AUSTRALIAN COMMISSION
ON SAFETY AND QUALITY IN HEALTH CARE

Data Plan 2024–27

May 2025

Contents

Message from the CEO

The Australian Commission on Safety and Quality in Health Care (the Commission) was established in 2006 by the Council of Australian Government for the purpose of leading and coordinating improvements in the safety and quality of health care. The Commission's permanent status was confirmed with the passage of the National Health and Hospitals Network Act 2011, and its role, functions and responsibilities governed by the National Health Reform Act 2011 (NHR Act). The Commission commenced as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments.

As specified under the NHR Act, the Commission's functions include promoting, supporting, monitoring and implementing health care safety and quality matters. To achieve these, the Commission requires timely access to accurate and reliable data. The Commission has prepared this three-year Data Plan in accordance with section B66 of the 2020–2025 Addendum to the National Health Reform Agreement (NHRA). This Data Plan extends across the commencement of the 2025-2030 Addendum to the NHRA. The need for data under the new Addendum is not expected to change.

The purpose of this Data Plan is to document the Commission's minimum data requirements for the period from 2024-25 to 2026-27, to fulfil its legislative functions and to communicate the projects from the Commission's Work Plan where these data will be used.

The Data Plan serves as an acknowledgement of the Commission's need to access the data sets identified to perform its legislated functions to monitor safety and quality in healthcare and fulfil agreed Work Plan items and projects. In particular, Appendix 3a identifies data sets that require jurisdictional approval.

The Commission will liaise with authorising entities to ensure data sought is accessed in a safe and secure manner, in line with the respective governance processes of jurisdictional and Commonwealth data custodians.

The Commission's current Work Plan is structured according to the four priority areas identified in the Commission's *Strategic Intent 2020-2025:*

- Safe delivery of health care
- Partnering with consumers
- Partnering with healthcare professionals
- Quality, value, and outcomes.

This Data Plan includes:

- Background information that outlines legislative requirements and the role of the Commission
- Data requirements that underpin the development of the Data Plan and the Commission's approach to the effective use of data
- Appendices that describe what data is required, where the data will be sourced, and what the data will be used for by linking back to the relevant Work Plan activities and priority areas.

The Commission has developed the following documents to support the appropriate and effective use of data and analytics for improving safety and quality in health care:

- *Work Plan*
- *Data Governance Framework*
- Data management policies and procedures.

I would like to thank the Department of Health and Aged Care, other Commonwealth bodies, state and territory health departments, as well as health services from around Australia for their support in providing and facilitating data sharing.

Data sharing enables the *single source multiple use* vision described under the NHRA Addendum - B67(d). It is instrumental for safety and quality monitoring and improvement across all healthcare settings. Through collaboration, we will ensure patients can get the *right care, in the right place, at the right time and cost*, in the form of a transparent, sustainable and robust health system.

Conjoint Professor Anne Duggan
Chief Executive Officer
Australian Commission on Safety and Quality in Health Care

Overview

This document sets out the Commission’s Data Plan for the three-year period covering 2024-25, 2025-26 and 2026-27.

The objectives of the Data Plan are to:

- Outline the data required to deliver the Commission’s Work Plan
- Summarise how the data will be used and managed 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, the private sector and broader stakeholders in the health care sector
- Contribute to broader national policy in support of the use of enduring national linked data for safety and quality purposes.

Data sets required by the Commission to perform its core functions where access is subjected to approval from jurisdictions and other Commonwealth bodies are identified in Appendix 3a and 3b respectively.

Background

Purpose of the Commission

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

Legislative basis and functions of the Commission

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 its roles and responsibilities are outlined in Schedule B to the NHRA.

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 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 and procedures.

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, across six high-level objectives (illustrated below). The Data Plan supports the Commission to fulfil its functions and tasks across six strategic objectives.

The current Work Plan is structured according to the four strategic priority areas in the Commission’s *Strategic Intent 2020-2025,* described below

The Commission’s four strategic priorities:

1 **Safe delivery of health care**
Clinical governance, systems, processes and standards ensure patients, consumers and all staff are safe from harm in all places where health care is delivered

2 **Partnering with consumers**
Patients, consumers, carers and the community are engaged in understanding and improving health care for all

3 **Partnering with healthcare professionals**
Healthcare professionals, organisations and providers are engaged and supported to deliver safe and high-quality care

4 **Quality, value and outcomes**
Evidence-based tools, guidance and technology are used to inform delivery of safe and high-quality care that is integrated, coordinated and person-centred

The Work Plan describes activities that support the specification, review and maintenance of health information standards and indicators that underpin the *Australian Health Performance Framework* (AHPF)[1], the *Report on Government Services*, the NHRA Addendum, the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme and the Commission’s clinical care standards.

