



How-to Guide – National Safety and Quality Digital Mental Health Standards Self-Assessment Tool

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Background to the NSQDMH Standards

The National Safety and Quality Digital Mental Health (NSQDMH) Standards aim to improve the quality of digital mental health service provision, and to protect service users – and, where relevant, their support people – from harm.

The three NSQDMH Standards include 59 actions related to clinical and technical aspects of digital mental health services. They describe the level of care and the safeguards that a digital mental health service should provide.

Implementing the NSQDMH Standards is voluntary for digital mental health service providers. Providers include non-government, public or private organisations, or individuals who make a digital mental health service available for others to use. Service providers using the NSQDMH Standards should have systems and processes in place to reduce the risk of harm, protect privacy and increase confidence and assurance in the quality of their digital mental health services. This may take time for some service providers to achieve.

By conducting a self-assessment, you can identify both areas where your organisation meets the standards and areas where improvement is required. Implementing the NSQDMH Standards will improve the safety and quality of service provision for service users.

The Australian Commission on Safety and Quality in Health Care (the Commission) is currently developing an independent assessment scheme for the NSQDMH

Standards. This will include agreed ways for service providers to use their self-assessment to show service users, consumers and carers how well they conform to the NSQDMH Standards. It will also include an independent assessment process to assess service providers against the NSQDMH Standards. It is anticipated that the assessment scheme will be available for implementation from late 2021.

Services providers must not declare that they meet the NSQDMH Standards until they have successfully completed an independent assessment.

[Introduction to the self-assessment tool](#)

The Commission has developed the self-assessment tool as part of a suite of resources to assist digital mental health service providers to implement the National Safety and Quality Digital Mental Health Standards (NSQDMH) Standards.

The self-assessment tool is a resource that initially helps you to determine how well you meet the NSQDMH Standards, and monitor progress towards full conformance. You are encouraged to review the NSQDMH Standards, and assess and record your progress using the self-assessment tool.

Each of the 59 actions in the NSQDMH Standards is listed in the self-assessment tool, along with reflective questions that help you to focus on the key requirements of each action. Each of the three standards has its own worksheet in the self-assessment tool.

The tool allows you to assess and decide which, if any, actions do not apply in the type of digital mental health services that you provide.

The self-assessment tool allows service providers to track the progress of implementing each standard. It should be used together with the NSQDMH Standards.

Service providers will use the tool to:

- Rate their performance against each action
- List examples of evidence that support the performance rating for each action
- Identify actions, or parts of actions, that are not applicable to services provided, and list a rationale supporting this claim.

This guide provides step-by-step instructions for completing the self-assessment tool.

You can download the self-assessment tool from www.safetyandquality.gov.au/dmhs or contact the project team at dmhs@safetyandquality.gov.au for more information.

[Using the tool](#)

The self-assessment tool is a good place to record your plan for improvement for each applicable NSQDMH Standards action. It allows you to assign tasks to a specific person or team, and to set a timeframe for completing tasks.

When you implement the actions, you will need to apply a risk management approach (see the Applying the NSQDMH Standards Using a Risk Management Approach fact sheet). You can then estimate the extent to which each action is met, and record these estimates as percentages in the self-assessment tool. The tool will then autopopulate the 'performance rating' column to match the 'estimate of percentage complete' for each action.

The self-assessment tool allows you to list or link the documents, policies and reports that show your progress on the implementation of each action. The documents that are included should:

- Align with your assessed risk for that action
- Reflect the variety and types of digital mental health services that your organisations offers.

The tool lists the types of documents or evidence that can demonstrate you are meeting the requirements in the standards. The list is not exhaustive, and you do not need to include all of the examples given (or any at all) if you have other examples that support your assessment.

Overview

There is a worksheet for each of the three NSQDMH Standards:

- Clinical and Technical Governance
- Partnering with Consumers
- Model of Care.

The worksheet includes columns for the actions, reflective questions, examples of evidence, performance rating, estimate of percentage complete, action plan or comments, responsible person or area, due date and priority rating.

