Map of the National Safety and Quality Digital Mental Health Standards with the National Safety and Quality Health Service Standards

Introduction

This document maps the National Safety and Quality Digital Mental Health (NSQDMH) Standards with the National Safety and Quality Health Service (NSQHS) Standards. The purpose of the document is to assist service providers who are already assessed to the NSQHS Standards to implement the NSQDMH Standards.

This document should be used alongside the *NSQDMH Standards – Guide for service providers* which provides strategies and examples of evidence for implementing the NSQDMH Standards.

National Safety and Quality Digital Mental Health Standards

The Australian Commission on Safety and Quality in Health Care (the Commission) developed the NSQDMH Standards in collaboration with consumers, carers, families, clinicians, service providers and technical experts.

The development of the NSQDMH Standards is a significant first step in providing safety and quality assurance for digital mental health service users and their support people, and best practice guidance for service providers and developers.

The NSQDMH Standards are voluntary and should be applied at the level of the service provider that makes digital mental health services available to service users and their support people. Not all actions within each standard will be applicable to every digital mental health service. A service provider may provide more than one digital mental health service and may see the application of the NSQDMH Standards differ across those services.

safetyandquality.gov.au/dmhs

National Safety and Quality Health Service Standards

The primary aims of the NSQHS Standards are to protect the public from harm and to improve the quality of health service provision. Implementation is mandated in all hospitals, day procedure services and public dental services across Australia.

When used in assessment they provide a quality assurance mechanism that tests whether relevant systems are in place to ensure that expected standards of safety and quality are met.

safetyandquality.gov.au/standards/nsqhs-standards

Key to the maps

Service providers who are assessed to the NSQHS Standards can use these maps to review the actions they need to implement to meet the NSQDMH Standards.

Of the 59 actions in the NSQDMH Standards, this document identifies:

- **35 actions** as a full match with actions in the NSQHS Standards
- **6 actions** as a partial match, where further implementation activities are required
- **18 actions** having no direct match.

Service providers should refer to the *NSQDMH Standards – Guide for service providers* for more guidance on implementing these actions.

Example mapping

Example	NSQDMH Standards Action		NSQHS Standards Action	Legend
Complaints management Action 1.14 Service providers should ensure that the existing complaints management system allows them to be appropriately informed about, and respond to, complaints about digital mental health services.	1.14	Full match	1.14	**Full match** Good alignment between the action in the NSQDMH Standards and the NSQHS Standards. The service provider should still take reasonable steps to ensure the systems and processes in place that allow it to meet the action under the NSQDMH Standards adequately extend to supporting digital mental health service delivery.
Clinical and technical governance frameworks Action 1.02 Requires evidence that the service provider has established and maintained a technical governance framework.	1.02	Partial match	1.03	**Partial match** Most elements of the NSQDMH Standards' action are well aligned to the NSQHS Standards' action. Additional activities may be required to fully meet the requirements.
Information security management systems Action 1.35 These systems are not currently assessed under the NSQHS Standards. Service providers will need to submit evidence to meet all applicable parts of this action.	1.35	No direct match	–	**No direct match** There is no direct match between the NSQDMH Standards' action and the NSQHS Standards' action.

More information

For more information, visit **safetyandquality.gov.au/DMHS** or contact the Digital Mental Health Services team at **dmhs@safetyandquality.gov.au** or call 1800 304 056.

Summary map

Clinical and Technical Governance Standard

NSQDMH Standards Action		NSQHS Standards Action
1.01	Partial match	1.01
1.02	Partial match	1.03
1.03	Full match	1.03 1.04 1.21 2.13
1.04	Full match	1.05
1.05	No direct match	–
1.06	Partial match	1.06
1.07	Full match	1.07
1.08	Full match	1.08
1.09	Full match	1.09
1.10	Partial match	1.10
1.11	Full match	1.11
1.12	Full match	1.12

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NSQDMH Standards Action		NSQHS Standards Action
1.13	Full match	1.13
1.14	Full match	1.14
1.15	Full match	1.15
1.16	Full match	1.16
1.17	Full match	1.17 1.18
1.18	Full match	1.19
1.19	Full match	1.20
1.20	Full match	1.21
1.21	Full match	1.22
1.22	Full match	1.23
1.23	No direct match	–
1.24	Full match	1.25

