

Allied health core data set user guidance

Definition

The allied health core data set (CDS) is made up of twenty (20) measures (see figure 1). These have been selected, defined and ratified by the Safe Staffing Healthy Workplaces Unit, National Directors of Allied Health and other sector stakeholders. A DHB may choose to use additional measures that are relevant locally.

The CDS specification document describes the measures, rationale, interpretation, calculation, unit of measure, frequency and potential data sources.

Purpose

The purpose of the CDS is to provide a systematic framework to support the implementation and monitoring of quality improvement initiatives within a DHB. The CDS is used to:

1. Monitor care capacity demand management with the primary objective of providing quality and efficient patient care.
2. Reflect progress over time (i.e. identify trends).
3. Demonstrate relationships between measures.
4. Integrate with existing DHB reporting e.g. casual use, sick leave i.e. exception reporting.
5. Places equal priority on each side of the CCDM triangle to provide a complete picture.
6. Provides structure, focus and discipline to improvement activities.
7. The measures should be reviewed annually as part of the quality assurance process.

Associated documents

This document should be used in conjunction with:

1. 5.6.6 Allied health core data set power point presentation
2. 5.8.5 Allied health core data set specification
3. 5.8.6 Allied health data quality guideline
4. 5.9.5 Allied health core data set stocktake
5. 5.15.5 Allied health core data set improve and report template
6. 5.16.5 Allied health core data set improving and reporting power point presentation

Steps to achieve business as usual

The purpose of this document is to provide guidance to support implementation of the core data set as a business as usual process. The document covers the following:

1. Assumptions underpinning core data set implementation.
2. Selection of measures for the core data set.
3. Process for collecting and collating the measures.
4. Interpretation of the data.

