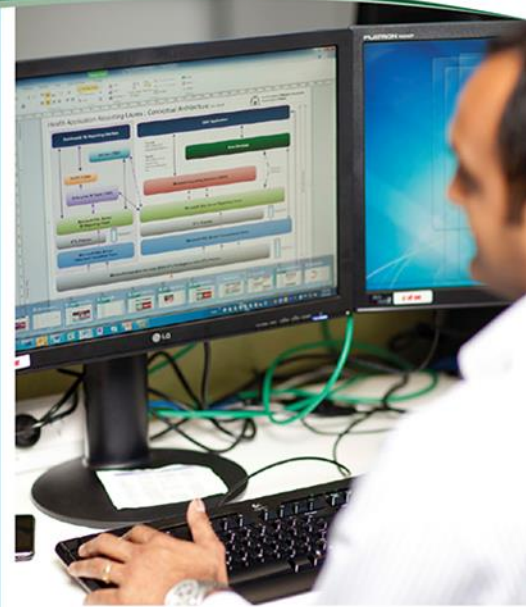




Government of **Western Australia**
Department of **Health**

Information Quality Standards



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Owner:	Department of Health, Western Australia
Contact:	Information and Performance Governance
Version:	1.0
Approved by:	A/Assistant Director General, Purchasing and System Performance
Date:	8 May 2023
Links to:	https://www.health.wa.gov.au/About-us/Policy-frameworks/Information-Management

VERSION	DATE	AUTHOR	COMMENTS
1.0	8 May 2023	Brooke McQuade	Approved by the A/Assistant Director General, Purchasing and System Performance

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1 Purpose

The purpose of the *Information Quality Standards* is to provide information users with the minimum quality and reporting requirements to ensure a high standard of information quality for information assets and associated outputs.

Biological information assets are an exception to this Standard. Biological information assets must adhere to the applicable Australian Standards below and stored as per the [Patient Information Retention and Disposal \(PIRDS\)](#) within the [Information Retention and Disposal Policy](#):

- AS ISO 15189-2013
- AS ISO/IEC 17025:2018

2 Introduction

The [Information Management Policy Framework](#) specifies the information management requirements to ensure the effective and consistent management of health, personal and business information within information assets across WA health entities.

A key principle underpinning the *Information Management Policy Framework* is for information in information assets to be trustworthy. The *Information Quality Policy* addresses this principle. The *Information Quality Policy* ensures that information assets and associated outputs have a high standard of information quality to support the realisation of the WA health system's vision to deliver a safe, high quality, sustainable health system for all Western Australians.

Stewards and Custodians have a responsibility to foster a culture and environment that prioritises and values the collection of high quality information. High quality information in the health sector is needed to support patient care, funding, management, planning, monitoring, reporting, National Data Provisions, and strategic decision making. It is imperative that information is valued, available, shared, governed, trustworthy, secure and protected to support the functions and vision of the WA health system.

The [Information Management Governance Model](#) provides further details on what constitutes an information asset and provides the Information Management Governance structure defining the roles of the Steward and Custodian.

3 Roles and Responsibilities

Information quality is the responsibility of all and information quality concerns which relate to information assets and associated outputs must be raised within a reasonable timeframe with the Custodian. Custodians are responsible for ensuring information quality issues are documented, and information is corrected in accordance with any policy and legislative requirements.

For each information asset, WA health entities must have information quality summaries which consider and capture the information quality standards. Documentation must include specific arrangements for ensuring high quality information at all points of the information lifecycle, including the collection, storage, access, use and disclosure, and disposal phase of information. The mandated [Information Quality Summary Form](#) and [Information Quality Improvement Plan Form](#) are related documents under the Policy,

Custodians (and nominated staff where applicable) must use information quality documents to:

- evaluate the quality of the information for its intended use
- advise primary and secondary users of any strengths and limitations of the information so they can make an informed decision about whether the information is 'fit for purpose'
- inform information quality statements that accompany a data submission or for reporting purposes
- identify and implement strategies for information quality improvement
- advise the Steward and/or the System Manager of information quality and improvement issues on request or as deemed appropriate by the Custodian.

4 Standards of Information Quality

WA health entities must have information quality summaries for each information asset that consider and capture the information quality standards. The importance of each standard is not necessarily equal and may vary depending on the information, its context and user needs.

Note as at March 2023 AS ISO 15189-2013 and AS ISO/IEC 17025:2018 are the overarching documents guiding the quality of biological information assets.

4.1 Standard 1: Relevance

Information must be relevant and meet the needs of users.

WA health entities must meet the relevancy requirements below:

- Legislative requirements are met.
- The aim, purpose and scope of the information asset is clearly documented and align with users' needs.
- Information requirements are clearly specified and regularly reviewed to reflect any necessary changes in information capture.
- Data definitions, calculated or derived data logic, and classifications are documented and managed.
- Stakeholder feedback is used to assess whether the information is fit for purpose.

