

AUSTRALIAN COMMISSION ON SAFETY AND QUALITY IN HEALTH CARE

Data Plan 2019–22

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Abbreviations and acronyms

ABS	Australian Bureau of Statistics
AHSSQAS	Australian Health Service Safety and Quality Accreditation Scheme
AIHW	Australian Institute of Health and Welfare
AMR	Antimicrobial resistance
APC NMDS	Admitted Patient Care National Minimum Data Set
APPs	Australian Privacy Principles
AU	Antimicrobial use
EDW	Enterprise Data Warehouse
HAI	Healthcare-associated infections
HHA	Hand Hygiene Australia
MBS	Medical Benefits Schedule
NAPS	National Antimicrobial Prescribing Survey
NCAS	National Centre for Antimicrobial Stewardship
NHHI	National Hand Hygiene Initiative
NHIA	National Health Information Agreement
NHDISC	National Health Data and Information Standards Committee
NHPF	National Health Performance Framework
NHR Act	National Health Reform Act 2011
NHRA	National Health Reform Agreement
NSMC	National Standard Medication Chart
NSQHS Standards	National Safety and Quality Health Service Standards
PAF	Performance and Accountability Framework
PBS	Pharmaceutical Benefits Schedule
PGPA	Public Governance, Performance and Accountability Act 2013
ROGS	Report of Government Services
SCHNI	Strategic Committee for National Health Information
the Commission	Australian Commission on Safety and Quality in Health Care
the Framework	Data Governance Framework

Executive summary

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the *Data Plan 2019–22* (Data Plan) to support the implementation of its role in leading and coordinating safety and quality improvements across Australia. The functions of the Commission are specified in the *National Health Reform Act 2011* (NHR Act) and include promoting, supporting, monitoring and implementing safety and quality in health care.

To achieve its functions the Commission requires timely access to accurate and reliable data. The Commission has prepared this three-year Data Plan in accordance with section B85 of the National Health Reform Agreement (NHRA).

The Commission's current Work Plan is structured according to four priority areas identified in the Commission's current strategic plan, which are:

- Patient safety
- Partnering with patients, consumers and communities
- Quality, cost and value
- Supporting health professionals to provide safe and high-quality care.

The purpose of the Data Plan is to support the priorities agreed to in the Work Plan, and to outline data requirements to ensure these responsibilities and objectives are met.

The Data Plan forms part of a suite of documents to support the use of data and analytics for improving safety and quality in health care, including:

- *Work Plan*
- *Data Governance Framework*
- Data management policies and procedures
- Process to develop and review safety and quality indicators.

The Data Plan comprises of:

- **background** outlining the legislative requirements and role of the Commission and outlining support documentation
- **data requirements** that underpin the development of the Data Plan including the Commission's approach to using data and
- **appendices** describing the current and future roles of the Commission relating to data use, data sources and associated Work Plan activities.

Background

Purpose of the Commission

The Commission commenced as an independent, statutory authority on 1 July 2011. The Australian, state and territory governments initially established the Commission in 2006 to lead and coordinate national improvements in healthcare safety and quality.

Legislative basis and functions of the Commission

The Commission's permanent status was confirmed with the assent of the *National Health and Hospitals Network Act 2011*. The Commission was subsequently included within the *National Health Reform Act 2011* (NHR Act).

The NHR Act established the Commission as a corporate Commonwealth entity under the *Public Governance, Performance and Accountability Act 2013* (PGPA Act).

The functions of the Commission are specified in the NHR Act and the *National Health Reform Agreement* (NHRA), Appendix 1.

These functions include:

- formulating standards, guidelines and indicators relating to healthcare safety and quality matters
- advising health ministers on national clinical standards
- promoting, supporting and encouraging the implementation of these standards and related guidelines and indicators
- monitoring the implementation and impact of these standards
- promoting, supporting and encouraging the implementation of programs and initiatives relating to healthcare safety and quality matters
- formulating model national schemes that provide for the accreditation of organisations that provide healthcare services and relate to healthcare safety and quality matters
- collecting analysing, interpreting and disseminating information relating to healthcare safety and quality matters and
- publishing reports and papers relating to healthcare safety and quality matters.

The Commission is responsible for collecting, analysing, interpreting and disseminating information related to health care safety and quality, as well as for identifying indicators related to safety and quality. Appendix 1 provides details of the governing and operational principles underlying the Commission's role in relation to data as per the *National Health Information Agreement* (NHIA).

The Commission (under clause I89 of the NHRA Addendum) was one of the National agencies to be transferred the functions of the National Health Performance Authority (along with the AIHW and Commonwealth Department of Health).

Data Plan 2019–22

This document sets out the Data Plan for three years, covering 2019-20 to 2021–22.

