Online Services Report and National Key Performance Indicators for Aboriginal and Torres Strait Islander primary health care data framework
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Acknowledgement
The Department of Health wishes to acknowledge the contribution made by the Australian Institute of Health and Welfare in preparing this document on its behalf. The Department of Health also wishes to acknowledge a sub-team of the OCHREStreams Advisory Group including the Northern Territory Government, the National Aboriginal Community Controlled Health Organisation, state/territory Aboriginal and Torres Strait Islander peak bodies and the Improvement Foundation; a number of Indigenous specific-health services and Public Health Medical Officers for their contribution to the development of this document.

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Contents

Contents ........................................................................................................................................ iii
Abbreviations .......................................................................................................................... v

Introduction ............................................................................................................................... 1

  The nKPIs ............................................................................................................................. 1
  OSR ...................................................................................................................................... 1
  OCHREStreams .................................................................................................................... 2
  Key participants in OCHREStreams ...................................................................................... 2
  OCHREStreams OSR and nKPI data flows .......................................................................... 3
  Management of OCHREStreams data .................................................................................... 3
    National Agreements ........................................................................................................ 3
    Bilateral agreements between the key participants for access and use of nKPI and OSR data and OCHREStreams data ............................................................... 4

Changes to the OCHREStreams system .................................................................................... 8

  Changes to OCHREStreams data collections ...................................................................... 8
  Amending current nKPIs .................................................................................................... 8
  Adding or removing indicators ......................................................................................... 8
  Changes to OSR ................................................................................................................. 8
  Evaluation and review of OCHREStreams ........................................................................ 8
  Review of this framework document .................................................................................. 9
  Data collection and transmission controls ......................................................................... 9

Data management and security ................................................................................................ 10

  Overarching legal and policy environment ....................................................................... 10
  Data access and storage controls ...................................................................................... 10
  Data ownership .................................................................................................................. 11
  Data custodianship arrangements ...................................................................................... 12
  Data purpose and use ....................................................................................................... 12
  Data analysis and reporting .............................................................................................. 13
  Publication of reports ......................................................................................................... 14

Accountability, monitoring and dispute resolution ................................................................. 15

  Accountability and monitoring regimes ............................................................................ 15
  Ethics and ethical oversight .............................................................................................. 15
  Adherence to the National Aboriginal and Torres Strait Islander Health Data Principles 17
  External requests for data .................................................................................................. 17
    Improvement Foundation ............................................................................................... 17

AIHW 18
Abbreviations

ACCHO  Aboriginal Community Controlled Health Organisation
AHMAC  Australian Health Ministers’ Advisory Council
AIHW  Australian Institute of Health and Welfare
APCC  Australian Primary Care Collaboratives program
CEO  Chief Executive Officer
COAG  Council of Australian Governments
CQI  Continuous Quality Improvement
HCP  Health Care Provider
HREC  Human Research Ethics Committee
ICT  Information and Communications Technology
IF  Improvement Foundation
METeOR  Metadata Online Registry
MoU  Memorandum of Understanding
NACCHO  National Aboriginal Community Controlled Health Organisation
NAGATSIHID  National Advisory Group on Aboriginal and Torres Strait Islander Health Information Data
NATSIHON  National Aboriginal and Torres Strait Islander Health Officials Network
NEHTA CDSA  National e-Health Transition Authority Clinical Data Self-Assessment
NHIA  National Health Information Agreement
NHIPPC  National Health Information and Performance Principal Committee
NHISSC  National Health Information Standards and Statistics Committee
NHMRC  National Health and Medical Research Council
NIHEC  National Indigenous Health Equality Council
NIRA  National Indigenous Reform Agreement
nKPIs  National Key Performance Indicators
NT  Northern Territory
OAG  OCHREStreams Advisory Group
OCHREStreams  Online Community Health Reporting Environment for government funded health services
<table>
<thead>
<tr>
<th>Acronym</th>
<th>Full Form</th>
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<tbody>
<tr>
<td>OSR</td>
<td>Online Services Report</td>
</tr>
<tr>
<td>PHMO</td>
<td>Public Health Medical Officers network</td>
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<tr>
<td>PHN</td>
<td>Primary Health Network</td>
</tr>
<tr>
<td>PIRS</td>
<td>Patient Information Record System</td>
</tr>
<tr>
<td>PSPF</td>
<td>Australian Government Protective Security Policy Framework</td>
</tr>
<tr>
<td>QI</td>
<td>Quality Improvement</td>
</tr>
<tr>
<td>SEWB</td>
<td>Social and Emotional Wellbeing</td>
</tr>
<tr>
<td>SQL</td>
<td>Structural Query Language</td>
</tr>
<tr>
<td>XML</td>
<td>Extensible Markup Language</td>
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Introduction

The National Key Performance Indicators (nKPIs) for Aboriginal and Torres Strait Islander primary health care and Online Services Report (OSR) data play a key role in Indigenous primary health care. The nKPI and OSR data are provided by health organisations funded by the Department of Health, by the Department of the Prime Minister and Cabinet, or by a participating state or territory government, to provide primary health care, substance-use services, Social and Emotional Wellbeing (SEWB) and Link-Up counselling services to Aboriginal and Torres Strait Islander Australians. These health care organisations provide the data via a secure web-based reporting tool, the Online Community Health Reporting Environment for government-funded health services (OCHREStreams).

This document describes the framework involved in the collection, transmission, storage, access to, and reporting of, nKPI and OSR data in the OCHREStreams environment, including the organisations, legislation, agreements and processes involved. Contact details are also provided in the event that health organisations have any queries or concerns regarding any aspect of the framework.

The nKPIs

As part of the National Indigenous Reform Agreement (NIRA), the Council of Australian Governments (COAG) agreed that a set of national key performance indicators (nKPIs) should be developed for the health organisations providing care to Indigenous Australians. The nKPIs provide information about health organisation processes and outcomes for their regular clients, but do not contain information which identifies individual clients.

Data are currently collected from health organisations funded to provide care to Aboriginal and Torres Strait Islander people by the Department of Health or by the Northern Territory government. Rollout of the nKPIs to health organisations funded by other state and territory governments is expected in the future.

Specifications for nKPI data are available on METeOR, the Australian Institute of Health and Welfare (AIHW) online registry. Data that meet these specifications are considered ‘nKPI data’. (An example of one such specification is ‘the number of Indigenous regular clients whose smoking status is recorded’, which is an indicator in the nKPIs.)