4.2 Standard 2: Accuracy and Reliability

Information must be accurate and reliable at aggregate and record level.

WA health entities must meet the accuracy and reliability requirements below:

- Information is complete, to the extent that it is possible and practical to do so.
- Where possible information is captured once only and as close to the point of activity or service delivery as possible.
- Information standards, as well as information assets and processing steps are clearly documented, fully tested and readily available to relevant staff.
- Information assets have appropriate security arrangements and in-built controls to prevent unauthorised access and information changes, erroneous information entry, duplication, and information erasure. Refer to [MP 0067/17 Information Security Policy](#) for more detail.
- Effective audit verification checks are in place and any errors discovered are corrected within established timeframes.
- Staff are educated, trained, and informed in the requirements for accurate information across all phases of the information lifecycle.

4.3 Standard 3: Timeliness

Information must be timely, up-to-date and available.

WA health entities must meet the timeliness requirements below:

- Information is captured as quickly as possible after the event or activity.
- Expected timeframes and processes relating to the collection, editing, reporting and intended use of the information is documented and readily available.
- Monitoring techniques are used to evaluate expected timeframes for information capture against actual performance to identify issues requiring improvement.
- Effective management of staff to meet workload demands and operational requirements.
- Appropriate level of staff resources is made available to support high quality information collection.
- Emergency, contingency and information recovery plans are to be embedded in existing work practices to facilitate the timely recovery of information when required.

4.4 Standard 4: Coherence and Comparability

Information must be coherent and comparable over time.

WA health entities must meet the coherence and comparability requirements below:

- Information collection processes are clearly defined and stable to ensure consistency over time.

- Information is recorded and used in accordance with agreed and legislated requirements, rules, standards and definitions to ensure integrity and consistency.
- Changes in business practice or activities impacting on the information asset are documented and communicated with users.
- Information validity and internal audit verification checks are used to monitor and maintain the consistency of information over time.
- Standardised approaches are used for uniquely identifying health systems, healthcare providers and individuals (e.g. Data feeder systems, Unit Medical Record Number, Medical Board Registration number, Establishment ID's etc).

4.5 Standard 5: Accessibility and Clarity

Resources must be readily accessible to ensure information is understood and utilised appropriately.

WA health entities must meet the accessibility and clarity requirements below:

- Key resources and supporting documentation (e.g. manuals, user guides, technical specifications) are organised and are readily available to encourage prompt access by primary users of the information.
- A standardised approach is used for reporting and maintaining up-to-date metadata about information assets.
- Documentation that supports the interpretation and utilisation of the information is made readily available to secondary users of the information.

5 Information Quality Summary

WA health entities must use the mandated [Information Quality Summary Form](#) for each information asset to capture the information quality standards listed above. These must be completed by Custodians or nominated staff, updated as required and made available on request. If completed by nominated staff, they must submit the completed document to the Custodian/s for their approval.

The [Information Quality Summary Form](#) is a minimum requirement and Custodians may wish to expand upon these reporting requirements. The findings of the Information Quality Summary must be made available to the Steward and/or the System Manager on request or as deemed appropriate by the Custodian.

5.1 What to include in an Information Quality Summary

The [Information Quality Summary Form](#) addresses four parts:

- **Part A: Details about the asset** – this part captures details about the information asset, including the purpose for the collection of the information, and the details of the Steward and Custodian completing the document.

- **Part B: Assessment criteria** – this part captures details about the information asset with respect to the five standards of information quality to help determine whether information is fit for purpose. The five standards of information quality are not considered mutually exclusive, and the quality issues they raise may overlap.
- **Part C: Key findings** – summary of findings from the information quality assessment must be documented in this part, including any strengths or limitations of the information asset.
- **Part D: Document Approval** – this part must be signed by the Custodian and include the details of any staff member that contributed to the completion of the Information Quality Summary.

5.2 When to complete the Information Quality Summary Form

For existing information assets, the [Information Quality Summary Form](#) must be completed within 3 months of the policy commencement. For new information assets the Information Quality Summary Form must be completed within 3 months of the establishment of the asset. These documents must be reviewed and updated annually. Once these forms have been completed, they must be stored in compliance with local policies and procedures and made available on request to the Steward and/or System Manager.

6 Information Quality Improvement Plan

[The Information Quality Improvement Plan Form](#) (Improvement Plan) is designed to enable the consistent reporting of information quality issues and improvement efforts across WA health entities. Custodians are responsible for consulting with relevant staff to ensure quality improvement efforts are documented and implemented in accordance with the mandated [Improvement Plan Form](#).

The Improvement Plan Form is a minimum requirement and Custodians may wish to expand upon these reporting requirements. The Improvement Plan must be made available to the Steward and/or the System Manager on request or as deemed appropriate by the Custodian/s.