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[1] https://meteor.aihw.gov.au/content/index.phtml/itemId/721590

The key areas of work relating to use of data for the above include:

- the development and maintenance of clinical standards and measures to support safety and quality improvement
- the development and support of a model for local monitoring of patient safety
- examining unwarranted healthcare variation
- the development and support of measures to report consistently and nationally on patient safety in collaboration with the Australian Institute of Health and Welfare (AIHW), the Australian, state and territory governments, and the private sector through joint work on the AHPF
- support and advice for developing and maintaining safety and quality measures under the NHRA addendum
- the advancement of initiatives to prevent and contain antimicrobial resistance (AMR)
- the maintenance and development of strategies to reduce healthcare-associated infections (HAIs)
- safety and quality monitoring to support national accreditation schemes
- the support and improvement of appropriate antimicrobial use, informed by AURA (Antimicrobial Use and Resistance in Australia)[2]
- 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 ensures that:

- data conforms to appropriate standards of data management and quality prior to use
- 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 policy and procedures

The Commission's data management policy provides an organisation-wide basis for data management. The policy and associated procedures builds on the foundation of data governance as defined in the Data Governance Framework, and provides guidance on the data management lifecycle to ensure appropriate storage and use of data as below:

- Data governance structure
- Data request streams
- Data development, acquisition, storage and management
- Data security and privacy

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[2] From 1 January 2021, the Australian Government Department of Health assumed overarching responsibility for coordination of the AURA Surveillance System, whilst consultation occurs regarding the development of a One Health surveillance system. The Commission will continue to use APAS and CARAlert, and analyse and report on results of all AURA surveillance programs to inform strategies to respond to clinical and patient safety implications. This will continue into the future, independent of which organisation hosts the System.

- Data quality management
- Data processing
- Data disclosure and reporting
- Metadata management
- Staff education, support and training.

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.

The Commission uses the Commonwealth Department of Health and Aged Care's IT Network and Enterprise Data Warehouse (EDW), under the existing shared services agreement, for the access, storage and analysis of data collections. IT resources which are not part of the Commission's network are used once relevant Agency and Data security policy requirements (via the Commission's Data Governance Committee) have been met.

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 which apply to the collection, use, disclosure and other aspects of handing personal information. The Commission is required to comply with these principles.

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 seek their permission to release the data as per the request, and/or manage the request directly.

A data custodian is an entity that collects or generates data for any purpose and is accountable and responsible for the operational management (including collection, disclosure and use) of that data collection. A data collection may have one or more data custodians and/or be sourced from multiple data owners. A data custodian can provide access to the data collection subject to approval from the data owner.

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 data driven development and review of safety and quality indicators. 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 and data management policy for indicator development and review. Data requirements

Approach to data collection, management, analysis and reporting

There are five leading principles which summarise the Commission's approach to the use of data. These principles address the acquisition, 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

Minimising burden when acquiring data	Data will be collected appropriately, minimising burden by employing 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. All data will go through robust validation and verification process to ensure it is fit for purpose and of high quality.
Handling data appropriately	The use of data will be managed consistent with the Commission's Work Plan requirements, security and privacy measures and any relevant legislation.
Analysis informed by clinical expertise and broad consultation	Project design and data analyses are supported by clinical and jurisdictional consultation, expertise. The advice provided informs an understanding of clinical impact, and response strategies. Clinicians, jurisdictional and private sector safety and quality officials, and technical experts are involved in the development of any new indicators or data sets. The views of consumers, academics, and experts in safety and quality are vital components of such consultation processes
Effective use of data	Best practice analytical methodologies appropriate to large health data sets are employed. 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.
Public information to support safety and quality	Information included in reports published on the commission website are: **Timely** – up-to-date and reflect needs of the current environment, or is consistent with latest best practice / research **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 are provided and principles of data use are followed.

