Australian Government
Australian Digital Health Agency

Agenda

Council for Connected Care: Meeting 13 – Annual Review

Location: Virtual

Meeting: 9am – 12pm (AEST) on Thursday 23 July 2026

OFFICIAL

Item	Timing		Topic	Presenter
1	5 mins	9:00 am	Welcome, Acknowledgement of Country	Professor Anne Duggan, Chair
2	3 mins	9:05 am	Conflicts of interest, apologies and housekeeping	Professor Anne Duggan, Chair
3	2 mins	9:08 am	Minutes of previous meeting, action items and papers for noting	Professor Anne Duggan, Chair
4	20 mins		Interoperability 2025-26 achievements	
		9:10 am	2025-26 Annual Progress Report (Interoperability Plan + HI roadmap)	Siobhan McFadden, Director Interoperability
		9:20 am	Standards Advisory Group Annual Progress Update	Lisa Murphy, Director Standards Strategy
5	45 mins	9:30 am	Council for Connected Care 2025-26 Annual review and 2026-27 Workplan • 2025/26 Annual Review • Annual Survey Results • 2026/27 CCC Workplan	Sandra Cook, Branch Manager, Connected Care
6	20 mins	10:15 am	National Clinical Governance Committee for Digital Health (NCGC-DH) update	Alex Powell, Branch Manager, Clinical Governance and Assurance and Sarah El-

Item	Timing		Topic	Presenter
				Sabagh, Director, Clinical Governance
	15 mins	10:35 am	Break	
7	25 mins	10:50 am	Agency Updates • HealthConnect (HCPD) • Share by Default – update	Nicole Gartrell, Director HealthConnect Jennie McDonald, Director Share by Default
8	40mins	11.15 am	National Safety and Quality Health Service Standards - Third Edition	Gillian Giles, Exec Director and Paul Miles, Director Digital Health, ACSQHC
9	5 mins	11:55 am	Summary and other business	Professor Anne Duggan, Chair & Dr Peter Sprivulis, Deputy Chair
			Meeting close – 12:00 pm	

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 2: Conflict of Interest

Meeting: Thursday, 23 July 2026

OFFICIAL

Purpose

The purpose of the agenda item is for members to declare any new conflicts of interest.

Recommendation/s

It is recommended the Council for Connected Care:

1 **declare** any conflicts of interest

2 **note** that a conflict-of-interest declaration is required annually or sooner if there is a change of circumstances.

Summary of issues

Conflicts of interest

It is important that the Council and its members are free from perceived or real conflicts of interest with the business before them. The Chair will invite members to state any real or perceived conflicts of interest.

If you have been contacted by Secretariat Services, please provide your annual conflict of interest declaration as soon as possible.

Confidentiality
Members and proxies are asked to note that the meeting minutes, action list, and presentation slides are committee-in-confidence and are not to be shared or disclosed externally. Agenda papers and communiqués will be publicly available on the Agency website and can be shared externally.

Background

This is a standing agenda item.

Attachments

nil

Contact officer: Cass Timmermans, Assistant Director, Interoperability

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 3: Minutes of Previous Meeting, Action Items and Papers for Noting

Meeting: Thursday, 23 July 2026

OFFICIAL

Purpose

The purpose of this agenda item is to seek endorsement of the meeting minutes from 12 March 2026 and to provide an update on the status of action items.

Recommendation/s

It is recommended that the Council for Connected Care:

1 **endorse** the 12 March 2026 meeting minutes at Attachment A

2 **note** the status of action items at Attachment B

3 **note** the Interoperability Plan progress update report for Q3 (January to March 2026) at Attachment C

4 **note** the list of outgoing CCC members and incoming replacement representatives at Attachment D.

Summary of issues

Minutes of the 12 March 2026 meeting are provided at Attachment A.

A list of all action items is provided at Attachment B. Action 2026/11-01 is recommended for closure.

Interoperability Plan Q3 Progress Report

The quarterly progress report for January to March 2026 is provided at Attachment C. Updates on status and progress have been received from Agency and non-Agency action leads, including state and territory health departments, the Department of Health, Disability and Ageing, Services Australia, the Australian Institute of Health and Welfare, Healthdirect and the Australasian Institute of Digital Health.

Of the 44 actions in the Interoperability Plan:

- 33 are complete
- 11 are on track – 4 ongoing actions and 7 short or medium-term actions.

Progress highlights include:

- Completion of HL7® FHIR® AU Core and AU Base expansion (Action 2.3), embedding consistent national standards across digital health systems
- Continued advancement of secure API-based information exchange, including OAuth authorisation profiles and the Health Connect Authorisation Service
- Launch of the Digital Health Implementer Hub, improving access for industry and accelerating onboarding to national digital health infrastructure
- Progression of the information-sharing authorisation framework and legislative alignment to support national health information exchange
- Delivery of digital health workforce uplift initiatives, including new education and training resources under the National Digital Health Workforce and Education Roadmap
- Ongoing improvements to healthcare identifier adoption, data quality and matching, including targeted work with Aboriginal and Torres Strait Islander stakeholders
- Advancement of national directory integration (NHSD, PCA and HCPD) to support more consistent provider and service information
- Of the 20 activities in the HI Roadmap,14 have commenced as scheduled, 3 are complete and 3 are due to commence in 2026-27.

Attachments

Attachment A: Attachment A - Minutes and Actions - 12 Nov 2025

Attachment B: Attachment B - Actions list July 2026

Attachment C: Attachment C - Interoperability Plan Quarterly Progress Report Q3 2025-26

Attachment D: Attachment D – Outgoing members list

Contact officer: Cass Timmermans, Assistant Director, Interoperability

Australian Government
Australian Digital Health Agency

Council for Connected Care
Action List

Meeting: Wednesday, 23 July 2026

OFFICIAL

Open Action Items

Action item #	Action item	Owner	Due date	Status
2026/11-01	Council noted the update and that feedback will be synthesized and shared to inform future product and experience design work	Experience and Service Design, Australian Digital Health Agency (the Agency)	23 July 2026	To be closed at 23 July meeting - shared in the annual report as part of March 12 meeting summary.
2026/12-01	Periodic updates reporting by the NCGC-DH to the Council, communiques from NCGC-DH and each EAG advisory group to be shared with CCC members. Membership lists of NCGC-DH and EAGs to be shared with CCC members.	Clinical Governance, Agency	3 December 2026	Open-pending further internal discussions

Closed Action Items

Action item #	Action item	Owner	Due date	Status
2025/10-01	Interoperability team to incorporate suggestions on items for 2025-26 workplan collected from the Council members into meetings for next year	Agency	November 2025	Closed – discussed under Agenda item 3 on 12 November 2025
2025/09-02	Department of Health, Disability and Ageing to provide update on the progress of the Omnibus bill at the next meeting.	The Department	August 2025	Closed – discussed under Agenda item 6 on 21 August 2025
2025/09-01	Australian Commission on Safety and Quality in Healthcare to share draft clinical governance framework document when available with Council members	Commission	August 2025	Closed – discussed under Agenda item 9 on 21 August 2025

Action item #	Action item	Owner	Due date	Status
2024/08-01	Identify immediate opportunities to improve secure sharing of patient information and decrease the use of fax, email and mobile messaging	Agency, Department of Health and Aged Care, Healthdirect, MSIA, RACGP	November 2024	Closed – discussed under Agenda Item 4 on 14 November 2024.
2024/05- 01	Follow-up on the Agency's approach to supporting Priority Reform 4 of the National Agreement on Closing the Gap.	Agency	August 2024	Closed – discussed under Agenda Item 3 on 8 August 2024.
2023/10- 10	The Agency intends to increase focus on AI next year and will seek guidance from the Council on this early-mid 2024	Agency	May 2024	Closed – discussed under Agenda Item 5 on 22 February 2024.
2023/08 - 5	Agency and Department of Health and Aged Care to regularly review the governance 'mud map' and share with members when there are updates.	Agency, DOHAC	October 2023	Closed – discussed under Agenda Item 4 on 11 October 2023.
2023/08 - 6	Agency to share the 2023 Interoperability Benchmark Survey with member	Agency	October 2023	Closed – discussed under Agenda Item 4 on 11 October 2023.
2023/08 - 7	Agency to provide members with an update on its work on security conformance profiles.	Agency	September 2023	Closed – discussed under Agenda Item 4 on 11 October 2023.

Council for Connected Care – Action List

2023/08 - 8	Agency to provide an update on identity initiatives at the October 2023 Council meeting in the progress report.	Agency	October 2023	Closed – discussed under Agenda Item 4 on 11 October 2023.
2023/08 - 9	Agency to prepare an expression of interest for the clinical nomination for the Australian Digital Health Standards Advisory Group and circulate to members for distribution to their networks.	Agency	August 2023	Closed – discussed under Agenda Item 4 on 11 October 2023.
2023/06 - 1	Agency to share its communication and engagement plan with members.	Agency	August 2023	Closed – discussed under Agenda Item 4 on 10 August 2023.
2023/06 - 2	The Agency to confirm what meeting materials can be shared with non-members.	Agency	August 2023	Closed – discussed under Agenda Item 2 on 10 August 2023
2023/06 - 3	Secretariat to update draft terms of reference with member comments and circulate revised version out-of-session for endorsement.	Secretariat	July 2023	Closed – revisions were circulated with 7 June 2023 meeting minutes.
023/06 - 4	Agency and Department to develop a governance 'mud map' and circulate to members for information.	Agency, DOHAC	October 2023	Closed – governance 'mud map' circulated with 10 August 2023 meeting papers.

Australian Government
Australian Digital Health Agency

Connecting Australian Healthcare

National Healthcare Interoperability Plan 2023–2028

National Healthcare Identifiers Roadmap 2023–2028

Quarterly Progress Report
January 2026 – March 2026

Issued 24 April 2026

Publication date: 24 April 2026

Australian Digital Health Agency ABN 84 425 496 912,
GPO Box 9942 Canberra ACT 2601 digitalhealth.gov.au
Telephone 1300 901 001 or email help@digitalhealth.gov.au

Acknowledgements

The Australian Digital Health Agency is jointly funded by the Australian Government and all state and territory governments.

Disclaimer

The Australian Digital Health Agency ("the Agency") makes the information and other material ("Information") in this document available in good faith but without any representation or warranty as to its accuracy or completeness. The Agency cannot accept any responsibility for the consequences of any use of the Information. As the Information is of a general nature only, it is up to any person using or relying on the Information to ensure that it is accurate, complete and suitable for the circumstances of its use

Document control

This document is maintained in electronic form and is uncontrolled in printed form. It is the responsibility of the user to verify that this copy is the latest revision.

Introduction

The *Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023–2028* (Interoperability Plan) is Australia's first national plan to deliver a connected healthcare system for more personalised holistic care and better health and wellbeing outcomes for all Australians.

The Interoperability Plan sets out a national vision to share consumer health information in a safe, secure and seamless manner and identifies 44 actions across five priority areas - identity, standards, information sharing (sending, receiving and finding the right information), innovation (initiatives that drive interoperability) and measuring benefits - and policy tools to support interoperability.

The Australian Digital Health Agency (the Agency) established the Council for Connected Care (the Council) as the key governance body to provide strategic advice, oversee implementation of the Interoperability Plan, and report on progress.

The Interoperability Plan was published on the Agency's website on 11 July 2023. This is the eleventh progress report against the 44 actions in the Interoperability Plan.

National Healthcare Interoperability Plan 2023–2028

75% actions complete

Quarterly progress

2 actions completed in **Q3 2025–26**

Actions completed in Q3 2025–26

2.3 HL7® FHIR® AU usage
4.2 Interoperability workforce

	Identity	Standards	Information Sharing	Innovation	Benefits
	PRIORITY AREA 1 Total actions: 10 Complete actions: 4 **40%** complete	**PRIORITY AREA 2** Total actions: 14 Complete actions: 13 **93%** complete	**PRIORITY AREA 3** Total actions: 12 Complete actions: 8 **66%** complete	**PRIORITY AREA 4** Total actions: 3 Complete actions: 3 **100%** complete	**PRIORITY AREA 5** Total actions: 4 Complete actions: 4 **100%** complete
Open actions 2026–27 delivery	**1.6** Develop deeper network structures **1.10** Integrating the NHSD and the Health Provider Directory (HPD)	**2.12** API information exchange	**3.9** Information-sharing model agreement		
Open actions 2027–28 delivery	**1.1** Using healthcare identifiers **1.2** Promoting healthcare identifiers **1.4** Healthcare identifier matching **1.7** Using the National Health Services Directory (NHSD)		**3.2** API Gateway information exchange **3.11** Consistent legislative health definitions **3.12** Harmonising legislation		
Completed Actions	**1.3** Healthcare Identifiers Roadmap **1.5** Review Healthcare Provider Identifier (HPI-I) conformance **1.8** Implementing the 2019 National Health Services Directory (NHSD) review **1.9** Provider Connect Australia™	**2.1** Terminology in digital health systems **2.2** Develop specifications and standards **2.3** HL7® FHIR® AU usage **2.4** International standards participation **2.5** Standards catalogue **2.6** National Digital Health Standards Program (NDHSP) **2.7** Standards guiding principles **2.8** Standards gap analysis **2.9** Engage standards stakeholders **2.10** Including terminology in datasets **2.11** National library of terminology mapping **2.13** Develop a conformance framework **2.14** Standards development cooperative	**3.1** Interoperability in procurement **3.3** Procurement guidance **3.4** Online interoperability toolkit **3.5** GP and aged care facility interoperability **3.6** Consent Management **3.7** Research international practice **3.8** Care Management Network **3.10** Publish-subscribe service	**4.1** Interoperability innovation challenges **4.2** Interoperability workforce **4.3** Develop education content	**5.1** Administer interoperability survey **5.2** Publish annual report **5.3** Assess digital health maturity models **5.4** GDHP interoperability maturity model **6.1** Review policy tools*

*This action item is included under Section 8 of the Interoperability Plan, Policy tools to support Interoperability.

Identity

Progress highlights

This quarter saw continued progress across Priority Area 1, with advancements in Identity and the Healthcare Identifiers (HI) Roadmap supporting national interoperability.

The Agency and its partners advanced adoption of healthcare identifiers, with coordinated work to embed Individual Healthcare Identifiers (IHI), Healthcare Provider Identifier - Individuals (HPI-I) and Healthcare Provider Identifier – Organisations (HPI-O) across priority programs and upcoming digital health initiatives.

Following the completion of major legislative reforms, Services Australia is enabling system features to support new entity types, including Healthcare Administrative Entity's (HAE) and Healthcare Support Organisations (HSO).

Data quality and matching improvements progressed, with updates to HI Service conformance requirements, enhancements to IHI search and matching and analysis of additional data elements to improve accuracy. Targeted work has been undertaken to improve identifier matching for Aboriginal and Torres Strait Islander peoples in partnership with sector stakeholders.

Action status

4 actions have been marked as complete under the Identity priority area. The Agency will no longer be reporting against completed action items.

Priority Area 1 – Identity: Q3 2025-26 update

Action 1.1 Using healthcare identifiers	**Lead(s)**	**Timeframe**	**Status**
Jurisdiction health departments, the Agency and Services Australia will adopt and use national healthcare identifiers in future digital health initiatives involving health information sharing.	• The Agency • Services Australia • All Health Departments	Ongoing	On track
During this period, the Department of Health, Disability and Ageing (the Department), Services Australia and the Agency have continued coordinated work across government to increase adoption of healthcare identifiers following the 2025 legislative reforms. Services Australia is advancing the adoption and integration of HI's through targeted forward planning. This will prioritise initiatives that will strengthen health information sharing and interoperability across health, aged care, and disability programs.	Services Australia is making further enhancements to better identify and support Healthcare Administrative Entity (HAE) and Healthcare Support Organisation (HSO). This builds on previous initiatives and ensures legislative compliance with changes made as part of October 2025 Omnibus bill.		

Action 1.2 Promoting healthcare identifiers	**Lead(s)**	**Timeframe**	**Status**
Promote the use of IHIs, including creating IHIs for newborns as soon as possible after birth.	• The Agency • Services Australia	Ongoing	On track
The Agency continued progressing deliverables under the HI Roadmap to promote the use of healthcare identifiers, supported by educational resources and guidance materials. As part of the My Health Record Rules 2026 (the Rules) all connections to My Health Record will require HI Service conformance as per the interoperability requirements for the My Health Record. This will be enacted as of 1 April 2026.	Services Australia is continuing with a foundational design and development activity to ensure it is well positioned to uplift the current IHI for Newborn web service to Fast Healthcare Interoperability Resources® (FHIR®) once pre-requisites are secured. Services Australia is collaborating with the Agency to deliver a myGov communication to promote the linkage of 1800Medicare to their myGov account to ensure consumers can view and access their health data.		

Action 1.4 Healthcare identifier matching	**Lead(s)**	**Timeframe**	**Status**
Develop and implement a program of improvements in healthcare identifier matching (especially IHIs), focusing on data quality, user interfaces, service improvements, enhancements and proactive efforts on IHI retrieval.	• The Agency • Services Australia	Short	On track

Services Australia and the Agency are delivering a coordinated program of healthcare identifier (IHI) matching improvements across data quality, user interface and service enhancements.

Delivery of Action 1.4 is supported through multiple HI activities (HIA-6, HIA-8, HIA-9, HIA-11, HIA-14, HIA-15 and HIA-19), with primary IHI matching improvements progressing under HIA 06 and HIA 08.

Data quality actions include ongoing analysis of HI Service data matching trends, targeted stakeholder engagement to compare data quality review outcomes, and Services Australia is developing a Data Matching and Data Quality improvement plan to begin in FY2026/27.

Targeted work is also underway with the Aboriginal Community Controlled Health sector to better understand and address factors affecting IHI matching for Aboriginal and Torres Strait Islander peoples.

User interface and service improvements include enhancements to HI Record search results to improve match accuracy and usability, reducing manual follow up and improving IHI retrieval for HI Service users.

The Agency is also assessing national and international approaches to patient identification, including the feasibility and value of expanding identifying data elements used in IHI matching, and Services Australia is working in partnership with the Agency and key stakeholders on future use of all data elements and displayed in My Health Record via the HI Service.

System integration and future service enhancements are progressing through planning for the HI Service transition to FHIR standards and improved visibility and use of IHIs across connected systems to support better matching and data consistency.

Action 1.6 Develop deeper network structures	**Lead(s)**	**Timeframe**	**Status**
Develop deeper Healthcare Provider Identifier – Organisation (HPI-O) network structures, including revising published guidance, to support enhancing online HPI-O network registration, and work with vendors to address software limitations.	• The Agency • Services Australia	Short	On track

Extending from recent legislative amendments, further work is underway to align and optimise Healthcare Provider Identifier – Organisation (HPI-O) network structures.

Services Australia continues to work collaboratively with the Department and the Agency to progress an approach to strengthen HPI-O network structures, enhance online registration processes, and address software limitations in partnership with vendors

Action 1.7 Using the National Health Services Directory (NHSD)	**Lead(s)**	**Timeframe**	**Status**
Use the NHSD as the service directory for digital health programs. Where this is not possible (such as for a specialised directory), jurisdictions will work with Healthdirect Australia and the Agency to support the required flow of information.	• All Health Departments	Ongoing	On track
Good national progress is being made in the use and integration of the National Health Services Directory (NHSD). Most jurisdictions are already integrating with the NHSD, and all jurisdictions remain on track to complete integration later in 2026. The Agency is actively consuming NHSD data within national digital health products and services, including 1800MEDICARE, demonstrating significant adoption and value. Jurisdictions are being supported to connect to the Health Connect Australia Provider Directory (HCPD), which sources healthcare service information primarily from the NHSD and Provider Connect Australia™ (PCA™). NT Health has confirmed adoption of both the Provider Directory and PCA™, supporting their needs for accurate and reliable healthcare provider, organisation and service information to facilitate care delivery. Future jurisdictional adoption plans are being progressed through planned one to one consultations with jurisdictions between March and June 2026.	Jurisdictional representatives recently participated in a workshop covering PCA™, the NHSD and the HCPD. The session explored the roles, coexistence principles, operational overlaps and key dependencies across the three services, and will inform the joint strategic roadmap currently in development. To support this roadmap, the Agency and Healthdirect have agreed on a dual directory model, with the HCPD serving as a single point of access to consolidated practitioner, organisation and service information sourced from multiple systems, including the NHSD. This model enables jurisdictions to access NHSD service data through the HCPD while continuing to manage practitioner information locally, without creating dependencies on future roadmap deliverables.		

Action 1.10 Integrating the NHSD and the Health Provider Directory (HPD)	**Lead(s)**	**Timeframe**	**Status**
Assess the feasibility of integrating the NHSD and the HPD to reduce duplication and rationalise the national directory infrastructure.	• The Agency	Short	On track
The Agency convened a cross-jurisdictional workshop with state and territory representatives to clarify roles, coexistence principles, operational overlaps, and key dependencies across PCA™, the NHSD and the Health Connect Australia Provider Directory (HCPD). Participants expressed strong support for the proposed future-state directory design, with several areas identified for refinement.	Work will continue through development of the joint strategic roadmap for NHSD, HCPD and PCA™, with NHSD integration planned post-pilot of the Health Connect Australia Health Provider Directory.		

Standards

Progress highlights

This quarter saw strong progress in uplifting interoperability and driving consistent adoption of national digital health standards.

The Agency and Healthdirect completed development and expansion of HL7® FHIR® AU Core and AU Base across digital health systems, marking Action 2.3 as complete. Work will continue on FHIR® Implementation Guides to strengthen consistency across national digital health infrastructure, using an Adopt, Adapt, Create methodology to promote greater interoperability through consistent standards.

Healthdirect is progressing alignment of the National Health Services Directory (NHSD) with AU Core and AU Base as part of business-as-usual activities.

The Agency progressed its FHIR® Framework through internal governance in preparation for stakeholder engagement and work advanced on strengthening secure API-based information exchange, including OAuth authorisation profiles and the Health Connect Authorisation Service.

Action status

13 actions have been marked as complete under the Standards priority area. As action 2.3 was completed in this reporting period, it has been included in this section. The Agency will no longer be reporting against completed action items.

Priority Area 2 – Standards: Q3 2025-26 update

Action 2.3 HL7® FHIR® AU usage	**Lead(s)**	**Timeframe**	**Status**
Develop and expand on HL7® FHIR® AU Core and AU Base for all Agency and Healthdirect digital health systems and services, including modifications and new systems.	• The Agency • Healthdirect	Ongoing	Complete

Over the past several years, the Agency in collaboration with Healthdirect, have been working to develop and expand the use of HL7® FHIR® AU across all health systems and services.

The Agency is committed to continue to develop its FHIR® Implementation Guides (IG) in a manner that maximises the use of existing HL7® standards, such as FHIR® AU Core and FHIR® AU Base. The Agency follows an approach of Adopt / Adapt / Create to the utilisation of standards in its IGs:

- Adopt existing standards as much as possible
- Adapt existing standards in consultation with the community when there is a specific need that is not met by existing standards
- Create standards in consultation with the community only when they do not exist

This approach promotes greater interoperability and consistency across the national digital health infrastructure.

Healthdirect will align any FHIR® based capabilities within its systems in alignment with existing HL7® standards such as FHIR® AU Core and FHIR® AU Base. The NHSD, which currently uses FHIR® for information exchange, is in the process of aligning to these standards as part of a BAU activity to ensure its Implementation Guide is current and fit-for-purpose.

As systems and processes have been established and operationalised, this action has been reported complete. BAU activities will continue to ensure that the Agency and Healthdirect systems and services continue to leverage the most current and appropriate HL7® FHIR® standards.

Action 2.12 API information exchange	**Lead(s)**	**Timeframe**	**Status**
Engage with the health technology sector to enhance digital health systems to use HL7® FHIR®, OAuth and OpenID Connect for API information exchanges.	• The Agency	Short	On track

In this period, the Agency progressed work to strengthen secure API-based information exchange, continuing the development of common authorisation profiles (OAuth) and the Health Connect Authorisation Service.

The Agency also advanced its FHIR® Framework, progressing through internal governance review in preparation for final governance approvals and external stakeholder engagement and consultation.

Information Sharing

Progress highlights

This quarter saw solid progress in strengthening the policy, legislative and technical settings needed for nationally consistent health information sharing.

The Agency launched a national program designed to make it faster and easier for digital health organisations to connect to Australia's digital health systems. Health services, software developers and vendors will benefit from improved tools and clarity to accelerate the delivery of secure, innovative digital health solutions.

As part of these enhancements the Agency's Developer Portal has been renamed the Digital Health Implementer Hub reflecting the breadth of organisations connecting with national digital health infrastructure.

In parallel, the Department progressed the information-sharing authorisation framework to support the national health information exchange.

Work continued to align legislative definitions and review the My Health Record framework to support cross-jurisdictional interoperability, and early work began to support legislative harmonisation drawing on progress from related policy activities.

Action status

8 actions have been marked as complete under the Information Sharing priority area. The Agency will no longer be reporting against completed action items.

Priority Area 3 – Information Sharing: Q3 2025-26 update

Action 3.2 API Gateway information exchange	**Lead(s)**	**Timeframe**	**Status**
Promote the use of the API Gateway to support interoperable information exchange, including development of a service catalogue.	• The Agency	Ongoing	On track
The Agency progressed service design for the Health Connect Australia Marketplace and Service Catalogue, with the service design approach and workshops scoped and a vendor engagement plan developed. A co-design workshop series has been planned to support discovery and design, with users and software providers being identified to participate. Concept sketches have also commenced to articulate Marketplace functions and its relationship to existing portals.	The team continues to engage with the sector, attending the HL7® Australia FHIR® Sydney Connectathon in March. Planning for FY2026/27 is underway. Several scope items identified during service design, including delivery of Service Catalogue capabilities and a Smart on FHIR® library, are being considered for the coming financial year.		

Action 3.9 Information-sharing authorisation framework	**Lead(s)**	**Timeframe**	**Status**
Collaborate with jurisdictions and other stakeholders to develop a legislative and policy framework that sets out the authorisations and prohibitions for the collection, use and disclosure of health information through a national health information exchange. The framework will address healthcare provider roles and responsibilities, patient control and consent and a regulatory approach to standards, privacy, audit, compliance and security.	• The Department	Short	On track
The Department commenced targeted consultation on the proposed information-sharing authorisation framework to test and refine the underpinning principles, with work progressing in parallel with analysis under action 3.11. Following consultation, the Share by Default Rules for pathology and diagnostic imaging results were formally made by the Minister on 9 December 2025 and will commence on 1 July 2026. Any organisations requiring additional time to comply can request an extension on the Agency's website.	The Department also progressed Faster Access settings, with diagnostic imaging reports for limbs (arms and legs) viewable immediately and other diagnostic imaging reports viewable after 5 days (reduced from 7 days). In addition, the Government announced it will implement requirements to ensure medicines-related information from online prescribers is made available through My Health Record, with a discussion paper to be released for consultation in April 2026.		

Action 3.11 Consistent legislative health definitions	**Lead(s)**	**Timeframe**	**Status**
Collaborate with jurisdictions and key stakeholders to develop consistent definitions and legislative and regulatory settings to support cross jurisdictional health information sharing, leveraging Commonwealth legislation.	• The Department	Medium	On track
The recent legislative amendments to the HI Act provide a strong foundation for national information sharing.	The Department has commenced analysis of the My Health Record legislative framework, ensuring that My Health Record Act (2012) remains appropriate and enables broader health information sharing and interoperability.		

Action 3.12 Harmonising legislation	**Lead(s)**	**Timeframe**	**Status**
Undertake collaborative intergovernmental work on supporting and implementing national information sharing settings and framework, drawing on outcomes from Actions 3.9 and 3.11.	• All Health Departments	Medium	On track
The work required to deliver the objectives of this action will be considered and dependent on the consultation and analysis activities currently underway for: - Action 3.9 Information-sharing authorisation framework and, - Action 3.11 Consistent legislative health definitions.			

Innovation

Progress highlights

In the last quarter, the Agency released new resources to uplift digital health capability and support interoperability including:

- **Digital Health Train the Trainer Toolkit**

Released in February 2026, and co designed with academic, clinical and digital health experts, the toolkit helps educators embed digital health, interoperability and integration content into curricula.

- **Digital Health Foundations eLearning course for nursing and midwifery**

Developed with La Trobe University, this five-module course aligns with the National Nursing and Midwifery Digital Health Capability Framework and prepares students for digitally enabled clinical practice, including use of systems such as My Health Record.

The strategic objectives of action 4.2 within the Interoperability Plan have been completed, so the action has been reported complete. Further progress to support interoperability uplift across the health workforce will continue through the Agency's routine operations.

Action status

All 3 actions are complete under the innovation priority. As action 4.2 was completed in this reporting period, it has been included in this section. The Agency will no longer be reporting against completed action items.

Priority Area 4 – Innovation: Q3 2025-26 update

Action 4.2 Interoperability workforce	**Lead(s)**	**Timeframe**	**Status**
Implement the National Digital Health Workforce and Education Roadmap to support the workforce required to progress interoperability.	• The Agency • Australasian Institute of Digital Health	Ongoing	Complete
The Agency continued delivery of the National Digital Health Workforce and Education Roadmap, with the launch of two new education resources to build digital health capability and support interoperability across the health workforce. In February 2026, the Agency launched the developed with the Australian Council of Senior Academic Leaders in Digital Health and co-designed by academic leaders, clinical educators and digital health experts. The Toolkit supports educators to embed digital health within curricula, including core content on interoperability and integration. New resource launched to help educators build a digitally capable healthcare workforce. Quarter 3 also saw the release of the, developed in collaboration with La Trobe University. The course comprises five modules aligned to the National Nursing and Midwifery Digital Health Capability Framework and is designed to prepare students for digitally enabled clinical placements and practice, including effective use of systems such as My Health Record. Strengthening digital health capability of nursing and midwifery students.	The work undertaken through the National Digital Health Workforce and Education Roadmap (the NDHWE Roadmap) has delivered a range of significant outputs, providing a strong foundation for digital health workforce uplift to progress, and achieving the strategic objectives of Action 4.2. While these achievements represent the completion of the action within the Interoperability Plan, the ongoing enhancement of digital health capability remains a long-term objective, and continued progress under the NDHWE Roadmap will now be maintained as part of the Agency's core operational activities to support interoperability uplift across the health workforce.		

Benefits

Progress highlights

The Council for Connected Care (the *Council*) provides governance for the Interoperability Plan, providing strategic advice on national priorities that strengthen connected care across the health system and ensuring that investments in interoperability deliver measurable benefits for Australians.

The twelfth Council for Connected Care meeting was held virtually on 12 March 2026, focusing on the theme of Data and Design. Members explored how well-designed systems and integrated data can streamline digital workflows and strengthen interoperability. The Council's work aims to support health technologies that are easier for clinicians to use and better connected across care settings.

By improving design and data integration, these efforts will help enable more timely information sharing, reduced administrative burden, and safer, more coordinated care as digital health systems continue to mature.

Further progress has been made to ensure My Health Record remains a reliable and comprehensive national health information repository. The Share by Default Rules for pathology and diagnostic imaging will require reports to be automatically uploaded to a patient's My Health Record, supporting improved care coordination, reducing duplicate tests, and empowering patients. These rules come into effect on 1 July 2026.

Action status

All actions are complete under the Benefits priority area.

Australian Government
Australian Digital Health Agency

National Healthcare Identifiers Roadmap

Quarterly Progress Report

January 2026 – March 2026

Delivered as part of the National Healthcare Interoperability Plan 2023–2028

Introduction

The Agency, in collaboration with the Department of Health, Disability and Ageing and Services Australia, has developed a National Healthcare Identifiers Roadmap 2023–2028 that includes 20 activities to drive uptake of the HI Service.

Healthcare identifiers are fundamental to a connected healthcare system. They support information sharing by accurately identifying the healthcare recipient, provider and organisation, ensuring information is shared for the right individual to the right provider. This improves the quality, safety and efficiency of care provided and puts Australians even more firmly at the centre of their own healthcare experience.

The HI Roadmap is an action in the Connecting Australian Healthcare – National Interoperability Plan 2023–2028 that is governed by the Council for Connected Care and is critical for progressing national digital health programs, including Share by Default for pathology and diagnostic imaging reports, electronic prescribing, electronic requesting, MyMedicare and Health Connect Australia.

Identity

Health information associated with the right people

National Healthcare Identifiers Roadmap 2023–2028

Quarterly progress

1
activity completed in **Q3 2025–26**

Activities completed in Q3 2025–26

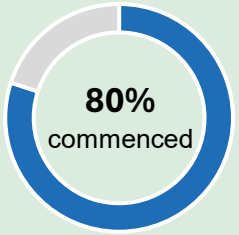
HIA-01 Legislative reform program

Legislation and Policy

Category 1
Total activities: 5
Commenced activities: 4
Completed activities: 1

Key outcomes include:

- Legislative reform to support all parties to manage the health sector effectively and efficiently, and research and evaluation to support continued improvements to outcomes for patients.
- Use of national healthcare identifiers to identify a consumer, healthcare provider individual or healthcare provider organisation.

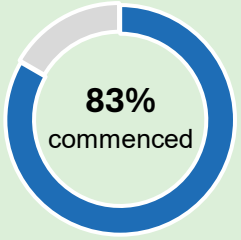


HI Service Improvement

Category 2
Total activities: 6
Commenced activities: 5
Completed activities: 0

Key outcomes include:

- HI Service integrated to enable visibility of Healthcare Identifiers (IHIs) to clinical and administrative users within patient administration and clinical systems
- Improved data quality and error resolution rates
- Increased data match rate returns

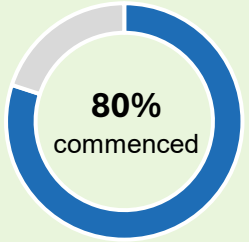


Architecture and Data Standards

Category 3
Total activities: 5
Commenced activities: 4
Completed activities: 1

Key outcomes include:

- IHIs, Healthcare Provider Identifiers – (HPI-Is) and Healthcare Provider Identifiers - Organisation (HPI-Os) are integrated into all systems supporting clinical workflows
- IHIs, HPI-Is and HPI-Os are available for any form of clinical communication or handover



Operational Improvement

Category 4
Total activities: 4
Commenced activities: 4
Completed activities: 1

Key outcomes include:

- Identifier matching errors are minimised
- Effective and streamlined management of healthcare identifiers
- Processes in place for managing healthcare identifiers across the lifecycle from birth to death.

Commenced Activities

HIA-02 Australian Government policy position for HI Service adoption
HIA-03 Development of a simplified guide to the HI Act
HIA-04 Template policies and guidelines on HI use

HIA-06 Data matching and data quality improvements
HIA-07 Review existing messages and responses
HIA-08 Improvements to data matching for Aboriginal and Torres Strait Islander people
HIA-09 Enhanced search considerations
HIA-10 Individual Healthcare Identifiers for newborns

HIA-12 Healthcare Provider Identifier – Organisations: Guidance on appropriate structures
HIA-14 Update technical standards
HIA-15 HI Service architecture and future extensibility

HIA-18 Development of education materials for HI Service
HIA-19 HI support model and future operational requirements
HIA-20 Enhanced governance

Future Activities

HIA-05 HI use in consumer applications

HIA-11 Consumer empowered matching

HIA-16 Clinical systems architecture and design

HI Roadmap – Legislation and Policy: Q3 2025-26 update

HIA 1 Legislative reform program	**Lead(s)**	**Start date**	**Status**
	• The Department	2023–2024	Complete
The HI legislative reform program has overseen the delivery of multiple legislative amendments, including changes to the Healthcare Identifiers Act 2010 (HI Act) and corresponding changes to the regulatory framework authorising provider directories to use healthcare identifiers.	The finalisation of these legislative and regulatory changes signals the completion of a significant suite of HI reforms, and this activity has been reported closed and complete.		

