Clinical Governance Framework

Date: May 2016
Version: 1.0

Security Classification: FOR OFFICAL USE ONLY
## Document Control

### Document Revision History

<table>
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<th>Summary of Changes</th>
<th>Author / Editors / Reviewer</th>
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<tr>
<td>1.0</td>
<td>May 2016</td>
<td>Formatting change for SharePoint</td>
<td>Laura Jorgensen</td>
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### Document Approval

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<td>May 2016</td>
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### Documents Relevant to this Document

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1 Introduction

1.1 Purpose

The purpose of this document is to define the clinical governance framework (the Framework) for Healthdirect Australia to ensure that:

a. The services provided by Healthdirect Australia and services procured by Healthdirect Australia are safe, effective, appropriate, consumer focused, accessible and efficient.¹

b. The credibility and clinical reputation of Healthdirect Australia and trustworthiness of the services is maintained

c. All Healthdirect Australia services promote health literacy and consumer empowerment and are developed using health promotion principles.

This document identifies the different requirements for clinical governance of both Healthdirect Australia and of the service providers contracted by Healthdirect Australia to provide services.

1.2 Background

Healthdirect Australia is responsible for the clinical integrity of all services governed by it and has established and implemented a clinical governance framework, including structures and processes that enable the provision of high quality, contemporary, safe and accountable telehealth services including both telephone and digital services.

Telehealth is defined as ‘the delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities’.² Healthdirect Australia provides clinical models of care for Australian consumers that are enabled through the use of information and communication systems. These include Symptom assessment and triage, clinical diagnostic services, general practitioner consultations, specialist consultations, mental health support services, health information services, aged care support services, chronic disease management and coaching enabled through telephone contact centres, video and interactive health websites and other digital services.

The delivery of these clinical models of care needs to be governed effectively. Governance is “the system by which organisations are directed, controlled and held to account. It encompasses authority, accountability, stewardship, leadership, direction and control, exercised in the organisation”.³ Governance is the role of the Board. It influences how the objectives and strategy of an organisation are set and achieved, how risk is monitored and assessed, how compliance is achieved and how performance is optimised.

Clinical governance is defined as “The framework through which health care organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish”.

Clinical governance is achieved through a number of interlinked structures and activities that are designed to ensure that managers, clinicians and those who govern health services are aware of their roles and responsibilities, and have the appropriate arrangements and processes in place to effect robust governance.

Essentially, clinical governance is the exercise of corporate accountability, both external and internal, for the management of clinical performance throughout a health service organisation. It therefore places a responsibility on the Board, through the Chief Executive Officer, to have effective mechanisms in place for monitoring and managing the quality of the clinical services that are provided and for meeting identified targets for quality.

When implemented well, clinical governance will provide the Board and the Executive with an assurance that health services, whether provided directly by Healthdirect Australia or contracted from other providers, are both safe and of a high quality.

Health content governance is a pillar of clinical governance for Healthdirect Australia. It mitigates the risk of harm from misleading or inaccurate information. It involves ensuring the quality of all health content and tools used in any Healthdirect Australia channels.

Health content includes any health information, medical wording, data or claims that are included in communications across any channel including print, digital (web, social media, widgets), telephone and, television.

Health content governance contributes to ensuring the credibility of Healthdirect as a health service organisation and helps maintain the clinical reputation of the Company through:

- Ensuring content accuracy for all health claims and health information presented through any channel and medium including marketing material and social media.
- Reviewing the context of all content to ensure the health messaging is appropriate for the audience and the purpose
- Facilitating expert review where required
- Seeking permissions where needed

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2 Responsibilities

Responsibilities for Clinical Governance are outlined below and summarised in Table 1.

2.1 Company responsibility and liability

Whilst all who are engaged in providing health services have a level of responsibility for the quality of those services, there are different degrees and levels of responsibility that apply. Where Healthdirect Australia (the Company) procures services from specialist providers, the service provider has responsibility and liability for clinical governance of the service through their contract with the Company, with Healthdirect Australia having a clinical governance monitoring role. Healthdirect Australia retains a vicarious liability and a duty of care to provide effective guidance, contractual content, management and monitoring.

This role means that Healthdirect Australia is responsible for ensuring that service providers have effective systems in place for achieving clinical governance of the service in accordance with best practice. In order to achieve this, Healthdirect Australia has a responsibility to define what is required of the service provider.

Where Healthdirect Australia takes primary responsibility for service development and provision such as through digital services, the Company holds full accountability for clinical quality. This may vary depending on any contractual arrangements that may exist in specific services.

2.2 Board and Executive

The Healthdirect Australia Board is responsible for performance and conformance of the organisation, both internal and external to the organisation; setting the strategic direction and policy framework both from a corporate and clinical perspective, and monitoring compliance.

The Healthdirect Australia CEO with the Executive has the overall responsibility for the implementation of the Board’s strategy and policy. This requires the development and maintenance of effective processes and the allocation of sufficient resources to clinical governance so that the Board is provided with sufficient information to be able to discharge its responsibilities for clinical governance and risk management.

The Healthdirect Australia Executive is accountable for ensuring that the policy components of this Clinical Governance Framework are resourced and that personnel have the required skills and experience to implement, review, evaluate and improve all components of the Framework as required.

2.3 General Manager Clinical Governance

The Healthdirect Australia General Manager (GM), Clinical Governance has the primary role in the Company in developing an annual work plan in line with the Company’s strategic plan and annual business plan and communicating with the Board’s Clinical Governance Advisory Group (CGAG).

The GM Clinical Governance is also responsible for establishing and supporting an expert clinical panel that can provide assistance as both a group and as individuals in providing the clinical advice and input that will be helpful in achieving effective clinical governance.

The GM Clinical Governance is responsible for ensuring all phases of digital product development and delivery take into account issues related to clinical quality that could affect the final outcome.

Further, the GM Clinical Governance is responsible for playing an advisory role regarding the strategic direction of new services to ensure health literacy, consumer empowerment and health promotion goals are included in service development.

The GM Clinical Governance will provide quality and safety data and information reports to the Board through the CGAG on the key performance areas identified in this Clinical Governance Framework.

2.4 Clinical Service Providers

All clinical service providers contracted by Healthdirect Australia are required to have in place, a Clinical Governance Framework that reflects the Healthdirect Australia Clinical Governance Framework and to have effective structures and processes to implement that framework. Service providers will be expected to participate in service review and improvement meetings with Healthdirect Australia and to provide regular reports on the quality of their services to Healthdirect Australia.

