

# The National Best Practice Datasets – Are we there yet?

Presenter: Catherine Stephens<sup>1</sup>

Co-author: Kristy Perkins<sup>2</sup>

<sup>1</sup>The Allied Health Professions' Office of Queensland

<sup>2</sup>West Moreton Hospital and Health Service



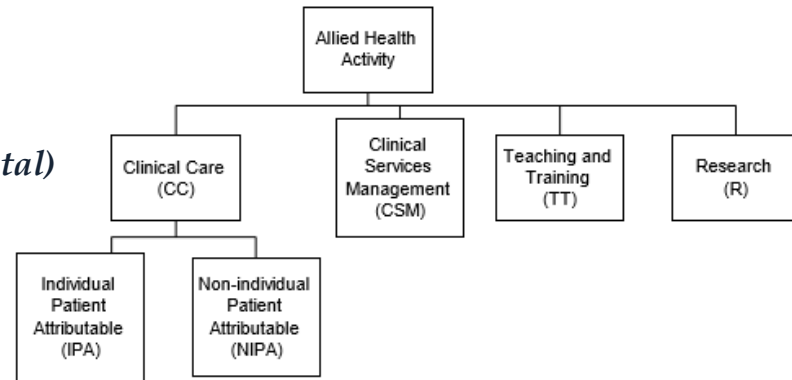
**Queensland**  
Government

# The beginning of the journey...

- National Allied Health Classification Committee published the *Health Activity Hierarchy Version 1.1* in 2001.
- **Allied Health Minimum Data Set (AHMDS)**

- *Unique client identifier*
- *Sex*
- *DOB*
- *Indigenous status*
- *Area of usual residence*
- *Postcode*
- *Telephone number*
- *Interpreter services*
- *Preferred language*
- *Compensable status*

- *Carer Availability*
- *Date of admission (hospital)*
- *Client type*
- *Service provider*
- *Party relationship*
- *Referral Source*
- *Treatment Setting*
- *Indicator for Intervention*
- *Diagnosis (ICD)*



# But it wasn't long before we started thinking .....

What additional information do we require to:

- better demonstrate the value of allied health care?
- identify the types of conditions that allied health practitioners treat and the interventions that provide the greatest benefit?
- better inform the allocation of allied health resources?
- better inform allied health costing and pricing?

And

- Could the advent of electronic medical records provide us with greater opportunities for data collection?





# Developing a National Allied Health Dataset

Catherine Stephens

Jan Erven

ABF Conference 2015



## Nationally consistent allied health data collection – the next steps

Presenter: Kristy Perkins<sup>1</sup>

Co-authors: Catherine Stephens<sup>1</sup> & Julie Hulcombe<sup>1</sup>

<sup>1</sup>The Allied Health Professions' Office of Queensland





# Nationally consistent allied health data collection – the next steps

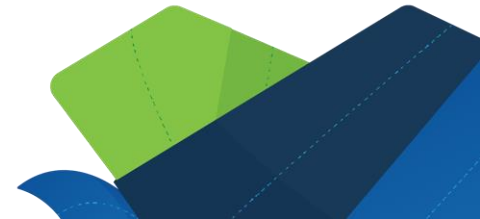
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# 4 Draft National Best Practice Data Sets

- 3 x setting based NBPDSs
  - Allied health admitted patient care national best practice data set
  - Allied health non-admitted patient care emergency department national best practice data set
  - Allied health non-admitted patient national best practice data set
- 1 x 'other' NBPDS
  - Allied Health Non-Individual Patient Attributable and Non-Clinical Activity National Best Practice Data Set



## Non-admitted patient service event

Person—person identifier, XXXXXX[X(14)]

Person—sex, code N

Person—date of birth, DDMMYYYY

Person—Indigenous status, code N

Person—area of usual residence, statistical area level 2 N(9)

Address—Australian postcode, {NNNN}

**Non-admitted  
patient care**

## Allied health service event(s)

Allied health service event - service request source, code NN

Allied health service event - service request specialty unit, code NN

Non-admitted patient service request - service request received date, DDMMYYYY

Allied health service event - service contact date, DDMMYYYY

Allied health service event - service contact time, hhmm

Allied health service event - initial service indicator, code N

Allied health service event - resource indicator, code N

Allied health service event - provider profession, code AA[A]

Allied health service event - service delivery mode, code N

Allied health service event (non-admitted patient) – service delivery setting, code NN

Service contact—group session status, yes/no/not stated/inadequately described code N

Allied health service event - interpreter service required, yes/no code N

Allied health service event - preferred language, code (ASCL 2011) NN{NN}

Allied health service event - reason for referral, text X(X[59])

Allied health service event - indicator for intervention, text X(X[59])

Allied health service event - assessment type, text X(X[59])

Allied health service event - assessment measure name, text X(X[99])

Allied health service event - assessment measure result, text X(X[39])

Allied health service event - clinical finding, text X(X[99])

Allied health service event - intervention type, text X(X[99])

Individual patient attributable duration (direct patient care), minutes NNN

Individual patient attributable duration (indirect patient care), minutes NNN

Legend:

DE exists

New DE required

# Where we left off in 2017

## The “to do” list

- Consultation
- Submission to NHISSC
- AIHW workplan
- Approval



**Allied Health National Best Practice Data Sets**

Home    Consultation objectives    New data elements    Resources    Feedback

The National Allied Health Data Working Group (NAHDWG) is a national collaborative formed to guide the continuing development of nationally consistent allied health data. The NAHDWG has representatives from each Australian State and Territory and a representative from the National Allied Health Classification Committee (NAHCC), which is a part of Allied Health Professions Australia.

