



# Data Plan 2023–26

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## Contents

Abbreviations and acronyms .....	4
Executive summary .....	5
Background .....	6
Purpose of the Commission .....	6
Legislative basis and functions of the Commission .....	6
Data Plan 2023-26.....	6
Work Plan.....	7
Data Governance Framework.....	8
Data management principles and accompanying policies, guidelines and procedures.....	8
Security and Privacy.....	9
Process to develop and review safety and quality indicators .....	9
Data requirements.....	10
Approach to data collection, management, analysis and reporting.....	10
Data collections utilised by the Commission .....	11
Clinical expertise and broad consultation used in analysis .....	12
Reporting and publishing.....	12
Appendix 1: <i>National Health Reform Act 2011</i> , the 2020-2025 Addendum to the National Health Reform Agreement and the National Health Information Agreement .....	14
Appendix 2: Work Plan priorities and data collections utilised by the Commission .....	19
Appendix 3: Data set sources (2023-26).....	28

## Abbreviations and acronyms

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
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

## Executive summary

The Australian Commission on Safety and Quality in Health Care (the Commission) has developed the *Data Plan 2023-26* (Data Plan) to support the implementation of its role in leading and coordinating safety and quality improvements across Australia. The functions of the Commission are specified in the *National Health Reform Act 2011* (NHR Act) and include promoting, supporting, monitoring and implementing safety and quality in health care.

To achieve its functions, the Commission requires timely access to accurate and reliable data. The Commission has prepared this three-year Data Plan in accordance with section B66 of the 2020–2025 Addendum to the National Health Reform Agreement (NHRA).

The Commission's current Work Plan is structured according to the four priority areas identified in the Commission's [Strategic Intent 2020-2025](#), which are:

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

The purpose of the Data Plan is to support the priorities agreed to in the Work Plan, align with the Commission's strategic focus to use data effectively and to outline data requirements to ensure responsibilities and objectives are met.

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

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

The Data Plan comprises:

- background information that outlines legislative requirements and the role of the Commission
- data requirements that underpin the development of the Data Plan including the Commission's approach to using data
- appendices that describe data use, data sources and associated Work Plan activities.

## Background

### Purpose of the Commission

The Commission commenced as an independent, statutory authority on 1 July 2011. The Australian, state and territory governments 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).

### Data Plan 2023-26

This document sets out the Data Plan for three years, covering 2023-24, 2024-25 and 2025-26.

The objectives of the Data Plan are to:

- support the Commission's Work Plan and serve as a summary of data management and use requirements across the Commission
- communicate how the Commission plans to manage and use data over the next three years, in accordance with the Work Plan priorities, to jurisdictions, other government agencies, 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.

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.

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

## Work Plan

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

The current Work Plan is structured according to the four priority areas in the Commission's [Strategic Intent 2020-2025](#), which are:

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

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)<sup>1</sup>, the *Report on Government Services*, the Australian Health Service Safety and Quality Accreditation (AHSSQA) Scheme and the Commission's clinical care standards.

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

The key areas of work relating to use of data 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
- the advancement of initiatives to prevent and contain antimicrobial resistance (AMR)
- the maintenance and development of strategies to reduce healthcare-associated infections (HAIs)
- the support and improvement of appropriate antimicrobial use, informed by AURA (Antimicrobial Use and Resistance in Australia)<sup>2</sup>
- 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 principles and accompanying policies, guidelines and procedures

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

1. Data governance
2. Data development
3. Data acquisition, storage and management
4. Data security and privacy
5. Reference and master data management

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<sup>2</sup> 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 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.



6. Data quality management
7. Data processing
8. Data disclosure and reporting
9. Metadata management
10. 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.

### 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 handling 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, data management policies and process 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**

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

### 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 support 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) and Australian Passive AMR Surveillance (APAS)
- **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 data collections.

The data collections identified to achieve the 2023–2026 Data Plan are outlined in Appendix 2. The potential data source for use is described in Appendix 3. The Commission will follow the appropriate governance processes (where applicable and appropriate) for all data it seeks to access.

## 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.

To ensure the appropriate use of data for secondary purposes, the Commission follows the relevant governance process, with the appropriate data custodians.

## 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 Integrated Health Services Information (NIHSI) Analysis Asset.

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

## Clinical expertise and broad consultation used in analysis

The Commission ensures that project design and data analyses are supported by clinical and jurisdictional consultation, expertise and advice to inform 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. In addition, the Commission also acknowledges the vital importance of involving consumer, academics, and experts in safety and quality in such consultation processes.