OSR

The OSR is a data collection administered since 2008–09. It includes a wide range of data about services funded by the Department of Health and the Department of the Prime Minister and Cabinet. Three types of organisations report OSR information: health organisations, including those receiving New Directions maternal and child health funding; substance-use services; and SEWB or Link-Up counselling services.

OSR data includes information on:

- types of services and activities provided
- the number of clients seen and contacts made
- staffing and vacancies
- service gaps and challenges faced by the organisation.

OSR data are collected via an OCHREStreams online form.
OCHREStreams

OCHREStreams is a web portal, funded by the Department of Health and managed by the Improvement Foundation, which provides a fast, simple and more accurate reporting system for health organisations than that provided by a manual system. The site enables health organisations to electronically extract data from their clinical software and submit de-identified data to generate electronic reports.

OCHREStreams also provides a range of opportunities for health organisations to collaborate on quality improvement activities that will improve patient health outcomes.

Key participants in OCHREStreams

There are a number of organisations that participate in the transmission, storage, and reporting of, nKPI and OSR data, or that may otherwise have access to it.

Health organisations funded by either the Department of Health, the Department of the Prime Minister and Cabinet or a state or territory government to provide primary health care to Indigenous people.

National Aboriginal Community Controlled Health Organisation (NACCHO) is the national peak body of Aboriginal community controlled health organisations. With input from related state and territory peak bodies for Aboriginal health, it provides advice to the Department of Health, including through the OCHREStreams Advisory Group. NACCHO may also have access to health organisations' data, where individual health organisations have agreed this may occur.

The Department of Health and the Department of the Prime Minister and Cabinet fund health organisations to provide care to Aboriginal and Torres Strait Islander clients. Funding agreements between the Department of Health and individual health organisations detail arrangements regarding funding and the conditions attached to that funding, and facilitate access by the Department of Health to health organisations’ nKPI and OSR data. Similarly, arrangements are in place between the Department of the Prime Minister and Cabinet and health organisations, however the focus of this framework is those arrangements involving the Department of Health.

The Improvement Foundation (Australia) Ltd (IF) is contracted by the Department of Health to build and maintain OCHREStreams, the web-based system through which nKPI and OSR data are transmitted from the health organisations to the AIHW. The contract specifies the Department of Health’s expectations of the Improvement Foundation with regard to nKPI and OSR data submitted to OCHREStreams. Separate agreements between the Improvement Foundation and individual health organisations determine how the Improvement Foundation may use their data, including for additional programs or activities not involving the Department of Health.

The Australian Institute of Health and Welfare (AIHW) is Australia’s national agency for health and welfare statistics and information. The AIHW analyses nKPI and OSR data in order to identify data quality issues. Where issues are identified, it works with health organisations to help them correct and resubmit their data. Once ‘clean’ data are provided, the AIHW provides individual health organisations with organisation-level reports and PowerPoint presentations. These reports contain national, state and regional comparison data, as well as time-trend information to aid the organisation’s continuous quality improvement (CQI). The AIHW also produces annual national reports.

The OCHREStreams Advisory Group (OAG) was formed to advise the Department of Health on the continuing development of OCHREStreams and its associated data collections, including the nKPIs and OSR. It is co-chaired by the Department of Health and
NACCHO, and its membership includes representatives of the Department of Health, the Department of the Prime Minister and Cabinet, NACCHO and related jurisdictional peak bodies for Aboriginal health, state/territory governments, the Improvement Foundation, the AIHW and other technical experts.

**OCHREStreams OSR and nKPI data flows**

Between their point of entry through a health organisation and inclusion in reports produced by the AIHW, OSR and nKPI data items pass through several electronic systems. The distribution of the data depends upon the programs in which the health organisation has elected to participate. For those organisations that have elected only to participate in OSR and nKPI data provision under arrangements with the Department of Health, the data are only distributed, as specified, to key participants involved with these data. This framework describes the oversight and management of the data involved in those arrangements with the Department of Health.

However, for those health organisations that have elected to participate in various other programs, the nKPI or OSR data they transfer from the data extraction tool to the Improvement Foundation Portal Health Measures Data Warehouse may be automatically distributed to a range of organisations beyond the key participants named in this framework. This happens automatically in the instant the data are submitted by the organisation. Data for other collections may be similarly transmitted.

For a more detailed explanation of the data flows from the health organisation to the AIHW and—potentially—to other organisations, see Appendix 1.

**Management of OCHREStreams data**

The OCHREStreams system is managed by a number of agreements at the national and organisational level. The below information summarises these agreements.

**National Agreements**

At the national level, the development of nKPIs for primary health care is overseen by the:

- National Health Information Agreement (NHIA)

The development of nKPIs for health organisations and establishment of a coordinated data collection was one of the data quality improvements agreed between the Australian Government and states and territories under Schedule F of the NIRA, which stipulates:

To give effect to the COAG commitment to accurate monitoring of outcomes for Indigenous Australians, Governments commit to taking specific action to support improvements to data quality consistent with Schedule F of the National Indigenous Reform Agreement.

To do this, Governments will:

- ensure that programs and services have regular and transparent performance monitoring, review and evaluation; and
- build the evidence base and share good practice.

A range of forums provided input into the nKPIs during their development phase: state and territory government representatives; the NACCHO; and a range of related jurisdictional peak bodies for Aboriginal health, including the Public Health Medical Officers Network (PHMO),
the National Advisory Group on Aboriginal and Torres Strait Islander Health Information Data (NAGATSIHID), the National Aboriginal and Torres Strait Islander Health Officials Network (NATSIHON) and the National Indigenous Health Equality Council (NIHEC).

A technical working group, chaired by the Department of Health and co-chaired by the AIHW, comprising representatives from NACCHO and related jurisdictional peak bodies for Aboriginal health, state and territory governments, the AIHW and other technical experts advised on the development of the technical specifications for the nKPIs. Since September 2014, the OCHREStreams Advisory Group has been advising the Department of Health and the AIHW on the development of indicators and data specifications.

The Australian Health Ministers’ Advisory Council (AHMAC) provides support to the COAG Health Council under arrangements for COAG. AHMAC approved the technical specifications of the nKPIs and approves any changes to them. It does this with assistance of its committees and subcommittees, specifically the National Health Information and Performance Principal Committee (NHIPPC) and the National Health Information Standards and Statistics Committee (NHISSC).