HIA 2 Australian Government policy position for HI Service adoption	**Lead(s)**	**Start date**	**Status**
	• The Department	2023–2024	On track
During the period, the Department continued analysis of existing policies and programs to identify opportunities to boost adoption of the HI Service and embed healthcare identifiers by design in future initiatives.	This work is supported by the inclusion of healthcare identifiers as a key data element in the FHIR® AU Core data standards, which will underpin future health information sharing.		

HIA 3 Development of a simplified guide to the HI Act	**Lead(s)**	**Start date**	**Status**
	• The Department	2025–2026	On track
The Department continued development of the simplified guide to the HI Act, incorporating recent legislative reforms to support clearer and more accessible guidance for stakeholders. The HI Act guide is expected to be ready for initial release by mid-2026.			

HIA 4 Template policies and guidelines on HI use	**Lead(s)**	**Start date**	**Status**
	• The Agency • The Department	2025–2026	On track
During the most recent quarter, work under this HI activity has centred on establishing a comprehensive baseline through a detailed review of the HI Act, alongside associated regulatory instruments and existing policy frameworks. The key deliverable for this phase, a consolidated baseline report outlining requirements and dependencies to inform the development of a standardised HI policy template and supporting guidance materials, has now been fully drafted and is progressing through final approvals.	With the baseline work concluding, the next phase will focus on undertaking a structured gap analysis to assess alignment between the current HI Act, existing resources, and the requirements emerging from the HI legislative reform. This work will identify priority updates, required new inclusions, and areas where further clarification or guidance is needed to support consistent HI usage across the sector.		

HIA 5 HI use in consumer applications	**Lead(s)**	**Start date**	**Status**
	• The Agency	2026–2027	Not commenced
This activity will be progressed in the 2026–27 financial year.			

HI Roadmap – HI Service Improvement: Q3 2025-26 update

HIA 6 Data matching and data quality improvements	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2024–2025	On track
The Agency is progressing changes to the HI Service conformance requirements as part of the plan of action recommendations to improve data matching. Services Australia is continuing with analysis of data-matching trends and in collaboration with the Agency are undertaking targeted engagement activities to compare a series of data quality reviews with identified stakeholders.	The development of a Data Matching and Data Quality Improvements Plan for delivery in FY2026/27 is being progressed by Services Australia. This will be supported by a framework and process for ongoing identification of future enhancements and continuous improvement activities. The framework and plan will be finalised in collaboration with the Department and the Agency.		

HIA 7 Review existing messages and responses	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2024–2025	On track
Services Australia has developed a consolidated catalogue of HI Service error messages, which continues to be refined to reflect recent technical updates. Early analysis has identified common themes across message types and opportunities to improve clarity and consistency. Initial data insights have been shared with the Agency to help inform future conformance and guidance updates.	This work supports preparation for the transition to the FHIR® standard, which is expected to streamline some validation processes and reduce the need for certain client-side error messages. The Agency is reviewing outputs and providing feedback to support Service Australia's efforts. Further review will focus on ensuring remaining messages are clear, consistent, and fit for purpose.		

HIA 8 Improvements to data matching for Aboriginal and Torres Strait Islander peoples	**Lead(s)**	**Start date**	**Status**
	• The Agency • The Department • Services Australia	2024–2025	On track
Work on this HI activity continues to investigate factors influencing data matching for Aboriginal and Torres Strait Islander peoples in collaboration with the Aboriginal Community-Controlled Health sector. Further engagement with the sector was achieved through attendance at a digital health forum, where discussions highlighted the importance of healthcare identifiers as a key enabler of safe and effective care.	Services Australia is progressing this work through continued analysis and engagement with internal stakeholders to gather input and information for the broader Data Matching and Data Quality Plan of Improvements.		

HIA 9 Enhanced search considerations	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2025–2026	On track
The Agency progressed work to enhance HI record search results and improve match rate accuracy by drafting a report examining national and international approaches to patient and individual identification. As an output of the report, the Agency is seeking to assess the feasibility and value of expanding the identifying information used within the IHI matching process.			

HIA 10 Individual Healthcare Identifiers for newborns	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2025–2026	On track
Services Australia is continuing with a foundational design and development activity to ensure it is well positioned to uplift the current Individual Healthcare Identifiers (IHIs) for Newborn web service to FHIR® standards once pre-requisite arrangements are secured.			

HIA 11 Consumer-empowered matching	**Lead(s)**	**Start date**	**Status**
	• The Agency • The Department • Services Australia	2026–2027	Not commenced
This activity will be progressed in the 2026–2027 financial year.			

HI Roadmap – Architecture and Data Standards: Q3 2025-26 update

HIA 12 Healthcare Provider Identifier – Organisations: Guidance on appropriate structures	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2024–2025	On track
Services Australia continues to work collaboratively with the Department and the Agency to finalise the approach for a target state for organisational structures that is informed by stakeholder consultation and feedback.			

HIA 14 Update technical standards	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2024–2025	On track
Services Australia is collaborating with the Department to identify and refine fiscally responsible funding paths for transitioning the HI Service to FHIR® standards once pre-requisite arrangements are secured.			

HIA 15 HI Service architecture and future extensibility	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2025–2026	On track
Services Australia has progressed its review of current and projected HI Service web service traffic volumes, with key findings being refined to inform the final report. Emerging insights are helping to validate growth assumptions and highlight areas where proactive monitoring and early engagement on planned initiatives will support effective demand management. This work will inform future planning and ensure the HI Service remains well positioned to respond to changing system use.			

HIA 16 Clinical systems architecture and design	**Lead(s)**	**Start date**	**Status**
	• The Agency	2026–2027	Not commenced
This activity will be progressed in the 2026–27 financial year.			

HI Roadmap – Operational Improvement: Q3 2025-26 update

HIA 18 Development of education materials for HI Service	**Lead(s)**	**Start date**	**Status**
	• The Agency	2023–2024	On track
The Agency is progressing the development and enhancement of its educational materials, ensuring they are aligned to the needs of a broad range of users, with particular emphasis on healthcare professionals and technology partners using the HI Service.	The Digital Health Foundation video series continues to be developed as an engaging four-video microlearning series. These videos will have a strong focus on the effective use of the HI Service and are expected to be launched in June 2026.		

HIA 19 HI support model and future operational requirements	**Lead(s)**	**Start date**	**Status**
	• The Agency • Services Australia	2023–2024	On track
Work continues on the Agency's review of the HI Service future operational support model. Services Australia continues to progress activities in line with the agreed Activity Plans.			

HIA 20 Enhanced governance	**Lead(s)**	**Start date**	**Status**
	• The Agency • The Department • Services Australia	2024–2025	On track
The Department continues to advance key governance and implementation activities across the HI reform program. With major legislative changes to the HI framework now complete, the Digital Health Oversight Committee (DHOC) has endorsed closing the Healthcare Identifiers Sub-Committee and agreed that HIs will no longer be a standing agenda item. This acknowledges the progress which has been made and the shift from implementation and ongoing monitoring.	The Healthcare Identifiers Working Group (HIWG) continues to meet on a monthly basis, supporting operational implementation, technical alignment and cross-agency coordination. Services Australia has completed current state analysis identifying key roles and is drafting a Governance Framework to be shared with partner agencies.		

Thank you to the Council for Connected Care and to all governments and organisations who provided input to this report.

Australian Government
Australian Digital Health Agency

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 3: Attachment D – Outgoing Members

Meeting: Thursday, 23 July 2026

OFFICIAL

Purpose

The purpose of the paper is to acknowledge changes to the Council for Connected Care membership, noting outgoing and incoming members.

Recommendation/s

It is recommended the Council for Connected Care:

1 **note** outgoing CCC members.

2 **note** incoming replacement CCC members.

Summary of issues

Out-going Representative	Organisation	Replacement Representative
Dr Zoran Bolevich	Australian Institute of Health and Welfare	Ms Louise Gates
Ms Alice Kett	Australian Nursing and Midwifery Federation	Ms Alana Ginnivan
Mr Brett Heffernan	Australian Private Hospitals Association	Dr Neale Fong
Ms Mary Ann Baquero Geronimo	Federation of Ethnic Communities' Council of Australia (FECCA)	Ms Priyanka Rai
Professor Trish Williams	Flinders University	*N/A*
Ms Bettina McMahon	Healthdirect	Mr Prashan Malalasekera
Dr Jason Agostino	National Aboriginal Community Controlled Health Organisation (NACCHO)	*TBC*
Dr Keith McDonald	South Western Sydney PHN representing the PHN Cooperative	Ms Jacqui Emery

Dr John Lambert	Tasmanian Department of Health	*Pending Permanent Replacement*

We would like to acknowledge and thank all departing Council members for their service, expertise and dedication. Their contributions have helped strengthen the foundations of connected care and support better health outcomes for Australians.

The Council for Connected Care membership list can be found here.

Background

This will become a standing agenda item.

The Council for Connected Care was established in June 2023 to provide strategic advice on connecting care and support the national implementation of the Interoperability Plan in Australia. It comprises 37 leaders in digital health and aims to improve health outcomes through a more interoperable digital health system by reducing fragmentation and enhancing information sharing across the healthcare system. The council serves as a multi-stakeholder advisory group, guiding efforts to achieve better integration and efficiency in healthcare delivery

Attachments

Nil

Contact officer: Cass Timmermans, Assistant Director, Interoperability

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 4: Interoperability and Standards Advisory Group 2025/26 Achievements

Meeting: Thursday 23 July 2026

OFFICIAL

Purpose

The purpose of the paper is to review and acknowledge key interoperability achievements from 2025-26, note how the Council has influenced change and progress under the Interoperability Plan and Healthcare Identifier (HI) Roadmap, and receive the annual update from the Standards Advisory Group (SAG), highlighting advancements in digital health standards and alignment with national priorities.

Recommendation/s

It is recommended the Council for Connected Care:

1 **note** the Interoperability Plan and HI Roadmap annual progress update

2 **note** the SAG annual progress update.

Summary of issues

Interoperability Plan and HI Roadmap annual progress update 2025-26

The Interoperability Plan and HI Roadmap aim to create a connected and secure healthcare system in Australia. The plan outlines 44 actions across 5 priority areas including, Identity, Standards, Information Sharing, Innovation and Benefits. The 2025-26 annual progress report, published by 20 July 2026, will reflect on key achievements and progress against the 44 action items in the Interoperability Plan and 20 activities in the HI Roadmap. During this reporting period, 11 actions on the Plan and 4 activities on the HI Roadmap were completed, including:

- **Action 1.8** Implementing the 2019 National Health Services Directory (NHSD) review
- **Action 2.1** Terminology in digital health systems
- **Action 3.1** Interoperability in procurement
- **Action 3.8** Care Management Network
- **Action 1.10** Integrating the NHSD and the Healthcare Provider Directory (HPD)
- **Action 1.5** Review Healthcare Provider Identifier Individual (HPI-I) conformance
- **Action 2.10** Including terminology in datasets

- **Action 2.12** API information exchange
- **Action 2.3** HL7® FHIR® AU usage
- **Action 3.10** Publish-subscribe service
- **Action 4.3** Interoperability workforce
- **HIA-01** Legislative reform program
- **HIA-13** HI Services conformance review and update
- **HIA-17** Develop and implement HI Stakeholder Engagement and Communication Plan
- **HIA-18** Develop education for HI Service

In total, 35 actions (80%) have been completed in the Interoperability Plan, marking further sustained progress in this Financial Year (FY). While some ongoing work will continue to support these completed actions, quarterly reporting will no longer be required for them.

Over 2025–26, significant progress has been made to improve connected care through delivery of the Interoperability Plan and HI Roadmap, including:

- Strengthened national identity and data integrity foundations, with implementation of HI legislative reforms, expanded adoption of healthcare identifiers, and continued improvements to data matching and quality
- Embedded national interoperability standards, including completion of HL7® FHIR® AU Core and AU Base expansion, enabling more consistent and scalable data exchange across digital health systems
- Advanced secure information sharing capability, through API-based exchange, national authorisation services, and progression of the information-sharing legislative framework (including Share by Default reforms)
- Improved integration of national digital health infrastructure, with increased uptake of the National Health Services Directory and progress toward a unified provider directory model
- Major legislative and foundational reforms completed to support system-wide interoperability
- Uplifted workforce capability and sector readiness, through national education and training initiatives supporting adoption and effective use of interoperable systems
- Successfully delivered a comprehensive and high-quality suite of contemporary education materials that strengthen understanding and adoption of the Healthcare Identifiers (HI) Service across stakeholders.

The Council for Connected Care (CCC) has played a critical enabling role in advancing delivery of the Interoperability Plan actions during FY25/26 by providing structured, cross-sector strategic advice that has directly informed the prioritisation, design and implementation of key initiatives across all five priority areas. Through its August 2025, November 2025 and March 2026 engagements, the Council has consistently tested Agency proposals against real-world clinical, operational and jurisdictional experience, helping to refine national approaches to standards adoption (including FHIR and terminology alignment), strengthen identity reform through support for Healthcare Identifier expansion and legislative change, and accelerate information sharing initiatives such as Health Connect Australia and Share by Default.

Standards Advisory Group annual progress update

The Standards Advisory Group met on 28 July 2025, chaired by Ryan Mavin, Branch Manager Informatics and Standards, following Professor Wendy Chapman's resignation as Chair. Members acknowledged Professor Chapman's significant contribution as the inaugural chair of the Standards Advisory Group and as member of the Council for Connected Care and wished her the best for her new role overseas. This meeting was focused on providing advice on recommendations within the National Framework for Digital Health Standards (Standards Framework) and a discussion on the joint initiative between the Department of Health, Disability and Ageing and the Agency on the project to digitise part of the Comprehensive Health Assessment Program (CHAP) into a SMART on FHIR app.

A workshop was convened on the 10 September 2025 to refine recommendations proposed in the Standards Framework, with a particular focus on the tasks required to embed an enduring governance model to strengthen adoption and implementation of digital health standards.

A workshop held on 10 December 2025, focused on another recommendation proposed in the Standards Framework, to strengthen collaboration and engagement with the digital health standards community through an online community platform.

On 31 March, the Standards Advisory Group met and welcomed the new Chair, Mr Chris Radbone. Members discussed the new Australian FHIR Community Process, which provides a consistent approach to development of Australian FHIR Implementation Guides and an overview of the Agency's role in this process. Members were also interested the Health Connect Australia Provider Directory Implementation Guide as an example of an implementation guide using this process. Members received an update on planning for Australia's transition to ICD-11. The Group noted the enhanced classification capabilities and digital-first design of ICD-11, and its alignment with Australia's broader digital health reforms. Members were provided with an overview of the Common Clinical Information System Requirements. These requirements establish the minimum capabilities needed for systems to connect with national digital health infrastructure and provide a consistent baseline for interoperability across care settings. Sector-specific requirements for aged care and general practice will be layered on top of the common baseline.

Consultation insights from the Standards Framework public consultation process were also shared with members. The Standards Framework consultation period was held from the 9 November 2025 to 31 January 2026. Submissions were invited via direct response, online survey and workshops. 26 submissions consisting of 193 points of feedback were received.

Feedback demonstrated broad support for the intent and direction of the Standards Framework while highlighting refinements that were made to ensure clarity and enhanced focus on clinical safety and clinical governance.

On 20 May 2026, the Agency released the Standards Framework, which shares a unified and nationally coordinated approach to strengthening adoption and implementation of digital health standards. By strengthening nationally consistent adoption of digital health standards, specifications, information models and terminology, the overall goal is to create an environment where the standards used in technologies promote interoperability and access to information across systems. The Standards Advisory Group input has helped shape a clear, actionable program of work across five priority areas to:

1. Establish an enduring governance model to guide adoption and implementation of digital health standards
2. Strengthen understanding of evidence and benefits
3. Build workforce capability through training and education
4. Enhance communication, collaboration, and engagement
5. Provide practical support for implementation.

The Standards Advisory Group will continue to advise on delivery of the recommendations of the Standards Framework, alongside technical advice to support implementation of digital health standards across the sector.

Background

The Council for Connected Care was established in June 2023 to provide strategic advice on connecting care and support the national implementation of the Interoperability Plan in Australia. It comprises 37 leaders in digital health and aims to improve health outcomes through a more interoperable digital health system by reducing fragmentation and enhancing information sharing across the healthcare system. The council serves as a multi-stakeholder advisory group, guiding efforts to achieve better integration and efficiency in healthcare delivery.

The Standards Advisory Group was also established in June 2023 to provide strategic and technical advice to the Council for Connected Care and the Agency regarding the development, implementation and use of digital health standards. The group is pivotal in ensuring that Australia can achieve a more connected healthcare system through the use of standards that support safe, secure and seamless sharing of information to improve healthcare experiences and patient outcomes.

Attachments

Attachment A – National Framework for Digital Health Standards

Attachment B – DRAFT Interoperability Plan 25/26 Annual Progress Report

Contact officer: Cass Timmermans, Assistant Director, Interoperability

Australian Government
Australian Digital Health Agency

National Framework for Digital Health Standards

Connecting Australian Healthcare
National Healthcare Interoperability Plan

Issued May 2026

Australian Digital Health Agency

ABN 84 425 496 912; GPO Box 9942 Canberra ACT 2601

Telephone: 1300 901 001; Web: www.digitalhealth.gov.au; Email: help@digitalhealth.gov.au

Acknowledgement of Country

All partners acknowledge and respect Aboriginal and Torres Strait Islander peoples as the Traditional Custodians of Country throughout Australia and their continuing connection to land, seas and community. We pay our respects to their cultures and to Elders past and present.

Thank you to partners and contributors

Thank you to the partners, organisations, healthcare providers and Australians from all walks of life who contributed to the strategy and broader consultations. We appreciate all who gave their time, experience and expertise to contribute to Australia's digital health transformation journey.

Role of the Australian Digital Health Agency

The Australian Digital Health Agency (the Agency) is a corporate Commonwealth entity supported by all Australian governments to accelerate adoption and use of digital services and technologies across the Australian health ecosystem, as set out under the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016 (Agency Rule). The Agency Rule was created under the Public Governance, Performance and Accountability Act 2013. Under the Agency Rule, the Agency is charged with developing a digital health strategy at the national level for Australia.

Copyright

ISBN

978-1-7643527-2-7

IHTSDO (SNOMED CT)

HL7 International

Disclaimer

Contents

1. Executive summary

The National Framework for Digital Health Standards (Standards Framework) sets out a nationally coordinated approach to the adoption and implementation of digital health standards in Australia. Developed by the Australian Digital Health Agency (the Agency), this Standards Framework aims to strengthen interoperability, improve healthcare outcomes, and support the digital transformation of the health system.

Digital health standards are foundational to enabling safe, secure, and meaningful exchange of health information across care settings. They underpin the design and operation of digital health solutions, ensuring that data flows accurately and consistently between providers, systems, and consumers. The Standards Framework recognises that while significant progress has been made, a unified national strategy is essential to overcome fragmented adoption and realise the full benefits of connected care.

By strengthening interoperability of health information, the Standards Framework plays a critical role in enabling consumers to trust and confidently use their own health information, whenever and wherever they need it. With over 24.9 million My Health Records, Australians are better equipped to share decisions and manage their health and wellbeing, when they have timely access to their health information. [1] Clear, reliable and connected digital health records empower individuals to participate actively in their care, make informed decisions and move safely between services.

Ensuring that consumers can depend on the accuracy, accessibility and security of their health information is essential to building a person-centred digital health system and fostering long-term public trust in digital technologies. The national adoption of standardised clinical terminology and digital health standards also provides a safer foundation for the responsible introduction of artificial intelligence (AI) tools across the health sector.

The Agency's stewardship role is central to this effort, providing leadership, governance, and coordination across government, jurisdictions, industry, standards development organisations (SDOs), and the broader healthcare community. The Standards Framework outlines the Agency's vision for a dynamic, collaborative digital health standards ecosystem that evolves with Australia's health needs and supports a learning health system.

Clinical engagement is key to enable digital solutions and systems are grounded in real clinical workflows and are trusted to enable the delivery of safe, high-quality care. When clinicians help shape requirements and design, potential safety issues and usability challenges are identified early which can lead to more practical and effective tools. Engaged clinicians also act as champions for change, building confidence among their peers and fostering a sense of ownership that drives sustained uptake and appropriate use.

The Standards Framework directly supports Outcome 1: Digitally Enabled Health System in the *National Digital Health Strategy* 2023–2028 [2] (the Strategy), by providing the foundational infrastructure needed to realise a connected, person-centred, and digitally enabled healthcare system. The Strategy envisions a future where individuals have access to timely, secure, and meaningful health information, and where digital technologies empower consumers and providers alike.

By establishing a nationally coordinated approach to standards adoption and implementation, the Standards Framework enables interoperability across systems, enhances data quality and safety, and accelerates the integration of emerging technologies such as artificial intelligence (AI) and genomics. This includes supporting safe and effective AI use by providing high-quality structured data and consistent terminology across systems.

[1] https://www.digitalhealth.gov.au/initiatives-and-programs/my-health-record/statistics as at March 2026
[2] digitalhealth.gov.au/sites/default/files/documents/national-digital-health-strategy-2023-2028.pdf

Recognising the evolving role of AI, the national adoption of terminology and coding maps, provides a consistent foundation for AI implementations. This reduces the risk of incorrect or hallucination impacted creation of structured data. As AI standards relevant to digital health emerge and mature, this Standards Framework offers the flexibility needed to ensure AI standards are applied consistently across the Australian health ecosystem.

The Agency's role in stewarding digital health standards includes enabling the safe use of AI through standards adoption and applying this Standards Framework to emerging AI standards relevant to digital health. Ensuring alignment of AI governance and broader standards governance will be essential and must keep pace with the increasing use of AI across the health sector.

This Standards Framework also operationalises key actions from the *Connecting Australian Healthcare – National Healthcare Interoperability Plan (2023–2028)* [3], which identifies standards as critical enablers of real-time data exchange and integrated care. Through initiatives such as the Australian Common Framework for Interoperability (AU CFI) and Health Connect Australia, the Framework supports the development of shared infrastructure, standardised Application Programming Interfaces (APIs), and consistent data models that allow health information to flow securely and meaningfully across the system. This alignment ensures that digital health solutions are not only technically robust and future-ready, but also inclusive, equitable, and responsive to the evolving needs of all Australians.

[3] digitalhealth.gov.au/sites/default/files/documents/national-healthcare-interoperability-plan-2023-2028.pdf

Key challenges identified include inconsistent implementation, limited incentives, legacy system constraints, and the absence of a national governance mechanism.

To address these, the Framework proposes five strategic recommendations:

Success will be measured through stakeholder feedback, progress on implementation against the recommendation actions and clinical governance review activities that support continuous quality improvement.

The strategic direction and foundational work delivered under the Standards Framework, will support a safer, more equitable, and digitally enabled healthcare system for all Australians, where health information is accessible and interoperable, and empowers consumers and providers across the health system.

2. Introduction

The Agency has a simple mission – steward and accelerate the delivery of end-to-end connected healthcare for all Australians. [4] This will be achieved by ensuring digital services and technologies are underpinned by fit-for purpose digital health standards. Digital health standards provide critical foundations for a safe and strong Australian healthcare system and underpin the vision of connected care by enabling the many parts of the health system to work together.

By strengthening nationally consistent adoption of digital health standards, specifications, information models and terminology, the overall goal is to create an environment where the standards used in technologies promote interoperability and access to information across systems. Adoption of common digital health standards in every health information solution must be the norm rather than the exception. Limited understanding of and experience with standards, often results in the creation of new standards, use of proprietary standards or bespoke solutions that are not interoperable or fit-for-purpose.

Through delivering this Standards Framework, and improved national awareness of standards, problems will be solved leveraging standards, accelerating benefit realisation and whole of system interoperability. This foundational work will enable seamless, meaningful and connected care, and support achieving better and more equitable healthcare outcomes for all.

[4] https://www.digitalhealth.gov.au/about-us

2.1 Purpose

The Standards Framework sets out a unified, nationally coordinated approach to the adoption, implementation and development of digital health standards. The Standards Framework underpins a national program of work on digital health standards being led by the Agency, to ensure a cohesive, standards-based approach to digital health transformation and to drive the adoption of nationally relevant digital health standards.

2.2 Intended audience

The intended audience of the Standards Framework are stakeholders with an interest in how standards are applied in digital health and digital transformation. This includes the clinical community, peak health bodies, policymakers from across government (including jurisdictions), the technical community, software developers and implementers, and public and private health service organisations, whom all play a role in the digital health ecosystem.

As the Standards Framework is delivered, the consumer and clinical voice will be more important than ever, in shaping and advising on the needs and priorities of how our digital health solutions operate. Engaged clinicians act as champions for change, building confidence among peers and fostering ownership that drives sustained uptake and appropriate use. An important step in supporting consumers to participate in this area, is building their understanding of how standards impact their use of digital health solutions and providing them with confidence that the digital health solutions used in their care are safe, secure and a reliable way of managing their health information.

2.3 Scope

The scope of this Standards Framework is wide to encapsulate the broad range of stakeholders involved in delivering healthcare services through digitally enabled tools.

Each healthcare organisation has its own workforce, technology requirements, consumers, reporting, and information needs. As such, this Standards Framework is considerate of the everyday realities faced by healthcare professionals and the administrative workforce that supports them. Effective implementation of digital health standards requires advice and co-design with the clinical and technical community. It also requires the partnership of many organisations, across government and jurisdictions to ensure the policy and strategic levers are in place to support implementation of digital health standards.

2.4 Overview of the Agency

The Agency is a corporate Commonwealth entity established by the Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016. [5] This Rule outlines the Agency's responsibility to:

- Develop, implement, manage, operate, and continuously improve specifications, standards, systems, and services in relation to digital health
- To develop, monitor and manage specifications and standards to maximise effective interoperability of public and private sector digital health systems
- To develop and implement compliance approaches in relation to the adoption of agreed specifications and standards relating to digital health.

[5] Federal Register of Legislation - Public Governance, Performance and Accountability (Establishing the Australian Digital Health Agency) Rule 2016

The Agency is responsible for national stewardship, leadership, and coordination of a dynamic, comprehensive, and collaborative digital health standards ecosystem. Core to this work is engaging with Standards Development Organisations (SDOs), industry experts and the broader digital health standards community to identify and deliver the tools needed to guide healthcare in a connected digital future. [6]

The Global Digital Health Partnership (GDHP) defines interoperability as the ability of a system or product to transfer meaning of information within and between systems or products without special effort on the part of the user. Interoperability is made possible by the implementation of standards. [7] The Agency has taken on a leadership role in driving interoperability through the development of the Connecting Australian Health Care – National Healthcare Interoperability Plan (Interoperability Plan). The main goal of healthcare interoperability is to support safe, secure, efficient, quality care through a connected healthcare system that conveniently and seamlessly shares high-quality data with the right people at the right time.

The explosion of higher quality health data and its access catalysed through standards, enables analytics and insights that inform changes to models of care that are better for consumers and at a lower cost to the health system.

When a clinical intervention is needed, healthcare providers will have seamless access to the right information at the right time – enabled by interoperability through digital health standards. These standards ensure data flows securely and meaningfully across systems to support informed decision-making and safer care. Over time, the ability to analyse trends in this data will help inform workforce planning and education pathways that align future health professional capabilities to the needs of the health system.

With coordinated adoption of digital health standards, consumers won't need to piece together their health information and story from different systems or care settings. Instead, they will be able to focus on their health and wellness, empowered by their own health information and insights, without the burden of managing fragmented records.

2.5 Consultation

The Agency has consulted a wide range of stakeholders through the Australian Digital Health Standards Advisory Group (Standards Advisory Group) who represent a range of organisations across government, industry, technology, consumer, and clinical areas with an interest in digital health standards. The Standards Framework has also been informed by qualitative and quantitative research.

Prior to the open and online consultation period, a series of workshops were held with the Standards Advisory Group to identify the barriers and enablers to driving adoption and implementation of digital health standards. This group of technical and clinical experts has helped shape the Standards Framework outcomes and the recommendations for supporting adoption and implementation of digital health standards. Targeted consultation sessions were also held with government agencies and SDOs to ensure that the functions and role of organisations are well articulated to support improved understanding amongst users across the healthcare system.

[6] https://www.digitalhealth.gov.au/standards
[7] Global Digital Health Partnership, 'Interoperability', accessed 17 May 2022.

3. The Agency's role in Digital Health Standards

Digital health standards enable healthcare systems to share information in a consistent, interoperable, and meaningful way, ultimately improving patient care [8]. The Agency plays a central role in leading, coordinating, and stewarding national efforts to adopt and implement digital health standards. An Intergovernmental Agreement on National Digital Health 2023–2027, committed to by Commonwealth, state and territory governments sets the responsibility for the Agency to support the adoption and implementation of digital health standards and guidelines that promote national interoperability.

The Standards Framework articulates the Agency's role, the importance of coordination and collaboration with the sector of the work required to support the adoption and implementation of digital health standards. The Department of Health, Disability and Ageing (DHDA) plays a critical role by setting national health policy, legislation, and strategic priorities that underpin Australia's digital health foundations, including the broader policy, regulatory, and investment environment in which standards are adopted. DHDA share their vision for long-term data and digital health investment in the Digital Health Blueprint 2023–2033 [9], which prioritises strengthening digital health foundations through proactive policy, legislation and standards. DHDA alongside the Agency coordinate efforts to ensure digital health standards are embedded within national reform agendas and digital transformation initiatives targeted at the healthcare system.

Australia's National Digital Health Strategy (the Strategy) 2023–2028 [10], supported by the Strategy Delivery Roadmap [11], places people at the centre of a connected and digitally enabled healthcare system. It sets a vision and pathway to better serve the needs of Australians today, and into the future, by creating a more connected, person-centred digital health system and realising the benefits digital technology offers individuals, the community, governments, industry and providers. The Standards Framework supports delivery of the Strategy's Outcome 1: Digitally Enabled Health System by providing the national approach for standards adoption and implementation. The specific priority areas of the Strategy that are supported include:

- **Priority Area 1.3**: Enhance and maintain modern and integrated digital solutions, which reflects the expectations of the Interoperability Plan and supports the Strategy Roadmap initiatives
    - **Initiative 1.3.2:** Develop accurate terminology, interoperability standards and conformance for sustained and widespread use (Target: ongoing to 2028).
    - **Initiative 1.3.3:** Develop Fast Healthcare Interoperability Resources® (FHIR®) core standards to support consistent capture and sharing of health information (Target: initiate planning by 2023).
    - **Initiative 1.3.4:** Continue implementing standards and resilience measures to protect personal health information and digital infrastructure from cyber threats and environmental events (Target: ongoing to 2028).

Additional Roadmap Initiatives:

- **Initiative 3.3.4:** Support development of new digital health standards focused on priority use cases and emerging technologies (Target: development by 2027).
- **Initiative 4.1.4:** Participate in global discussions to harmonise standards for health technology exports and reduce costs of customising imported products (Target: ongoing to 2028).

[8] Converge or Collide? Making Sense of a Plethora of Open Data Standards in Health Care - PubMed
[9] The Digital Health Blueprint and Action Plan 2023–2033 | Australian Government Department of Health, Disability and Ageing
[10] National Digital Health Strategy
[11] The Strategy Delivery Roadmap

A summary of activity against these initiatives can be found in the Strategy Action and Impact Report 2023–2025 [12].

Stewardship and Development Functions

The Standards Framework recognises that the Agency may operate across both stewardship and development functions within the digital health standards ecosystem. The Agency's role centres on coordination across government, clinical and technical communities to identify and endorse national priorities for standards adoption, publishing implementation guidance, and supporting the integration of standards within digital health infrastructure and policy. SDOs such as Standards Australia, HL7 Australia, openEHR, SNOMED International, and GS1 lead the consensus-based technical development and maintenance of specifications, reference materials and tooling within their domain.

While stewardship is the Agency's primary role, it may lead or participate in standards development activities, in collaboration with SDOs, where there is a clear national need, a policy mandate, or no existing SDO coverage. This delineation maintains clear boundaries between policy stewardship and technical development, while leveraging the deep technical expertise, governance models, and community networks of SDOs, technical experts, and the healthcare community to ensure that standards used in Australia remain technically robust, internationally aligned, and locally relevant.

Open Standards Principles

The Standards Framework reinforces Australia's commitment to open and commercially agnostic standards principles as a foundation for transparency, participation and interoperability across the digital health ecosystem. Open standards support innovation by enabling collaboration between government, industry, and the community while ensuring health information systems remain adaptable and future focused.

By removing barriers between products and services, open standards allow solutions from different vendors to work together seamlessly. This ensures Australia's digital health standards are governed transparently, developed collaboratively with a consensus-based approach. They are implemented in a way that builds trust, equity, and confidence in digital health while prioritising consumer choice and ensuring consent is respected in the use and sharing of health information.

Building the infrastructure and processes for 'how' information is shared

The AU CFI initiative, developed as an action under the Interoperability Plan, addresses the need to maximise the use of common interoperability patterns, standards profiles, platforms, infrastructure, and processes, when delivering digital health solutions.

The establishment of Health Connect Australia will enable near real-time transfer of health data between systems, providing Australians the ability to more easily share their data with and between healthcare providers, and ensuring consumers are receiving the most effective and informed care when needed. The new data pathways of Health Connect Australia will reduce the need for duplication of clinical information across both a provider's clinical system and My Health Record by connecting systems directly through API exchanges to share information.

Through collaboration with the DHDA, HL7 Australia and Commonwealth Scientific and Industrial Research Organisation (CSIRO) via the Sparked Accelerator Program, the AU CFI and Sparked products will be leveraged to underpin Application Programming Interface (API) information exchanges. By using standards such as HL7 FHIR, creating new pathways using standardised data transfers across clinical information systems and building repositories, we collectively ensure health data captured in the system is ready to adapt to emerging technologies.

[12] National Digital Health Strategy Action and Impact Report 2023–2025

Learning digital health ecosystem

A learning digital health system continuously evolves by using data-driven insights to inform improvements in care, policy and system design. To realise this vision, digital health standards need to be tightly integrated with national infrastructure solutions. Standards provide the rules and structure for capturing consistent, high-quality data, while national infrastructure solutions enable the secure exchange and aggregation of that data across the healthcare system.

There are many building blocks needed to create a safe and connected digital health ecosystem. Understanding the role of standards, how they are developed, how they interact with each other, and how they support the healthcare system, is an important role in a learning environment and for harnessing continuous data-driven improvement.

Stewardship of a learning digital health system will ensure there is the breadth of accurate, consistent structured data fuelling continued research and engagement with stakeholders to shape the future and changing nature of digital healthcare.

3.1 Vision for digital standards

The Agency is responsible for national leadership and orchestration of digital health standards. The Standards Framework outlines the need for a collaborative and dynamic environment to support healthcare in its digital transformation using a digital health standards-based approach.

The Agency's objective for digital health standards is to cultivate a dynamic and comprehensive digital health standards ecosystem that enables seamless, safe, and connected care for all Australians. This ecosystem will be built on strong partnerships across government, industry, and the healthcare community, and will continue to evolve in response to changing health needs, emerging technologies, and consumer expectations. By embedding standards into the design and delivery of digital health solutions, the Agency aims to ensure that health information flows securely and meaningfully across the system.

