CQR Framework Assessment Tool: Reporting

JUNE 2025

SAHMRI Registry Centre

SAHMRI
South Australian Health & Medical Research Institute

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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This report has been developed by the South Australian Health and Medical Research Institute Registry Centre with funding provided by the Australian Department of Health, Disability and Ageing through the National Clinical Quality Registry Program.

Publication Details

Publication Title: CQR Framework Reporting Assessment Tool. Published: 2025

Publisher: South Australian Health and Medical Research Institute https://doi.org/10.58138/6gea-wx87

Suggested Citation

CQR Framework Reporting Assessment Tool. South Australian Health and Medical Research Institute. June 2025. Version 1. https://www.health.gov.au/resources/publications/clinical-quality-registry-cqr-framework-assessment-tool-reporting

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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 Framework[1]) and the Department for Health and Aged Care (the Department) *National Strategy for Clinical Quality Registries and Virtual Registries 2020-2030* (the Strategy[2]) 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 Framework[1]. 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 have been excluded from this assessment: i.e. governance, data quality, and systems that impact reporting.

The tool is separated into seven sections:	**Each section includes:**
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	• Guidance wording contained in the Framework[1] • 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) ✕ Not in scope (as per the purpose and focus of the registry) ○ Room for comment • Questions for the registry to consider.

[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-measurement-and-reporting/national-guidance-clinical-quality-registries#australian-framework-for-national-clinical-quality-registries (accessed October 2024)

[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 (accessed October 2024)

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)
- ✕ 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 or ● 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 or ● Under consideration. Develop a road map and action plan to address the gaps.

Section 1 – 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 ○ ✕ not in scope	
There is a structured clinical governance process for peer review of statistically significant outliers.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	

Section 1 Question to consider:

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

Section 2 – 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 ○ ✕ not in scope	
Jurisdictional health departments	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Funders	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical colleges	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Researchers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Consumers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinicians	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Commonwealth department	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
If yes above, which stakeholders • Participating health service organisation	○ ▲ compliant ○ □ partial compliance ○ ● under consideration ○ ✕ not in scope	
• Jurisdictional health departments	○ ▲ compliant ○ □ partial compliance ○ ● under consideration ○ ✕ not in scope	
• Funders	○ ▲ compliant ○ □ partial compliance ○ ● under consideration ○ ✕ not in scope	
• Clinical colleges	○ ▲ compliant ○ □ partial compliance ○ ● under consideration ○ ✕ not in scope	
• Researchers	○ ▲ compliant ○ □ partial compliance ○ ● under consideration ○ ✕ not in scope	
• Consumers	○ ▲ compliant ○ □ partial compliance ○ ● under consideration ○ ✕ not in scope	

Criteria	Status	Comment
• Clinicians	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
• Commonwealth department	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Processes are in place to meet stakeholder requests for additional analyses and ad-hoc reports.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Resources are available to complete stakeholder requests for additional analyses and ad-hoc reports.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Section 2 Question to consider:

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

Section 3 – Regular (Routine) Reports

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 ○ ✕ not in scope	
Appropriate resources are available to ensure that data are analysed in a timely manner.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Processes are in place to ensure that data are accompanied by clinical interpretation.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Appropriate resources are available to ensure that data are accompanied by clinical interpretation.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ 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 ○ ✕ 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 ○ ✕ 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 ○ ✕ not in scope	

Table 5 Registry aims to provide

Criteria	Status	Comment
Population level data.	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
The proportion of eligible patients participating in the registry against a target indicator	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Participant (cohort) information, including comparison of cohort characteristics	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Activity information regarding participant numbers, procedures	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes (efficacy and adverse events)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Trends in clinical outcomes over time	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Criteria	Status	Comment
Descriptive reporting of variation in process or outcome measures	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Benchmarking	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Patient-reported measures, if collected, and trends over time	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical quality indicators including performance against standards of care/guidelines	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Survival/mortality indicators if appropriate	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Data completeness	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Recommendations for improvement for the participating health service about data quality	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
Cost effectiveness assessment, cost-utility and cost-benefit	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Annual clinical and corporate outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Part 2: Framework Routine Reports.

3.1 Routine Annual CQR Reports

Table 7 Routine annual CQR report

Criteria	Status	Comment
Frequency (Annual)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
Recipient (Public)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical interpretation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

3.2 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 ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
Recipient (Jurisdiction and private hospital ownership groups)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical interpretation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

3.3 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 ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
Recipient (Contributing provider unit – confidential)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Risk adjustment	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

3.4 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 ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
Recipient (Contributing clinician – confidential)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Process/outcome variance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Risk adjustment	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical interpretation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

Section 4 – 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 ○ ✕ 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 ○ ✕ not in scope	

Part 2: Framework Ad Hoc Reports.

4.1 Ad Hoc Jurisdiction Reports *Table 12*

Ad hoc jurisdiction / government reports

Criteria	Status	Comment
Frequency (on request)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Criteria	Status	Comment
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 ○ ✕ not in scope	
Recipient (Jurisdiction - confidential)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Risk adjustment	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical interpretation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

4.2 Ad Hoc Unit Reports

Table 13 Ad hoc unit reports

Criteria	Status	Comment
Frequency (on request)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Generator (Authorised unit staff)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Content (Risk-adjusted granular data limited to the querying unit).	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Recipient (Contributing unit - confidential)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Risk adjustment	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕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)?

4.3 Ad Hoc Clinician Reports

Table 14 Ad hoc clinician reports

Criteria	Status	Comment
Frequency (on request)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Generator (Authorised clinician)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Content (Risk-adjusted granular data limited to the querying clinician – patients identified).	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Recipient (Contributing clinician - confidential)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Process/outcome variance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Risk adjustment	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Identification of outliers	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical interpretation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

4.4 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.

Section 5 – 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 ○ ✕ 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 ○ ✕ 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 ○ ✕ 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 ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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 ○ ✕ not in scope	
Recipient (Public)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report includes	Status	Comment
Benchmark performance	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Risk adjustment	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical outcomes	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Clinical interpretation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Section 5.1 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. Are recipients of reports engaged early in the development of the report to ensure their relevance?
5. Can you identify who accesses this report?
6. How often is this report being generated?
7. Does the frequency of the report suit the needs of the recipient?
8. Do you monitor the value and impact of this report (receive feedback from the recipient))?

Section 6 – Device and Therapeutic Reports

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 ○ ✕ not in scope	

Table 18 Device and therapeutic report

Criteria	Status	Comment
Frequency (Annually and on request)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Generator (CQR)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Content (Details of devices and therapeutics)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Recipient (Clinician, health service organisation, TGA, device and the therapeutic manufacturers – confidential)	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report recipient	Status	Comment
Clinician	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
Health service organisation	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	
TGA	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ not in scope	

Report recipient	Status	Comment
Manufacturer/Industry	○ ▲ compliant ○ ■ partial compliance ○ ● under consideration ○ ✕ 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)?

Section 7 Authorised Provision of Data

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 ○ ✕ 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?