to facilitate sharing of clinical information within the performance support team. Use of AMS when athletes are away from their DPE allows oversight of athlete illnesses and injuries, thus facilitating transfer of care in such situations.

Healthcare teams are trained to ensure accurate patient identification is achieved via three points of reference such as full name, date of birth and email or mobile number.

The patient recall process is documented and available to health practitioners to ensure the recall of athletes to discuss results and care options, occurs in a timely manner.

[20] Australian Commission on Safety and Quality in Health Care - Documentation of Information

Consent, Athlete agreements, and AMS

Organisation to insert their process for management of athlete consent related to the handling of health information. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

All QAS athletes and staff sign an Athlete Agreement (QAS Athlete Consent 2022). This agreement allows QAS to collect, store and record health consultation information within AMS.

Athletes consent to the sharing of health information with the health practitioners in their sporting organisation (including national team environment) and with those contracted with the QAS for the purposes of determining athlete medical fitness and enhancing athlete healthcare. Confidential information is visible within disciplines e.g., QAS Physiotherapy can see NSO Physiotherapy entries, but not QAS Psychology entries.

Staff signing the Athlete Agreement are consenting to the safe collection, storage, handling and use of sensitive athlete information when they access athlete accounts on AMS.

Access to medical records

Sports Institutes must have a process to allow athletes access to their own health information and medical records. This may be required by athletes active within the institute, or those transitioning into retirement, to allow continuity of healthcare once they retire.

Organisation to insert their process for athletes to access their health information. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

At the [ORGANISATION] current and past athletes can request a full copy of their medical records at any time. The athlete must put their request for medical records in writing.

Transitioning athletes are provided with a transition document to take to their next organisation or health practitioner. This document includes an overview of their medical and injury history as well as performance data and information how to request a full copy of their medical records.

Requests for athlete medical records from external organisations or practitioners must be accompanied by signed written permission from the athlete.

Governance responsibilities

Responsibilities for requirements within this domain are shared throughout the organisation.

Organisation to insert a table describing the distribution of responsibilities across individuals and teams to meet the requirements of this domain.

[For example]

WHO	RESPONSIBILITY
QAS Executive Team	• Ensuring DTIS policies, procedures and guidelines covering information privacy, data storage, data access and communication are made available to all QAS staff and athletes.
Managers	• Ensuring staff are aware of DTIS and QAS policies, procedures and guidelines regarding information privacy, data storage, data access and communication. • Ensuring QAS health practitioners are inducted in use of the AMS; are aware of IPPs governing information privacy; use and share clinical information appropriately. • Ensure staff have signed the AMS Usage Agreement (as members of staff).
Head of Performance Health	• Facilitates athletes' access to medical records if requested.
Health practitioners	• Responsible for collection, safety and usage of health information whether working onsite at QAS or within external clinic. Health practitioners should ensure they are aware of and comply with IPPs. If managing QAS athletes in private practice locations, health practitioners and their private practice staff should be aware of IPPs, as well as APPs, that may dictate information collection, use and safety. • Responsible for entering notes into AMS. • Health practitioners should always confirm athlete (or parent or guardian) permission for sharing of health data. • Responsibility to sign yearly AMS Athlete Agreement (as staff).
Athletes	• Responsibility to sign yearly AMS Athlete Agreement. • Athletes may request access to their health information through the Head of Performance Health.

Standards, Policies and Regulations

Organisation to insert a table describing the standards, policies, and regulations necessary to meet the requirements of this domain.

[For example]

INTERNAL RESOURCE
The Departmental Information Security Handbook (DISH) provides detail as to how the DTIS Information Security Management System (ISMS) is implemented. The ISMS is comprised of the following: • Information Security Management System Directive • Information Security Policy • Scope statement • In-Scope Assets Register • Information Security - roles and responsibilities • Information security role holders register • Information Security Assurance Plan • Information Security Assurance Activities Schedule • Risk management framework.
The environment within which DTIS operates include regulations imposed by Acts, awards, agreements, directives, and policy. These include the: • Information Privacy Act 2009 • Public Records Act 2002 • Right to Information Act 2009 • Financial and Performance Management Standard 2019 • QGEA Information Security Policy (IS18:2018).
Information Technology Partners (ITP) relevant Terms and Conditions for Information and Communication Technology Network Usage for DTIS staff (not contractors): • Code of Conduct for the Queensland Public Service • Use of Internet, Email and Other ICT Facilities and Devices Policy and Procedure • Information Security Management Policy • Information Security Access Control Procedure • Information Security Incident Management Procedure

EXTERNAL RESOURCE	LOCATION
The Royal Australian College of General Practitioners • Privacy and managing health information in general practice. • Information security in general practice. • Managing external requests for patient information. • Position Statement: Safe and effective electronic transfer of information to and from general practice. • Fact sheet: Using email in general practice. • Practice Technology and Management: minimum requirements for clinical information systems to improve usability. • Standards, 5th ed: Resource guide.	RACGP - The Royal Australian College of General Practitioners
Australian Health Practitioner Regulation Agency - Good medical practice: a code of conduct for doctors in Australia.	Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia

Australian Physiotherapy Association - Standards for Physiotherapy Practices (8th Edition).	APA | Resources (australian.physio)
Australian Health Practitioner Regulation Agency - Social Media: how to meet your obligations under the National Law.	Australian Health Practitioner Regulation Agency - Social media: How to meet your obligations under the National Law (ahpra.gov.au)
Australian Health Practitioner Regulation Agency – Managing health records	Australian Health Practitioner Regulation Agency - Managing health records (ahpra.gov.au)
Australian Commission on Safety and Quality in Health Care - Documentation of information.	Documentation of information | Australian Commission on Safety and Quality in Health Care
Office of the Australian Information Commissioner - Guide to health privacy.	Guide to health privacy | OAIC
Getting ahead of the Game: Athlete Data in Professional Sport. 2022. Australian Academy of Science.	Getting ahead of the game: athlete data in professional sport | Australian Academy of Science
Queensland Government iPP's and Information Privacy Policy - Information Privacy Principles from Information Privacy Act, Schedule 3, 2009.	Privacy Principles | Right to Information and Information Privacy (rti.qld.gov.au)
Queensland Health - Clinical Records Management.	Queensland Health

Domain 5: Clinical Risk

The Domain of Clinical Risk encompasses the identification of potential risks, recognition of controls to ***limit risk, and mitigation of potential adverse outcomes*** *arising from clinical services delivered by health professionals.*

Statement of intent

Clinical and healthcare activities conducted within or on behalf of the [ORGANISATION] are subject to regular audit and review in accordance with the requirements of the [ORGANISATION] Clinical Governance audit program. The Clinical Governance Audit Tool accompanies the Framework to provide an annual audit program across all domains.