The Agency will realise the objective by leading a nationally coordinated approach to adoption and implementation of digital health standards that:

- Promotes standards as the foundation for interoperability that will connect care;
- Leverages the legislative mandate to steward digital health standards and deliver national infrastructure;
- Coordinates government leadership to catalyse system wide transformation; and
- Supports digital transformation through collaboration and partnership with stakeholders.

The following principles guide the Agency's approach:

Adopt

Use established international and domestic digital health standards where available.

Adapt

Refine international standards where needed to enable them to be incorporated within the Australian health system.

Create

Where no appropriate or suitable standards exist, create them in collaboration with industry, and adopt them as best practice.

Strengthening digital health standards helps make healthcare technology safer and more reliable for both clinicians and consumers. It also ensures that important health data is always available and usable when needed.

When every part of the Australian digital health ecosystem uses the same digital health standards, the value to the entire health system will be much greater than the sum of each of its parts.

3.2 The bigger picture – digital transformation

Digital technologies are intended to ease pressure on healthcare settings, and as highlighted by a Productivity Commission's report [13], better integration of digital tools and data sharing is essential to improving system productivity and patient outcomes. Through the sharing of accurate and consistent health information, digital systems can inform evidence-based decision-making and support safer transitions of care between healthcare settings. The Productivity Commission report also emphasises that Australia's current health information environment remains fragmented and that modernisation of national digital health infrastructure is critical to realising the full benefits of digital health. A contemporary, data-rich digital health ecosystem is needed to safely support emerging medical science and technologies such as genomics, artificial intelligence, and sensor-based solutions, ensuring these innovations can be scaled effectively and equitably across the health system.

This data-rich environment will also provide improved data analytics to inform self-care, clinical decision making, public health policy and health research to:

- Create an inclusive, sustainable, and healthier future for all Australians through a connected and digitally enabled health system;
- Create a more connected, person-centred digital health system and realising the benefits digital technology offers individuals, the community, governments, industry, and providers;
- Accelerate the development of a thriving health innovation culture and capability to support new and novel health and wellness therapies and treatments; and
- To enable anyone in the healthcare system no matter their location, age, education, race, digital literacy, and knowledge, to be able to access up-to-date healthcare records securely, quickly and easily. [14]

This next phase of digital transformation will drive information sharing and advance real time data exchange to make information available when and where it's needed, in line with consumer consent and strong privacy and cyber security standards. People should not have to retell their health story. Their key information should follow them and, should they wish, be available to the whole care team across primary care, allied care, hospital care, aged care, and broader health related services.

The resulting reduced duplication and waste will also decrease workforce and budget pressures and increase safety, quality, and productivity. A thriving, collaborative digital health ecosystem is founded on a common understanding of priorities and direction and relies on settings that support innovation and build confidence and trust. To achieve this, digital health technologies should be developed through partnerships between industry, technology implementers and software industry partners, healthcare providers, researchers, governments, and consumers, supported by agile funding solutions to respond to the rapidly changing digital environment.

[13] Productivity Commission, 2024, Leveraging digital technology in healthcare, Research paper, Canberra
[14] National Digital Health Strategy, Australian Digital Health Agency, Accessed August 2025

Strong leadership, cyber security, and governance, including clinical governance, are essential when forming a nationally coordinated approach to the collection and sharing of critical health information, and when creating policy and regulatory settings that encourage partners and collaborators to share cross industry digital expertise.

For successful adoption of digital and other health technologies, confidence, and trust from within the health ecosystem and across the community is required. Stakeholders need to be certain that the use and regulation of digital health is in line with social expectations, and that it will deliver benefits to both individuals and the community, while allowing risks to be managed appropriately.

4. Current landscape

4.1 Recognition of existing digital health standards

The Australian Government has committed to using trusted international standards first, where appropriate, and this commitment underpins the Agency's objective of achieving digital health transformation through standards.

This approach is consistent with Australia's obligations under the World Trade Organization's Technical Barriers to Trade Agreement (DIIS, 2019) and engagement with multilateral global health organisations such as the World Health Organization (WHO), the International Organisation for Standardisation (ISO) and the Global Digital Health Partnership (GDHP). From its inception, the National Electronic Health Transition Authority (NEHTA) and subsequently the Australian Digital Health Agency has been a strong supporter of the work of SDOs such as Standards Australia, HL7 Australia, HL7 International, IHE International, GS1 and SNOMED International, supporting and co-chairing various standards development activities. There has also been an increasing focus on openEHR and the benefits of expressing the clinician voice into data structures. Through these forums, Australia is able to advocate for international rules, norms, and standards that support the wellbeing of the Australian population, while also learning from global best practices and adapting those insights to strengthen domestic policy and implementation.

Australia's commitment to international alignment is also demonstrated through the local adoption of globally recognised standards that support digital health safety and quality. An example of this is Standards Australia's IT-014 Health Informatics national technical committee, that leads engagement across several sectors to support the development of standards for health informatics, information technology in healthcare, and telehealth in Australia. This has seen the development of ISO 81001-1:2021 adopted in Australia as AS ISO 81001.1:2022, an identical adoption that establishes foundational principles for the safety, effectiveness, and security of health software and health IT systems. Similarly, IEC 82304-1:2016 was adopted as AS IEC 82304.1:2022 providing general requirements for the safety of health software products, ensuring that digital health applications used in Australia meet consistent and rigorous international safety benchmarks.

Among these existing digital health standards are nationally recognised clinical standards and terminology frameworks that guide safe, high-quality care—such as the National Safety and Quality Health Service Standards (NSQHS) and SNOMED CT-AU and the Australian Medicines Terminology (AMT) which draw on international best practices to support continuous improvement in healthcare services in Australia.

Despite these efforts, adoption of digital health standards has been sporadic. For example, the former Australian Health Ministers Advisory Committee endorsed SNOMED CT-AU as the national clinical terminology in 2005. This resulted in multiple national policies, programs, frameworks, and specifications recommending use of standard clinical terminologies to record aspects of patient care and transfer information between systems. However, its implementation and use in clinical information systems and digital health solutions is not nationally consistent.

Some health sectors have near-universal use of HL7 v2 for messaging and exchanging of patient and clinical event data between different health information systems which was a foundational step in moving towards interoperability. There is strong support across Commonwealth Government for transitioning towards use of FHIR Standards and allowing systems to exchange data using modern technologies such as APIs, strengthening its implementation across products and services delivered as part of national digital health infrastructure.

Part of this strengthened investment is occurring through programs such as Sparked AU FHIR Accelerator. Funded by the Australian Government, Sparked is a collaborative between the CSIRO, DHDA, HL7 Australia and The Agency. The model is first established outside the United States, and the first that is clinically led. The Sparked community brings together clinicians, healthcare workers, software developers, healthcare organisations, consumers and government agencies that are contributing to the development of interoperability standards for Australia.

4.2 What Australia has accomplished so far

The Department of Health, Disability and Ageing leads national policy direction and supports program delivery for health technologies and digital health capabilities, and advances research to ensure data and technology are used safely for patients, consumers and healthcare professionals. A wide range of federal government organisations contribute to the development, stewardship and application of digital health standards, data, and specifications in Australia. Alongside the Agency, this includes organisations focused on driving improvements in the safety and quality of health care, such as the Australian Commission on Safety and Quality in Health Care (ACSQHC) who promote digital health adoption and implementation through national safety and quality standards across a range of settings, as well as bodies responsible for national health data and reporting, including the Australian Institute of Health and Welfare.

The CSIRO provides critical technical expertise, including its role as a founding partner and leader of the Sparked FHIR Accelerator, established to advance healthcare interoperability through open, community-driven development of FHIR standards, clinical terminology value sets, clinical data models and associated data standards such as the Australian Clinical Data for Interoperability (AUCDI) and national FHIR profiles suitable for the Australian ecosystem (AU Core and AU Patient Summary) that are based on international standards (International Patient Summary). The CSIRO has played a significant role in clinical terminology uplift through the development of Ontoserver, the FHIR-based terminology server that underpins Australia's National Clinical Terminology Service (NCTS).

Broader whole-of-government digital and service design standards are shaped by the Digital Transformation Agency, while pricing and classification frameworks are developed by the Independent Health and Aged Care Pricing Authority. Digital health standards that are used and adopted nationally are further influenced by the operational requirements of services delivered by Services Australia, as well as consumer-facing digital health platforms operated by Healthdirect.

Together, these organisations play complementary roles in ensuring that Australia's digital health ecosystem is safe, interoperable, and aligned with national priorities and international standards.

Australia has established several national systems, solutions, services, and capabilities that can be leveraged to strengthen adoption and implementation of digital health standards:

The Healthcare Identifiers Service supports the unique and consistent identification of healthcare recipients, healthcare providers and healthcare provider organisations.

The Australian Medicines Terminology (AMT) and the Australian extension of SNOMED CT (SNOMED CT-AU) provide standard vocabulary to record and exchange clinical information. SNOMED CT-AU and AMT are available for use through the NCTS and are maintained and released monthly. The NCTS also contains localised HL7 FHIR (Fast Healthcare Interoperability Resources) reference sets and resources for use.

The My Health Record system is integral to clinical workflows and provides an online curation of an individual's key health information. It contains key health information like immunisations, pathology and diagnostic imaging reports, prescription and dispensing information, hospital discharge summaries and more, all in one place. Modernisation of the My Health Record system, which is anchored in FHIR-native approach, aims to build a system that is more robust, secure and adaptable to growth and supports real-time access to information for the patient and the broader care team – anywhere, anytime. The 1800MEDICARE app harnesses the information available in My Health Record to allow consumers to securely access their own

health information, on their device. These innovations empower consumers to fully utilise the benefits of timely access to their own health information, to support shared decision-making and managing their own health and wellbeing.

Electronic prescribing enables prescribers, individuals, and pharmacists to use electronic prescriptions.

The National Health Services Directory (NHSD) enables individuals and healthcare providers to access comprehensive, consolidated, accurate and up-to-date information.

The National Authentication Service for Health (NASH) enables healthcare providers and supporting organisations to securely access, encrypt and share health information.

Provider Digital Access (PRODA) allows individual healthcare providers and healthcare provider organisations to securely authenticate and access online provider services across all government sectors.

The Metadata Online Registry (METEOR) is Australia's repository for national metadata standards for Health, Housing and Community Services statistics and information.

4.3 Challenges with adoption and implementation

Adoption of standards has varied, in part due to the strength of incentives and mandates. Some of the key challenges for adoption and implementation of digital health standards include:

- Owners of digital health systems have considerable discretion in determining what standards they will adopt.
- Commercial incentives for implementers and software industry partners to use proprietary/different standards rather than nationally consistent standards and terminologies.
- Limited policy drivers (legislative, financial) to encourage sector-wide implementation of interoperable solutions and standards.
- The cost of upgrading legacy systems to provide greater interoperability. To support interoperability, existing legacy systems will need to be replaced and/or modernised. The limited resources available in the health system may affect the pace at which these systems can become more interoperable. Business cases to invest in more interoperable systems must recognise the cost of developing and implementing the standards and terminologies that make interoperability possible, as well as associated change management, workforce training and education costs.
- Privacy and security must continue to have high priority as digital systems become more interoperable. Interoperability should not be accelerated at the expense of significant privacy risks or cyber security disruption, as this could lead to unacceptable harm to individuals or organisations and an erosion of trust.
- The absence of a national governance system for endorsing, adopting, and developing information-sharing standards, and maintaining and evolving these standards. This Standards Framework is designed to fill this gap.

Australian software developers also voluntary use a range of internationally recognised digital health and usability standards that, while not formally adopted as Australian Standards, are widely referenced across government and industry. For example, ISO 9241-210:2019 provides requirements and recommendations for applying human-centred design principles and activities across the life cycle of interactive systems and is commonly used as a practical benchmark to improve usability and user outcomes. Ensuring solutions are designed with the end user, is an important part of ensuring the clinical safety of digital health solutions that are used across our healthcare system [15]. However, where a standard such as this is not locally adopted, it

[15] Using human centred design and human factors to support a rapid health information technology patient safety response | BMC Health Services Research | Springer Nature Link

can create challenges including inconsistent interpretation across jurisdictions and vendors, reduced clarity in procurement and assurance expectations, and fewer nationally agreed reference points for demonstrating conformance in Australian digital health contexts.

A recent review conducted in the UK [16], found that despite having agreed national standards for digital health solutions in place, supportive systems are needed to ensure they are understood, implemented into the right digital solutions, monitored through national, regional and organisational governance systems and issues that are identified are fed into a quality and risk management improvement system.

An approach is needed to coordinate adoption and implementation of digital health standards for Australia, across government agencies with the clinical, technical and broader community ensure there is a clear and transparent process for national adoption of digital health standards that support interoperability and whole of government digital transformation.

4.4 Benefits of using digital health standards

Implementing standards brings the following benefits:

Enhanced patient safety and data quality

- Better data quality can more accurately reveal patterns of disease and help health systems target interventions and allocate resources more effectively to public health programs [17],
- Using standard clinical terminology such as SNOMED CT-AU and LOINC-AU, helps make clinical information clear and consistent [18], so it's less likely to be misunderstood or recorded incorrectly,
- When health information is accurately captured and recorded in a standard way, digital solutions can support clinicians with accurate alerts, reminders, and guidance.
- Enhances care coordination so all providers see the same, up-to-date information, lowering the risk of miscommunication
- Helps minimise clinical risk through consistent and reliable processes, standardised terminology, language and formatting.
- Supports safer transitions of care (e.g., hospital to GP) by preventing lost, incomplete, or misunderstood data.

Better patient experience and outcomes

- People benefit from seeing the same, consistent health information across all their care providers, which improves communication and helps ensure smoother, safer continuity of care.
- Digital standards help advance equity by supporting care models that improve access for people living in rural and remote areas, where workforce shortages constrain service delivery. Harmonised standards make it easier to deliver consistent, high-quality, individualised care for people in vulnerable communities.
- Builds consumer and health care provider confidence that the digital solutions used in the health care system, are safe and reliable, if they conformant to appropriate standards.

[16] Patient safety issues associated with electronic patient record (EPR) systems – a thematic review
[17] Data quality assessment in healthcare, dimensions, methods and tools: a systematic review | BMC Medical Informatics and Decision Making | Springer Nature Link
[18] JMIR Medical Informatics - Systematized Nomenclature of Medicine–Clinical Terminology (SNOMED CT) Clinical Use Cases in the Context of Electronic Health Record Systems: Systematic Literature Review

Strengthened security and privacy of health information

- Strengthens the safety and privacy of consumer health information by applying consistent security and privacy controls to support secure, consent-driven access to personal health information.
- Stronger authentication and access control by ensuring only authorised clinicians, representatives and systems have access to health information.
- Improves data security and reduces breaches and security incidents in healthcare organisations [19].

Improved efficiency and cost savings

- Standardisation streamlines clinical workflows by reducing duplication, minimising administrative burdens, and enabling seamless communication between systems.
- Procurement becomes more efficient as health IT systems and software can be evaluated and integrated based on shared specifications and conformance.
- Automation of routine tasks (e.g., test result routing, medication reconciliation) frees up clinical time and reduces operational costs.
- Improved healthcare professional experience through reduced administrative burden, enabling more time for patient care. Standardised, interoperable systems also give clinicians faster access to high-quality information, supporting prompt and effective clinical decision-making.

Simplified and accelerated product development

- Standards create a stable foundation for innovation; vendors can scale solutions across multiple sites without bespoke adaptations.
- Health IT developers can build systems more efficiently when there is clarity about required content, data structures, and interoperability expectations.
- Reducing uncertainty through well-documented standards helps to avoid rework and accelerates time to market for digital health innovations.

Improved international competitiveness

- Products built to Australian standards that align with international frameworks (e.g., HL7 FHIR, SNOMED CT) are more likely to be accepted in global markets.
- Australian implementers and software industry partners can more easily expand into overseas health systems, fostering innovation, investment, and economic growth.

[19] (PDF) The impact of ISO security standards on enhancing cybersecurity posture in organizations

5. Digital health standards explained

5.1 Digital health standards

Digital health standards are the foundational enablers for interoperability and connected care. Although they are often technical in nature, in simple terms, these standards guide solution providers and implementers on consistent data requirements, workflows, interfaces, and methodology embedded within the technology we use in healthcare. Ideally, they are informed by clinically led processes and should always be developed with a focus on ensuring safety, quality and nationally consistent healthcare data quality and workflows across the healthcare ecosystem. [20]

Interoperability is enabled by the consistent adoption and implementation of standards. These standards enable consistent sharing of meaningful health information accessible to healthcare providers and consumers. It also enables health information to be discovered and exchanged across the healthcare system for secondary use purposes, for example service planning and research. A key challenge is to maintain relevance and compatibility as new standards are created, and existing ones evolve.

Interoperability standards refer to a range of standards artefacts, such as:

- Health information models that describe the structure and context of the healthcare content being exchanged
- Clinical terminology that defines semantically rich healthcare concepts in both human- readable terms and machine-readable codes
- Data and information exchange specifications that provide a standard set of rules for communication between two systems that meet a defined objective or use case
- Identity standards such as unique identifiers for patients, healthcare providers and organisations to support accurate identification and data matching when exchanging health information
- Cyber security standards are also required to support interoperability throughout the digital health system. These are applied across the whole digital health ecosystem and are not specific to interoperability. Using cybersecurity standards strengthens the overall digital ecosystem and enhances confidence and resilience in emerging technologies.

There are numerous national and international interoperability standards, and there has been a significant movement towards adoption of these standards in Australia.

[20] https://www.digitalhealth.gov.au/standards

5.2 Types of digital health standards

Digital health standards can be categorised by type:

Figure 1. Types of digital health standards.

5.2.1 Information exchange (Transport and messaging)

Definition: Information exchange standards support the formatting and exchanging of messages between healthcare systems. Also known as transport and messaging standards, these are the foundation for the operation of the national My Health Record system and to broader health information exchange initiatives.

Standards and initiatives:

- **HL7 v2:** Widely used across Australian healthcare for system integration and messaging.
- **HL7 Clinical Document Architecture (CDA):** The current national standard underpinning the My Health Record supporting sharing of standard document types.

- **HL7 FHIR (Fast Healthcare Interoperability Resources):** The current international standard format for sharing and exchange of health information. Australia is in the process of adopting and adapting this standard to support modernising its national infrastructure.
- **Secure Message Delivery (SMD):** A national specification for securely transmitting clinical documents (e.g., referrals, discharge summaries) between providers. It includes standards for encryption, authentication, and message packaging.

5.2.2 Terminology and classification

Definition: Structured systems to ensure consistency in representing meaning in health information/medical terminology and classification. Australia adopts internationally recognised classifications along with local adaptations. These support consistent recording of quality clinical information, classification and coding for funding (e.g., Medicare), analytics, and public health reporting.

Standards and initiatives:

- **SNOMED CT-AU:** The Australian local extension of the international SNOMED CT clinical terminology standard. It is maintained by the NCTS and includes computer-readable concepts and user-friendly terms tailored to Australian clinical practice. By providing consistent language for recording health information, SNOMED CT-AU supports safer care, enables tools like clinical decision support, and allows health data to be reused for research, reporting, and system improvement.
- **ICD-10-AM:** The Australian Modification of the World Health Organization's International Classification of Diseases. It is primarily used for morbidity coding in hospitals and supports classification and coding of clinical documentation, statistical reporting and health system planning. ICD-10-AM codes are grouped into Diagnosis Related Groups (DRGs) underpinning the casemix funding model – a method of allocating hospital funding based on the type and complexity of care provided. These groupings inform Activity Based Funding enabling consistent benchmarking, resource allocation, and performance monitoring across the health system. ICD-11 is the latest (11th) revision of the ICD and has been designed to be interoperable in health information systems.
- **Logical Observation Identifiers Names and Codes – Australia (LOINC-AU):** Used for standardising the reporting of pathology and diagnostic results. Like SNOMED CT-AU, it is maintained by the NCTS, it supports consistent reporting across systems and enables secondary uses such as public health reporting and analytics.
- **Australian Medicines Terminology (AMT):** A component of SNOMED CT-AU, it is a national standard for consistent codes and descriptions for identifying medicines for prescribing, dispensing and clinical documentation. AMT is integrated with PBS listings and supports interoperability, decision support, and safe medication management across care settings.

5.2.3 Security

Definition: Security standards are designed to support trust in systems while aligning with broader information security frameworks. They define the protocols, controls, and practices that protect sensitive health data as it moves across different platforms, providers, and jurisdictions. These standards ensure confidentiality, integrity and availability of data when is it needed.

Frameworks and policies:

- **Information Security Manual (ISM):** Australia's official cybersecurity framework developed by the Australian Cyber Security Centre (ACSC). It provides comprehensive guidance for organisations to protect their information technology and operational technology systems from cyber threats.
- **ISO/IEC 27001**: International standard for Information Security Management Systems (ISMS). This has been widely adopted across healthcare settings for information security management systems.
- **Essential 8:** The Australian Signals Directorate (ASD) has developed prioritised mitigation strategies, designed to mitigate cybersecurity incidents and help organisations protect themselves against various cyberthreats. The most effective of these mitigation strategies are the Essential Eight.
- **My Health Record Security Requirements**: Mandatory conformance obligations and assessments for software developers and implementers connecting to the My Health Record system.
- **Public Key Infrastructure (PKI)**: Used to enable secure authentication, digital signatures and encryption for health professionals and systems.

5.2.4 Privacy

Definition: In the context of digital health, privacy ensures the confidentiality, integrity and appropriate use of personal health information. Privacy is governed by both general and health-specific legislation which define how health data can be collected, stored, accessed, and shared. Privacy protections are essential for maintaining public trust and supporting ethical, lawful health service delivery. The Office of the Australian Information Commissioner (OAIC) oversees compliance with privacy laws and provides guidance on health privacy for health service providers.

Legislation and guidelines:

- *Privacy Act 1988 (Cth):* Applies to the handling of personal information, including health data, under the Australian Privacy Principles (APPs), specifically APP 11 mandates protection against misuse, interference and loss. The Act also outlines permitted health situations for collection, use, and disclosure without consent under certain conditions.
- *My Health Records Act 2012 (Cth)*: Governs the operation of the My Health Record system, including rules for use, access, and disclosure of information within My Health Record. It includes specific privacy protections and mandatory data breach notification obligations for system participants.
- State and Territory Health Privacy Laws: In some jurisdictions (e.g., NSW, VIC), additional health privacy legislation may apply to public sector providers.
- Health Privacy Guidelines: Issued by OAIC, these clarify how providers must handle consent, data minimisation, and breach notification. Privacy Management Plans are also recommended by OAIC for all health service providers to proactively manage privacy risks and ensure compliance.

5.2.5 Identifiers

Definition: Identifiers connect the right information with the right individual at the point of care. This gives both healthcare providers and patients confidence that they are using the correct information, wherever and whenever they provide or receive healthcare. Identifiers are represented as a unique number that's assigned to an individual, individual health providers, organisations and devices. Australia has a Healthcare Identifiers Service (HI Service) that assigns unique identifiers and is currently used to support many aspects of digital health, including electronic prescribing, secure messaging and My Health Record. Other identifiers that are used in healthcare settings including Global Trade Item Numbers (GTINs) to identify products, and Global Location Numbers (GLNs) that identify locations and parties involved in the supply chain. These have the ability to support accurate tracking and traceability of health products to an individual or location.

Identifiers:

- **Individual Healthcare Identifier (IHI):** Unique to each person receiving healthcare in Australia.
- **Healthcare Provider Identifier – Individual (HPI-I):** Assigned to clinicians and used to verify credentials.
- **Healthcare Provider Identifier – Organisation (HPI-O):** Identifies the healthcare organisations or practices.
- **Healthcare Support Service Provider – Organisation (HSP-O):** Organisations that do not directly provide healthcare services but provide care and support services to older Australians or people with disability.
- **GS1 Keys:** unique identification of each medicinal product, device, locations, assets. The use of these standards to identify regulated health products such as Medicines and Medical Devices have been included in Australian Therapeutic Goods regulatory standards.
- **ISBT 128 standards:** internationally recognised for the purposes of identifying medical products of human origin (MPHO) such as blood products, cellular therapy, tissues, milk, fecal microbiota and organs for transplant. They improve traceability for the safety of patients and donors and are increasing used globally within the areas of personalised and precision medicine.

5.2.6 Content (Data models and documents)

Definition: Standards for the structure and organisation of data within clinical documents and messages, as well as health information storage for both operational and analytical purposes. Content standards define the structure of documents shared across digital health systems, ensuring that clinical meaning is retained and data is usable.

Standards and initiatives:

- **HL7 CDA (Clinical Document Architecture):** A HL7 standard used for structured documents such as Shared Health Summaries and Event Summaries in My Health Record based on the HL7 Reference Implementation Model (RIM) schema.
- **HL7 FHIR:** A technical standard format for sharing health information consistently, underpinned by modern web-based infrastructure/tools. FHIR includes Resources, Profiles and Implementation Guides.
- **FHIR Resources:** Defined modular units of health data representing real-world clinical information e.g. Patient Resource contains a bundle of data typically required for sharing information regarding a patient.

- **FHIR Profiles:** Localised versions of the international FHIR standard for a specific jurisdiction, for example, in the Australian context - AU Core
- **FHIR Implementation Guides:** A set of instructions of how resources and profiles should be used together for a specific clinical scenario e.g. AU eRequest Implementation Guide – expected data and workflow rules for pathology and diagnostic imaging requests.
- **openEHR:** openEHR is a set of open specifications, and structured clinical information models that define content, structure and clinical context. These are referred to as clinical archetypes and templates. An openEHR archetype is a computable specification for a single, discrete clinical concept. OpenEHR provides a foundation for creating interoperable electronic health records with consistent clinical content and decision support capabilities.
- **Australian Clinical Data for Interoperability (AUCDI):** Is a collection of data groups and data models representing the clinical (patient care) requirements for data entry, data use and sharing of health information supporting patient care. It has been developed by the national Sparked FHIR Accelerator standards community and is underpinned by use of national and international standards such as FHIR and openEHR archetypes.
- **eHealth Specification Library:** Hosted by the Agency, this contains national specifications for content structure across multiple use cases (e.g., pathology reports, diagnostic imaging reports, medication records).
- **Clinical Information System (CIS) Standards:** Consist of a list of technical standards, that share the recommended minimum software requirements for how clinical information should be captured, structured and exchanged.
- **National Minimum Data Sets (NMDS):** A NMDS is a core set of data elements agreed, for mandatory collection and reporting at a national level.
- **Observational Medical Outcomes Partnership (OMOP) common data model:** a standard for viewing longitudinal data for analytical purposes.

5.2.7 Clinical safety

Clinical safety standards are guidelines and requirements that ensure digital health solutions are designed, developed, and used in ways that prevent harm, support safe clinical workflows, and protect consumers. By using these clinical safety standards, they can help inform the way software functions, presents information accurately, supports correct clinical decisions, and manages risks throughout the product lifecycle.

Standards and guidelines:

- **ISO 81001-1:2021 / AS ISO 81001.1:2022:** Health software and health IT systems safety, effectiveness and security — Part 1: Principles and concepts. This standard defines safety and risk-management principles across the entire health software lifecycle.
- **IEC 82304-1:2016 / AS IEC 82304.1:2022:** Health software — General requirements for product safety. Covers safety, quality and secure operation of health software products, especially those running on general-purpose computing platforms.
- **ISO/TS 81001-2-1:2025:** Guidance and requirements for the use of assurance cases for safety and security. Supports structured safety assurance and risk documentation.
- **ISO/TS 20405:2018:** Framework of event data and reporting definitions for the safety of health software. Provides guidance on recording, reporting and analysing safety-related events in digital health.

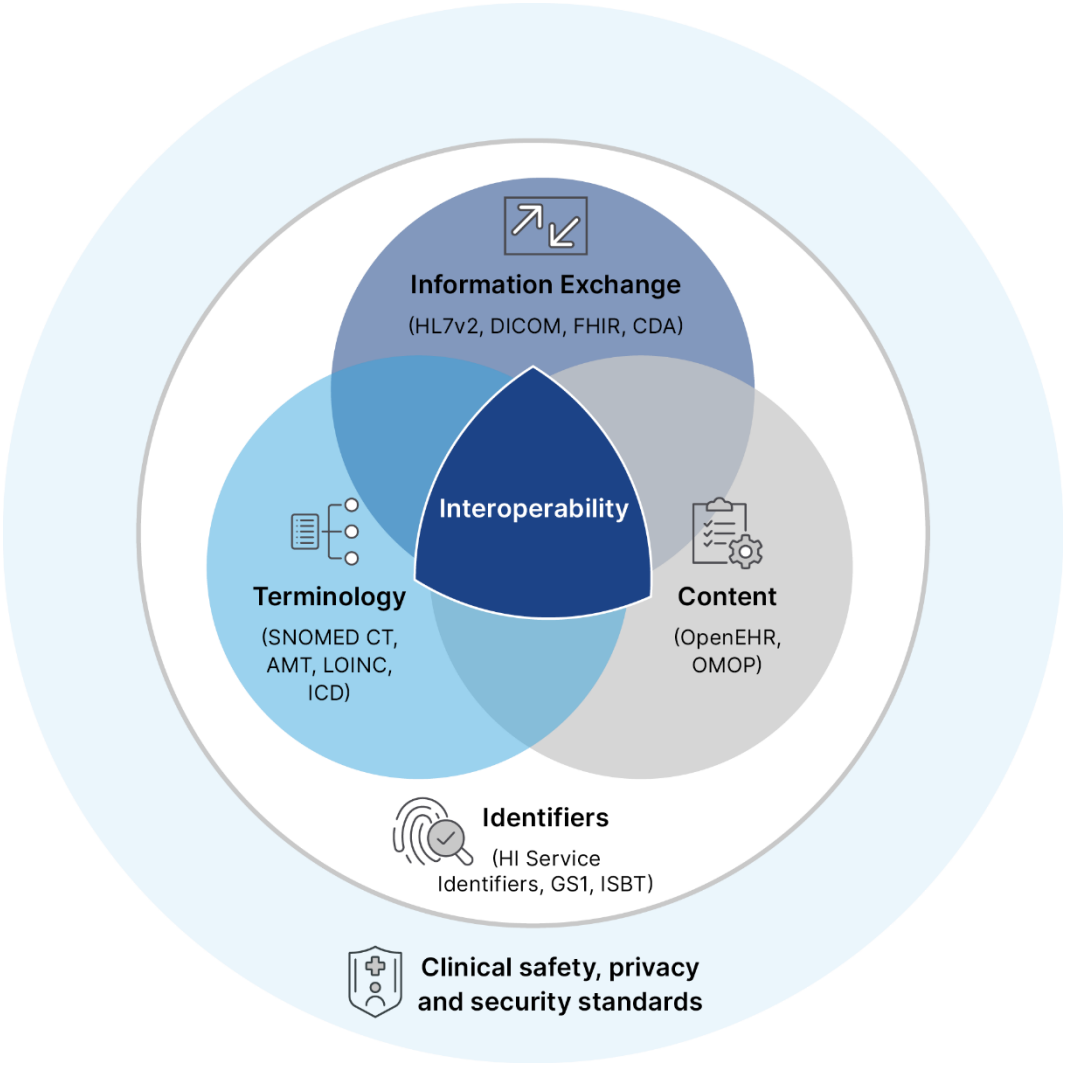
- **AAMI HE75:2009/(R)2018:** Human factors engineering — Design of medical devices. Used to support safe and usable clinical interfaces by reducing user error.
- **National Safety and Quality in Health Service Standards:** Australia's primary national safety and quality standards for all health service organisations.
- **National Safety and Quality Digital Mental Health Standards:** These standards apply specifically to digital mental health services delivered via apps, websites, telehealth, SMS, and other digital platforms.
- **Clinical Care Standards:** outline the care people should receive for specific clinical conditions or procedures, based on best evidence.

5.3 Standards working together

Significant investment has been made to adopt and implement individual digital health standards to address specific use-cases, for example, facilitating real-time data exchange or consistent recording of clinical terminology. However, the Agency has a fundamental role in understanding and coordinating adoption of the range of digital health standards that must come together to comprehensively address the needs of the healthcare system.

No single standard can solve the interoperability puzzle on its own. It is important to note that every standard has different characteristics and strengths and weaknesses. A fundamental aspect of implementing solutions that leverage standards is to understand the different problems that require solving and how the different standards can be combined in those solutions to address the problems.

Figure 2. Standards working together to achieve greater interoperability



This is illustrated with an example in Figure 2 showing how multiple standards are required to support interoperability. In this Figure openEHR provides a framework for modelling clinical knowledge and information, FHIR offers a standard for exchanging this information electronically, SNOMED CT provides a standardised clinical terminology, while ISO provides a framework for integrating digital healthcare systems using these standards. These standards will work alongside identifiers to support accurate matching of information and clinical, privacy and security standards. Interoperability can only be achieved with the use of multiple, coordinated and complimentary digital health standards.

5.4 Clinical governance

Clinical governance ensures clinical safety, quality, and continuous improvement in the delivery of health and care, including through health technologies. Clinical safety is focused on ensuring that products and services are safe for consumers in health and care settings, as well as when individuals managing their own health. To deliver a seamless and clinically safe experience for both consumers and healthcare providers, it is essential that systems are interoperable and properly integrated to support clinical safety and efficiency.

Digital health standards play an enabling role in achieving clinical safety in a range of ways, including:

- Reduction of errors that result from the communication of inaccurate, misinterpreted medicines information.
- Enabling the safe and reliable exchange of health information across healthcare providers and members of the multi-disciplinary care team such as discharge summaries and care plans.
- Preserving the integrity of health information by ensuring secure and reliable data handling
- Facilitate safe and accurate clinical decision support systems through structured messaging so that healthcare professionals and consumers can make informed decisions
- Improved traceability of medicines through defining the requirements for how information about medicines is recorded, shared, and tracked at each stage of the prescribing, dispensing and administering cycle.

Effectively implementing clinical governance promotes clinical safety, quality and continuous improvement in healthcare delivery including through digital health solutions. The Agency's Clinical Governance Framework for Digital Health [21] underpins the Standards Framework's approach to supporting the clinical safety and quality of Agency products and services. The Clinical Governance Framework for Digital Health does this under five principles:

- Leading with our people
- System safety and quality improvement
- Evidence-based practice
- Person-centredness
- Partnership.

The Agency's uses a systems-based approach in Clinical Safety Management. A set of guidelines and processes outline how clinical safety services are engaged to ensure Agency digital health solutions are safe for people to use. It is supported by the Agency's Clinical Governance Framework for Digital Health to help digital health solutions meet intended health outcomes without introducing avoidable patient harm. This systems-based approach brings a clinical safety focus to the development and operation of Agency products and services.

In the context of digital health design, clinical safety thinking is about ensuring that digital technologies are safe for clinical use and proactively contributes to reducing unintended clinical risks that may emerge. Under a systems-based approach, there are appliable digital health standards that can be followed for design considerations of digital health products and services to ensure clinical safety. A curated list of these standards is hosted in the Agency's Digital Health Standards Catalogue. It involves a proactive approach to identifying potential hazards and implementing design strategies to mitigate them. The design of digital health solutions should incorporate relevant guidelines, regulations, or applicable standards into the design process, such as accessibility, on-screen display, human factors engineering, and usability evaluation.