National engagement and data use

The Commission works closely with the AIHW, the National Health Data and Information Standards Committee and the Strategic Committee for National Health Information 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 AIHW, METeOR provides users with a suite of features and tools, including online access to a wide range of nationally endorsed data definitions. Since 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 – Addendum 2020–2025 B67 (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 deliver the projects outlined in the Work Plan are:

- **Commission data collections** – the Commission is responsible for acquiring data relating to accreditation outcomes, safety and quality assessments, queries and advice provided on current safety and quality priorities, the National Hand Hygiene Initiative (NHHI), National Alert System for Critical Antimicrobial Resistances (CARAlert), Australian Passive AMR Surveillance (APAS), Accreditation outcomes and MedicineInsight.
- **Data collected by other organisations** – the Commission supports organisations to collect, analyse and manage data that relate to safety and quality priorities. The Commission may also utilise a combined approach whereby it contracts or is provided data and then takes on the analysis and reporting role
- **National public and private administrative data sets** – this includes, but is not limited to, the Medical Benefits Schedule (MBS), the Pharmaceutical Benefits Scheme (PBS) and the Admitted Patient Care National Minimum Data Set (APC NMDS), and private sector specific data collections.

Data collections are mapped against the Commission’s Work Plan items in Appendix 2. Minimally required data sets for the Commission to perform its core functions are identified in Appendices 3a and 3b, where approval is needed from jurisdictional and Commonwealth data custodians respectively. Appendix 3c lists remaining data collections nominated by the Commission for safety and quality monitoring, including data sets where the Commission is its data custodian.

Secondary use of data

The secondary use of data is the application of data, outside the purposes of its initial collection or primary use/purpose. An example of such a case where the Commission would be implementing secondary use, is with hospital administrative data collections. The primary purpose of the collection is for the provision of healthcare for the patient, the secondary use would be the derivation of safety and quality indicators, by the Commission, to meet its legislative obligations and requirements under the NHRA.

To ensure the appropriate use of data for secondary purposes, the Commission follows the relevant governance process, with the appropriate data custodians. The Data Plan reflects acknowledgement of the secondary use of the identified data collections where required to align with the Commission's functions and Work Plan.

Data linkage as a priority

The Commission supports the development of national enduring data linkage to enable 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 health care, identify areas of risk or harm, and draw attention to potential safety and quality issues. However, the Commission recognises the increased importance of security, privacy, and ethics provisions in undertaking data linkage.

The Australian Atlas of Healthcare Variation presents data from the MBS, PBS and 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 health 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 Health Data Hub (NHDH), formerly 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 linking authorities such as the AIHW, the Australian Government Department of Health and Aged Care and the Australian Bureau of Statistics for any such linkage processes and projects.

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 a 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.

- **Safety in Health Care web tool** – The Commission works towards publicly reporting safety and quality information about Australian public and private hospitals via a national platform. Initial safety and quality indicators showcased and released in mid-2024 are sourced from publicly available national data collections.

- **Reporting of accreditation outcomes** – The Commission contributes to national reports on outcomes of accreditation in relation to the National Safety and Quality Health Service (NSQHS) Standards, along with the additional accreditation schemes

- ***Australian Atlas of Healthcare Variation* series**– 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 *AURA2023: Fifth Australian report on antimicrobial use and resistance in human health* and other AURA reports; and the National Standard Medication Chart (NSMC) audit reports.

Prior to the publication of data where results are not aggregated at the national level, the Commission will provide the relevant data custodians (and other authorising entities) the opportunity to review and validate the data, against the specifications used by the Commission, in advance of publication. Authorising entities will be engaged based on the level of data aggregation involved in reporting. For example, state and territory authorities for statistical findings presented at the jurisdictional level.

Commitment to Closing the Gap

As part of the National Agreement on Closing the Gap , Priority Reform Four under the *2023 Commonwealth Closing the Gap Implementation Plan* specifies that:

> *Aboriginal and Torres Strait Islander people have access to, and the capability to use, locally relevant data and information to set and monitor the implementation of efforts to close the gap, their priorities and drive their own development.*

The Commission supports this reform and Indigenous Data Sovereignty by continuing to engage with First Nations organisations as part of its comprehensive stakeholder consultation process for First Nations specific projects and general programs.