Bilateral agreements between the key participants for access and use of nKPI and OSR data and OCHREStreams data

Additionally, there are a number of contracts and agreements between the key participants. These determine how they interact with each other and their access and use of nKPI and OSR data. Each of these agreements is bilateral (between only two organisations), so a number of agreements cover the overall arrangements between all of the parties to the framework (Figure 1).

**Figure 1: Agreements between key participants**

Department of Health–health organisation agreements: There is a funding agreement between the Department of Health and each health organisation that it funds. These funding agreements require health organisations to report nKPI and OSR data on OCHREStreams and permit the Department of Health to access these data. In December 2014, the Department of Health sent a letter to health organisations indicating that it would access their data as agreed under the funding agreement. For the December 2014 reporting period, OCHREStreams was modified to include an information disclosure statement on the screen immediately prior to submitting the data to the AIHW. This statement advises CEO-level
users that the nKPI data will be accessed by the Department of Health (Figure 2). This or a similar notification will continue to be displayed in future reporting periods.

Figure 2: Information disclosure statement for nKPI submission
Department of the Prime Minister and Cabinet–health organisation agreements: There is a funding agreement between the Department of the Prime Minister and Cabinet and each health organisation that it funds. These funding agreements require health organisations to report OSR data on OCHREStreams.

Department of Health–Improvement Foundation agreement: The Department of Health contracted IF to build and maintain OCHREStreams. In this capacity, IF has access to data submitted by health organisations to OCHREStreams. IF is required under this contract to release nKPI and OSR data to AIHW and to facilitate communication between health organisations and the AIHW via OCHREStreams. IF provides users from the health organisations, the AIHW and the Department of Health with different registrant profiles on OCHREStreams, and each of these profiles permits different data access and usage rights.

Department of Health–AIHW agreement: The Department of Health contracts the AIHW to manage nKPI and OSR data collections on OCHREStreams and to work with health organisations to improve data quality. Under this agreement, the AIHW writes organisation-level reports for the nKPIs and OSR. It makes these available to individual health organisations on OCHREStreams. Health organisations do not have access to each other’s reports on OCHREStreams. The AIHW also undertakes national-level analyses of nKPI and OSR data to produce reports and other documents, which are generally made publicly available.

Improvement Foundation–NACCHO and related peak bodies agreements: IF has agreements with NACCHO and/or state or territory peak bodies, which establish programs on qiConnect. Some of these programs facilitate the provision of nKPI or OSR data to NACCHO and/or the jurisdictional peak bodies. These programs may contain all of the nKPI and OSR data submitted, or just a subset of those data.

NACCHO–health organisation agreements: Over half of the organisations which report nKPIs and OSR are Aboriginal community controlled health organisations (ACCHOs). Some of these ACCHOs have agreements with NACCHO that permit NACCHO to access their data, submitted via OCHREStreams and qiConnect, including nKPI and OSR data. For OSR, this permission is given when a health organisation ticks a field indicating that they wish to make these data available to NACCHO (Figure 3).

Department of Health–Department of the Prime Minister and Cabinet agreement. The Department of Health has a Memorandum of Understanding (MoU) with the Department of the Prime Minister and Cabinet regarding the provision of services connected to OCHREStreams for the collection and reporting of OSR data. This MoU does not cover how the Department of the Prime Minister and Cabinet can access OSR data and stipulates that any requests for OSR data must be made directly to the AIHW.
Figure 3: Authorisation to share OSR data with NACCHO
Changes to the OCHREStreams system

Any changes made to the OCHREStreams system are the responsibility of the Department of Health and delegation for this rests with the First Assistant Secretary, Indigenous Health Division. In some instances, the Department of Health may need to seek approval for changes from the Minister for Health and/or the Assistant Minister for Health.

In considering changes to the OCHREStreams system, the Department of Health gives due consideration to legal requirements, including legally binding documents such as funding agreements, to determine the parameters for making those decisions.

To inform decision-making, the Department of Health may also consult with and seek advice from:

- NACCHO
- advisory groups such as the OCHREStreams Advisory Group
- technical experts
- health organisations
- the AIHW
- the Department of the Prime Minister and Cabinet
- other relevant stakeholders.

Changes to OCHREStreams data collections

Amending current nKPIs

Amending indicator specifications requires approval by the appropriate Department of Health delegate and approval and endorsement by the relevant AHMAC committees (NHISSC, NHIPPC and AHMAC).

Adding or removing indicators

Adding or removing indicators from the current list of nKPIs would require approval from AHMAC.

If AHMAC approves the inclusion of proposed indicators, the technical specifications would be developed by the AIHW in consultation with relevant stakeholders, such as those listed above. The technical specifications would then require approval and endorsement by the relevant AHMAC committees.

Changes to OSR

Any changes to OSR will be subject to the Department of Health’s approval in consultation with relevant stakeholders, such as those listed above.

Evaluation and review of OCHREStreams

The Department of Health is committed to improving the quality of the OCHREStreams system to ensure that the data being collected are of high quality and accurately reflect the services being delivered.
The Department of Health will consult with experts and stakeholders on strategies to improve the quality (validity, reliability, utility) and efficiency of data collection, analysis and reporting, as required.

For each collection round, the AIHW has processes in place to check for data quality issues. The Department of Health will investigate system-wide data quality issues or, if necessary, specific issues as they arise.

The Department of Health will undertake an evaluation of the OCHRES streams data collection system once it is at a mature enough stage for an evaluation to be meaningful. In determining the timing of any review, the Department may consider aspects such as whether:

- all approved nKPIs have been implemented and collected
- there is stability of data reported, (for example, that there are no major fluctuations between reporting periods)
- all services are reporting.

The evaluation will review the system’s end-to-end processes (from uploading of data to OCHRES streams, to report-production by AIHW); outputs (what is produced by the system’s activities, for example, reports); outcomes; and data quality.

**Review of this framework document**

If any material changes are made to OCHRES streams data collection and reporting, including as a result of any reviews undertaken as described above, the Department will consult with the remaining key participants and revise this framework document to ensure that the information it contains remains current. This process will occur annually.

**Data collection and transmission controls**

OCHRES streams data are submitted by individual health organisations. Client unit record data is not collected for the nKPI or OSR data collections; rather, health organisation-level data is collected. Information collected on clients is by sex and age only.

Most transmission of health organisation-level data occurs over OCHRES streams. Data are transmitted via a company called Emantra, which uses a secured gateway system.