There is a row for each action in the NSQDMH Standards. **Actions (columns A and B)** list action number and requirements.

Screenshot 1 shows the worksheet for the Clinical and Technical Governance Standard:

No.	Actions	Reflective questions	Examples of evidence - select only evidence that are currently in use	Link to evidence	How do you rate your performance?	Estimate % of complete
Governance, leadership and culture						
Governance, leadership and culture						
1.1	The governing body: a. Provides leadership to develop a culture of safety and quality improvement, and satisfies itself that this culture exists within the organisation b. Provides leadership to ensure partnering with service users c. Sets priorities and strategic directions for ethical, safe and high-quality care and ensures that these are communicated effectively to the workforce and service users d. Endorses the organisation's clinical and technical governance frameworks e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians, technicians and other members of the workforce f. Monitors the action taken as a result of analyses of clinical and technical incidents g. Reviews reports and monitors the organisation's progress on safety, quality, performance and effectiveness	How does the governing body understand and promote safety and quality? How does the governing body observe ethical standards in the delivery of services? How does the governing body set strategic direction, and define safety and quality roles and responsibilities? What information does the governing body use to monitor progress and report on strategies for safe and high-quality clinical care?	<ul style="list-style-type: none"> Policy documents that describe the: <ul style="list-style-type: none"> roles and responsibilities of the governing body and ethical principles they observe the service provider's clinical and technical governance frameworks processes for partnering with service users Strategic, business or risk management plans that describe the priorities and strategic directions for safe and high-quality services that are endorsed by the governing body Committee and meeting records in which clinical and technical governance, leadership, safety and quality culture, performance and effectiveness, or partnering with service users are discussed Documented clinical and technical governance frameworks that are endorsed by the governing body Audit framework or schedule that is endorsed by the governing body Safety and quality performance and effectiveness data, compliance reports and reports of clinical and technical incidents that are monitored by the governing body, managers or the clinical or technical governance committees Workforce safety and quality climate survey Cultural assessment tool used by the service provider and reports of assessments conducted Annual report that includes information on the service provider's safety and quality performance and effectiveness Terms of reference or letter of appointment to the governing body that describes members' safety and quality roles and responsibilities Communication with the workforce or service users on the clinical and technical governance frameworks for safety and quality performance. 	Click here to navigate to the list of evidence for Action 1.1		
Organisational leadership						
1.2	The service provider establishes and maintains clinical and technical governance frameworks, and uses the processes within these frameworks to drive improvements in safety, quality, performance and effectiveness	Does the service provider have documented clinical and technical governance frameworks? How is the effectiveness of the clinical and technical governance frameworks reviewed?	<ul style="list-style-type: none"> Documented clinical and technical governance frameworks Documented safety and quality goals and performance and effectiveness indicators for the services provided by the service provider Documented organisational and committee structure that is aligned to the clinical and technical governance frameworks Audit results of compliance with the service provider's clinical and technical governance frameworks, and management of safety and quality risks Reviews or evaluation reports on the effectiveness of the service provider's safety and quality systems for services. 	Click here to navigate to the list of evidence for Action 1.2		
1.3	The service provider implements and monitors strategies to meet the organisation's priorities for diverse population groups, including Aboriginal and Torres Strait Islander peoples	What strategies are used to improve outcomes for diverse population groups, including Aboriginal and Torres Strait Islander peoples, using the services? How are these strategies monitored, evaluated and reported?	<ul style="list-style-type: none"> Policy documents that incorporate the safety and quality priorities for diverse population groups, including Aboriginal and Torres Strait Islander peoples Documented goals and performance indicators for the targets and intended health outcomes for diverse population groups, that are regularly monitored and reported to the governing body Committee and meeting records that describe the safety and quality priorities and strategies for diverse population groups, including Aboriginal and Torres Strait Islander peoples Examples of specific strategies that have been implemented to meet the needs of diverse population groups, including Aboriginal and Torres Strait Islander peoples. 	Click here to navigate to the list of evidence for Action 1.3		
1.4	The service provider considers the safety and quality of health care for service users in its business decision-making	How are safety and quality issues considered when making business decisions?	<ul style="list-style-type: none"> Committee and meeting records, such as for finance and audit committees, and strategic planning committees, that show that the safety and quality of digital mental health care is considered in business decision-making 	Click here to navigate		

Screenshot 1

Listing your examples of evidence

Reflective questions (column C) assist in helping you consider the intent of the action.