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NSQDMH Standards Action		NSQHS Standards Action
1.25	No direct match	–
1.26	No direct match	–
1.27	No direct match	–
1.28	No direct match	–
1.29	No direct match	–
1.30	No direct match	–
1.31	No direct match	–
1.32	No direct match	–
1.33	No direct match	–
1.34	No direct match	–
1.35	No direct match	–
1.36	No direct match	–

Partnering with Consumers Standard

NSQDMH Standards Action		NSQHS Standards Action
2.01	Full match	2.03
2.02	Partial match	2.04
2.03	Full match	2.05
2.04	Full match	2.06
2.05	Full match	2.08
2.06	Full match	2.10
2.07	Full match	2.11
2.08	Full match	2.12
2.09	Full match	2.14
2.10	No direct match	–
2.11	No direct match	–

Model of Care Standard

NSQDMH Standards Action		NSQHS Standards Action
3.01	No direct match	–
3.02	Full match	1.27
3.03	No direct match	–
3.04	Partial match	5.13 5.14
3.05	Full match	5.10 5.31
3.06	Full match	5.31
3.07	Full match	5.08 6.05 6.06
3.08	Full match	6.09 6.10
3.09	Full match	6.07 6.08
3.10	Full match	8.05
3.11	Full match	8.06
3.12	Full match	8.12

Map of NSQDMH Standards with NSQHS Standards

Clinical and Technical Governance Standard
Governance, leadership and culture

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Governance, leadership and culture	**1.01** 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 and their support people 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 and their support people 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, peer workers, technicians and other members of the workforce f. Monitors the action taken as a result of analyses of clinical and technical incidents and trends g. Reviews reports and monitors the organisation's progress on safety, quality, performance and effectiveness h. **Establishes principles and practices within governance frameworks that support the organisation's ability to adapt to technology as it changes**	Partial match	**1.01** 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 patients, carers and consumers c. Sets priorities and strategic directions for safe and high-quality clinical care, and ensures that these are communicated effectively to the workforce and the community d. Endorses the organisation's clinical governance framework e. Ensures that roles and responsibilities are clearly defined for the governing body, management, clinicians and the workforce f. Monitors the action taken as a result of analyses of clinical incidents g. Reviews, reports and monitors the organisation's progress on safety and quality performance	This action requires evidence that the governing body has endorsed the technical governance framework and set priorities for ethical care. It also requires evidence that the service provider has established how they will adapt to changes in the technology within the governance frameworks.

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Organisational leadership	**1.02** 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	Partial match	**1.03** The health service organisation establishes and maintains a clinical governance framework, and uses the processes within the framework to drive improvements in safety and quality	This action requires evidence that the service provider has established and maintained a technical governance framework
	1.03 The service provider implements and monitors strategies to meet its priorities for **diverse population groups**, including Aboriginal and Torres Strait Islander peoples, and inclusion of service users and where relevant, their support people	Full match	**1.02** The governing body ensures that the organisation's safety and quality priorities address the specific health needs of Aboriginal and Torres Strait Islander peoples	–
		Full match	**1.04** The health service organisation implements and monitors strategies to meet the organisation's safety and quality priorities for Aboriginal and Torres Strait Islander peoples	
		Full match	**1.21** The health service organisation has strategies to improve the cultural safety and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander patients	
		Full match	**2.13** The health service organisation works in partnership with Aboriginal and Torres Strait Islander communities to meet their healthcare needs	
	1.04 The service provider considers the safety and quality of health care for service users and their support people in its business decision-making	Full match	**1.05** The health service organisation considers the safety and quality of health care for patients in its business decision-making	–
	1.05 The service provider applies ethical principles to its business decision-making about the design, development and delivery of services	No direct match	**–**	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Clinical and technical leadership	**1.06** The service provider: a. Ensures clinical, peer worker and **technical leaders** understand and perform their delegated safety and quality roles and responsibilities b. Ensures clinical, peer worker and **technical leaders** operate within the clinical and technical governance frameworks to improve the safety and quality of health care for service users and their support people c. Engages clinical and **peer worker** expertise in the clinical governance of the service d. Engages **technical expertise** in the technical governance of the service	Partial match	**1.06** Clinical leaders support clinicians to: a. Understand and perform their delegated safety and quality roles and responsibilities b. Operate within the clinical governance framework to improve the safety and quality of health care for patients	This action requires evidence related to technical leaders and peer workforce

