Australian
Commission on
Safety and Quality
in Health Care

Three-year Data Plan 2025-26 to 2027-28

29 July 2025

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Contents

Message from the CEO

The Australian Commission on Safety and Quality in Health Care (the Commission) is set up under the National Health Reform Act 2011 (NHR Act) to lead and coordinate improvements in the safety and quality of health care in Australia. The Commission commenced as an independent statutory authority on 1 July 2011, funded jointly by the Australian Government and state and territory governments.

To meet its specified functions under the NHR Act, 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 a new Addendum is not expected to reduce.

This Data Plan forms part of the Commission’s commitment to the ‘single provision, multiple use’ principle, alongside all national bodies under the NHRA Addendum. It communicates the Commission’s minimum data requirements for the period from 2025-26 to 2027-28, to fulfil its legislative functions, perform work as requested by the Australian, state and territory governments 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, and its responsibilities in seeking approval and authorisation for use of that data. 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 2025-2030*:*

- High-quality care in an evolving environment
- Strong outcome-focused clinical governance
- Empowered patients, carers and communities
- An improvement-driven workforce culture.

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

- Internal, formal data management policies and procedures.

The Commission has reached an agreement to access the National Hospitals Data collections with jurisdictional data custodians, facilitated by the Australian Institute on Health and Welfare (AIHW). This arrangement, via an annual letter of exchange between the Commission and the AIHW, enables jurisdictional data custodians to

- be assured that Commission accesses National Hospitals Data collections within a strict authorisation framework
- maintain oversight and control on the use their hospital data, via annual reviews of the Commission’s access to clearly identified data sets
- ensure public disclosure of state and/or territory specific data and statements occurs only with prior approval of the respective data custodian

Data sharing is instrumental in quality improvement and monitoring performance across all healthcare settings. It can ensure patients will access the right care, in the right place, at the right time and cost, in a transparent, sustainable and resilient 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 2025-26, 2026-27 and 2027-28.

The objectives of the Data Plan are to:

- Outline the data the Commission requires to deliver its responsibilities
- 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 Commission's 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 to improve the safety and quality of health care in Australia.

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 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.

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 - the current 2025-2028 work plan priorities are illustrated below. The Data Plan supports the Commission to fulfil its functions and tasks across six strategic objectives.

Clinical governance

- National leadership on clinical governance
- National standards for health care
- Accreditation against the NSQHS Standards
- Culturally safe care for people and communities, particularly First Nations people

Partnerships with patients, their carers and familes and, communities

- Enabling the patient voice in their health care
- Collaboration and communication between patients, carers, families, communities, health services and clinicians to strengthen partnerships at all levels of health care
- Australian Charter of Health Care Rights
- Equitable health care
- Mental health and suicide prevention

Appropriate and sustainable health care

- Healthcare variation and low value care
- High-value care pathways and best practice care
- Resilient and sustainable health care

Safe clinical processes

- National approach to safe and quality use of medicines
- Infection prevention control and antimicrobial use and resistance
- Digital health
- Artificial intelligence
- Medical devices and new technologies
- Challenging behaviours