The Commission regularly seeks guidance from, and works in collaboration with, organisations such as the National Aboriginal Community Controlled Health Organisation (NACCHO) and the Australian Indigenous Doctors Associations (AIDA), and partners with First Nations research organisations such as the South Australian Health and Medical Research Institute and the Lowitja Institute. The Commission also collaborates with organisations including the Congress of Aboriginal and Torres Strait Islander Nurses and Midwives (CATSINaM) to create and implement health programs, consulting them regularly throughout the development process to improve healthcare safety and quality in Australia.

Appendix 1: *National Health Reform Act 2011*, the 2020-2025 Addendum to the National Health Reform Agreement and the 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 2011

Functions of the Commission

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.

Chapter 2 Section 9 of the National Health Reform Act 2011, specifically details the Commission's functions as the following:

(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:
    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:
    i. standards formulated under paragraph (e); and
    ii. guidelines formulated under paragraph (f);
(k) to advise:
    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:
    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 – Addendum 2020-2025

Functions of the Commission

The NHRA is established between the Commonwealth and the States and Territories. Under the Agreement (B48), 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 CHC[3] on best practice thinking to drive quality improvement, including implementation strategies; and
(f) recommend nationally agreed standards for safety and quality improvement.

In addition:

B49. The Commission will expand its role of developing national clinical standards and strengthened clinical governance. These arrangements will be further developed in consultation with Parties to this Addendum via AHMAC.

B50. 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 CHC about which of the standards are suitable for implementation as national clinical standards.

B52. The Commission will:

a) curate the Sentinel Events and HAC lists for the purposes of ensuring they remain robust and relevant for clinical improvement purposes, within its existing governance arrangements and in conjunction with IHPA Technical Advisory Committee advice;
b) maintain a HAC Curation Clinical Advisory Group (HCCAG) to advise on new and existing complications on the HAC list. The HCCAG will have regard to the recommendations of specialty Clinical Panels established by the Commission where necessary;
c) assess rates of preventability for each HAC to inform a risk adjustment methodology developed by IHPA
d) maintain a nationally consistent definition for avoidable hospital readmissions associated with a HAC;

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[3] The Council of Australian Governments (COAG) Health Council

e) consult with ACSQHC committees to ensure proposals forwarded to AHMAC and CHC best represent matters that are supported by the relevant committees; and
f) advise on clinician engagement.

Principles of data management

Clause B66 of the NHRA specifies that the national bodies outlined in B1-B65 of the NHRA will develop rolling three-year data plans indicating their future data needs.

Clause B67 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;

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

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 entitles to use it;

k) ensuring the systems for providing **appropriate 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 sets where jurisdictional/Commonwealth approval is required

Priority area	Workplan description	Subject to jurisdiction approval	Subject to Commonwealth approval
1.1, **1.2**	National Safety and Quality Health Service Standards National coordination of accreditation of health services	• Public Hospital Establishments - Establishment level (PHE) • Public Hospital Establishments - Jurisdiction and Local Hospital Network level (PHE-JLHN)	• Master list of Hospitals • National Health Service Directory (NHSD)
1.1.13	Actions to address mental health and suicide prevention priorities in line with the National Mental Health and Suicide Prevention Agreement in collaboration with governments		• National Study of Mental Health and Wellbeing (ABS)

Priority area	Workplan description	Subject to jurisdiction approval	Subject to Commonwealth approval
1.1.15	Review, report, and response to any emerging issues related to inappropriate use of psychotropic medicines, including in mental health		• Pharmaceutical Benefits Scheme (PBS) data
1.1.16	Review of resources to support reduction of the use of restrictive practices	• Mental Health Seclusion and Restraint National Best Endeavours Data Set	• Data on chemical restraint and strategies to reduce inappropriate psychotropics from NDIS Quality and Safeguards Commission
1.1.23	Review and evaluation of resources developed to support a national approach to transitions of care, including in relation to the movement of aged care patients from hospitals to community settings, and from community settings (including residential care) to hospitals.		• National Aged Care Mandatory Quality Indicator Program
1.1.24	Release resources describing systems and linkage between recognising and responding to deterioration, comprehensive care and end-of-life care	• Palliative phase of care (PALCARE)	