The objectives of the Data Plan are to:

- support the Commission’s Work Plan and serve as a summary of data management and use requirements across the Commission
- communicate how the Commission plans to manage and use data over the next three years in accordance with the Work Plan priorities, to jurisdictions, other government agencies and broader stakeholders in the health care sector and
- contribute to broader national policy in support of the use of enduring national linked data for safety and quality purposes.

The Data Plan aligns with the Commission’s agreed Work Plan and does not change the intent or direction of the Commission’s work. It forms part of a suite of documents to support using data and analysis to improve safety and quality in health care, including:

- *Work Plan*
- *Data Governance Framework*
- Data management policies
- Process to development and review safety and quality indicators.

Data governance, privacy, security and storage of data are outlined in the *Data Governance Framework* (the Framework), and these elements are included briefly in this document.

Work Plan

The Commission’s Work Plan is a requirement under the NHR Act. It outlines the Commission’s priorities over the next three financial years.

The current Work Plan is structured according to four priority areas in the Commission’s Strategic Plan:

1. Patient safety
2. Partnering with patients, consumers and communities
3. Quality, cost and value
4. Supporting health professionals to provide safe and high-quality care.

The Work Plan describes activities that support the specification, review and maintenance of health information standards and indicators that underpin the *Performance and Accountability Framework* (PAF), the *National Health Performance Framework* (NHPF), the newly developed *Australian Health Performance Framework* (AHPF)¹, the *Report on Government Services* (ROGs), Australian Health Service Safety and Quality Accreditation Scheme (AHSSQAS) and the clinical care standards.

The key areas of work relating to use of data include:

- the advancement of initiatives to prevent and contain antimicrobial resistance (AMR)
- the maintenance and development of healthcare associated infection (HAI) strategies

¹ <https://meteor.aihw.gov.au/content/index.phtml/itemId/721590>

- the maintenance and improvement of appropriate antimicrobial utilisation, informed by AURA (Antimicrobial Use and Resistance in Australia)²
- the development and maintenance of clinical measures to support safety and quality improvement
- the development and support of a model for local monitoring of patient safety
- the development and support of measures to report consistently nationally on patient safety in collaboration with the AIHW, states and territories and the Commonwealth, through joint work on the AHPF
- examining unwarranted healthcare variation
- working with partners on national clinical quality registries.

Together, these activities contribute to delivering the Commission's broader objectives to improve safety and quality in the Australian healthcare sector.

Data Governance Framework

The Framework (D17-16) ensures that:

- data conforms to appropriate standards of data management and quality prior to use and
- data are used in accordance with appropriate approvals and protocols.

It contains key information for all Commission staff and is a source of information for external stakeholders that may share data with the Commission. The data governance arrangements apply to all data requested, collected or funded by the Commission.

Data management principles and accompanying policies, guidelines and procedures

The Commission's data management principles provide an organisation-wide basis for data management. The principles serve as the foundation for a system of governance surrounding data management and use. They are supported by data management policies, guidelines and procedures to ensure the appropriate storage and use of data as below:

1. Data governance
2. Data development
3. Data acquisition, storage and management
4. Data security
5. Reference and master data management
6. Data quality management
7. Data processing
8. Data disclosure and reporting
9. Metadata management
10. Staff education, support and training.

² The AURA Surveillance System is currently planned and managed by the Commission under contract until June 30, 2020. Data and reports from AURA are also used by the Commission in a range of its work; this will continue into the future independent of which organisation hosts the System

Security and Privacy

The Commission is committed to using data and information in accordance with relevant legislation and national privacy principles, ethical guidelines and practices.

Security

Systems and processes used for collection, analysis and storage of data and information have been designed to ensure that the confidentiality, integrity and availability of data and information is protected. Data and information will be maintained in a secure environment and in accordance with the Australian Government Protective Security Policy Framework and the Australian Government Information Security Manual.

Privacy

The Commission is subject to privacy obligations under the NHRA, the *Privacy Act 1988* and the *Privacy Amendment (Enhancing Privacy Protections) Act 2012*.

The *Privacy Act 1988* sets out 13 Australian Privacy Principles (APPs) which apply to the collection, use, disclosure and other aspects of handling personal information. These principles apply to and must be complied with by the Commission.

Any requests received by the Commission for access to specific data sources, extracts of data or results of indicators (which are not aggregated at the national level), will be forwarded to the data owner or custodian of the specific collections to either: a) seek their permission to release the data as per the request, and/or b) manage the request directly.

Process to develop and review safety and quality indicators

Development, maintenance and review of safety and quality indicators is a key function of the Commission. The Commission has a robust process for the development and review of safety and quality indicators which is founded on data. This process is compliant with the Framework and supporting data management principles.

The Data Plan is intended to be read in conjunction with the Framework, data management policies and process for indicator development and review.