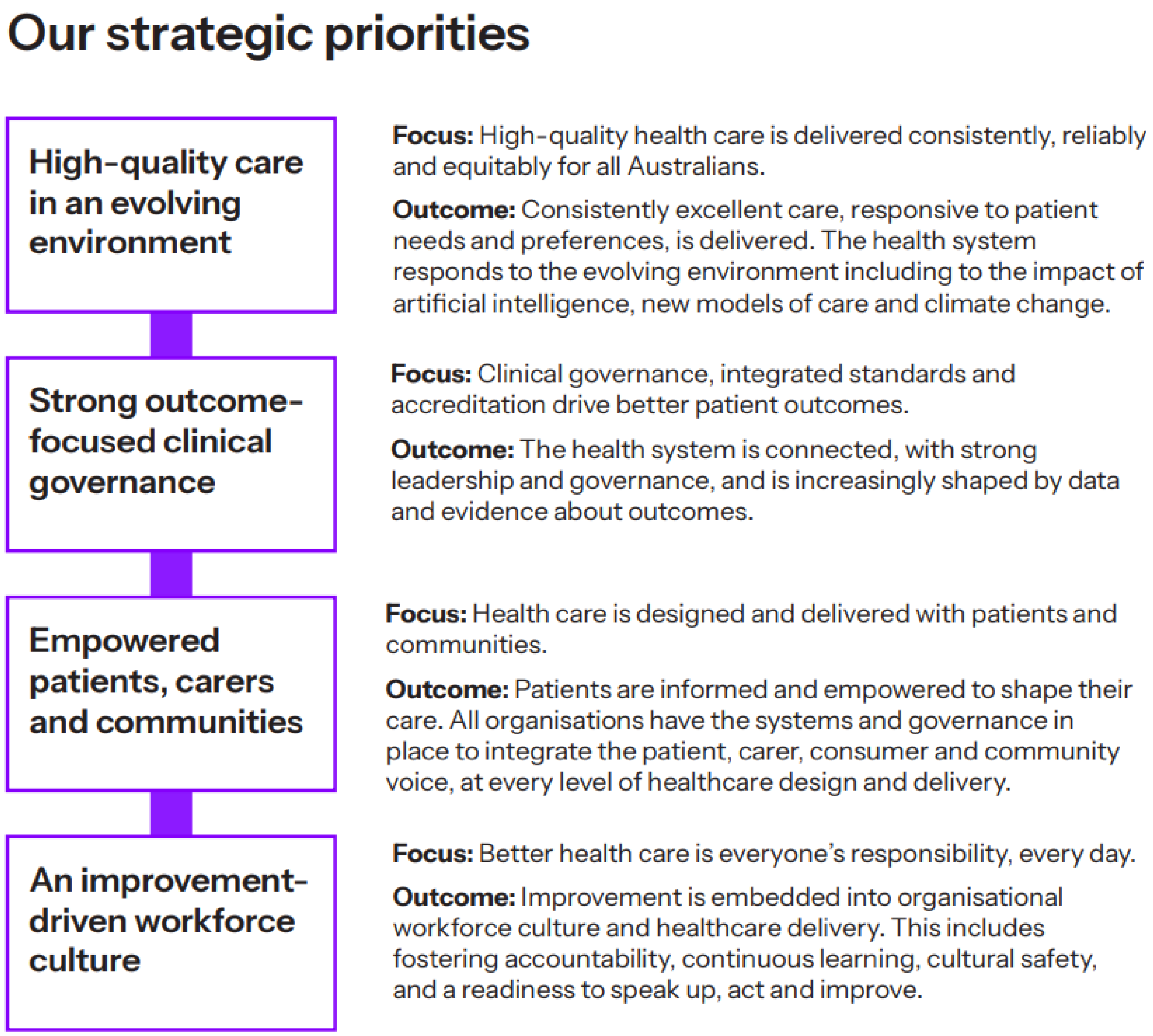
Integrated systems

- Comprehensive, integrated care
- Transitions of care / Communicating for safety
- Integration of health care across the health (primary and acute), aged care and disability sectors

Measurement for improvement

- Healthcare variation monitoring and reporting
- Assessing the safety and quality of the Australian healthcare system
- Measuring, monitoring and reporting the safety and quality of acute, primary and community care
- Public reporting for transparency

The current Work Plan is structured according to the four strategic priority areas in the Commission's *Strategic Intent 2025-2030,* described below



Our strategic priorities

High-quality care in an evolving environment

Focus: High-quality health care is delivered consistently, reliably and equitably for all Australians.

Outcome: Consistently excellent care, responsive to patient needs and preferences, is delivered. The health system responds to the evolving environment including to the impact of artificial intelligence, new models of care and climate change.