Clinical and Technical Governance Standard
Safety and quality systems

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Legislation, regulations, policies and procedures	**1.07** The service provider uses a risk management approach to: a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulations and jurisdictional requirements	Full match	**1.07** The health service organisation uses a risk management approach to: a. Set out, review and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	–
Measurement and quality improvement	**1.08** The service provider uses quality improvement systems that: a. Identify safety, outcome and quality measures, and monitor and report performance **and outcomes** b. Identify areas for improvement in safety and quality c. Maintain a quality improvement register to log initiatives to improve safety and quality d. Assign to members of the workforce clear responsibility for safety and quality e. Implement and monitor safety and quality improvement initiatives	Full match	**1.08** The health service organisation uses organisation-wide quality improvement systems that: a. Identify safety and quality measures, and monitor and report performance and outcomes b. Identify areas for improvement in safety and quality c. Implement and monitor safety and quality improvement strategies d. Involve consumers and the workforce in the review of safety and quality performance and systems	–
		Full match	**1.09** The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Measurement and quality improvement (continued)	**1.09** The service provider ensures timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Service users and their support people	Full match	**1.09** The health service organisation ensures that timely reports on safety and quality systems and performance are provided to: a. The governing body b. The workforce c. Consumers and the local community d. Other relevant health service organisations	–
Risk management	**1.10** The service provider: a. Identifies and documents service risks b. Uses clinical, technical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce, and service users and their support people f. Plans for and manages internal and external emergencies and disasters, including **cybersecurity risks and threats**	Partial match	**1.10** The health service organisation: a. Identifies and documents organisational risks b. Uses clinical and other data collections to support risk assessments c. Acts to reduce risks d. Regularly reviews and acts to improve the effectiveness of the risk management system e. Reports on risks to the workforce and consumers f. Plans for, and manages, internal and external emergencies and disasters	This action requires evidence for the management of technical and cybersecurity risks

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Incident management systems and open disclosure	**1.11** The service provider has incident management and investigation systems and: a. Assists the workforce to recognise and report incidents b. Assists service users and their support people to communicate concerns or incidents c. Involves the workforce, consumers, carers and families in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce, and service users and their support people e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	Full match	**1.11** The health service organisation has organisation-wide incident management and investigation systems, and: a. Supports the workforce to recognise and report incidents b. Supports patients, carers and families to communicate concerns or incidents c. Involves the workforce and consumers in the review of incidents d. Provides timely feedback on the analysis of incidents to the governing body, the workforce and consumers e. Uses the information from the analysis of incidents to improve safety and quality f. Incorporates risks identified in the analysis of incidents into the risk management system g. Regularly reviews and acts to improve the effectiveness of the incident management and investigation systems	This action requires evidence that the incident management systems are used for technical incidents including data breaches
	1.12 The service provider: a. Uses an open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	Full match	**1.12** The health service organisation: a. Uses and open disclosure program that is consistent with the Australian Open Disclosure Framework b. Monitors and acts to improve the effectiveness of open disclosure processes	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Feedback and complaints management	**1.13** The service provider: a. Has processes to seek regular feedback from service users and their support people about their experiences of the service and outcomes of care b. Uses this information to improve safety, quality, performance and effectiveness	Full match	**1.13** The health service organisation: a. Has processes to seek regular feedback from patients, carers and families about their experiences and outcomes of care b. Has processes to regularly seek feedback from the workforce on their understanding and use of the safety and quality systems c. Uses this information to improve safety and quality systems	–
	1.14 The service provider has a complaints management system, and: a. Encourages and assists service users and their support people to report complaints b. Involves service users and their support people in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce, and service users and their support people on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	Full match	**1.14** The health service organisation has an organisation-wide complaints management system and: a. Encourages and supports patients, carers and families, and the workforce to report complaints b. Involves the workforce and consumers in the review of complaints c. Resolves complaints in a timely way d. Provides timely feedback to the governing body, the workforce and consumers on the analysis of complaints and actions taken e. Uses information from the analysis of complaints to inform improvements in safety and quality systems f. Records the risks identified from the analysis of complaints in the risk management system g. Regularly reviews and acts to improve the effectiveness of the complaints management system	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions

Diversity and high-risk groups	**1.15** The service provider:
	
	  a. Identifies the diversity of service users and their support people
	
	  b. Identifies groups of service users who are at higher risk of harm
	
	  c. Incorporates information on the diversity of service users and their support people, and higher-risk groups into the planning and delivery of the service
		Full match	**1.15** The health service organisation:
			
			  a. Identifies the diversity of the consumers using its services
			
			  b. Identifies groups of patients using its services who are at higher risk of harm
			
			  c. Incorporates information on the diversity of its consumers and higher-risk groups into the planning and delivery of care
				–

Healthcare records	**1.16** The service provider has healthcare records systems that:
	
	  a. Support the creation and maintenance of accurate healthcare records
	
	  b. Comply with security and privacy legislation and regulations
	
	  c. Support the systematic audit of clinical information and the technical operation of the healthcare record
	
	  d. Integrate multiple information systems, where they are used
		Full match	**1.16** The health service organisation has healthcare records systems that:
			
			  a. Make the healthcare record available to clinicians at the point of care
			
			  b. Support the workforce to maintain accurate and complete healthcare records
			
			  c. Comply with security and privacy regulations
			
			  d. Support systematic audit of clinical information
			
			  e. Integrate multiple information systems, where they are used
				–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Healthcare records (continued)	**1.17** The service provider providing clinical information into the My Health Record system has processes that: a. Optimise the safety and quality of care to service users and their support people b. Use national patient and provider identifiers c. Use standard national terminologies d. Describe access to the system by the workforce, to comply with legislative requirements e. Maintain the accuracy and completeness of the clinical information the service provider uploads into the system	Full match	**1.17** The health service organisation works towards implementing systems that can provide clinical information into the My Health Record system that: a. Are designed to optimise the safety and quality of health care for patients b. Use national patient and provider identifiers c. Use standard national terminologies	–
		Full match	**1.18** The health service organisation providing clinical information into the My Health Record system has processes that: a. Describe access to the system by the workforce, to comply with legislative requirements b. Maintain the accuracy and completeness of the clinical information the organisation uploads into the system	

Clinical and Technical Governance Standard
Workforce qualifications and skills

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Safety and quality training	**1.18** The service provider provides orientation to the organisation that describes roles and responsibilities for the safety and quality of services for: a. Members of the governing body b. Clinicians, peer workers, technicians and other members of the workforce	Full match	**1.19** The health service organisation provides orientation to the organisation that describes roles and responsibilities for safety and quality for: a. Members of the governing body b. Clinicians, and any other employed, contracted, locum, agency, student or volunteer members of the organisation	–
	1.19 The service provider uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a training program to meet its requirements arising from these standards c. Provide access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	Full match	**1.20** The health service organisation uses its training systems to: a. Assess the competency and training needs of its workforce b. Implement a mandatory training program to meet its requirements arising from these Standards c. Provides access to training to meet its safety and quality training needs d. Monitor the workforce's participation in training	–
	1.20 The service provider has strategies to provide **culturally safe** services to meet the needs of its Aboriginal and Torres Strait Islander service users and their support people	Full match	**1.21** The health service organisation has strategies to improve the cultural safety and cultural competency of the workforce to meet the needs of its Aboriginal and Torres Strait Islander peoples	–