Data requirements

Approach to data collection, management, analysis and reporting

There are five governing principles which summarise the Commission's approach to the use of data which refer to the collection, management, analysis, use and reporting of data. Figure 1 below details the Commission's principles in relation to data.

Figure 1: Principles of data use

Principles				
Data collection	Data management	Clinical expertise and broad consultation used in analysis	Data use	Reporting and publishing
The Commission will collect data appropriately, minimising the burden of data collection by using the single provision multiple use principle. Where this is not possible, consent and agreement from jurisdictions will be sought to use jurisdictional collections and/or the development of a new collection	The Commission will manage the use of data consistently with Work Plan requirements, security and privacy measure	The Commission will ensure that clinical and jurisdictional experts are involved where broad consultation is required in the development of any new data sets that are specified by the Commission.	The Commission will use best practice analytical methodologies appropriate to large data sets. Including but, not limited to, data suppression for low and/or identifiable numbers, identification of variation and inconsistencies, independent analysis run by multiple analysts to ensure accuracy and vertical usability when and where possible.	The Commission will ensure that reporting is: <ul style="list-style-type: none"> Timely – to ensure adequate time for validation and verification processes Fit for purpose – identified variations and inconsistencies in the data have been addressed or properly caveated. High quality – including clarity of outputs and interpretations, relevant technical documentation provided, data quality statements and follows all principles of data use

National engagement and data use

The Commission works closely with the National Health Data and Information Standards Committee (NHDISC) and the Strategic Committee for National Health Information (SCHNI) to ensure that the Commission conforms to existing indicator and data development processes and structures.

The Metadata Online Registry (METeOR) is Australia's web-based repository for national metadata standards for the health, community services and housing assistance sectors. Hosted by the Australian Institute of Health and Welfare (AIHW), METeOR provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions. As of July 2016, the Commission has been established as an autonomous Registration Authority (RA) in METeOR. This enables the Commission to register, develop and endorse its own metadata content for local and national indicators of safety and quality in health care, for potential use by the public and private health sectors.

Data collections utilised by the Commission

The Commission will collect data appropriately, minimising the burden of data collection on the health sector by aligning requirements in the NHRA specifying the need for single provision, multiple use of information to maximise efficiency (NHRA B86 (d)). The Commission focusses primarily on established data collections to achieve its functions under the relevant legislative acts and in accordance with objectives of the Work Plan.

The Commission has determined that the key data sets relevant to support the Work Plan are:

- **Commission data collections** – the Commission is responsible for hosting or collecting data relating to accreditation outcomes, safety and quality program consultation, queries and advice provided on current safety and quality priorities
- **Data collected by other organisations** – the Commission supports organisations to collect, analyse and manage data that relate to safety and quality priorities and
- **National administrative data sets** – for example the Medical Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS) and the Admitted Patient Care National Minimum Data Set (APC NMDS).

The data collections identified to achieve the 2019-2022 Data Plan are outlined in Appendix 2. The potential data source for use is described in Appendix 3. The Commission will follow the appropriate governance processes (where applicable and appropriate) for all data collections it seeks to access.

Data linkage as a priority

The Commission supports the development of national enduring data linkage to enable more meaningful analysis of patient outcomes resulting from healthcare interventions. Linking administrative data (for example from APC NMDS, MBS, PBS and births/deaths registries) provides an opportunity to understand and monitor processes of care, identify areas of risk or harm, and draw attention to potential safety and quality issues.

The Australian Atlas of Healthcare Variation presents data from the Medicare Benefits Schedule (MBS), Pharmaceutical Benefits Scheme (PBS) and Admitted Patient Care National Minimum Data Set (APC NMDS) to explore variation across different healthcare settings. Some of this observed variation will be warranted and associated with need related factors such as underlying differences in the health of specific populations, or personal preferences. However, the weight of evidence in Australia and internationally suggests that much of the variation documented in the atlas is likely to be unwarranted. It may reflect differences in clinicians' practices, in the organisation of health care, and in people's access to services. It may also reflect poor-quality care that is not in accordance with evidence-based practice.

Access to linked data sources would provide valuable insight into the outcomes of interventions and help identify appropriate intervention rates and what level of variation is warranted. Future editions of the Australian Atlas of Healthcare Variation and AURA reports will seek to incorporate and access the linkage of relevant healthcare and administrative data sets, such as the National Integrated Health Services Information (NIHSI) Analysis Asset.

The Commission is not a registered national linking authority and as such will not be linking any data itself. The Commission will use the expertise, authority and processes of national bodies such as the AIHW, Department of Health and the Australian Bureau of Statistics for any such linkage processes and projects.

Clinical expertise and broad consultation used in analysis

The Commission ensures that project design and data analyses are supported by clinical and jurisdictional consultation and expertise. Clinicians, jurisdictional safety and quality and technical experts are involved in the development of any new indicators or data sets. In addition, the Commission also acknowledges the vital importance of involving consumer, academics, and experts in safety and quality in such consultation processes.