Data from individual health organisations will be transmitted from the AIHW to the Department of Health. Identified service-level data are either transmitted securely by email with an encrypted file, or provided directly from one Commonwealth officer to another.
Data management and security

Overarching legal and policy environment

The key participants in this data strategy are all subject to legislation, policies and guidelines (as relevant to each) regarding their statutory, health service provider and/or contractual roles and obligations. These include:

• the Privacy Act 1988 (Cth) and privacy policies required by the Act
• state and territory privacy laws
• state and territory laws relating to health information
• the Public Service Act 1999 (Cth) including the Code of Conduct
• Australian Government Information Security Manual (ISM)
• Australian Government Protective Security Policy Framework (PSPF)
• NHMRC guidelines
• Department of Health data reporting and release policies.

Additionally, for information received by the AIHW, section 29 of the Australian Institute of Health and Welfare Act 1987 (AIHW Act) establishes strict confidentiality requirements which prohibit the release of documents and/or information ‘concerning another person’ held by the AIHW unless one of the specific exceptions applies. The exceptions include release of data:

• where express written permission has been provided by the relevant data provider(s);
• where release has been approved by the AIHW Ethics Committee
• in the form of publications containing de-identified statistics, information and conclusions.

AIHW staff, or any other person or organisation provided with ‘information concerning another person’ under the Act may be prosecuted for breaching the requirements of section 29.

The AIHW Act only applies to information provided to, or disclosed by, the AIHW in accordance with the Act. OSR and nKPI data, provided by health organisations to other entities as part of subscribing to various programs, may be protected by other laws and policies but are not protected under the AIHW Act.

A list of all legislation, policies and guidelines mentioned in this document, including the web address where they can be accessed, can be found in Appendix 2 of this document.

Data access and storage controls

The entities listed below have varying levels of access to the OCHREStreams data, either because of agreements signed by health organisations or as a result of health organisations electing to participate in various programs.

Changes to data access are controlled by health organisations, exercised through signing variations to agreements (for example, with the Department of Health, the Improvement Foundation or NACCHO), or by consenting to provide data access via selections/de-selections on data authorisation forms and/or information disclosure statements when the organisations submit data.

Health organisations: Health organisations have a great deal of control over their internal data storage and security. For instance, they determine if electronic records are password-
protected; who has access to the system; and whether passwords are different for each staff member.

**Improvement Foundation:** Data submitted by health organisations to the Improvement Foundation are held in an Australian data centre with Emantra’s Secured Gateway system. AIHW reports for individual health organisations, which are made available on OCHREStreams, are also held by Emantra. Within the Improvement Foundation, electronic data are available only to specific staff who must log in with an individual user name and password.

**AIHW:** Physical entry to areas of the AIHW building in which data are stored requires a swipe card. Electronically stored nKPI and OSR data are available only to staff who require access to perform a specific role in relation to those data. Staff must log in with an individual user name and password and access to data is recorded by the system. AIHW ICT systems are secured in accordance with Australian Government Information Security Manual (ISM) requirements. AIHW uses Microsoft SQL server.

**Department of Health:** Physical entry to areas of the Department of Health buildings in which data are stored requires a swipe card. Electronically stored nKPI and OSR data are available only to selected staff, who must log in with an individual user name and password. Department of Health ICT systems are secured in accordance with Australian Government ISM requirements.

**NACCHO:** The NACCHO Data Repository is held within a password-protected, auditable server. Access to data held in the NACCHO Data Repository is restricted to employees of NACCHO involved in the Health Information Program. Any additional access to the database requires approval by the NACCHO CEO. All parties are required to sign a confidentiality agreement prior to accessing the database.

**Other organisations:** Dependent upon programs that health organisations have subscribed to, other entities authorised by the health organisation may receive nKPI or OSR data. Prior to granting such access, health organisations are encouraged to confirm that intended recipients have adequate data security arrangements.

### Data ownership

Data from individual health organisations that are submitted to the Improvement Foundation web portal are owned by the health organisation.

The Improvement Foundation does not own any of the data submitted by health organisations to its systems, however under the agreement between individual health organisations and the Improvement Foundation, the health organisation grants the Improvement Foundation a licence to use the data for the range of purposes described in the agreement and the ability to retain de-identified data provided under the agreement. Agreements between the Improvement Foundation and individual organisations vary, as access to and use of data change over time. For example, an agreement to access and use the data may include:

- allowing access to the data so that the Improvement Foundation can use it to populate the health organisation’s nKPI report
- allowing the Improvement Foundation to provide data to a quality improvement program, such as NACCHO or related peak body’s QI programs, or the APCC Program or a Medicare Local QI program (and in the future Primary Health Network QI programs)
- where a health organisation is a member of qiCommunity, the Improvement Foundation can use the data to produce benchmarks for the qiCommunity.
In all cases, the license to use the data is subject to an agreement between the health organisation and the Improvement Foundation and in some cases a third party.

As mentioned above, data submitted to OCHREStreams by health services is owned by the health service. This data will be returned to the data owner and deleted by IF if the OCHREStreams system is terminated. In the event of a change of management of OCHREStreams (for example, termination of the agreement with IF), the new contractor will receive all the health service submitted report data from IF through a transition plan which will comply with all legal agreements.

The Department of Health owns any nKPI and OSR data which has been aggregated by the AIHW. The ownership of data aggregated by other organisations is managed by agreements between the Department of Health and the health organisations.

Data custodianship arrangements

The AIHW is the custodian of OSR and nKPI data which it receives from OCHREStreams. The confidentiality protection provided by the AIHW Act applies to these data. The AIHW becomes the custodian of OSR and nKPI data when it receives them; therefore it is not the custodian of data in the Health Measures Data Warehouse and/or data distributed via qiConnect. The protections of the AIHW Act do not apply to these data.

The Improvement Foundation is the custodian of data contained in its ICT systems, including its Data Warehouse and Reporting Lifecycle Database.

Data purpose and use

In accordance with the National Aboriginal and Torres Strait Islander Data Principle 8, and to reduce the reporting burden on health organisations when multiple submissions of their data are required for various programs, OSR and nKPI data can be used by a range of organisations for a wide variety of purposes. These include, amongst other things:

- supporting continuous quality improvement
- advocacy
- measuring service delivery
- improving service delivery
- transparency and accountability
- increasing efficiency and effectiveness
- sharing knowledge and innovation
- program, funding and policy design
- improving health outcomes
- supporting progress towards Closing the Gap targets
- reducing the burden of reporting
- planning and funding purposes.

Data use by organisations is agreed and managed through agreements (as discussed in Agreements section of document). These agreements may vary in the degree to which they specify particular uses of the data.