Priority area	Workplan description	Subject to jurisdiction approval	Subject to Commonwealth approval
1.3	Nationally coordinated action to address healthcare associated infections and antimicrobial resistance	• Admitted Patient Care National Minimum Data Set (APC NMDS) • National Staphylococcus aureus bacteraemia data collection • Non-Admitted Patient Emergency Department Care (NAPEDC) NMDS	• Medicare Benefits Schedule (MBS) data • PBS data • Private Hospital Data Bureau (PHDB) • National Notifiable Diseases Surveillance System (NNDSS) – Mycobacterium tuberculosis only

Priority area	Workplan description	Subject to jurisdiction approval	Subject to Commonwealth approval
2.4.1	Public reporting of standard quality health care and patient safety information across public and private hospitals nationally Development of further indicators for public reporting of standard quality health care and patient safety information across public and private hospitals nationally	• APC NMDS • Elective Surgery Waiting Times - Census & Removals (ESWT) • NAPEDC NMDS • Non-Admitted Patient Care Aggregate Data (NAPAG) • Non-Admitted Patient Care Unit Record Level Data (NAPUR) • Public Hospital Establishments - Establishment level (PHE) • Public Hospital Establishments - Jurisdiction and Local Hospital Network level (PHE-JLHN) • Palliative phase of care (PALCARE) • Admitted Subacute and Non-Acute Hospital Care (ASNAHC) • National Mortality Database (NMD) • National Staphylococcus aureus bacteraemia data collection • National Perinatal Data Collection (NPDC) • National Health Data Hub (NHDH) • Sentinel Events data collections • Admitted Patient Care data as held by IHACPA • Non-Admitted Patient Emergency Department as held by IHACPA • Non-Admitted Patient services as held by IHACPA	• Admitted Patient Care Submission B • General Treatment Dental (GTD) • Hospital Casemix Protocol (HCP) • MBS data • PBS data • PHDB

Priority area	Workplan description	Subject to jurisdiction approval	Subject to Commonwealth approval
3.1.5	Support measurement for quality improvement in primary care, including: Development of tools to support integration of measurement across key domains in the primary care measurement framework including guides, training and indicator development	• NHDH	• MBS data • PBS data
3.1.7	Indicators, indicator sets and tools to support safety and quality improvement developed, evaluated, updated, and promoted Development of national benchmarks using existing safety and quality indicators to assist with existing state-wide benchmarking, in collaboration with the Australian Institute of Health and Welfare	• APC NMDS • NAPEDC NMDS • NMD • National Staphylococcus aureus bacteraemia data collection • NHDH • Sentinel Events data collections • Admitted Patient Care data as held by IHACPA • Non-Admitted Patient Emergency Department as held by IHACPA • Non-Admitted Patient services as held by IHACPA	• Admitted Patient Care Submission B • MBS data • PBS data • PHDB
3.1.8	Curation of the Australian Sentinel Event List	• APC NMDS • Sentinel Events data collections	
3.1.9	Maintenance and revision of hospital acquired complications (HACs) List	• APC NMDS • NPDC	• Admitted Patient Care Submission B • PHDB

Priority area	Workplan description	Subject to jurisdiction approval	Subject to Commonwealth approval
3.1.10	Curation of avoidable hospital readmissions list	- APC NMDS - NPDC	- Admitted Patient Care Submissions B - PHDB
4.1.1	Reports and updates on healthcare variation, including time series data	- APC NMDS - NAPEDC NMDS - NHDH - NPDC	- MBS data - PBS data - Admitted Patient Care Submissions B
4.2.1, **4.2.2**	New clinical care standards based on clinical conditions identified through analysis of healthcare variation and/or in agreement with the state, territory, and Australian governments Existing clinical care standards reviewed and revised as needed, including: - AMS - Perineal tears - Peripheral intravenous catheterisation	- APC NMDS - NHDH - NPDC	- MBS data - PBS data
4.4.2	Review and maintenance of the avoidable and preventable hospitalisations list	- APC NMDS	

Appendix 3a: Data sets which require jurisdictional approval (2024-25 to 2026-27)