Reporting and publishing

The Commission has a legislative responsibility to publish reports and papers relating to healthcare safety and quality matters for a range of audiences, for example, health ministers, clinicians, consumers and health system managers.

Examples of the Commission's key reporting functions are as follows:

- **Safety and quality report** – The Commission publishes an annual report on the safety and quality of health care aimed at consumers. It includes case studies that provide an in-depth, but reader-friendly, analysis of safety and quality in a select number of priority areas to understand issues about safety and quality in health care and to develop solutions to address them.
- **Reporting of accreditation outcomes**
 - The Commission contributes to national reports on outcomes of accreditation in relation to the National Safety and Quality Health Service Standards (NSQHSS).
 - Potential reports and contributions to reports on the National General Practice Accreditation (NGPA) Scheme, once appropriate mechanisms have been established.
- **Australian Atlas of Healthcare Variation** – The Commission publishes the atlas to highlight variation in in healthcare interventions across Australia. Information from a range of national healthcare data sets and information are used.
- **Other national publications** – The Commission produces and contributes to a number of other national reports on safety and quality of health services, for example *AURA 2019: Third Australian report on antimicrobial use and resistance in human health* and other AURO reports; and the National Standard Medication Chart (NSMC) audit reports.

Prior to the publication of data where results are identifiable by state and/or territory or local levels, the Commission will provide jurisdictions the opportunity review and validate the data, against the specifications used by the Commission.

Appendix 1: National Health Reform Act and Agreement & National Health Information Agreement

This section details the role and functions of the Commission as specified in both the National Health Reform Agreement and Act. It also outlines principles of data management as specified in the National Health Information Agreement.

National Health Reform Act
Functions of the Commission
<p>The Commission's functions are specified in the National Health Reform Act 2011. They include requirements to report on the state of safety and quality in health care, and the formulation, support and promotion of indicators, as well as to collect, analyse, interpret and disseminate information relating to healthcare safety and quality matters.</p> <p>Chapter 2 Section 9 of the National Health Reform Act 2011, specifically details the Commission's functions as the following:</p> <ul style="list-style-type: none"> (a) to promote, support and encourage the implementation of arrangements, programs and initiatives relating to health care safety and quality matters; (b) to collect, analyse, interpret and disseminate information relating to health care safety and quality matters; (c) to advise the Minister about health care safety and quality matters; (d) to publish (whether on the internet or otherwise) reports and papers relating to health care safety and quality matters; (e) to formulate, in writing, standards relating to health care safety and quality matters; (f) to formulate, in writing, guidelines relating to health care safety and quality matters; (g) to formulate, in writing, indicators relating to health care safety and quality matters; (h) to promote, support and encourage the implementation of: <ul style="list-style-type: none"> i. standards formulated under paragraph (e); and ii. guidelines formulated under paragraph (f); (i) to promote, support and encourage the use of indicators formulated under paragraph (g); (j) to monitor the implementation and impact of: <ul style="list-style-type: none"> i. standards formulated under paragraph (e); and ii. guidelines formulated under paragraph (f); (k) to advise: <ul style="list-style-type: none"> i. the Minister; and ii. each participating State/Territory Health Minister; about which standards formulated under paragraph (e) are suitable for implementation as national clinical standards; (l) to formulate model national schemes that: <ul style="list-style-type: none"> i. provide for the accreditation of organisations that provide health care services; and ii. relate to health care safety and quality matters; (m) to consult and co-operate with other persons, organisations and governments on health care safety and quality matters; (n) such functions (if any) as are specified in a written instrument given by the Minister to the Commission Board Chair; (o) to promote, support, encourage, conduct and evaluate training programs for purposes in connection with the performance of any of the Commission's functions;

- (p) to promote, support, encourage, conduct and evaluate research for purposes in connection with the performance of any of the Commission's functions;
- (q) to do anything incidental to or conducive to the performance of any of the above functions.

National Health Reform Agreement (NHRA)

Functions of the Commission

The NHRA is established between the Commonwealth and the States and Territories. Under the Agreement (B80), the Commission's role is to:

- (a) lead and coordinate improvements in safety and quality in health care in Australia by identifying issues and policy directions, and recommending priorities for action;
- (b) disseminate knowledge and advocate for safety and quality;
- (c) report publicly on the state of safety and quality including performance against national standards;
- (d) recommend national data sets for safety and quality, working within current multilateral governmental arrangements for data development, standards, collection and reporting;
- (e) provide strategic advice to the Standing Council on Health³ on best practice thinking to drive quality improvement, including implementation strategies; and
- (f) recommend nationally agreed standards for safety and quality improvement.