5. Display or visualisation of the data.
6. Use of the core data set.

The 20 measures demonstrate the outcomes of CCDM

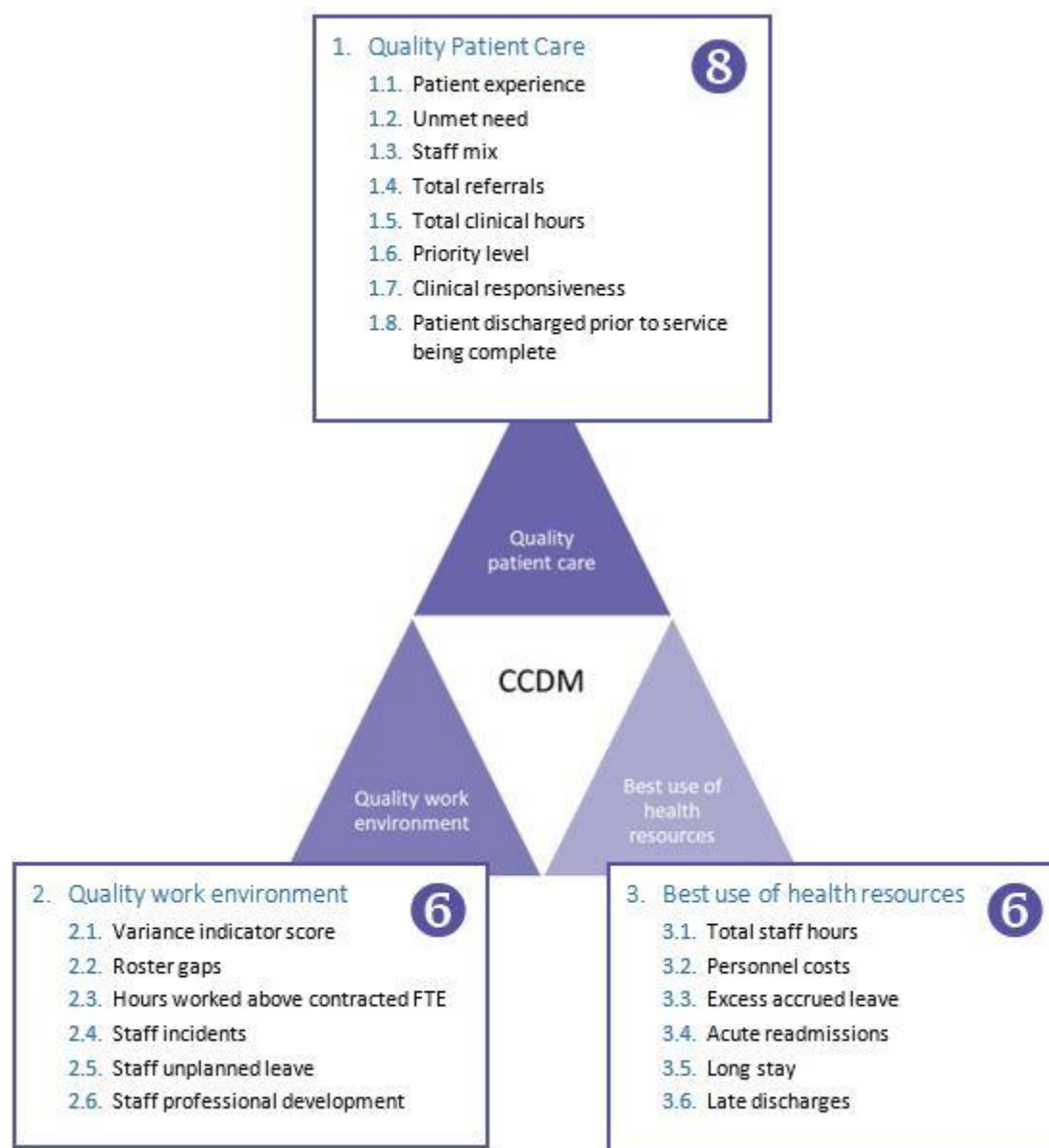


Figure 1 – Distribution of allied health core data set measures across the 3 equally weighted domains of CCDM

Assumptions

- The data being used is accurate and complete.
- CCDM governance is in place and operational.
- There are established lines of accountability and responsibility.
- Monthly meetings occur at multiple levels of the organisation.
- The core data set will be integrated with the current DHB reporting processes (not separate or in addition to).
- Monitoring of the core data set occurs as per the agreed partnership model.
- Business information, information technology and digital enablement services will prioritise the development and implementation of the core data set as per the CCDM programme plan.
- Information technology system interfaces are functional.

Selecting measures

- Using all the measures from the core data set may not be realistic in some cases. The selection should aim to provide a balanced view from the different sides of the triangle.
- A range of use to be implemented across wards/units, services, directorates and the hospital should be considered.
- DHB or directorate goals or priorities may inform the initial selection.
- The local data council/ data quality group can choose the subset of measures from the core data set. Measures may be selected based on identified areas for improvement, dependent measures, those of concern or interest to staff.
- Once sustainable improvement in a measure has been achieved the next measure for focus should be selected and monitored as part of the quality improvement process.

Collecting and collating the measures

There needs to be a documented process for business as usual. As per the allied health stocktake for business as usual, this should include:

- Measure.
- Domain.
- Calculation.
- Unit of measure.
- Frequency (monthly/quarterly/bi-annual).
- Format.
- Trended over time.
- Where the data repository is housed.
- Who collects, collates and distributes the measure?
- Reporting level.
- Action to be taken e.g. discussed at allied health team meeting, data quality group and CCDM council.

Interpreting the measures

- Figure 2 illustrates the functional relationships between the measures. This diagram helps track potential cause and effect relationships, which helps with the interpretation of the data.
- The primary causes are generally towards the left of the diagram and the effects towards the right. Correlation however does not necessarily equal causation. There is likely to be some crossover.
- The diagram can be viewed from left to right, right to left, starting in the centre or starting with a specific measure.
- The diagram can be used to guide which other measures may be useful to analyse when trying to provide a more complete picture.