Data set and latest specifications	Source
Admitted Patient Care National Minimum Data Set (APC NMDS)	Australian Government Department of Health
Non-Admitted Patient Emergency Department Care (NAPEDC) NMDS	Australian Government Department of Health
Elective Surgery Waiting Times - Census & Removals (ESWT)	Australian Government Department of Health
Non-Admitted Patient Care Aggregate Data (NAPAG)	Australian Government Department of Health
Non-Admitted Patient Care Unit Record Level Data (NAPUR)	Australian Government Department of Health
Public Hospital Establishments - Establishment level (PHE)	Australian Government Department of Health
Public Hospital Establishments - Jurisdiction and Local Hospital Network level (PHE-JLHN)	Australian Government Department of Health
Palliative phase of care (PALCARE)	Australian Government Department of Health
Admitted Subacute and Non-Acute Hospital Care (ASNAHC)	Australian Government Department of Health
Mental Health Seclusion and Restraint National Best Endeavours Data Set	Australian Institute of Health and Welfare (AIHW)
National Health Data Hub (NHDH)	AIHW
National Mortality Database (NMD)	AIHW
National Perinatal Data Collection (NPDC)	AIHW
National *Staphylococcus aureus* bacteraemia data collection	AIHW
Admitted Patient Care data as held by IHACPA	Independent Health and Aged Care Pricing Authority (IHACPA)
Non-Admitted Patient Emergency Department as held by IHACPA	IHACPA
Non-Admitted Patient services as held by IHACPA	IHACPA

Data set and latest specifications	Source
Sentinel Events data collections	IHACPA Incident management system collections

Appendix 3b: Data sets which require approval from Commonwealth bodies (2024-27)

Data set name	Source / authorising entity
National Aged Care Mandatory Quality Indicator Program	Australian Government Department of Health and Aged Care
General Treatment Dental (GTD)	Australian Government Department of Health and Aged Care
Hospital Casemix Protocol 1 (HCP1)	Australian Government Department of Health and Aged Care
Hospital Casemix Protocol 1 (HCP2)	Australian Government Department of Health and Aged Care
Master List of Hospitals	Australian Government Department of Health and Aged Care
MBS data – customised view	Australian Government Department of Health and Aged Care
MBS data – restricted set	Australian Government Department of Health and Aged Care
National Notifiable Diseases Surveillance System (NNDSS) – Mycobacterium tuberculosis only	Australian Government Department of Health and Aged Care
PBS and RPBS data – customised view	Australian Government Department of Health and Aged Care
PBS and RPBS data – 10% restricted set	Australian Government Department of Health and Aged Care
Private Hospital Data Bureau (PHDB)	Australian Government Department of Health and Aged Care
National Study of Mental Health and Wellbeing	Australian Bureau of Statistics (ABS)
NHSD – unique identifiers	HealthDirect Australia and Australian Government Department of Health
Data on chemical restraint and strategies to reduce inappropriate psychotropics	NDIS Quality and Safeguards Commission (NDISQSC)
Admitted Patient Care Submission B	Services Australia

Appendix 3c: Other data sets used by the Commission

Data set name	Source / authorising entity
Accreditation outcomes against the NSQHS Standards as part of the AHSSQA Scheme	Approved accrediting agencies
Accreditation outcomes against the NSQPCH Standards as part of the AHSSQA Scheme	Approved accrediting agencies
Accreditation outcomes against the NSQDMH Standards as part of the AHSSQA Scheme	Approved accrediting agencies
Accreditation outcomes against the MPS Module as part of the AHSSQA Scheme	Approved accrediting agencies
Accreditation outcomes against the *RACGP Standards for General Practitioners* as part of the NGPA Scheme	Approved accrediting agencies
Acute hospital EMM self-assessment data.	Respective Health Service Organisations
Assessment outcomes against National Pathology Accreditation Advisory Council (NPAAC) Standards	Approved accrediting agencies
AURA surveillance data - Aged Care NAPS	Melbourne Health – National Centre for Antimicrobial Stewardship Voluntary cohort of public, private and not-for-profit aged care homes and multi-purpose services
AURA surveillance data - AGAR APAS Sullivan Nicolaides Pathology passive AMR surveillance data National Neisseria Network (NNN) HOTspots CDARS	In general resistance data is 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 passive resistance data set from public and private laboratories in all states and territories (except the Northern Territory) which submit data from the laboratory information systems to the Queensland Health OrgTrx System via a secure staging system. The Commission is the data custodian. Sullivan Nicolaides Pathology NNN – WHO Collaborating Centre for Sexually Transmitted Infections and Antimicrobial Resistance HOTspots – An antimicrobial resistance (AMR) surveillance program conducted by the Commonwealth Scientific and Industrial Research Organisation (CSIRO). Coverage spans NT, northern WA and northern QLD