2.5 Non Clinical Service Developers and Providers

Non-clinical service developers and providers, both internal and external to Healthdirect Australia are required to consult and take advice from Clinical Governance at all stages of service development to ensure all aspects of clinical quality. These include the development of work plans, work orders, contracts etc in consultation with DoHA and other shareholders, development of service strategy, development of marketing materials, the development of locally produced content and editorial planning.

The following table summarises clinical governance responsibilities.
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<th>Service level responsibilities</th>
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<tr>
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<td>Providing the strategy and policy for effective clinical governance and monitoring compliance.</td>
<td>Implementing and utilising all Framework components for services developed and/or provided by Healthdirect Australia</td>
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<td>Providing the organisational framework for effective clinical governance</td>
<td>Identifying requirements of service providers</td>
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<td>Providing advice on and recommendations for improvements of services provided</td>
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<td>Non clinical service providers and developers</td>
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Table 1 Clinical governance responsibilities
3 The Clinical Governance Framework

3.1 Introduction

The conceptual basis for the Healthdirect Australia Clinical Governance Framework has the consumer at the centre, surrounded by his or her interest and support groups (including family, carers and health care professionals). The providers of health care services are responsible to the patient. The patient, interest groups and providers make up the health system and are part of the broader community. The six key dimensions of a quality health care system and the four cross-dimensional performance areas need to be addressed by Healthdirect Australia and by our service providers who supply health services directly to the consumer. Where system performance is improved according to these dimensions, it is anticipated the quality of the service will be enhanced.

The Framework for managing the quality of health services both provided and procured by Healthdirect Australia

- focuses on the quality of clinical models of care
- provides explicit accountability for the quality and credibility of services with a systemic orientation
- provides the principles for managing the quality of the services
- provides an organisational focus for quality activities and reporting, while recognising the essential role played by health care professionals in quality improvement
- is aimed at both the level of Healthdirect Australia and at the service provider level
- describes the infrastructure needed to facilitate the coordination, monitoring, evaluation, reporting and feedback on service quality
- provides a stable framework for the necessary ongoing development and maturing of quality indicators for all services
- recognises the essential requirement of continuous quality improvement
- recognises the central importance of improving health literacy and consumer empowerment through use of the services
- recognises the critical importance to the business of ensuring credibility and clinical reputation of the services.

The framework relies on the adoption by both Healthdirect Australia and all Healthdirect Australia service providers of a number of principles for monitoring and managing the quality of services. The framework also requires that an effective committee structure exists in Healthdirect Australia that involves all service developers and providers both internal and external to Healthdirect Australia. This includes a peak clinical committee, which is a committee of the Healthdirect Australia Board. This committee provides leadership on quality in telehealth services, the monitoring and facilitation of continuous improvement, the promotion of education, training and research in quality of care and takes responsibility for measuring and reporting on quality to the Board. The Framework identifies that performance in six dimensions of quality and four cross-dimensional performance areas will provide the basis for such measurement, reporting and improvement efforts.

3.2 The Principles

This Framework will support Healthdirect Australia and contracted service providers by establishing the means by which the following can be achieved:

1. The health consumer being the primary focus of any model of health service provided by Healthdirect Australia including focusing on improving health literacy wherever possible
2. Acceptance by the Board and Executive of the responsibility they have for clinical governance and for creating and maintaining a structure and policies for managing the quality of services
3. Clear definition of accountabilities for quality at all levels of the organisation
4. An emphasis on the evidence based models of care, with information and communications technology being the enabler of delivery of the care models
5. An emphasis on the development of partnerships most especially with service providers and their clinical personnel and between clinical and non clinical service developers
6. The quality of health care being measured systematically with a focus on the use of these data to minimise inappropriate variation, incidents and to continuously improve services and to report to all who have responsibility for governance and management
7. Clinical risks being managed effectively, with an emphasis on preventing adverse outcomes through proactive risk identification and management
8. Clinical governance being supported by high quality organisational systems that have been evaluated by a recognised external accrediting body.

3.3 The Framework at a Glance

The Healthdirect Australia Clinical Governance Framework complements the Healthdirect Australia Corporate Governance arrangements but focusses specifically on the clinical aspects of the services we deliver.

For a clinical governance framework to be effective it must be implementable and implemented at both the organisational level and at the clinical or delivery level of provision. There are different components and requirements at each of these levels.

This framework has the following key components. At the organisational level, the components of the framework are:

- A policy framework
- A streamlined and interlinked committee structure
- An effective performance (indicator) framework and monitoring process
- A reporting framework
- The correct culture.

At the clinical or service level, there are three key components of the framework

- Participation in activities that identify, measure and analyse problems with the service and its delivery.
- Clinicians, managers and development and delivery staff having an understanding of systems and how individuals and teams function within the system
- Action to improve the systems of service delivery.
The following diagrammatically represents the key components of the clinical governance framework.

3.4 The Policy Framework

A key feature of an effective governance framework is a good policy framework. The Executive has a major role in developing policy to support the implementation of the Board strategies. Policy as it applies to health service delivery often requires the consideration of multifaceted issues and complex interrelationships between many people.

Policy however is of no value if it is not implemented and regularly reviewed for currency. Regular monitoring of implementation and compliance with policy directives is essential. There are several policies that are essential for good clinical governance of telehealth services. For Healthdirect Australia the key policies include:

- Call flow management
- Clinical audit; internal and external
- Clinical Governance framework – expectations of service providers
- Consent, Privacy and Confidentiality
- Consumer, carer and community participation
- Health content development framework
- Content partner assessment policy
- Credentialing and definition of scope of practice of clinicians providing clinical services
- Data and equipment management
- Developing new models of care for delivery via telehealth
- Disclosure of personal information
- Incident and Complaints Management (including Open Disclosure of Adverse Events)
- Information security
- On line clinical content provision, maintenance and improvement
- Performance Management
- Quality Review and Improvement
- Records management
- Health and Symptom Checker development, maintenance and improvement
3.5 The Committee Structure

An essential component of effective governance is an appropriate committee structure that monitors and manages the quality of services being delivered through Healthdirect Australia contracts. The committee structure includes Board Committees and the various quality committees (and sub-committees from time to time) within Healthdirect Australia that inform and support the function and purpose of the Board.

Committees need to be well organised and effective decision making entities, to be able to contribute appropriately to the organisation’s governance.