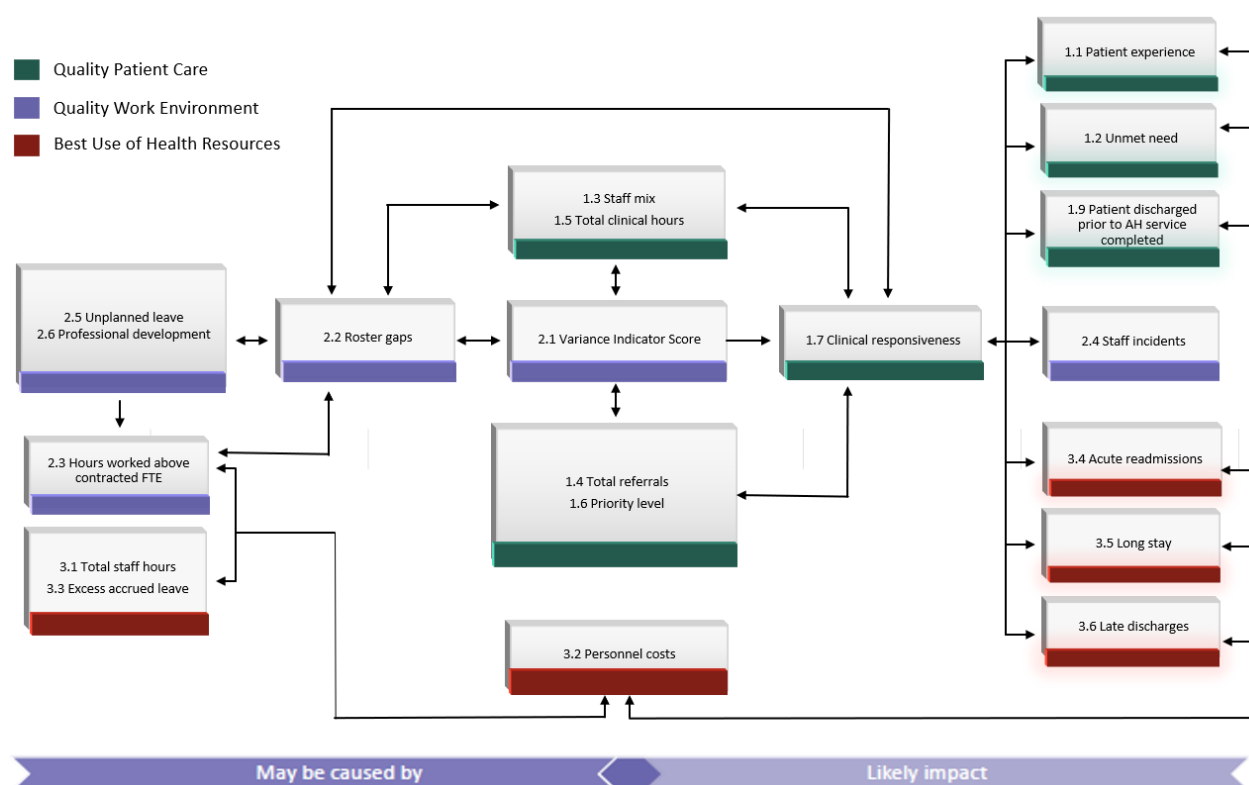


Figure 2 – Functional relationships between the allied health core data set measures

Displaying data

Dependent on DHB capability, the data can be displayed electronically or in paper-based form. It should be user friendly. The DHB should work towards an automated visualisation tool that enables drill-down to staff and service. It's not just about sharing data; it's about sharing what the data *means* and the *story* that it tells. Control charts are recommended to enable quick identification of special cause variation.

Where some charts cannot be displayed electronically, consider building background rules to highlight special cause variance, trends etc. Use the CDS specifications and relationship driver diagram to determine likely correlation.

The core data sets from the teams are aggregated for a service/directorate view. The service and directorate views are then aggregated to a hospital view. The ability to drill-down is maintained at all levels.

Charting do's	Charting don'ts
<ul style="list-style-type: none"> • Charts must have a scale, legend and labels. • Label the x and y axis. • Include the units e.g. hours, percentage. • Keep circles and other two-dimensional shapes in proportion (size circles and other two-dimensional shapes by area). • Include the source of the data. • Show trends overtime. • Consider who and what your graphs and charts are for. • Bar and line chart baseline must start at zero. • Charts (such as pie charts) that should represent parts of a whole should show all the parts that add up to 100%. • Use plenty of white space. • Use transparency so that symbols still appear when another is placed on top e.g. for charts with intersecting lines. • Apply acceptable rules for the display of ordinal, interval and nominal data. • Add simple infographics to highlight what you want people to focus on. • Try to use a few simple contrasting colours and use the same colours throughout. 	<ul style="list-style-type: none"> • Don't go overboard with pie slices • Avoid over plotting or presenting too much data on one chart. • Don't go out of your way to delete information or skew your story one way or the other. • Avoid using visual effects in graphs (i.e. 3D) • Avoid using a combination of red and green in the same display. Most people who are colour-blind cannot distinguish between groups of red and green data.

The core data set is only effective if you use it

- The CCDM council takes overall responsibility for monitoring the core data set (exception reporting only).
- The data quality group/ allied health working group has defined roles and responsibilities within this framework.
- The core data set:
 - is used to effectively manage care capacity demand management.
 - is used to align staff activities with DHB goals and priorities.
 - provides a framework for reporting to line managers, at council meetings, operations meetings, quality meetings and so on.
 - should be readily accessible and visible to staff at all levels of the organisation.

- There are regular opportunities to discuss the core data set with staff.
- Staff are engaged in identifying opportunities for improvement and this is discussed as part of a regular PDSA cycle.
- An improvement plan is developed from the data.
- Concerns about the core data set results are escalated to the CCDM council.