CQR Framework Assessment Tool: Reporting

# JUNE 2025

**Acknowledgment of country**

SAHMRI acknowledges Aboriginal and Torres Strait Islander people as the first peoples of Australia and the longest continuous living culture in the world. We recognise the injustices of the past and that Aboriginal and Torres Strait Islander people do not experience the same equality of rights and life expectancy as other Australians. We respect the resilience of Aboriginal and Torres Strait Islander people in the face of adversity.

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# Introduction

#### Purpose

The purpose of this assessment tool is to assist individual registries identify, evaluate and measure their current reporting practices in line with *Australian Framework for National Clinical Quality Registries 2024* (The Framewor[k[[1]](#endnote-1))](#_bookmark1) and the Department for Health and Aged Care (the Department) *National Strategy for Clinical Quality Registries and Virtual Registries 2020-2030* (the Strateg[y[[2]](#endnote-2))](#_bookmark2) national priorities which underpin the Framework. The Framework contains six strategic and ten operating principles which provide CQRs with support and guidance to assist in achieving their purpose and address barriers.

#### Objective

To provide registries with a mechanism to determine their compliance and identify gaps as per the Framework guidelines helping them focus on areas that need strengthening.

#### Recommendations

Before proceeding the registry should **review its purpose and objectives** to evaluate its alignment with the Framework1. Although the guidance and recommendations contained within the Framework applies to national CQRs and those with the potential to be expanded nationally, it does not preclude other clinical registries who wish to apply the guidance of the Framework.

The registry determines the **assessment frequency**. For established registries it may be appropriate to perform this assessment annually whilst it may be more frequency for those in the set up phase.

#### Assessment Structure

Guidance and criteria for this tool is outlined in the Framework “Feedback and Reporting” section (pages 28-31). To ensure simplicity in measuring reporting compliance, the following areas of the

Framework has been excluded from this assessment: i.e. governance, data quality, and systems that impact reporting.

|  |  |
| --- | --- |
| **The tool is separated into seven sections:**   1. Quality review 2. Dissemination of reports and timely feedback 3. Regular (Routine) reports 4. Ad hoc reports 5. Regular public reporting 6. Device and therapeutic reports 7. Authorised provision of data | **Each section includes:**   * Guidance wording contained in the Framework1 * Tables containing the   + Assessment criteria   + Registry compliance status   ⚫ Compliant – no further action required  ⚫ Partial compliance (plans on track to achieve this)  ⚫ Under consideration (requires further plans for how to achieve this)  X Not in scope (as per the purpose and focus of the registry)   * Room for comment * Questions for the registry to consider. |

# Instructions

Registries are advised to follow the steps below

#### Step 1

Read the guidance provided at the beginning of each section to understand what is contained in the Framework.

#### Step 2

Review each section and associated criteria to evaluate compliance against the registry purpose and objectives.

#### Step 3

Evaluate the criteria described in each table

Using the Status key examples, determine compliance.

⚫ Compliant – no further action required

⚫ Partial compliance (plans on track to achieve this)

⚫ Under consideration (requires further plans for how to achieve this)

X Not in scope (as per the purpose and focus of the registry)

#### Step 4

In each table keep only the status which demonstrates compliance with the criteria, delete the others.

#### Step 5

Add a comment where compliance is not met: ⚫ Partial ⚫ Under consideration

###### Step 6

Review the questions in each section and provide a response where appropriate.

**Section 1 Questions to consider:**

1. Are recommendations recorded and monitored?

#### Step 7

At the end of the assessment review areas where compliance is ⚫ Partial ⚫ Under consideration. Develop a road map and action plan to address the gaps.

**

# Section 1

# Quality Review

## Quality Review

**Framework guidance: Quality review**

Analysis of data includes clinical interpretations of the findings. CQRs have in place a structured clinical governance process for peer review of statistically significant outliers. In addition, any unwarranted variation is highlighted in the report for the attention of stakeholders. Where significant outliers and/or unwarranted variation are identified, the CQR makes recommendations that action is taken by the provider to address clinical safety and quality issues and initiate improvements. However, it is acknowledged that these subsequent actions are the responsibility of the relevant stakeholder, and not the CQR.

*Table 1 Quality review*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comments** |
| Published registry reports include clinical interpretation of findings. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| There is a structured clinical governance process for peer review of statistically significant outliers. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Stakeholder reports highlight “unwarranted variation”  Where unwarranted variation is identified, recommendations are provided to the stakeholder to address clinical safety and quality issues and initiate improvements | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 1 Questions to consider:**

1. Are recommendations recorded and monitored?
2. Who is the recipient of the recommendations?
3. What format is the recommendation provided?

