EXPLANATORY STATEMENT

Health Insurance Act 1973

Health Insurance (Quality Assurance Activity – CareFlight Clinical Review Meetings) Declaration 2025

Authority

Subsection 124X(1) of the *Health Insurance Act 1973* (the Act) provides that the Minister may, by legislative instrument, declare a quality assurance activity described in a declaration to be a quality assurance activity to which Part VC of the Act applies.

The *Health Insurance (Quality Assurance Activity – CareFlight Clinical Review Meetings) Declaration 2025* (the Declaration) declares the CareFlight Clinical Review Meetings (the Activity) to be a quality assurance activity to which Part VC of the Act applies.

Purpose and operation

Part VC of the Act creates a scheme to encourage efficient quality assurance activities in connection with the provision of health services. Those activities help to ensure the quality of health services that are funded by the Government, including through Medicare benefits and public hospital services. The scheme encourages participation in such activities by protecting certain information from disclosure and by providing some protection from civil liability to certain persons engaged in those activities in good faith.

The purpose of the Declaration is to declare the CareFlight Clinical Review Meetings (the Activity) to be a quality assurance activity to which Part VC of the Act applies.

The Activity is undertaken by CareFlight Limited. CareFlight Limited is an Australian aeromedical charity that uses helicopters, aeroplanes, and road vehicles to transport doctors, nurses, and paramedics to medical and trauma incidents for hospital-level assessment and treatment before transporting patients to the appropriate hospital. Patients may be transported from the scene, a remote clinic, or another hospital to a hospital for ongoing care.

The Activity consists of clinical review meetings (CRMs), which occur monthly to quarterly, for all services where CareFlight is responsible for clinical governance, in part or full. CRMs allow CareFlight to review the quality of care provided to patients. They are a key opportunity for clinical staff to engage in patient safety and quality improvement processes.

During the Activity, case presentations using de-identified patient information highlight significant missions, opportunities for improvement, or instances where exceptional care has occurred. Deaths and deteriorations, sentinel events and medication errors are discussed when required. Any quality improvement activities being undertaken or clinical complaints received are also discussed.

Cases for discussion are either identified in the electronic medical record that meet predefined criteria for discussion (for example, death or deterioration of a patient, any high consequence, low frequency procedures performed, or any other factor that would warrant presentation for learning and/or service improvement) or requested by individual clinicians. A presentation is then prepared by a senior clinician, as delegated by the service's Medical Director. In multi-disciplinary CRMs, the clinical, logistical, and human factor components of cases are discussed with a focus on service and quality improvement. Patient data presented is de-

identified, with only age and gender being presented.

As part of the Activity, a post-CRM clinical governance report is prepared that summarises the information presented, discussion, and outcomes. Recommendations for quality improvement from that report are shared to the Clinical Practice Team which disseminates the information to the executive and other applicable CareFlight services as appropriate. The Clinical Executive monitors the structure and efficiency of the CRMs.

CRM action items are tracked on an Action Register that the Head of Clinical Governance monitors. Action items are assigned to the appropriate committee.

CareFlight Limited will use de-identified and aggregated data obtained from the Activity to produce reports and disseminate information through publication of data in annual reports on the CareFlight website and presentations at industry meetings, which include suggested improvements and recommendations.

Commencement

This Declaration commences on the day after registration of the instrument on the Federal Register of Legislation.

Consultation

CareFlight Limited, as the applicant for declaring the activity, was consulted in relation to the content of the Declaration. No concerns were raised with the proposed content. Wider consultation was not considered necessary as the quality assurance activity only relates to the gathering of information for the Activity, as conducted by CareFlight Limited. The declaration of the Activity will not result in any direct or substantial indirect effect on business.

General

This Declaration is a disallowable legislative instrument for the purposes of the *Legislation Act 2003*.

Details of the Declaration are set out in **Attachment A**.

The Declaration is compatible with the rights and freedoms recognised or declared under section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*. A full statement of compatibility with human rights is set out in **Attachment B**.

Health Insurance (Quality Assurance Activity – CareFlight Clinical Review Meetings) Declaration 2025

Part 1—Preliminary

Section 1 – Name

This section provides that the name of the Declaration is the *Health Insurance (Quality Assurance Activity – CareFlight Clinical Review Meetings) Declaration 2025*.

Section 2 – Commencement

This section provides that the Declaration commences on the day after it is registered on the Federal Register of Legislation.

Section 3 – Authority

This section provides that the Declaration is made under subsection 124X(1) of the *Health Insurance Act 1973*.

Section 4 – Repeal

This section provides that the Declaration will be repealed when it ceases to be in force in accordance with subsection 124X(4) of the *Health Insurance Act 1973*.

Subsection 124X(4) of the *Health Insurance Act 1973* provides that a declaration of a quality assurance activity ceases to be in force at the end of 5 years after it is signed, unless sooner revoked.

Section 5 – Schedule

This section provides that the Activity described in the Schedule is declared to be a quality assurance activity to which Part VC of the *Health Insurance Act 1973* applies.

Schedule 1 – Description of quality assurance activity

Item 1 – Name of activity

Item 1 provides that the name of the Activity is ‘CareFlight Clinical Review Meetings’.

Item 2 – Description of activity

Item 2 describes the quality assurance activity as clinical review meetings (CRMs), occurring monthly to quarterly, for all services where CareFlight is responsible for clinical governance,

in part or full. It involves a clinician preparing and presenting to a multidisciplinary team a presentation highlighting significant missions, opportunities for improvement or instances where exceptional care has occurred.

Cases for discussion are identified either through the electronic medical record or by requests from individual clinicians.

The discussions focus on the clinical, logistical, and human factors of identified cases, aiming to produce recommendations that inform service and quality improvements, to increase patient safety.

ATTACHMENT B

Statement of Compatibility with Human Rights

Prepared in accordance with Part 3 of the Human Rights (Parliamentary Scrutiny) Act 2011

Health Insurance (Quality Assurance Activity – CareFlight Clinical Review Meetings) Declaration 2025

The *Health Insurance (Quality Assurance Activity – CareFlight Clinical Review Meetings) Declaration 2025* (the Declaration) is compatible with the human rights and freedoms recognised or declared in the international instruments listed in section 3 of the *Human Rights (Parliamentary Scrutiny) Act 2011*.

Overview of the legislative instrument

The Declaration declares the CareFlight Clinical Review Meetings (the Activity), conducted by CareFlight Limited, to be a quality assurance activity to which Part VC of the *Health Insurance Act 1973* (the Act) applies. Information known solely as a result of the Activity, or documents created solely for the purposes of the Activity, will be covered by qualified privilege.

Human rights implications

This Declaration engages with the right to health as set out in Article 12 of the *International Covenant on Economic, Social and Cultural Rights* by assisting with the progressive realisation by all appropriate means of the right of everyone to the enjoyment of the highest attainable standard of physical and mental health.

The Qualified Privilege Scheme established by Part VC of the Act is aimed at encouraging participation in quality assurance activities that help to ensure that the highest possible health care standards are maintained. The quality assurance activity described in this Declaration will provide participants with a greater degree of confidence and security that their participation is solely for the benefit of establishing recommendations to improve patient care.

This Declaration also engages, but does not limit, the right to privacy as contained in Article 17 of the *International Covenant on Civil and Political Rights*. The Activity involves the collection, storage, security, use, disclosure, or publication of personal information. Data collected as part of the quality assurance activity will be de-identified to ensure that no individual or individuals are identified prior to analysis or disclosure of the information.

Conclusion

This Declaration is compatible with human rights as it promotes the right to health and does not limit the right to privacy.

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