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Performance management	**1.21** The service provider has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into training systems	Full match	**1.22** The health service organisation has valid and reliable performance review processes that: a. Require members of the workforce to regularly take part in a review of their performance b. Identify needs for training and development in safety and quality c. Incorporate information on training requirements into the organisation's training system	–
Qualified workforce	**1.22** The service provider has processes to ensure clinicians and peer workers involved in the design and delivery of services: a. Have the necessary skills, experience and qualifications for these roles b. Have, and work within, a defined scope of clinical practice	Full match	**1.23** The health service organisation has processes to: a. Define the scope of clinical practice for clinicians, considering the clinical service capacity of the organisation and clinical services plan b. Monitor clinicians' practice to ensure that they are operating within their designated scope of clinical practice c. Review the scope of clinical practice of clinicians periodically and whenever a new clinical service, procedure or technology is introduced or substantially altered	–
	1.23 The service provider has a process to ensure technicians involved in the design and delivery of services have the necessary skills, experience and qualifications for this role	No direct match	**–**	–
Safety and quality roles and responsibilities	**1.24** The service provider has processes to: a. Assign safety and quality roles and responsibilities for services to the workforce b. Support the workforce to understand and perform their roles and responsibilities for safety and quality	Full match	**1.25** The health service organisation has processes to: a. Support the workforce to understand and perform their roles and responsibilities for safety and quality b. Assign safety and quality roles and responsibilities to the workforce, including locums and agency staff	–

Clinical and Technical Governance Standard
Safe environment for the delivery of care

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions

Safe environment	**1.25** The service provider maximises the safety and quality of care:
	
	  a. Through the design of services, the digital operating systems and internal access controls
	
	  b. By ensuring the terms and conditions for use of services are fair and transparent and do not mislead service users and where relevant, their support people
	
	  c. By ensuring devices and other infrastructure are fit for purpose and well maintained
	
	  d. By developing and using processes for the prompt implementation of legislative and regulatory changes
		No direct match	–	–

	1.26 The service provider has systems to:
	
	  a. Minimise risk of abuse of service users and where relevant, their support people
	
	  b. Minimise risk of exploitation of service users and where relevant, their support people
	
	  c. Preserve the dignity of service users and where relevant, their support people
		No direct match	–	–

	1.27 The service provider has systems to minimise the risk for children and young people to be harmed while using a service	No direct match	–	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Privacy	**1.28** The service provider conducts a privacy impact assessment for each service in accordance with best practice	No direct match	–	–
	1.29 The service provider has privacy policies for each service that are: a. Easy to understand and transparent for service users and their support people b. Uphold service users' rights and choices c. Readily available to service users and their support people before accessing and while using the services d. Compliant with privacy laws, privacy principles and best practice	No direct match	–	–
	1.30 The service provider advises service users and where relevant, their support people, of changes to privacy policies in a timely and comprehensible way	No direct match	–	–
Transparency	**1.31** The service provider has systems for the collection, use, disclosure, storage, transmission, retention and destruction of data that provide service users and where relevant, their support people with: a. Information on the types of data collected and how the information is used b. Information on any interoperable healthcare services c. Information on who has access to their data, including through data sharing agreements, provision or sale to third parties, and if transfer of data outside of Australia occurs d. Timely information if requests to access data by external parties are granted by the service provider e. Protection of their data that was provided anonymously or using a pseudonym f. Prevention against the unauthorised re-identification of anonymous or de-identified data g. Notification if the service ceases operation or changes ownership h. Information on where their data will go if the service ceases to operate or changes ownership i. Information on the legacy of their data	No direct match	–	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Transparency (continued)	**1.32** The service provider has mechanisms for service users to: a. Consent to the use of personal data and records for any purpose beyond direct care b. Consent before any personal data and records are used in research, unless it is de-identified c. Withdraw or withhold consent for the collection, storage or distribution of their personal data and records d. Opt out from the sharing of their personal data and records e. Access, copy and amend their personal data and records f. Request deletion of their personal data and records	No direct match	–	–
Costs and advertising	**1.33** The service provider provides service users and where relevant, their support people with clear and transparent information on the: a. Direct costs to access the service b. Estimated data usage requirements for using the service	No direct match	–	–
	1.34 The service provider ensures that in-product sales or advertising: a. Complies with Australian Consumer Law and regulatory requirements b. Is appropriate for service users	No direct match	–	–
Security and stability	**1.35** The service provider has information security management systems and uses a risk-based approach to: a. Assign responsibility and accountability for information security b. Complete and maintain an information and data inventory c. Protect data in transit and at rest d. Protect against interruption, damage or disconnection of the service e. Assess the size and extent of threats to its information assets f. Consider and mitigate vulnerabilities and threats g. Conduct regular updates, reviews and audits of information security h. Detect, respond and report to the governing body, workforce, service users and their support people on information security incidents and technical faults	No direct match	–	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Continuity and updates	**1.36** The service provider: a. Manages platform and operating system updates and patches b. Manages the continuity of services, backup and recovery mechanisms c. Effectively communicates service changes or interruptions to service users and where relevant, their support people	No direct match	–	–