Strong outcome-focused clinical governance

Focus: Clinical governance, integrated standards and accreditation drive better patient outcomes.

Outcome: The health system is connected, with strong leadership and governance, and is increasingly shaped by data and evidence about outcomes.

Empowered patients, carers and communities

Focus: Health care is designed and delivered with patients and communities.

Outcome: Patients are informed and empowered to shape their care. All organisations have the systems and governance in place to integrate the patient, carer, consumer and community voice, at every level of healthcare design and delivery.

An improvement-driven workforce culture

Focus: Better health care is everyone's responsibility, every day.

Outcome: Improvement is embedded into organisational workforce culture and healthcare delivery. This includes fostering accountability, continuous learning, cultural safety, and a readiness to speak up, act and improve.

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.

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

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

- 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

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[2] From 1 January 2021, the Australian Government Department of Health, Disability and Ageing assumed overarching responsibility for coordination of the AURA Surveillance program. 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 surveillance systems.

- Data security and privacy
- 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, Disability and Ageing'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 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.

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 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.

Single provision, multiple use in action

An example of the Commission's commitment to the *single provision, multiple use* vision is its transparent and consultative approach in seeking access to data.

In December 2024, the Commission established a new data sharing arrangement to access the *National Hospitals Data Collection* with jurisdictional data custodians, facilitated by the AIHW. This data sharing mechanism, enabled under clause B77(a) of the NHRA Addendum, explicitly articulates the

- agreed purpose for use and disclosure of shared data
- terms and conditions of data use
- datasets to be shared

Each year, the Commission will enter into a Letter of Exchange to the AIHW outlining any changes to the agreed purpose and use of the data, and specifying the national hospitals databases and years required. Following receipt of this letter, periodically throughout each year, the AIHW will seek approval from jurisdictional data custodians to share data extracts from the national hospitals databases with the Commission. The timing of these approval requests will be aligned with the annual data supply cycle from the jurisdictions to the AIHW.

Throughout this data sharing mechanism, jurisdictional data custodians

- maintain ongoing oversight of the Commission's access and use
- maintain the right to review state or territory specific data/data statements prior to the Commission releasing any material to the public domain
- ensure appropriate data governance and security are in place at the Commission

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 used 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 improvement 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 2a. Appendix 2b describes the separately funded projects for 2024-2025 that the Commission has been engaged to undertake in addition to the cost-shared workplan activities. These projects provide opportunities for the Commission to respond to emerging safety and quality issues and enhance greater collaboration across the health system. Some projects continue into future budget years, and there may be more projects that are funded. For some projects (*) the Commission provides in-kind support where there are opportunities to create synergies with elements of the cost-shared work plan, and where it supports the strategic intent of the work plan.

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 indicators for the measurement of health care safety and quality, 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, Disability and Ageing 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 2a: Work Plan priorities and data sets where jurisdictional/Commonwealth approval is required (and will be sought)

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
Clinical governance			
National standards for health care	Develop the third edition of the NSQHS Standards including evidence review, drafting, piloting, consultation, impact assessment, refinement and Ministerial endorsement. Develop guidance and resources to support implementation of the third edition of the NSQHS Standards and improve the quality of health services under the NSQHS Standards. Provide advisory services, training and education, and resources and guidance to support implementation and maintenance of national safety and quality standards for: • Acute and sub-acute health services • Digital health services • National clinical trials • Primary and community health services • Mental health services • Cosmetic surgery • Ambulance services.	• APC NMDS • ESWT • NAPEDC NMDS • NAPAG • NAPUR • PHE • PHE-JLHN • PALCARE • ASNAHC • NMD • National *Staphylococcus aureus* bacteraemia data collection (SABSI) • NPDC • 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 • GTD • HCP • MBS • PBS • PHDB • ABS National Study of Mental Health and Wellbeing