# 

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# Dissemination of Reports & Timely Feedback

## Dissemination of Reports

**Framework guidance: Dissemination of reports**

CQR reports are disseminated to the participating health service organisation, jurisdictional health departments, funders, clinical colleges, researchers and consumers. A best-practice approach to dissemination would see reports shared with the staff and clinicians directly involved in data collection, however it is acknowledged that this may be decided by the relevant stakeholder, and not by the CQR.

*Table 2 Dissemination of report*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comments** |
| Participating health service organisation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Jurisdictional health departments | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Funders | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical colleges | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Researchers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Consumers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinicians | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Commonwealth department | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

## Timely Feedback

**Framework guidance: Timely feedback**

Best-practice reporting mechanisms should aim to be as prompt as possible. Tardy or belated reporting of aggregate or summary information is insufficient to meet the needs of safety and quality improvement across the health sector.

Where reporting on long-term outcomes is dependent upon linked data, the availability of linked datasets can affect reporting timelines. The CQR governing body is responsible for monitoring this to help ensure that data linkage occurs in a timely manner.

CQRs should work towards integrating effective technological solutions that enable stakeholders to view a live snapshot of CQR data, on demand. They should also have in place a process and resources to meet stakeholder requests for additional analyses and ad-hoc reports.

*Table 3 Timely feedback*

| **Criteria** | **Status** | **Comment** |
| --- | --- | --- |
| The registry has an integrated technology solution that enables stakeholders to view a live snapshot of CQR data on demand. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| If yes above, which stakeholders   * Participating health service organisation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Jurisdictional health departments | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Funders | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Clinical colleges | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Researchers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Consumers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Clinicians | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| * Commonwealth department | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Processes are in place to meet stakeholder requests for additional analyses and ad-hoc reports. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Resources are available to complete stakeholder requests for additional analyses and ad-hoc reports. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 2 Question to consider:**

1. Is the language used in the report appropriate for each recipient?

# 

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# Regular (Routine Reports)

## Regular provider reporting

**Framework guidance: Regular provider reporting**

Having good quality data is not, in itself, sufficient to improve quality of care.

The CQR must have in place the appropriate processes and personnel to ensure that data are analysed in a timely manner, accompanied by clinical interpretations, and then fed back to relevant individuals and/or entities to ensure that appropriate action occurs.

The CQR should aim to provide population-level data regarding the natural history and clinical outcomes of particular diseases and interventions.

The CQR routinely analyses data and provides timely reports to clinicians and relevant stakeholders.

There are two parts to this section:

1. Where the focus pertains to the processes, resources, aims of the registry
2. Specific routine reports as described in the Framework

### Part 1: Registry processes, resources and aims.

*Table 4 Registry processes and resources*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Processes are in place to ensure that data are analysed in a timely manner. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Appropriate resources are available to ensure that data are analysed in a timely manner. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Processes are in place to ensure that data are accompanied by clinical interpretation. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Appropriate resources are available to ensure that data are accompanied by clinical interpretation. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Processes are in place to ensure that data are provided to relevant individuals and/or entities to ensure appropriate actions occurs. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Appropriate resources are available to ensure that data are provided to relevant individuals and/or entities to ensure appropriate actions occurs. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| CQR staff are able to generate routine reports and send these via a secure portal or uploaded into the database. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Authorised users (i.e. participating units, institutions and jurisdictions) are able to produce centrally configured reports of their own data. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

##### Table 5 Registry aims to provide

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Population level data. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| The proportion of eligible patients participating in the registry against a target indicator | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Participant (cohort) information, including comparison of cohort characteristics | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Activity information regarding participant numbers, procedures | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes (efficacy and adverse events) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Trends in clinical outcomes over time | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Descriptive reporting of variation in process or outcome measures | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Benchmarking | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Patient-reported measures, if collected, and trends over time | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical quality indicators including performance against standards of care/guidelines | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Survival/mortality indicators if appropriate | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Data completeness | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recommendations for improvement for the participating health service about data quality | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

*Table 6 Analysis included in routine reports*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Assessment of outcome data against minimum procedure volume | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Cost effectiveness assessment, cost-utility and cost-benefit | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Annual clinical and corporate outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