Background

Both Sports Institutes and the health practitioners they engage are focussed on delivering the best health outcomes possible to athletes. Prioritising athlete healthcare safety involves reducing the risk of unnecessary harm arising from medical care or medical error to an acceptable minimum level.[21]

Definitions

Clinical Risk: anything that threatens a healthcare team's ability to achieve its clinical objectives or anything that increases the probability of patient harm. Risk can arise from factors such as those in Figure 5 below.[22]

Those that are potentially at risk include

- athletes
- health practitioners as a health care workforce
- the sporting organisation
- governmental department or Institute funding body.

Risk appetite: the level of risk that an organisation is prepared to accept before action is deemed necessary to reduce the risk. Sports Institutes must attempt to balance avoidance of adverse outcomes with health practitioner initiative, clinical innovation, and uptake of new therapeutic techniques.

Risk management: the clinical and administrative systems, processes, and reports employed to detect, monitor, assess, mitigate, and prevent risks. Risk management, together with associated incident management, is integral to good clinical governance.

[21] Clinical risk management in general practice: A quality and safety improvement guide and educational resource for individual- or group-based learning. Melbourne: The Royal Australian College of General Practitioners, 2014.

[22] WONCA Working Party on Quality and Safety in Family Medicine. Quality and safety in family medicine. WONCA, 2011.

Operational environment	Legal factors	Political climate
• practice setting • systems and processes • clinical standards • clinical practices • organisational culture • staff training • professional development	• medicolegal responsibilities • statutory liabilities • occupational health and safety	• change to health legislation • regulations • funding • education or workforce reform • public heatlh campaigns • media coverage

Figure 5. Potential causes of clinical risk

Management of clinical risk

The ACSQHC recommends a risk management approach to assessing and addressing risks within healthcare organisations[23].

Risk management:

- improves the quality and safety of athlete care
- reduces the risk of adverse events and, in turn, litigation
- improves treatment outcomes and athlete experiences.[24]

Clinical risk is managed by the following process:

- Establish the context
- Identify the risk
- Analyse the risk
- Evaluate the risk
- Risk treatment

Organisation to insert their framework and procedure for identifying and managing clinical risk. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

It is recommended that Sports Institutes have a framework and procedure for identifying and managing clinical risk and implement a Clinical Risk Register to record clinical risks identified, and risk treatments initiated. This Clinical Risk Register can stand alone, or as part of the organisational Risk Register. Table 4 shows the QAS Risk Matrix and Risk Rating is used to assist risk analysis and evaluation process.

For further information refer to the [ORGANISATION] Clinical Risk Management Framework and the [ORGANISATION] Clinical Risk Management Procedure.

[23] ACSQHC Risk Management Approach. Accessed on 29/07/2022 at https://www.safetyandquality.gov.au/publications-and-resources/resource-library/nsqhs-standards-risk-management-approach

[24] Clinical risk management in general practice: A quality and safety improvement guide and educational resource for individual- or group-based learning. Melbourne: The Royal Australian College of General Practitioners, 2014.

Table 5.1 QAS Clinical Risk Matrix						
		Consequence				
		1	2	3	4	5
		No athlete harm	Minor and brief athlete harm	Athlete has significant but brief adverse effect	Athlete has significant sustained adverse event	Athlete severely affected
Likelihood	A Rare	Low	Low	Medium	Medium	High
	B Unlikely	Low	Medium	Medium	High	High
	C Possible	Medium	Medium	High	Extreme	Extreme
	D Likely	Medium	High	Extreme	Extreme	Extreme
	E Almost certain	High	Extreme	Extreme	Extreme	Extreme

Low risk	Manage by routine procedures.
Medium risk	Manage by specific monitoring or audit procedures.
High risk	This is serious and must be addressed immediately.
Extreme risk	Should this occur, requires cessation, immediate action and reporting to executive level.

Table 4. QAS Risk Matrix and Risk Rating. Modified from Clinical risk management in general practice: A quality and safety improvement guide and educational resource for individual- or group-based learning. Melbourne: The Royal Australian College of General Practitioners, 2014.

Risk escalation

Organisation to insert their process for risk escalation. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Sports Institutes must develop a process to escalate risks, depending on their risk rating. Reporting to Executive and Institute Boards will be required when risk reaches an identified threshold.

For further information refer to the [ORGANISATION] Clinical Risk Management Framework and the [ORGANISATION] Clinical Risk Management Procedure.

Clinical Risk Audit

Organisation to insert their process for undertaking reviews and audits on clinical risk. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

Regular reviews and audits are an essential component of identifying and managing clinical risk. For further information refer to the [ORGANISATION] Clinical Risk Management Framework and the [ORGANISATION] Clinical Risk Management Procedure.

Governance responsibilities

The responsibility for the management of clinical risk is shared across all tiers of the sports institute.

Organisation to insert a table describing the distribution of responsibilities across individuals and teams to meet the requirements of this domain.