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
Accreditation against the NSQHS Standards	Review of the accreditation process to support the assessment to the third edition of NSQHS Standards.	• PHE • PHE-JLHN	• Master list of Hospitals • NHSD
	Ongoing management, oversight and regular review of the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme including: • Oversight, review and approval of accreditation agencies assessing against standards under the AHSSQA Scheme Management of expansion and adaptation of the AHSSQA Scheme to accommodate new national safety and quality standards.		
	National reporting on outcomes of accreditation of health services, including reports to the Australian Government Department of Health, Disability and Ageing and state and territory regulators.		
	Mediation resources to manage and resolve differences between assessors and facilities in relation to accreditation processes.		
Partnerships with patients, their carers and families and, communities			
Enabling the patient voice in their health care	Strengthen guidance on informed consent for patients and clinicians to support improvements to the validity, and patient experience, of consent processes.	• APC NMDS • NHDH • NPDC	• MBS • PBS
	Provide resources to support clinicians and patients to share decision-making about clinical care.		
	Provide guidance on the use and integration of patient reported measures in clinical practice in different health settings, to support shared		

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
	decision-making and measure patient outcomes and experience.		
Equitable health care	Identify, design and develop resources to improve the safety and quality of health care for people most at risk of discrimination and unequal care.		• MBS • PBS • RAAHS
	Identify, design and develop resources to improve the safety and quality of health care for people who live in rural and remote communities		
Mental health and suicide prevention	Collaborate with governments and other agencies to support mental health and suicide prevention national priorities.	• Mental Health Seclusion and Restraint National Best Endeavours Data Set	• National Study of Mental Health and Wellbeing
Appropriate and sustainable health care			
Healthcare variation and low value care	Collaborate with, and review levers available and action taken by, states and territories, the Australian Government and other organisations to reduce unwarranted variation and low value care.	• APC NMDS • NAPEDC NMDS • NHDH • NPDC	• MBS • PBS • Admitted Patient Care Submission B
	Provide guidance and tools for measuring and monitoring healthcare variation and improving appropriateness of care.		
High-value care pathways and best practice care	Develop new clinical care standards, associated guidance and indicators, and strategies to support implementation, according to an agreed prioritisation process.	• APC NMDS • NAPEDC NMDS • NHDH • NPDC	• MBS • PBS • RAAHS
	Disseminate, evaluate and review clinical care standards and monitor and assess their implementation.		
	Revise existing clinical care standards and/or indicators according to the agreed review cycle process.		
	Identify opportunities to improve the use of		

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
	robust clinical guidance at a national level, in collaboration with states and territories. This will include considering options for a national approach to coordinating clinical guidance across jurisdictions.		
Safe clinical processes			
National approach to safe and quality use of medicines	Undertake ongoing work in response to the third WHO Global Patient Safety Challenge: Medication without harm. Develop and maintain medicines education resources including for high-risk medicines, and other quality use of medicines topics. Provide stewardship of safe and quality use of medicines resources and materials including development of new policy and guidance.	• APC NMDS • NSMC Audit	• PBS
Infection prevention control and antimicrobial use and resistance	Support the implementation of prevention and control of infection in health care settings and the community. Review and enhance the range of guidance on Healthcare-Associated Infection surveillance.	• APC NMDS • NAPEDC NMDS • SABSI • AURA surveillance program data (APAS, CARAlert)	• MBS • PBS • PHDB • National Neisseria Network • National Notifiable Diseases Surveillance System (NNDSS) – *Mycobacterium tuberculosis* only
Medical devices and new technologies	Implement a framework for use of a national unique device identifier database, in collaboration with the Therapeutic Goods Administration. Implement mandatory reporting of medical device adverse events, in collaboration with the Therapeutic Goods Administration.		• PBS • DAEN – medicines • DAEN – medical devices
Integrated systems			
Comprehensive, integrated care	Resources and guidance on safe and high-quality integrated, comprehensive care and	• PALCARE	