A key partner in supporting the safety and quality of digitally enabled care is the ACSQHC. The ACSQHC plays a leadership role in shaping nationally consistent expectations for high-quality digitally enabled care. The ACSQHC influences patient safety through its leadership in clinical governance, including guidance on the safe design, implementation and use of digital tools such as medication management systems. This role is primarily exercised through the development and maintenance of national safety and quality standards, best-practice models of care, and evidence based national guidance that embed digitally enabled care within clinical governance. Some examples include:

National Safety and Quality Health Service (NSQHS) Standards: The NSQHS Standards provide a nationally consistent statement of the level of care consumers can expect from health service organisations. All public

[21] Clinical Governance Framework for Digital Health

and private hospitals, day procedure services and public dental practices are required to be accredited to the NSQHS Standards. The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision.

National Guidelines for presentation of electronic discharge summaries (EDS): Building upon technical specifications and document architecture for EDSs, that are under the stewardship of the Australian Digital Health Agency, the Guidelines aim to enhance the overall quality and usability of the EDS and contribute to better patient outcomes at transitions of care.

Safe and responsible use of Artificial Intelligence (AI) in health care: AI tools can support a wide range of clinical tasks, improving care delivery, health outcomes, and patient satisfaction. As an emerging technology in healthcare, AI can also introduce new risks to patients. The ACSQHC has developed resources to support the safe and responsible use of AI in healthcare.

Medication Management at Transitions of Care Stewardship Framework: describes a stewardship approach to support safe and high-quality medication management at transitions of care as well as coordinated governance of medication management, reduction of medication-related harm and hospital readmission rates due to errors and miscommunication and improving communication between hospitals and primary and aged care, to enable timely discharge planning and post-discharge medication management follow-up.

The Agency will continue to work with the ACSQHC to support the clinical safety of digital health solutions used across the healthcare system.

5.5 Accessibility and Inclusive Design Standards

Accessibility is a critical component of digital health standards, ensuring that all Australians, including people with disability, older adults, and those with low digital literacy, can access and benefit from digital health services. The Standards Framework supports alignment with the Web Content Accessibility Guidelines (WCAG) and encourages the use of inclusive design systems, such as the NHS Design System, which embed accessibility into every stage of service development, procurement and conformance testing to ensure that digital health solutions are include by design and useable by all Australians. This includes:

- Use of plain language and multilingual support
- Compatibility with assistive technologies (e.g., screen readers)
- Responsive design for mobile and tablet devices
- Clear navigation and interaction patterns.

The Standards Framework recognises that true interoperability extends beyond technical alignment to include equitable access, participation, and outcomes for all Australians. In strengthening the consumer-centric focus, the Standards Framework will consider standards for consumer generated health data including wearables, apps, and remote monitoring technologies alongside digital inclusion metrics that reflect the experiences of rural, remote, First Nations, culturally and linguistically diverse (CALD) populations. This approach acknowledges longstanding health and access gaps and aims to ensure that all individuals can benefit from safe, connected, and person-centred digital health services. Alignment with initiatives such as the Digital Inclusion Index and interoperability principles will guide consistent, inclusive implementation across the national digital health landscape.

5.6 Legislation as a lever for standards

All standards are developed with consideration of impacts and compliance with relevant regulation. Identifiers, privacy and security are specific areas where legislation and regulatory frameworks exist to keep personal information and healthcare identifiers private and secure, along with new services like the national Digital ID

system established under the *Digital ID Act 2024*. Legislative frameworks and data security systems that keep pace with technological developments encourage industry development and innovation. They also make it an ethical requirement for healthcare providers to share an individual's information safely and securely by default. These frameworks and systems will give consumers and healthcare providers confidence that using digital health tools and sharing health information through a better-connected system is safe and secure.

Legislation also has impacts across other digital health standards, for example, the recent requirements for healthcare providers to share key health information to My Health Record by default. The *Health Legislation* Amendment (Modernising My Health Record—Sharing by Default) Bill 2024 (the Bill) proposes to amend the *My Health Records Act 2012* and the *Health Insurance Act 1973* to establish a legislative framework for requiring certain health information to be shared with the My Health Record system. Pathology and diagnostic imaging providers will be the first healthcare providers required to share test results to My Health Record. This legislation drives adoption and has impacts on the digital health standards that may be required to support this change such as use of a nationally agreed set of consistent clinical terminology.

Internationally there are examples of using legislation to drive standards adoption:

- Canada's Bill C-72 proposes prohibiting data blocking and enforcing interoperability requirements across vendors.
- The US 21st Century Cures Act mandates certified health IT systems to support standardised data exchange using USCDI and FHIR.
- NHS England's Data Saves Lives strategy links funding and procurement to conformance with national interoperability standards.

These examples highlight the importance of aligning legislative levers with standards maturity, implementation capability, and sector readiness.

In the absence of detailed legislation and formal policy frameworks, strong and transparent clinical governance becomes essential to ensure that digital health standards are appropriately designed, consistently applied, and effective in mitigating clinical risk. Robust governance structures provide the authority and oversight needed to assess emerging risks, guide standards development, and ensure that digital health solutions support safe clinical practice. They also help maintain accountability across vendors, implementers, and health services, ensuring that standards remain responsive to evolving models of care, new technologies, and lessons learned from real world use.

Legislation and policy serve as critical levers to drive the adoption of digital health standards. When thoughtfully designed alongside a robust governance system, they instil confidence across industry, healthcare providers, and jurisdictions that investments in standards-based solutions are both future-proof and aligned with national priorities. Co-designed policy frameworks, underpinned by a phased, incremental rollout, practical guidance, enabling tools, and ongoing stakeholder engagement, fosters sustainable adoption and cultivates trust throughout the digital health ecosystem.

5.7 Conformance

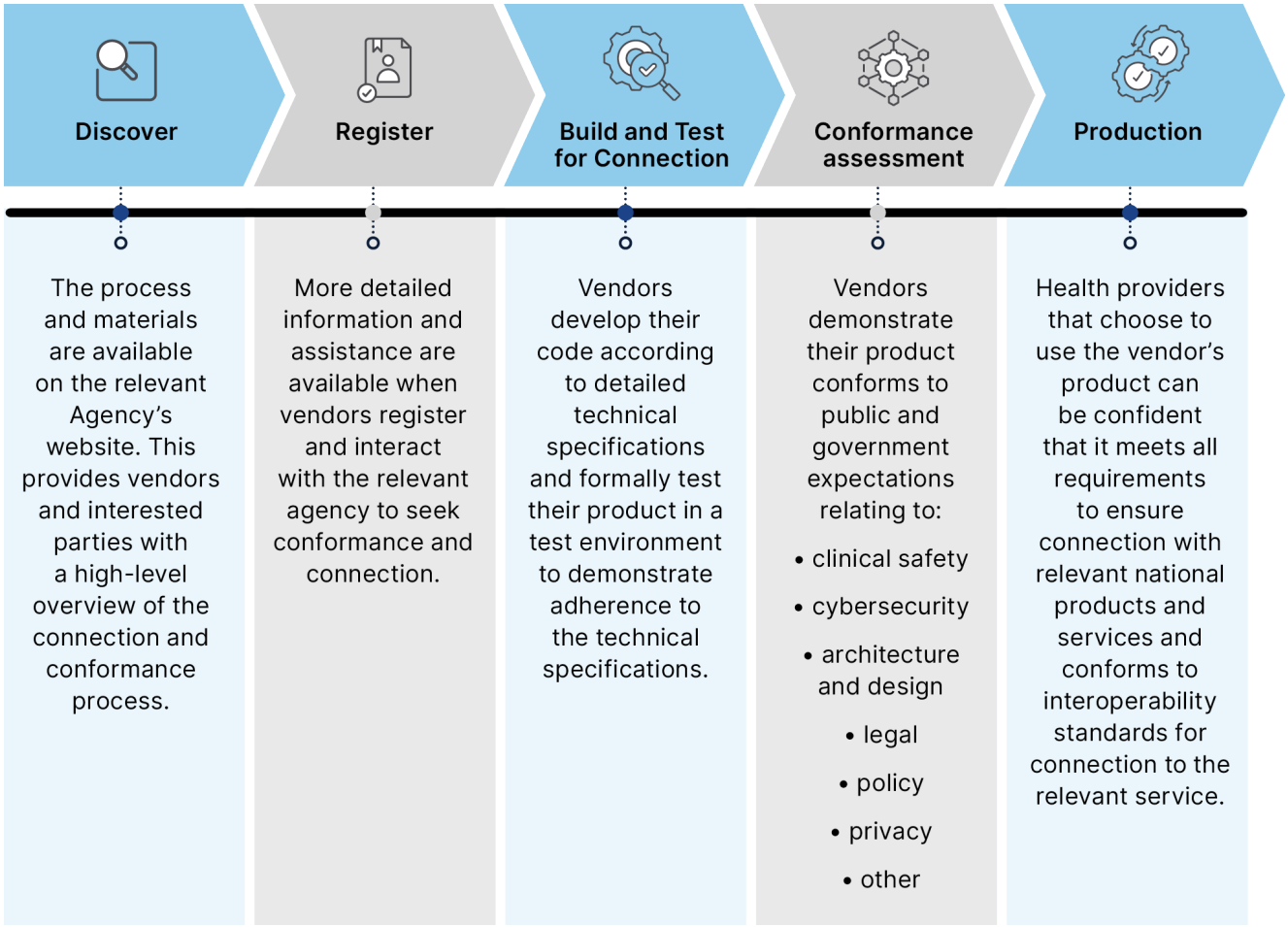
Capturing the relevant legislation and standards that apply to software is part of the Agency's Conformance and Assurance process. At a broad level, conformance refers to the act of adhering to laws, rules, and standards. In relation to software, it means that software conforms with software specifications. When used in the digital health space, conformance means that digital health products and systems operate in a manner that aligns with safety, security, and interoperability expectations. The Agency's Conformance Framework, articulates:

- The objectives and approaches to designing and delivering conformance assessment schemes

- An overview of the scope of conformance and assurance services, including defining key conformance activities, roles and responsibilities and stakeholder touchpoints
- The approach to communicating, engaging and collaborating with stakeholders and consumers of its conformance services.

The health technology developer journey is depicted in Figure 3 and shares the high-level steps in the end-to-end conformance process.

Figure 3: Health technology developer journey through conformance process



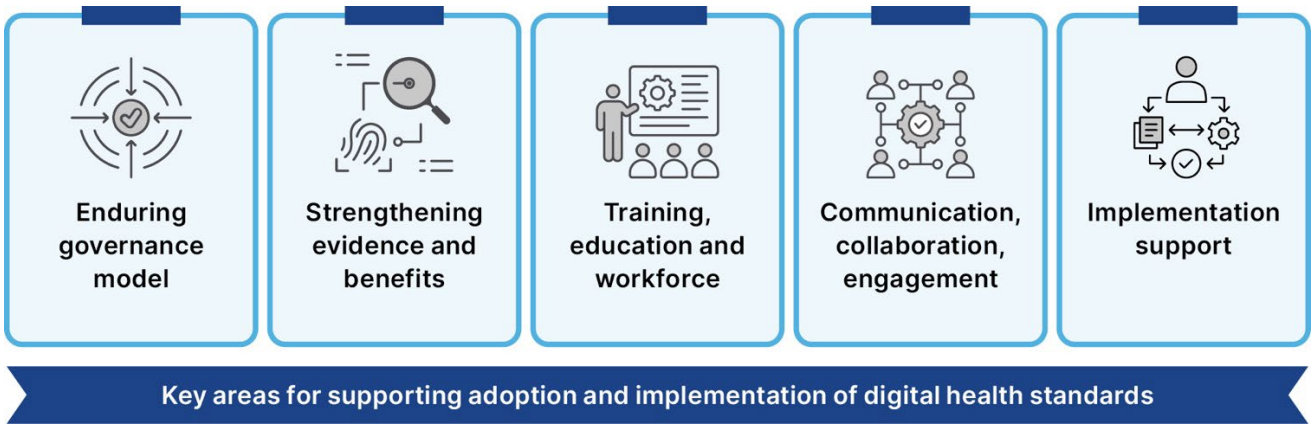
By supporting this area, digital health products and systems are designed, developed, and operated in a manner that is consumer-centred, safe, secure, and interoperable, so that quality trusted healthcare services and information are consistently available where and when they are needed.

6. Recommendations for supporting adoption and implementation

Five key areas have been identified as essential for supporting adoption and implementation of digital health standards. By actioning each of these key areas, The Agency aims to create the foundational structure required to lead future work on supporting adoption and implementation of digital health standards. These key areas are:

- Establish an enduring governance model to guide adoption and implementation of digital health standards
- Strengthen the evidence and the benefits for adoption of digital health standards
- Training, education, and workforce capability uplift
- Communication, collaboration, and engagement
- Provide support for implementation.

Figure 4. Key recommendations for supporting adoption and implementation of digital health standards



6.1 Establish an enduring governance model to guide adoption and implementation on digital health standards

An enduring governance model is built on clear purpose, defined roles and strong cross-sector engagement. There must be alignment between legislation, policy and standards, alongside a collaborative cross-sector leadership. When these elements work together, governance can function effectively, even as standards, digital technologies and priorities evolve.

The Australian Digital Health Standards Advisory Group provides strategic and technical advice on digital health standards. This group brings together stakeholders from a wide range of organisations (including industry and private health) that have an interest in standards use adoption, implementation and development to support digital health solutions in Australia. A key role of the group is advising on priority areas for future standards use, development and implementation to support digital health outcomes across the country. Advice from the Australian Digital Health Standards Advisory Group is shared with the Council for Connected Care for visibility of work that supports interoperability of digital health systems.

Recommendations that involve digital health standards to be adopted and implemented across products and services delivered under National Digital Health Infrastructure, these require the endorsement from the Agency's internal governance groups to ensure technical and clinical safety aspects are considered.

The National Clinical Governance Committee for Digital Health provides national clinical governance, system safety and quality, lived experience perspectives and expert clinical advice via the Agency to the Department to consider with the Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme. The membership includes representatives from Commonwealth and state and territory governments, peak bodies, professional associations, consumer groups (including consumers with lived experience) and other stakeholders. This group provides strategic advice and recommendations on legislative, policy, regulatory measures and digital health levers that could be applied for safer care.

A review will be conducted as an outcome of this Standards Framework to evaluate existing national governance arrangements and legislative frameworks that could be utilised to drive adoption and implementation across government. This includes creating a mechanism to facilitate inter-governmental collaboration, and formal endorsement of selected standards as National Government Digital Health Standards. Any proposed governance model will consider appropriate and balanced representation across key stakeholder groups, including consumers, clinicians, technical experts, policy representatives, and other participants as relevant to the scope of work. Consumers and clinicians who use digital health systems must always be included to ensure that standards reflect real-world needs, support safe and effective use, and incorporate lived experience and clinical perspectives.

6.2 Strengthen understanding of the evidence and benefits of digital health standards

A key recommendation from stakeholders is the need to strengthen understanding across the health sector of the evidence and the benefits of adoption and implementation of digital health standards, and their role as a dependency in achieving digital transformation. Strengthening awareness of the evidence and benefits of digital health standards can:

- Improve the understanding of the value of using digital health standards for patient safety, interoperability, and digital transformation
- Improve understanding and confidence in investment on digital health standards
- Inform training and education of digital health workforce.

To strengthen stakeholder understanding of the evidence and benefits of adoption and implementation of digital health standards, the Agency will integrate the evidence and benefits into communication and engagement activities tailored to key stakeholders.

6.3 Training, education and workforce capability uplift

Core to the effective implementation of digital health standards is ensuring that there is sufficient capability, capacity and understanding of standards, their value, and how they are implemented. Stakeholders expressed a need for targeted training to improve awareness of digital health standards and the development of case studies to support their understanding of how digital health standards are used and their benefits.

The Agency's National Digital Health Workforce and Education Roadmap and the National Digital Health Capability Action Plan identified need for a comprehensive baseline standards skills assessment and development plan for digital health standards across Australia. One initiative has included Agency funded development and delivery of digital health standards training. The initial focus is addressing the need for enhanced FHIR skills within the Australian workforce, teaching individuals how to implement and utilise FHIR standards for exchanging healthcare information. A comprehensive training needs assessment will inform skills gaps beyond FHIR and consider measures to address these training needs both in the short term and the longer term.

This training is crucial for ensuring that digital health systems and solutions can effectively share and utilise patient data across different platforms, a key component of interoperability.

Clinical Safety eLearning

The Agency's Clinical Safety and Education Sections are developing eLearning modules on Clinical Safety in Digital Health. This supports the Standards Framework's focus on workforce uplift. The introductory module was launched in August 2025 and is available on the Agency's eLearning platform and received Continuing Professional Development accreditation. An intermediate course is in development. A key learning objective is to help participants recognise Australian standards and regulations relevant to clinical safety in digital health. This initiative strengthens national capability by embedding standards-based digital health safety practices into education and training. It also aligns with the Agency's Standards Framework by promoting consistent, safe digital health practices across the sector. The module links to the Australian Digital Health Standards Catalogue by providing accessible information to support clinical safety in digital health design and implementation. Development has involved collaboration with the Australasian Institute of Digital Health (AIDH), the ACSQHC, jurisdictions, industry, academia, and clinical and consumer representatives.

Training Needs Analysis and Skills Uplift

Building on the Agency's National Digital Workforce and Education Roadmap and National Digital Health Capability Action Plan, an internal training needs analysis has been undertaken to identify capability gaps across Australia's digital health workforce. This analysis drew on targeted stakeholder engagement, workforce consultation, and sector insights to assess current skills and future requirements for adoption and implementation of digital health standards. Findings highlight the need for strengthened capability across priority areas support tailored education pathways for clinical, technical, and executive audiences. The analysis also identified a preference for practical, flexible, and content-specific learning models, including mentoring, Connectathons, and integration of standards education into tertiary and continuing professional programs. These insights inform the Standards Framework's approach to building a scalable and sustainable national training strategy that supports workforce readiness, promotes interoperability, and embeds a culture of continuous learning across Australia's digital health ecosystem.

6.4 Communication, collaboration and engagement

The development of standards is a collaborative process requiring coordination, early and ongoing strategic engagement, clear messaging, dynamic feedback loops, escalation processes through a variety of channels and mechanisms. A diverse and engaged digital health standards community in Australia is vital to ensuring that the standards we choose and use appropriately support the connected care vision.

The Agency has a role in helping to facilitate, coordinate and support the development, adoption and implementation of standards that enable a thriving digital health standards community in Australia to support our future needs. Co-designing approaches with the SDOs and broader health sector is critical to supporting the diverse needs of the digital health community. In addition, actively building the profile of digital health standards and widely promoting their value across the sector is essential to strengthening engagement and ensuring that standards are recognised as a foundational enabler of safe and high-quality digital health.

Communication through access to information and opportunities to share updates

During consultation workshops stakeholders expressed a need for a single and accessible access point for information about digital health standards. This includes having a platform for sharing information about work that's occurring on digital health standards. Key to this is having a clear understanding of the priorities across government for digital health so there is a shared understanding of the direction and timeframes for when stakeholders need to prepare for digital health standards that might be adopted.

The development of a National Roadmap for Digital Health Standards is a key action to be delivered alongside this Standards Framework, to offer guidance on the priorities for digital health standards and the work that is required in response to those priorities. This is particularly important for acknowledging where transitions may be needed from current to new standards and the support mechanisms needed to support stakeholders to transition through these stages. The Roadmap will facilitate improved stakeholder awareness and visibility of work needed to support digital health standards and create opportunities for coordination and collaboration on work needed to support adoption and implementation of digital health standards.

Collaboration and participation in standards development

As technology continues to evolve and Australia's healthcare system adapts to new models of care, the development of new standards and the continual refinement of existing ones remains essential to ensuring safe, secure and interoperable digital health systems. Australia has long recognised that meaningful participation in standards development at an international level is critical to keeping pace with international best practice and ensuring local implementations remain aligned with trusted international approaches.

Australia actively contributes to the work of international SDOs including ISO through Standards Australia, HL7 International, SNOMED International, GS1, openEHR, LOINC and OMOP. Participation in these global communities enables Australia to advocate for national needs, influence the direction of emerging standards, and bring international insights back into the domestic environment to support effective implementation and adoption.

Through collaboration, the Agency endeavours to capture the needs from across a broad range of stakeholders, this includes government bodies, clinical groups, software vendors, research organisations and consumer representatives, to ensure Australian perspectives are consistently represented and continues to identify and create opportunities for stakeholders to engage directly in standards development. The Sparked FHIR Accelerator also exemplifies this collaborative approach, bringing together CSIRO, the Department of Health, Disability and Ageing, HL7 Australia, and the Agency to accelerate the development and localisation of priority FHIR-based interoperability standards for national use.

The Australian FHIR Management Framework and Australian FHIR Community Process further strengthen this ecosystem by providing a structured, transparent process for individuals, groups and organisations to develop FHIR-based specifications that are consistent, certifiable and aligned with global HL7 and other standards communities. Certification via this process supports the emergence of trusted artefacts and compatible certification programs that give industry confidence when implementing FHIR at scale.

Collaboration also extends beyond technical specifications to supporting community adoption and implementation. The Agency continues to drive awareness and engagement guided by the Guiding Principles for Digital Health Standards, developed in partnership with Australia's standards and interoperability community. These principles outline expectations for positive participation in standards development and provide a foundation for the Agency's working relationships with SDOs, including processes for standards development, prioritisation, selection and ongoing maintenance.

Through coordinated national engagement, active international participation and strong partnerships across the health and technology sectors, Australia is positioned to continue shaping and adopting the standards necessary to support a safe, connected and interoperable digital health ecosystem.

Strengthening engagement with the digital health standards community

The Agency has a role in supporting and expanding representation and engagement in the digital health community. Part of this role involves strengthening stakeholder understanding of the value and benefits of using digital health standards, within the industry and implementer community and beyond.

Collaboration and knowledge sharing between international jurisdictions is also foundational to supporting international interoperability efforts. The Agency will also strengthen international collaboration with peer local and international jurisdictions. This includes sharing lessons on standards governance, certification, and

adoption and implementation support, and aligning where possible to global standards frameworks (e.g. HL7 FHIR, SNOMED CT, openEHR) to support cross-border interoperability and global collaboration.

Meaningful engagement from consumers and clinicians is essential to the digital health standards community, as their lived experience and frontline clinical insight ensure that standards are usable, safe, person-centred, and grounded in real-world practice. This engagement could be supported through workshops, public consultations, lived-experience advisory groups, clinical reference groups and providing the support to actively participate in these forums.

6.5 Provide support for implementation

The Agency recognises that consistent implementation and conformance with digital health standards require practical, transparent, and scalable support. To strengthen adoption across the sector, the Framework includes targeted measures that reduce the implementation burden for software developers, vendors, and healthcare organisations.

This includes providing clear transition signals, practical tools, and guidance to support planning and phased implementation.

Collaboration with SDOs will remain central to this approach, ensuring that implementation and conformance guidance is aligned with international best practice while remaining relevant to the Australian context. By embedding compliance and support mechanisms within a nationally coordinated framework, the Agency will enable partners to confidently meet technical and policy expectations – driving a more consistent, connected, and trustworthy digital health ecosystem for all Australians.

Recommendation 5 in Table 1, shares many of the tools and resources available to support our stakeholders to implement and use digital health standards. There are a range of tools and resources and products available from the Agency that offer support for different types of stakeholders to use and implement digital health standards including the Procurement Guidelines, Digital Health Standards Catalogue and the National Clinical Terminology Service, conformance and compliance capabilities. Improvements to the way these tools and resources are accessed is a recommendation of this Standards Framework and will be considered in the approach to strengthening access to information about digital health standards.

6.6 Recommendation Summary

Table 1: Recommendations and actions for adoption and implementation of digital health standards

Recommendation 1: Establish an enduring governance model to guide adoption and implementation of digital health standards

Key actions to supporting this area include:

1. Establish a framework for governance of digital health standards.
    - Review of existing governance groups and pathways for adoption and implementation of digital health standards across government and jurisdictions
    - Propose a model governance structure to oversee adoption and implementation of digital health standards, including consideration to clinical governance principles and requirements
    - Define what each group is responsible for and how they fit into the standards development, adoption and implementation lifecycle
    - Establish a process or national criteria to guide selection of digital health standards that are applicable for national implementation, considers impacts on clinical governance and clear transition signals to support sector planning
    - Evaluation process for ensuring the proposed governance framework continues to meet stakeholder needs and is adaptable to changing digital health priorities and evolving standards.
2. Create a mechanism for capturing priorities for digital health standards, including priorities of clinical governance, and ensuring these are reflected in a Roadmap to encourage alignment of work and priorities across government.

Recommendation 2: Strengthen understanding of the evidence and the benefits for adoption of digital health standards

Key actions to supporting this area include:

1. Develop guidance for different types of key stakeholders to understand the evidence and benefits of using digital health standards including:
    - Clinicians and healthcare providers
    - Consumers
    - Health service managers including Boards and leadership
    - Software implementers and industry partners.
2. Continue research on the evidence and benefits of digital health standards and research on international best-practice.
3. Utilise information gathered to inform activities under ‘Communication, collaboration, and engagement.

Recommendation 3: Training, education, and workforce capability uplift

Key actions to supporting this area include:

1. Undertake a needs analysis to understand the training and education needs and use this inform structured capability uplift initiatives
2. Work with relevant organisations to provide training and education on digital health standards and topics identified in needs analysis
3. Promote training and education opportunities for stakeholders with an interest in digital health standards

Recommendation 4: Communication, collaboration, and engagement

Key actions to supporting this area include:

1. Create a standards information hub that provides a central access point for stakeholders to access information and guidance on development, adoption, and implementation activities to support digital health standards
2. Provide a platform for stakeholders to engage in a community of practice on digital health standards sharing lessons learnt and opportunities to collaborate with others
3. Work with key stakeholders to identify communication needs and identifying opportunities to tailor information to specific audiences including case studies to demonstrate the value of using digital health standards
4. Create a mechanism for stakeholders to share priorities for digital health standards and sharing the national direction for digital health standards through on-going collaboration on the Digital Health Standards Roadmap.

Recommendation 5: Provide support for implementation

The Agency will promote awareness of tools and initiatives available to support stakeholders to implement digital health standards including:

Digital Health Standards Catalogue

The purpose of the Digital Health Standards Catalogue is to provide easy, curated access to the digital health standards that support the ongoing digital uplift of Australian healthcare and ensure interoperability of systems and data.

As one of the many tools provided under the Digital Health Standards Program, the focus of the catalogue is to ensure that digital health standards and specifications are agreed and can be easily adopted.

The Digital Health Standards Catalogue is available on the Agency's Digital Health Implementer Hub here.

Recommendation 5: Provide support for implementation

Procurement Guidelines

The purpose of the procurement guidelines is to support organisations in choosing solutions, or organisations developing solutions, by identifying the minimum required standards needed in each solution.

The procurement guidelines are accessible via the link below.

Procurement Guidelines are available on the Agency's website here.

National Clinical Terminology Service

The National Clinical Terminology Service (NCTS) manages, develops, and distributes national clinical terminologies and related tools and services to support the Australian healthcare community.

The NCTS provides state-of-the-art terminology services that promote implementation and adoption of national clinical terminologies in Australia. The aim of the service is to support easier, consistent, and more meaningful use of clinical terminologies in healthcare.

The NCTS is available on the Agency's Digital Health Implementer Hub here.

Development of minimum system requirements with tailored advice for high priority sectors
The Agency is committed to establishing a common set of core minimum system requirements to ensure digital health solutions remain robust, secure, and interoperable—while still allowing room for innovation, flexibility, and person-centred design.

By defining clear minimum expectations, systems can align with national priorities without restricting innovation or sector-specific needs. Alongside these core requirements, the Agency will provide tailored guidance for high-priority sectors to support specialised functionality, regulatory alignment, and emerging technologies. This dual approach ensures consistency where it matters most, while empowering sectors to evolve and innovate in ways that best serve their communities.

Clinical Information System Standards have been developed for the aged care sector in response to recommendations from the Royal Commission into Aged Care Safety in Quality. The Aged Care Clinical Information System (ACCIS) Standards aim to support a single source of truth that enables consistency and interoperability across a range of care settings. The ACCIS Standards will be a significant enabler for interoperability within the Aged Care sector and its intersection with peer health services. This is a precursor to a more connected, safe, and interoperable sector.

Information about the ACCIS is available on the Agency's website here:

Conformance Testing and Assurance

At a broad level, conformance refers to the act of adhering to laws, rules, and standards. In relation to software, it means that software conforms with software specifications. The Agency delivers a conformance and assurance function to ensure that digital health products and systems operate in a manner that aligns with safety, security, and interoperability expectations. The Agency's Conformance Framework describes the process for how conformance testing and assurance occurs. The Agency also publishes the Australian Register of Conformity as a service for third party vendors, health service providers, hospital or State and Territory health departments to declare the conformance of their systems to digital health specifications and standards. The evolution of the Agency conformance functions is directly informed and enabled by the increasing maturity of digital health standards in Australia.

Recommendation 5: Provide support for implementation

Community connection and testing events

Hosting events such as Connectathons, and other technical implementation and testing focused activities to support software developers and industry partners with the environment to test interoperability and conformance with products and services under national digital health infrastructure.
Standards Development Organisations around the world already host events that focus on their specific standard and scope of practice.

The Agency's vision is to partner with SDOs to deliver testing events and Connectathons that strengthen the digital health standards community. These events bring together all necessary digital health standards in a coordinated way, focusing on national-level benefit realisation and alignment with information-sharing approaches such as Health Connect Australia, the Australian Common Foundation for Interoperability, and as implemented in the modernised FHIR native My Health Record platform.

7. Implementation and delivery approach

Implementation of this Standards Framework will be led by the Agency and delivered through coordinated collaboration with DHDA and other Commonwealth agencies, state and territory governments, SDOs, industry, clinical bodies, researchers and consumers.

A collaborative approach is essential because digital health standards must work across many organisations, systems and clinical environments; no single body holds all the levers, expertise or perspectives needed to ensure standards are useful, implementable and trusted. By bringing these partners together, the Standards Framework fosters shared ownership of national interoperability goals, ensures standards are aligned with international best practice, policy and legislative settings, and balanced with the needs of stakeholders across the health sector.

Collaboration also ensures that technical design is informed by real-world clinical workflows, operational context and lived experience, resulting in standards that are safer, more usable and more responsive to the needs of consumers and clinicians. Partnerships with SDOs strengthen alignment with global best practice, while engagement with industry and implementers helps ensure standards are practical to adopt and can be scaled across diverse digital health solutions. Taken together, this collaborative model builds the collective capability and accountability required to implement digital health standards effectively and sustainably, ensuring that national interoperability is delivered in a way that is fit for purpose, future-focused and grounded in the needs of Australia's health system.

8. Measuring Success

To support the Agency to measure and track progress of the outputs of this Standards Framework, the following activities will be undertaken:

- Progress report that shares an update on implementation of the Standards Framework recommendations.
- Learning from stakeholder feedback via pulse checks and consultation workshops to measure experience of implementation support that has been introduced to support adoption and implementation of digital health standards.

These activities will work alongside broader community engagement activity the Agency is establishing. Together these activities will support a comprehensive understanding of the progress and experience of supporting adoption and implementation of digital health standards in Australia and be used to guide future improvements to the work that is needed to lead and guide our stakeholders toward shared goals for digital health standards.

9. Technical Considerations and Future Alignment

The Framework acknowledges that digital health standards are evolving rapidly alongside new interoperability models, technologies, and data exchange mechanisms. In addition to established standards, modern interoperability approaches now encompass workflow standards, APIs, and implementation specifications that support real-time data exchange and integrated care delivery.

Consideration will also be given to the establishment of an innovation sandbox or testing environment to enable vendors and researchers to evaluate emerging technologies against existing digital health standards in a controlled, transparent manner.

The Agency will maintain a defined review cycle for the Standards Framework, ensuring that governance and conformance pathways evolve in response to sector feedback, standards maturity, and emerging technologies. The cyclical approach will provide clear timeframes for updates, ensuring that Australia's digital health standards ecosystem remains contemporary, evidence-based, and responsive to innovation.

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 5: Council for Connected Care 2025-26 Annual review and 2026-27 Workplan

Meeting: Thursday 23 July 2026

OFFICIAL

Purpose

The purpose of the paper is to discuss the performance of the Council for Connected Care (Council) in 2025/26 and seek member feedback and agreement on the Council's 2026/27 meeting topics.

Recommendation/s

It is recommended the Council for Connected Care:

1 **note** the draft Council for Connected Care 2025-26 Annual review report at Attachment A

2 **discuss** the 2026/27 Council for Connected Care meeting topics.

Summary of issues

The Council for Connected Care 2025/26 draft Annual Review report (Attachment A) outlines delivery against the Council's responsibilities and summarises findings from the Council's performance survey. The report will be published on the Agency's website on 31 July, following the meeting on 23 July 2026.

A total of twenty-one (21) responses were received, against the annual CCC performance survey, three (3) partial responses in which members did not complete the full survey and eighteen (18) completed responses, representing a fifty-one percent (51%) response rate from 35 members external to the Agency. This shows an eight percent (8%) increase in engagement from last year's 2024/25 survey. Sixty-one percent (61%) of responses rated the Council as somewhat or very effective.

Key findings from the survey include:

- **Purpose, objectives and responsibilities**: Perceptions of the Council's purpose, objectives and responsibilities, as outlined in the Terms of Reference, were strongly positive overall. Ninety per cent (90%) of respondents agreed or strongly agreed that the Council's purpose, objectives and responsibilities are clear and appropriate. Five per cent (5%) of respondents provided a neutral response, while a further five per cent (5%) disagreed. Feedback highlighted opportunities to strengthen the Council's practical

influence and more clearly articulate its role in supporting delivery of the National Healthcare Interoperability Plan.

- **Membership**: Views on membership size were more varied than for the other agreement questions. Fifty per cent (50%) of respondents agreed or strongly agreed that the Council has the right number of members, while thirty-three per cent (33%) provided a neutral response and seventeen per cent (17%) disagreed or strongly disagreed. Feedback suggested there may be value in reviewing the membership model and ensuring the Council remains focused on issues where collective senior leadership and expertise can have the greatest impact on outcomes.
- **Skills and experience**: Perceptions of the Council's skills and experience were strongly positive. Ninety percent (90%) agreed or strongly agreed that the Council has members with the right skills and experience. Five percent (5%) of respondents selected a neutral response and five percent (5%) of respondents disagreed.
- **Meeting papers and communiqués:** Sixty-seven per cent (67%) of respondents agreed or strongly agreed that Council agendas and meeting papers were relevant, clear, and provided an appropriate level of detail to support meeting preparation. Thirty-three per cent (33%) selected a neutral response, while no respondents disagreed or strongly disagreed. Feedback identified several opportunities for improvement, including earlier circulation of papers, clearer articulation of the advice or decisions being sought, stronger thematic focus within meetings, and more explicit alignment between agenda items and delivery of the National Healthcare Interoperability Plan.
- Views on communiqués were also positive overall. Seventy-eight per cent (78%) of respondents agreed that communiqués are relevant and clear, while twenty-two per cent (22%) provided a neutral response. No respondents disagreed. Feedback highlighted differing expectations regarding the level of detail provided, with some respondents seeking additional context for those unable to attend meetings, while others preferred shorter, more concise updates. This suggests an opportunity to better balance brevity with sufficient context to support broader internal communication and information sharing.

