Quality Assurance and Improvement Policy

1. Purpose

The *Quality Assurance and Improvement Policy* (this policy) outlines the department's authority as the System Manager to request patient safety and clinical quality information from Health Service Providers (HSPs) to support its Department CEO's functions set out in section 20(1)(l)–(na) of the *Health Services Act 2016*.

The requested patient safety and clinical quality information from HSPs supports quality improvement and other safety and quality initiatives, provides quality assurance, and assists the department in responding to System Manager, Ministerial or external queries.

This policy aims to:

- set clear expectation for the request and response process
- strengthen and standardise the process for departmental information requests to Health Service Providers
- ensure responses are timely, complete and accurate to support the Department in fulfilling its responsibilities for assuring, improving and reporting on safety and quality across the WA health system.

Effective information sharing supports the System Manager and Health Service Provider functions under the *Health Services Act 2016* and other applicable legislation.

This policy is a mandatory requirement for Health Service Providers under the *Clinical Governance, Safety and Quality Policy Framework* pursuant to section 26(2)(d) of the *Health Services Act 2016.*

Legislation pertinent to this policy includes:

- *Public Health Act 2016 (WA)*
- *Privacy and Responsible Information Sharing Act 2024*
- *Privacy Act 1988 (Cth)*

The policy does not replace or negate existing policy requirements related to information governance, access, use or management. For example, this policy relates to information for quality improvement and does not replace performance related data requests as per MP 0111/19 *Performance Management Policy.*

This policy is to be read in conjunction with the following mandatory policies:

- MP 019/25 *Aboriginal Data Governance Policy*
- MP 0152/21 *Information Management Governance Policy*
- MP 0194/26 *Privacy and Responsible Information Sharing Policy*

- MP 0015/16 *Information Access, Use and Disclosure Policy*
- MP 0145/20 *Information Storage Policy*

2. Applicability

This policy is applicable to all Health Service Providers.

The requirements contained within this policy are applicable to the services purchased from contracted health entities where it is explicitly stated in the contract between the contracted health entity and the State of Western Australia or Health Service Provider. The State of Western Australia or Health Service Provider contract manager is responsible for ensuring that any obligation to comply with this policy by the contracted health entity is accurately reflected in the relevant contract and managed accordingly.

3. Policy Requirements

HSPs must submit requested patient safety and clinical quality information as outlined in the Quality Assurance and Improvement: Information Request and Response Procedure.

3.1 Information Request Principles

The following principles must be applied to information requests:

- Be purposeful and proportionate: Information requests must be limited to information reasonably required to support the stated purpose of the request.
- To minimise burden: Existing information sources are to be used where available to avoid duplication and reduce administrative burden on HSPs.
- Have clear accountability: Requests must be coordinated through the HSP Executive responsible for Safety and Quality to support appropriate oversight and response.
- Be timely and complete responses: HSPs must provide complete and accurate information within specified timeframes to support departmental functions and system-level assurance.

3.2 Information requests and use of patient safety and clinical quality information

HSPs must submit requested patient safety and clinical quality information using the Information Request and Response Form which will be used to:

- identify and clarify quality improvement opportunities to inform improvement work
- identify risks to patient safety to enable proactive management
- provide assurance monitoring, including assessment of compliance with mandatory policies and safety and quality standards
- evaluate the implementation and impact of systemwide initiatives
- use for significant clinical or governance reviews
- report on the WA health system's patient safety and clinical quality.

The department's patient safety and clinical quality unit must ensure the information requested:

- be limited to information reasonably required to achieve the purpose of the request
- use de-identified or aggregate data where possible and personal information only where necessary

- be managed in accordance with applicable privacy and information governance requirements.

3.3 Record management

The Patient Safety Clinical Quality (PSCQ) Directorate must:

- record the number of patient safety and clinical quality information requests sent to HSPs
- review and record the timeliness and completeness of clinical safety and quality information provided.

4. Compliance Monitoring

The Patient Safety Clinical and Quality Directorate on behalf of the System Manager will monitor compliance with this policy by requesting feedback from HSP Executives responsible for Safety and Quality via the Quality Action Collaborative (QuAC). This feedback will be collated annually following each financial year and will also include the clarity of information requests, any issues, risks or barriers to compliance with this policy.

The PSCQ Directorate will collate and report the data of the number, timeliness and completeness of information requests as per policy requirement 3.3.

Where non-compliance is identified, the PSCQ Directorate must collaborate with the relevant HSP to address the issue. Ongoing non-compliance of significant breaches of policy requirements may be escalated to the Director General and the Chief Executive of the relevant HSP.

The System Manager may request additional information as required to ensure alignment with policy requirements.

5. Related Documents

The following document is mandatory pursuant to this policy:

- Quality Assurance and Improvement: Information Request and Response Procedure
- Information Request and Response Form

6. Supporting Information

The following information is provided to support the implementation of this policy:

- N/A

7. Definitions

The following definition(s) are relevant to this policy.

Term	Definition
Information	The term ‘information’ generally refers to data that has been processed in such a way as to be meaningful to the person who receives it. Information can be personal or

	non-personal in nature. The terms ‘data’ and ‘information’ are often used interchangeably and should be taken to mean both data and information in this policy.
Initiative	A plan or strategy that could be a single project, or a program of projects at the request of the minister, the Director General, or an approved delegated group such as the Health Executive Committee, or the Quality Action Collaborative.
WA Health system	The WA Health system is comprised of: (i) the Department of Health; (ii) Health Service Providers; North Metropolitan Health Service, South Metropolitan Health Service, Child and Adolescent Health Service, WA Country Health Service, East Metropolitan Health Service, PathWest Laboratory Medicine WA, Quadriplegic Centre and Health Support Services and (iii) contracted health entities, to the extent they provide health services to the State.

8. Policy Contact

Enquiries relating to this policy may be directed to:
Title: Manager, Executive Office Policies and Projects
Directorate: Patient Safety and Clinical Quality
Email: EOPP@health.wa.gov.au

9. Document Control

Version	Published date	Review date	Amendment(s)
MP 0201/26	2 September 2026	September 2029	Original version

Note: Mandatory policies that exceed the scheduled review date will continue to remain in effect.

10. Approval

Approval by	Nicole O’Keefe, Deputy Director General, Strategy and Governance Division
Approval date	28 August 2026

This document can be made available in alternative formats on request for a person with a disability.