3.5.1 The Clinical Governance Advisory Group (CGAG)

The key clinical governance Board committee is the Clinical Governance Advisory Group. The objective of CGAG is to assist the Company in the provision of nationally consistent telehealth services for the Australian population that:

- are of a high quality and are equitable,
- promote health literacy and consumer empowerment
- are credible and trustworthy

**CGAG Role**

The role of the CGAG is to provide advice to the Board:

- in relation to all clinical governance aspects of the scope of services and contracts undertaken and/or managed by Healthdirect Australia.
- on the development, implementation and monitoring of the Clinical Governance Framework inclusive of continuous quality improvement and clinical risk management.
- about clinical governance related to health policies including those which are referred to CGAG by the Joint Customer Advisory Committee (JCAC).
- in relation to research concerning evidence based best practice in the telehealth arena.

**CGAG Membership**

The CGAG will comprise:

- A minimum of two Directors and a minimum of two and up to three external Advisors including one Mental Health Expert
- The Chief Executive and Healthdirect Australia General Manager Clinical Governance participate as attendees.

3.5.2 Editorial Committee

The Healthdirect Australia Editorial Committee also provides critical input to clinical governance for Healthdirect Australia digital services. The Editorial Committee is established by and reports to the Chief Executive, through the senior Executive group.

**Healthdirect Australia Editorial Committee Role**

The role of the Editorial Committee is to

- provide advice on the strategic direction for digital services
- provide advice on internal policy that will ensure delivery of high quality digital services
• receive reports from digital services that inform the Editorial Committee of current performance and provide a component of information required for planning and development of the services
• facilitate linkages between Healthdirect Australia web services and stakeholders (including consumer organisations, health professionals, regional health services and potential partner organisations).

The Editorial Committee is comprised of members with suitable experience in medical practice, information and web technologies, legal compliance, marketing, and consumer advocacy, or the provision of information and advice to consumers.

3.5.3 Clinical Expert Panel

Separate from but complementary to CGAG is the Healthdirect Australia Clinical Expert Panel.

The purpose of the Clinical Advisory Panel is to assist Healthdirect Australia in its endeavours to be the leader in telehealth.

The role of the Clinical Expert Panel is to:

• Provide clinical input and advice to Healthdirect Australia on specific clinical issues on a project by project basis.
• Participate on an individual basis on specific project governance groups
• Represent Healthdirect Australia at fora as requested, to provide additional credibility to the organisation.

3.5.4 Service Improvement and Development Committees (SIDCs)

Fundamental also to the committee structure for effective governance, are the Service Improvement and Development Committees (SIDCs) that review and improve services contracted by or developed and provided by Healthdirect Australia.

As additional services are developed, a Service Improvement and Development Committee will be established. Every service, whether provided by Healthdirect or contracted by Healthdirect will have an SIDC.

SIDC Role

The role of the Service Improvement and Development Committee is to provide a forum for Healthdirect Australia to meet with services providers (both internal and external) to discuss clinical and operational issues that contribute to the delivery of a clinically safe, nationally consistent and evidence-based service.

This is achieved by identifying, planning, implementing and reviewing system improvements. In addition, the committee looks at all associated processes of reporting, monitoring and audit in order to ensure, where appropriate, contract compliance.
SIDC Membership
The membership of each committee varies and is dependent on the stakeholders of that service. All SIDCs comprise clinical, managerial and where required, operations personal. Each party is required to raise issues for the agenda of the SIDC.

Agenda items for each Committee may arise from performance trends and system issues identified by Healthdirect Australia or the service provider; incident reports and investigations; complaints reports; the outcomes of proactive continuous quality management activities and evaluation against objectives set by the Committee, including customer and stakeholder surveys and other stakeholder consultation (with, for example jurisdictions and relevant health service providers), compliance surveying of service users, policy/service reviews and relevant research and development.

SIDC Functions
- Each SIDC has in its Terms of Reference the requirement to:
- Discuss service reporting and performance metrics to identify and manage service related issues.
- Identify and monitor clinical indicators and KPI’s for maintenance of service safety and quality
- Review incident and complaints reports and investigations undertaken
- Identify, plan and review system improvements.
- Communicate about policies, guidelines, and protocols for development and review.
- Review service performance trends and issues for continuous improvement
- Identify emerging issues and risks to develop agreed actions and risk mitigation strategies.
- Review quality documentation and plans to identify issues for the service improvement work plan and priorities for action.
- Plan customer surveys, research and evaluation activities and review outcomes for action.
- Monitor industry developments and discuss service development opportunities.

In relation to digital services the SIDC will also
- Provide advice to Healthdirect Australia on, and where appropriate participate in the assessment process for, external information providers;
- Recommend new Information Partners;
- Provide advice on prioritising, developing and managing content.

The Healthdirect Australia clinical governance committee structure is diagrammatically represented as follows.

8 For example the 13HEALTH-AGPH SIDC membership is comprised of clinical, management and operational representatives from Healthdirect Australia, MHS and Queensland Health Contact Centre.
3.6 The Performance Framework

The performance framework describes the way in which the performance of the services provided by Healthdirect Australia, either directly by or procured by Healthdirect is measured, monitored and managed.

Through performance monitoring the Board ensures that the organisation is performing at an optimal level and meeting its policy, planning and operational objectives. It may also allow the reconsideration of resource allocation to ensure appropriate outcomes. Governance arrangements and practices need to meet compliance requirements whilst supporting continual improvement in performance.

An effective performance framework requires that there are mechanisms in place from the service level through to the Board level, for managing and governing all aspects of telehealth services. Data and information about these many aspects of performance must be regularly reported to the Board (through CGAG) in order that the Board can exercise its responsibility for the performance of the organisation.

The principles of measurement that underpin the performance framework are:

- all measurements are transparent
- information is made available to those to whom it relates
measurements have intrinsic value to the collectors to ensure accurate collection and subsequent use for quality improvement
- collection requires minimal if any additional effort for staff
- measures are first reviewed by the collectors to ensure their accuracy and to minimise misinterpretation
- measures are regularly reviewed.

The Healthdirect Australia Performance Framework is based on the measurement of the six dimensions of quality9 10 11 and four cross dimensional performance areas.

The six fundamental dimensions of quality are Safety, Effectiveness, Appropriateness, Consumer acceptability, Access and Equity and Efficiency. The cross dimensional performance areas are System Competence, Workforce and Risk Management and Quality Improvement. Performance in our mental health services will be measured and reported separately to ensure appropriate focus on these services. For ease, this will be referred to as a fourth cross dimensional performance area. Appropriate indicators or measures of performance in all dimensions of quality for all services delivered by Healthdirect Australia are to be identified and/or developed and matured over time. Indicators are more mature for telephone services. These can be found at Appendix 1. Indicators for digital services are in their infancy.