[For example]

WHO	RESPONSIBILITY
Executive Team	• Support Clinical Risk Working Group as needed.
Managers and Technical Leads	• Identify clinical risks. • Update clinical risk register.
Clinical Risk Committee	• Meet quarterly to review clinical risk register. • Adjust risk as needed. Determine control measures. • Escalate risks as per QAS Clinical Risk Management Framework.
QAS Staff	• All staff are responsible for identifying and managing risks by: - integrating risk management practices into planning processes and business activities - actively participating in the identification of potential risks within their area of responsibility - contributing to the implementation of appropriate risk treatment strategies - escalating risks that cannot be effectively managed at their level of authority, for potential inclusion on their division's operational risk register or the strategic risk register.
BOPS	• Maintaining corporate risk register and aligning clinical risk register underneath this. Escalating risks to DTIS according to DTIS Risk Management Framework.

Standards, Policies and Regulations

Organisation to insert a table describing the standards, policies, and regulations necessary to meet the requirements of this domain.

[For example]

INTERNAL RESOURCE	LOCATION
DTIS Risk Management Policy	
DTIS Risk Appetite Statement	
DTIS Risk Management Framework	
DTIS Risk Management Procedure	
EXTERNAL RESOURCE	**LOCATION**
Queensland Health • Health, safety and wellbeing risk management standard QH-IMP-401-3:2020. • Clinical incident management guidelines. • Best practice guide to clinical incident management	Queensland Health
Workplace Health and Safety Queensland - How to manage work health and safety risks Code of Practice.	Home | WorkSafe.qld.gov.au
Australian Commission on Safety and Quality in Health Care - NSQHS Standards risk management approach	NSQHS Standards Risk management approach | Australian Commission on Safety and Quality in Health Care
Australian Commission on Safety and Quality in Health Care - Incident management guide.	Incident management guide | Australian Commission on Safety and Quality in Health Care
Clinical risk management in general practice: A quality and safety improvement guide and educational resource for individual- or group-based learning. Melbourne: The Royal Australian College of General Practitioners, 2014.	https://swsphn.com.au/wp-content/uploads/2022/02/RACGP-Clinical-Risk-Management-in-General-Practice.pdf
ISO 31000:2018 Risk Management - Guidelines	ISO 31000:2018 - Risk management — Guidelines

Audit and Quality Improvement

A key component of this Framework is a robust audit and review cycle to support the alignment of the [ORGANISATION] clinical governance activities with national recommendations. The [ORGANISATION] Clinical Governance Audit Tool accompanies this Framework.

Definitions

Audit: quality improvement process to improve outcomes through review of care against explicit criteria. This includes all quality assurance, quality improvement and quality activities undertaken within the [ORGANISATION] Clinical Governance Framework, with the primary purpose of monitoring and improving the quality of clinical service delivered by [ORGANISATION] [25].

Audit cycle: identify issue, collect data, compare to the standards required by the [ORGANISATION] Clinical Governance Framework, identify deficiencies, implement change as per change methodology, re-audit (see Figure 6).

Audit plan: guideline to be followed in conducting an audit - audit scope, date, timing, names of audit team members, sampling populations, relevant evidence required, checklists, risks.

Change methodology: the 'plan, do, study, act' phased methodology is most pertinent to cementing change in clinical governance in the [ORGANISATION] environment and provide a structure for iterative testing of changes to improve quality of systems. The method is widely accepted in healthcare improvement.[26]

Review: formal assessment, with the intention of making recommendations for change.

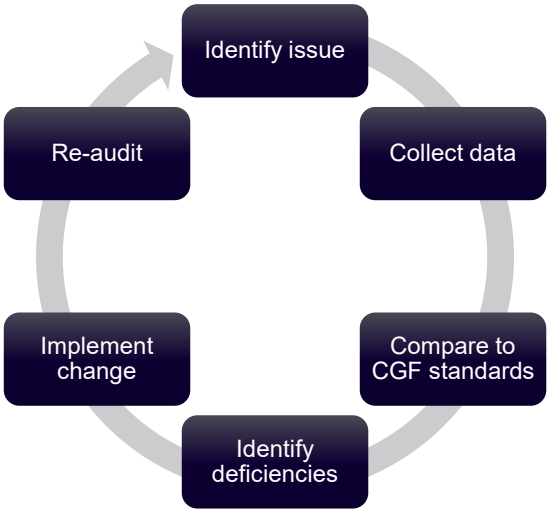

Figure 6. National Clinical Governance Framework Audit Cycle

[25] National Health and Medical Research Council (2014) - Ethical Considerations in Quality Assurance and Evaluation Activities

[26] Taylor MJ, McNicholas C, Nicolay C, et al. Systematic review of the application of the plan–do–study–act method to improve quality in healthcare. BMJ Quality & Safety 2014; 23:290-298.

Audit program

Audits are conducted to identify potential gaps in process or practice, and to guide an action plan of continuous improvement. Audits are a useful reporting mechanism to provide the [ORGANISATION] Executive Team with assurance that the requirements of the [ORGANISATION] Clinical Governance Framework are adhered to.

Repeated audit cycles contribute to improved clinical care, maintenance of standards and risk minimisation to athletes, health practitioners, and the Sports Institute itself. Repeated cycles also ensure that deficiencies identified in previous audits have been successfully addressed.

When conducting an audit, it is recommended that all parties approach the process with a growth and improvement mindset. This will help to ensure that the objectives of the Clinical Governance Framework are met and areas for improvement are noted and pursued.

Audit type	**Internal audit:** Members from within the organisation use the Audit Tool to audit sections of the Clinical Governance Framework in part or in full for the purpose of routine quality review, for assuring completion of actions identified in previous audits, or in preparation for an external audit. **External audit:** Members from outside the organisation are identified to form an audit team. This audit team uses the Audit Tool to review the Clinical Governance Framework, and to provide feedback and guidance on recommended actions. This process is beneficial to the organisation as it provides another level of independence and encourages uplift of best practice through broader knowledge transfer.
Frequency	It is recommended that organisations undertake an internal audit annually, and an external audit is scheduled every 3-4 years. *Organisation to insert details of the audit frequency that they are committing to, and the organisation specific schedules to align to. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.*
Team members	It is recommended that the team for an external audit is comprised of: • [ORGANISATION] Chief Medical Officer • [ORGANISATION] Head of Performance Health • Visiting NIN representative/s e.g., CMO or Health Manager from another Institute. • AIS representative e.g., AIS Quality Assurance team member. • Another external member e.g., [STATE] Health representative Additional personal that are recommended to attend specific sessions include: • Performance Health (including administration staff) – Domain 1 • Human Resource (People and Culture) – Domain 1 • High Performance Programs Manager – Domain 3 • Data Manager – Domain 4 • Business Manager – Domain 5