### Part 2: Framework Routine Reports.

#### Routine Annual CQR Reports

*Table 7 Routine annual CQR report*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency (Annual) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Aggregated clinical and CQR findings; national trends in outcomes and patterns of practice; good practice would report findings relevant to and consumable by healthcare consumers.) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient (Public) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical interpretation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 3.1 Questions to consider:**

1. What areas require further effort?

2. What actions are required to meet the requirements?

3. What is the anticipated timeframe to meet the recommended requirements?

4. Can you identify who reads this report?

5. Do you monitor the value and impact of this report (receive feedback from the recipient)?

#### Routine Provider Reports

*Table 8 Routine provider reports (Jurisdiction/health services)*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency  (As appropriate to the focus and purpose of the CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Risk-adjusted unit level data by jurisdiction and private hospital ownership group - clinicians and patients not identified). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient  (Jurisdiction and private hospital ownership groups) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical interpretation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 3.2. Questions to consider:**

1. What areas require further effort?
2. What actions are required to meet the requirements?
3. What is the anticipated timeframe to meet the recommended requirements?
4. Can you identify which jurisdiction health departments/ private hospitals receive this report?
5. How often is this report being generated?
6. Does the frequency of the report suit the needs of the recipient?
7. Do you monitor the value and impact of this report (receive feedback from the recipient)?

#### Routine Unit Reports

*Table 9 Routine unit reports*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency  (As appropriate to the focus and purpose of the CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Risk-adjusted granular data limited to the contributing provider unit with comparators at national/jurisdictional/peer group level). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient  (Contributing provider unit – confidential) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Risk adjustment | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 3.3 Questions to consider**

1. What areas require further effort?

2. What actions are required to meet the requirements?

3. What is the anticipated timeframe to meet the recommended requirements?

4. Can you identify which units/departments receive this report?

5. How often is this report being generated?

6. Does the frequency of the report suit the needs of the recipient?

7. Do you monitor the value and impact of this report (receive feedback from the recipient)?

#### Routine Clinician Reports

*Table 10 Routine clinician reports*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency  (As appropriate to the focus and purpose of the CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Risk-adjusted unit level data by jurisdiction and private hospital ownership group (clinicians and patients not identified). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient (Contributing clinician – confidential) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Process/outcome variance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Risk adjustment | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical interpretation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 3.4 Questions to consider:**

1. What areas require further effort?

2. What actions are required to meet the requirements?

3. What is the anticipated timeframe to meet the recommended requirements?

4. How often is this report being generated?

5. Does the frequency of the report suit the needs of the recipient?

6. Do you monitor the value and impact of this report (receive feedback from the recipient)?

# 

# background imageSection 4

# Ad-Hoc Reports

## Ad hoc reports

**Framework guidance: Ad hoc reports**

Access to a contributor's data and associated reports can act as a strong incentive for participation in a registry. In addition, many professional societies have performance review and measuring practice outcomes as part of their Continuing Professional Development (CPD) platforms.

Accordingly, the CQR system should enable participating clinicians, hospitals, health service organisations and jurisdictional health departments to undertake ad hoc analyses of their own data. Authorised users should be able to define parameters, such as date ranges, filter criteria, and sort criteria. Secure access for authorised users to this ad-hoc reporting function should be enabled via a secure web interface.

There are two parts to this section:

* + 1. Where the focus pertains to the registry’s ability to provide automated reports
    2. Ad hoc reports as described in table 1 of the Framework

### Part 1: Registry ability to provide automated reports.

*Table 11 Systems and platform functions to enable automated ad hoc reporting*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Systems and platforms enable participating clinicians, hospitals, health service organisations and jurisdictional health departments to undertake ad hoc analyses of their own data. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Authorised users have the ability to define parameters, such as date ranges, filter criteria, and sort criteria. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

### Part 2: Framework Ad Hoc Reports.

* 1. **Ad Hoc Jurisdiction Reports**

*Table 12 Ad hoc jurisdiction / government reports*

| **Criteria** | **Status** | **Comment** |
| --- | --- | --- |
| Frequency (on request) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Risk-adjusted unit-level data limited to the jurisdiction with comparators at national/ jurisdictional/ peer group level - clinicians and patients not identified). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient (Jurisdiction - confidential) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Risk adjustment | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical interpretation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 4.1 Questions to consider:**