2026-27 topics – suggestions included:

Survey responses from Council members have provided valuable insights into priority areas for the 2026-27 workplan. These suggestions reflect a desire for deeper engagement, clearer connections between Council discussions and Interoperability Plan actions items, and a stronger focus on real-world impact. Key themes include:

- Legislative and policy barriers impacting information sharing across the health system
- Improved alignment and information flow across primary, acute and community care settings
- Progressing nationally consistent data standards, terminology and information models
- Strengthening adoption and use of healthcare identifiers across the sector
- Improving provider directories and foundational digital infrastructure
- Supporting scalable, standards-based interoperability solutions nationally
- Safe, effective and nationally coordinated use of artificial intelligence in healthcare
- Better use of data to support research, population health and clinical decision-making
- Improving digital inclusion and equity, particularly for rural and regional communities
- Supporting interoperability uplift in sectors including mental health, community services and culturally diverse populations
- Addressing practical implementation challenges impacting interoperability adoption and uptake
- Building workforce capability, awareness and readiness to support connected care
- Identifying and addressing current gaps in data exchange and areas where interoperability maturity remains limited.

Overall, feedback reflected a desire for the Council to continue, focusing on practical, system-wide issues where collective leadership and national coordination can help accelerate progress toward connected care outcomes.

2026-27 Workplan

It is proposed that the Council will continue to meet every four months with the proposed meeting dates being 3 December 2026 (face-to-face), May 2027 (virtual), October 2027 (face-to-face). Confirmed dates will be published online, when key Agency and Health sector peripheral event dates are identified.

It is also proposed, in response to member feedback, the Council will adopt a more interactive and outcomes-focused approach to meetings in 2026 - 27. Planned changes include a stronger emphasis on facilitated workshops, targeted deep-dive discussions, and collaborative problem-solving sessions designed to better leverage the collective expertise of members. Future meetings will also place greater focus on aligning discussions and outputs to the delivery priorities of the National Healthcare Interoperability Plan, with the aim of supporting more practical and actionable outcomes.

Proposed topics for the 2026/27 meetings are provided below

Date	Location	Key Topics/Focus Areas
3 December 2026	Adelaide	**Virtual Care** • South Australia Ambulance • South Australian innovation • Consumer stories and lived experience • Equity for regional and rural patients • Integrated care partnerships • Clinical trials capability • Virtual care standards • Virtual care as part of the health system
May 2027	Virtual	**Theme: Annual Review and Future System Foundations** **CCC Annual Review (FY26/27)** • CCC Survey results • Key achievements • Progress against Interoperability Plan priorities • Emerging issues identified by members **Trust, Identity and Foundational Infrastructure** • Share By Default case study 12 months on • Healthcare Identifiers (policy impacts, wearables, IHI for newborns, Thriving Kids) • National Provider Directory / Health Provider Directory updates • HPI-I and HPI-O updates • Standards and terminology • Evidence-based conformance • Digital Maturity Models

October 2027	Sydney	**Theme: Delivering Connected Care in Practice**
		
		• Primary Care
		  ○ New products for MHR/HIPS/Portals/MyMedicare app
		  ○ Share by Default update and immediate priorities
		• Interoperability Plan progress
		  ○ Key achievements
		  ○ Outstanding actions
		• Product and service enhancements
		  ○ eRequesting
		  ○ eReferrals
		  ○ Active Script List self-registration

During the meeting members will be asked via MS Forms to consider

- Are there any topics missing?
- Which organisations and stakeholder groups should present at future meetings?
- Which projects by the Council member organisations should be spotlighted at each meeting?
- How can we improve member engagement at meetings and the Annual survey?

Background

The Agency established the Council on 7 June 2023 to support national implementation of the Connecting Australian Healthcare – National Healthcare Interoperability Plan 2023-2028 (Interoperability Plan) and provide strategic advice on matters related to connecting care.

The performance of the Council is to be measured at least annually through a self-assessment of its performance and opportunities for improvement. A survey was sent to members on 27 April 2026 to inform the Council's 2025-26 performance review and 2026-27 meeting topics.

Attachments

Attachment A: Draft Council for Connected Care 2025-26 Annual Review report

Contact officer: Cass Timmermans, Assistant Director, Interoperability

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 6: National Clinical Governance Committee for Digital Health (NCGC-DH) Update

Meeting: Thursday 23 July 2026

OFFICIAL

Purpose

The purpose of this agenda item is to provide Council for Connected Care (CCC) members with an update on the National Clinical Governance Committee for Digital Health (NCGC-DH) and its associated Expert Advisory Groups (EAGs).

Recommendation/s

It is recommended the Council for Connected Care:

1 **note** the NCGC-DH update and key areas of focus

2 **note** the proposed approach for the relationship between the NCGC-DH and the CCC.

Summary of issues

The NCGC-DH provides national clinical governance oversight for digital health, system safety and quality, lived experience perspectives and expert clinical advice. It provides strategic advice on the implementation, monitoring and evaluation of the Share by Default reform agenda, as well as providing national leadership on emerging virtual models of care and artificial intelligence (AI).

The NCGC-DH serves to bring key stakeholders together as a single collaborative group, with the Agency acting as the convening body, supporting the Agency and the Department of Health, Disability and Ageing (the Department) to provide advice to the Honourable Mark Butler MP (Minister Butler), Minister for Health and Ageing and Minister for Disability and the National Disability Insurance Scheme.

The NCGC-DH currently has 44 standing members, is chaired by Dr Amandeep Hansra, Chief Clinical Adviser (Medicine) at the Agency, and meets quarterly. Since being stood up in November 2025, the group has met three times, most recently on 22 June 2026. Further information including the Terms of Reference, membership list and meeting communiqués is available on the Agency's website National Clinical Governance Committee for Digital Health.

With broad national representation across diverse stakeholder groups the NCGC-DH works to identify and understand complex digital clinical governance issues and identify challenges in order to address them via specific actions. Collaborating closely with partners such as the Australian

Commission on Safety and Quality in Health Care, the Department and the Therapeutic Goods Administration, the Agency will leverage the Committee to refine our own products and infrastructure to support and guide change via levers including conformance profiles, the use of technical and governance standards and the on-going delivery of the Share by Default program. As part of this coordinated approach, committee members provide advice via the Agency and the Department to Minister Butler, to implement national improvements to clinical safety in digital health.

To date, the NCGC-DH and its EAGs have explored key topics in relation to:

- The importance of national standards to drive quality and safety of virtual care and the opportunities for the NCGC-DH to be engaged through the development of the Virtual Care Standards led by the Australian Commission on Safety and Quality in Health Care.
- The benefits and considerations for the expansion of Share by Default initiative to medicines information including the opportunity to minimise medication misadventure that often occur at transition of care and when care takes place outside of traditional settings.
- Potential implementation leavers to support national standards including conformance profiles and Share by Default.

Communication and governance

The role of the NCGC-DH and its EAGs is to provide national forums for collaboration across the digital health ecosystem. Whilst they are not focused on Agency products and services, they consider opportunities to use digital health levers such as legislation, standards and conformance to support the improvement of quality and safety in digital health more broadly. It is proposed that the NCGC-DH provides quarterly updates to the CCC and works closely with the CCC aligning the clinical and technical governance to provide well rounded advice, expertise and lived experience.

Background

Strong governance is essential to deliver timely, evidence-informed recommendations to Minister Butler to ensure the safety and quality of the expanding market of AI-enabled health services, telehealth and virtual care services that may not meet appropriate clinical safety standards; and to support Government policies and commitments including expansion of Shared by Default to medicines information.

Building on the success of the Clinical Reference Group, in November 2025, the NCGC-DH was established to provide enduring national clinical governance oversight for digital health, system safety and quality, informed by lived experience perspectives and expert clinical advice. The NCGC-DH brings together key national stakeholders including peak bodies, professional associations, consumer groups and representatives from jurisdictions.

The NCGC-DH is supported by a number of EAGs to explore key areas in more depth including:

1. **Better and Faster Access Expert Advisory Group (BFA-EAG)**
    - Established to provide national clinical governance, system safety and quality, lived experience perspectives, and expert clinical advice on the implementation, monitoring and ongoing evaluation of the Better and Faster Access program and other priority topics.
    - The BFA-EAG is chaired by Dr Steve Hambleton AM and held its latest meeting on 28 April 2026 (communiqué at Attachment A).

2. Virtual Care and Telehealth EAG (VC-EAG)

- Established to support the safe and high-quality use of virtual care and telehealth in Australia. The VC-EAG will collaborate to provide advice on how best to address emerging safety and quality risks associated with virtual care and telehealth.
- The VC-EAG is chaired by Dr Louise Schaper and held its inaugural meeting on 13 May 2026 (communiqué at Attachment A)**.**

3. Artificial Intelligence Enabled Care EAG (AI-EAG)

- Established to assist and provide advice in relation to safe and responsible use of artificial intelligence (AI) enabled care including integration with National Digital Health Infrastructure.
- The AI-EAG is chaired by Dr Rae Donovan and held its inaugural meeting on 13 April 2026 (communiqué at Attachment A).

*Additional time limited EAGs may be stood up as needed.

Attachments

Attachment A – Meeting communiqués for BFA-EAG, VC-EAG and AI-EAG

Contact officer: Alex Powell, Branch Manager, Clinical Governance and Assurance

Australian Government
Australian Digital Health Agency

Attachment A - Expert Advisory Groups Communiqués

Meeting Communiqué: Better and Faster Expert Advisory Group

Meeting No. 2 Better and Faster Access Expert Advisory Group

Held via Microsoft Teams

At 11:00am – 1:00pm (AEDT) on Tuesday, 28 April 2026

OFFICIAL

The Australian Digital Health Agency (the Agency) held the second Better and Faster Access Expert Advisory Group (BFA-EAG) meeting on 28 April 2026. This communiqué summarises discussions and key outcomes from the meeting.

Meeting summary

Sector readiness for Share by Default Rules
The Agency provided an update of the development and promotion of Share by Default guidance materials, noting broad consultation informed their development. Resources have been promoted through multiple forums and communication channels, including the Better and Faster Access webpages for healthcare providers and consumers. High level statistics demonstrate increased engagement with My Health Record (MHR) by healthcare providers and consumers over the past two years. The Agency is continuing to evolve and refine materials to support the needs of specific sectors and audiences.

An update regarding the Share by Default extensions process was also provided, outlining the process for organisations seeking extensions of time to comply with the Share by Default requirements and plans to publish and maintain a list of organisations for which extensions have been granted on the Agency's website.

Clinical Safety Management for Share by Default
The Agency outlined the processes in place for Clinical Safety Management for Share by Default and insights relating to clinical safety risks. This includes a clinical safety assurance plan, a 24/7 clinical incident management service through the MHR help line, proactive monitoring and reporting, as well as clear escalation and communication pathways.

Standardised terminology implementation for pathology, diagnostic imaging
The Agency provided an update on national efforts to advance standardised terminology, highlighting benefits for interoperability, faster access to results, improved continuity of care and alignment between clinical advice and information accessed by consumers. Representatives from pathology and diagnostic imaging organisations shared insights into the significant and ongoing work required to develop and implement standardised terminology sets across their sectors.

Members discussed levers and opportunities to support and promote increased adoption of standardised terminology, noting the need for national coordination across fragmented initiatives and the use of multiple enabling levers to achieve sustainable uptake.

Share by Default for online prescribers/telehealth medicines information
A representative from the Department of Health, Disability and Ageing outlined the proposed consultation approach for expansion of Share by Default to medicines-related information from online prescribers. The policy aims to facilitate access to key health information by consumers and their healthcare teams, to improve medicines safety through increased information sharing. This represents the first implementation phase for enhanced sharing of medicines information, with future phases subject to government decisions. A consultation paper is scheduled for release shortly.

Members highlighted challenges related to consumer safety and willingness to share information, emphasising the importance of building trust, signalling safety, and addressing discrimination to support effective information sharing between consumers and their healthcare providers.

BFA-EAG Terms of Reference (ToR) finalisation
The Agency presented updates to the BFA-EAG ToR, including reporting and operational arrangements, clarification of the Chair's role as spokesperson, and a revised definition of 'person-centredness' to better reflect the importance of consumer agency. The ToR are now finalised and will be published on the Agency's website.

Next meeting

The next BFA-EAG meeting will be held virtually on **29 July 2026.**

Australian Government
Australian Digital Health Agency

Meeting Communiqué: Virtual Care and Telehealth Expert Advisory Group

Meeting No. 2 Virtual Care and Telehealth Expert Advisory Group

Held via Microsoft Teams

At 11:00am – 1:00pm (AEST) on Wednesday, 13 May 2026

OFFICIAL

The Australian Digital Health Agency's (the Agency) Virtual Care and Telehealth Expert Advisory Group (VC-EAG) held its second meeting on 13 May 2026. This communiqué summarises key outcomes.

Approach to national harmonisation of virtual care standards

The Australian Commission on Safety and Quality in Health Care (the Commission) provided an overview of its strategy to improve the safety and quality of virtual care underpinned by a new National Model for Clinical Governance that describes the foundations for clinical governance. The Model has informed the draft 3rd edition of the National Safety and Quality Health Service (NSQHS) Standards, which has several requirements related to virtual care.

The Commission is undertaking a mapping exercise between the draft NSQHS Standards (3rd edition) and other virtual care resources. Targeted stakeholder consultation, across a range of organisations that provide virtual care services, is underway. This work will identify gaps that virtual care standards could address.

Members supported the development of virtual care standards to ensure safe and high-quality health services within virtual care settings. Members noted that standards will need to consider:

- Organisations' clinical governance responsibilities
- Sharing of health information with patients' primary and/or other care-givers to support continuity of care
- Data quality and governance
- Facilitating open disclosure
- Appropriate implementation levers such as the use of conformance profiles.

Australian Health Practitioner Regulation Agency (Ahpra) and National Boards review of codes of conduct

Ms Rachel Griffiths, Ahpra, provided an overview of the responsibility of Ahpra in partnership with National Boards to ensure a safe health workforce across all professions registered under the National Registration and Accreditation Scheme.

Ms Griffiths provided an overview of opportunities to improve the safety and quality of virtual care. This includes the need to ensure that virtual services are safe and clinically appropriate, support continuity of

Australian Digital Health Agency ABN 84 425 496 912
Level 25, 175 Liverpool Street, Sydney, NSW 2000
Phone +61 2 8298 2600
Email: clinicalgovernance@digitalhealth.gov.au
www.digitalhealth.gov.au

care through sharing of patient information and recognise the importance of real-time doctor-patient consultation.

Ahpra is also reviewing its codes of conduct and will undertake targeted and public consultation which will consider:

- The appropriateness of regulatory settings for virtual care
- Raising consumer awareness to support the safe use of virtual care
- Guidance and tools required by practitioners.

Ahpra is also working on a Pilot Digital Health Common Capabilities document with targeted and public consultation to commence in the second half of the year.

Share by Default for online prescribers/telehealth medicines information

Ms Kate Deere, Department of Health, Disability and Ageing (Department), provided an overview of the Australian Government's announcement on work to develop a National Medicines Record, enabled by requiring key medicines information be shared to My Health Record by default, commencing with online prescribing services. This initiative aims to improve medicines safety and coordination and continuity of care.

Public consultation on the initiative is intended to take place in mid 2026.

Members were supportive of this initiative to improve safety, continuity of care and reduce risk of patient harm. Members noted that most medicines misadventures occur at transitions of care and when prescribing takes place outside traditional settings.

Members provided advice on key considerations including the importance of patients' awareness of the benefits of information sharing and ensuring informed consent.

Next meeting: The next VC-EAG meeting will be held virtually at **9:00 am AEST, 11 August 2026**

Australian Digital Health Agency ABN 84 425 496 912
Level 25, 175 Liverpool Street, Sydney, NSW 2000
Phone +61 2 8298 2600
Email: clinicalgovernance@digitalhealth.gov.au
www.digitalhealth.gov.au

Australian Government
Australian Digital Health Agency

Meeting Communiqué: Artificial Intelligence Enabled Care Expert Advisory Group

Meeting No. 1 Artificial Intelligence Enabled Care Expert Advisory Group

Held via Microsoft Teams

At 2:00pm – 4:00pm (AEDT) on Monday, 13 April 2026

OFFICIAL

The Australian Digital Health Agency's (the Agency) Artificial Intelligence Enabled Care Expert Advisory Group (Artificial Intelligence Enabled Care EAG) held its inaugural meeting on 13 April 2026 to define its scope, role, vision and confirm its Terms of Reference. This communiqué summarises discussions and key outcomes from the meeting.

Artificial Intelligence Enabled Care EAG overview

The Artificial Intelligence Enabled Care EAG was established to provide advice in relation to the safe and responsible use of artificial intelligence (AI) in healthcare nationally, taking into account lived experience and the perspectives of peak bodies, professional associations, jurisdictions, industry and consumers. As the organisation responsible for establishing the group, the Agency's role is to facilitate discussion and collaboration between the wide-ranging stakeholders to ensure perspectives, knowledge and experience are shared openly.

Outcomes from each Artificial Intelligence Enabled Care EAG meeting will be reported by the Chair, Dr Rae Donovan, to the National Clinical Governance in Committee for Digital Health (NCGC-DH) which in turn makes recommendations to the Department of Health, Disability and Ageing (the Department). The Chair of the Artificial Intelligence Enabled Care EAG is also a member of the NCGC-DH.

Meeting summary

A summary of Meeting 1 is provided below:

Terms of Reference

Members reviewed the Terms of Reference and requested updates to clarify the scope of the Artificial Intelligence Enabled Care EAG and the boundaries of its role. Members provided a range of suggestions that include the consideration of cybersecurity, strengthening the focus on opportunities alongside risks, better alignment to other existing AI initiatives, making references to the National Agreement on Closing the Gap and better description on the group's function and intended outcomes.

Brief overview of opportunities and risks, both current and emerging, regarding AI use in healthcare

Members discussed the following topics associated with AI use in healthcare, with focus on opportunities, clinical safety, consumer understanding, risk management and information governance.

1. *AI-generated content in My Health Record (MHR)*

   Members discussed the opportunities and risks of AI-generated content in MHR, including regulatory considerations, the need for appropriate controls over uploaded content and potential to use AI to support predictive analysis of health information. Members also noted the potential use of AI to generate more consumer-friendly health information to support improved understanding by consumers. Members requested a future update on the Australian Digital Health

Agency's work with the Department on the secondary use of MHR data for research and policy purposes.

2. *Digital scribes*

   Members emphasised that the current functionality of some digital scribes extends beyond transcription to include diagnostic support. Members highlighted the importance of obtaining informed consent from consumers with the use of digital scribes and the need to support clinicians to meet their obligations. The Therapeutic Goods Administration (TGA) stated that they are working with relevant agencies to ensure appropriate messaging to industry and is reviewing the use of digital scribes to ensure compliance with regulatory requirements where their use extends beyond transcription. The TGA will provide the Artificial Intelligence Enabled Care EAG with broad-level information and insights from its analysis at a future meeting.

3. *Consumer health AI platforms*

   Members noted that consumer health AI platforms are changing clinician-patient consultations, with patients increasingly presenting AI-generated health analysis, questions and recommendations during consultations. Members also noted while there are concerns about risks of harm to patients, these platforms may increase consumer engagement with their health and require adaption of consultation approaches, while reinforcing the role of clinicians as collaborative decision-makers.

4. *Digital health levers to support responsible adoption of AI: legislation, conformance and standards*

   Members discussed the role of existing digital health levers to support safe and responsible adoption of AI in healthcare. Discussion emphasised the need to better align existing legislation, clinical governance, standards and conformance approaches, rather than introduce new regulatory frameworks. Members highlighted the importance of improving clarity, coordination and communication across jurisdictions and agencies, supporting workforce understanding of regulatory obligations and promoting consistent applications of standards to strengthen safety, quality and trust in AI-enabled technologies.

Targeted discussions

Members held targeted discussion to share current work and perspectives across jurisdictions, regulators and peak bodies. Key highlights included:

- The Department of Health, Disability and Ageing (the Department) is seeking to develop guidance for safety by design in AI tools and advice to support informed consent.
- The Department is also seeking to develop national health data principles relating to AI and to establish a working group for national consistency in clinical and technical governance of AI in healthcare.
- The Australian Commission on Safety and Quality in Health Care (ACSQHC) referred to its pragmatic AI guidance for clinicians published in August 2025 and noted that further work on resources oriented towards health services is in development.
- The Victorian Department of Health has published guidance for the use of Ambient AI scribes and would soon publish guidance on standards for AI use, governance, and advice on safety and risk escalation processes.
- SA Health noted they are currently trialling work with digital scribes and medical imaging as well as establishing governance frameworks.
- The Australian Health Practitioner Regulation Agency (Ahpra) is currently exploring common capabilities to support upskilling the workforce in digital health including AI, and there is a mid-year consultation planned on National Board codes of conduct which will consider professional responsibilities in relation to AI.

- eHealth NSW advised that the organisation has developed generative AI guidelines, including a document specific to Microsoft Copilot. It was further noted that a number of related initiatives are currently underway, including:
    - a review of the implications of artificial intelligence across all health policies
    - development of a new organisational AI strategy
    - work progressing on the use of AI-generated discharge summaries.
- The Australian Alliance for Artificial Intelligence in Healthcare (AAAiH) would shortly be releasing a new AI roadmap which would consider issues including sovereign capability in the development of large language models (LLMs).

Next meeting

The next AI-EAG meeting will be held virtually on **28 July 2026** pending the availability of membership**.**

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 7: Agency Updates

Meeting: Thursday 23 July 2026

OFFICIAL

Purpose

The purpose of the paper is to provide Council members with an update on progress and next steps for the Health Connect Australia and Share by Default programs.

Recommendation/s

It is recommended the Council for Connected Care:

1 **note** update on Health Connect Australia program

2 **note** update on Share by Default program.

Summary of issues

Health Connect Australia Program Overview

Health Connect Australia is a national health information exchange program enabling secure, real-time sharing of health information across the healthcare system. It supports multidisciplinary care through modern digital infrastructure, interoperability standards, and strong privacy protections.

As a key enabler of the *National Digital Health Strategy 2023–2028* and the *National Healthcare Interoperability Plan 2023–2028*, the program plays a central role in advancing a more connected, consumer-centred digital health ecosystem.

Current Status (2025–26)

In 2025-26, the program progressed through its Foundations Phase, establishing strategic direction, advancing core infrastructure, and undertaking extensive sector consultation and co-design. Key progress included:

- advancing the National Provider Directory and Digital Health Authorisation Service from requirements through to design and build
- completing national consultation and discovery for a diagnostic image access capability
- developing interoperability standards and implementation guidance
- undertaking broad stakeholder consultation, testing, and validation.

This work has established the foundations for scalable, secure, and interoperable information exchange.

Foundations Phase

The Foundations Phase delivered key artefacts to guide program delivery and adoption, including the Modernisation Blueprint, Product Strategy, Benefits Plan, and Change and Adoption Strategy, alongside the Foundations Supplement, which details product strategies, architecture, and delivery roadmaps. Importantly, two core national infrastructure products, the Health Connect Provider Directory and the National Digital Health Authorisation Service, progressed from design into build and into the early implementation phase, marking a significant transition from planning to delivery. Strong sector engagement was maintained through the Health Connect Australia website, Agency-led consultation and co-design workshops and the Agency Implementer Hub, ensuring transparency and ongoing collaboration.

National Infrastructure – design and build

Significant progress was made in advancing core national infrastructure into build:

- Health Connect Provider Directory progressed from design to build, supported by approved architecture and endorsed requirements.
- The FHIR Implementation Guide (v26.0.0) was published under the Australian FHIR Community Process following extensive consultation and HL7 Connect-a-thon validation.
- Pilot implementations were confirmed across NT Health, AMSANT, NT PHN, St Vincent's Health, and Healthy North Coast PHN.
- Transition of the Healthcare Provider Directory (HPD) to Agency operations also advanced, supported by legislative reform and the move to an opt-out model.
- The National Digital Health Authorisation Service progressed from design into build, with development underway, positioning it to enable secure, standards-based access to health information at scale.
- For National Diagnostic Imaging Access, a sector-led discovery phase was completed in partnership with RANZCR and ADIA. The Image Access Strategy and Consultation Report identified key barriers and defined a national vision, informing the design and conceptual architecture of a federated, interoperable image access capability.

Next Steps (2026–27)

From 1 July, the program will transition into the Sharing Phase, focused on enabling secure, standards-based exchange of health information. Priority activities include progressing the Provider Directory and Authorisation Service to operational readiness and expanding pilots to support real-world use cases and readiness for national rollout from February 2027.

Focus will shift to delivering priority use cases, including diagnostic image sharing and a national discovery service to enable clinicians to locate and access health information regardless of where it is stored. The discovery capability will be delivered as standards-based national infrastructure in collaboration with the HL7 community, with additional use cases sequenced to expand system-wide exchange. This will be supported by policy and legislative reform, enhanced consumer consent and care network capabilities, and continued alignment with My Health Record modernisation, alongside ongoing uplift of standards and targeted adoption across jurisdictions and providers.

Forward Outlook

Health Connect Australia is well positioned to transform how health information is accessed and shared across the system. The program has progressed from strategy into delivery, with core national infrastructure now in build and early implementation, supported by strong sector alignment. In the coming years, it will enable secure, real-time access to critical health information, support more coordinated, multidisciplinary care, and improve clinical decision-making and patient outcomes, while empowering consumers with greater visibility and control over their health information. Through continued delivery of its roadmap, Health Connect Australia will play a central role in realising a modern, interoperable, and consumer-centred digital health ecosystem for Australia.

Conclusion

In 2025/26, Health Connect Australia established critical strategic, technical, and delivery foundations to support national interoperability. Progressing core infrastructure into build, advancing legislative reform, developing national standards, and completing diagnostic imaging discovery have positioned the program to transition into the Sharing Phase and scale implementation. These achievements mark a significant step toward a safer, more connected, interoperable, and consumer-centred digital health system for Australia.

Share by Default

Connected care has historically relied on healthcare providers actively sharing information across organisations and care settings. As a result, treatment and care decisions have not always been informed by recent pathology or diagnostic imaging results ordered by other providers. The Share by Default reforms are changing this by making the sharing of key health information to My Health Record the expected practice, rather than the exception.

On 1 July 2026, requirements came into effect to require pathology and diagnostic imaging reports authored by (or on behalf of) pathologists or radiologists to be shared with My Health Record by default. This is a significant milestone for Australian health care – a first step toward a health system where healthcare providers share information across different care settings as a rule, rather than an exception. This improves timely access to information and reduces the need for recent tests to be repeated, helping to support better health outcomes. These requirements also enable Australians to more actively engage in managing their health.

The impact of these changes has already been felt, with weekly uploads of pathology and diagnostic imaging reports more than doubling since the Share by Default reforms were announced in May 2023. The number of times clinicians and healthcare consumers view this information each week has also dramatically increased, by more than 430%, demonstrating the value that Australians and their clinical teams see in accessing their reports in My Health Record.

Clinical and consumer advice

The development and implementation of the Share by Default requirements was firmly grounded in a foundation of clinical and consumer advice. Public consultations helped shape the initial direction and a dedicated clinical governance body, known as the Clinical Reference Group, was formed to provide targeted engagement and advice over an 18-month period. This directly impacted the development of a flexible legislative framework that enables expansion to other healthcare providers and care settings.

In late 2025, a National Clinical Governance Committee for Digital Health (NCGC-DH) was formed, to provide ongoing advice, leveraging the initial foundation set by the Clinical Reference Group.

The NCGC-DH is supported by a number of expert advisory groups, which focus on particular aspects of digital health, including the Share by Default reforms. Representatives on the NCGC-DH and its expert advisory groups range from healthcare professionals, peak body and health software industry representatives to state and territory health departments and healthcare consumer representatives. This ensures a clinically informed, person-centred, approach that seeks to maximise the benefits of connected care, while ensuring appropriate consideration of clinical safety and implementation risks.

Sector readiness

In preparation for commencement of the Share by Default requirements, the Agency has actively engaged with pathology and diagnostic imaging providers, as well as state and territory health departments, clinical and consumer peak bodies, Primary Health Networks and private hospitals, to support understanding of the requirements. Direct engagement with many pathology and radiology providers has occurred through phone calls, emails and meetings, supported by other information channels, such as conferences, webinars, education sessions and established engagement forums.

The software industry has supported preparations to ensure a range of clinical information systems enable uploads of pathology and diagnostic imaging reports to My Health Record. This includes laboratory information systems, radiology information systems and secure messaging solutions.

A range of guidance materials has been developed to support implementation and understanding of the Share by Default requirements, and an extensions process is available to support organisations that have a genuine reason that compliance with requirements is not achievable within the required timeframe.

This approach recognises the differing needs and digital maturity across the health sector, with a focus on support and engagement, as together, we work to bring the vision of connected care to life.

Future tranches

The 2026 Federal Budget included funding to introduce requirements for sharing of prescription and dispense records for online prescribing services, by default. The Department, in conjunction with the Agency, has just concluded a public consultation process to inform this next tranche of Share by Default. Consultation submissions, along with advice from the National Clinical Governance Committee for Digital Health and its expert advisory groups, will support development of new Share by Default rules, over the coming months.

Funding over a 2-year period, commencing in FY26/27, will also support the introduction of requirements for sharing of other medicines information (beyond online prescribing) as well as chronic condition management plans with My Health Record by default. In addition, early planning will be undertaken to support sharing of GP letters, such as referral letters, to allied health providers and specialists.

It is anticipated that sharing of information to My Health Record by default will increasingly become the norm, which will drive efficiencies and reduce duplication, as more healthcare providers leverage this information to support health and care decisions. Australians will be able to access more of their health information, empowering them as they manage chronic and emerging conditions, in partnership with their healthcare providers. This reform is helping to bring the vision of connected care to a reality, for the benefit of all Australians.

Background

Health Connect Australia

In line with the Intergovernmental Agreement on National Digital Health 2023–2027, the Agency is driving the transformation of Australia's health ecosystem through the development of a national health information exchange, called Health Connect Australia.

Health Connect Australia will comprise a suite of secure, interoperable and consumer-focused capabilities designed to enable seamless exchange of health information across healthcare. Driven by stakeholder engagement, these capabilities will unify fragmented elements of the health system, harnessing current and emerging digital technologies. Health Connect Australia aims to enhance safety, quality and efficiency in healthcare by addressing key challenges in information sharing and access. Its strategic focus includes:

- optimising existing digital health investments
- promoting adoption of contemporary standards
- implementing national healthcare identifiers
- integrating clinical information systems and terminologies
- resolving jurisdictional pain points.

Health Connect Australia is a multi-year program, evolving through phased development and implementation. Over the past year, the primary focus has been on the initiation and guiding documents for Health Connect Australia through the advancement of the Foundations phase of the program, which includes:

- Health Connect Australia Strategy, Architecture and Roadmap
- the commencement of the Provider Directory and Authorisation project
- discovery for diagnostic image access.

Share by Default

The *Health Legislation Amendment (Modernising My Health Record – Sharing by Default) Act 2025* resulted in amendments to the *My Health Records Act 2012* and the *Health Insurance Act 1973* to establish a framework for key health information to be shared to My Health Record by default. The requirements apply to healthcare services and record types specified in the Health Insurance (Share by Default) Rules 2025 and the My Health Record (Share by Default) Rules 2025, collectively referred to as the Share by Default rules.

From 1 July 2026, pathology and imaging reports authored by (or on behalf of) a pathologist or radiologist must be uploaded to My Health Record by default, unless an exception applies or an extension of time has been granted. The requirement does not include images.

These changes will help ensure patients and their healthcare providers can access key information through My Health Record to support care.

Reports must be uploaded within 24 hours of being provided to the requesting provider, another treating provider, or the patient.

Contact officer: Cass Timmermans, Assistant Director, Interoperability

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 8: National Safety and Quality Health Service Standards – Third Edition

Meeting: Thursday 23 July 2026

OFFICIAL

Purpose

The purpose of the paper is to brief the Council for Connected Care on the draft third edition of the National Safety and Quality Health Service (NSQHS) Standards, and to seek members' feedback on how the Standards can advance interoperability and connected care across the Australian health system.

Recommendation/s

It is recommended the Council for Connected Care:

1 **note** the draft third edition of the National Safety and Quality Health Service (NSQHS) Standards and the digitally enabled care requirements embedded throughout

2 **discuss** how the Council and member organisations can align the national interoperability work program, including conformance and procurement levers, behind the NSQHS Standards to accelerate connected care, and support the public consultation.

Summary of issues

The Australian Commission on Safety and Quality in Health Care (the Commission) is developing the third edition of the NSQHS Standards, which apply to all public and private hospitals and day procedure services in Australia.

The Commission will speak to the draft third edition of the NSQHS Standards at the meeting and welcomes the Council's reflections.

Digitally enabled care is foundational

The third edition consolidates the current 8 standards into 3: Clinical Governance, Person-Centred Practice and Safe Clinical Systems. This continues a deliberate evolution of the Standards, reducing the number of actions from 256 in the first edition and 151 in the second edition to 77, and shifting the orientation from compliance towards high-quality outcomes.

Requirements (previously known as 'actions') for high-quality digitally enabled care are embedded throughout all 3 standards. This reflects the Commission's Priorities for high-quality digitally enabled care, which is the appropriate application and integration of digital health tools and technologies in clinical settings to deliver, coordinate or enhance patient care.

There are 6 sections within the clinical governance standard that aligns with the 6 foundations of clinical governance, as outlined in the National Model for Clinical Governance.

Strengthening interoperability requirements

Of most relevance to the Council, the draft requirements would set nationally consistent expectations that health service organisations must have connected and interoperable systems. Approximately a quarter of the requirements in the third edition, 19 of the 77, relate in some way to digitally enabled care, across all 3 standards. Key draft requirements include:

- **Interoperable healthcare record systems (requirement 3.04).** Healthcare record systems are to use national healthcare identifiers verified against the Healthcare Identifiers Service and be interoperable with National Digital Health Infrastructure (including My Health Record), diagnostic reporting systems and point of care testing devices, sharing information in alignment with national requirements and specifications.
- **National terminologies and data standards (requirement 1.30).** Organisational digital systems are to use national clinical terminologies and specifications, and interoperable data formats for seamless information extraction and exchange.
- **Verified information exchange at transitions of care (requirement 2.24).** Information exchanged at transitions of care is to be transmitted using agreed systems that verify successful transmission and receipt, including use of National Digital Health Infrastructure and information exchange at discharge.
- **Governance of digitally enabled care (requirement 1.08).** Boards and leadership teams are accountable for the governance of digitally enabled care, including privacy and information security, cybersecurity and downtime preparedness, the lifecycle management of digital tools and technologies, partnership with the workforce and community, and uplifting digital health literacy across the workforce.

These requirements respond directly to feedback received during the first public consultation, held from 9 July to 30 September 2025, regarding opportunities and information gathering on system needs to inform development of the draft NSQHS Standards. Feedback on digitally enabled care spanned data quality and governance, interoperability, the quality and timeliness of clinical documentation, the management of digital health incidents, business continuity and cybersecurity, and alignment with existing national frameworks and legislation.

The opportunity for the Council – implementation of the NSQHS Standards

Since accreditation against the NSQHS Standards is mandatory for the acute sector, these requirements create a powerful national lever for connected care. They establish clear signals to software vendors, align health service investment with national digital health infrastructure, and complement the National Healthcare Interoperability Plan 2023-2028. Realising this opportunity depends on implementation, not accreditation alone. Accreditation commences on 1 January 2030 and is when health service organisations are assessed against the requirements.

Implementation of digitally enabled care requirements from the third edition of the NSQHS Standards depends on a staged effort prior to accreditation, with national agencies, jurisdictions, health services and industry working together so that technical enablement and operational readiness are in place ahead of accreditation.

The Council's strategic and advocacy function is most valuable during the public consultation, and in mobilising members to lead early implementation readiness across their networks.