6.1 What to include in an Information Quality Improvement Plan Form

The [Improvement Plan Form](#) addresses the mandatory reporting requirements below:

- Name of the information asset.
- Start and review date of Improvement Plan.
- Name and position of the Steward and Custodian of the information asset.
- Overall quality improvement objectives.
- Information quality issues and priorities for quality improvement.

- Information quality improvement strategies/activities designed to address information quality issues.
- How these improvement strategies/activities will be assessed and/or measured and demonstrated over time.
- allocation of responsibility (person and position) for improvement strategies/activities.
- timeframes for the completion of improvement strategies/activities.
- Custodian's approval of the Improvement Plan.

6.2 When to complete the Information Quality Improvement Plan Form

Where noteworthy limitations in information quality are identified, Custodians must ensure an [Information Quality Improvement Plan Form](#) is documented no later than 3 months after completing the Information Quality Summary.

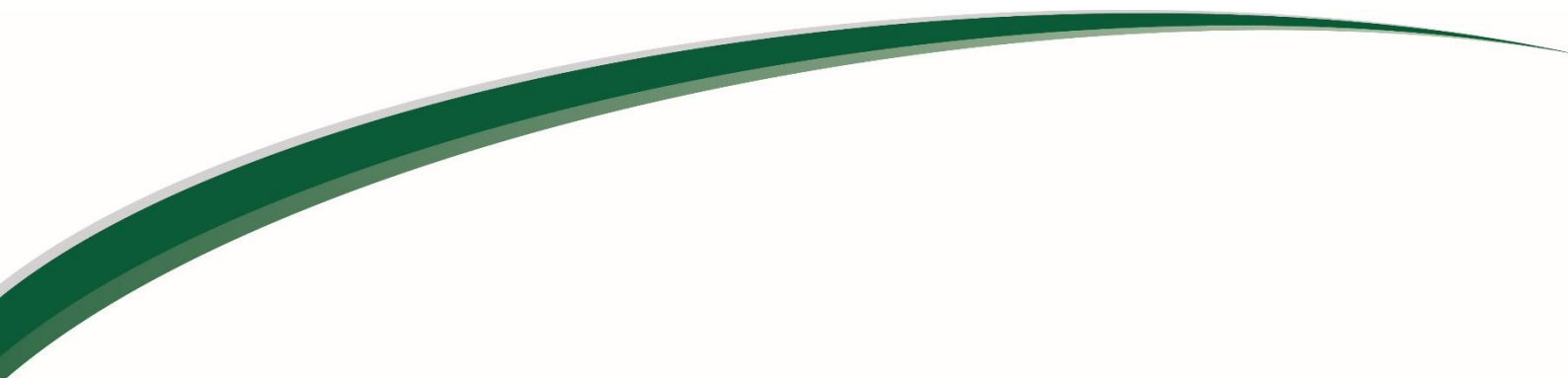
6.3 Ongoing Reporting Requirements

The [Improvement Plan Form](#) is a living document, and as such, must be evaluated and updated as required by the Custodian/s or nominated staff member until information quality issues are resolved.

Completed documents must be submitted to the Custodian/s for their approval. There is no prescribed format for the evaluation, however the Custodian/s or nominated staff member must have actions towards meeting the objectives of the [Improvement Plan Form](#), lessons learnt, changes to timeframes and priorities in place to improve information quality for at least the coming year.

Glossary

Term	Description
Biological information	In the context of this policy, biological information refers to biobank samples, genetic samples, cell, and tissue collections.
Custodian	Implements Policy on behalf of the Steward and has the delegated authority for granting access, use and disclosure of information from information assets in line with legislation and policy.
Data	Refer to information.
Information	The term 'information' generally refers to data that has been processed in such a way as to be meaningful to the person who receives it. Information can be personal or non-personal in nature. The terms 'data' and 'information' are often used interchangeably and should be taken to mean both data and information in this Policy.
Information Asset	A collection of information that is recognised as having value for the purpose of enabling the WA health system to perform its clinical and business functions, which include supporting processes, information flows, reporting and analytics.
Information quality	Refers to the extent that information is suitable for its intended use (i.e. fit for purpose) and is evaluated in terms of five standards: relevancy, accuracy and reliability, timeliness, coherence and comparability, and accessibility and clarity.
Steward	The delegated authority for the information assets outlined within the associated delegation schedule.
Primary user	A person that uses information for the principal reason it was collected. Refer to secondary user.
Quality improvement	An integrative process that links knowledge, structures, processes and outcomes to enhance quality throughout an organisation. The intent is to improve the level of performance of key processes and outcomes with an organisation.
Secondary user	A person that uses information to meet a purpose beyond those for which the information was initially collected. Refer to primary user.
Use	A person 'uses' information if they: employ the information for some purpose, put the information into service, turn the information to account, avail themselves of the information or apply the information for their own purposes.



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