3.6.1 Safety

Safety in health care is defined as “the extent to which potential risks are avoided and inadvertent harm is minimised in care delivery processes”.12 It is recognised that interventions in health, or their omission, can inadvertently produce harm.

CGAG approves all performance measures of safety. Qualitative reviews of all incidents and complaints across all products and services will be undertaken to increase the level of understanding of the causes of incidents and therefore breaches of safety, in order that where possible, similar events are prevented. Investigations of serious incidents take the form of a Root Cause Analysis (RCA), the results of which are reported to Healthdirect Australia within 45 days of identification of the incident with an interim report being provided within 4 days.

3.6.2 Effectiveness

Measurement of effectiveness in health services requires the assessment of the extent to which a treatment or intervention has achieved the desired outcomes.

Effectiveness has the following components:

10 NSW Health (1999) "The Framework for Managing the Quality of Health services in NSW"
12 Ibid.
- Performing interventions that have a high level of evidence of effect and conversely refraining from the use of interventions for which there is evidence of lack of effect.
- Providing services effectively ie: using robust, standard procedures that are more likely to reduce variation in practice.
- For all health information provided through any channel, effectiveness means information development and editorial planning take into account health promotion strategies and other relevant evidence.

The expected standard of care and services provided by Healthdirect Australia service providers is that all services (including telephonic and digital) are based on the best available evidence. Healthdirect Australia requires of itself and its service providers, demonstration that all clinical information, advice processes and clinical decision mechanisms are based on current, best evidence. The process for developing and updating clinical information, advice and processes and clinical decision mechanisms is documented and auditable. In addition to regular review, the outcome of incident investigation and feedback should trigger the review of clinical decision guidelines and information. Due diligence for new projects includes a review of capability and capacity to deliver evidence based services. Clinical resource information is reviewed annually and confirmed by a suitably qualified clinician to be consistent with current evidence based clinical practice.

Service providers are required to confirm these requirements are met in an annual report to Healthdirect Australia. Indicators of effectiveness of both telephone and digital services are used to measure this dimension of quality. CGAG approves all performance measures of effectiveness. A number of qualitative processes and reviews will also contribute to our understanding of the effectiveness of our services. These include:

- Reviews of the use of decision support tools
- Guideline reviews to ensure a current evidence base
- Fact sheet reviews to ensure a current evidence base
- Review and evaluation of new services

All content and guidelines for which Healthdirect Australia is responsible are developed and reviewed using an established hierarchy of evidence.

3.6.3 Appropriateness

The notion of appropriateness in health care refers to the selection of the intervention most likely to produce the desired outcome. Appropriateness is about doing the “right thing”.

A procedure or intervention is designated “appropriate” when the “expected health benefit” (for example, increased life expectancy, relief of pain, reduction of anxiety, improved functional capacity, improved access), exceeds the expected negative consequences (such as mortality, morbidity,
anxiety of anticipating the procedure, pain produced by the procedure, time lost from work), by a sufficiently wide margin that the procedure is worth doing”. 13

Appropriateness is difficult to measure, but is most commonly measured in acute health services through relative utilisation rates and under use and over use of interventions and services. The most useful exploration of the appropriateness of Healthdirect Australia telephonic services will come from matching of Healthdirect Australia caller data with that of Emergency Departments across the country. In terms of health information, all navigation structures and navigational tools are required to be clinically appropriate to help ensure the right person gets the right information at the right time.

CGAG approves all performance measures of appropriateness. A number of qualitative processes and reviews will also contribute to our understanding of the appropriateness of our services. These include:

- Specific disposition reviews
  - Nurse triage and GP outcome analysis
  - Nurse triage call reviews for callers transferred to the AGPH
- Mental health call audits
- Independent evaluation of our digital navigational tools.

3.6.4 Consumer Acceptability

An additional key dimension of quality is that the services that are provided to consumers of our services are acceptable to them.

The assessment of consumer acceptability includes an independently conducted schedule of consumer feedback and compliance surveys, feedback from and follow-up with consumers, service providers and stakeholders in response to feedback and consumer involvement and participation in service development where and when possible.

CGAG approves all performance measures of consumer acceptability. The following indicators contribute to the measurement of the acceptability of our services to consumers. The majority of these indicators are collected through our continuous consumer satisfaction survey of telephone service callers. Online surveys can be used to collect similar indicators for digital services

- Satisfaction rates
- Complaint rates
- Referral to a friend rates
- Likelihood to use the service again rates
- Compliments

3.6.5 Access and Equity

Access refers to the extent to which an individual or population can obtain health services. This concept often includes knowledge of when it is appropriate to seek health care, the ability get to and the means to pay for the service. Access does not mean the ability to provide all services to

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everyone. It is the ability to reasonably and equitably provide services based on need, irrespective of geography, rank, social standing, ethnicity, age, race, level of income or sex.

Wherever possible, Healthdirect Australia provides equitable access to all services provided, for people from culturally and linguistically diverse backgrounds, people with sight, speech and/or hearing difficulties and people with other special needs, such as children and people with impaired cognitive capacity, and for people living in rural and remote areas of Australia.

CGAG approves all performance measures of access and equity.

3.6.6 Efficiency

Efficiency of healthcare and services requires consideration of the relative costs and benefits (or outcomes) of health care interventions. Efficiency refers to the provision of the highest quality services at the most efficient cost of provision.

CGAG approves all performance measures of efficiency for both telephone and digital services.

Performance in the following areas is essential for being able to achieve high quality results in the six dimensions of quality.

3.6.7 System Competence

The system within which services are provided need to be competent to be able to provide excellent results. The key components of organisational competence that are to be focussed upon and measured include:

- **Legislative and standards compliance**; including compliance with State and Territory incident management legislation and other health regulatory requirements at the State/Territory and Commonwealth levels. These include privacy, confidentiality, health records and information management, national standards for delivery of telehealth services and compliance with international health information standards such as Health on the Net Foundation (HONCode) standards.

- **Data and Equipment**\(^\text{14}\) quality and maintenance; including data privacy, confidentiality, security, quality, integrity and organisation. The issues for governance and maintenance of equipment relate to interoperability and scalability, the use of and compliance with common technical standards. Further, equipment quality, reliability and acceptability are very important to the clinical experience and need therefore to be monitored.