Audit tool	The Clinical Governance Audit Tool is located at: (LINK)
Sampling method	A sampling method may be utilised where it is not feasible to check every record or entry. Recommendations on the sample size and sample selection methods are provided by the AIS National Quality Standards Scheme (NQSS) and are agreed by the Executive Team and Audit Team prior to commencement of the audit.
Planning	A considered planning process is important for the success of both internal and external audits. For guidance on recommended planning processes, refer to the instruction provided within the Clinical Governance Audit Tool.
Reporting	Following completion of each audit, an audit report is produced and presented to the CEO and Executive Team for their analysis and actioning. Recommendations from this review are disseminated to Managers. Health practitioners will be notified by their Manager or Discipline/Technical Lead. *Organisation to insert details of any specific reporting requirements, audiences, and timelines. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.*
Change methodology	Should an audit reveal a deficiency in either the Framework or the practical implementation of a Framework requirement, this topic will be included in the scope of the next audit of that Domain. This is in line with the 'plan, do, study, act' change methodology adopted in the Framework; after identification of a problem, and actions taken to address the issue, a re-audit must be completed to ensure the change has been affected and practice has been improved. If there is an amendment to the Clinical Governance Audit Tool identified, a member of the AIS National Quality Standards Scheme should be contacted.

Clinical Governance Framework review

Organisation to describe the process for reviewing and updating their Clinical Governance Framework in the sections below. If this information exists in another location within the organisation, insert a brief description and provide reference to the source information.

[For example]

The [ORGANISATION] Clinical Governance Framework represents the most comprehensive clinical governance arrangements available at any point in time. As improvements are identified, or where supporting material is updated, the Framework will be updated following review by the CMO and the Executive Team.

Review frequency

Practitioners and Executive may suggest improvements to requirements in the framework at any time, on an ad hoc basis. Upon receipt of recommendations, the CMO or relevant discipline or Discipline Lead will research the implications of the suggestion(s) and present the proposal to the Executive Team at the earliest opportunity. Approved recommendations will be incorporated into the Framework.

Annual review

The annual formal Framework review allows for changes in national standards, legislative reviews and contemporary subject matter concerns e.g., infectious disease updates to be identified and intentionally considered as part of the organisations commitment to continuous improvement. Review of the Framework will be performed by the [ORGANISATION] CMO, together with relevant subject experts as required. These experts may include the Executive Director of Performance Support, Head of Performance Health, Data Manager and [ORGANISATION] People and Culture Team.

At completion of the review, a report is presented to the Executive Team. On receipt of the review presentation and acceptance of the review report, the Executive Team may require further assessment by the CMO before review recommendations are accepted.

Recommendations accepted by the CEO and Executive Team are incorporated into the [ORGANISATION] Clinical Governance Framework and health practitioners will be formally advised of the changes that affect clinical practice.

A copy of any approved changes to the [ORGANISATION] Clinical Governance Framework should be provided to the AIS National Quality Standards Scheme to be considered for broader dissemination and inclusion in the Clinical Governance Framework Template and supporting resources.

Change methodology

In line with the ‘plan, do, study, act’ change methodology adopted in this Framework, if a review of the Framework identifies a deficiency or suggested improvement, this area is addressed as soon as possible in the framework documentation, and relevant staff are notified of the changes.

Assessing the implementation and effectiveness of the change should be noted as a priority for the following framework review.

Glossary of Terms

Athlete centred care: care that is respectful of, and responsive to, the preferences, needs and values of the individual athlete. It involves seeking out and understanding what is important to the athlete (as a patient), fostering trust, establishing mutual respect, and working together to share decisions and plan care.

Allied health practitioner: self-regulated practitioners eligible for registration with their national bodies and associations, such as dietitians and massage therapists.

Best Practice: a procedure that has been shown by research and experience to produce optimal results and that is established or proposed as a standard suitable for widespread adoption.

Clinical care: health care that encompasses the prevention, treatment and management of illness or injury, as well as the maintenance of psychosocial, mental and physical wellbeing. Synonym for healthcare.

Clinical governance: set of relationships and responsibilities established by a health service organisation between its state and national health departments, governing body, executive, health practitioners, patients and other stakeholders to ensure good clinical outcomes.[27]

Clinical incident: an event or circumstance which could have resulted, or did result, in unintended harm to a patient.

Clinical risk: clinical risk includes any undesirable situation or operational factor that may have negative consequences for patient safety or is capable of causing an adverse event.

Credentialling: the formal process of verifying these qualifications and other relevant professional criteria to form a view of health practitioner competence, performance and professional suitability.

Credentials: the practical experience, qualifications, professional awards and statements of competency issued by an authorised and recognised body that attest to a practitioner's education, training and competence and relevant practical experience.

Executive Team: Chief Executive Officer plus Executive Directors, making up Senior Leadership Team.

Healthcare: the organised provision of medical care to individual persons or a community.

Healthcare practitioner: an AHPRA registered health practitioner eligible for registration with a national board

Health service provider: any organisation or individual providing healthcare to patients.

Practice: any role in which the individual uses their skills and knowledge as a health practitioner in their profession.

Registered health practitioner: a health practitioner in a discipline that is regulated by AHPRA.

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[27] Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards. Sydney: ACSQHC; 2011.

Self-regulating health practitioner: a health practitioner in a discipline that is not regulated by AHPRA.

Sports Institute: state level sporting institute or academy within the national institute network e.g., Queensland Academy of Sport, New South Wales Institute of Sport. May also be referred to as *Institute.*

Standards: levels of quality or attainment.