If you are familiar with the purpose of the action, you may choose to hide this column by clicking on the Hide Button located above column D. The button looks like a minus sign. If the column is hidden and you need it displayed, click on the Show Button located above column D. The button looks like a plus sign.

Examples of evidence (column D) are given as a guide only. You do not need to produce all of the examples of evidence listed: you can produce one, some or none if you have other forms of evidence that demonstrates conformance with the action.

Link to evidence (column E) lists hyperlinks to the evidence list worksheet. Hyperlink cells are shaded with a pale yellow colour.

Use the hyperlinks in column E to navigate to the corresponding evidence list worksheet (e.g. Gov-EL). The evidence list worksheet has the following columns:

- No. (column B) lists the action numbers, which are hyperlinks to the standard worksheet. Hyperlink cells are shaded with a pale yellow colour.
- Evidence (column C) is a free text column to list evidence.
- Comments (column D) is another free text column to list additional information about the evidence, such as validity dates, or status and location of a document.

You can list your evidence in separate rows. You can add more rows if needed. To do this, select the row/s below where you want the new row/s to appear, right click on your mouse and select the Insert Button. To remove rows that are no longer required, select the relevant row/s right click on the mouse and select the Delete Button.

Add a hyperlink

If you want to provide a hyperlink for one of your examples of evidence, select the relevant cell, right click on your mouse and select the Hyperlink Button. In the Insert Hyperlink Dialogue Box, navigate and select the relevant document you want to link to.

Notice that the contents of your cell have changed to a blue coloured font to show that is now a hyperlink. Click on the hyperlink to open the linked file. You can also hyperlink to a web page, such as your organisation's intranet page. In the Insert Hyperlink Dialogue Box, enter the web address in the Address Field located at the bottom of the dialogue box.

Rate your performance

How do you rate your performance (column F) requires you to rate the performance of your services in meeting the requirements of each action. The available evidence should assist you with determining the ratings in this column.

Use the drop-down list for the relevant cell in column F to choose the applicable rating for each action (see [Screenshots 2 and 3](#)).

Estimate of percentage complete (column G) – a percentage should appear automatically when you enter a rating in column F (see [Screenshots 4 and 5](#)).

- Meets all requirements – 100%
- Meets some requirements – 75%
- Working towards meeting requirements – 50%
- Early stage of implementation – 25%
- Not applicable – N/A.

NB: do not delete the percentage in this column as this will clear the formula. Changing the rating in column F should automatically update the percentage.

	E	F	G
Standard	1.13	1.14	1.18
	1.31	1.32	1.36
	Link to evidence	How do you rate your performance?	Estimate % of complete
... satisfies itself	Click here to navigate to the list of evidence for Action 1.1		

Screenshot 2

	E	F	G
Standard	1.13	1.14	1.18
	1.31	1.32	1.36
	Link to evidence	How do you rate your performance?	Estimate % of complete
... self	Click here to navigate to the list of evidence for Action 1.1		
... and	Click here to navigate to the list of evidence for Action 1.1	Meets all requirements Meets some requirements Working towards meeting req Early stage of implementation Not applicable	

Screenshot 3

	E	F	G
Standard	1.13	1.14	1.18
	1.31	1.32	1.36
	Link to evidence	How do you rate your performance?	Estimate % of complete
... Click here to navigate to the list of evidence for Action 1.1		Partially met	50%

Screenshot 4

	E	F	G
Standard	1.13	1.14	1.18
	1.31	1.32	1.36
	Link to evidence	How do you rate your performance?	Estimate % of complete
... Click here to navigate to the list of evidence for Action 1.1		Not applicable	n/a

Screenshot 5

Action plan

Action plan or comments (column H) is a free text column that allows you to note any tasks that may be needed to complete the action.