In addition:

B81. The Commission will expand its role of developing national clinical standards and strengthened clinical governance. These arrangements will be further developed in consultation with States.

B82. The Commission will:

- (a) formulate and monitor safety and quality standards and work with clinicians to identify best practice clinical care, to ensure the appropriateness of services being delivered in a particular health care setting; and
- (b) provide advice to the Standing Council on Health about which of the standards are suitable for implementation as national clinical standards.

Principles of data management

Clause B85 of the NHRA specifies that the national bodies outlined in B1-B79 of the NHRA will develop rolling three year data plans indicating their future data needs.

Clause B86 of the NHRA specifies what each body must do in determining their data requirements, including

- a) seek to meet its data requirements through **existing national data collections**, where practical;
- b) conform with **national data development principles** and wherever practical use existing data development governance processes and structures, except where to do so would compromise the performance of its statutory functions;

³ The Council of Australian Governments (COAG) Health Council

- c) allow for a reasonable, clearly defined, timeframe to incorporate **standardised data collection methods across all jurisdictions**;
- d) support the concept of **'single provision, multiple use'** of information to maximise efficiency of data provision and validation where practical, in accordance with privacy requirements;
- e) **balance the national benefits** of access to the requested data against the **impact on jurisdictions** providing that data; and
- f) **consult with the Commonwealth and States** when determining its requirements.

National Health Information Agreement (NHIA)

Principles of data management

The NHIA is an agreement between state and territory health authorities and various Commonwealth agencies (including the Commission) on the establishment of structures and processes through which these authorities 'will develop agreed programs to improve, maintain and share national health information' (p. 1). The Agreement provides the framework under which health information will be collected and maintained nationally.

Governing principles

The Agreement will:

- a) provide a structure for the capture through the use of health information in the national interest by implementing a **commitment by Parties to work together** to ensure the provision of timely and quality health information in the national interest;
- b) lead to better and more timely information, through **enabling collection, use and access** to more relevant and timely quality information;
- c) provide access to **timely high quality, nationally consistent, health information** essential for the conduct of research and analysis and to inform the **development and implementation of policies** for improving health outcomes for all Australians;
- d) facilitate and encourage strategic planning to ensure **activities** focus on areas where they are likely to meet **highest priority needs**;
- e) **protect the privacy of individuals' information** and ensure the responsible handling and reporting of health information will provide the foundation for the information collected and published under the auspices of this Agreement;
- f) maximise efficiency of data management and access to data by the parties, researchers, policy makers and the community, through a **'single provision, multiple use' basis** for information sharing, within the constraints of privacy, security and confidentiality and other relevant legislation and data ownership protocols;
- g) enable an environment where health information is **calculated once, verified once and published widely**;
- h) take account of available funding and human resources in **balancing national benefits of information activities against imposition on jurisdictions** and other data providers and managers;

- i) reduce the burden associated with data capture and **reporting through rationalisation of existing and new health information**;
- j) promote, where possible, **consistency with information activities under related agreements**, such as community services, housing and homelessness and early childhood and in non-government sectors;
- k) ensure consistency of **privacy and security measures and standards** through the use of Commonwealth Standards provided within the Protective Security Policy framework issued by the Commonwealth Attorney-general's Department, and Australian Government Information Security Manual issued by the Defence Signals;
- l) support the **participation in national health information arrangements** by stakeholders not signatory to the agreement;
- m) take into account the **management of national data collection** on the processes and systems that generate or manage national data including national data repositories and e-health operations supporting clinical care; and
- n) apply **outsourced health services** provided on behalf of a party.

Operational guiding principles

The following operational guiding principles will inform the development of required schedules and support the day to day application of the Agreement:

Development

- a) improving the national consistency of data, through **development and implementation of agreed standards**;
- b) improving the **integration of clinical and statistical standards** to facilitate communication and a continuum of health information, avoiding duplication or incompatible or inconsistent data collection and flows;

Production and distribution

- c) enabling information to be captured as close as possible to the point of service delivery, with the **development and deployment of information capture tools** that do not impede the effective delivery of care;
- d) ensuring the **quality of health information** supplied for a particular use is application specific and appropriateness is reviewed when data is considered for another purpose;
- e) ensuring **data suppression rules** are case specific and only enacted where there is a risk that an individual or commercial in confidence information could be disclosed that was previously unknown to the recipients of the data;
- f) ensuring data is maintained in a **secure environment** and transmitted through secure methods;
- g) supporting **transparent data transformation processes**, such as shared statistical standards and validation processes;
- h) enabling provision and access to **quality statements**;

Use

- i) ensuring potential users of health information have access to **data quality statement and metadata** to determine and assess appropriateness of use;
- j) ensuring the **existence of information is easily discoverable**, either by the world at large or at least by those parties who are entitled to use it;
- k) ensuring the systems for providing **access to information** give effect to access entitlements and make it as easy as possible for authorised users to obtain the data they need;
- l) improve and **reduce unnecessary reporting and evaluation**, to maximise process efficiency and the usefulness of information; and
- m) enabling the **National Minimum Data Set information to be reused** without individual approval from the data owner where the data is de-identified and used within the boundaries of its original intent.