Partnering with Consumers Standard
Partnering with service users in their own care

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Healthcare rights and informed consent	**2.01** The service provider uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible to service users and their support people	Full match	**2.03** The health service organisation uses a charter of rights that is: a. Consistent with the Australian Charter of Healthcare Rights b. Easily accessible for patients, carers, families and consumers	–
	2.02 The service provider has informed consent processes that comply with legislation and best practice	Partial match	**2.04** The health service organisation ensures that its informed consent processes comply with legislation and best practice	This action requires informed consent processes that are relevant to the digital space, including in relation to user data as per Action 1.31
	2.03 The service provider has processes for **supported decision-making**, and to identify and work with a substitute decision-maker if a service user does not have the capacity to make decisions for themselves	Full match	**2.05** The health service organisation has processes to identify: a. The capacity of a patient to make decisions about their own care b. A substitute decision-maker if a patient does not have the capacity to make decisions for themselves	This action requires evidence related to the management of supported decision-making
Planning care	**2.04** The service provider has processes to partner with service users and where relevant, their support people to make decisions about their current and future care	Full match	**2.06** The health service organisation has processes for clinicians to partner with patients and/or their substitute decision-maker to plan, communicate, set goals and make decisions about their current and future care	–

Partnering with Consumers Standard
Health and digital literacy

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Communication that supports effective partnerships	**2.05** The service provider uses communication mechanisms tailored to the diversity of service users and their support people	Full match	**2.08** The health service organisation uses communication mechanisms that are tailored to the diversity of the consumers who use its services and, where relevant, the diversity of the local community	–
	2.06 The service provider communicates information to service users and where relevant, their support people: a. In a way that meets their needs b. That is easy to understand and use	Full match	**2.10** The health service organisation supports clinicians to communicate with patients, carers, families and consumers about health and health care so that: a. Information is provided in a way that meets the needs of patients, carers, families and consumers b. Information provided is easy to understand and use c. The clinical needs of patients are addressed while they are in the health service organisation d. Information needs for ongoing care are provided on discharge	–

Partnering with Consumers Standard

Partnering with service users in design and governance

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Partnerships in governance, planning, design, measurement and evaluation	**2.07** The service provider: a. Partners with consumers, carers and families from the intended service user groups in the governance, planning, design, measurement and evaluation of the services b. Has processes to involve a mix of people that are reflective of the diversity of service users and their support people	Full match	**2.11** The health service organisation: a. Involves consumers in partnerships in the governance and to design, measure and evaluate health care b. Has processes so that the consumers involved in these partnerships reflect the diversity of consumers who use the service or, where relevant, the diversity of the local community	–
	2.08 The service provider provides orientation, support and education to service users, consumers, carers, families and support people who are partners in the governance, planning, design, measurement and evaluation of the service	Full match	**2.12** The health service organisation provides orientation, support and education to consumers who are partnering in the governance, design, measurement and evaluation of the organisation	–
	2.09 The service provider partners with service users and their support people to incorporate their views and experiences into training and education for the workforce	Full match	**2.14** The health service organisation works in partnership with consumers to incorporate their views and experiences into training and education for the workforce	–

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Usability	**2.10** The service provider has processes to assess and optimise the usability of each service including: a. Function b. Cultural safety c. Service user feedback, experience and satisfaction d. Service user outcomes e. Access	No direct match	–	–
Accessibility	**2.11** The service provider partners with service users and their support people to: a. Minimise barriers to accessing services associated with the hardware, software, data requirements and platform of the services, or the language, location, age, culture and ability of the service users and their support people b. Ensure services are compatible with commonly used assistive technologies c. Meet relevant standards for web page or web application d. Regularly review access to services and take action to improve access by service users and their support people	No direct match	–	–