- **Service Provider and Healthdirect Australia Accreditation.** Though accreditation does not guarantee the quality of services provided by an accredited organisation, it does provide an assurance that the systems that are required for the provision of a good service are in place, being audited and reviewed and continuously improved. The accreditation status of all service providers and of Healthdirect Australia will be reviewed and reported annually.

- **Research and evaluation.** Healthdirect Australia recognises that it has a responsibility to procure the most effective, up-to-date and appropriate services that are available in telehealth.

The models of care that can be provided via telehealth methods are being developed at such a rapid pace that it is often difficult to stay abreast of these matters.

- Healthdirect Australia also recognises that it has a responsibility to contribute to the knowledge and evidence that exists about the most effective telehealth services, the best method for ensuring the effective governance of, and the best method for procuring these services so that the right people are able to access them and achieve significant health benefit from the services we provide.
- In order to achieve this Healthdirect Australia will establish a research, evaluation and development agenda that utilises the resources available to us for this purpose in the most effective and efficient manner.

### 3.6.8 Workforce

Workforce is a very important component of any performance framework but especially that of Healthdirect Australia as service providers are now not employed by Healthdirect Australia but are contracted to our service providers. The essential matters to consider are:

- there are sufficient staff to provide services, where and when they are required
- staff are appropriately qualified, sufficiently experienced and competent to provide those services
- staff maintain their competence and qualifications to provide those services.

Competence relates to the skills, knowledge and attitude of the individual. An appropriate credentialing process must be in place in service provider organisations to ensure staff with the appropriate skills are working to an agreed scope of practice. A performance management system needs to be in place to encourage and motivate all staff and to identify development needs and opportunities.

### 3.6.9 Risk Management and Quality Improvement

Healthdirect Australia has an integrated approach to risk management. All risks (clinical and non-clinical) are identified, assessed and managed via a uniform system to support the achievement of service objectives. Integration of clinical risk management within the existing risk management framework requires:

- The clinical risk management and improvement strategies are driven by review of performance and proactive identification of clinical risks
- Proactive clinical risk identification and management is an integral part of all projects
- Clinical risk assessment is undertaken by Healthdirect Australia clinical staff and clinical risks are included in the Healthdirect Australia risk register using the company risk management tools.
- CGAG advises the Board on the effectiveness of the clinical risk management and the appropriateness of the risk mitigation measures. The clinical risk profile is reviewed quarterly.

**Continuous improvement** of the services we provide is key to organisational competence. The mechanism used to identify opportunities for improvement is the Service Improvement and Development Committee that has been established for each of the services provided by Healthdirect Australia. Regular review of performance indicators will identify variation that will require further investigation. A pragmatic scientific approach to improvement that includes the use of Plan, Do, Study Act (PDSA) cycles will be used and expected of service providers.
CGAG will approve all performance measures related to risk management and quality improvement.

3.6.10 Mental Health

The services we provide to callers with a mental health concern will be measured and monitored separately from other services provided. A specific focus on mental health services will be taken because of the number of services we provide and the volume of callers who use these services.

3.7 The Reporting Framework

The way in which performance data are reported and disseminated plays a major role in the way in which the information is used (or not used) to effect change. Implementation requires communication with and contract compliance by all service providers. As part of the Clinical Governance Framework effective reporting strategies are therefore established through service contracts with external service providers and through the SIDC for internally developed and provided services, to enable quality review and improvement to occur.

A consistent approach to reporting is required of all service providers be they internal or external. Reports include both the quantitative value of each indicator that is required for reporting and some narrative which may give extra value to the indicators. Reports should also include an action plan for improvement of the results contained within the report and later should report on the results of actions identified (and taken) in previous reports. Neither the performance indicator data, nor the reports comprising those data should mark the end of the quality process. The focus must be on the improvements to services that have resulted or should result from the identification of quality of care issues. Any improvement or issue that arises from the data should be included in these reports.

Reports are forwarded to Healthdirect Australia regularly in accordance with contractual arrangements or to the SIDC and other committees that require the data internally. Aggregated data will be analysed and used to identify quality improvement opportunities. The results of this aggregation and analysis will be provided to CGAG. An annual summary of clinical governance data and improvements will be provided in the Healthdirect Australia Annual Report.

The Executive will ensure that reports to CGAG and/or the Board, as they relate to clinical performance are clear, accurate, succinct and useful. They will as far as possible contain:

- a “dashboard” of measures that regularly measure performance
- information not data
- information that is pertinent to all the services provided and to the dimensions of quality
- trended information designed for quick review and comprehension accompanied by explanations, including plans for improvement
- information on what is important not on what is readily available
- a guarantee that the quality measures are used as management tools not just measures to give to the Board.
- comparisons with pre-established targets, comparable organisations or standards where they exist and can be utilised.

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The Healthdirect Australia Clinical Governance dashboard is located at Appendix 1 of this document.

3.8 A structured approach to clinical and service level review and improvement

It is essential that clinical governance is both implementable and implemented at the organisational and the clinical or service levels.

At the clinical or service level, there are three key components of the framework that need to be in place:

- Participation in activities that identify, measure and analyse problems with the service and its delivery.
- Clinicians, managers and development and delivery staff having an understanding of systems and how individuals and teams function within the system 16
- Action to improve the systems of service delivery. 17

The first component is achieved through the use of strategies and the participation in activities that provide information about the quality of the service being provided. These activities include:

- The use of clinical indicators
- Internal clinical audit
- Independent clinical audit
- Guideline review
- Call review
- Data matching with ED data
- Incidents and complaints review
- Content review.

The second of these components requires a better understanding by clinicians, managers and service developers of the ‘human factors’ of work. Human factors research is the scientific study of how humans perform in the workplace, both individually and in teams. Good performance of tasks at work is determined by factors within individuals and factors inherent in the system in which those individuals work. A better understanding of those factors is applied to better design of work systems and environments and an ongoing systematic process for reducing human error and improving reliability and safety. It is essential that health providers are trained in dealing with error and adapting the systems of service development and delivery in order that the risk of error is minimised. Many people still believe that humans are ‘perfectible’ and that the ‘blame and train’ approach is the optimal route to improving services. This can be particularly prevalent in the contact centre environment. This is no longer an acceptable approach to human error.

The third key component of quality improvement requires clinicians to act, in a scientific way, upon the data and information gleaned from the previous activities, in order that services are continually improved.