## Reporting and publishing

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

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

- **Safety and quality report** – The Commission publishes 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

- **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.
  - Potential reports and contributions to reports on the National General Practice Accreditation (NGPA) Scheme, once appropriate mechanisms have been established.
- ***Australian Atlas of Healthcare Variation*** – The Commission publishes the Atlas to highlight variation in in healthcare interventions across Australia. Information from a range of national healthcare data sets and information are used
- **Other national publications** – The Commission produces and contributes to a number of other national reports on safety and quality of health services, for example *AURA2021: Fourth 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.

## 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.

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

- (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<sup>3</sup> 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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<sup>3</sup> 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 entitled 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 collections utilised by the Commission

Priority area	Project	Description	Potential Data Source
1.1, 1.2	Outcomes for safety and quality assessments	Ongoing monitoring of accreditation outcomes for each action in the Standards across a range of sectors.	Assessment outcomes against the National Safety and Quality Health Service Standards (NSQHS Standards) Assessment outcomes against the Multi-Purpose Service Module (MPS Module) Assessment outcomes against National Safety and Quality Primary and Community Health Standards (NSQPCH Standards) Accreditation outcomes against the <i>RACGP Standards for General Practice</i> as part of the NGPA scheme Assessment outcomes against National Pathology Accreditation Advisory Council (NPAAC) Standards Assessment outcomes against National Diagnostic Imaging Standards Assessment outcomes against National Safety and Quality Digital Mental Health (NSQDMH) Standards Assessment against the National Safety and Quality Health Service Standards for Clinical Trials sites Master list of Hospitals Master list of accredited primary and community health services Master list of accredited general practices Master list of accredited digital mental health providers Master list of accredited clinical trials sites National Health Service Directory (NHSD) Fresh Desk enquiries Orientation course participation and completions for the NSQHS Standards, NSQPCH Standards, NSQDMH Standards, Clinical trials Notifications of exemplar practice by accrediting agencies Advice Centre enquiries

Priority area	Project	Description	Potential Data Source
1.1	Evaluation of the Australian Open Disclosure Framework	Analysis of data to inform the evaluation of the Australian Open Disclosure Framework	Assessment outcomes against the National Safety and Quality Health Service Standards (NSQHS Standards) Assessment outcomes against the NSQPCH Standards as part of the AHSSQA Scheme Assessment outcomes against National Safety and Quality Digital Mental Health Standards Assessment outcomes against the <i>RACGP Standards for General Practice</i> as part of the NGPA scheme Notifications of exemplar practice by accrediting agencies (if any) Focus groups, consultations and other survey tools Australian Hospital Patient Experience Question Set (AHPEQS) (if possible) Incident management systems data (if possible)
1.1	National Standard Medication Chart Audit System	NSMC audit data analysed to understand <ul style="list-style-type: none"> <li>Quality of prescribing and medicines administration, and</li> <li>Performance of the NSMC.</li> </ul> Hospitals participate on a voluntary basis.	NSMC Audit
1.1	Psychotropic medicines point prevalence study	Consideration to establish a regular auditing schedule that would report the prevalence (and possible appropriateness) of psychotropic medicines prescribed and administered in admitted hospital patients, over 65 years of age and discharging to a residential aged care facility	Data from retrospective audits of participating hospital pilot sites patient admission systems.
1.1.13	Action to address mental health and suicide prevention priorities subsequent to the National Mental Health and Suicide Prevention Agreement	Review of nationally reported data on mental health and suicide prevention to inform Commission actions	ABS: Survey of mental health and wellbeing