1. What areas require further effort?

2. What actions are required to meet the requirements?

3. What is the anticipated timeframe to meet the recommended requirements?

4. Can you identify which jurisdiction health departments/ private hospitals requested this report?

5. Do you monitor the value and impact of this report (receive feedback from the recipient)?

#### Ad Hoc Unit Reports

*Table 13 Ad hoc unit reports*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency (on request) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (Authorised unit staff) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Risk-adjusted granular data limited to the querying unit). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient (Contributing unit - confidential) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Risk adjustment | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 4.2 Questions to consider:**

1. What areas require further effort?

2. What actions are required to meet the requirements?

3. What is the anticipated timeframe to meet the recommended requirements?

4. Can you identify which unit/ department requested this report?

5. Do you monitor the value and impact of this report (receive feedback from the recipient)?

#### Ad Hoc Clinician Reports

*Table 14 Ad hoc clinician reports*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency (on request) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (Authorised clinician) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Risk-adjusted granular data limited to the querying clinician – patients identified). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient (Contributing clinician - confidential) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Process/outcome variance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Risk adjustment | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Identification of outliers | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical interpretation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

**Section 4.3 Questions to consider:**

1. What areas require further effort?

2. What actions are required to meet the requirements?

3. What is the anticipated timeframe to meet the recommended requirements?

4. Do you monitor the value and impact of this report (receive feedback from the recipient)?

#### Other ad hoc stakeholder reports

Ad hoc reports may be request from other stakeholders such as Government and Industry. The Framework does not provide guidance on the content however the registry should have in place the processes and resources to manage the request.

# 

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# Regular Public Reporting

## Regular public reporting

**Framework guidance: Regular public reporting**

To drive innovation and impact in a self-improving health system, the National Strategy encourages CQRs to contribute to national reporting, including appropriate public reporting.

In addition, CQRs are expected to develop and publish a public-facing Annual Report to increase consumer access to CQR information.

The CQR is encouraged to apply best-practice approaches to preparing public-facing reports, and to consult with consumers and clinicians to determine the most suitable and useful formats for public reports and accompanying communications.

The CQR is required to make reports available and accessible to the public, but it is not the responsibility of the CQR to action the findings from the reports.

There are two parts to this section:

* + 1. Where the format and communication is conducted in collaboration with report recipients
    2. Public reporting as described in the Framework.

### Part 1: Registry consultation.

*Table 15 Regular public reporting consultation with stakeholders*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Consult with consumers to determine the most suitable and useful formats for public reports and accompanying communication. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Consult with clinicians to determine the most suitable and useful formats for public reports and accompanying communication. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Consult with jurisdiction/health services to determine the most suitable and useful formats for public reports and accompanying communication. | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

### Part 2: Framework Public Reports.

#### 5.1 Public Reporting

*Table 16 Public report*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency  (As appropriate to the focus and purpose of the CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Aggregated clinical and CQR findings; national trends in outcomes and patterns of practice; good practice would report findings relevant to and consumable by healthcare consumers. Risk-adjusted data by jurisdiction and private hospital ownership group - clinicians and patients not identified) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient (Public) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report includes** | **Status** | **Comment** |
| Benchmark performance | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Risk adjustment | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical outcomes | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Clinical interpretation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

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| --- |
| **Section 5.1 Questions to consider:** |
| 1. What areas require further effort? |
| 1. What actions are required to meet the requirements? |
| 1. What is the anticipated timeframe to meet the recommended requirements? |
| 1. Are recipients of reports engaged early in the development of the report to ensure their relevance? |
| 1. Can you identify who accesses this report? |
| 1. How often is this report being generated? |
| 1. Does the frequency of the report suit the needs of the recipient? |
| 1. Do you monitor the value and impact of this report (receive feedback from the recipient)? |

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# Section 6

# Device and Therapeutic Reports

## Devices and therapeutics

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| **Framework guidance: Devices and therapeutics**  The Framework describes this report type as relevant to provide reports which include details of device and therapeutics however it may be applicable to also include new/existing treatments and medications. |

*Table 17 Analysis included in device and therapeutic reports*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Post-market surveillance of devices, new and existing technologies, treatments and medication where relevant | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