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1 Principle 8: Systematic and ethical processes for sharing information should be encouraged to assist in policy, planning, management and delivery of health services to Aboriginal and Torres Strait Islander people.
Data analysis and reporting

The Department of Health funds the publication of a number of high-level reports, including national reports by the AIHW. The Department of Health can access organisation-level data, including organisation-level reports written by the AIHW.

Health organisations are supported through a variety of mechanisms, including AIHW’s organisation-level reports, to use OSR and nKPI data for CQI purposes. They can also analyse their own OSR and nKPI data for internal planning, staff training and CQI.

The Improvement Foundation does not analyse a health organisation’s nKPI or OSR data except through the automatic graphs and other calculations which display on OCHREStreams. The Improvement Foundation sometimes engages in additional analysis to maintain, improve, or troubleshoot problems with OCHREStreams or qiConnect. The Improvement Foundation does not produce national or other aggregated reports. Organisation-level data are not provided to other organisations except through the processes outlined elsewhere in this document.

The AIHW produces organisation-level reports and PowerPoint presentations from the data. These are made available to a health organisation on OCHREStreams. The health organisation can access only its own organisation-level report, not that of any other organisation. Within a health organisation, only users with appropriate permissions on OCHREStreams can access these reports. The health organisations receiving these reports are asked to contact AIHW with any information to further enhance the content and presentation of the reports.

The AIHW also produces reports and presentations based on aggregated data. These are publicly available as nKPI, OSR national reports and other AIHW reports such as Australia’s health and Indigenous Observatory reporting. Other parties may republish already-published data, or co-publish, with the AIHW, aggregated data that has not previously been published. (For example, the Department of the Prime Minister and Cabinet and the AIHW, under the auspices of AHMAC, publish the biennial Aboriginal and Torres Strait Islander Health Performance Framework reports and Detailed Analyses. These reports include OSR and nKPI data.)
Publication of reports

In analysing aggregated data or producing reports based on aggregated data, the AIHW seeks input from others with relevant expertise and who have signed a confidentiality agreement. These can include:

- the Department of Health
- the Department of the Prime Minister and Cabinet
- NACCHO or related jurisdictional peak bodies for Aboriginal Community Controlled Health Organisations
- members of the PHMO network
- state or territory governments
- members of the OCHREStreams Advisory Group
- consultants appointed in agreement with the Department of Health
- other people or organisations with specific expertise
- the AIHW statistical advisor
- independent peer reviewers from other areas in the AIHW.

All AIHW analyses are subjected to a stringent quality assurance process where all analyses, including data presented in figures, tables and text, are verified by an independent analyst. Statistical methods used in data analyses are discussed with the AIHW Statistical Advisor.
Accountability, monitoring and dispute resolution

Accountability and monitoring regimes
Each participating organisation described in this document is subject to a range of legislative, policy and contractual obligations as relevant to its role and functions. Those obligations are listed in the section ‘Overarching legal and policy environment’.

At the Australian Government level, activities conducted by the Department of Health and the AIHW are oversighted by numerous bodies including, for example, the:

- Australian Parliament and its various Committees
- Health Minister
- Australian Information Commissioner, Commonwealth Privacy Commissioner and Freedom of Information Commissioner
- Commonwealth Ombudsman
- Auditor-General
- public
- Australian National Audit Office.

Ethics and ethical oversight
Additionally, data collection, linkage and release activities conducted by the Department of Health are subject to oversight by the Department of Health Human Research Ethics Committee, an approved Human Research Ethics Committee (HREC); those conducted by the AIHW are subject to oversight by the AIHW Ethics Committee.

The role of the Department of Health Human Research Ethics Committee (the HREC), is to provide ethical assessment of non-biomedical research proposals involving humans that:

- are funded by the Department of Health; or
- require access to, or linkage of, Health data collections; or
- are initiated or conducted, either wholly or in part, by Department of Health staff and either:
  - have not been considered by another HREC; or
  - have been referred to the Committee by a data custodian or by a senior executive of the Department of Health.

The HRE Committee’s objectives include:

- protecting the welfare and rights, including privacy and confidentiality, of participants involved, either directly or indirectly, in the proposals referred to it
- promoting ethical standards in human research and in information privacy, in research proposals referred to it, by providing guidance to researchers
- facilitating ethical research through efficient and effective review processes.

The Australian Institute of Health and Welfare Ethics Committee (the AIHW Ethics Committee) plays a central role in AIHW’s data management arrangements. The Ethics
Committee is established under section 16(1) of the AIHW Act. The membership composition and functions of the AIHW Ethics Committee are prescribed in the *AIHW Ethics Committee Regulations 1989*.

The key prescribed functions of the AIHW Ethics Committee are ‘forming an opinion, on ethical grounds, about the acceptability of, and to impose any conditions that it considers appropriate on:

- activities that are being, or are proposed to be engaged in by the AIHW in the performance of its functions;
- activities that are being, or are proposed to be, engaged in by other bodies or persons in association with, or with the assistance of, the Institute in the performance of its functions; and
- the release, or proposed release, of identifiable data by the AIHW for research purposes; having regard to any relevant ethical principles and standards formulated or adopted by the National Health and Medical Research Council and to any other matters that the Ethics Committee considers relevant.’

Based on these functions, the Committee has determined that any AIHW work that involves one or more of the following activities must be approved by the Committee:

- any work requiring the use of identifiable data
- any work requiring data linkage (as linkage of two different data sets may cause the creation of identifiable data)
- new surveys and changes to existing surveys
- creation of a new data set, provided that critical ongoing collections will be audited from time to time
- amending the scope of existing collections.

From a data management perspective, the use and release of any data held by AIHW for AIHW projects or external projects (for example, by researchers) must be approved by the AIHW Ethics Committee in compliance with the terms of the Privacy Act and section 29 of the AIHW Act.

The AIHW Ethics Committee requires regular monitoring of progress of projects it has approved. Monitoring occurs through the submission of annual (routine) monitoring reports and a final monitoring report. The AIHW Ethics Committee also requires the maintenance of a register of data collections approved by it, as well as the regular audit of particularly sensitive registers against data collection management principles it approved in 2013. The audits occur as part of the AIHW’s internal audit program and their outcomes are also reported to the Audit and Finance Committee and, through it, to the AIHW Board.

Data collections held by AIHW may not only be subject to internal audit, but may also be subject to audit by data providers (for example, under conditions specified in data supply agreements) and by statutory office holders, such as the Australian Information Commissioner.

