Tabled 17 September 2015

2015

THE LEGISLATIVE ASSEMBLY FOR THE AUSTRALIAN CAPITAL TERRITORY

GOVERNMENT RESPONSE TO

AUDITOR-GENERAL'S REPORT

NUMBER 5 of 2015

INTEGRITY OF DATA IN THE HEALTH DIRECTORATE

Presented by
Simon Corbell MLA
Minister for Health

Background

The Government welcomes the Audit Report on the Integrity of Data in the Health Directorate.

Of the 18 recommendations in the report, the Government agrees with 15 and agrees-in –principle to the remaining three.

The report notes that the processes and practices for the bulk of ACT public hospital services meet national requirements. However, the report did note that additional work is required in relation to non-admitted data quality processes as well as general data quality assurance activities.

ACT Health has already implemented a number of the recommendations and work is well underway in relation the remainder.

The Government is committed to improving the quality of the data it provides to national bodies and which we also use to track the performance of the hospital system. At the national level, the development of robust and consistent data sets for non-admitted patient care is less mature than those for admitted patient and emergency department care.

The expansion of the non-admitted data collection to include outpatient and community-based services has significantly increased the scope of data that needs to be collected. There are also considerable variations in the provision of these services nationally.

That said, ACT Health will implement improved data standards and better data quality assurance processes that increases the confidence in the information within ACT Health.

ACT Health is accelerating the type and nature of information available within the Directorate and this will include new systems and processes that support improved data quality through improved liaison with business areas and better feedback loops in relation to data quality activities.

The new data credentialing process, developed over the last 12 months, will be implemented by the end of 2015 and this will also provide additional oversight in terms on the level of quality assurance and robust information management processes that are being employed within ACT Health to maximise its data quality.

The Audit Report notes the efforts already put in place by ACT Health over the last few years, and the work now being implemented within the Directorate, together with the additional information provided in the audit findings and recommendations, will support greater information integrity into the future.

Recommendation 1

As ACT Health implements its Information Management Strategy 2015-16, change management initiatives should include:

- Training staff to ensure they have an adequate understanding of the strategy and specifically data integrity activities; and
- Documenting and allocating responsibility for data integrity activities for the key systems including ACTPAS, EDIS and the data warehouse.

Agreed

The ACT Health Information Management Integrity Strategy will be disseminated more widely across ACT Health to ensure that all staff are aware of its content and the relationship between staff actions and data integrity.

ACT Health has finalised its data custodian guidelines which document and allocate responsibilities for data integrity activities for key systems in ACT Health.

Recommendation 2

Outcome measures for data quality, including metrics, should be developed and incorporated into the Information Management Strategy. These should be monitored to ensure the adequacy of data integrity, particularly related to ABF data

Agreed

The Data Credentialing Framework, which is referred to in the Information Management Strategy, includes the development of key performance measures for data quality and data quality assurance processes.

These measures will provide quality assessments of all major ACT data sets, including data submitted for ABF purposes.

Recommendation 3

ACT Health's Information Management Strategy should clearly articulate the following:

a) Key data risks associated with ABF-related data and submissions to national bodies;
b) Frequency, scope of control assessments and other assurance activities that will be undertaken to provide assurance in relation to ABF data integrity

The ABF data integrity risks and control assessments will need to be updated from year to year as national submission requirements change.

Agreed

ACT Health will amend its Information Management Strategy to ensure that key data risks and control assessments for ABF data is implicit within the Document. At present, the Strategy provides details about data quality control processes. However, additional specific references will be made in relation to ABF data validation and quality assurance processes.

Recommendation 4

HIGH PRIORITY RECOMMENDATION

ACT Health should develop an emergency department data dictionary to standardise the definition of ABF related data and define ABF-related data mapping from EDIS in both hospitals to the data warehouse

Agreed
ACT Health notes the separate use at each ACT public hospital of codes relating to the type of ED presentation. This matter, while important to address, has a very limited financial impact.

Notwithstanding this, standardised approaches to recording this information have been implemented, and ACT Health is developing the necessary data dictionary for the system.

Recommendation 5
a) Calvary Public hospital should align its EDIS record close period (currently 7 days) with that of Canberra Hospital (Currently 2 days).
b) ACT Health should undertake a monthly assessment to monitor changes to patient records after the close period.

Agreed
ACT Health has implemented a range of activities to improve data integrity within the emergency department system. These include:

- Removal of generic log-ons on all but one machine due to operational requirements
- Swipe care access to machines
- Adding the mandatory requirement for people to provide reasons for any change to records
- Automated assigning of names to any changes
- Automated checking of emergency department data to determine if inappropriate patterns are occurring

ACT Health will increase this activity to include more robust audit process now that these other activities are in place and working (see Recommendation 7).

Recommendation 6
Canberra Hospital should finalise its draft EDIS training documents and implement a mandatory requirement to staff to complete EDIS training before receiving access to the system.

Agreed
Training documents have been finalised and an on-line training package has been completed.

Recommendation 7
HIGH PRIORITY RECOMMENDATION
Both Canberra and Calvary should establish useable audit logs for EDIS to allow monitoring activities after the close-off period. The audit logs should be reviewed regularly with results presented to the accountable hospital executives and to the Health Directorate.

Agreed in principle
As is noted in the report the EDIS audit logging functions can have a significant impact on system performance. Initial work has been completed to provide additional audits of activity within the emergency department as well as the initiatives already in place that minimise access to the system and minimise the possibility of inappropriate changes being made without a clear audit path.