Virtual care and the NSQHS Standards

The Commission notes that, while the third edition embeds digitally enabled care across the draft third edition of the NSQHS Standards, it may not provide complete coverage of the virtual care landscape, especially for direct-to-consumer virtual care providers. The parallel development of national virtual care standards supports a harmonised, modular approach to the third edition of the NSQHS Standards for multi-modal acute services that combine virtual and face-to-face care.

Questions for Council members

Members are invited to consider the following questions during the discussion:

- Do the draft requirements set the right expectations to drive interoperability and connected care?
- Will the technical enablers, in alignment with the national interoperability work program, be in place by 2030?
- What supports will health services, clinicians and vendors need to meet these requirements, and what role can Council member organisations play?
- How can the Council amplify the public consultation across its networks?

Background

The Commission is developing the third edition to reflect contemporary models of care, including digitally enabled care, and to shift the focus from compliance-driven processes towards high-quality patient experiences and outcomes.

The first public consultation on the development of the third edition received 200 written submissions and more than 1,000 survey responses. Targeted focus groups with digital health stakeholders, including the Australian Digital Health Agency, shaped the digitally enabled care requirements. This was regularly tested with the Commission's Digitally Enabled Care Advisory Committee, which includes Council members.

Next steps

The draft third edition of the NSQHS Standards will be released for the first time when public consultation opens in mid-July 2026 to late-September 2026. A high-level timeline is as follows:

- public consultation on the draft, July to September 2026
- piloting of a revised draft with selected health service organisations in 2027
- regulatory impact assessment in 2027
- ministerial approval in 2028
- development of implementation resources in 2029
- accreditation against the third edition commencing 1 January 2030.

The Commission will continue to engage the Council and its members through this pathway, with the public consultation the most immediate opportunity for input.

Attachments

Attachment A: National Safety and Quality Health Service Standards (NSQHS), third edition, public consultation version, with digitally enabled care requirements highlighted.

Contact officer: Ms Gillian Giles, Executive Director, Clinical Governance, ACSQHC

Australian Commission on **Safety and Quality** in Health Care

NSQHS Standards

National Safety and Quality Health Service Standards

Third edition – initial draft

July 2026

safetyandquality.gov.au

The Australian Commission on Safety and Quality in Health Care pays respect to the Gadigal people as the Traditional Custodians of Country where the Commission's office is located. We extend that respect to all Aboriginal and Torres Strait Islander peoples, and their deep time connections to land, water and sky.

We recognise that knowledge about healthy Country, community and culture has been developed by Aboriginal and Torres Strait Islander peoples over tens of thousands of years and has been shared for generations. We are committed to partnering with and learning from Aboriginal and Torres Strait Islander peoples through the work that we do.

Published by the Australian Commission on Safety and Quality in Health Care

Level 5, 255 Elizabeth Street, Sydney NSW 2000
Phone: (02) 9126 3600
Email: mail@safetyandquality.gov.au
Website: www.safetyandquality.gov.au

The Commission's preference is that you attribute this publication (and any material sourced from it) using the following citation:

Australian Commission on Safety and Quality in Health Care. National Safety and Quality Health Service Standards Third edition - Initial Draft Sydney: ACSQHC; 2026.

Disclaimer

The content of this document is published in good faith by the Commission for information purposes. The document is not intended to provide guidance on particular healthcare choices. You should contact your health care provider for information or advice on particular healthcare choices.

The Commission does not accept any legal liability for any injury, loss or damage incurred by the use of, or reliance on, this document.

Contents

Background

The Australian Commission on Safety and Quality in Health Care (the Commission) leads and coordinates national improvements in the safety and quality of health care to achieve better care, everywhere.

The Commission achieves its objectives by setting national standards for health care, providing evidence-informed guidance for health professionals, helping patients understand what they should expect from their care and publishing information about the safety and quality of the Australian healthcare system.

The Commission's Strategic Plan 2025-30 focuses on:

- **high-quality care in an evolving environment** – so that high-quality health care is delivered consistently, reliably and equitably for all Australians
- **strong outcome focused clinical governance** – so that clinical governance, integrated standards and accreditation drive better patient outcomes
- **empowered patients, families, carers and communities** – so that health care is designed and delivered with patients and communities
- **an improvement-driven workforce culture** – because better health care is everyone's responsibility, every day.[1]

National Safety and Quality Standards are central to building an environment and culture where everyone in a health service works together with patients, families, carers and consumers to deliver high-quality care. The Commission develops and maintains the National Safety and Quality Health Service (NSQHS) Standards to support Australian health services to manage risk, reduce preventable harm and continuously improve care. The NSQHS Standards incorporate up-to-date evidence-based practices, emerging evidence and contemporary approaches to clinical governance.

The NSQHS Standards are developed in collaboration with:

- patients, families, carers, consumers, and the community
- Aboriginal and Torres Strait Islander peoples
- medical, midwifery, nursing, pharmacy, allied health and non-clinical workforces
- clinical experts and technical committees
- the public and private health sectors
- the Australian Government and state and territory health authorities.

Introduction

The vision for the third edition of the NSQHS Standards is high-quality care for all Australians, supported by nationally consistent and effective systems operating across the continuum of care.

The third edition of the NSQHS Standards recognises the realities of modern practice in the Australian health system and supports health services to adapt and evolve while ensuring care is consistently high-quality and improving over time.

Modern practice involves increasing demand, complexity and morbidity, new models of care and an increase in the role and reach of digital technology. That is why the third edition of the NSQHS Standards focuses beyond the minimum safety requirements for health care delivery so that health services can develop their systems and enable a healthy workforce culture, culturally safe and responsive health care and continuous learning across the health service.

If implemented well, the NSQHS Standards support multidisciplinary care teams to manage risk, use data for improvement and partner with patients, their family and carers at every step of the care continuum.

They are the standards of care that should be applied consistently in health services every day.

Purpose

The third edition of the NSQHS Standards:

- respond to recognised and emerging system pressures, including workforce sustainability, increase in the reach of digital technologies, the importance of equity of outcomes and continuing system integration
- reflect a maturing focus from specifying clinical processes to prioritising how patients experience care, measuring outcomes of care and acting on this information to improve care when required
- move away from a sole focus on complying with accreditation requirements towards building the culture of the whole organisation to support the consistent delivery of high-quality care.

Overview of the Standards

The third edition of the NSQHS Standards streamlines the previous eight standards into a set of three standards to better support an integrated whole-of-system approach to health care across Australia.

The Standards strengthen the link between clinical governance, workforce capability and patient outcomes within a health service and are designed to work together as a single, integrated system for safety and quality.

High-quality care, cultural safety and equity are embedded across the Standards as critical and essential elements to the implementation of the NSQHS Standards into practice.

This requires consistent, organisation-wide application, recognising that **everyone has a role to play in delivering high-quality care**.

Clinical Governance Standard

This Standard outlines the responsibilities of the board, executive and leaders for ensuring that the health service's clinical governance system supports the delivery of high-quality care.

Clinical governance is central to providing the best possible outcomes for patients. It is the combination of inclusive governance, organisational cultures that are psychologically safe and striving for continuous improvement and innovation, with effective systems and structures that enables everyone in a health service to deliver care that is consistently high quality and improving.

Effective clinical governance means that boards, executives, clinical leaders and the workforce are clearly accountable to patients and the community for providing high-quality care - care that is person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable.

Engagement and partnerships with patients, families, carers, consumers and community are also critical to achieving high-quality care and better patient outcomes.

This Standard creates the conditions for high-quality care carrying through the foundations from the National Model for Clinical Governance[2].

Person-Centred Practice Standard

This Standard outlines the systems that support clinicians to provide high-quality care so that patients receive care that is person-centred, safe, effective, accessible and integrated.

Person-centred practice is a model for providing health services that focus on the provision of person-centred care. It is achieved through building effective collaborative relationships between clinicians who facilitate evidence-informed shared decision-making with patients and consumers.

Person-centred practice is a core safety and quality capability in clinical systems, communication processes, teamwork and shared decision-making. It supports health services in providing individualised and culturally safe care and being adaptive towards the people they support. It also includes supporting staff with leadership modelling, reflective practice and training to demonstrate everyday person-centred practice.

This Standard emphasises the importance of effective communication and collaboration within the multidisciplinary care team and with patients, their family and carers to tailor care to the needs of the individual and improve outcomes.

Safe Clinical Systems Standard

This Standard outlines the priority systems, policies and processes that keep people safe while receiving care or working in a health service, prevent avoidable harm and support the sustainable delivery of high-quality care.

Safe clinical systems are critical to ensuring the consistent application and use of evidence-informed practice to minimise risk of harm. This Standard includes infection prevention and control, medication safety, blood management, patient identification and digital systems.

This Standard aims to make safe care the default.

The Clinical Governance Standard establishes the requirements and conditions for high-quality care by setting the organisation's culture, systems and structures. These requirements are carried through to the Person-Centred Practice Standard and Safe Clinical Systems Standard reflecting what needs to be in place to support the workforce and health service to provide high-quality care.

Consistent, organisation-wide application of the NSQHS Standards recognises that **everyone has a role to play in delivering high-quality care.**

Structure of the NSQHS Standards (third edition)

Each of the standards contains:

- a description of the standard
- the intent of the standard
- a list of the key areas covered by the standard
- a description of the key area
- purpose statements which describe key elements of the standard

- detailed requirements setting out what should be implemented to help achieve the stated purpose.

Implementation of the NSQHS Standards

The NSQHS Standards are designed to be clear, scalable and able to be applied consistently in different health service contexts. By addressing all relevant requirements within each standard, a health service will ensure it is effectively implementing the NSQHS Standards.

Implementation and assessment of the NSQHS Standards should be proportionate to the size, scope, complexity, clinical risk profile, service model and digital maturity of the individual health service.

Assessment to the NSQHS Standards focuses on the effectiveness of systems in the health service to support high-quality care, rather than requiring uniform implementation models across all services.

Within the Standards, it is important to identify the links between different requirements, as similar implementation strategies may apply to multiple requirements. Identifying links will help reduce the duplication of effort in implementing the separate standards and ensure that safety and quality systems are integrated within the health service.

Application of the NSQHS Standards

As health system regulators, state and territory health departments and authorities determine which of the National Safety and Quality Standards apply to a health service.

Currently, all public and private hospitals and day hospitals in Australia need to be assessed against the NSQHS Standards. Accreditation may also be required as part of funding or contract arrangements. Check local arrangements to understand individual health service requirements.

Core elements underpinning the Standards

The third edition signals a shift in the structure and emphasis of the NSQHS Standards to support the delivery of high-quality care across Australia, which includes an emphasis on providing culturally safe and equitable care.

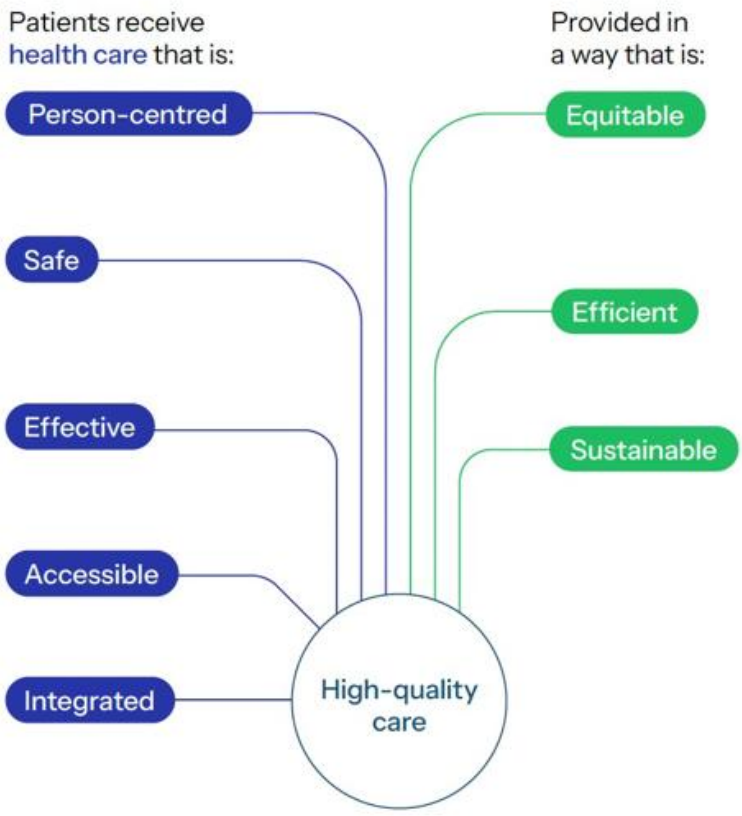
High-quality care

High-quality care is person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable.

Cultural safety, as determined by Aboriginal and Torres Strait Islander peoples, is necessary for high-quality care. Cultural safety must be embedded in each domain of high-quality care to improve health outcomes for Aboriginal and Torres Strait Islander peoples[3]. A definition of cultural safety and its role in health care is discussed in the next section.

High-quality care consists of multiple interconnected domains, as shown in **Figure 1**. Each domain focuses on an important aspect of health care needed to achieve high-quality care. Together, the domains describe how care should be delivered to achieve the best outcomes for individuals and populations.[2]

Figure 1: Domains of high-quality care



Under the National Health Reform Agreement (NHRA), all Australian governments have agreed to establish a new health system performance framework, which contemporises and replaces the Australian Health Performance Framework. This requires a broader common definition of high-quality care to provide a shared policy framework to support governments, health system leaders and regulators in strengthening safety and quality across the Australian health system.

Cultural safety

Cultural safety is determined by Aboriginal and Torres Strait Islander individuals, families, carers and communities. In health care, culturally safe practise is the ongoing critical reflection of knowledge, skills, attitudes, practising behaviours and power differentials in delivering safe, accessible and responsive health care, free of bias, discrimination and racism. Culturally safe practices for Aboriginal and Torres Strait Islander peoples include:

- acknowledging colonisation and systemic racism, and the social, cultural, behavioural and economic factors which impact individual and community health

- acknowledging and addressing individual racism, discrimination, biases, assumptions, stereotypes and prejudices and providing care that is holistic, free of bias, discrimination and racism
- recognising the importance of self-determined decision-making, partnership and collaboration in health care which is driven by the individual, family and community
- fostering a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander peoples and colleagues.[4]

The requirements for improving cultural safety and equity throughout the NSQHS Standards focus on embedding cultural safety in health care and addressing inequity at multiple levels.

In the NSQHS Standards, cultural safety is applied in relation to Aboriginal and Torres Strait Islander peoples in recognition of their status as the First Peoples of Australia and the ongoing need to address the impacts of racism and inequity in healthcare. It is important to also acknowledge the need to ensure safe, person-centred and respectful care for people from all cultural and social backgrounds, while maintaining the meaning of cultural safety in the First Nations context.

National policy context

Recent reports have demonstrated that systemic and institutional racism remains across Australian healthcare structures, policies and practices, contributing directly to inequitable access and outcomes. The development of the third edition is also within a broader national policy context, focused on improving health outcomes, system sustainability and consumer trust.

- The Priority reforms under the *National Agreement on Closing the Gap*[5] signed in July 2020, challenge all government organisations to 'embed and practice meaningful cultural safety' and 'deliver services in partnership with Aboriginal and Torres Strait Islander organisations, communities and peoples'.
- The *National Health Reform Agreement (NHRA) Addendum (2026-2031)*[6] states that the health system must recognise and embed Aboriginal and Torres Strait Islander holistic health and wellbeing, the cultural and social determinants of health and a life course approach. Schedule B: Better Outcomes for Aboriginal and Torres Strait Islander peoples reinforces that health equity is a core responsibility of the entire health system.
- The *National Aboriginal and Torres Strait Islander Health Plan 2021-2031* calls for systemic action to eliminate racism across the health system and to ensure that mainstream health services provide care that is culturally safe, as determined by Aboriginal and Torres Strait Islander peoples and communities.

The Commission's work on cultural safety

The NSQHS Standards (third edition) seeks to embed cultural safety into everyday systems and processes within health services to re-orient healthcare delivery to focus on models, practices and approaches that respect and prioritise First Nations ways of knowing, being and doing. The requirements have been informed by consultation with key Aboriginal and Torres Strait Islander stakeholders and are designed to contribute to the elimination of bias, discrimination and racism and the delivery of better health outcomes for First Nations peoples.

In parallel with the development of the third edition of the NSQHS Standards, the Commission is coordinating a First Nations-led project to analyse evidence on standards for cultural safety (including associated measures and indicators) to inform recommendations for national standards for cultural safety for hospitals. The first stage of this project is currently underway

and is focused on building the evidence and consulting with key stakeholders. The findings from this project and lessons from the co-design processes will be combined with feedback from the public consultation on NSQHS Standards, to help shape the requirements for the next draft of the third edition.

Equity

In Australia, equity is a key priority for health leaders. Equity includes:

- reducing the gap in health outcomes between Aboriginal and Torres Strait Islander peoples and other Australians
- supporting other priority populations
- tackling disparities between health services in metropolitan, regional, rural and remote areas.

Health inequities relate to differences among groups of people whether those groups are defined socially, economically, demographically, geographically or by another dimension of inequality such as age, sex, gender, ethnicity, disability or sexual orientation. Social and cultural factors can contribute to health outcomes in ways that may be complex and interrelated.[7]

A person's participation in health care can be affected by cultural and historical factors including experiences of colonisation, imbalances in power, differences in language, historical or intergenerational trauma, a lack of cultural safety, bias, discrimination and racism.[8]

Equity means that the NSQHS Standards are applied consistently in health services every day across Australia, so every patient receives the right care, every time.

Patient preferences

Person-centred care is one of the domains of high-quality care, which respects the person receiving care, their family and carers, and responds to the person's preferences, needs and values.[2]

It's an approach to the planning, provision and evaluation of health care that is founded on partnership between clinicians, patients, families and communities, where care is tailored to the needs of the person, based on their expressed beliefs, hopes and expectations.[9]

Person-centred practice has a broader lens, shifting the focus from what clinicians do to how organisations enable and sustain such behaviours through practitioner capability, care environments, and organisational culture.

It is a model for providing health services that focuses on the provision of person-centred care. It is achieved through building effective collaborative relationships between clinicians who facilitate evidence-informed shared decision-making with patients and consumers.[9]

In previous editions of the NSQHS Standards, a separate Partnering with Consumers Standard combined with the Clinical Governance Standard to establish the Clinical Governance Framework for the health service. For the third edition, the requirements and expectations for partnering with consumers have been deliberately woven throughout all the Standards. This is further strengthened by the focus on outcomes rather than compliance, ensuring that consumer participation is meaningful and can be measured or demonstrated in achieving quality outcomes.

Where the NSQHS Standards refer to patients, their family and carers, this should be interpreted in accordance with the patient's preferences, wishes and consent. The involvement of family members, carers and support people should be guided by the patient's

choices and occur only where appropriate. Health services, their clinical and non-clinical workforce respect and support patient autonomy, ensuring that decisions about the participation of family members, carers and support people are determined by the patient wherever possible.

The Rationale for Change has been developed to provide further information about the foundational elements underpinning the NSQHS Standards including:

- Strengthening clinical governance
- Cultural safety
- Supporting genuine partnership with consumers
- Digitally enabled care
- Virtual care
- Clinical research.

Clinical Governance Standard

Clinical Governance Standard

High-quality care means that patients receive care that is person-centred, safe, effective, accessible and integrated, in a way that is equitable, efficient and sustainable. Health care must be free from bias, racism and discrimination.

Intention of this Standard

The health service's board, executive and leaders are accountable for ensuring that the organisation's clinical governance system supports the delivery of high-quality care. High-quality care is the shared goal for every member of the health service workforce, whether their role involves direct patient contact or contributes indirectly to patient outcomes.

Everyone in a health service contributes to leadership, working together to achieve results that could not be achieved working alone

Key areas

Leading systems and organisational culture
Partnering with consumers
Building a healthy workforce culture
Enabling high-quality and integrated clinical practice
Managing and reducing risk
Using data for better care

Leading systems and organisational culture

The board, executive and leaders are accountable for an organisational strategy and culture. They establish, maintain and continually improve organisational systems to achieve high-quality care with better patient outcomes and experiences and an engaged, empowered workforce.

Purpose		Requirements
The board is accountable for **high-quality care**	1.01	The board governs organisational systems that: a. maintain a clinical governance framework aligned to the *National Model for Clinical Governance*[2], which is tailored to the size, scope and complexity of the services provided b. evaluate the organisation's performance against the clinical governance framework c. set the strategic direction and foster a culture that prioritises high-quality care d. identify and eliminate systemic, structural and institutional bias, racism and discrimination e. embed *the* National Agreement on Closing the Gap Priority Reforms[5] into governance systems
The board is accountable for **organisation-wide culture, systems and structures**	1.02	The board governs organisational systems to: a. build partnerships with consumers, including those with lived experience, who reflect the diverse communities it serves, and incorporate their perspectives into strategic planning, priority-setting and decision-making b. align financial, operational and business decision-making with the organisation's strategic direction for high-quality care c. support the workforce to deliver high-quality care and monitor the effectiveness of clinical governance structures and activities d. embed a learning organisation approach to service, system and practice improvement e. use data insights to support decision-making and the delivery of high-quality care
The board, executive and leaders are accountable for creating a **healthy workforce culture**	1.03	The board, executive and leaders have organisational systems to: a. enable a healthy workforce culture where members of the workforce feel safe to escalate concerns b. support the workforce to have leadership roles in establishing and maintaining the safety culture c. uphold a zero-tolerance approach to bias, discrimination and racism, ensuring concerns and reports of risks, incidents adverse events and complaints are investigated and required action is taken

The board, executive and leaders are accountable for **digitally enabled care**	1.04	The board, executive and leaders have organisational systems to: a. ensure oversight of digitally enabled care, privacy and security, health information and digital tools and technologies used for clinical support and decision-making b. ensure the responsible use and maintenance of an information security management system for health information, including compliance with security and privacy jurisdiction requirements c. detect, respond to and report on information security risks and incidents d. integrate digital tools and technologies downtime and cybersecurity planning and preparedness into governance systems e. maximise digital capabilities through the procurement, risk assessment, implementation, use, maintenance and replacement of all digital tools and technologies f. cultivate partnerships with the workforce, consumers and community in the design, implementation and governance of digitally enabled care g. uplift digital health literacy across the workforce with a focus on improving quality of care
The board, executive and leaders are accountable for **working with Aboriginal and Torres Strait Islander leaders to deliver cultural governance and systemic reform**	1.05	The board, executive and leaders work in formal partnership[5] with Aboriginal and Torres Strait Islander leaders to establish accountability for: a. embedding a robust cultural governance framework including actively recruiting and effectively supporting Aboriginal and Torres Strait Islander leadership at all governance levels b. undertaking system and business model reform to mitigate practices that limit Aboriginal and Torres Strait Islander peoples' empowerment, shared decision making, co-design, and high-quality care c. recognising Aboriginal and Torres Strait Islander peoples' ways of knowing, being and doing as valid methodologies and integrating Aboriginal and Torres Strait Islander cultural knowledges as foundational to high-quality care d. implementing evaluation mechanisms, designed and led by Aboriginal and Torres Strait Islander peoples, that demonstrate monitoring and evaluation to ensure systemic change
The board, executive and leaders are accountable for the **environmental sustainability** of health care	1.06	The board, executive and leaders address environmental sustainability and climate resilience with strategies for: a. setting priorities and targets that align with jurisdictional requirements and are developed in partnership with the workforce, consumers and the community b. evaluating the effectiveness of the implemented strategies c. acting to improve progress towards targets

The board, executive and leaders are accountable for **minimising unwarranted variation and low value care**	1.07	The board, executive and leaders work with clinicians, the broader workforce, patients and consumers to: a. identify and reduce care that provides little benefit or disproportionate harms b. minimise waste in the delivery of care c. reduce inequities in the provision of high-quality care d. investigate reported instances of unwarranted clinical variation
The board, executive and leaders are accountable for the quality of health care provided in **clinical research activities**	1.08	The board, executive and leaders have organisational systems to: a. support accountability for the quality of care provided as part of clinical research within the organisation b. integrate clinical research within the clinical governance framework to promote partnerships with consumers, ethical practice, transparency, clinical safety and effectiveness c. assure the quality of care for patients participating in clinical research d. enable clinicians to participate in clinical research, education and teaching

Partnering with consumers

Boards and executives lead systems that build a culture of person-centred care that empowers consumers as partners in governance at every level of the organisation. Organisational clinical governance structures and systems systematically engage consumers in planning, design, review and measurement to improve high-quality care and contribute to better outcomes and experiences for patients, their family and carers.

The contribution that consumer leadership, skill and expertise bring to improvement, culture, delivery and evaluation of health services is recognised and valued.

Partnering with consumers in governance systems is key to enabling patient empowerment and active participation in their own care.

Note: The requirements in this key area of the Clinical Governance Standard are key to providing person-centred practice.

Purpose		Requirements
Effective partnerships with consumers build a culture of person-centred care	1.09	The board, executive and leaders have organisational systems to partner with consumers to: a. plan, design (including co-design), measure and review systems, services and models of care to support equitable experiences and outcomes of care b. recruit, train, support and empower consumers in governance roles c. design, develop and review resources that are responsive to patients' needs, culturally safe and free from bias, discrimination and racism d. incorporate the views and experiences of consumers into training and education for the workforce e. measure and review the effectiveness of partnerships with consumers and the engagement of the health service with the community and use this information to improve care f. govern, design and implement clinical research which addresses the health care needs of the community
Patient rights underpin how health care is provided	1.10	The board, executive and leaders have organisational systems to: a. adopt and make available a charter of rights that is consistent with the *Australian Charter of Healthcare Rights*[10] to patients, their family and carers, consumers and the workforce b. educate the workforce on patient rights consistent with the *Australian Charter of Healthcare Rights*[9] and embed these rights in the organisational culture and in the provision of clinical care c. provide equitable access to health care for people with a disability and identify and action the need for reasonable adjustments

Purpose		Requirements
		d. measure patient experiences of how their healthcare rights are respected by the workforce and act to improve care e. embed open disclosure, consistent with the *Australian Open Disclosure Framework*[11], at all levels of the organisation f. monitor and improve the use and effectiveness of open disclosure
Partnerships with Aboriginal and Torres Strait Islander peoples and communities shape health care	1.11	The board, executive and leaders have organisational systems to: a. build respectful and reciprocal partnerships with Aboriginal and Torres Strait Islander peoples, organisations and community-controlled healthcare organisations b. co-design, share power and authority with Aboriginal and Torres Strait Islander peoples and community members to ensure their voices shape planning, design, delivery and evaluation of care c. use Aboriginal and Torres Strait Islander research methodologies, where appropriate, and establish and support mechanisms, developed in partnership with Aboriginal and Torres Strait Islander peoples, to enable their involvement in the planning, delivery and evaluation of clinical research, including the use of flexible and decentralised research delivery models to improve accessibility, participation and equity.
Health care is improved through **patient and consumer feedback**	1.12	The board, executive and leaders have organisational systems for healthcare delivery, including clinical research, to: a. encourage and support patients, their family and carers and consumers to speak up for safety and report when they have concerns b. embed a feedback and complaints system that is easy to access, transparent, culturally safe and free from bias, discrimination and racism c. integrate feedback, complaints and patient reported experience measures with incident management systems and the processes for clinical review and credentialing d. involve patients, their family, carers and consumers, and the workforce in the investigation and resolution of complaints and provide feedback on action taken e. analyse feedback, complaints and patient reported experience measures; use the findings to inform risk management and quality improvement activities; and provide feedback to consumers on the actions taken f. regularly review the effectiveness of the system for feedback and complaints

Building a healthy workforce culture

The workforce across all areas and teams in the organisation is supported, engaged and empowered to speak up about patient safety and quality or to raise concerns about workforce behaviours. There is a healthy workforce culture where people feel respected, valued and responsible for the care provided in their workplace.

Note: This key area applies to the entire workforce, including non-clinical staff and contractors. The next section on 'Enabling high-quality and integrated clinical practice' focuses on the additional clinical responsibilities of multidisciplinary care teams.

Purpose		Requirements
The is a culture where the **workforce is supported, engaged and empowered** to provide high-quality care	1.13	The executive and leaders have organisational systems to: a. attract, recruit and retain a diverse workforce that reflects the community served and community needs b. foster psychological safety and support the workforce to speak up about concerns and report risks, near misses, adverse events and complaints c. respond to workforce concerns transparently; use these insights to reduce risks and improve the quality of care and monitor the effectiveness of actions taken d. provide tailored education and training programs that enable all members of the workforce to support and be accountable for high-quality care e. respond to risks to patient care arising from workforce gaps or pressures f. measure and monitor workforce culture, including psychosocial safety and cultural safety, with validated surveys and use the findings to improve workforce wellbeing
The **workforce understands their responsibilities** for high-quality care	1.14	The executive and leaders have organisational systems in place to: a. educate the workforce about the health service's clinical governance framework and their shared responsibilities for providing or supporting high-quality care b. communicate responsibilities for providing or supporting high-quality care to each member of the workforce at orientation, when their roles and responsibilities change, and when planning and implementing new models of care c. enable the workforce to escalate concerns about deterioration in a patient's condition d. review and discuss performance with the workforce routinely and when there are concerns about performance or behaviour and act to improve performance

Purpose		Requirements
		e. provide practical support and training to the workforce to select and integrate digital tools and technologies into their practice and evaluate their effects
Teams are supported to be high-functioning	1.15	The executive and leaders have organisational systems to: a. build and sustain diverse and inclusive teams with a clearly defined shared purpose, roles and responsibilities b. sustain a culture that focuses teams on person-centred care c. support effective leadership, mentorship and coaching to build capabilities and enable effective communication, conflict management and teamwork d. monitor team performance and continuous improvement activities
The health service is **culturally safe for the Aboriginal and Torres Strait Islander workforce**	1.16	The executive and leaders have organisational systems in place to: a. enable the Aboriginal and Torres Strait Islander workforce to actively lead and meaningfully influence leadership decisions at all levels of the organisation b. effectively support strategies to enable the Aboriginal and Torres Strait Islander workforce's wellbeing c. eliminate bias, discrimination and racism in workforce recruitment and training programs, including in orientation, supervision and performance review

Enabling high-quality and integrated clinical practice

Clinicians are appropriately skilled, capable and supported to deliver high-quality care, and participate in the organisation's clinical governance systems. The organisation has robust systems to embed evidence-informed practice into clinical practice and models of care and to assess and review clinical performance and patient outcomes across the continuum of care.

Purpose		Requirements
Clinicians are supported, trained and developed to perform at their full capability to provide high-quality care	1.17	The executive and leaders have organisational systems to: a. orient clinicians, including agency staff, locums and staff rotating from other sites to new workplaces b. tailor education and training programs to enable clinicians to provide, supervise and be accountable for high-quality care c. provide clinicians in training with supervision from qualified and experienced clinicians with the capacity to supervise d. provide clinicians with access to escalation pathways for senior clinician support and after-hours advice e. provide team-based training to develop and sustain high-functioning multidisciplinary care teams f. align the skills, capability and experience of clinicians with patients' care requirements g. conduct regular performance reviews and monitor and manage clinicians' professional performance and fulfilment of professional development requirements, including participation in morbidity and mortality review meetings and other clinical review processes h. support clinicians to improve models of care by integrating digital tools and technologies with clear criteria for use, defined workflows and routine evaluation of clinical effectiveness, safety, equity and workforce impact
Clinicians actively contribute to clinical governance activities	1.18	The executive and leaders have organisational systems to: a. involve clinicians from different clinical groups in clinical governance roles b. report to the board on clinical perspectives of the quality of care c. support clinicians to implement and evaluate new interventional procedures and clinical practice innovations, including those supported by digital tools and technologies d. support clinical leaders to use endorsed evidence-informed criteria to identify events and complex cases that trigger a multidisciplinary review of clinical decision-making and care provided

Purpose		Requirements
Clinicians are supported to undertake **quality improvement activities**	1.19	The executive and leaders have organisational systems to: a. assist clinicians and multidisciplinary care teams to conduct quality improvement activities b. engage all members of multidisciplinary care teams in quality improvement activities c. consider evidence of engagement in quality improvement activities as part of credentialing and recredentialing requirements
Systems for **credentialling and defining scope of practice** protect patient safety	1.20	The executive and leaders have fair and transparent systems for credentialing and defining scope of practice to: a. verify whether clinicians have the qualifications, expertise and professional standing to fulfil the performance requirements of their role and facility-specific scope of practice b. monitor and manage clinicians' adherence to their facility-specific scope of practice c. review credentials and facility-specific scope of practice regularly, when new services, procedures or technologies are introduced and when there are concerns about clinical performance or workplace behaviours d. use information from performance reviews when reviewing credentials and facility-specific scope of practice e. monitor and improve the effectiveness of the credentialing process
Clinicians use **evidence-informed guidance and resources** to support clinical judgement and provide high-quality care	1.21	The executive and leaders have organisational systems to: a. provide clinicians with access to Clinical Care Standards, evidence-informed guidelines, care pathways and decision support tools b. support clinicians to use the evidence-informed tools to provide high-quality care and in shared decision making with patients c. provide clinicians with timely, tailored information about the quality and outcomes of care their multidisciplinary care team provides d. support clinicians to participate in clinical and peer review, clinical research and quality improvement activities
Clinical Care Standards are effectively used for quality improvement	1.22	The executive and leaders have organisational systems to: a. assess the relevance of Clinical Care Standards according to local service quality improvement priorities, clinical risks and data insights on clinical variation b. implement Clinical Care Standards that are relevant to service quality improvement needs and address organisational clinical risks, unwarranted variation, or other data insights indicating a need for quality improvement, or are required for implementation by a relevant authority

Purpose		Requirements
		c. collect, monitor and act on indicator data for relevant Clinical Care Standards
Health care is coordinated and connected across the health service and with other providers and settings	1.23	The executive and leaders have organisational systems to: a. collaborate with consumers and clinicians to design and improve integrated models of care within the health service and across the continuum of care, including with care providers in other settings b. coordinate patient care across providers and settings, including sharing information at transitions of care

Managing and reducing risk

The organisation has a systematic, transparent and strategic approach to risk that safeguards high-quality care and informs planning and resource allocation across all parts of the organisation.

Information from a variety of sources is used to prioritise risks to patient safety and quality of care, as well as risks to workforce culture and safety. The effectiveness of actions taken to reduce risk is monitored and reported.

Purpose		Requirements
There is a **strategic and systematic approach to manage risks** across the organisation	1.24	The board, executive and leaders have organisational systems to: a. align the risk management strategy with priorities for high-quality care and address key factors and emerging risks that may impact its delivery b. provide robust oversight, identification and management of quality of care risks across all clinical, business and research functions, including digital tools and technologies c. combine information from incidents, risk reports, feedback, complaints and other data sources to inform risk assessments, mitigate risks, monitor trends and guide improvement activities d. use governance structures to enable effective and transparent communication and reporting on risk and risk management across the organisation e. regularly assess the effectiveness of risk identification and management including review of priority areas of risk f. provide workforce education and training programs that identify, assess and manage risks g. use information from the risk management system to improve patient care, workflows, service design and policy
Effective risk management supports high-quality care	1.25	The board, executive and leaders have organisational systems to: a. identify populations at risk of poorer health outcomes and act to improve care to those populations b. identify and manage high-risk activities and common causes of harm c. recognise, monitor and report bias, discrimination and racism as a clinical and organisational risk and act to improve anti-racist practices and cultural safety.
The **incident management system** draws together findings from across the organisation to develop effective responses	1.26	The executive and leaders have organisational systems to: a. maintain an incident management system with clear clinical governance roles and responsibilities b. transparently and promptly investigate and report all incidents, contributing factors and patient safety system failures, including those related to digitally enabled care and the use of digital tools and technologies

Purpose		Requirements
		c. use data to identify trends, recurring themes and systemic risks and act to make improvements and monitor effectiveness d. engage patients, their family and carers, consumers and the workforce to review incidents, actions taken to reduce harm and contribute to safety system improvements e. regularly review and improve the effectiveness of the incident management system
Health care provision is resilient and sustained during **service disruptions and emergencies**	1.27	The executive and leaders have organisational systems to: a. oversee, review and improve emergency preparedness and response frameworks for maintaining healthcare delivery and services during disruptions, internal and external emergencies and disasters b. incorporate climate-related risks, supply chain disruptions, digital downtime, utility outages, cyberattacks, outbreaks and pandemics into emergency preparedness and business continuity planning

Using data for better care

The board, executive, leaders, clinicians and managers have the information to determine whether they are providing high-quality care to patients and whether improvement efforts are effective.