Both the Department of Health and AIHW ethics committees operate in accordance with the *National Statement on Ethical Conduct in Human Research 2007* (updated in May 2015) issued by the National Health and Medical Research Council (NHMRC) and report annually to the NHMRC. Of relevance to nKPI and OSR data, the National Statement includes a section (Chapter 4.7) which specifically relates to conducting research projects involving Aboriginal and Torres Strait Islander Peoples and the requirements associated with such projects.

16 OSR and nKPIs for Aboriginal and Torres Strait Islander primary health care data framework
Adherence to the National Aboriginal and Torres Strait Islander Health Data Principles

The AHMAC meeting of October 2006 endorsed a set of national data principles (the National Aboriginal and Torres Strait Islander Health Data Principles) which aim to guide and improve the use of information relating to the health of Aboriginal and Torres Strait Islander Australians. Jurisdictions are encouraged to adopt and promote the principles within their boundaries.

To ensure that arrangements related to nKPI and OSR data are culturally appropriate and respectful, it is considered important that they are consistent with the principles.

External requests for data

Organisations and individuals not discussed in this document may, from time to time, request OSR or nKPI data held by the Improvement Foundation, the AIHW or the Department of Health. To date, such requests have been very infrequent.

Improvement Foundation

Access to health organisation data is formalised through a written agreement with the health organisation. This is usually in the form of a proposal written by the Improvement Foundation, but can include other forms of agreement, including pre-existing agreements between health organisations and researchers. However, in all cases, the Improvement Foundation requires permission from the health organisation in some legitimate form in order to make the health organisation’s data available to other organisations.

On occasions the Improvement Foundation will receive ad hoc or unstructured requests for access to data. These requests are rare, approximately 2–3 per year. In all cases to date, the Improvement Foundation has not agreed to provide health organisation data for any purpose.

Should the Improvement Foundation consider that the request to access health organisation data has sufficient merit, taking into account the effort to gain approval to release, the Improvement Foundation may agree to approach every health organisation within the target population with a specific request to access their data for the specified purpose. If a health organisation does not formally agree to this request, then that organisation’s data will not be provided.

OCHREStreams Reporting

The Improvement Foundation does not play any part in the ‘approval to access data’ process for OCHREStreams reporting. The Improvement Foundation is given permission by the health organisations to facilitate reporting. No other access to, or use of, data is provided to the Improvement Foundation. The Improvement Foundation provides the system and will only access health organisation data to assist health organisations with their reporting or to troubleshoot the system.

Once a health organisation has completed an OCHREStreams report (nKPI, OSR, Health Care Provider (HCP)), the health organisation CEO approves release to the Department of Health/AIHW of only those data contained in the particular report. The Improvement Foundation provides the system to facilitate the approved release.
AIHW

The AIHW has received very few requests for OSR or nKPI data from parties not listed in this framework. Requests for data that have the potential to identify data from individual health organisations would be granted under only two conditions:

- If health organisations have provided written consent for the release of their data, then the data may be released.
- Data that identifies individual organisations may also be released to external parties if this request has been approved by the AIHW Ethics Committee. However, the Ethics Committee will require prior endorsement of the application by the AIHW data custodian and would likely also require the consent of the health organisations.

To date, the AIHW has not released any identifiable OSR or nKPI data to a third party without health organisation consent. Requests for data release can be directed to the AIHW data custodian, who is the head of the Indigenous Community and Health Service Reporting Unit.

Health

As a major research institute, the AIHW has clear and accountable processes for data management and access. The Department of Health refers all external parties to AIHW to ensure proper protocols and approvals for data release are followed.
Queries or concerns

This framework document summarises current arrangements for data collection, transmission, storage, access and reporting of nKPI and OSR data in the OCHREStreams environment. The specific terms that apply to the provision and use of the data are specified in the agreements described on pages 6–9 of this Framework. Each of these agreements contain information on processes for raising and resolving disputes, and these should be referred to if there are concerns regarding the operation of those agreements.

Health organisations with queries about the specific activities of any of the key participants involved in the OCHREStreams data are invited to contact them directly (see ‘Contacts’ below). If concerns are raised with a particular participant and an acceptable resolution cannot be found, health organisations can contact the Department of Health, which oversees the OSR and nKPI reporting processes.

Commonwealth Ombudsman

Commonwealth public servants, including those at the AIHW and the Department of Health, are subject to a range of legislative and other forms of accountability.

The Commonwealth Ombudsman safeguards the community in its dealings with Australian Government agencies. The Ombudsman’s office handles complaints and conducts investigations.
Contacts

Improvement Foundation contacts
• helpdesk@ochrestreams.org.au 1800 627 820

Australian Institute of Health and Welfare contacts
• nKPI and OSR data: <dataquality@aihw.gov.au> or 1800 723 258
• general information: <info@aihw.gov.au>
• freedom of information: <foi@aihw.gov.au>
• privacy: <privacy@aihw.gov.au>

Department of Health
In the first instance, health organisations should seek advice from their Departmental Contact Officer who is listed in Schedule 2 of the funding agreement between the health organisation and the Department of Health.

The Department of Health is responsible for maintaining this data framework document. Any queries in relation to this document should be forwarded to:

The First Assistant Secretary, Indigenous Health Division
c/- Director, Evidence and Evaluation Section
Strategy and Evidence Branch, Indigenous Health Division
Department of Health
GPO BOX 9848
Canberra ACT 2601

NACCHO
Contact with NACCHO can be made using an enquiry form available on their webpage or phone (02) 6246 9300.
Endorsement

No single participant in the framework has intimate knowledge of all aspects of the detailed internal controls processes across the entire spectrum of nKPI and OSR data transmission, storage and use. Each of the following organisations therefore endorses this document as being an accurate reflection of its own protocols, processes and obligations regarding nKPI and OSR data:

- the Department of Health
- the Australian Institute of Health and Welfare
- the National Aboriginal Community Controlled Health Organisation
- the Improvement Foundation.
Appendix 1: nKPI and OSR data flows

The data submission process

In most health organisations involved in supply of nKPI and OSR data, staff enter client data into their Patient Information Recall Systems (PIRS) as part of delivering health care to those clients (Step A in Figure 4 below). The PIRS holds the data to facilitate client care (Step B).

For provision of nKPI and OSR data, the staff member uses a data extraction tool to copy relevant nKPI, OSR and other data for a particular point in time (Step C). To submit data to OCHRES tries, a user logs on to the extraction tool and then extracts and submits the data. The data are prepared by the extraction tool, which uses already-established user preferences to determine to which data collections (for example, OSR, nKPIs, APCC data) the data should be transmitted. The extraction tool sends the selected data over the internet to the Improvement Foundation Web Portal (Step D). The Web Portal will accept data only from organisations where a specific identity key has been provided by the Improvement Foundation.