*Table 18 Device and therapeutic report*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| Frequency  (Annually and on request) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Generator (CQR) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Content  (Details of devices and therapeutics) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Recipient  (Clinician, health service organisation, TGA, device and the therapeutic manufacturers – confidential) | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |  |  |
| --- | --- | --- |
| **Report recipient** | **Status** | **Comment** |
| Clinician | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Health service organisation | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| TGA | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |
| Manufacturer/Industry | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |
| --- |
| **Section 6 Questions to consider:**  1. What areas require further effort? |
| 2. What actions are required to meet the requirements? |
| 3. What is the anticipated timeframe to meet the recommended requirements? |
| 4. Are recipients of reports engaged early in the development of the report to ensure their relevance? |
| 5. Does the frequency of the report suit the needs of the recipient? |
| 6. Do you monitor the value and impact of this report (receive feedback from the recipient)? |

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# Authorised Provision of Data

## Authorised provision of data

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| **Framework guidance: Authorised provision of data** |
| The CQR should be able to export unit record data for approved purposes such as: |
| * Secondary use of data for research, once the necessary approvals have been obtained |
| * Use in statistical software packages to support complex data analysis. |
| The CQR system should be able to record authorisation details when providing identifiable information to external parties and the purpose for which the information is to be used. |
| Notwithstanding the need to secure approvals for secondary use of data, where relevant, it is acknowledged that the CQR makes its own determinations regarding the release of data. |

*Table 19 Provision of data*

|  |  |  |
| --- | --- | --- |
| **Criteria** | **Status** | **Comment** |
| A process is in place for the provision of identifiable data to external parties (documented approval and mechanism for recording). | ⚫ Compliant  ⚫ Partial compliance  ⚫ Under consideration  X Not in scope |  |

|  |
| --- |
| **Section 7 Questions to consider:**  1. What areas require further effort? |
| 2. What actions are required to meet the requirements? |
| 3. What is the anticipated timeframe to meet the recommended requirements? |

# References

1. Australian Commission on Safety and Quality in Health Care. Australian *Framework for National Clinical Quality registries 2024.* Sydney: ACSQHC, 2024. [https://www.safetyandquality.gov.au/our-work/indicators-](http://www.safetyandquality.gov.au/our-work/indicators-)[measurement-and-reporting/national-guidance-clinical-quality-registries#australian-framework-for-national-](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.safetyandquality.gov.au%2Four-work%2Findicators-measurement-and-reporting%2Fnational-guidance-clinical-quality-registries%23australian-framework-for-national-clinical-quality-registries&data=05%7C02%7CElsie.Nunu%40sahmri.com%7C2ae09a0539944985d08d08dcf2f5801e%7Ca264755d215f486fb5bb00cd4b3a5058%7C0%7C0%7C638652383434191052%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=D3%2FDMv6GgCqVl9y9qD5VCAzRHtD3M0C9NoDUWa6%2Bpws%3D&reserved=0) [clinical-quality-registries](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.safetyandquality.gov.au%2Four-work%2Findicators-measurement-and-reporting%2Fnational-guidance-clinical-quality-registries%23australian-framework-for-national-clinical-quality-registries&data=05%7C02%7CElsie.Nunu%40sahmri.com%7C2ae09a0539944985d08d08dcf2f5801e%7Ca264755d215f486fb5bb00cd4b3a5058%7C0%7C0%7C638652383434191052%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=D3%2FDMv6GgCqVl9y9qD5VCAzRHtD3M0C9NoDUWa6%2Bpws%3D&reserved=0) (accessed October 2024) [↑](#endnote-ref-1)
2. Australian Government Department of Health and Aged Care. *A National Strategy for Clinical Quality Registries and Virtual Registries 2020–2030.* Canberra: Department of Health; 12 Feb 2021, updated 24 Jul 2023. [https://www.health.gov.au/resources/publications/a-national-strategy-for-clinical-quality-registries-and-virtual-registries-2020-2030](https://aus01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.health.gov.au%2Fresources%2Fpublications%2Fa-national-strategy-for-clinical-quality-registries-and-virtual-registries-2020-2030&data=05%7C02%7CElsie.Nunu%40sahmri.com%7C2ae09a0539944985d08d08dcf2f5801e%7Ca264755d215f486fb5bb00cd4b3a5058%7C0%7C0%7C638652383434126503%7CUnknown%7CTWFpbGZsb3d8eyJWIjoiMC4wLjAwMDAiLCJQIjoiV2luMzIiLCJBTiI6Ik1haWwiLCJXVCI6Mn0%3D%7C0%7C%7C%7C&sdata=w9BLGKWHuTeQkxyzfL%2FwogKzRepexbuptrJ1eIgsFXU%3D&reserved=0) (accessed October 2024) [↑](#endnote-ref-2)