Glossary of Abbreviations

Abbreviation	Definition
ACSQHC	Australian Commission on Safety and Quality in Health Care
AED	Automated External Defibrillator
AHPRA	Australian Health Practitioner Regulation Agency
AIS	Australian Institute of Sport
AMA	Australian Medical Association
AMS	Athlete Management System
APA	Australian Physiotherapy Association
DPE	Daily Performance Environment
DTIS	Department of Tourism, Innovation and Sport
MDT	Multidisciplinary Team
NIN	National Institute Network
NSO	National Sporting Organisation
PPE	Personal protective equipment
PST	Performance Support Team
SDA	Sports Dietitians Australia
SSSM	Sports Science Sports Medicine
PT	Performance Team
NQSS	National Quality Standards Scheme
OIAC	Office of the Australian Information Commissioner

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Appendix A: National Safety and Quality Primary and Community Healthcare Standards

The **National Safety and Quality Primary and Community Healthcare Standards** consist of three Primary and Community Healthcare Standards that cover clinical governance, partnering with consumers and clinical safety.

The [ORGANISATION] Clinical Governance Framework satisfies the National Community Healthcare Standards in the following manner:

ITEM	DESCRIPTION	HOW ADDRESSED WITHIN [ORGANISATION] CGF
	STANDARD 1: CLINICAL GOVERNANCE STANDARD	
1.01	The healthcare service: a. Has a culture of safety and quality improvement	Domain 1: Practitioner Development
	b. Partners with patients, carers and consumers	Domain 3: Performance Partnerships
	c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce	Domain 1: Practitioner Development
	d. Establishes and maintains a clinical governance framework	All Domains
	e. Clearly defines the safety and quality roles, responsibilities and accountabilities of those governing the healthcare service, management, and the workforce	Domain 1: Practitioner Development
	f. Monitors and reviews the safety and quality performance of the healthcare service	Audit Process
	g. Considers the safety and quality of health care for patients in its business decision-making	Domain 1: Practitioner Development
	h. Establishes and maintains systems for integrating care with other service providers involved in patient's care	Domain 3: Performance Partnerships
1.02	The healthcare service uses a risk management approach to: a. Establish and maintain policies, procedures and protocols	Domain 5: Clinical Risk
	b. Make policies, procedures and protocols easily available to the workforce	Domain 2: Clinical Practice
	c. Monitor and take action to improve adherence to policies, procedures and protocols	Domain 5: Clinical Risk Audit Process
	d. Ensure compliance with relevant safety and quality legislation, regulation and jurisdictional requirements	All Domains
1.03	The healthcare service uses a range of data to:	Domain 4: Health Data Management

	a. Identify priorities for safety and quality improvement	Audit Process
	b. Implement and monitor safety and quality improvement activities	Domain 4: Health Data Management Audit Process
	c. Measure changes in safety and quality outcomes	Domain 4: Health Data Management Audit Process
	d. Provide timely information on safety and quality performance to patients, carers and families and the workforce	Domain 4: Health Data Management Audit Process
1.04	The healthcare service: a. Supports the workforce to identify, mitigate and manage safety and quality risks	Domain 5: Clinical Risk
	b. Documents and routinely monitors safety and quality risks	Domain 5: Clinical Risk
	c. Plans for, and manages, ongoing service provision during internal and external emergencies and disasters	Domain 5: Clinical Risk
1.05	The healthcare service has an incident management system that: a. Supports the workforce to recognise and report incidents	Domain 2: Clinical Practice Domain 5: Clinical Risk
	b. Supports patients, carers and families to communicate concerns or report incidents	Domain 3: Performance Partnerships
	c. Involves the workforce in the review of incidents	Domain 2: Clinical Practice Domain 5: Clinical Risk
	d. Provides timely feedback on the analysis of incidents to the workforce and patients, carers and families who have communicated concerns or incidents	Domain 2: Clinical Practice
	e. Uses the information from the analysis of incidents to improve safety and quality	Domain 2: Clinical Practice Audit Process
	f. Incorporates risks identified in the analysis of incidents into the risk management system	Domain 5: Clinical Risk
	g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	Domain 5: Clinical Risk
1.06	The healthcare service uses the Australian Open Disclosure Framework when a patient is harmed through the delivery of health care	Domain 3: Performance Partnerships
1.07	The healthcare service: a. Seeks feedback from patients, carers and families about their experiences and outcomes of health care	Domain 3: Performance Partnerships
	b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality system	Domain 1: Practitioner Development
	c. Uses feedback to improve safety and quality	All Domains
1.08	The healthcare service: a. Provides opportunities for its patients to report complaints	Domain 3: Performance Partnerships
	b. Has processes to address complaints in a timely way	Domain 3: Performance Partnerships

	c. Uses information from the analysis of complaints to improve safety and quality	Domain 2: Clinical Practice Audit Process
1.09	The healthcare service identifies patient populations using its service at greater risk of avoidable differences in health outcomes, including: a. People of Aboriginal and Torres Strait Islander origin b. People with disability c. People with diverse backgrounds	Domain 2: Clinical Practice
1.10	The healthcare service uses information on its patient populations to inform planning and delivery of health care for patients	Domain 2: Clinical Practice
1.11	The healthcare service has a healthcare record system that: a. Makes the healthcare record available to healthcare providers at the point of care	Domain 4: Health Data Management
	b. Supports healthcare providers to maintain accurate and complete healthcare records	Domain 4: Health Data Management
	c. Complies with privacy and security regulations	Domain 4: Health Data Management
	d. Supports audits of healthcare records	Domain 4: Health Data Management
	e. Facilitates a patient's access to their healthcare record	Domain 4: Health Data Management
1.12	The healthcare service has processes to: a. Receive and review reports on patients	Domain 2: Clinical Practice Domain 4: Health Data Management
	b. Recall patients and communicate about reports and health care options	Domain 4: Health Data Management
	c. Take action on reports in a timely manner	Domain 4: Health Data Management
	d. Document reports in a patient's healthcare record	Domain 4: Health Data Management
1.13	The healthcare service using My Health Record has processes to: a. Use national healthcare identifiers for patients and healthcare providers b. Use standard national terminologies c. Support healthcare providers to use My Health Record to optimise the safety and quality of health care for patients	**Not applicable as My Health Record system is not in use.**
1.14	The healthcare service providing clinical information to the My Health Record system has processes to: a. Comply with legislative requirements b. Ensure the accuracy and completeness of information uploaded	**Not applicable as My Health Record system is not in use.**
1.15	The healthcare service: a. Provides its workforce with orientation and training to their safety and quality roles on commencement with the service, when safety and quality responsibilities change and when new healthcare services are introduced	Domain 1: Practitioner Development
	b. Identifies the training needs of its workforce to meet the requirements of these standards	Domain 1: Practitioner Development
	c. Ensures its workforce completes training to meet its safety and quality training needs	Domain 1: Practitioner Development