The NAHDWG has undertaken a body of work to review the Allied Health Minimum Data Set (AHMDS), which was initially developed by NAHCC and defined in the [Health Activity Hierarchy Version 1.1](#), which consists mainly of administrative and activity data. The addition of clinical data elements is intended to build a clearer picture of allied health services and allow allied health leaders to:

- identify the patients and conditions which allied health professionals treat
- determine the effectiveness of specific allied health interventions
- demonstrate the contribution of allied health services to health outcomes within admitted, non-admitted and emergency department settings
- determine which patients and health conditions benefit most from allied health interventions and assist with resource allocation
- determine the time allied health clinicians spend on non-clinical care activities and non-individual patient attributable activities that contributes to service delivery.

Through engagement with the National Health Information Standards and Statistics Committee (NHISSC) and a data management and governance consultant, it was determined that the most appropriate format would be to specify the required national best practice data sets using the model provided by [MTeOR](#), Australia's repository for national metadata standards.

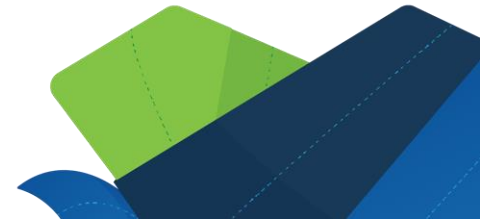
The NAHDWG reviewed and consolidated the Allied Health Minimum Data Set and identified additional data elements, their definitions and permissible values. Four Allied Health National Best Practice Data Sets have been developed to align with the current National Minimum Data Sets for admitted patient, non-admitted patient and emergency department care. Additionally there has been a national best practice data set developed to allow collection of non-individual patient attributable and non-clinical activities by allied health.

The four allied health national best practice data sets include:

- Allied Health Admitted Patient Care National Best Practice Data Set
- Allied Health Non-Admitted Patient Emergency Department National Best Practice Data Set
- Allied Health Non-Admitted Patient Care National Best Practice Data Set
- Allied Health Non-individual Patient Attributable and Non-Clinical Activity National Best Practice Data Set

# And then!

- In December 2018, the AH NBPDS were endorsed by the National Health Data and Information Standards Committee.
- Became available on METeOR in February 2019.



# The National Best Practice Data Sets!

Nationally approved and standardised data sets:

- Allied health admitted patient care national best practice data set
  - Allied health non-admitted patient care emergency department national best practice data set
  - Allied health non-admitted patient national best practice data set
  - Allied health non-individual patient attributable and clinical support activity national best practice data set
- <https://meteor.aihw.gov.au/content/index.phtml/itemId/345165>

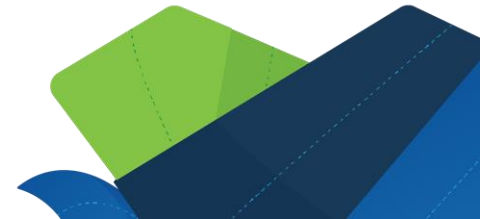




Are We  
There Yet?

# The data sets are really just the beginning

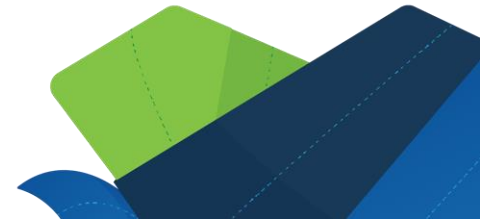
- Code sets – development, trial and standardisation
- Means of collection (electronic medical records)
- Engagement with the private sector
- Inclusion in MHR
- Collation at local, and potentially jurisdictional and national levels



# The data sets are a tool (not a burden!)

The data sets:

- are not mandatory
- can be used in part
- include data that can be pulled from other sources
- can be used for short/defined periods of time
- provide the opportunity to collect standardised clinical data including outcomes



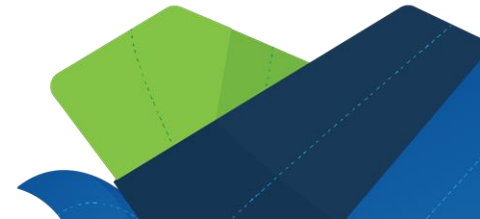


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- NAHDIN

## **Contact details:**

[allied\\_health\\_advisory@health.qld.gov.au](mailto:allied_health_advisory@health.qld.gov.au)



# QUESTIONS