Priority area	Project	Description	Potential Data Source
1.1.15	NSQHS Standards Advisory on behaviour management in cognitive impairment, following the results of the point prevalence study undertaken in 2020-21	Development of a Standards Advisory to reduce the inappropriate use of psychotropic medications for behaviour management	PBS data
1.1.15	Review and evaluation of strategies to reduce inappropriate use of antipsychotics including in mental health services (work to be aligned with the WHO 3rd Global Safety Challenge work	Review and evaluation of strategies to reduce inappropriate use of antipsychotics including in mental health services	PBS data NDISQSC project specific data: <ul style="list-style-type: none"> <li>• NDISQSC Review: Prevalence of chemical restraint</li> <li>• NDISQSC Review: Strategies to reduce inappropriate psychotropic use</li> </ul>
1.1.16	Identification of emerging issues related to the use of restrictive practices	Considering the strengths and barriers to reducing restrictive practices in primary and acute health care, ie. chemical, physical and environmental barriers.	NDISQSC project specific data: NQSC Review: Prevalence of chemical restraint NQSC Review: Strategies to reduce inappropriate psychotropic use
1.1.17	Review of implementation of strategies to improve care of people at risk of delirium and cognitive impairment and intellectual disability in the community	Review of stakeholder engagement and scoping of current methods for improvement strategies	Australian Survey of Disability Ageing and Carers (ABS) AHPF (AIHW)
1.1.19	Review of resources to support provision of safe and high-quality care for people with cognitive impairment, intellectual disability and other disabilities and other identified priority groups	Analysis to support review of resources	AHPF (AIHW)
1.1.1.25	Evaluation of effectiveness of systems for recognising and responding to deterioration in a person's mental state incorporating	Analysis of number of services meeting accreditation for specific actions in the NSQHS Standards	Assessment outcomes against the National Safety and Quality Health Service Standards (NSQHS Standards)

Priority area	Project	Description	Potential Data Source
	information from assessments to the NSQHS Standards		
1.3	Priority areas for safety and quality	Analysis of data to inform safety and quality priorities	<p>PBS data  APC NMDS  Private Hospital Data Bureau data collection  MBS data  Clinical quality registries (as required)  ABS data (e.g. population mortality statistics etc.)  Jurisdictional HAI surveillance data  National Hand Hygiene Initiative hand hygiene compliance data (NHHI Hand Hygiene Audit HHCAApp)  National <i>Staphylococcus aureus</i> Bacteraemia Data Collection  Jurisdictional HealthPathways data (e.g. NSW (incl ACT), QLD, WA)  Non-admitted patient emergency department care national minimum dataset (NAPEDC NMDS)</p>
1.3	Antimicrobial use, appropriateness of use and antimicrobial resistance (AURA)	A comprehensive range of analyses of patterns and trends in antimicrobial use, appropriateness of use and antimicrobial resistance	<p>AURA Surveillance System data  CARAlert  National Antimicrobial Prescribing Survey (Hospital NAPS)  Aged Care NAPS  Surgical NAPS  Australian Group on Antimicrobial Resistance (AGAR)  National Antimicrobial Utilisation Surveillance Program (NAUSP)  APAS  Sullivan Nicolaides Pathology passive AMR surveillance data  PBS and Repatriation Pharmaceutical Benefits Scheme (RPBS) data  National Neisseria Network (NNN) (<i>Neisseria meningitidis</i> and <i>N. gonorrhoeae</i>)</p>

Priority area	Project	Description	Potential Data Source
			National Notifiable Diseases Surveillance System (NNDSS) – <i>Mycobacterium tuberculosis</i> only NPS MedicineWise MedicineInsight program HOTspots <i>C. difficile</i> Antimicrobial resistance Surveillance (CDARS)
1.3	NHHI	A multi-modal approach to improving hand hygiene and infection prevention and control in health service organisations which includes web-based compliance auditing and online learning.	NHHI Hand Hygiene Audit HHCApp
1.3	Healthcare-associated infections	Monitoring and analysis of healthcare-associated infection data	National <i>Staphylococcus aureus</i> Bacteraemia Data Collection ANZICS core registry for central line associated blood stream infection data Admitted Patient Care National Minimum Data Set (including readmissions data) Non-Admitted Patient Emergency Department National Minimum Data Set NHHI Hand Hygiene Audit HHCApp Jurisdictional HAI surveillance data Accreditation outcomes against the NSQHS Standards Accreditation outcomes against NSQPCH Standards
1.3	Infection Prevention and Control and NHHI eLearning	Analysis of eLearning utilisation	Module utilisation data from eLearning software provider (Nexus)
1.4	Electronic Medication Management (EMM) self-assessment tool.	To help health services independently assess the status of their EMM system implementation. Hospitals participate on a voluntary basis.	Acute hospital EMM self-assessment data.
3.1	Curation, monitoring and evaluation of the Hospital-acquired Complications (HACs) list and Avoidable Hospital Readmissions (AHRs) list	Analysis to support the ongoing maintenance of the HACs and AHRs list and monitoring rates to assist in safety and quality improvement	APC NMDS NPDC Private Hospital Data Bureau data collection Admitted Patient Care Submissions B