1.16	The healthcare service supports its workforce to provide culturally safe services to meet the needs of its Aboriginal and Torres Strait Islander patients	Domain 1: Practitioner Development
1.17	The healthcare service has processes to support its workforce to understand and fulfil their assigned safety and quality roles and responsibilities	Domain 1: Practitioner Development
1.18	The healthcare service has valid and reliable review processes for the workforce that: a. Are used to regularly review their performance	Domain 1: Practitioner Development
	b. Identify needs for training and development of safety and quality	Domain 1: Practitioner Development
1.19	The healthcare service has processes to ensure that healthcare providers have the qualifications, knowledge and skills required to perform their role by: a. Describing the scope of clinical practice for healthcare providers practising in the healthcare service	Domain 1: Practitioner Development Domain 2: Clinical Practice
	b. Monitoring healthcare providers' practices to ensure they are operating within their designated scope of clinical practice	Domain 1: Practitioner Development Domain 2: Clinical Practice
	c. Reviewing healthcare providers' scope of clinical practice when a clinical service, procedure or technology is introduced or substantially altered	Domain 2: Clinical Practice
1.20	The healthcare service: a. Provides its healthcare providers with ready access to best practice guidelines and available evidence, clinical care standards developed by the Australian Commission on Safety and Quality in Health Care and decision support tools relevant to their clinical practice	Domain 2: Clinical Practice
	b. Supports its healthcare providers to use best practice guidelines and available evidence, clinical care standards developed by the Australian Commission on Safety and Quality in Health Care and decision support tools relevant to their clinical practice to deliver best practice care	Domain 2: Clinical Practice
1.21	The healthcare service supports its healthcare providers to: a. Monitor and review care delivered against relevant best practice care	Domain 2: Clinical Practice
	b. Explores reasons for variation of health care from best practice	Domain 2: Clinical Practice
	c. Uses information on unwarranted variation from best practice to improve health care	Domain 2: Clinical Practice
1.22	The healthcare service maximises safety and quality of health care: a. Through the design of the environment and management of the location where health care is provided	Domain 2: Clinical Practice
	b. By providing access to an environment, devices and equipment that are fit for purpose and well maintained	Domain 2: Clinical Practice
	c. By ensuring patients' privacy when health care is provided	Domain 2: Clinical Practice
1.23	The healthcare service identifies areas that have a high risk of unpredictable behaviours and develops strategies to minimise the risks of harm to patients, carers, families, consumers and the workforce	Domain 5: Clinical Risk
1.24	The healthcare service supports patients to access health care, including patients from diverse backgrounds and patients with disability	Domain 2: Clinical Practice

1.25	The healthcare service provides a culturally safe environment that recognises the importance of the cultural beliefs and practices of Aboriginal and Torres Strait Islander people	Domain 1: Practitioner Development
	STANDARD 2: PARTNERING WITH CONSUMERS STANDARD	
2.01	Healthcare providers use the safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for partnering with consumers	All Domains
	b. Managing risks associated with partnering with consumers	All Domains
	c. Monitoring processes for partnering with consumers	All Domains
2.02	The healthcare service: a. Uses a Charter of Rights consistent with the Australian Charter of Healthcare Rights	Domain 2: Clinical Practice
	b. Has processes to support the workforce to apply the principles of the Charter of Rights in the planning and delivery of health care	Domain 2: Clinical Practice
	c. Makes the Charter of Rights easily accessible for patients, carers, families and consumers	Domain 2: Clinical Practice
	d. Ensures its informed consent processes comply with legislation and best practice	Domain 4: Health Data Management Domain 2: Clinical Practice
2.03	The healthcare service has processes to identify: a. The capacity of a patient to make decisions about their own health care	Domain 2: Clinical Practice
	b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	Domain 2: Clinical Practice
2.04	The healthcare service has processes for healthcare providers to partner with patients and/or their substitute decision-maker to plan, communicate, set and review goals, make decisions and document their preferences about their current and future health care	Domain 3: Performance Partnerships
2.05	The healthcare service supports the workforce to form partnerships with patients, carers and families so that patients can be actively involved in their own health care	Domain 3: Performance Partnerships
2.06	The workforce communicates with patients, carers, families and consumers about health and health care in a way that: a. Is tailored to the patient's needs and preferences	Domain 3: Performance Partnerships
	b. Is easily understood	Domain 3: Performance Partnerships
	c. Addresses the need for ongoing health care	Domain 3: Performance Partnerships
2.07	The healthcare service makes information available to consumers on: a. The services available	Domain 2: Clinical Practice
	b. The opening hours and how to access health care	Domain 2: Clinical Practice
	c. Who can access the services	**Not applicable**
	d. Estimated service costs	**Not applicable**
	e. Alternative health care when the service is closed, after-hours and in an emergency	Domain 2: Clinical Practice