While audit logging is desirable, this level of data quality assurance must be balanced against the need to provide a responsive service to emergency patients. Relevant areas of ACT Health will work with the Director of Information Integrity to develop a sustainable method of managing this risk.

Recommendation 8
HIGH PRIORITY RECOMMENDATION
ACT Health should finalise and implement the Non-admitted Patient Activity Data Standards.

Agreed
ACT Health has commenced implementing the non-admitted standards. As noted in the report, data standards for Non-admitted data are less mature than in other domains of health activity and relevant areas of ACT Health will continue to develop and implement the standards as requirements change over time.

Recommendation 9
HIGH PRIORITY RECOMMENDATION
ACT Health should develop and implement overarching policies and procedures related to data validation processes and activities. These should provide a consistent framework that is flexible and adaptable when needed to reflect local processes and organisational structure.

Agreed
ACT Health established a new Data Credentialing Framework in 2014 which includes greater access to data validation processes and improved data validation and quality assurance systems. The main issues within the framework have been addressed and the programme of work will continue as the capability of ACT Health's reporting infrastructure expands.

Recommendation 10
ACT Health should review the capability of its data warehouse and develop robust processes to track validation activities performed by the hospitals. It should also define and promulgate business rules required in correcting ABF-related data to ensure consistency across hospitals.

Agreed
As noted above in Recommendation 9, ACT Health is developing systems to better communicate data validation processes, as well as establishing formal and informal forums to discuss data quality matters. This process will improve data quality and provide the basis for changes to source systems to reduce the possibility of further data errors.

Recommendation 11
HIGH PRORITY RECOMMENDATION
ACT Health should develop KPIs for the validation of data that can be supported by information from the data warehouse.

Agreed
The establishment of KPIs and reports is incorporated within the Data Credentialing Framework. This framework also includes an escalation process to ensure that data issues are addressed as required.

Recommendation 12
HIGH PRIORITY RECOMMENDATION
ACT Health should finalise its business rules for data validation and incorporate these in its data warehouse, then re-commence the distribution of validation reports for the Non-admitted Patient areas at Canberra Hospital and Calvary Public Hospital and for the Calvary Public Hospital Emergency Department.

Agreed

New validations for Non-admitted care have been developed based on the Non-admitted Patient Data Standards.

In addition, ACT Health has implemented processes that provides for improved communication of data quality issues with business areas across the organisation. Validations for Calvary Hospital emergency department activity have recommenced following completion of the work required by Calvary to enable this to occur.

Recommendation 13
HIGH PRIORITY RECOMMENDATION
ACT Health should perform an analytical review to quality assure the six-monthly data submission before it is sent to IHPA

Agreed
ACT Health has implemented further validations and analysis on submissions to relevant national bodies, particularly with regard to the final data transform process flagged in the report.

Recommendation 15
HIGH PRIORITY RECOMMENDATION
a) ACT Health should undertake further investigation into the inconsistencies and anomalies identified by the data analytics, taking a risk-based approach to the investigation and focusing on the areas that have the potential to materially affect ABF data and funding.
b) As a priority, ACT Health should review the mapping of processes to extract data from emergency department systems to the data warehouse.

Agreed
ACT Health agrees that improved data analytics will provide for increased data quality over time. ACT Health has directed efforts to focus on the areas with the highest material impact (admitted services) and work is underway to maximise data quality in non-admitted services through the development of more robust standards and validation techniques.

ACT Health is also investigating the apparent anomalies with ED data, noting that the impact of them would not be material in a funding sense.

Recommendation 16
a) Canberra Hospital and Calvary Public Hospital should review patient records on a random and weekly basis with a focus on the fields that are included in ABF reporting
b) Both hospitals should conduct refresher training on the use of the "type of visit" field

Agreed
The report noted that coding errors were within nationally and internationally accepted standards. A number of systems are in place to identify issues and follow-up on discharge summaries. ACT Health and Calvary will review these with the view to introduce enhanced approaches that further minimise errors. In addition, ACT Health will undertake external coding audits as a further means of demonstrating compliance with relevant standards.

Recommendation 17
HIGH PRIORITY RECOMMENDATION
a) ACT Health should investigate the root causes of errors in non-admitted data, including errors in Indigenous status, postcode and funding sources and develop and implement policies and procedures for improvement.
b) ACT Health should implement a single patient administration system and standardise data management policies and procedures across all public outpatient clinics.

Agreed in principle
ACT Health has already established new processes to focus on and improve data quality within non-admitted services. Some errors identified in the report have already been addressed and data re-submitted to IHPA. The new Advancing Data group (within non-admitted services) and the work to finalise the non-admitted data standards will provide a firm basis for improved data quality in this area. On top of this, new formal and informal forums will also be established to provide information to those responsible for entering data into systems related to non-admitted care.

ACT Health will need to undertake a review of the impact and capacity of establishing a single system for non-admitted services.

Recommendation 18
Canberra and Calvary Hospitals should improve their clinical coding with the following process changes:

a) Where coding is completed before the availability of the discharge summary, the record should be flagged to facilitate subsequent identification of potentially incorrectly coded episodes.
b) Where discharge summaries conflict with information in the record, a query should be forwarded to the treating clinician for clarification. These queries should be followed up and documented for future reference.

Agreed in principle
ACT Health will investigate the feasibility of implementing an automatic validation to detect the small number of overlapping episodes.