

# Appendix C – Independence documentation

## Appendix C.1 Framework to ensure the independence of the hospital data quality study

In order to maintain the validity of data obtained from the hospital data quality study, steps must be taken to ensure the process maintains a high standard of independence while the study is being conducted. This applies to work conducted as part of the study both within hospitals and outside of hospitals, such as work conducted at regional and jurisdictional offices.

The AIHW has developed some overarching guiding principles on independence which cover the various stages of the data quality study.

### Staff training

Staff training should emphasise that the purpose of the data quality study is to gain an understanding of the accuracy of hospital data as currently being collected. Training should make it clear to staff that the aim of the study is not to emphasise which hospitals and jurisdictions have better or worse data.

Staff who are selected to attend training should be independent of the usual processes for collecting hospital data.

### Data quality study Coordinator

The role of the study Coordinator should be independent of the usual processes for collecting patient admission data.

### The Data quality study itself

Generation of patient lists for interview should be in accordance with the *Patient Selection Guidelines* produced by the AIHW. Similarly, selection of staff to conduct patient interviews should be in accordance with the *Patient Interviewer Guidelines* developed by the AIHW.

Staff involved in the generation of patient lists and in the coordination and conduction of patient interviews should be independent of the usual processes for collecting patient admission data.

Generation of patient lists and patient interviews should not be conducted by the following individuals:

- Hospital staff responsible for collecting patient admission information who work in the hospital in which the data quality study is being conducted.
- Other staff members (which may include senior staff and hospital board members) who may, in any way, influence the findings of the data quality study.

These tasks could be conducted by:

- Departmental staff

- Staff from state or territory regional offices and/or other hospitals with no known connection to the hospital being studied
- Staff from other areas of the hospital independent of where patient admissions data is usually collected
- Independent contractors.

### **Data collation and comparisons**

Data collection, collation and comparison should be undertaken in accordance with the *Data Collection and Comparison Guidelines* developed by the AIHW.

Data collation and comparison tasks should not be conducted by the following individuals:

- Hospital staff responsible for patient admission records who work in the hospital in which the data quality study is being conducted.
- Other hospital staff members in which the data quality study is being conducted (which may include senior staff and hospital board members) who may, in any way, influence the findings of the data quality study.

The data collation and comparison could be done centrally by either the jurisdiction or state regional office staff. Alternatively, it could be undertaken at the hospital level by staff who are independent of the usual patient admission data collection processes.

Information gathered from the data quality study should not be used to correct patient records.

## **Appendix C.2 Criteria to be used to determine allocation of funds to ‘Ensure independence of the data quality study’**

The following criteria were used the Independence Advisory Group to determine if the submissions provided by jurisdictions met the framework designed to ensure independence to the data quality study.

1. Degree to which the proposed expenditure will ensure independence of the study
2. Demonstration of how the proposed expenditure will be used to manage any perceived risks to the independence of the study
3. Value for money in regards to what the proposed expenditure will cover
4. Evidence of how the budget has been costed – breakdown of costs

## **Appendix C.3 Summary of jurisdictional activities to ensure independence**

### **New South Wales**

New South Wales was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW (two sessions)
- a data quality study coordinator undertook all coordination and administrative tasks associated with the data quality study
- utilising nursing staff in hospitals to undertake the study, thereby ensuring that hospital admission staff were not involved in data collection or collation
- data collation tasks were undertaken by the data study coordinator centrally; and
- providing written assurances that these activities were in place during the study.

## **Victoria**

Victoria was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW. In Victoria this was done on a train-the-trainer basis.
- a data quality study coordinator undertook all coordination and administrative tasks associated with the data quality study
- utilising independent contractors in hospitals to undertake the study including collection, collation and comparison, thereby ensuring that hospital admission staff were not involved in these tasks; and
- providing written assurances that these activities were in place during the study.

## **Queensland**

Queensland was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW
- an independent data quality study coordinator was contracted to undertake all coordination and administrative tasks associated with the data quality study
- Queensland Department of Health staff were utilised to undertake the data collection
- the collation and comparison tasks were undertaken within Queensland Health; and
- providing written assurances that these activities were in place during the study.

## **Western Australia**

Western Australia was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW
- the data quality study coordination was undertaken within the Western Australian Department of Health
- utilising independent contractors in hospitals to undertake the data collection, thereby ensuring that hospital admission staff were not involved in these tasks; and
- providing written assurances that these activities were in place during the study.

## **South Australia**

South Australia was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW. In South Australia this was done on a train-the-trainer basis.
- the data quality study coordination was undertaken within the South Australia Department of Health
- utilising independent contractors in hospitals to undertake the data collection, thereby ensuring that hospital admission staff were not involved in these tasks; and
- the collation and comparison tasks were undertaken within the Department of Health; and
- providing written assurances that these activities were in place during the study.

## **Tasmania**

Tasmania was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW.
- the data quality study coordination was undertaken within the Department of Premier and Cabinet
- utilising independent contractors in hospitals to undertake the data collection, thereby ensuring that hospital admission staff were not involved in these tasks; and
- the collation and comparison tasks were undertaken within the Department of Health and Human Services (Tasmania); and
- providing assurances that these activities were in place during the study.

## **Australian Capital Territory**

The Australian Capital Territory was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW. In the ACT this was done on a train-the-trainer basis.
- the data quality study coordination was undertaken within the ACT Department of Health
- ensuring that hospital admission staff were not involved in data collection, collation or comparison; and
- providing written assurances that these activities were in place during the study.

## **Northern Territory**

The Northern Territory was able to assure the independence of the data quality study by:

- ensuring that all data collector staff were provided with training by the AIHW.
- the data quality study coordination was undertaken within the Northern Territory Department of Health
- utilising department staff in hospitals to undertake the data collection, thereby ensuring that hospital admission staff were not involved in these tasks; and
- the collation and comparison tasks were undertaken within the Northern Territory Department of Health; and

- providing written assurances that these activities were in place during the study.