Appendix 2: Work Plan priorities and data collections utilised by the Commission

Priority area	Project	Description	Potential Data Source
1.1	Outcomes for NSQHS Standards	Ongoing monitoring of accreditation outcomes for each action in the Standards across a range of sectors.	<p>Accreditation outcomes against the NSQHS Standards</p> <p>Accreditation outcomes against NSQPHC Standards</p> <p>Accreditation outcomes against NSQPHC Standards</p> <p>Accreditation outcomes against the NGPA scheme</p> <p>Master List of Hospitals</p> <p>National Health Service Directory (NHSD)</p> <p>Fresh Desk enquiries</p> <p>NSQHS Standards orientation course participation and completions</p> <p>The Practice Incentive Program (PIP) and Practice Nurse Incentive Program (PNIP) data</p> <p>Notifications of exemplar practice by accrediting agencies</p>
1.1	Priority areas for NSQHS Standards	Analysis of data to inform safety and quality priorities	<p>Accreditation outcomes against the NSQHS Standards</p> <p>Pharmaceutical Benefits Scheme (PBS) data</p> <p>Admitted Patient Care National Minimum Data Set (APC NMDS)</p> <p>Private Hospital Data Bureau data collection</p> <p>Medicare Benefits Schedule (MBS) data</p> <p>Clinical quality registries (as required)</p> <p>ABS data (e.g. population mortality statistics etc.)</p> <p>Healthcare associated infections (HAI) surveillance data</p> <p>Jurisdictional HealthPathways data (e.g. NSW (incl ACT), QLD, WA etc)</p>
1.1	Stewardship of the National Standard Medication Chart (NSMC)	<p>NSMC audit data analysed to understand</p> <ul style="list-style-type: none"> Quality of prescribing and medicines administration, and Performance of the NSMC. 	National Standard Medication Chart (NSMC) Audit

Priority area	Project	Description	Potential Data Source
		Hospitals participate on a voluntary basis.	
1.1	Development of a national adoption model for MHR use in EDs	Time-limited observational study of MHR use in EDs	Hospitals participate on a voluntary basis. HREC approved in each hospital.
1.1	Medication incident data	State and territory medication incident data	Data collected to assist in evaluating Australia's response to the WHO Patient Safety Challenge – Medication Without Harm
1.3	Antimicrobial use, appropriateness of use and antimicrobial resistance	A comprehensive range of analyses of patterns and trends in antimicrobial use, appropriateness of use and antimicrobial resistance	<p>National Alert System for Critical Antimicrobial Resistances (CARAlert)</p> <p>National Antimicrobial Prescribing Survey (Hospital NAPS)</p> <p>Aged Care National Antimicrobial Prescribing Survey (AC NAPS)</p> <p>Surgical National Antimicrobial Prescribing Survey (Surgical NAPS)</p> <p>Australian Group on Antimicrobial Resistance (AGAR)</p> <p>National Antimicrobial Utilisation Surveillance Program (NAUSP)</p> <p>Australian Passive AMR Surveillance (APAS) utilising the Queensland Health OrgTRx system</p> <p>Sullivan Nicolaides Pathology passive AMR surveillance data</p> <p>Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data</p> <p>National Neisseria Network (NNN) (<i>Neisseria meningitidis</i> and <i>N. gonorrhoeae</i>)</p> <p>National Notifiable Diseases Surveillance System (NNDSS) – <i>Mycobacterium tuberculosis</i> only</p>
1.3	Hand Hygiene Surveillance	Analysis of hand hygiene surveillance data.	<p>Hand Hygiene Audit Database</p> <p>Healthcare associated infections (HAI) surveillance data</p>

