Allied health data quality group terms of reference

# Purpose

The allied health Data Quality Group is an informatics group. It monitors and improves care capacity and demand management by utilisation of the Core Data Set (CDS). The group can choose to use any other data too if needed.

This is achieved through:

1. The development and implementation of a data quality framework (see Appendix 1 data quality guideline). This framework should include:
* Internal processes that promote data integrity and quality control.
* Documented key performance indicators for the various roles involved in data collection & quality.
* A process to evaluate data completeness. Within the CCDM programme this is defined as ‘recorded clinical and non-clinical time is within 15% margin of contracted FTE’.
1. Monthly review of sentinel CDS metrics for evaluating the effectiveness of care capacity demand management.
2. Monthly reporting to the CCDM council on any issues /risks/ successes identified through CDS analysis.
3. Developing and/ or supporting existing structures for allied health teams/ services to use their own data for quality improvement activities.

# Reporting structure

There are two options for the structure of the Data Quality Group.

Example (a): Data Quality Group reports to the Directorate / Service & Council

# Example (b): The purpose and function of the Data Quality Group is part of the Allied Health Working Group & Council

# Key tasks/role

* Develop a data quality work plan that is consistent with DHB goals and priorities.
* Assign roles, responsibilities and timelines for completing the work plan.
* Ensure work plan activities unfold in a logical, organised and efficient way.
* Monitor, evaluate and report on progress against the work plan.
* Follow processes and practices that promote health union partnership.
* Communicate with all staff on progress and highlight successes.
* Escalate decisions to directorate/ service group and subsequently council, when needed.
* Support allied health teams/ services to use their own data for quality improvement activities.

# Membership

## Permanent members

| Name/ title | Role in group/ team |
| --- | --- |
| Designated allied health manager/ professional leader | Co-chair the meeting. Provide leadership within group and across organisation on allied health informatics and CCDM. |
| Health union representative (delegate) | Co-chair the meeting. Promote CCDM. Represent members, work in partnership and advise on MECA entitlements. |
| DHB allied health managers/ professional leaders | Provide operational & professional advice in line with service/ DHB goals.  |
| Executive/ director of allied health | Set strategic direction for allied health service in line with DHB goals and priorities. Seeks to address and remove any barriers. Escalates issues identified through analysis of the CDS.  |
| Data champion(s) | Data champion for each allied health team.  |

## Co-opted members

Other members may be co-opted to the working groupas and when required to provide expert advice. Membership will be reviewed annually.

|  |  |
| --- | --- |
| Name/title | Role in group/ team |
| Service and/ or operations manager  | Provide service/directorate perspective. Link to DHB goals and priorities. |
| Data collection system/tool coordinator  | Support allied health with data collection and analysis. Supports data accuracy and integrity. Provides support and education to all staff as needed. |
| CCDM site coordinator  | Coordinate CCDM programme implementation. Provide CCDM education and support use of programme tools. |
| SSHW Unit programme consultant | Provide expertise on CCDM components and process and training as needed. |
| Manager Communications | Develop communications, support group to develop and tailor key messages. |
| Business Support/ Digital Enablement Manager | Support allied health services to source, analyse and display data. |
| Quality Improvement adviser  | Provide quality and improvement advice to ward/or directorate/service group. Provide expertise on quality improvement processes. Link to broader DHB quality improvement plans. Promote CCDM within the organisation as a quality improvement framework. |

# Responsibilities

* Group members are expected to be familiar with the CCDM programme for allied health
* Group members are expected to attend and participate in all meetings.
* Abide by the collective decisions of the group and CCDM council.
* Disseminate, discuss and collaborate across teams/services as required to undertake the work plan.
* Read and provide feedback on all documents received within the agreed timeframes.
* Ensure meeting actions are followed through and reported on within the agreed timeframes.

# Meeting process

**This will depend on the chosen reporting structure. Options are:**

1. Meetings will be held on the <*insert frequency date and day*> for a maximum of *<one hour>*. Meeting time will be from <*insert start and finish time of the meeting* >.
2. The Data Quality Group will form a standing agenda item within the Allied Health Working Group agenda (e.g. alongside VRM and CDS.
* Agenda items will be called for by the Chair 7-10 working days prior to the scheduled meeting.
* Additional agenda items may be taken by the Chair at the meeting or prior to commencing.
* An agenda and relevant papers will be circulated by the Chair five working days before the meeting.
* Members are to inform the Chair if not attending a meeting at least 48 hours prior.
* Where members are unable to attend a meeting proxy will not be accepted.
* All members will participate in discussion and decision making.
* The chair will summarise the main points
* Good timing will be maintained (start, finish and duration of discussions).
* Meeting minutes will be circulated 3-5 working days after the meeting
* Meeting minutes will be confirmed as ‘final’ at the next meeting. Copies will be retained as part of the local data council programme documents.
* Meeting process will be periodically evaluated using both verbal and written feedback methods. Quarterly, ask the following two questions or distribute the meeting evaluation form.
	+ What went well at this meeting?
	+ What needs to be changed?
* Meeting evaluation results will be fed back to the group at the next meeting.

# Decision making

* A quorum for a meeting is represented by a 50 percent attendance of the group, plus the chair.
* The quorum must include union representation.
* Should a quorum not be present, items passed will be held for ratification until the next meeting.
* Where possible, decisions will be made by consensus.
* If group consensus cannot be reached a summary of views will be documented, distributed and held within the group document file.
* Where decisions are contentious and/or complex, a decision making framework will be used and separate detailed documentation made on the decision making record.

# Functional relationships

Examples include (but are not limited to):

* CCDM council,
* CCDM working groups,
* quality unit,
* local data councils,
* service/ directorates,
* information technology,
* human resources,
* project management office
* business support