	f. Service location(s) and access details	Domain 2: Clinical Practice
	g. Mechanisms for providing feedback and contact details for the appropriate healthcare complaints authority	Domain 2: Clinical Practice
2.08	The healthcare service works in partnership with patients, carers, families and consumers to seek and incorporate their views and experiences into the planning, design, monitoring and evaluation of services	Domain 3: Performance Partnerships
	STANDARD 3: CLINICAL SAFETY STANDARD	
3.01	The workforce uses safety and quality systems from the Clinical Governance Standard when: a. Implementing policies and procedures for clinical safety	All Domains
	b. Managing risks associated with clinical safety	Domain 5: Clinical Risk
	c. Identifying training requirements to support clinical safety	Domain 1: Practitioner Development
3.02	The healthcare service applies the quality improvement system from the Clinical Governance Standard when: a. Monitoring clinical safety risks	Domain 5: Clinical Risk
	b. Implementing strategies to improve clinical safety outcomes and associated processes	All Domains
	c. Reporting on clinical safety	Audit Process
3.03	The workforce uses the healthcare service's processes from the Partnering with Consumers Standard when addressing clinical safety to: a. Actively involve patients in their own health care	Domain 3: Performance Partnerships
	b. Meet the patient's information needs	Domain 2: Clinical Practice Domain 3: Performance Partnerships
	c. Share decision-making	Domain 3: Performance Partnerships
3.04	The healthcare service has processes to apply standard and transmission-based precautions that are fit for the setting and consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements, and relevant jurisdictional laws and policies, including work health and safety laws.	Domain 2: Clinical Practice Audit Process
3.05	The healthcare service has a hand hygiene process that is incorporated in its overarching infection prevention and control program as part of standard precautions and: a. Is consistent with the appropriate elements of the National Hand Hygiene Initiative, and jurisdictional requirements	Domain 2: Clinical Practice
	b. Supports the workforce and consumers to practise hand hygiene	Domain 2: Clinical Practice
3.06	The healthcare service supports the workforce and consumers to practise respiratory hygiene, cough etiquette and physical distancing where relevant	Domain 2: Clinical Practice
3.07	Where aseptic technique is required as part of the provision of health care, the healthcare service has processes to: a. Identify procedures where aseptic technique applies	Domain 2: Clinical Practice

	b. Monitor healthcare providers' practices to ensure compliance with the healthcare service's policies and procedures on aseptic technique	Domain 2: Clinical Practice
3.08	Where invasive medical devices are used, the healthcare service has processes for the appropriate use and management of invasive medical devices that are consistent with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*	Domain 2: Clinical Practice
3.09	The healthcare service has processes to maintain a clean, safe and hygienic environment – in line with the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and jurisdictional requirements – to: a. Respond to environment risks, including novel infections	Domain 2: Clinical Practice
	b. Require cleaning and disinfection using products listed on the Australian Register of Therapeutic Goods consistent with manufacturers' instructions for use and recommended frequencies	Domain 2: Clinical Practice
	c. Provide access to training on cleaning processes for routine and outbreak situations, and novel infections	Domain 2: Clinical Practice
3.10	The healthcare service has processes to evaluate and respond to infection risks for: a. New and existing equipment, devices and products used in the healthcare service	Domain 2: Clinical Practice
	b. Clinical and non-clinical areas, and workplace amenity areas	Domain 2: Clinical Practice
	c. Maintaining, repairing and upgrading buildings, equipment, furnishings and fittings	Domain 2: Clinical Practice
	d. Handling, transporting and storage of linen	Domain 2: Clinical Practice
	e. Novel infections, and risks identified as part of a public health response or pandemic planning	Domain 2: Clinical Practice
3.11	The healthcare service has a risk-based workforce vaccine-preventable diseases screening and immunisation process that: a. Is consistent with the current edition of the *Australian Immunisation Handbook*	Domain 2: Clinical Practice
	b. Is consistent with jurisdictional requirements for vaccine-preventable diseases	Domain 2: Clinical Practice
	c. Identifies and addresses specific risks to the workforce, consumers and patients	Domain 2: Clinical Practice
3.12	The healthcare service has risk-based processes for preventing and managing infections in the workforce that: a. Are consistent with the relevant state or territory work health safety regulation and the current edition of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*	Domain 2: Clinical Practice
	b. Align with state and territory public health requirements for workforce screening and exclusion periods	Domain 2: Clinical Practice
	c. Manage risks to the workforce, patients and visitors, including for novel infections	Domain 2: Clinical Practice
	d. Promote non-attendance or remote-attendance at work and avoiding visiting or volunteering when infection is present or suspected	Domain 1: Practitioner Development
	e. Plan for, and manage, ongoing service provision during outbreaks and pandemics or events where there is increased risk of transmission of infection	Domain 2: Clinical Practice
3.13	Where reusable equipment, instruments and devices are used, the healthcare service has:	Domain 2: Clinical Practice

	a. Processes for reprocessing that are consistent with relevant national and international standards, in conjunction with manufacturers' guidelines	
	b. A process for critical equipment, instruments, and devices that is capable of identifying the: – patient – procedure – reusable equipment, instruments and devices that were used for the procedure	Domain 2: Clinical Practice
	c. Processes to plan and manage reprocessing requirements and additional controls for novel and emerging infections	Domain 2: Clinical Practice
3.14	The healthcare service that prescribes, supplies and/or administers antimicrobials: a. Provides healthcare providers with access to, and promotes the use of, current evidence-based Australian therapeutic guidelines and resources on antimicrobial prescribing	Domain 2: Clinical Practice
	b. Incorporates core elements, recommendations and principles from the current Antimicrobial Stewardship Clinical Care Standard into service delivery	Domain 2: Clinical Practice
	c. Supports healthcare providers who prescribe antimicrobials to review compliance of antimicrobial prescribing against current local or Australian therapeutic guidelines	Domain 2: Clinical Practice
	d. Supports healthcare providers to identify the areas of improvement and takes action to increase the appropriateness of antimicrobial usage	Domain 2: Clinical Practice
	e. Has mechanisms to educate consumers about the risks, benefits and alternatives to antimicrobials for their condition	Domain 2: Clinical Practice
3.15	A healthcare service that prescribes, supplies and/or administers medicines has processes to ensure healthcare providers work within their scope of clinical practice to: a. Take a best possible medication history on presentation or as early as possible in the episode of care	Domain 2: Clinical Practice
	b. Ensure a patient's medicines-related information is included in a patient's healthcare record	Domain 2: Clinical Practice
	c. Partner with patients, carers and families in the management of their medicines	Domain 2: Clinical Practice
	d. Support patients, carers and families to maintain a current and accurate medicines list	Domain 2: Clinical Practice
	e. Encourage patients to share their medicines list with other healthcare providers involved in their care and/or does so on a patient's behalf with their consent	Domain 2: Clinical Practice
	f. Use information on a patient's medication history to minimise risks in the planning and delivery of health care	Domain 2: Clinical Practice
3.16	The healthcare service has processes to ensure healthcare providers work within their scope of clinical practice to: a. Provide information on medicines tailored to the patient's needs and preferences	Domain 2: Clinical Practice
	b. Take action when a healthcare provider or patient identifies a suspected medicines-related problem	Domain 2: Clinical Practice
	c. Report suspected adverse drug reactions to the Therapeutic Goods Administration	Domain 2: Clinical Practice
3.17	A healthcare service that prescribes, stores, supplies and/or administers medicines complies with manufacturer's instructions, legislative and jurisdictional requirements for the: a. Safe and secure storage of medicines, including high-risk medicines	Domain 2: Clinical Practice
	b. Storage of temperature-sensitive medicines and cold chain management	Domain 2: Clinical Practice