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17 NSW Health (2001) "The Clinician’s Toolkit for Improving Patient Care"
Service providers both internal and external to Healthdirect Australia will be required to identify the service level activities that are being undertaken to review and improve the services they are providing.

### 3.9 The Correct Culture

The concept of clinical governance is not new. In the time in which this term has formed part of the lexicon, it has invoked a diversity of reactions. These reactions have ranged from a fear of controlling sanctions on clinical and corporate practice, to acceptance of the intent of the notion and whatever that may mean for individual providers, to a belief that clinical governance provides a clear and sensible way forward for health care.

The culture required to achieve effective clinical governance has the following characteristics:

- leadership for quality is evident
- quality and budget are seen as equal partners in the provision of services
- there is a clear commitment to quality from the Board to the care providers
- effective multidisciplinary service development and provision is paramount
- there is a commitment by all groups to listen and respond to each other
- there are transparent mechanisms of accountability
- open disclosure of error and incidents is common
- a “just” culture exists, where blameless and blameworthy acts are managed appropriately
- consumer input is valued
- all service providers examine the validity of their work
- all involved in the provision of services are forward thinking, accept ownership and responsibility for their work and the systems of service development and delivery.

Healthdirect Australia will provide training to staff that will assist in the development and maintenance of such a culture. Healthdirect Australia will also monitor the culture that exists in service provider organisations to, as far as possible ensure that such a quality culture exists. Finally, Clinical Governance staff at Healthdirect Australia will model the qualities of a safe culture.
REFERENCES

- NSW Health (2001) “The Clinician’s Toolkit for Improving Patient Care”
GLOSSARY OF TERMS AND ACRONYMS

The following terms and acronyms are used in this Clinical Governance Framework:

13HEALTH: The Call Centre number for the Queensland nurse triage line.

Accreditation: A formal process by which a recognised accreditation body assesses whether an organisation meets a set of agreed standards.

Adverse event: An unintended injury or complication that results in disability, death or prolonged hospital stay and is caused by health care management.

AGPH: After hours GP helpline.

AHA: Average Handling Time.

ASA: Average Speed to Answer (call).

CEO: Chief Executive Officer.

CGAG: Clinical Governance Advisory Group.

Clinical audit: A quality improvement process that seeks to improve consumer care and outcomes through the systematic review of care against explicit criteria and the implementation of changes. Aspects of the structures processes and outcomes of care are selected and systematically evaluated against explicit criteria. Where indicated changes are implemented and further monitoring is used to confirm improvement in health care delivery.

Clinical governance: The framework through which healthcare organisations are accountable for continuously improving the quality of their services and safeguarding high standards of care by creating an environment in which excellence in clinical care will flourish.

Clinician: Medical practitioner, nurse or allied health professional.

Evidence based practice: Conscientious, explicit and judicious use of current best evidence in making clinical decisions.

Framework: A set of principles and long term goals that form the basis of making rules and guidelines, and give an overall direction to planning and development.

GM: General Manager.

JCAC: Joint Customer Advisory Committee.

MHS: Medibank Health Solutions.

NPS: National Prescribing Service.


PIC: Poisons Information Centre.
<table>
<thead>
<tr>
<th>RCA</th>
<th>Root Cause Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Risk</td>
<td>The exposure to the possibility of such things as economic or financial loss, physical damage, injury or delay, as a consequence of pursuing or not pursuing a particular course of action</td>
</tr>
<tr>
<td>Root cause analysis</td>
<td>Process analysis method used to identify the factors that cause adverse events. It addresses what happened, why it occurred, and what can be done to prevent it from happening again.</td>
</tr>
<tr>
<td>SIDC</td>
<td>Service Improvement and Development Committee</td>
</tr>
<tr>
<td>Telehealth</td>
<td>The delivery of health care services, where distance is a critical factor, by all health care professionals using information and communication technologies for the exchange of valid information for diagnosis, treatment and prevention of disease and injuries, research and evaluation, and for the continuing education of health care providers, all in the interests of advancing the health of individuals and their communities.</td>
</tr>
<tr>
<td>The dimensions of Quality</td>
<td>Safety The extent to which potential risks are avoided and inadvertent harm is minimised in care delivery processes</td>
</tr>
<tr>
<td></td>
<td>Effectiveness The extent to which a treatment or intervention has achieved the desired outcome</td>
</tr>
<tr>
<td></td>
<td>Appropriateness The selection of the intervention that is most likely to produce the desired outcome</td>
</tr>
<tr>
<td></td>
<td>Consumer participation The process of establishing a partnership with the consumer/patient/carers</td>
</tr>
<tr>
<td></td>
<td>Access The extent to which an individual (or population) can obtain the interventions they need</td>
</tr>
<tr>
<td></td>
<td>Efficiency The extent to which the highest quality is able to be produced at the lowest cost</td>
</tr>
</tbody>
</table>
## Appendix 1
Clinical Governance KPI Dashboard Definitions