The Improvement Foundation Web Portal receives the data and processes the data into the Improvement Foundation data warehouse (Step E). Once the data are in the Web Portal, they are transferred to OCHRES tries where they are available for use by health organisation staff.

Some health organisations may submit their data slightly differently to the process described above, either because they do not have a PIRS or their PIRS is not compatible with the extraction tool used to transmit data to the Web Portal. These organisations would upload data via a manual entry form (shown in Figure 5).

From the Improvement Foundation Data Warehouse, each data collection is made available to different users. OSR and nKPI data may be made available to a variety of different external users via qiConnect, including NACCHO and jurisdictional peak bodies for Aboriginal health (Figure 5). The health organisation is able to choose data collections to which it will provide data by notifying the Improvement Foundation (see section ‘How health organisation data submitted to the Improvement Foundation may be made available to other entities and programs’, below).

Single entry, potentially multiple recipients

Data items that are identical to nKPI or OSR data items may be made available by the health organisation to different data collections. The OSR and nKPI data collections contain information that is helpful in understanding how a health organisation operates, the services
it provides and health outcomes of its clients. To help streamline reporting, and in accordance with Principles 7 and 8\(^2\) of the National Aboriginal and Torres Strait Islander Data Principles, similar or identical questions may be posed by other data collections for which data are submitted to the Web Portal. Health organisations may choose (by joining programs in the system) to send nKPI and OSR data simultaneously to NACCHO or to parties other than the key participants described in this document (see Figure 5 below). Where this occurs, it can result in efficiencies (avoiding entering the same data multiple times). However it also means that:

- versions of nKPI and OSR data may exist in parallel to those in OCHREStreams
- organisations can extract data that are similar to nKPI and OSR data but subtly different (for example, if an nKPI indicator has been modified to use a local definition of 'regular client').

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\(^2\) Principle 7: The collection, collation and utilisation of information should be conducted in the most efficient and effective manner possible and minimise the burden on Aboriginal and Torres Strait Islander people.
Principle 8: Systematic and ethical processes for sharing information should be encouraged to assist policy, planning, management and delivery of health services to Aboriginal and Torres Strait Islander people.
Note: Data are only provided to qiConnect if there is an agreement allowing this between the health organisation and IF.

Figure 5: OSR, nKPI and other data flow to external users
How data submitted to IF may be made available to other entities and programs

Promotion of programs: Health organisations may choose to provide their data to a diverse group of other organisations. The Improvement Foundation may promote opportunities for health organisations to participate in additional quality improvement or research programs, or the entity implementing the program may promote its program directly to health organisations.

Authorising data sharing by participating in programs: Where a health organisation agrees to participate in a program, the Improvement Foundation may provide that health organisation with a Proposal to Participate. If the Improvement Foundation does not provide such a proposal, the implementing entity may do so directly. It will then provide the Improvement Foundation with evidence of the health organisation’s agreement to participate in, and provide data for, the program.

Participation in a program generally means that the health organisation’s data are provided to the external entity at the time the data are submitted to the Improvement Foundation. When a health organisation submits the data to the Improvement Foundation, data are made available to all of the organisations (programs) that the health organisation has agreed to participate in (subject to the agreed terms—in some cases not all data are made available). If the health organisation wishes to place limits on this data sharing, it must inform the Improvement Foundation that it wishes to stop, or change, sharing data with a particular entity.

Data sharing via the data extraction tool: When a health organisation submits data to OCHREStreams via the data extraction tool, the health organisation can submit data for a number of data sets at the same time (nKPI, APCC Program, NEHTA CDSA indicators, and so forth). The data sets to which it submits data are determined by the 'user preferences' in the data extraction tool. Sometimes, a single data set is provided to multiple organisations. (For instance, the APCC Program data set may be provided to the NACCHO and the relevant state affiliate where the health organisation has agreed to participate in such arrangements.)

Once the Improvement Foundation receives the data, it makes data available to external entities only where the health organisation has agreed to participate in the program. This transfer happens automatically shortly after data are submitted to the data warehouse. This does not require further CEO authorisation or any further permission by the health organisation, as it is an automated process based on permissions granted.

Changing user preferences: Immediately prior to submitting the data to the Improvement Foundation, the extraction tool will show which data sets will be included in the collection (see Figure 6). A health organisation user can stop the process at this stage if they do not want to submit data for all of the listed data collections. The health organisation user can then review their preferences and uncheck/deselect any data sets they do not wish to submit data for (see Figure 7). A user can also examine the XML file that has been prepared for transmission (see Figure 8). They would then begin the submission process again. The default preferences are set to 'Include data submissions for all relevant programs' (as stipulated by their signed proposal/agreement/Improvement Foundation Managed programs).
Figure 6: List of indicator sets services will be submitting to the Improvement Foundation

Figure 7: Screenshot showing options available to a health organisation user to uncheck/deselect data sets

26 OSR and nKPIs for Aboriginal and Torres Strait Islander primary health care data framework
Data sharing without use of the data extraction tool: Organisations which do not use the data extraction tool to submit data usually only provide nKPI or OSR data, not data for any other data sets.

Data provided to the AIHW: Data made available to the AIHW are only made available once the CEO approves the relevant report on OCHREStreams. The only data sets received by the AIHW from the Improvement Foundation are OSR and nKPIs.

Checking your organisation’s list of programs: Health organisations should remain mindful of the programs with which they have agreed to share data. If a health organisation is sharing data with programs additional to its reporting responsibilities in OCHREStreams, a user can log into its health organisation site on qiConnect and view connected programs by clicking on ‘Programs’. The list of programs in which the organisation is participating will appear (see Figure 9).
At the same time that all data submitted via the extraction tool are made available to external users on qiConnect, OSR and nKPI data are transferred to the Improvement Foundation’s Reporting Lifecycle Database. From here, they are made available to the health organisation on OCHREStreams. Health organisation users then log in to OCHREStreams to add supplementary information.

For OSR, most of the data that are eventually submitted to the AIHW are not held in the PIRS. These data are entered manually onto OCHREStreams at this stage. For the nKPIs, almost all of the data are extracted from the PIRS. However, comments can be entered into OCHREStreams to assist the AIHW with data interpretation or identifying whether data are incorrect.