Data set name	Source / authorising entity
	CDARS – voluntary cohort of 10 diagnostic microbiology laboratories from 5 states, hosted by University of Western Australia.
AURA surveillance data - Hospital NAPS	Melbourne Health – National Centre for Antimicrobial Stewardship - Voluntary cohort of public and private hospitals from all states and territories
AURA surveillance data - NAUSP	SA Health – voluntary cohort of acute public and private hospitals from all states and territories
AURA surveillance data - Surgical NAPS	Melbourne Health – National Centre for Antimicrobial Stewardship Voluntary cohort of public and private hospitals across all states and territories,
CARAlert	Supplied by public and private specialised laboratories which confirm critical antimicrobial resistances to the Commission's secure web portal. The Commission is the data custodian
Clinical quality registries	Operated by or for clinical societies and colleges, and registry operators.
NHHI Hand Hygiene Audit (HHCApp) data	Source: Health service organisations (public and private) Authorising entity: Commission for access and aggregated national data; individual organisations for organisation level data
ANZICS CORE CLABSI Registry	Source: Australian Intensive Care Units Authorising entity: ANZICS
Infection Prevention and Control and NHHI eLearning utilisation data	Source: NHHI LMS Authorising entity: ACSQHC for access; individual organisations for organisational level data
HAI surveillance data	Jurisdictions and some private hospitals supply of surveillance data (some items are voluntary)
Master list of accredited primary and community health services	Collected by the Commission from regulators and approved accrediting agencies
Master list of accredited general practices	Collected by the Commission from regulators and approved accrediting agencies
Master list of accredited digital mental health providers	Collected by the Commission from regulators and approved accrediting agencies
Master list of accredited clinical trials sites	Collected by the Commission from regulators and approved accrediting agencies
MedicineInsight	Data custodian: the Commission Source: participating General Practices of the MedicineInsight program
National Standard Medication Chart (NSMC) Audit	Collected by the Commission
Patient experience survey results	Results provided by jurisdictions on a voluntary basis

Acronyms and abbreviations

Acronym/abbreviation	Meaning
ABS	Australian Bureau of Statistics
AGAR	Australian Group on Antimicrobial Resistance
AHMAC	Australian Health Ministers' Advisory Council
AHPEQS	Australian Hospital Patient Experience Question Set
AHPF	Australian Health Performance Framework
AHSSQA Scheme	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
AURA	Antimicrobial Use and Resistance in Australia
APAS	Australian Passive AMR Surveillance
CARAlert	National Alert System for Critical Antimicrobial Resistances
CDARS	C. difficile Antimicrobial Resistance Surveillance
EDW	Enterprise Data Warehouse
HAI	Healthcare-associated infection
MBS	Medical Benefits Schedule
NAPEDC NMDS	Non-admitted patient emergency department care National Minimum Data Set
NAPS	National Antimicrobial Prescribing Survey
NAUSP	National Antimicrobial Utilisation Surveillance Program
NDISQSC	NDIS Quality and Safeguards Commission
NHHI	National Hand Hygiene Initiative
NHIA	National Health Information Agreement
NHR Act	National Health Reform Act 2011
NHRA	National Health Reform Agreement
NHSD	National Health Service Directory
NMD	National Mortality Database
NNDSS	National Notifiable Diseases Surveillance System
NPAAC Standards	Accreditation Advisory Council Standards
NSMC	National Standard Medication Chart
NSQDMH Standards	National Safety and Quality Digital Mental Health Standards
NSQHS Standards	National Safety and Quality Health Service Standards
NSQPCH Standards	National Safety and Quality Primary and Community Health Standards
OECD	Organisation for Economic Co-operation and Development

Acronym/abbreviation	Meaning
PBS	Pharmaceutical Benefits Schedule
PROMs	Patient Reported Outcome Measures
RPBS	Repatriation Pharmaceutical Benefits Scheme
PGPA	Public Governance, Performance and Accountability Act 2013
the Commission	Australian Commission on Safety and Quality in Health Care
the Framework	Data Governance Framework
WHO	World Health Organization