Priority area	Project	Description	Potential Data Source
1.3	Healthcare-associated infections	Monitoring and analysis of healthcare-associated infection data	<i>Staphylococcus aureus</i> bacteraemia (SAB) data AIHW Central line associated blood stream infection (CLABSI) data: ANZICS core registry <i>C. difficile</i> : Admitted Patient Care National Minimum Data Set (APC NMDS)
1.3	Infection Prevention and Control eLearning	Analysis of eLearning utilisation	Module utilisation data from eLearning software providers (Kineo, Hand Hygiene Australia, Nexus)
3.1	Australian Atlas of Healthcare Variation series	Analysing data to scope potential topics for the Australian Atlas of Healthcare Variation series.	Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data Admitted Patient Care National Minimum Data Set (APC NMDS) Medicare Benefits Schedule (MBS) data Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) Non-Admitted Patient Emergency Department Care National Minimum Data Set (NAPED NMDS) The National Integrated Health Services Information (NIHSI) Analysis Asset National Perinatal Data Collection (NPDC) Admitted Patient Care Submissions B
4.1	Curation, monitoring and evaluation of the Hospital-acquired Complications (HACs) list and Avoidable Hospital Readmissions (AHRs) list	Analysis to support the ongoing maintenance of the HACs and AHRs list and monitoring rates to assist in safety and quality improvement	Admitted Patient Care National Minimum Data Set (APC NMDS) National Perinatal Data Collection (NPDC) Private Hospital Data Bureau data collection Admitted Patient Care Submissions B
4.1	Development of mental health HACs	Analysis to support the creation and validation of Mental Health specific HACs	Admitted Patient Care National Minimum Data Set (APC NMDS) Mental Health Seclusion and Restraint National Best Endeavours Data Set (SECRET NBEDS) Private Hospital Data Bureau data collection

Priority area	Project	Description	Potential Data Source
4.1	Sentinel Events and Incident Management	<ul style="list-style-type: none"> Monitoring and curate the Sentinel Event list (v2.01) Analysis of incident management data to develop a framework to enhance learning to improve the effectiveness of incident management systems 	Admitted Patient Care National Minimum Data Set (APC NMDS) Incident management data National Sentinel events data
4.1	Development and refinement of clinical care indicators	Analysing data to scope potential topics and support established Clinical Care Standards.	Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data Admitted Patient Care National Minimum Data Set (APC NMDS) Non-Admitted Patient Emergency Department National Minimum Data Set (NAPED NMDS) Medicare Benefits Schedule (MBS) data Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) National Perinatal Data Collection (NPDC)
4.1	Indicators for Version 2 of the Standards	Development of safety and quality indicators developed to support version 2 of the standards.	Accreditation outcomes against the NSQHS Standards Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data Admitted Patient Care National Minimum Data Set (APC NMDS) Medicare Benefits Schedule (MBS) data Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) Healthcare associated infections (HAI) surveillance data
4.1	Patient Reported Outcome Measures (PROMs)	Scoping for potential indicators to support the development of PROMs.	Pilot data from relevant OECD programs Clinical quality registries (as required)

Priority area	Project	Description	Potential Data Source
4.1	Australian Hospital Patient Experience Question Set (AHPEQS)	Ongoing maintenance of the AHPEQS to support quality improvement and facilitate partnering with consumers.	Pilot data from the development of the AHPEQS Jurisdictional AHPEQS results
4.1	Patient Safety Culture	Development and ongoing maintenance survey to measure patient safety culture from the hospital staff perspective to safety and quality improvement.	Data collected during the pilot of the identified survey to measure patient safety culture. Jurisdictional patient safety culture results
4.1	Hospital mortality indicators	Maintaining and developing specifications to support safety and quality hospital mortality indicators including: <ul style="list-style-type: none"> On-going development of ACM-HSMR model for local use On-going development and review coefficients and reference sets On-going development and review of condition specific in hospital mortality model On-going development and review of condition specific readmission indicators. 	Admitted Patient Care National Minimum Data Set (APC NMDS) The National Integrated Health Services Information (NIHSI) Analysis Asset National Mortality database (NMD)
4.1	Public reporting of safety and quality	Undertake analytical work required to create or update indicators for the purposes of public reporting	Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data Admitted Patient Care National Minimum Data Set (APC NMDS) Admitted Patient Care Submissions B Non-Admitted Patient Emergency Department National Minimum Data Set (NAPED NMDS)

Priority area	Project	Description	Potential Data Source
			Medicare Benefits Schedule (MBS) data Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) Primary Care Data Asset data The National Integrated Health Services Information (NIHSI) Analysis Asset Private Hospital Data Bureau data collection
4.1	Ongoing coordination/maintenance of other safety and quality indicators including: <ul style="list-style-type: none"> National Core Maternity Indicators Severe Acute Maternal Morbidity (SAMM) Day procedure services Primary care Non-general practice primary care 	Maintaining and developing specifications to support safety and quality indicators.	Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data Admitted Patient Care National Minimum Data Set (APC NMDS) Non-Admitted Patient Emergency Department National Minimum Data Set (NAPED NMDS) Medicare Benefits Schedule (MBS) data Clinical quality registries (as required) Primary Care Data Asset data National Perinatal Data Collection (NPDC)
4.1	Data set specification for safety and quality data collections	Develop and maintain data set specifications are required.	Admitted Patient Care National Minimum Data Set (APC NMDS) Non-Admitted Patient Emergency Department Care National Minimum Data Set (NAPED NMDS)
4.2	Patient Safety Learning Model	Analysis of data for inclusion in a reporting platform for hospital patient safety measurement, reporting and learning	Admitted Patient Care National Minimum Data Set (APC NMDS) Non-Admitted Patient Emergency Department National Minimum Data Set (NAPED NMDS) Clinical quality registries (as required) The National Integrated Health Services Information (NIHSI) Analysis Asset Private Hospital Data Bureau data collection

