

# Developing a national allied health dataset

Catherine Stephens<sup>1</sup>, Jan Erven<sup>2</sup>, Mary Haire<sup>3</sup>

<sup>1</sup>Allied Health Professions' Office of Queensland, Queensland Health, PO Box 2368, Fortitude Valley BC, QLD, 4006.  
Catherine.Stephens@health.qld.gov.au

<sup>2</sup>Illawarra Shoalhaven Local Health District, PO Box 21, Warrawong, NSW, 2502  
Email: jan.erven@sesiahs.health.nsw.gov.au

<sup>3</sup>National Allied Health Classification Committee, Allied Health Professions Australia, Box 38, Flinders Lane VIC 8009  
[hairemary41@gmail.com](mailto:hairemary41@gmail.com)

## Background

The National Allied Health e-Health Collaborative (NAHeHC), a collaborative of representatives from key allied health groups across Australia, has commenced work on a national allied health dataset specification to enable the consistent collection of allied health activity and clinical data. This builds on the work of the National Allied Health Classification Committee who developed the Australian Allied Health Classification System (1997) and Health Activity Hierarchy, including the Allied Health Minimum Dataset (2001) to support allied health in the move to casemix funding. With the current move towards electronic clinical records, the NAHeHC identified the need to refine and expand the dataset to include clinical data items.

## Method

Existing public health sector datasets have been reviewed and preliminary stakeholder consultation has occurred across the public and private sectors. This has informed a common dataset and identified support for a nationally consistent dataset which is capable of describing allied health activity, including clinical activity, across a range of settings. It has also highlighted the need to address inconsistencies across existing datasets and the need to refine definitions. Next steps will include further development of the proposed data elements, their definitions and underlying values. The plan is to initially undertake this work within the public health sector and establish a dataset specification which can then be applied more broadly across healthcare settings.

## Discussion

While the challenges of creating a clinical dataset to cover the broad range of professions included in the allied health portfolio are not insignificant, this work is seen as an important step in improving the availability of data to accurately inform the contribution and cost of allied health services as a component of the healthcare system, to enable benchmarking of services, to improve clinical practice and facilitate communication of clinical information between healthcare providers.