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
	recognition and response to the deteriorating patient.		
Transitions of care / Communicating for safety	Resources to support a national approach to transitions of care, with a focus on discharge. This includes transition of aged care patients between hospitals and to community settings (including residential care).		• MBS • National Aged Care Mandatory Quality Indicator Program • PBS
	Guidance to support communication at transitions of care, aligned with work undertaken by states and territories. Develop, revise and improve the uptake of structured written and verbal communication tools between • Clinicians (for example, ISBAR) • Clinicians and patients (for example, treatment plans)		
	Develop guidance for the safe and high-quality use of virtual care		
Integration of health care across the health (primary and acute), aged care and disability sectors	Analysis and advice about the implementation of learnings from the OECD Patient-Reported Indicators Surveys (PaRIS) Initiative.	• NHDH	• National Aged Care Mandatory Quality Indicator Program • National Aged Care Mandatory Quality Indicator Program • MBS • PBS
	Support and advice on older persons receiving high quality clinical care across the health and aged care sectors		
	Engagement with the primary health care sector on priorities for the improved integration of health care nationally, including peak bodies and Primary Health Networks.		
Measurement for improvement			
Healthcare variation	Focus reports as part of the Australian Atlas of Healthcare Variation series to examine	• APC NMDS • NAPEDC NMDS	• MBS • PBS

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
monitoring and reporting	healthcare variation and identify and monitor key safety and quality issues. Analysis of available data to identify priority areas to improve the safety and quality of health care.	• NHDH • NPDC	• Admitted Patient Care Submissions B
Assessing the safety and quality of the Australian healthcare system	Develop and refine a measurement framework for assessing the safety and quality of the healthcare system in Australia. Work to increase the capacity of the system to provide additional information on the safety and quality of the healthcare system, including through supporting and advising on the Australian Government Department of Health, Disability and Ageing's national Clinical Quality Registry strategy.	• APC NMDS • NHDH	• MBS • National Aged Care Mandatory Quality Indicator Program • PBS
Measuring, monitoring and reporting the safety and quality of acute, primary and community care	Develop, review and promote the use of: • Indicators and indicator sets (including those to measure clinical care standards) • National benchmarks for safety and quality using existing indicators to help with existing state-wide benchmarking, in collaboration with the Australian Institute of Health and Welfare • Tools to support measurement for improving the safety and quality of health care, including guides and training. Maintain, manage and promote the use of: • Hospital-Acquired Complications (HACs) list • Australian Sentinel Event list • Avoidable hospital readmissions list • Patient reported measures.	• APC NMDS • ASNAHC • ESWT • NAPAG • NAPEDC NMDS • NAPUR • PALCARE • PHE • PHE-JLHN • SABSI • NMD • NPDC • NHDH • Sentinel Events data collections • Admitted Patient Care data as held by IHACPA • Non-Admitted Patient Emergency Department as held by IHACPA	• Admitted Patient Care Submission B • GTD • Hospital Casemix Protocol (HCP) • MBS • PBS • PHDB

Area of focus	Key activities	Subject to jurisdiction approval	Subject to Commonwealth approval
	Review international and local models and evidence for contemporary best practice incident management systems across health care settings, in partnership with academic institutions and other key stakeholders.	• Non-Admitted Patient services as held by IHACPA	
	Review the use of patient safety culture measures to improve the quality of health care and refine the patient safety culture measurement toolkit.		
Public reporting for transparency	Publish national reports, information and papers relating to health care safety and quality.	• APC NMDS • SABSI • HH • CAR ALERT • APAS	• PBS • MBS
	Refine and finalise additional indicators for public reporting through the *Safety in Health Care* web tool.		
	Periodically review the *Safety in Health Care* webtool.		

Appendix 2b: Currently funded projects

In addition to the work plan, the Commission is separately funded to deliver projects that align with the Commission's core cost-shared work plan.