Once OSR or nKPI data are finalised on OCHREStreams, the CEO is asked to submit them to the AIHW. Only the CEO or a staff member with CEO-level access within OCHREStreams is able do this. Data are then transferred to the Improvement Foundation’s Reporting Lifecycle Database, where the AIHW is able to access them.

Once the AIHW extracts the data from the Reporting Lifecycle Database, it checks them for data quality issues. Where data quality issues are detected, or the health organisation indicates that the data are incorrect, the AIHW issues an Exception Report on OCHREStreams (Figure 10). The health organisation can then manually correct the data in the Reporting Lifecycle Database in OCHREStreams. Once complete, the CEO submits the data to the AIHW. Only the CEO or a staff member with CEO-level access within OCHREStreams is able do this. The AIHW again reviews the data and the process of data correction can occur several times if data quality issues persist. Once the AIHW is satisfied

Figure 9: View of connected programs (programs for which the health organisation is providing data)
that no data quality issues remain, or that the remaining issues cannot be rectified by the health organisation, it accepts the data.

Figure 10: nKPI and OSR Exception Report data flow

The health organisation’s data corrections are made to data held in the Reporting Lifecycle Database, but not in the Health Measures Data Warehouse. Data corrections made through Exception Reports are viewable to the health organisation who provided the data and the AIHW. These cleaned data form the basis of the organisation-level reports and PowerPoint presentations provided to health organisations (see section on ‘Data analysis and reporting’ for more details). Table 1 illustrates the users and situations where data are not updated through Exception Reports.

Table 1: Data and users where OSR and nKPI data are not updated with Exception Reports

<table>
<thead>
<tr>
<th>Data</th>
<th>User</th>
</tr>
</thead>
<tbody>
<tr>
<td>Graphs containing organisation-level data and comparison data that are automatically generated on OCHREStreams</td>
<td>Health organisations</td>
</tr>
<tr>
<td>Data from the OSR and nKPI data collections accessed through qiConnect</td>
<td>External users (potentially including NACCHO)</td>
</tr>
<tr>
<td>OSR or nKPI data from data collections other than OSR and the nKPIs accessed through qiConnect</td>
<td>External users, health organisations</td>
</tr>
</tbody>
</table>
# Appendix 2: Resources

## Relevant legislation, policies, national agreements and entities

*Web addresses for legislation, policy, national agreement and entity*

<table>
<thead>
<tr>
<th>Australian Code for the Responsible Conduct of Research (NHMRC)</th>
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</thead>
<tbody>
<tr>
<td>Australian Government Department of Health</td>
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<tr>
<td>Australian Government Department of the Prime Minister and Government</td>
</tr>
<tr>
<td>Australian Government Information Security Manual (ISM)</td>
</tr>
<tr>
<td>Australian Institute of Health and Welfare (AIHW)</td>
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<tr>
<td>Australian Institute of Health and Welfare Act 1987 (Cth)</td>
</tr>
<tr>
<td>Council of Australian Governments (COAG)</td>
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<tr>
<td>Improvement Foundation (IF)</td>
</tr>
<tr>
<td>National Aboriginal and Torres Strait Islander Data Principles</td>
</tr>
<tr>
<td>National Aboriginal Community Controlled Health Organisation (NACCHO)</td>
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<tr>
<td>National Health Information Agreement (NHIA)</td>
</tr>
<tr>
<td>National Indigenous Reform Agreement (NIRA)</td>
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<tr>
<td>National Statement on Ethical Conduct in Human Research 2007 (NHMRC)</td>
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<tr>
<td>OCHREStreams</td>
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<tr>
<td>Privacy Act 1988 (Cth)</td>
</tr>
</tbody>
</table>
Web addresses for legislation, policy, national agreement and entity

*Public Service Act 1999 (Cth)*
Glossary

Aboriginal: A person of Aboriginal descent who identifies as an Aboriginal and is accepted as such by the community in which he or she lives.

COAG: the Council of Australian Governments is the peak intergovernmental forum in Australia, comprising the Prime Minister, state premiers, territory chief ministers and the President of the Australian Local Government Association.

Continuous quality improvement (CQI): A tool for improving the quality of services provided by organisations involving a systematic approach to collecting and reviewing data or information in order to identify areas for improvement.

Indicator: See definition for national Key Performance Indicators.

Indigenous: A person of Australian Aboriginal and/or Torres Strait Islander descent who identifies as an Aboriginal or Torres Strait Islander.

Indigenous Observatory: The AIHW Indigenous Observatory is a repository of information on the health and welfare of Aboriginal and Torres Strait Islander people.

National Key Performance Indicators (nKPIs): A set of indicators that monitors the major health issues of the regular client population of Indigenous-specific primary health care services.

OCHREStreams: A web portal that aims to reduce the burden of reporting for organisations that provide primary health care and other services to Aboriginal and Torres Strait Islander Australians (health services).

Primary Health Network (PHN): Established by the Department of Health with the objectives of increasing the efficiency and effectiveness of medical services for patients.

qiConnect: A quality improvement web portal developed by the Improvement Foundation that provides an extensive range of quality improvement tools, services and resources.

qiCommunity: A section of qiConnect where individuals and organisation working in primary care can come together to share ideas, experiences and resources.

Regular client: A client who has visited a particular primary health care provider 3 or more times in the last 2 years.

Social and emotional wellbeing (SEWB) or Link-Up counsellors: Counsellors who provide a support service to Aboriginal and Torres Strait Islander communities, prioritising members of the Stolen Generations who have been directly or indirectly affected by the removal and separation of children from their families, and those going through the process of being reunited.
List of figures

Figure 1: Agreements between key participants ................................................................. 4
Figure 2: Information disclosure statement for nKPI submission ............................................ 5
Figure 3: Authorisation to share OSR data with NACCHO ...................................................... 7
Figure 4: Typical steps to submit data to the IF Web Portal Data Warehouse .......................... 22
Figure 5: OSR, nKPI and other data flow to external users .................................................... 24
Figure 6: List of indicator sets services will be submitting to the Improvement Foundation ....... 26
Figure 7: Screenshot showing options available to a health organisation user to uncheck/deselect data sets ....................................................................................... 26
Figure 8: View of XML file that has been prepared for transmission ........................................ 27
Figure 9: View of connected programs (programs for which the health organisation is providing data) ................................................................................................................... 28
Figure 10: nKPI and OSR Exception Report data flow .............................................................. 29
List of tables

Table 1: Data and users where OSR and nKPI data are not updated with Exception Reports ........29