

DHS Information Management Strategy



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Three key messages

1. DHS recognises it needs to
 - better balance its information requirements with reporting impost
 - reduce proliferation & duplication of data requirements
 - improve data integrity, data quality and timely feedback of data and 'value added' information to data providers and DHS regions
2. DHS is better managing its programs' data collection and reporting requirements
3. DHS is implementing strategic cross-divisional reform of its data collection and reporting requirements and it's making a difference

What's the problem?

DHS data requirements of funded organisations place undue cost and burden on **funded organisations, systems suppliers** and **DHS itself**:

- ongoing proliferation of DHS data & reporting requirements
- duplication of data collection requirements
- inconsistent terminology across data collections
- inconsistent information management practices
- poor and inconsistent utilisation of data collected
- limited, isolated data governance structures
- limited feedback of 'value add' information to organisations collecting data

What's DHS doing about it?

The DHS IM Strategy was established with the following objectives:

- better balance the information requirements of DHS programs with the reporting burden on funded organisations, system suppliers and DHS itself
- reduce the proliferation and duplication of DHS program data collection requirements
- improve program data integrity and quality, and the timely feedback of collected data and 'value added' information to data providers and DHS regions

Reform guided by Information Management Principles

- Principle 1** ensure the information we collect meets business needs and priorities
- Principle 2** minimise the cost and burden of information capture
- Principle 3** get the best value from our information
- Principle 4** produce quality information
- Principle 5** protect and preserve information
- Principle 6** enable good practices – Competencies
- Principle 7** enable good practices - Governance

Are we making progress?

HEALTH and AGED CARE:

- data collection governance arrangements in place across all health and aged care program data collections
- established an annual cycle to review all health and aged care program data collection and reporting requirements
- documented all health and aged care program data collections (i.e. over 130+ data collections)
- new and *ad hoc* data collection requirements reduced, new data requirements approx. halved each year for past 2 years,
- created a centralised register of all health and aged care program data collection metadata (with 3000+ elements)

Are we making progress?

HOUSING and COMMUNITY SERVICES:

- project boards established in CYF, DSD and H&CB divisions, with business case review commenced in CYF
- documented 86 external data collections in central DCR and MDR
- identified preliminary areas for reform and agreed on a reform implementation work plan

CROSS-DHS:

- established an IM Community of Practice (IM CoP) – including new forums open to people in funded organisations
- developing Common and Reference Data Dictionaries to promote consistent terminology and practice.

Common and Reference Data Dictionaries

Common and Reference Data Dictionaries:

- DHS data requirements fall into one of eight categories. We are developing Common Data Dictionaries across each category:
 - Client / Demographic
 - Workforce
 - Quality of Practice
 - Asset
 - Services
 - Incident
 - Organisation
 - Financial
- Some data needs to be consistent across categories. We are developing three Common Reference Data Dictionaries:
 - Address
 - Transmission
 - Person

Benefits of Common Data Dictionaries include:

- reducing unnecessary data burden and improving feedback of value added information to providers
- improved efficiency in data capture, storage and transmission
- improved cross-departmental utilisation of collected information and capacity to engage in cross-program analysis
- cross enterprise integration (and consistency) of data standards, data terminology and metadata management
- accountability in how data requirements are developed, defined and used
- supporting easier compliance on the part of participants

Example: Common Client Data Dictionary

- DHS Common Client Data Dictionary (CCDD) Version 1 initiated across 9 RRHACS Data Collections in 2007.
- CCDDv2.1 implemented across 20 Health and Aged Care data collections by 1 July 2008 and now being incorporated into HiIP data specifications.
- CCDD has consolidated over 300 client demographic data elements into 45 common elements.
- Example: Prior to CCDD, 'sex of client' collected in 18 different ways across DHS. Now one way amongst participating collections.

Where to from here?

Long term, the DHS IM Strategy is working to ensure funded organisations submit data to DHS **once**, and **once only**.

This means, continuing work on:

- integrating data requirements and collection processes
- influencing of national standards and datasets agenda
- returning value added data to funded organisations
- common metadata and IM practices
- improving metadata management tools and processes

Implications for vendors?

More predictable change / development requests

- 18 month cycle for 2010/2011 data collections: review start '09, advise vendors early '10, implement July '10
- data dictionaries linked to stable national/accepted standards
- Increasing use of common meta descriptions

More 'joined up' change

- dictionaries encouraging standardised metadata (client, service, incident) and data alignment, where appropriate
- strategic alignment of data collections which describe similar clients or service types, or those utilising a particular technical initiative, e.g. report to RRHACS Data Repository)
- harmonised implementation, e.g. SCTT 2009, HACCV2.X, CCDSv3
- reduced volatility of data requirements, duplication, burden

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