Appendix 3: Data set sources (2019-2022)

Data set name	Source
Accreditation outcomes against the NGPA Scheme	Accrediting agencies
Accreditation outcomes against the NSQHS Standards	Accrediting agencies
Admitted Patient Care data as held by IHPA	Independent Hospital Pricing Authority
Admitted Patient Care National Minimum Data Set (APC NMDS)	Australian Government Department of Health
Admitted Patient Care Submission B	National Health Funding Body
Aged Care National Antimicrobial Prescribing Survey (AC NAPS)	Melbourne Health – National Centre for Antimicrobial Stewardship Voluntary cohort of public, private and not-for-profit aged care homes and multi-purpose services
Antimicrobial resistance (AMR) data: Australian Group on Antimicrobial Resistance (AGAR) Australian Passive AMR Surveillance (APAS) Sullivan Nicolaides Pathology passive AMR surveillance data National Neisseria Network (NNN) National Notifiable Diseases Surveillance System (NNDSS)	Supplied by a voluntary cohort of public and private laboratory systems from all states and territories and mandatory state and territory notifiable diseases data collections to: AGAR – auspiced by Australian Society for Antimicrobials APAS – A range of public and private laboratories in all states and territories except the Northern Territory submit data from the laboratory information systems to the Queensland Health OrgTrx System, under contract to the Commission. Sullivan Nicolaides Pathology NNN – WHO Collaborating Centre for Sexually Transmitted Infections and Antimicrobial Resistance (NNN) NNDSS – Department of Health

Data set name	Source
CARAlert (critical antimicrobial resistances)	Supplied by public and private laboratories which confirm critical antimicrobial resistances (voluntary) – Information Foundation
Clinical quality registries	Operated by or for clinical societies and colleges, and registry operators.
Focus groups, consultations and other survey tools e.g. Citizen Space	Internal at the Commission
Fresh Desk	Internal call centre database
Hand Hygiene Audit Database	Over 700 health service organisations (public and private audits via the HHCApp)
Infection Prevention and Control eLearning utilisation data	eLearning software providers (Kineo, Hand Hygiene, Nexus)
Healthcare-associated infections (HAI) surveillance data	Jurisdictions and some private hospitals supply of surveillance data (some items are voluntary)
Incident management systems data	Incident management system collections
Master List of Hospitals	Australian Government Department of Health
Master list of hospital email contacts	Collected by the Commission
Medicare Benefits Schedule (MBS) data – customised view	Australian Government Department of Health
Medicare Benefits Schedule (MBS) data – restricted set	Australian Government Department of Health (via EDW cubes)
National Mortality database (NMD)	Australian Institute of Health and Welfare
National Perinatal Data Collection (NPDC)	Australian Institute of Health and Welfare

Data set name	Source
National Antimicrobial Prescribing Survey (Hospital NAPS)	Melbourne Health – National Centre for Antimicrobial Stewardship - Voluntary cohort of public and private hospitals from all states and territories
National Antimicrobial Utilisation Surveillance Program (NAUSP)	SA Health – voluntary cohort of acute public and private hospitals from all states and territories
National Health Services Directory (NHSD) – unique identifiers	HealthDirect Australia and Australian Government Department of Health
Non-Admitted Patient Emergency Department National Minimum Data Set (NAPED NMDS)	Australian Government Department of Health
Mental Health Seclusion and Restraint National Best Endeavours Data Set (SECRET NBEDS)	Australian Institute of Health and Welfare
The National Integrated Health Services Information (NIHSI) Analysis Asset	Australian Institute of Health and Welfare
Patient experience survey results	Results provided by jurisdictions on a voluntary basis
Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data – 10% restricted set	Australian Government Department of Health (via EDW data cubes)
Pharmaceutical Benefits Scheme (PBS) and Repatriation Pharmaceutical Benefits Scheme (RPBS) data – customised view	Australian Government Department of Health
The Practice Incentive Program (PIP) and Practice Nurse Incentive Program (PNIP) data	The Department of Human Services
Primary Care Data Asset	Australian Institute of Health and Welfare
Private Hospital Data Bureau data collection	Australian Government Department of Health

Data set name	Source
Sentinel Events data collections	Incident management system collections Independent Hospital Pricing Authority
Surgical National Antimicrobial Prescribing Survey (Surgical NAPS)	Melbourne Health – National Centre for Antimicrobial Stewardship Voluntary cohort of public and private hospitals across all states and territories,