Priority area	Project	Description	Potential Data Source
3.1	Sentinel Events and Incident Management	<ul style="list-style-type: none"> <li>• Curation of the Australian Sentinel Event List</li> <li>• Analysis of incident management data to develop a framework to enhance learning to improve the effectiveness of incident management systems</li> </ul>	APC NMDS Incident management data National Sentinel events data
1.3 2.4 3.1	Reporting of safety and quality measures for jurisdictions and to the public	Undertake analytical work required to create or update indicators for the purposes of public reporting	PBS and RPBS data APC NMDS Admitted Patient Care Submissions B NAPED NMDS MBS data Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) Primary Care Data Asset data NIHSI Analysis Asset Private Hospital Data Bureau data collection Accreditation outcomes data for the NSQHS Standards NHHI Hand Hygiene Audit HHCApp National <i>Staphylococcus aureus</i> Bacteraemia Data Collection
3.1	Hospital mortality indicators	Maintaining and developing specifications to support safety and quality hospital mortality indicators including: <ul style="list-style-type: none"> <li>• On-going development of Australian Composite Model Hospital Standardised Mortality Ratio model for local use</li> <li>• On-going development and review coefficients and reference sets</li> </ul>	APC NMDS NIHSI Analysis Asset National Mortality database (NMD)



Priority area	Project	Description	Potential Data Source
		<ul style="list-style-type: none"> <li>On-going development and review of condition specific in hospital mortality model</li> <li>On-going development and review of condition specific readmission indicators.</li> </ul>	
3.1	<p>Ongoing coordination/maintenance of other safety and quality indicators including:</p> <ul style="list-style-type: none"> <li>National Core Maternity Indicators</li> <li>Severe Acute Maternal Morbidity (SAMM)</li> <li>Paediatric and neonatal indicators</li> <li>Day procedure services</li> <li>Primary care</li> <li>Non-general practice primary care</li> </ul>	Maintaining and developing specifications to support safety and quality indicators.	<p>PBS and RPBS data  APC NMDS  NAPED NMDS  MBS data  Clinical quality registries (as required)  Primary Care Data Asset data  NPDC</p>
3.1	Data set specification for safety and quality data collections	Develop and maintain data set specifications as required.	<p>APC NMDS  NAPED NMDS  Clinical quality registries  Private Hospital Data Bureau data collection  NIHSI Analysis Asset  MBS data  PBS and RPBS data</p>
3.1	Development and refinement of clinical care standards and their indicators	Analysing data to scope potential topics and support established Clinical Care Standards.	<p>Accreditation outcomes against the NSQHS Standards  Accreditation outcomes against NSQPCH Standards  APC NMDS  ABS data (e.g. population mortality statistics etc.)  Clinical quality registries (as required)  Clinical care standard indicator data</p>

Priority area	Project	Description	Potential Data Source
			MBS data NAPED NMDS NPDC NPS MedicineInsight data PBS and RPBS data Patient Reported Outcome Measures (PROMs) data
3.1	Patient Safety Learning Model	Analysis of data for inclusion in a reporting platform for hospital patient safety measurement, reporting and learning	APC NMDS NAPED NMDS Clinical quality registries (as required) NIHSI Analysis Asset Private Hospital Data Bureau data collection
3.1	Indicators for the NSQHS Standards	Development of safety and quality indicators developed to support version 2 of the standards.	Accreditation outcomes against the NSQHS Standards Assessment against the National Safety and Quality Health Service Standards for Clinical Trials sites PBS and RPBS data APC NMDS MBS Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) HAI surveillance data NHHI Hand Hygiene Audit HHCApp
3.1	PROMs	Scoping for potential indicators to support the development of PROMs.	Pilot data from relevant Organisation for Economic Co-operation and Development (OECD) programs Clinical quality registries (as required) Jurisdictional collections
3.1	Australian Hospital Patient Experience Question Set (AHPEQS)	Ongoing maintenance of the AHPEQS to support quality improvement and facilitate partnering with consumers.	Pilot data from the development of the AHPEQS Jurisdictional AHPEQS results
3.1	Patient Safety Culture	Development and ongoing maintenance survey to measures patient safety culture from the hospital staff	Data collected during the pilot of the identified survey to measure patient safety culture. Jurisdictional patient safety culture results NHHI LMS learner and organisation databases