Model of Care Standard
Establishing the model of care

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Designing the model of care	**3.01** The service provider: a. Documents the purpose and intent of the model of care for each service and the context in which it will operate b. Defines the intended service user demographic and matches the model of care to the service users and their support people c. Monitors and evaluates the performance and effectiveness of the model of care d. Assigns accountability for maintaining and improving the effectiveness of the model of care	No direct match	–	–
Evidence supporting the model of care	**3.02** The service provider ensures the **model of care** for each service is based on best available evidence and best practice and supporting policies	Full match	**1.07** The health service organisation uses a risk management approach to: a. Set out, review, and maintain the currency and effectiveness of policies, procedures and protocols b. Monitor and take action to improve adherence to policies, procedures and protocols c. Review compliance with legislation, regulation and jurisdictional requirements	–
		Full match	**1.27** The health service organisation has processes that: a. Provide clinicians with ready access to best-practice guidelines, integrated care pathways, clinical pathways and decision support tools relevant to their clinical practice b. Support clinicians to use the best available evidence, including relevant clinical care standards developed by the Australian Commission on Safety and Quality in Health Care	

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Information for service users and their support people	**3.03** The service provider provides product information on each service to service users and where relevant, their support people that: a. Aligns with the current template endorsed by the Australian Commission on Safety and Quality in Health Care b. Is easy to understand and meets their needs	No direct match	–	–

Model of Care Standard
Delivering the model of care

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Delivering the model of care	**3.04** The service provider: a. Monitors the delivery of their service to ensure it is consistent with the model of care b. Has a process for assigning responsibilities to a member of the workforce for the overall accountability of the care of each service user c. Develops the goals of care and actions for treatment in partnership with the service user d. Clearly communicates the care plan to the service user e. Enables the involvement of support people, to the extent that the service user chooses f. Has a process for referral to follow-up services and supports that is consistent with the model of care	Partial match	**5.13** Clinicians use processes for shared decision making to develop and document a comprehensive and individualised plan that: a. Addresses the significance and complexity of the patient's health issues and risks of harm b. Identifies agreed goals and actions for the patient's treatment and care c. Identifies the support people a patient wants involved in communications and decision-making about their care d. Commences discharge planning at the beginning of the episode of care e. Includes a plan for referral to follow-up services, if appropriate and available f. Is consistent with best practice and evidence	This action requires evidence that the delivery of digital mental health services and referral processes are consistent with the model of care
		Partial match	**5.14** The workforce, patients, carers and families work in partnership to: a. Use the comprehensive care plan to deliver care b. Monitor the effectiveness of the comprehensive care plan in meeting the goals of care c. Review and update the comprehensive care plan if it is not effective d. Reassess the patient's needs if changes in diagnosis, behaviour, cognition, or mental or physical condition occur	

Model of Care Standard
Minimising harm

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Screening of risk	**3.05** The service provider has systems to identify service users who are at risk of harm, including self-harm and suicide	Full match	**5.10** Clinicians use relevant screening processes: a. On presentation, during clinical examination and history taking, and when required during care b. To identify cognitive, behavioural, mental and physical conditions, issues and risks of harm c. To identify social and other circumstances that may compound these risks	–
		Full match	**5.31** The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	
Planning for safety	**3.06** The service provider has systems to: a. Effectively respond to service users who are distressed, have expressed thoughts of self-harm or suicide, or have self-harmed b. **Effectively respond to service users who present a risk of harm to others** c. Provide information to service users with healthcare needs beyond the scope of the service on where and how to access services appropriate to their clinical need d. Enable crisis intervention aligned to legislation	Full match	**5.31** The health service organisation has systems to support collaboration with patients, carers and families to: a. Identify when a patient is at risk of self-harm b. Identify when a patient is at risk of suicide c. Safely and effectively respond to patients who are distressed, have thoughts of self-harm or suicide, or have self-harmed	–
		Full match	**5.34** The health service organisation has processes to support collaboration with patients, carers and families to: a. Identify patients at risk of becoming aggressive or violent b. Implement de-escalation strategies c. Safely manage aggression, and minimise harm to patients, carers, families and the workforce	