Data are governed, analysed and used in a safe, accurate, timely and ethical way to strengthen decision-making, drive improvement and support high-quality care.

Purpose		Requirements
Data governance supports a learning organisation to use data appropriately	1.28	The board, executive and leaders have organisational systems to: a. systematically collect, analyse, communicate and report on clinical quality and risk data to improve care b. maintain data governance systems to collect, use, store, share and retain data and de-identify data when shared or linked c. ensure data are accurate, consistent, fit for purpose and communicated to those people who need to use it d. protect data from unauthorised access e. ensure governance and oversight of health data that is collected and used for clinical research purposes
The right data are collected and used to assess and improve healthcare quality	1.29	The board, executive and leaders have organisational systems to review and use clinical quality and risk data that: a. recognise Aboriginal and Torres Strait Islander peoples and communities' right to own and govern the creation, collection, access, analysis, interpretation, management, dissemination and reuse of Aboriginal and Torres Strait Islander data b. collaborate with Aboriginal and Torres Strait Islander peoples and communities to interpret, respond to and act on data in culturally appropriate and safe ways c. engage with consumers in analysing and reviewing data to improve care d. provide clinicians with concise and timely information about the quality of care they provide, including feedback, complaints, patient experience and outcomes, so that care can be improved e. guide resource allocation to improve care f. assess the extent to which the health service is delivering all dimensions of high-quality care g. support clinicians to review and improve their performance, the multidisciplinary care team's performance, models of care and patient outcomes h. identify and manage key risks and inform organisational decision-making i. continuously assess, monitor and improve data quality

Purpose		Requirements
Digital systems are optimised to improve continuity of care and integration	1.30	The executive and leaders have organisational digital data systems that: a. use national clinical terminologies and specifications b. use interoperable data formats for seamless information extraction and exchange c. monitor system performance to optimise the accuracy, completeness and quality of the data d. support continuity of care and informed decision-making
Data are analysed, monitored and reported to improve health care	1.31	The executive and leaders have organisational systems to use data from multiple sources to: a. identify, investigate and reduce unwarranted clinical variation b. measure whether care is evidence-informed and high-quality c. measure performance at all levels of the health service d. assess how effectively patient care is integrated within the health service and across providers and settings e. compare and report on performance with target ranges, peer organisations, state or territory and national benchmarks and trends over time f. identify opportunities to drive service and practice improvement and innovation
Clinical quality registries support safety and quality improvements	1.32	The executive and leaders have organisational systems that: a. contribute complete and accurate clinical data of all eligible patients to relevant clinical quality registries b. support clinicians to contribute clinical data to clinical quality registries c. use reports from clinical quality registries and administrative, clinical and performance data insights to benchmark, identify priorities, guide quality improvement activities and provide feedback to the board, consumers, workforce and community

Person-Centred Practice Standard

Person-Centred Practice Standard

Person-centred practice is how care is delivered to build trusting relationships between the health care workforce, the person receiving care and those who matter to the person receiving care.

Person-centred practice ensures care is respectful, responsive and tailored to what matters to each person. It is supported by shared understanding and open communication, so people have clear information about their care, what to expect and the options available. This enables people to participate in decisions and achieve the best possible outcomes.

Intention of this Standard

A supportive healthcare setting enables person-centred practice by promoting teamwork, open communication and shared decision making. The relationship between the health service workforce and the care setting shape everyday practice and influences how safe people feel to participate in their care.

Key areas

Partnering with patients in their healthcare
Caring for the whole person
Care environment
Effective communication and teamwork
Recognising and responding to acute deterioration
Coordinated and connected care
Communicating about clinical research

Partnering with patients in their healthcare

Partnering with patients in their healthcare involves building respectful, trusting relationships and actively involving people in decisions about their care. This includes supporting understanding and choice, recognising lived experience, responding to what matters to the person throughout the health care journey and discussing appropriate care options to support informed choice.

Purpose		Requirements
Patients are understood and able to have trust in their care	2.01	Clinicians: a. use the *Australian Charter of Health Care Rights*[10] to guide therapeutic relationships b. communicate with patients, their family and carers in a manner that upholds a person's dignity and is culturally safe and free from bias, racism and discrimination c. use validated techniques to confirm that relevant information has been effectively communicated, understood and likely to be recalled by patients, their family and carers d. use authorised interpreters, translated materials, communication tools and culturally appropriate communication methods in line with the needs of the patient e. implement reasonable adjustments to ensure equitable care
Patients understand their condition, treatment or intervention options and their potential benefits, risks and consequences for them	2.02	Clinicians: a. are trained by the health service in person-centred care, shared decision making and consent b. comply with their legal obligations and recognise that consent is an ongoing process that is revisited or reconfirmed at key points in care delivery or when clinical changes occur c. use informed consent principles to guide their practice consistent with all relevant jurisdictional requirements and evidence-informed guidance d. tailor communication to the patient and provide information about the patient's condition, care options and what to expect e. use supports, reasonable adjustments and culturally responsive approaches where needed to enable participation in care decision-making f. inform patients of the right to decline or defer care or consider a second opinion g. support a patient's right to include their family and carers in decision-making h. ensure a suitably qualified clinician assesses a patient's capacity, supports patients to participate in decision-making and only uses substitute decision-makers where the patient is unable to make decisions despite these supports

Purpose		Requirements
Patients make **informed decisions** about their care	2.03	Clinicians: a. engage patients throughout the episode of care in establishing what matters to the patient in decisions about their care and documenting what matters in the healthcare record b. ensure patients have access to appropriate health information and decision support tools before discussions about investigations, interventions, treatment and care decisions c. document the agreed decisions and relevant information about investigations, interventions, treatments and care in the healthcare record d. involve the patient's family and carers in discussions about the patient's care, investigations, treatments and care decisions

Caring for the whole person

Caring for the whole person involves understanding and addressing an individual's physical, cognitive, psychological, cultural and social needs that influence their health outcomes.

Person-centred practice is informed by ongoing clinical assessment and judgement to ensure care remains appropriate, responsive and aligned with the person's changing needs and preferences.

Purpose		Requirements
Clinical assessment and evidence informed decision-making underpin the planning and coordination of care across the multidisciplinary care team	2.04	The multidisciplinary care team: a. uses clinical information and assessment, evidence-informed guidance and decision support tools to inform clinical decisions b. considers the patient's cultural identity, personal circumstances and social context, including the social determinants of health relevant to the care setting when planning and coordinating care c. identifies and responds to risks of domestic and family violence, supporting safe disclosure, safeguarding patients, and appropriate care and referral d. uses relevant structured clinical assessment processes tailored to the patient's needs, care goals and preferences, including when there are changes in the patient's condition, risk and care setting e. uses clinical assessments, including relevant input from patients, their family and carers, to: i. identify patient clinical needs and functional ability ii. inform clinical reasoning and diagnosis iii. identify treatments and therapy appropriate to the patient's condition, preferences and care setting iv. identify opportunities for interventions that optimise the patient's condition and functional ability before treatment or as care needs change v. identify and address patient-specific risks that may affect their safety, clinical outcomes or functional ability during care
The **plan for care** is developed, documented, reviewed and used to guide and coordinate ongoing care	2.05	The multidisciplinary care team: a. documents the plan for care and clinical decisions in the healthcare record including: i. clinical assessment findings, provisional and confirmed diagnoses ii. care goals, patient healthcare needs, treatments and therapies

Purpose		Requirements
		iii. critical information, medication and allergy alerts, risks and participation in clinical research iv. time frames and the actions required by clinicians, the patient, their family and carers v. plans for discharge b. assesses and updates the plan for care when there are changes in diagnosis, the patient's condition or setting and incorporate input from the patient, their family and carers where appropriate c. contemporaneously documents changes to the plan for care and the rationale for these changes in the healthcare record d. monitors the patient's condition and response to care to evaluate the effectiveness of the plan for care and acts on opportunities to improve outcomes and reduce harm
Care is delivered safely	2.06	The multidisciplinary care team: a. uses evidence-informed interventions to identify and mitigate patient risks on admission and whenever the patient's condition changes b. uses clinical unit or service-level data insights, including hospital-acquired complications, incidents, near misses, adverse events, complaints, feedback, variation in practice and other relevant data insights to improve outcomes c. communicates information about investigations, treatments and care options, including associated risks and benefits and any involvement in clinical research to support informed decision-making
Advance care planning is considered when appropriate	2.07	The multidisciplinary care team use the health service's policy and processes to initiate, consider or escalate and provide advance care planning when: a. clinically appropriate b. requested by a patient c. a patient has repeated unplanned presentations within a 12-month period
End-of-life care is compassionate and coordinated	2.08	Clinicians: a. provide evidence-informed practice, coordinated care at the end-of-life in accordance with the *National Consensus Statement on end-of-life care*[12] b. reevaluate a patient's care preferences at each admission or when a patient's condition changes or deteriorates c. use clinical unit data insights to improve end-of-life care, including when appropriate, at clinical review, morbidity and mortality meetings

Care environment

Care environments influence how people experience care. Respectful, inclusive and psychologically safe environments support dignity, wellbeing and effective interactions between patients, carers and the workforce.

Everyday behaviours and responses within care settings affect how concerns are raised, behaviours of concern are managed and how safety and effective care is delivered.

Purpose		Requirements
The workplace and care environments are respectful and psychologically safe	2.09	The clinical and non-clinical workforce: a. demonstrate respectful behaviours in day-to-day interactions with all people to support high-quality care and a positive and inclusive workplace culture b. promote a workplace environment where it is safe to ask questions, express concerns and speak up about care and safety issues and concerns c. respond to concerns in a timely and respectful manner
Practice is **inclusive and culturally respectful**	2.10	The clinical and non-clinical workforce: a. work in partnership with Aboriginal and Torres Strait Islander peoples to support culturally safe care and environments b. demonstrate culturally respectful behaviours in everyday care c. avoid assumptions, bias, discrimination and racism in all interactions
Risk of behaviours of concern are minimised and managed	2.11	The health service: a. builds workforce capability through training in evidence-informed practice strategies to prevent, recognise and manage behaviours of concern, including working with patients, their family and carers where appropriate b. identifies clinical specialty areas, operational settings and patient cohorts associated with a high risk of behaviours of concern to inform prevention, mitigation and response strategies c. provides access to appropriate care environments and evidence-informed practice interventions to prevent and support the safe management of behaviours of concern, including reducing environmental stimuli where possible and clinically appropriate d. monitors, reviews and reduces the use of chemical and physical restraint, ensuring it is used only when clinically justified, that less restrictive alternatives are considered, and that use is recorded and reported to the board e. supports workforce safety and wellbeing, including managing risks to staff when responding to behaviours of concern f. reviews and learns from behaviours of concern and related incidents, using data insights, feedback and analysis to

Purpose		Requirements
		identify contributing factors and implement improvements to reduce recurrence
Behaviours of concern are managed safely and effectively	2.12	The clinical and non-clinical workforce contribute to the safe and effective management of behaviours of concern by working in partnership with each other and with patients at risk, their family and carers to identify triggers and develop preferred de-escalation approaches

Effective communication and teamwork

Effective communication and teamwork underpin coordinated and safe care. Clear roles, shared understanding and the exchange of information support continuity of care and responsive decision-making.

Communication occurs between clinicians, with patients, their family and carers, and across the broader care and non-clinical teams and adapts as care needs change.

Purpose		Requirements
Effective communication supports person-centred care	2.13	The health service has organisational systems to: a. develop and sustain the communication capability of the workforce including in digital and virtual care delivery, through training, credentialing and ongoing professional development b. monitor and evaluate the effectiveness of communication practices and use findings to drive continuous improvement c. use digital and assistive communication technologies that are clinically appropriate and supported by training d. support communication and information sharing with patients, their family and carers, and across the clinical and non-clinical teams and other providers to enable coordinated care e. identify and respond to communication needs and preferences of patients across the episode of care, including accessibility needs, and provide communication resources and adapted methods to support shared decision making
Multidisciplinary care teams support coordinated and high-quality care	2.14	The multidisciplinary care team and non-clinical workforce working together as a team: a. foster trust and mutual respect within the team through recognising and valuing each member's contributions b. demonstrate behaviours that support a patient safety culture, including asking questions, escalating concerns and seeking assistance c. develop and maintain clinical and communication processes that support coordinated care d. understand team members' roles and responsibilities, including which clinician is responsible for coordinating care and overall clinical management e. communicate their role in care and responsibilities to the patient, their family and carers and all members of the team f. continuously review and improve their performance

Purpose		Requirements
Critical information about a patient is promptly communicated and effectively acted on	2.15	Clinicians understand and use the health service's processes for responding to critical information, including processes to: a. ensure prompt recognition, timely communication and management of critical information b. ensure prompt notification, using an escalation procedure, of the critical information to the patient and the clinician responsible for overall care c. ensure critical results are communicated, received, acknowledged and acted on d. document the escalation of the critical information and steps taken to ensure communication of the critical information

Recognising and responding to acute deterioration

Changes in a person's physical, cognitive or mental state require early recognition and timely response.

Person-centred practice includes clinical assessment, attention to concerns raised by patients, their family and carers, and appropriate escalation to prevent harm and deterioration.

Purpose		Requirements
Clinicians **respond appropriately to concerns raised** by patients, their family and carers	2.16	Clinicians: a. ensure that patients, their family and carers are informed and supported to escalate concerns about care and deterioration or changes in the patient's condition b. follow organisational systems to routinely ask patients, their family and carers to share key information and observations, including changes in condition or concerns, to support early recognition of deterioration c. ensure that concerns raised by patients, their family or carers are taken seriously, promptly and thoroughly investigated, clinically assessed, acted upon and documented as per the local escalation policy and process d. promote early recognition of physical, cognitive and mental health deterioration, and ensure appropriate monitoring, escalation and response using documented processes
Patient safety is supported by recognition and timely, appropriate **escalation of care**	2.17	The multidisciplinary care team: a. is trained in recognising the early signs of physical and cognitive deterioration, in line with health service policies and procedures b. implements vital sign monitoring plans that are tailored to the care setting and adapted to the patient's condition c. uses and maintains documented monitoring and escalation pathways, protocols and agreed parameters for escalating care, and ensures these are embedded into clinical workflows and systems d. provides a timely clinical response to deterioration by clinicians with the skills required to manage the patient's condition, including rapid referral to services that can definitively manage acute deterioration e. implements systematic review and continuous improvement of processes for identifying, documenting and managing clinical deterioration

Purpose		Requirements
Early recognition of **deterioration in a patient's mental state** is escalated in a timely and appropriate manner	2.18	The multidisciplinary care team: a. recognises, assesses and manages acute deterioration in a patient's mental state, including reported changes in behaviour, cognitive function, perception, physical function or emotional state, in the context of the patient's usual baseline b. monitors patients identified as being at risk of acute mental state deterioration c. includes the patient's known early mental health deterioration warning signs in the patient's individualised monitoring plan d. safely and effectively responds to patients experiencing suicidal distress or thoughts of self-harm, including those who have self-harmed while in hospital, and supports appropriate follow-up care e. documents and communicates observed or reported changes in a patient's mental state to other members of the multidisciplinary care team f. identifies and reduces the risk of harm from unmet needs or care fragmentation, including during transitions of care and at discharge

Coordinated and connected care

Coordinated and connected care relies on clear communication of all relevant information during the transfer of responsibility between care providers. Structured clinical handover supports safe transitions of care by promoting a shared understanding of each patient's needs when moving between care settings or upon discharge from the health service. This approach ensures effective coordination, enhances patient safety and health care outcomes, and builds capability across care settings.

Purpose		Requirements
Patients receive **coordinated care**	2.19	Clinicians: a. implement and maintain strategies that support coordinated and connected care across the care continuum in partnership with patients, their family and carers b. use systems and tools to support timely and effective sharing of information, including shared plans for care, between patients, their family and carers, clinicians, teams and health services c. clearly define roles, responsibilities and points of contact for ongoing care, including explicit identification of who is accountable following discharge or transfer, particularly where care is shared across clinicians, teams, health services or organisations d. monitor and review risks and outcomes associated with care coordination and transitions of care, including readmissions, delayed discharges, incidents and patient feedback, and use this information to facilitate continuous improvement
Continuity of care is supported through structured and effective **clinical handover**	2.20	The multidisciplinary care team: a. use evidence-informed practice guidance to define the information required for clinical handover b. use structured handover tools to improve continuity and quality of care c. embed consistent, coordinated communication in its routine workflows and digital systems d. regularly review and improve clinical handover processes using feedback from clinicians, patients, their family and carers and data insights from complaints e. actively involves the patient, their family and carers during clinical handover, including asking questions or raising concerns

Risks associated with **transitions across services and care settings** are reduced	2.21	The health service identifies and manages risks associated with transitions of care across services, settings and levels of clinical support, including: a. transfers within an episode of care b. where there may be a mismatch between the patient's care needs and the level of clinical support, capability or resources available c. outside of routine operating hours and where access to clinical support or resources may be reduced d. where the patient is receiving care from multiple specialty teams or services e. with clinical research, where roles, responsibilities or care arrangements change
Information exchanged at transitions of care is accurate, complete, timely and useful	2.22	The multidisciplinary care team ensures that information exchanged at transitions of care, including discharge: a. is accurate, complete and transferred in a timely manner, with clear identification of the patient and relevant healthcare provider b. supports continuity of care across services and settings c. provides patients, their family and carers with clear information about what to expect following discharge, what to look for, and what actions to take, including if their condition changes or does not progress as anticipated d. includes supporting information about a patient's cultural identity, obligations and practices and any relevant communication, accessibility or support needs e. is transmitted using information-sharing systems and processes, including National Digital Health Infrastructure (such as My Health Record)

Communicating about clinical research

Clinical research teams ensure that patients are appropriately informed, supported and protected when participating in clinical research. They provide access to suitable research options, deliver clear health information and decision support to patients before seeking informed consent. This process safeguards patient autonomy and ensures patients make informed decisions about their care.

Note: This requirement is only applicable if the health service participates in clinical research

Purpose		Requirements
Participation in clinical research is informed and transparent	2.23	The clinical research teams: a. offer patients access to approved clinical research healthcare options b. provide patients, their family and carers with access to health information and decision support before discussing research, investigations, interventions and treatment options c. obtain informed consent for participation in clinical research d. in accordance with ethical, regulatory and organisation requirements document in the patient's healthcare record: i. the decision-making process for investigations, interventions, treatments and care decisions, next steps and review points ii. discussions of potential risks, benefits and alternatives to clinical research iii. the patient's informed consent to participate in clinical research and their reasoning

Safe Clinical Systems Standard

Safe Clinical Systems Standard

Health services implement and improve clinical safety systems and processes to maximise the quality of care.

Intention of this Standard

Priority systems, policies and processes keep people safe while receiving care or working in a health service, prevent avoidable harm and support the sustainable delivery of high-quality care.

Key areas

Safe environments
Patient identification
Health care record systems
Infection prevention and control
Medicines safety and quality
Medical devices
Blood management

Note: In Australia, health services vary considerably in size, organisational structure and the scope and complexity of care they provide. Health services reflect the diverse communities they serve. The clinical and the non-clinical workforce work as a team in a systematic way to provide health care to patients.

Health services provide care so that safety and quality are not dependent on individuals, but are built into every system, process and environment ensuring every patient receives the right care, every time.

Safe environments

Care environments are safe and therapeutic through purposeful design and diligent maintenance of infrastructure.

Purpose		Requirement
Care environments are safe, culturally welcoming and therapeutic	3.01	The health service maximises the provision of high-quality care: a. through designing the environment in consultation with patients, consumers, communities, clinicians and relevant experts b. by testing and maintaining buildings, transport, plant, equipment, utilities, services for water, electricity and gases, devices and other infrastructure to ensure they are maintained fit for purpose and safe for use c. by formally partnering with local Aboriginal and Torres Strait Islander peoples and communities to co-design, implement and evaluate welcoming and culturally safe environments

Patient identification

Patients consistently receive the intended care through provision of accurate, reliable and patient-involved identification and procedure matching.

Purpose		Requirements
Robust **patient identification processes** ensure the right patient receives the intended care	3.02	The health service ensures unambiguous, safe and traceable patient identification and procedure matching by: a. defining and using at least three approved patient identifiers in accordance with best-practice guidance, documenting the process for patient-intervention matching and communicating this to the workforce b. requiring the workforce to use at least three approved patient identifiers: i. on registration and admission, on any shared information and at transfer of care ii. in health care records, care transfer documents and reports iii. before commencing any care, including specimen collection, administering medications, conducting procedures or interventions, undertaking clinical handover, or providing patient advice or education iv. while transferring or sharing sensitive or clinical research information c. taking prompt corrective action when a patient identification and matching discrepancy is identified d. introducing digital technologies to improve patient matching, including barcoding to match patients to specimens and medication
Aboriginal and Torres Strait islander patients are respectfully identified and connected to culturally appropriate care	3.03	The workforce: a. understands the importance of appropriately identifying Aboriginal and Torres Strait Islander patients and their related care needs b. applies culturally safe practices when identifying Aboriginal and Torres Strait Islander patients by: i. routinely asking all patients using a standard identification question ii. asking the question in a respectful, non-judgmental way iii. explaining in a respectful, culturally appropriate, non-judgemental manner, and when asked, the purpose of the question iv. ensuring privacy when asking the question v. respecting that some patients may not wish to answer the question c. uses the patient's identification as an Aboriginal and Torres Strait Islander person to trigger culturally safe and appropriate

Purpose	Requirements
	models of care, to inform clinical decision-making and to support improved patient experiences, care and outcomes

Health care record systems

Patient care episodes are accurately documented, informed by and integrated into their health care record, which is accessible and connected through interoperable systems.

Purpose		Requirements
Accurate, integrated patient information is available to reduce risk and improve continuity of care	3.04	The health service has healthcare record systems that: a. use national healthcare identifiers that are verified against the *National Healthcare Identifiers Service* b. are interoperable with: i. National Digital Health Infrastructure (such as My Health Record) to support access, sharing and exchange of health information in accordance with national legislative and policy requirements ii. diagnostic testing reporting systems iii. Point of Care Testing devices to capture findings c. are able to share and exchange information in alignment with national requirements, specifications and infrastructure d. have alert systems that minimise alert fatigue, support decision-making and highlight patient risks to the clinical and non-clinical workforce e. are accessible to clinicians at the point of care f. contain accurate, integrated, comprehensive and up-to-date patient care information that can be used by the workforce to provide high-quality care, support continuity of care and improve patient experiences and outcomes

Infection prevention and control

Safe, high-quality care is supported and maintained by reducing infection risks through evidence-informed practice precautions, surveillance, workforce protection and providing a clean, well-managed environment.

Purpose		Requirements
Infection risks are effectively identified, managed and reported	3.05	The health service: a. has multidisciplinary care teams to identify and manage risks associated with infections using the hierarchy of controls in conjunction with infection prevention and control systems b. applies standard and transmission-based precautions in accordance with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[13] c. complies with relevant profession-specific infection prevention and control guidance, jurisdictional legislation, requirements and policies, including work health and safety legislation d. assesses the workforce's competency in applying standard and transmission-based precautions and provides training and training updates e. measures and improves ongoing compliance with standard and transmission-based precautions components, including hand hygiene, and reports the results and recommendations to the clinical and non-clinical workforce, board, executive, leaders and community f. has outbreak detection processes, response systems and governance mechanisms, including linkage with public health and staff health units
Infections are prevented through **evidence-informed use of invasive medical device**	3.06	The health service demonstrates processes for the use and management of invasive medical devices in accordance with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[13], Therapeutic Goods Administration (TGA) regulations and manufacturers' instructions for use

Purpose		Requirements
Infection prevention and control is improved through **surveillance, benchmarking and targeted improvements**	3.07	The health service: a. collects and analyses data on healthcare-associated infections, infection prevention and control practices including hand hygiene, antimicrobial resistance and the appropriateness of antimicrobial use b. benchmarks its performance and reports the results and recommendations to the workforce, board, executive, leaders and community c. uses surveillance, feedback mechanisms and benchmarking data to identify gaps, implement and evaluate quality improvement activities d. uses surveillance systems with validated processes to collect data and standardised case definitions, where available
Workforce infection transmission is prevented and managed	3.08	The health service: a. aligns its processes with state or territory work, health and safety regulations, *Safe Work Australia Model Code of Practice: Managing the risks of biological hazards at work*[14] and the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*[13], including workforce screening and exclusion periods b. provides respiratory protection programs, has exposure management systems and monitors workforce transmission risks c. provides a workforce immunisation program in accordance with jurisdictional requirements for vaccine preventable diseases and the *Australian Immunisation Handbook*[15] d. supports non-attendance or remote attendance of the workforce when there is a suspected or known infection in the workforce, and implements additional controls to minimise transmission when absence is not possible
A **safe and hygienic environment** is maintained for the delivery of care	3.09	The health service: a. identifies, evaluates and addresses infection risks associated with new and existing equipment, medical devices, products and the physical environment b. cleans, maintains, repairs and upgrades buildings, transport, infrastructure, utilities, fittings, equipment, medical devices and furnishings to provide safe, appropriate and sustainable infection prevention and control

Medicines safety and quality

Safe, high-quality medication management across prescribing, dispensing and administration is delivered by maintaining accurate histories, managing allergies and reactions, reviewing medicines, communicating clearly, managing medicines sustainably and building collaborative stewardship to guide safe practice.

Purpose		Requirements
Accurate and safe **medication management** is provided throughout care	3.10	Clinicians use a structured approach to: a. take and document the Best Possible Medication History (BPMH) on a patient's presentation, or as early as possible when it is not practical at presentation b. verify and use the BPMH to reconcile the patient's medicines against their medication management plan c. review and update the reconciled medicines throughout the patient's care d. communicate medicine changes to the patient, their family and carers, all relevant clinicians, including primary care teams when there is a transition of care
Harm is minimised through effective documentation, assessment, management and reporting of **adverse medicine events**	3.11	Clinicians: a. identify and manage medicine allergies and adverse events b. assess the accuracy and clinical relevance of reported allergies and adverse events c. document: i. known medicine allergies and adverse events on presentation, in accordance with BPMH requirements ii. new or suspected medicine allergies and adverse events during the patient's care and communicate these to the patient, their family and carers, all relevant clinicians including primary care teams d. report new or suspected medicine allergies and adverse reactions to the incident management system and the TGA
Medicines are optimised through ongoing reviews across the care continuum	3.12	Clinicians: a. review a patient's medicines throughout their care and at transitions of care b. perform and document patient medication reviews using a structured approach that: i. accords with evidence-informed practice ii. informs the appropriateness of initiating, continuing, modifying or deprescribing a patient's medicines based on their care needs

Purpose		Requirements
Medicines information is communicated clearly and accurately	3.13	Clinicians: a. provide patients with information about their individual medicine needs, risks and benefits b. routinely generate and update a patient's medicines list c. document why the patient's medication regimen has changed and inform the patient, their family and carers and all relevant clinicians including primary care teams of the change d. provide an updated medicines list and relevant information to the patient, their family and carers at discharge, in a form they understand and transmit the medicines list to the primary care teams at transitions of care
Medicines are safely procured, stored, distributed and disposed of	3.14	The workforce adheres to the manufacturers' directions of use, legislative and jurisdictional requirements and evidence-informed practice guidance for the: a. safe and secure storage and distribution of medicines b. sustainable medicines procurement and usage practices c. disposal of unused, unwanted or expired medicines to reduce environmental impact
Safe and consistent use of medicines, including antimicrobials, is supported through **effective stewardship**	3.15	The workforce demonstrates quality use of medicines practices that: a. identify medicines that pose a high risk to patients b. engage and inform the multidisciplinary care team on prescribing, dispensing and administering of medicines c. align with evidence-informed practice guidance d. apply surveillance methods to measure high-risk medicines use and reports the results to the workforce, board, executive, leaders e. analyse and act on the results of the high-risk medicines use to demonstrate and promote quality improvement

Medical devices

Medical devices are safely selected, used, maintained and monitored throughout their lifecycle in alignment with regulatory and manufacturer requirements.

Purpose		Requirements
Safe, compliant and reliable medical devices are provided	3.16	The health service has organisational systems that: a. ensure applicable medical devices and software comply with regulations and are on the Australian Register of Therapeutic Goods b. ensure the selection of medical devices for use in the health service is based on evidence of effectiveness and free from commercial influence c. ensure new medical devices go through a defined selection process, acceptance testing and commissioning to assess that the devices meet the manufacturer's stated specifications and requirements for patient care d. evaluate the implementation and performance of new medical devices and take appropriate action to address any issues identified
Medical devices are used as intended	3.17	The health service has organisational systems that ensure: a. medical devices are used for their intended purpose in accordance with the manufacturer's instructions of use and communicate this to the workforce b. investigational or unapproved medical devices are used for their intended purpose in accordance with the clinical research protocol and product information sheet and communicate this to the clinicians and non-clinical workforce c. regular quality assurance of medical devices so the devices perform optimally during use d. medical devices undergo planned maintenance and repairs according to the manufacturer's instructions of use and have their performance tested after maintenance and repair e. investigational or unapproved medical devices are serviced, certified and updated in accordance with the clinical research protocol and product information sheet f. active management of aging, obsolete and sub-optimally performing medical devices

Purpose		Requirements
Device traceability improves patient safety, recall effectiveness and quality improvement	3.18	Where a medical device has Unique Device Identification, the health service has organisational systems that are in alignment with regulation to: a. capture the receipt of the medical device and its location in the health service b. capture the medical device's use on or implantation into a patient and record the unique device identifier into the healthcare record c. include the unique device identifier in recording medical device adverse events in the incident management system and report the event to the TGA d. respond to safety alerts and recalls, use the information collected for post market surveillance and quality improvement, and where applicable, for clinical registries
Reusable medical devices are safely reprocessed and are traceable	3.19	The health service demonstrates processes: a. for reprocessing of reusable medical devices that: i. align with national and international standards ii. comply with manufacturers' instructions of use b. that identify and trace the patient, their procedure and the critical and semi-critical medical devices used
Point of Care Testing devices are safe and used appropriately to support patient care	3.20	Health services using approved, investigational or unapproved Point of Care Testing devices adhere to evidence-informed guidance to operate, maintain and dispatch the devices
Medical device incidents are reported	3.21	The health service reports near missed and adverse events for: a. approved medical devices into the incident management system, to the manufacturer and the TGA b. investigational or unapproved medical devices, in accordance with regulation, into the incident management system and to relevant agencies

Blood management

Safe, appropriate and accountable use of blood and blood products is ensured through effective transfusion, patient blood management practice, haemovigilance and sustainable blood management.

Purpose		Requirements
Blood and blood products are used safely and appropriately	3.22	Clinicians use national guidance and criteria to: a. optimise, in consultation with the patient, a patient's own red cell mass, haemoglobin and iron stores b. identify and manage patients with, or at risk of, bleeding c. assess and document the clinical need for blood and blood products and the related risks d. discuss potential blood and blood product requirements with patients, their family and carers, including risks and alternatives, before use and document these discussions in the healthcare record e. report transfusion-related incidents into the incident management system
Blood and blood products are safely managed, traceable and available when needed.	3.23	The health service adheres to manufacturers' directions of use, legislation and jurisdictional requirements for: a. the safe storage, management, distribution and handling of blood and blood products for patient use and for clinical research b. tracing of blood and blood products from receipt by the health service through to transfusion, discard or transfer c. managing blood availability to meet clinical need, eliminating avoidable wastage and responding effectively during times of blood shortage
Patients experience **safer blood management through monitoring and improvement**	3.24	The health service: a. has a surveillance system with validated processes to collect and analyse data on blood and blood product management b. participates in haemovigilance activities and reporting in accordance with the *Strategic framework for the National Haemovigilance Framework*[16] c. benchmarks its performance against national and jurisdictional data and reports the findings to the workforce, board, executive, leaders and community d. uses surveillance, feedback mechanisms, structured reviews of clinical practice and benchmarking data to identify gaps, implement and evaluate quality improvement activities

Glossary

The following definitions used by the Commission apply across the NSQHS Standards. Where appropriate, definitions from external sources have been adapted to fit the context of the NSQHS Standards and are referenced accordingly.

Term	Definition
Accessible[3]	Delivered at the right time and the right place.
Advance care planning[17]	A voluntary process that allows people to explore what they value most in life, to guide their current and future health and personal care.
Adverse event[18]	An incident that results, or could have resulted, in harm to a patient or consumer. A near miss is a type of adverse event. See also near miss.
Allergy[19]	An immune response, in which a person's immune system reacts to foreign substances (allergens) that are harmless to most people.
Antimicrobials[20]	Medicines that kill or slow the growth of microorganisms (bacteria, fungi, parasites and viruses) that cause disease.
Antimicrobial resistance[19]	When microorganisms (bacteria, fungi, parasites and viruses) that cause infections resist the effects of the medicines used to treat them.
Approved patient identifier	Specific data items approved for use as patient identifiers, for example, patient name (family and given names), date of birth, gender, address including postcode, healthcare record number and individual healthcare identifier.
Behaviours of concern[21]	Behaviours of such intensity, frequency or duration that the physical safety or emotional wellbeing of the person, or others around them, is at significant risk.
Benchmark	A standard or point of reference by which others measure their performance or outcomes.

Term	Definition
Best Possible Medication History[22]	A Best Possible Medication History is an accurate and complete list of medicines the patient is currently taking. The list includes the name, dose, route and frequency of the medicine.
Bias	Refers to a systematic deviation from neutrality or fairness, where judgments, decisions or processes are influenced by personal beliefs, assumptions or external factors.
Blood management[23]	A process that improves outcomes for patients through strategies which ensure optimisation and conservation of a patient's own blood, the appropriate use of blood and blood products and, good stewardship to improve patient safety and reduce risk associated with the use of allogeneic blood and blood products.
Blood product[24]	A biological substance derived from blood that are is used to treat patients. It includes blood components, plasma derived and recombinant products.
Board	The individual or group with ultimate responsibility for the governance, direction, oversight, performance, and compliance of a health service. This may include a chief executive officer, organisation owner, partnership, board of directors, or other highest-level governing body responsible for strategic and operational decision-making and for monitoring the organisation's business, affairs, and operations. The individuals or group whose responsibilities include governing, directing and monitoring a health service's business, affairs and operations, including overall organisational performance and compliance.
Care environment	The physical, social and organisational setting in which health care is delivered. It is designed to enable the delivery of high-quality care, be safe and welcoming, appropriately meet patients' needs and support their independence, function, interaction and overall well-being.
Care goals	What a patient wants to achieve during an episode of care within the context of their clinician situation.
Care pathway	A person-centred, structured, evidence-based, multidisciplinary approach that organises and coordinates care processes and clinical interventions for a defined group of patients over a specified period, mapping the sequence, timing, and expected outcomes of care.