<table>
<thead>
<tr>
<th>Domain</th>
<th>Performance Indicators</th>
<th>Purpose</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Safety</td>
<td>Level 1 adverse events</td>
<td>To monitor for points of severe clinical risk</td>
<td>The percentage of calls handled that result in adverse events confirmed as level 1 severity (as defined in Service Incident and Complaints Management policy)</td>
</tr>
<tr>
<td></td>
<td>All adverse events</td>
<td>To monitor for any trends in clinical issues</td>
<td>The number of calls handled that result in a reported adverse event or complaint that involves a clinical issue</td>
</tr>
<tr>
<td></td>
<td>Abandoned calls</td>
<td>To measure any trends in the level of satisfaction with the timeliness of access to the service</td>
<td>The percentage of calls that complete the welcome message and are successfully queued but abandon the call after at least 20 seconds of waiting (30 seconds for PBBH).</td>
</tr>
<tr>
<td></td>
<td>Average abandonment time</td>
<td>To measure any trends in the level of satisfaction with the timeliness of access to the service</td>
<td>The average time that callers wait, after completing the welcome message and being queued, before abandoning the call.</td>
</tr>
<tr>
<td></td>
<td>Emergent calls</td>
<td>To monitor for any rising trend that would indicate the need for public awareness of the difference between ‘000’ and HealthDirect</td>
<td>The percentage (and number) of calls transferred immediately to an emergency service prior to triage.</td>
</tr>
<tr>
<td></td>
<td>Triage Nurse/GP referrals to ‘000’</td>
<td>To monitor for any rising trend that would indicate the need for public awareness of the difference between ‘000’ and HealthDirect</td>
<td>The percentage of calls transferred to an emergency service after triage or clinical assessment.</td>
</tr>
<tr>
<td></td>
<td>AST Re-transfer – Emergent calls</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage (and number) of calls received via Ambulance Secondary Triage where the call is transferred immediately to an emergency service prior to triage.</td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
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<tr>
<td></td>
<td>Call compliance audit</td>
<td>To measure the quality of service provided in the call</td>
<td>The average score achieved in call audits assessing the clinical aspects of a call (including guideline selection, disposition and the appropriateness of health information provided).</td>
</tr>
<tr>
<td></td>
<td>Call proficiency audit</td>
<td>To measure the quality of service provided in the call</td>
<td>The average score achieved in call audits assessing the call process compliance and customer service aspects of a call.</td>
</tr>
<tr>
<td></td>
<td>Clinical call audit / Quality audit</td>
<td>To measure the quality of service provided in the call</td>
<td>The average score achieved in clinical call or quality audits.</td>
</tr>
<tr>
<td></td>
<td>Staff mandatory training</td>
<td>To monitor the performance management of staff undertaking the call triage work</td>
<td>The percentage of staff members for the relevant service who have completed all mandatory training for the time period.</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>ED intent diversion</td>
<td>To monitor the extent to which the service reduces the workload of emergency departments</td>
<td>The percentage of callers who indicated an original intention of attending an Emergency Department where the final disposition was of a lower acuity.</td>
</tr>
<tr>
<td></td>
<td>ED overall diversion</td>
<td>To monitor the extent to which the service reduces the workload of emergency departments</td>
<td>The overall reduction in callers being advised to attend the Emergency Department.</td>
</tr>
<tr>
<td></td>
<td>'000' intent diversion</td>
<td>To monitor the extent to which the service reduces the workload of '000' lines</td>
<td>The percentage of callers who indicated an original intention of calling 000 where the final disposition was of a lower acuity.</td>
</tr>
<tr>
<td></td>
<td>'000' overall diversion</td>
<td>To monitor the extent to which the service reduces the workload of '000' lines</td>
<td>The overall reduction in callers being advised to activate '000'.</td>
</tr>
<tr>
<td></td>
<td>Reports to local GP</td>
<td>To monitor the level of engagement of Local GPs and the extent to which the service contributes to a continuum of care</td>
<td>The number of call encounters where the record of the encounter is transmitted to the patient's designated GP.</td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
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</tr>
<tr>
<td></td>
<td>Self-reported compliance</td>
<td>To monitor the consumer’s perception of the benefit of the advice received</td>
<td>Percentage of respondents to survey who reported they complied with the recommendations received.</td>
</tr>
<tr>
<td></td>
<td>Measured compliance</td>
<td>To monitor the effectiveness and acceptability of the advice received</td>
<td>Percentage of respondents to survey whose reported actions matched the recommendations received.</td>
</tr>
<tr>
<td></td>
<td>Correct recall of final disposition</td>
<td>To monitor the effectiveness of the communication of advice</td>
<td>Percentage of respondents to survey whose report of recommendation they received matched the recorded recommendation.</td>
</tr>
<tr>
<td></td>
<td>Second opinion</td>
<td>To monitor the consumer’s perception of the benefit of the advice received</td>
<td>Percentage of respondents to survey who reported they sought further advice after the phone call before acting in response to the health issue.</td>
</tr>
<tr>
<td></td>
<td>Service provider referral</td>
<td>To monitor the extent to which callers need information on other service providers and identify any trends indicating need for public education</td>
<td>The percentage of callers that received a referral to another Service Provider.</td>
</tr>
<tr>
<td></td>
<td>CSR referrals to healthdirect</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of calls to the PBBH where the Customer Service Representative transfers the call to the Nurse Triage line.</td>
</tr>
<tr>
<td></td>
<td>CSR Transfers / Referrals to Support Services</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of calls to the PBBH where the Customer Service Representative transfers the call to, or provides a referral to, other Support Services.</td>
</tr>
<tr>
<td></td>
<td>NPS referral</td>
<td>To monitor the extent to which callers are seeking medication advice</td>
<td>The percentage of callers who were referred to the National Prescribing Service.</td>
</tr>
<tr>
<td></td>
<td>Triage nurse referrals to ED</td>
<td>To monitor for any rising trends indicating the need</td>
<td>The percentage of triage assessments where the...</td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
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<tr>
<td></td>
<td>for revision of protocols or education</td>
<td>recommended disposition is ‘Attend ED Immediately’.</td>
<td></td>
</tr>
<tr>
<td>GP referrals to ED - primary outcome</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of clinical assessments where the recommended outcome is ‘Attend ED Immediately’.</td>
<td></td>
</tr>
<tr>
<td>GP referrals to ED - secondary outcome</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of clinical assessments where the recommended outcome is ‘GP Immediately [No GP Available - Go to ED]’.</td>
<td></td>
</tr>
<tr>
<td>Override Nurse Triage Downwards</td>
<td>To monitor for increasing discrepancies that may require further assessment and staff education</td>
<td>The percentage of callers transferred to the AGPH where the recommended outcome is of a lesser acuity than the original Triage Nurse final disposition (the categories that do not require out of hours face to face access).</td>
<td></td>
</tr>
<tr>
<td>Triage nurse referrals to AGPH</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of triage assessments where the caller is transferred to the After-hours GP Helpline.</td>
<td></td>
</tr>
<tr>