Related work plan strategic objective	Project	Data Set Name
Integrated systems / Clinical governance	National General Practice Accreditation (NGPA) Scheme*	• Accreditation outcomes against the *RACGP Standards for General Practitioners* as part of the NGPA Scheme
Safe clinical processes	Antimicrobial Use and Resistance in Australia (AURA)*	• AURA surveillance program data • MedicineInsight
Safe clinical processes	National Patient Contact Principles for patients with implanted medical devices subject to Hazard Alerts	• APC NMDS
Measurement for improvement / Partnering with patients, their carers and families and communities	National Sepsis Extension Program	• APC NMDS
Clinical governance	OECD Patient-Reported Indicator Surveys*	• Patient experience survey results
Clinical governance	National Standards Pathology & Diagnostic Imaging	• Assessment outcomes against National Pathology Accreditation Advisory Council (NPAAC) Standards
Safe clinical processes	Cosmetic Surgery Standards and licencing framework*	• APC NMDS
Measurement for improvement / Clinical governance	National Electronic Medication Chart Framework and implementation resources	• APC NMDS
Safe clinical processes	Clinical Quality Registries Strategy, including update to the list of priority clinical domains for clinical quality registry*	• APC NMDS
Safe clinical processes	Partial implementation of the Quality use of Diagnostics,	• MedicineInsight

Related work plan strategic objective	Project	Data Set Name
	Therapeutics and Pathology (QUDTP) Program, including: • stewardship and awareness of Quality Use of Medicines (QUM); • National Medicines Symposium; • facilitating access to existing and new QUDTP resources; • QUM learning modules; • indicator development; • practice reviews; • MedicineInsight; and QUM in schools and childcare settings*	• PBS
Safe clinical processes	Harmonised guidance for critical results management	•
Clinical governance	Reviewing the Aged Care Quality Standards on clinical care (Standard 5) and supporting guidance materials	• National Aged Care Mandatory Quality Indicator Program
Integrated systems	My health record in Emergency Departments – transitions of care	• National Aged Care Mandatory Quality Indicator Program • NAPEDC NMDS
Clinical governance / Safe clinical processes	Certification Framework for Digital Mental Health, including Virtual Care Validation Study	• Master list of accredited digital mental health providers • Accreditation outcomes against the NSQDMH Standards as part of the AHSSQA Scheme

* The Commission provides in-kind support where there are opportunities to create synergies with elements of the cost-shared work plan, and where it supports the strategic intent of the work plan.

Appendix 3a: Data sets which require jurisdictional approval (2025-26 to 2027-28)

Data set and latest specifications	Source
Admitted Patient Care National Minimum Data Set (APC NMDS)	Australian Institute of Health and Welfare (AIHW)
Non-Admitted Patient Emergency Department Care (NAPEDC) NMDS	AIHW
Non-Admitted Patient Care Aggregate Data (NAPAG)	AIHW
Non-Admitted Patient Care Unit Record Level Data (NAPUR)	AIHW
Public Hospital Establishments - Establishment level (PHE)	AIHW
Public Hospital Establishments - Jurisdiction and Local Hospital Network level (PHE-JLHN)	AIHW
Palliative phase of care (PALCARE)	AIHW
Admitted Subacute and Non-Acute Hospital Care (ASNAHC)	AIHW
Mental Health Seclusion and Restraint National Best Endeavours Data Set	AIHW
National Health Data Hub (NHDH)	AIHW
National Mortality Database (NMD)	AIHW
National Perinatal Data Collection (NPDC)	AIHW
National *Staphylococcus aureus* bacteraemia data collection (SABSI)	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

Data set and latest specifications	Source
Non-Admitted Patient services as held by IHACPA	IHACPA
Sentinel Events data collections	IHACPA Incident management system collections

Appendix 3b: Data sets which require approval from Commonwealth bodies (2025-28)