Model of Care Standard

Communicating for safety

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Correct identification	**3.07** The service provider has processes to: a. Routinely ask if a service user is of Aboriginal and/or Torres Strait Islander origin and to record this information in administrative and clinical information systems b. **Authenticate** service users and match them to their care c. Protect the **anonymity** of the service users where this is part of the model of care d. Use appropriate identifiers for service users according to digital services best-practice guidelines	Full match	**5.08** The health service organisation has processes to routinely ask patients if they identify as being of Aboriginal and/or Torres Strait Islander origin, and to record this information in administrative and clinical information systems	–
		Full match	**6.05** The health service organisation: a. Defines approved identifiers for patients according to best-practice guidelines b. Requires at least three approved identifiers on registration and admission; when care, medication, therapy and other services are provided; and when clinical handover, transfer or discharge documentation is generated	
		Full match	**6.06** The health service organisation specifies the: a. Processes to correctly match patients to their care b. Information that should be documented about the process of correctly matching patients to their intended care	

Continued over

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Communication of critical information	**3.08** The service provider has processes to: a. Communicate when critical information about a service user's care emerges or changes, to ensure the safety of the service user b. Enable service users and their support people to communicate critical information and information on risks to their service provider	Full match	**6.09** Clinicians and multidisciplinary teams use clinical communication processes to effectively communicate critical information, alerts and risks, in a timely way, when they emerge or change to: a. Clinicians who can make decisions about care b. Patients, carers and families, in accordance with the wishes of the patient	–
		Full match	**6.10** The health service organisation ensures that there are communication processes for patients, carers and families to directly communicate critical information and risks about care to clinicians	
Transfer of care	**3.09** The service provider: a. Has processes to effectively communicate when all or part of a service user's care is transferred b. Determines minimum information content to be communicated when care is transferred c. Sets out the process for a transfer of care, in line with the model of care d. Assesses risks relevant to the service's context and the particular needs of the service user when a transfer of care occurs e. Encourages service users and where relevant, their support people to be involved in the transfer of their care	Full match	**6.07** The health service organisation, in collaboration with clinicians, defines the: a. Minimum information content to be communicated at clinical handover, based on best-practice guidelines b. Risks relevant to the service context and the particular needs of patients, carers and families c. Clinicians who are involved in the clinical handover	–
		Full match	**6.08** Clinicians use structured clinical handover processes that include: a. Preparing and scheduling clinical handover b. Having the relevant information at clinical handover c. Organising relevant clinicians and others to participate in clinical handover d. Being aware of the patient's goals and preferences e. Supporting patients, carers and families to be involved in clinical handover, in accordance with the wishes of the patient f. Ensuring that clinical handover results in the transfer of responsibility and accountability for care	

Model of Care Standard

Recognising and responding to acute deterioration

Item	NSQDMH Standards Action		NSQHS Standards Action	Recommended actions
Recognising acute deterioration	**3.10** The service provider uses defined parameters to recognise acute deterioration in mental state that requires care to be escalated	Full match	**8.05** The health service organisation has processes for clinicians to recognise acute deterioration in mental state that require clinicians to: a. Monitor patients at risk of acute deterioration in mental state, including patients at risk of developing delirium b. Include the person's known early warning signs of deterioration in mental state in their individualised monitoring plan c. Assess possible causes of acute deterioration in mental state, including delirium, when changes in behaviour, cognitive function, perception, physical function or emotional state are observed or reported d. Determine the required level of observation e. Document and communicate observed or reported changes in mental state	–
Escalating care	**3.11** The service provider has protocols that specify criteria to call for emergency assistance	Full match	**8.06** The health service organisation has protocols that specify criteria for escalating care, including: a. Agreed vital sign parameters and other indicators of physiological deterioration b. Agreed indicators of deterioration in mental state c. Agreed parameters and other indicators for calling for emergency assistance d. Patient pain or distress that is not able to be managed using available treatment e. Worry or concern in members of the workforce, patients, carers and families about acute deterioration	–
Responding to acute deterioration	**3.12** The service provider has systems to respond to service users who show signs of acute deterioration	Full match	**8.12** The health service organisation has processes to ensure rapid referral to mental health services to meet the needs of patients whose mental state has acutely deteriorated	–