<td>NSW AST Re-transfer (excl Emergent)</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of calls received via NSW Ambulance Secondary Triage where the final disposition is ‘000’.</td>
<td></td>
</tr>
<tr>
<td>SJA ST Re-transfer (excl Emergent)</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of calls received via SJA Secondary Triage where the final disposition is ‘000’.</td>
<td></td>
</tr>
<tr>
<td>CSR Transfers to Counsellor</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of calls to the PBBH where the Customer Service Representative transfers the call to the Counsellor.</td>
<td></td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
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<tr>
<td>Override Disposition Upwards</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of triage assessments where the recommended disposition was overridden for a disposition of a higher acuity. This excludes emergent calls.</td>
<td></td>
</tr>
<tr>
<td>‘No Guideline’ use</td>
<td>To monitor for any rising trends indicating the need for revision of protocols or education</td>
<td>The percentage of triage assessments where no appropriate guideline was available for use and patient was assessed by the Triage Nurse and given a disposition based on clinical assessment. This excludes emergent calls.</td>
<td></td>
</tr>
<tr>
<td>Clinical Audits</td>
<td>To monitor the clinical management of staff undertaking the call triage work</td>
<td>The percentage (and number) of calls handled that have been reviewed through the clinical audit process.</td>
<td></td>
</tr>
<tr>
<td>Declined Transfer to AGPH</td>
<td>To monitor the acceptability of the AGPH service</td>
<td>The percentage of callers who are offered a transfer to the AGPH service and decline a transfer.</td>
<td></td>
</tr>
<tr>
<td>Satisfaction</td>
<td>To measure overall perception of quality of the service</td>
<td>The percentage of respondents to the survey who were satisfied or very satisfied (score 4 or 5 out 5) with their overall call experience (from Likert Scale 1 – 5)</td>
<td></td>
</tr>
<tr>
<td>Overall satisfaction (mean)</td>
<td>To measure overall perception of quality of the service</td>
<td>The overall mean satisfaction score (from Likert Scale 1 – 5).</td>
<td></td>
</tr>
<tr>
<td>Substantiated (or High Risk) complaints</td>
<td>To measure the quality of the service</td>
<td>The percentage of calls handled that resulted in a substantiated (or High Risk for PBBH) complaint.</td>
<td></td>
</tr>
<tr>
<td>Satisfaction with information provided during call</td>
<td>To measure satisfaction with the outcome of the call</td>
<td>The mean score response (from Likert Scale 1 – 5) in response to the question in survey about the call.</td>
<td></td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
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</tr>
<tr>
<td></td>
<td>Satisfaction with written information provided</td>
<td>To measure satisfaction with the provision of further information</td>
<td>The mean score response (from Likert Scale 1 – 5) in response to the question in survey about satisfaction with any written information received.</td>
</tr>
<tr>
<td></td>
<td>Likelihood to recommend</td>
<td>To measure perception of the benefit of the service</td>
<td>The percentage of respondents to survey who were likely or very likely (score 4 or 5 out 5) to recommend the service to another.</td>
</tr>
<tr>
<td></td>
<td>Likelihood to use again</td>
<td>To measure perception of usefulness of the service</td>
<td>The percentage of respondents to the survey who were likely or very likely (score 4 or 5 out 5) to use the service again.</td>
</tr>
<tr>
<td></td>
<td>Compliments</td>
<td>To measure level of positive feedback on the service</td>
<td>The number of calls handled that resulted in positive feedback.</td>
</tr>
<tr>
<td></td>
<td>Complaints</td>
<td>To measure level of negative feedback on the service</td>
<td>The number of calls handled that resulted in negative feedback.</td>
</tr>
<tr>
<td></td>
<td>Compliments: Complaints</td>
<td>Indicates the balance of potential public comment</td>
<td>The ratio of number of compliments received to number of complaints received.</td>
</tr>
<tr>
<td></td>
<td>Remote: Rural : Metro</td>
<td>To monitor the extent to which the service is utilised in areas that are otherwise underserviced</td>
<td>The ratio of the geographical classification of the location of the caller according to the Rural, Remote and Metropolitan Area Classification (AIHW)</td>
</tr>
<tr>
<td></td>
<td>ATSI usage</td>
<td>To monitor the extent to which the service is utilised by people of ATSI heritage and identify any trends indicating need for revision of service or public education</td>
<td>The percentage of calls where the caller has identified as being of Aboriginal or Torres Strait Islander heritage.</td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
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<tr>
<td></td>
<td>NRS usage</td>
<td>To monitor the extent to which the service is utilised by people with hearing difficulties and identify any trends indicating need for revision of service or public education</td>
<td>The number of calls where the National Relay Service was utilized.</td>
</tr>
<tr>
<td></td>
<td>TIS usage</td>
<td>To monitor the extent to which the service is utilised by people requiring interpreter services and identify any trends indicating need for revision of service or public education</td>
<td>The number of calls where the Telephone Interpreter Service was utilized.</td>
</tr>
<tr>
<td></td>
<td>Underrepresented group: Male</td>
<td>To monitor the extent to which the service is utilised by men, who have traditionally been reported as being reluctant to seek health care, and identify any trends indicating need for revision of service or public education</td>
<td>The percentage of calls where the caller has identified as male.</td>
</tr>
<tr>
<td></td>
<td>Service Level</td>
<td>To monitor trends in activity</td>
<td>The percentage of calls answered by a staff member within the agreed Service Level timeframe.</td>
</tr>
<tr>
<td></td>
<td>Calls offered</td>
<td>To monitor trends in activity</td>
<td>The number of calls that complete the welcome message and are successfully queued.</td>
</tr>
<tr>
<td></td>
<td>Calls handled</td>
<td>To monitor trends in activity</td>
<td>The number of calls answered by a staff member with the relevant service.</td>
</tr>
<tr>
<td>Efficiency</td>
<td>Average speed to answer</td>
<td>To measure the timeliness of access for patients</td>
<td>The average amount of time callers wait in queue after being transferred to the skill (after listening to the welcome message) for all calls handled. This does not include abandoned calls.</td>
</tr>
<tr>
<td>Domain</td>
<td>Performance Indicators</td>
<td>Purpose</td>
<td>Definition</td>
</tr>
<tr>
<td>-----------------------------</td>
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</tr>
<tr>
<td>Average call handling time</td>
<td>To measure the efficiency of the service</td>
<td>The average amount of time the staff member spends handling a call, including talk time, after call work and hold time during the call.</td>
<td></td>
</tr>
<tr>
<td>Calls with long queue message</td>
<td>To measure the efficiency of the service</td>
<td>The percentage of calls waiting in queue for longer than four minutes after being transferred to the queue (three minutes for PBBH).</td>
<td></td>
</tr>
<tr>
<td>Calls abandoned &lt; 20 seconds</td>
<td>To measure any trends in the level of satisfaction with the timeliness of access to the service</td>
<td>The number of calls that complete the welcome message and are successfully queued but abandon the call within the first 20 seconds of waiting.</td>
<td></td>
</tr>
<tr>
<td>Calls abandoned &gt; 20 seconds</td>
<td>To measure any trends in the level of satisfaction with the timeliness of access to the service</td>
<td>The number of calls that complete the welcome message and are successfully queued but abandon the call after at least 20 seconds of waiting.</td>
<td></td>
</tr>
<tr>
<td>Cost per call</td>
<td>To measure the efficiency of the service</td>
<td>The average cost per call, incorporating running expenses and overhead costs but not set up costs.</td>
<td></td>
</tr>
</tbody>
</table>