Priority area	Project	Description	Potential Data Source
		perspective to safety and quality improvement.	
4.1	Reports and updates on healthcare variation, including time series data	Analyses to support Healthcare Variation	PBS and RPBS data APC NMDS MBS data Clinical quality registries (as required) ABS data (e.g. population mortality statistics etc.) NAPED NMDS NIHSI Analysis Asset National Perinatal Data Collection (NPDC) Admitted Patient Care Submissions B
4.4	Options to reduce potentially preventable hospitalisations (PPHs) and low value care	Analysis to support review and maintenance of the avoidable and preventable hospitalisations list and low value care	APC NMDS

### Appendix 3: Data set sources (2023-26)

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 <i>RACGP Standards for General Practitioners</i> as part of the NGPA Scheme	Approved accrediting agencies
Acute hospital EMM self-assessment data.	Respective Health Service Organisations
Admitted Patient Care data as held by the Independent Hospital Pricing Authority	Independent Hospital Pricing Authority
Assessment outcomes against National Pathology Accreditation Advisory Council (NPAAC) Standards	Approved accrediting agencies
AHPF	AIHW
APC NMDS	Australian Government Department of Health
Admitted Patient Care Submission B	Services Australia (via Public Interest Certificate)
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

Data set name	Source / authorising entity
<p>AMR data (AURA surveillance data):</p> <p>AGAR</p> <p>APAS</p> <p>Sullivan Nicolaides Pathology passive AMR surveillance data</p> <p>National Neisseria Network (NNN)</p> <p>NNDSS</p> <p>HOTspots</p> <p>CDARS</p>	<p>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:</p> <p>AGAR – auspiced by Australian Society for Antimicrobials</p> <p>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 (under contract with the Commission),.</p> <p>Sullivan Nicolaides Pathology</p> <p>NNN – WHO Collaborating Centre for Sexually Transmitted Infections and Antimicrobial Resistance</p> <p>NNDSS – Australian Government Department of Health</p> <p>HOTspots – HOT North Initiative, Menzies School of Health Research (data from far north Australia)</p> <p>CDARS – voluntary cohort of 10 diagnostic microbiology laboratories from 5 states, hosted by University of Western Australia.</p>
CARAlert	Supplied by public and private specialised laboratories which confirm critical antimicrobial resistances to the Commission's secure web portal
Clinical quality registries	Operated by or for clinical societies and colleges, and registry operators.
Focus groups, consultations and other survey tools e.g. Citizen Space	Internal at the Commission
Safety and Quality Advice Centre queries	Fresh desk database
Post-assessment survey – NSQHS Standards and NGPA scheme	Survey Monkey database
National Study of Mental Health and Wellbeing	ABS

Data set name	Source / authorising entity
Data on chemical restraint and strategies to reduce inappropriate psychotropics	NDISQSC
NHHI Hand Hygiene Audit HHCApp	Source: Health service organisations (public and private)  Authorising entity: ACSQHC for access and aggregated national data; individual organisations for organisation level data
NHHI queries	Freshdesk database
National <i>Staphylococcus aureus</i> bacteraemia data collection	AIHW
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)
Incident management systems data	Incident management system collections
Master List of Hospitals	Australian Government Department of Health
Master List of Hospitals email contacts	Collected by the Commission
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

Data set name	Source / authorising entity
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
MBS data – customised view	Australian Government Department of Health
MBS data – restricted set	Australian Government Department of Health (via Enterprise data warehouse (EDW) cubes)
NMD	AIHW
NPDC	AIHW
NSMC Audit	Collected by the Commission
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
NHSD – unique identifiers	HealthDirect Australia and Australian Government Department of Health
NAPEDC NMDS	Australian Government Department of Health
Mental Health Seclusion and Restraint National Best Endeavours Data Set	AIHW
NIHSI Analysis Asset	AIHW

Data set name	Source / authorising entity
Patient experience survey results	Results provided by jurisdictions on a voluntary basis
PBS and RPBS data – 10% restricted set	Australian Government Department of Health (via EDW data cubes)
PBS and RPBS data – customised view	Australian Government Department of Health
Primary Care Data Asset	AIHW
Private Hospital Data Bureau data collection	Australian Government Department of Health
Psychotropic medicines point prevalence study	Collected by the Commission from participating Health Service Organisations
Sentinel Events data collections	Incident management system collections  Independent Hospital Pricing Authority
AURA surveillance data  Surgical NAPS	Melbourne Health – National Centre for Antimicrobial Stewardship Voluntary cohort of public and private hospitals across all states and territories,
My Health Record	Australian Digital Health Agency, AIHW