	c. Supply of medicines	Domain 2: Clinical Practice
	d. Disposal of unused, unwanted or expired medicines	Domain 2: Clinical Practice
3.18	A healthcare service that prescribes, stores, supplies and/or administers medicines has processes to: a. Identify high-risk medicines within the service b. Safely store, prescribe, supply, administer and dispose of high-risk medicines	Domain 2: Clinical Practice
3.19	The healthcare service: a. Collaborates with other healthcare providers involved in a patient's care	Domain 3: Professional Partnerships
	b. Supports collaboration with other care providers to develop a coordinated approach to the planning and delivery of health care	Domain 3: Professional Partnerships
	c. Facilitates reporting to a patient's other relevant care providers	Domain 3: Professional Partnerships
3.20	The healthcare service has processes to support health education and promotion, illness prevention and early intervention for patients, considering its patient population	Domain 2: Clinical Practice
3.21	The healthcare service has processes to ensure healthcare providers work within their scope of practice to plan and deliver comprehensive care by: a. Conducting a risk screening and assessment	Domain 2: Clinical Practice
	b. Conducting a clinical assessment and diagnosis	Domain 2: Clinical Practice
	c. Identifying the patient's goals of care	Domain 2: Clinical Practice
	d. Developing and agreeing a plan for care in partnership with the patient	Domain 3: Professional Partnerships
	e. Delivering comprehensive care in accordance with the agreed plan for health care	Domain 2: Clinical Practice
	f. Recalling patients for follow-up health care when required	Domain 2: Clinical Practice
	g. Reviewing and improving the processes of comprehensive care delivery	Domain 2: Clinical Practice
	h. Receiving a current advance care plan and incorporating it into a patient's healthcare record	Domain 2: Clinical Practice, Domain 3: Professional Partnerships Domain 4: Health Data Management
3.22	The healthcare service has processes to: a. Routinely ask if a patient is of Aboriginal and/or Torres Strait Islander origin	Domain 4: Health Data Management
	b. Record this information in the patient's healthcare record	Domain 4: Health Data Management
	c. Use this information to optimise the planning and delivery of health care	Domain 2: Clinical Practice
3.23	The healthcare service supports its workforce to meet the individual needs of its patients, including those: a. with disability	Domain 2: Clinical Practice
	b. from diverse populations	Domain 2: Clinical Practice

3.24	Healthcare providers use a healthcare service's processes that are consistent with the National Consensus Statement: Essential elements for safe and high-quality end-of-life care to: a. Identify patients who are at the end of life b. Use this information to plan and deliver health care	**Not applicable when end-of-life care does not form part of a service's delivery of health care.**
3.25	The healthcare service has processes that use at least three patient identifiers to ensure patients are correctly identified	Domain 4: Health Data Management
3.26	The healthcare service has processes to: a. Correctly match patients to their health care	Domain 4: Health Data Management
	b. Ensure essential information is documented in a patient's healthcare record	Domain 4: Health Data Management
3.27	The healthcare service supports its healthcare providers to refer patients to other services and collaborate with other care providers by: a. Using best practice structured communication processes	Domain 3: Professional Partnerships Domain 4: Health Data Management
	b. Considering the patient's risks, goals and preferences for health care	Domain 3: Professional Partnerships
	c. Communicating information that is current, comprehensive and accurate	Domain 2: Clinical Practice
3.28	The healthcare service has effective communication processes to maximise patient attendance at planned appointments	Domain 2: Clinical Practice
3.29	The healthcare service uses its communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Relevant healthcare providers involved in the patient's care	Domain 4: Health Data Management
	b. Patients, carers and families, in accordance with the patient's preferences	Domain 3: Professional Partnerships
3.30	The healthcare service has communication processes for patients, carers and families to directly communicate critical information and risks about health care to their healthcare providers	Domain 3: Professional Partnerships
3.31	Healthcare providers use the healthcare service's processes to: a. Recognise deterioration in a patient's physical, mental or cognitive health	Domain 2: Clinical Practice
	b. Respond to a patient within their scope of clinical practice and call for emergency assistance	Domain 2: Clinical Practice
	c. Notify a patient's other relevant healthcare providers, carers or family when their health care is escalated	Domain 2: Clinical Practice
3.32	The healthcare service: a. Has processes to respond to patients who are distressed, have expressed thoughts of self-harm or suicide, or have self-harmed	Domain 2: Clinical Practice
	b. Has processes to respond to patients who present a risk of harm to others	Domain 2: Clinical Practice
	c. Provides information on accessing other services to patients with healthcare needs beyond the scope of the service	Domain 2: Clinical Practice
	d. Has a process that supports crisis intervention that is aligned to legislation	Domain 2: Clinical Practice

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