Data set name	Source / authorising entity
National Aged Care Mandatory Quality Indicator Program	Australian Government Department of Health, Disability and Ageing
General Treatment Dental (GTD)	Australian Government Department of Health, Disability and Ageing
Hospital Casemix Protocol 1 (HCP1)	Australian Government Department of Health, Disability and Ageing
Hospital Casemix Protocol 2 (HCP2)	Australian Government Department of Health, Disability and Ageing
Master List of Hospitals	Australian Government Department of Health, Disability and Ageing
MBS data – customised view	Australian Government Department of Health, Disability and Ageing
MBS data – restricted set	Australian Government Department of Health, Disability and Ageing
National Notifiable Diseases Surveillance System (NNDSS) – Mycobacterium tuberculosis only	Australian Government Department of Health, Disability and Ageing
National Neisseria Network	National Neisseria Network
PBS and RPBS data – customised view	Australian Government Department of Health, Disability and Ageing
PBS and RPBS data – 10% restricted set	Australian Government Department of Health, Disability and Ageing
Private Hospital Data Bureau (PHDB)	Australian Government Department of Health, Disability and Ageing
National Study of Mental Health and Wellbeing	Australian Bureau of Statistics (ABS)
NHSD – unique identifiers	HealthDirect Australia and Australian Government Department of Health, Disability and Ageing

Data set name	Source / authorising entity
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 MPS Module 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 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 *RACGP Standards for General Practitioners* as part of the NGPA Scheme	Approved accrediting agencies
Acute hospital EMM self-assessment data.	Respective Health Service Organisations
ANZICS CORE CLABSI Registry	Source: Australian Intensive Care Units Authorising entity: ANZICS
Assessment outcomes against National Pathology Accreditation Advisory Council (NPAAC) Standards	Approved accrediting agencies
AURA surveillance program data - AGAR APAS	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.
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

Data set name	Source / authorising entity
Clinical quality registries	Operated by or for clinical societies and colleges, and registry operators.
Infection Prevention and Control and NHHI eLearning utilisation data	Source: NHHI LMS Authorising entity: ACSQHC for access; individual organisations for organisational level data
Master list of accredited clinical trials sites	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 general practices	Collected by the Commission from regulators and approved accrediting agencies
Master list of accredited primary and community health services	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
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
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
ASNAHC	Admitted Subacute and Non-Acute Hospital Care
AURA	Antimicrobial Use and Resistance in Australia
APAS	Australian Passive AMR Surveillance
CARAlert	National Alert System for Critical Antimicrobial Resistances
DAEN	Database of Adverse Event Notifications
EDW	Enterprise Data Warehouse
EWST	Elective Surgery Waiting Times - Census & Removals
GTD	General Treatment Dental
HAI	Healthcare-associated infection
HCP	Hospital Casemix Protocol
MBS	Medical Benefits Schedule
NAPEDC NMDS	Non-admitted patient emergency department care National Minimum Data Set
NAPAG	Non-Admitted Patient Care Aggregate Data
NAPUR	Non-Admitted Patient Care Unit Record Level Data
NDISQSC	NDIS Quality and Safeguards Commission
NHDH	National Health Data Hub
NHHI	National Hand Hygiene Initiative
NHIA	National Health Information Agreement
NHR Act	National Health Reform Act 2011

Acronym/abbreviation	Meaning
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
NPDC	National Perinatal Data Collection
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
PALCARE	Palliative phase of care
PBS	Pharmaceutical Benefits Schedule
PHDB	Private Hospital Data Bureau
PHE	Public Hospital Establishments - Establishment level
PHE-JLHN	Public Hospital Establishments - Jurisdiction and Local Hospital Network level
PROMs	Patient Reported Outcome Measures
RPBS	Repatriation Pharmaceutical Benefits Scheme
PGPA	Public Governance, Performance and Accountability Act 2013
RAAHS	Remote Area Aboriginal Health Services Program
SABSI	National Staphylococcus aureus bacteraemia data collection
the Commission	Australian Commission on Safety and Quality in Health Care
the Framework	Data Governance Framework
WHO	World Health Organization

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