Term	Definition
Carer[25]	A person who provides ongoing, unpaid care and support to a family member, neighbour, or friend who needs help with their day to day living because they live with a disability, terminal illness, chronic illness, mental illness or ageing. A collective approach to carer responsibilities by those close to the person receiving care is also possible, particularly for Aboriginal and Torres Strait Islander peoples and people with different cultural or social identities culturally and linguistic diverse people there may be a collective approach to carer responsibilities.
Clinical assessment[26]	A systematic and dynamic process of collecting and analysing data about a patient's health. It involves an evaluation of a patient's symptoms and physical condition, information gathered from physical and diagnostic examinations, the patient's medical history and illness course, and the determination of a prognosis and treatment.
Clinical Care Standards	Are quality statements in line with current best evidence that describe the care patients should be offered by health professionals and health services for a specific clinical condition or defined clinical pathway.
Clinical governance	The combination of organisational culture, systems and structures that enables everyone in a health service to deliver care that is consistently high- quality and improving. It is central to providing the best possible outcomes for patients. Effective clinical governance means that boards, executives, clinical leaders and the workforce are clearly accountable to patients, families, carers and the community for providing high-quality care.
Clinical handover[27]	The structured transfer of professional responsibility and accountability for some or all aspects of care for a patient or group of patients, to another clinician or multidisciplinary care team on a temporary or permanent basis within a health service.
Clinical leader[28]	A healthcare professional who works within a clinical setting and exercises leadership to improve the quality of patient care. They combine hands-on clinical expertise with the ability to guide and influence teams to shape workplace culture, drive positive behavioural change, and enhance practice and performance.
Clinical research[29]	A branch of health and medical research undertaken in a clinical setting to improve understanding of health and disease by evaluating the safety, effectiveness and development of medical interventions; it includes both observational and interventional studies and involves people, their data or biological samples.

Term	Definition
Clinical review[30]	A retrospective, structured, systematic process of examining health related evidence, medical care and treatment decisions to evaluate whether care met accepted standards of necessity, safety and quality. Reviews are used to regularly review a clinician's work, and they also occur in response to a defined list of clinical issues, and triggers, such as substandard performance or questionable care decisions.
Clinical trials[31]	A type of research that studies new tests and treatments and evaluates their effects on human health outcomes. People volunteer to take part in clinical trials to test medical interventions including drugs, cells and other biological products, surgical procedures, radiological procedures, devices, behavioural treatments and preventive care.
Clinician[32]	Refers to trained and qualified individuals, including registered and non-registered practitioners, who provide direct clinical care to patients. Clinicians include Aboriginal and Torres Strait Islander Health practitioners, allied health practitioners, ambulance officers and paramedics, medical and medical radiation practitioners, midwives, nurses, scientists, technicians and students who provide health care under supervision.
Co-design[33]	A collaborative process in which stakeholders, including end users, work together as equal partners with experts to design structures, systems, policies, processes and services. It is collective creativity that is applied across the whole span of a design process.
Co-design (with Aboriginal and Torres Strait Islander peoples)	An equitably resourced partnership process that is Aboriginal and Torres Strait Islander-led and build on authentic relationships, communicating through agreed mechanisms, two-way understanding, cumulative evaluation and reflection to generate and sustain shared development pathways to outcome delivery and reform. To be described as co-design respective activities, arrangements and claims must: • ensure early and consistent involvement of Aboriginal and Torres Strait Islander peoples and communities through the design process for transparency and accountability • prioritise and respect the voices of Aboriginal and Torres Strait Islander peoples to determine and drive the agenda and design solutions for health reform; and address the interface between the health, disability and aged care sectors facilitate knowledge-sharing, power-sharing, shifts in control consistent with the National Agreement and capability building between the healthcare system, Aboriginal and Torres Strait Islander experts and patients

Term	Definition
Community[34]	Refers to a group of people who share a common location, identity, culture, interests or experiences, and who are connected through social relationships, networks and a sense of belonging. In healthcare, communities play an important role in shaping health needs, experiences and outcomes.
Consumer	A consumer advocate or representative who provides a consumer perspective, contributes consumer experiences, advocates for the interests of current and potential health service users, and takes part in decision-making processes.
Continuum of care	A person-centred, longitudinal conceptual framework that organises all health services across a person's healthcare journey within an integrated system, providing coordinated, consistent care across discrete encounters while accounting for the individual's medical needs, personal context, and the integration of multiple services and teams.
Continuing professional development	The systematic maintenance, improvement and continuous acquisition and reinforcement of the life-long knowledge, skills and competencies of clinicians.
Continuity of care	The degree to which health care is experienced by a person as coherent, connected and consistent over time and across settings. It is achieved though ongoing relationships and seamless coordination across providers, teams, and care settings.
Credentialing[35]	The formal process used by a health service organisation to verify the qualifications, experience, professional standing, behaviours, competencies and other relevant professional attributes of clinicians, so that the organisation can form a view about the clinician's competence, performance and professional suitability to provide safe, high quality healthcare services within specific organisational environments.
Credentials[34]	The practical experience, qualifications, professional awards and statements of competency issued by an authorised and recognised body that attest to a clinician's education, training and competence and relevant practical experience.
Critical information	Information that has a considerable impact on a patient's health, wellbeing or ongoing care, and may require clinicians to reassess or change the patient's plan for care.
Critical medical device	An item that confers a high risk for infection if they are contaminated with any microorganism and must be sterile at the time of use. This includes any device that enters sterile tissue or the vascular system, because any microbial contamination could transmit disease.

Term	Definition
Cultural safety	It is determined by individuals, families and communities. In health service's culturally safe practice is the ongoing critical reflection of knowledge, skills, attitudes, practicing behaviours and power differentials in delivering safe, accessible and responsive health care, free from bias, discrimination and racism.
Cultural safety (Aboriginal and Torres Strait Islander peoples)	It is determined by Aboriginal and Torres Strait Islander peoples, families and communities. The health service's culturally safe practices for Aboriginal and Torres Strait Islander peoples also include • acknowledging colonisation and systemic racism, and the social, cultural, behavioural and economic factors which impact individual and community health • acknowledging and addressing individual racism, discrimination, biases, assumptions, stereotypes and prejudices and providing care that is holistic, free from bias, discrimination and racism • Recognising the importance of self-determined decision-making, partnership and collaboration in health care which is driven by the individual, family and community Fostering a safe working environment through leadership to support the rights and dignity of Aboriginal and Torres Strait Islander peoples and colleagues.
Cybersecurity	Measures and practices used to protect the confidentiality, security, integrity and availability of information technology and operational technology systems, data, computer systems, networks and devices.
Data	Are measurements or observations that are collected as a source of information, and in the healthcare context, refer to clinical and non-clinical information such as patient records, test results, vital signs and service data that are collected to inform diagnosis, treatment, care planning and health system management and healthcare improvements.
Data governance	Ensures that data is accurate, accessible, secure and responsibly managed, while establishing policies, processes, structures, roles and responsibilities to enable effective management and use of data as a strategic asset for decision-making and service delivery.
Data insights	MA meaningful interpretations of analysed data that explains patterns, trends, or relationships and can be used to inform decisions, policy, or action.
Data quality	Refers to the extent to which data is fit for purpose and meets standards for accuracy, reliability and usability.
Deprescribing	A planned and supervised process of medication reduction or withdrawal intended to achieve improved health outcomes through discontinuation of one or more medications that may be causing harm, no longer required or beneficial.

Term	Definition
Deterioration	Refers to physiological, psychological or cognitive changes in a patient that indicate a worsening of the patient's condition.
Deterioration in mental state	Refers to negative changes in a person's mood or thinking, behaviour, cognitive function, perception or emotional state.
Digital downtime	Refers to a period when electronic systems are unavailable or only partially available or not functioning as intended, disrupting access to information and healthcare service delivery.
Digital maturity	Refers to the health service's level of digital capability, including its ability to effectively adopt, use, integrate and improve its digital systems and data over time to support high-quality care.
Digital systems	Are information and communication technology-based systems, tools and services that support healthcare delivery and coordination by enabling the management, storage, sharing and access of information, facilitating patient care, and supporting the collection and exchange of health data.
Digitally enabled care	The appropriate use and integration of digital health tools and technologies in clinical settings to support the sharing of information, collaboration and to deliver connected, coordinated and high-quality healthcare.
Directions of use	The instructions provided with a medicine that enable it to be used safely and effectively.
Discrimination	Any distinction, exclusion or preference that impairs equality of opportunity or treatment and occurs when a person is treated less favourably because of personal characteristics.
Diversity	Refers to a range of social, economic and geographic differences among people and populations, including variations in cultural background, language, beliefs, experiences and disability status and personal characteristics.
Effective[3]	Evidence-based and results in outcomes that benefit the person receiving care.
Efficient[3]	Minimises cost and waste while achieving the best possible outcomes for people.
Environmental sustainability	Fulfilling the environmental needs of current generations without compromising the needs of future generations, while ensuring a balance between economic growth, environmental care and social wellbeing.
Episode of care	Refers to the period from a patient's initial contact with a health service for a specific health problem through to the completion of treatment or final interaction for that specific health problem.

Term	Definition
Escalation pathway	An escalation pathway is a structured process used to identify patient deterioration and initiate an increase in care to ensure a timely and appropriate response. The pathway can be activated by clinicians in response to abnormal physiological measurements or other observed deterioration or by a patient and their support people when they are concerned about a decline in the patient's condition.
Equitable[3]	Provides quality care to all people while responding to the needs of different groups to minimise differences in outcomes.
Equity	The absence of unfair, avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically or geographically or by other dimensions of inequality (e.g. sex, gender, ethnicity, disability or sexual orientation).
Evidence-informed practice	An intervention that is based on best available evidence and experience to produce optimal patient outcomes and is established or proposed as a standard suitable for widespread adoption.
Executive	Refers to key decision-makers or accountable people responsible for providing strategic and operational direction of the health service and ensuring the delivery of high-quality care.
Facility-specific scope of practice	The extent of a clinician's approved clinical practice within a particular facility or organisation or setting, based on the clinician's credentials, competence, performance and professional suitability; the needs of the facility; the capacity of the facility to provide safe and appropriate care and the capability of the facility to support the clinician's scope of practice. It is specific to an individual, their role and the facility in which they work.

Term	Definition

Formal partnership[5]	As defined in the clauses 28 to 33 of the National Agreement on Closing the Gap and enshrines agreed joint decision-making by setting out who makes decision, how decisions are made, and what decisions will be about.
	
	Formal Partnerships provide Aboriginal and Torres Strait Islander entities with a level of power that is equal to or higher than other parties.
	
	Formal Partnerships:
	• require formal signed agreements between Aboriginal and Torres Strait Islander peoples, governments, and other parties that sets out how they will each work to together to achieve agreed goals and aims
	• allow Aboriginal and Torres Strait Islander peoples to choose their own representatives.
	• provide adequate funding to support Aboriginal and Torres Strait Islander parties to be partners in Formal Partnerships for activities to
	  ○ engage independent policy advice
	  ○ meet independently of governments to determine their own policy positions
	  ○ support strengthened governance between and across Aboriginal and Torres Strait Islander organisations and entities
	
	engage with and seek advice from Aboriginal and Torres Strait Islander peoples from all relevant groups within affected communities, including but not limited to, Elders, Traditional Owners and Native Titles Holders.

Governance	The exercise of authority, oversight and decision-making over an organisation such as a health service to direct and manage its business affairs and operations, ensuring organisational performance and objectives are achieved while maintaining compliance with legislated regulatory requirements and legal, ethical and community expectations.
Healthcare-associated infections	Infections acquired in a health service, during care or because of an intervention, that were not present or incubating at the time of admission. These infections may become apparent after discharge.
Healthcare Identifier	A unique number assigned to individuals, healthcare providers and health services to accurately identify and match health information. For further information visit: https://www.health.gov.au/topics/health-technologies-and-digital-health/about/healthcare-identifiers

Term	Definition
Health literacy	The personal knowledge and competencies that accumulate through daily activities, social interactions and across generations that enabling people to access, understand, appraise and use information and services in ways that promote and maintain health and well-being.
Health service	A separately constituted organisation that is responsible for implementing corporate and clinical governance, administration and financial management of a service unit or service units providing health care to a community at the direction of a board.
High-risk medicines	Medicines that have a high risk of causing significant injury or patient harm when they are misused or used in error.
High-quality care	Person-centred, safe, effective, accessible and integrated, provided in a way that is equitable, efficient and sustainable. Cultural safety, as determined by Aboriginal and Torres Strait Islander peoples, is necessary for high-quality care. Cultural safety must be embedded in each domain of high-quality care to improve health outcomes for Aboriginal and Torres Strait Islander peoples.
Incident[18]	An event or circumstance that resulted, or could have resulted, in unintended or unnecessary harm to a patient or consumer; or a complaint, loss or damage. An incident may also be a near miss.
Incident management system	An organisational system that supports the identification, reporting and investigation of incidents to enable learning, inform risk management, and drive continuous quality improvement.
Individual Healthcare Identifier	A unique number that ensures healthcare providers can accurately match records to the person they are treating.
Infection	When pathogens (germs) such as bacteria, viruses, parasites and fungi get onto or enter the body, multiply and cause disease.
Information security management system	An organisational system that includes controls to manage information security risks and protect the confidentiality, integrity and availability of health information.
Informed consent	When a person voluntarily agrees to a healthcare treatment, procedure or other intervention with accurate and relevant information about the health care and alternative options available, and adequate knowledge and understanding of the benefits and risks of the proposed health care relevant to that person.
Integrated[3]	Coordinated and continuous care within and between all parts of the healthcare system and other care settings and throughout the person's healthcare journey.
Interoperable	The ability of a system or product to transfer information within and between systems or products without special effort on the part of the user.

Term	Definition
Intervention	Any action taken by a clinician to prevent, diagnose, treat, or manage a disease, injury, or health condition with the goal of improving or maintaining a person's health.
Interventional procedure	An invasive diagnostic or therapeutic procedure involving the use of instruments to directly act on the body.
Invasive medical devices	A device intended by the manufacturer to be used, in whole or in part, inside the body. This includes devices that enter a body orifice or that penetrate the surface of the body, or that enter the body in the context of a surgical operation.
Jurisdictional requirements	Encompasses legislation, regulations and policy instruments that govern what must be done within a jurisdiction in Australia. This includes (Commonwealth, state or territory jurisdictional requirements).
Leaders	The individuals who guide and influence teams within the health system to achieve high- quality care, irrespective of their formal role or title.
Medication reconciliation	A formal process of obtaining, verifying and documenting an accurate list of each patient's current medicines and matching the medicines the patient should be prescribed to those they are prescribed.
Medication review	A systematic assessment of a patient's medication management with the aim of optimising the quality use of medicines and minimising medicine related harm.
Medicine	Therapeutic goods that contain active ingredients intended to prevent, diagnose, cure, treat or alleviate symptoms of disease, injuries, and medical conditions or to change how the body works.
Medicines list	An up-to-date list of the medicines a person: a. is known to be taking and includes: i. prescription, non-prescription and complementary medicines ii. the medicine name, form, strength, intended use and directions for use b. should not be taking and includes: i. those causing allergies and adverse drug reactions the medicine name, the reaction type and the date the reaction was experienced.
Models of care	Frameworks guiding how multidisciplinary care teams' function to deliver healthcare in different settings and contexts.
Multidisciplinary care team	A group of clinicians from different disciplines who work together to plan, deliver and review a patient's care.

Term	Definition
My Health Record	The national secure consumer-controlled national electronic health record system that contains an online summary of an individual's key health information.
National clinical terminologies	Standardised collections of coded medical terms used across Australia's healthcare system to consistently record, communicate, and share clinical information in digital health systems.
National Digital Health Infrastructure	The nationally coordination digital systems, platforms, standards and services that support the secure exchange, use and management of health information across health services, providers and jurisdictions. Examples include: • My Health Record • Healthcare Identifier Service • Provider Connect Australia Health Connect Australia Provider Directory
Near miss[36]	An incident or potential incident that was averted and did not cause harm but had the potential to do so.
Open disclosure	An open discussion with a patient and their family or carers about an incident that resulted in harm to the patient while receiving health care. The criteria of open disclosure are an expression of regret, a factual explanation of what happened, the potential consequences and the steps taken to manage the event and prevent recurrence.
Organisational culture	A set of values, expectations, formal and informal practices and behaviours that define the unique organisational environment. 'The way things are done around here'.
Organisational systems	The resources, policies, processes, and procedures the health service organises, integrates, regulates, and delivers to accomplish a stated goal.
Orientation	The formal process of introducing a new employee to a health service and providing them with critical information and training that addresses workforce culture, organisational systems and expectations.
Patient safety culture	Focuses on the aspects of organisational culture that relate to patient safety. It is defined as a pattern of individual and organisational behaviour, based upon shared beliefs and values that continuously seeks to minimise patient harm, which may result from the process of care delivery.
Person-centred[3]	Respects the person receiving care, their family and carers, and responds to the person's preferences, needs and values

Term	Definition
Person-centred care[3,9, 37]	An approach to the planning, provision and evaluation of health care that is founded on partnership between clinicians, patients, families, carers and communities, where care is tailored to the needs of the person, based on their expressed beliefs, hopes and expectations. Person-centred care is respectful of, and responsive to, the preferences, needs and values of patients, families, carers and communities.
Person-centred practice[9,38]	A model for providing health care services that has its focus the provision of person-centred care. It is achieved through building effective collaborative relationships between clinicians who facilitate evidence-informed shared decision-making with patients and consumers. Person-centred practice is realised in organisational cultures that are psychologically safe, embrace inclusive governance and strive for cultures of continuous improvement and innovation.
Physical environment	External surroundings and conditions including both natural and man-made elements. In healthcare the physical environment can include air space, water supply and buildings.
Plan for care	A plan for care is a collaborative process in which a patient, their family and carers work with clinicians to identify the patient's care goals and plan services to achieve them. The plan for care involves shared decision making about interventions and other aspects of care and is informed by the patient's values, needs and preferences, a clinical assessment, best-practice guidance, and the setting and service being provided.
Point of care	The time and location at which health care is delivered to a patient by a clinician.
Point of Care Testing devices[39]	Medical devices used at or near the patient to provide rapid results that support immediate clinical decision-making.
Procedure (medical)	A specific, structured clinical activity performed by a clinician that involves a defined technique or method to diagnose, treat, prevent, or manage a health condition.
Procedure (policy framework)	A set of detailed instructions describing how to perform a process or specific task.
Psychosocial safety	The proactive creation of a work environment that minimises risks to psychological and physical wellbeing, where people feel safe to speak up with ideas, questions, concerns or mistakes without fear of punishment, humiliation or negative consequences.
Quality improvement	The combined efforts of the clinical and non-clinical workforce and consumers, patients, their family and carers, researchers, planners and educators to make changes that will lead to better health outcomes, better system performance and better professional development.

Term	Definition
Racism	The unfair treatment or denial of equal opportunities based on race, skin colour or origin, and includes not only individual behaviours and attitudes, but also as well as systemic barriers that limit people's ability to experience dignity and equality.
Regularly	Refers to actions undertaken consistently and repeatedly over time at recurring intervals as part of an ongoing process, with the frequency informed by best practice guidance, a risk-based approach, and the nature of the activity.
Restraint	Any action, intervention or practice that restricts an individual's rights or freedom of movement, including the use of physical, mechanical or chemical means, to prevent harm or enable care.
Reusable medical device	An item intended for use on more than one patient for diagnostic or treatment purposes, which is designated by the manufacturer as suitable for reprocessing between uses to ensure it is safe.
Risk assessment	The systematic process of identifying, analysing, and evaluating risks to determine which events may lead to issues in the future and minimising their likelihood and consequences.
Risk management	The systematic application of risk policies, processes and practices to direct the application of resources to minimise, monitor and control the likelihood or consequences of events.
Routine operating hours	The planned scheduled hours during which a health service provides its standard health care.
Safe[3]	Minimises risks of physical, psychological, psychosocial and cultural harms and factors that can contribute to actual or potential injury to the person receiving care.
Safety culture	The aspects of a health service's organisational culture that relate to health and safety management. It is defined as a product of individual and group values, attitudes, perceptions, competencies and patterns of behaviour that determine the commitment to, and the style and proficiency of an organisation's health and safety management.
Screening	The systematic assessment of the workforce to identify those who may have, or are at risk of, an infection, enabling early detection and the timely implementation of infection prevention and control measures.
Semi-critical medical device	A reusable item that comes into contact with mucous membranes or non-intact skin and is to be sterilised after each use. If sterilisation is not possible, high-level disinfection is to occur.

Term	Definition
Shared decision making (with Aboriginal and Torres Strait Islander peoples)	Processes mutually described as shared between government and Aboriginal and Torres Strait Islander peoples. Activities characterised as shared decision making must adhere to the definition of shared decision making in the National Agreement on Closing the Gap, namely: By consensus, where the voice of Aboriginal and Torres Strait Islander entities holds as much weight as the governments Transparent, where matters for decision are in terms that are easily understood by all entities and where there is enough information and time to understand the implications of the decision Where Aboriginal and Torres Strait Islander representatives can speak without fear of reprisals or repercussions Where a wide variety of groups of Aboriginal and Torres Strait Islander peoples, including women, young people, Elders and Aboriginal and Torres Strait Islander peoples with a disability can have their voice heard Where self-determination is supported, and Aboriginal and Torres Strait Islander lived experience is understood and respected Where relevant funding for programs and services align with jointly agreed community priorities, noting governments retain responsibility for funding decisions Where all entities have access to the same data and information, in an easily accessible format, on which any decisions are made.
Shared decision making (with the patient)	A collaborative process in which a patient and clinician work together to make health decisions, using the best available evidence and considering the patient's values, preferences, and circumstances, including discussion of the benefits and risks of available options.
Social determinants of health	Encompasses the non-medical factors and wider social, economic and political forces that shape daily living conditions and influence health outcomes. It includes the circumstances in which people are born, grow, live, work and age, the social norms and policies, their education, sex and gender, food, resources, housing and climate.
Standard	A standard is an agreed, best practice statement that defines the agreed attributes, processes and expected performance levels that is used to ensure a service or method is delivered consistently at the required level.
Standard precautions	The minimum standard work practices for infection prevention and control for the care and treatment of all patients.
Stewardship	The careful and responsible management of something entrusted to one's care.

Term	Definition
Substitute decision-maker	A person who is authorised to makes a health care or medical treatment decision for a person who has lost decision-making capacity.
Supervision	Structured oversight and guidance to support safe practice and reduce clinical risk.
Surveillance[40]	The ongoing, systematic collection, analysis, interpretation and dissemination of health-related data for the planning, implementation and evaluation of public health practice.
Sustainable[3]	Minimises environmental impact and reduces emissions while achieving the best possible outcomes for people
Team	A group of people who work together to achieve a common goal.
Timely	Coming early or at the right time; done or occurring at a favourable or useful time.
Trace	The ability to track and trace the history, location, and application of an item, person, or process throughout all stages of care.
Transition of care	When all or part of a person's health care is transferred between health professionals when a person moves between healthcare settings to receive care.
Transmission-based precautions[41]	The second tier of basic infection control and are used in addition to standard precautions for patients who may be infected or colonised with certain infectious agents for which additional precautions are needed to prevent infection transmission.
Unique Device Identifier[42]	A globally unique code assigned to a medical device that enables its identification and traceability throughout the supply chain and healthcare system. Only mentioned at 3.18 so may not need a definition if a reasonably common occurrence in health services
Unwarranted variation[43]	Variation in the utilisation of health services that cannot be explained by variation in patient illness or patient preferences.
Workforce	Refers to all peopled working in a health service, including employed or contracted, locum, agency, student, volunteer or peer workers. The health workforce is large and diverse and includes a wide range of professionals and operational staff who are all integral to providing high- quality care.
Workforce culture[44]	The shared values, behaviours, attitudes and ways of working that shape how people interact, support one another, make decisions and deliver care. It influences staff wellbeing, teamwork, learning and the delivery of safe, high-quality care.

References

[1] Australian Commission on Safety and Quality in Health Care. Strategic plan 2025–30. Sydney: ACSQHC; 2025. https://www.safetyandquality.gov.au/resources/strategic-plan-2025-30 (accessed July 2026)

[2] Australian Commission on Safety and Quality in Health Care. National Model for Clinical Governance. The foundations of high-quality care. Sydney: ACSQHC; 2026. https://www.safetyandquality.gov.au/clinical-topics/clinical-governance/2026-national-model (accessed June 2026)

[3] Australian Commission on Safety and Quality in Health Care. *Definition of high-quality care* [Internet]. Sydney (NSW): ACSQHC; 2026 [cited 2026 Jul 8]. Available from: https://www.safetyandquality.gov.au/about-us/definition-high-quality-care

[4] Australian Health Practitioner Regulation Agency. Aboriginal and Torres Strait Islander Health Strategy. Melbourne: Ahpra; 2020. https://www.ahpra.gov.au/About-Ahpra/Aboriginal-and-Torres-Strait-Islander-Health-Strategy.aspx (accessed May 2026)

[5] Coalition of Aboriginal and Torres Strait Islander Peak Organisations, Commonwealth of Australia, State and Territory Governments, Australian Local Government Association. *National Agreement on Closing the Gap* [Internet]. Canberra (ACT): Commonwealth of Australia; 2020 [cited 2026 Jul 8]. Available from: https://www.closingthegap.gov.au/national-agreement

[6] Australian Government, State and Territory Governments. *Addendum to the National Health Reform Agreement 2026–2031* [Internet]. Canberra (ACT): Council on Federal Financial Relations; 2026 [cited 2026 Jul 8]. https://federalfinancialrelations.gov.au/agreements/national-health-reform-agreement

[7] Australian Commission on Safety and Quality in Health Care. NSQHS Standards user guide for health service organisations providing care for patients from migrant and refugee backgrounds. Sydney: ACSQHC; 2021. https://www.safetyandquality.gov.au/resources/nsqhs-standards-user-guide-health-service-organisations-providing-care-patients-migrant-and-refugee-backgrounds (accessed May 2026)

[8] Te Tāhū Hauora Health Quality & Safety Commission. Learning and education modules on understanding bias in health care. [Internet] Wellington, New Zealand: Te Tāhū Hauora; 2022.

https://www.hqsc.govt.nz/resources/resource-library/learning-and-education-modules-on-understanding-bias-in-health-care/ (accessed May 2026)

[9] McCormack, B., & McCance, T. (2017). Person-centred Practice in Nursing and Health Care.

[10] Australian Commission on Safety and Quality in Health Care. Australian Charter of Healthcare Rights. Sydney: ACSQHC; 2019. https://www.safetyandquality.gov.au/your-rights/understanding-your-healthcare-rights (accessed May 2026)

[11] Australian Commission on Safety and Quality in Health Care. Australian open disclosure framework. Sydney: ACSQHC; 2026. https://www.safetyandquality.gov.au/clinical-topics/open-disclosure (accessed July 2026)

[12] Australian Commission on Safety and Quality in Health Care. National consensus statement: Essential elements for safe and high-quality end-of-life care. Sydney: ACSQHC; 2023. https://www.safetyandquality.gov.au/resources/national-consensus-statement-essential-elements-safe-and-high-quality-end-life-care (accessed May 2026)

[13] National Health and Medical Research Council and Australian Commission on Safety and Quality in Health Care. Australian guidelines for the prevention and control of infection in healthcare. Canberra: NHMRC; 2019. https://www.safetyandquality.gov.au/resources/australian-guidelines-prevention-and-control-infection-healthcare (accessed May 2026)

[14] Safe Work Australia. Model code of practice: Managing the risks of biological hazards at work. Canberra: Safe Work Australia; 2026. https://www.safeworkaustralia.gov.au/doc/model-code-practice-managing-risks-biological-hazards-work (accessed May 2026)

[15] Australian Technical Advisory Group on Immunisation. Australian immunisation handbook [Internet]. Canberra: Australian Government; 2018 [updated 2026]. https://immunisationhandbook.health.gov.au (accessed May 2026)

[16] National Blood Authority. *Strategic framework for the National Haemovigilance Program*. Canberra: National Blood Authority; 2014. Available from: https://www.blood.gov.au/strategic-framework-national-haemovigilance-program

[17] Department of Health, Western Australia. Advance care planning. [Internet]. Perth: WA Government; 2026. https://www.health.wa.gov.au/Articles/A_E/Advance-Care-Planning (accessed May 2026)

[18] Human Factors and Ergonomics Society of Australia, Australian Institute of Health Innovation, Macquarie University, The University of Sydney, NSW Clinical Excellence Commission. *A human factors resource for health professionals and health services staff*. Sydney (NSW): Human Factors and Ergonomics Society of Australia; 2019.

[19] Australasian Society of Clinical Immunology and Allergy. What is allergy? [Internet]. Sydney: ASCIA; 2025. https://www.allergy.org.au/patients/about-allergy/what-is-allergy (accessed May 2026)

[20] Australian Government Department of Health, Disability and Ageing. What is AMR? [Internet]. Canberra: Australian Government; 2022. https://www.amr.gov.au/about-amr/what-amr (accessed May 2026)

[21] NSW Department of Communities and Justice. Behaviours of concern. Sydney: NSW Government; 2024. https://dcj.nsw.gov.au/documents/children-and-families/links-training-and-support/Behaviours_of_concern.pdf (accessed May 2026)

[22] Clinical Excellence Commission. Best possible medication history [Internet]. Sydney: NSW Government. https://cec.health.nsw.gov.au/keep-patients-safe/medication-safety/cmm/bpmh (accessed May 2026)

[23] Department of Health, Western Australia. Blood management. Perth: Government of Western Australia; 2023 [cited 2026 May 28]. Available from: https://www.health.wa.gov.au/Articles/A_E/Blood-management (accessed May 2026)

[24] World Health Organization. Blood products [Internet]. Geneva: WHO; [cited 2026 May 28]. Available from: https://www.who.int/health-topics/blood-products (accessed May 2026)

[25] NSW Health. Carers [Internet]. Sydney (AU): NSW Government; 2024 [cited 2026 May 28]. Available from: https://www.health.nsw.gov.au/carers/pages/default.aspx (accessed May 2026)

[26] OpenStax. Fundamentals of nursing: The nurse's role in assessment [Internet]. Houston USA (TX): OpenStax: 2024; [cited 2026 May 28]. Available from: https://openstax.org/books/fundamentals-nursing/pages/12-1-the-nurses-role-in-assessment (accessed May 2026)

[27] Clinical Excellence Commission. Clinical handover [Internet]. Sydney: NSW Health; [cited 2026 May]. Available from: Clinical Handover of Patient Care (accessed July 2026)

[28] Science Insights. What is a clinical leader and why does it matter? [Internet]. 2026 Mar 18 [cited 2026 May 28]. Available from: https://scienceinsights.org/what-is-a-clinical-leader-and-why-does-it-matter/

[29] National Cancer Institute. Clinical research [Internet]. Bethesda (MD): NCI; [cited 2026 May 28]. Available from: https://www.cancer.gov/publications/dictionaries/cancer-terms/def/clinical-research

[30] Science Insights. What is a clinical review and how does it work? [Internet]. 2026 Mar 9 [cited 2026 May 28]. Available from: https://scienceinsights.org/what-is-a-clinical-review-and-how-does-it-work/ (accessed May 2026)

[31] World Health Organization. Clinical trials [Internet]. Geneva: WHO; [cited 2026 May]. Available from: https://www.who.int/health-topics/clinical-trials/#tab=tab_1

[32] Australian Institute of Health and Welfare. Workforce glossary [Internet]. Canberra: AIHW, 2024; [cited 2026 May]. Available from: https://www.aihw.gov.au/reports-data/health-welfare-services/workforce/glossary (accessed May 2026)

[33] Sanders EB-N, Stappers PJ. Co-creation and the new landscapes of design. CoDesign. 2008;4(1):5–18.

[34] Lewis VJ, Macmillan J, Harris-Roxas B. Defining community health services in Australia: a qualitative exploration. *Aust J Prim Health*. 2022;28(6):482-489. doi:10.1071/PY21265. [connectsci.au]

[35] Australian Commission on Safety and Quality in Health Care. Credentialing and defining scope of practice. Guidance for health services and clinicians. Sydney: ACSQHC; 2026. https://www.safetyandquality.gov.au/resources/credentialing-and-defining-scope-practice-guidance-health-professionals-and-clinicians (accessed May 2026)

[36] Taylor-Adams S, Vincent C. *Systems Analysis of Clinical Incidents: The London Protocol*. London: Imperial College London; 2004.

[37] Coulter A, Oldham J. Person-centred care: what is it and how do we get there? *Future Healthc J*. 2016;3(2):114-116. Available from: https://pmc.ncbi.nlm.nih.gov/articles/PMC6465833/

[38] McCormack B, McCance T, Bulley C, Brown D, McMillan A, Martin S, editors. *Fundamentals of Person-Centred Healthcare Practice*. Chichester (UK): Wiley Blackwell; 2021.

[39] International Organization for Standardization. *ISO 22870:2016 Point-of-care testing (POCT)—Requirements for quality and competence*. 2nd ed. Geneva: ISO; 2016

[40] Centers for Disease Control and Prevention. Updated guidelines for evaluating public health surveillance systems [Internet]. Atlanta USA: CDC; 2001/50(RR13):1-35. Available from: https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5013a1.htm (accessed May 2026)

[41] Centers for Disease Control and Prevention. Transmission-based precautions [Internet]. Atlanta USA(GA): CDC; 2024. Available from: https://www.cdc.gov/infection-control/hcp/basics/transmission-based-precautions.html (accessed May 2026)

[42] Therapeutic Goods Administration. *About UDI in Australia* [Internet]. Canberra: Australian Government Department of Health, Disability and Ageing; 2026 [cited 2026 Jul 1]. Available from: https://www.tga.gov.au/products/medical-devices/labelling-and-advertising/unique-device-identification-udi-hub/about-udi-australia

[43] Atsma F, Elwyn G, Westert G. Understanding unwarranted variation in clinical practice: a focus on network effects, reflective medicine and learning health systems [Internet]. International Journal for Quality in Health Care. 2020;32(4):271–274. https://academic.oup.com/intqhc/article/32/4/271/5822111

[44] NSW Health. Workplace culture [Internet]. Sydney: NSW Health; 2024 [cited 2026 Jul 8]. Available from: https://www.health.nsw.gov.au/workforce/culture/Pages/default.aspx

Australian
Commission on
Safety and Quality
in Health Care

T. +61 2 9126 3600
Level 5, 255 Elizabeth St
Sydney NSW 2000 Australia

safetyandquality.gov.au

Australian Government
Australian Digital Health Agency

Council for Connected Care

Agenda Item 9: Other Business

Meeting: Thursday, 23 July 2026

OFFICIAL

Purpose

The purpose of this agenda item is for members to raise any business items for consideration or discussion by the Council.

Recommendation/s

It is recommended the Council for Connected Care:

1 **raise** any other business items for consideration or discussion by the Council

2 **note** the next meeting will be held in person on Thursday 3 December 2026 in Adelaide.

Summary of issues

The next meeting is proposed to take place in person in Adelaide on Thursday 3 December 2026 at the South Australian Health and Medical Research Institute and will focus on virtual care.

Background

This is a standing agenda item.

Attachments

Nil

Contact officer: Cass Timmermans, Assistant Director, Interoperability