Objective It has been recognised that the Covid-19 pandemic positively accelerated digital adoption (Greenway et al., 2021; Issa, 2020). However, rapid deployments of technology do not often assess and understand patient safety risks; resulting in harm, which have ethical and legal considerations (HEE, 2019). The NHS has received caution of the potential risks of the use of new digital solutions during the pandemic (Hutchings, 2020). To nurture digital health safety, clinical safety risk management practice is worthy of study. Further, identifying factors that support the promising adoption and implementation of safety guidelines will develop maturity of the professional practice.

Methods Conducted for a Master’s Dissertation in Digital Health Leadership with The Institute of Global Health Innovation Imperial College, this study uses a promising practice model to identify assets of the Australian healthcare system to achieve patient safety when deploying digital health technologies. The question guiding the study is: what are the factors that need to be evaluated to support the scaled adoption and implementation of digital health safety guidelines as a professional practice in Australia? Taking into consideration the socio-technological factors of digital health safety, the research strategy uses a mixed method to generate a creative and innovative study. Qualitative data has been collected from stakeholders including the Australasia Institute of Digital Health (AIDH) members and Certified Health Informatician Australasia (CHIA) Alumni via surveys, interviews and focus group. This will be analysed alongside data mined from existing documents and artifacts to understand trends, implications and what is grounded in national policy and strategy. It is expected data mining of resources will provide further insights into the maturity digital health safety practices.

Results The promising practice investigation is related to the larger problem of the adoption of safety standards to ensure innovative new ways of working do not compromise patient safety. The presentation will share results from the international literature review and early insights of the first phase of data analysis. Evidence from the literature has exposed the current healthcare information technology safety practice challenges. There were few studies that focused on the factors influencing the adoption of digital health safety standards. However, the review surfaced six key areas that need to be understood to improve safety practice and culture, which will be summarised in the presentation. A comparison of safety frameworks from England and Australia will be presented. In addition, a review of the unique assets of the Australian healthcare system will be provided. Finally, a maturity model to guide the professional practice to assist organisations determining their status in adopting digital health safety into governance, policy, process, culture, and other facets of operations will be shared (Rowlands, Zelcer & Williams, 2017).

Conclusion As a science, measuring the impact digital health and patient safety remains rudimentary (Singh & Sittig, 2016). The health science community recognises digital health safety is challenging and international efforts are being made to understand the socio-technical dynamics to ensure patient safety (Sittig et al., 2020). Given the national focus ‘to embed digital clinical safety across health and care’ (NH S X, 2021, p. 25), it is timely to look beyond to source exemplar organisations and best practice to participate in research (Gandhi et al., 2016). In contrast to the approach taken by the NHS Digital to mandate digital clinical safety standards, in Australia the Patient Safety Electronic Health (E-Health) Professional Practice Guidelines empowers organisations to establish ‘best fit’ with their strategic and operating context. This study is framed alongside the NHS Digital Clinical Safety Strategy and searches for evidence of a promising practice related to the Australian healthcare system and patient safety culture. This presentation will be beneficial for Digital Clinical Safety Officers and Chief Clinical Information Officers developing a clinical safety risk management process, investing in team building, recourses, and capability.