Responsible person or area (column I) is another free text column that allows you to add the name of the person or group of people with responsibility for ensuring that action is taken.

Due date (column J) allows you to add a target date of completion for the action. Entries in this column are limited to dates only.

Priority (column K) allows you to allocate a priority rating to a task. Entries in this column are limited to the following:

- High
- Medium
- Low

Link to task list (column L) lists hyperlinks to the task list worksheet. Hyperlink cells are shaded with a pale yellow colour.

There are two ways to update the task list:

Option 1: Use the available columns in the standard worksheet

Columns H to K in the standard worksheet relates to the task list to meet the requirements of the actions. The disadvantage of listing tasks in the standard worksheet is that you are limited to updating information within a single row.

Option 2: Use the task list worksheet

Hide columns H to K in the standard worksheet by clicking on the Hide Button located above column L.

Use the hyperlinks in the Link to task list column (column L) to navigate to the corresponding task list worksheet (TL tab name). The task list worksheet has the following columns:

- No. (column B) lists the action numbers, which are hyperlinks to the standard worksheet. Hyperlink cells are shaded with a pale yellow colour.
- Action plan or comments (column C) is the equivalent of column H in the standard worksheet.
- Responsible person or area (column D) is the equivalent of column I in the standard worksheet.
- Due date (column E) is the equivalent of column J in the standard worksheet.
- Priority (column F) is the equivalent of column K in the standard worksheet.

Unlike the first option, you can list tasks in separate rows. You can add more rows if needed. To do this, select the row/s below where you want the new row/s to appear, right click on your mouse and select the Insert Button. To remove rows that are no longer required, select the relevant row/s right click on the mouse and select the Delete Button.

Overview of progress worksheet

This worksheet provides a summary report on the percentage completion for each action.

You do not need to enter any information in this worksheet. The 'Overview of Progress' worksheet is populated automatically based on the entries from the individual NSQDMH Standards worksheets. The worksheet is password protected.

The buttons located at the top of the worksheet help with navigating to the corresponding standard.

Each standard has a table of actions. The table has the following headings:

- Action (column B) lists the action numbers, which are hyperlinks to the standard worksheet.
- % column (columns C to N) shows the percentage of completion for each action in figures (column C) and as traffic-light colour shaded cells (columns D to N).

At the end of each standard table is a summary table which shows the number and percentage of actions by rating (e.g. meets all requirements, meets some requirements).

A few summary tables are located at the right side of the worksheet:

- Number of actions updated against the number of actions in the NSQDMH Standards.
- Summary of action ratings in raw figures and in percent figures.

Printing

A3 size paper: The standard worksheet, as a default, prints on A3 paper to accommodate all the columns available.

A4 size paper: The overview of progress, task list and evidence list worksheets print on A4 paper.

Things to avoid doing in the monitoring tool

- Do not delete worksheets. You can hide nonessential worksheets.
- Do not rename worksheets. This breaks hyperlinks.
- Do not delete rows for hyperlinked cells shaded with a pale yellow colour. This also breaks hyperlinks.
- Do not delete hyperlinks. Again, this breaks hyperlinks from that cell.
- Do not sort columns. It affects the placement of hyperlinks.
- Try not to overwrite the formula in the estimate percentage complete column. This happens when you manually change the percent value in that column. When this happens, the column is no longer linked with the 'How do you rate your performance?' column.
- Do not forget to backup your monitoring tool.

Contact details

You can download the self-assessment tool from www.safetyandquality.gov.au/dmhs or contact the project team at dmhs@safetyandquality.gov.au for more information.