Improving **Data Integrity**

After

CIS Migration

Acknowledgement of Country

I would like to acknowledge that we meet today on unceded lands.

I pay my respect to the Traditional Custodians of the land on which we gather here today, The Gadigal People of the Eora Nation and acknowledge their continuing connection to land, waters and community.

I pay my respects to Elders past and present, and I extend that respect to all Aboriginal and Torres Strait Islander people here today.

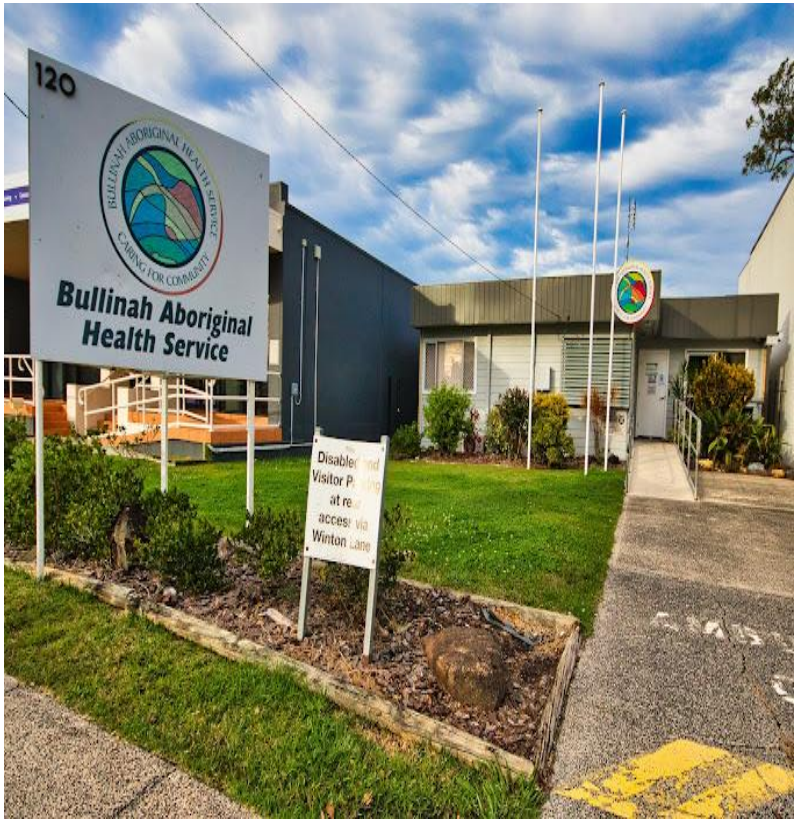
As someone presenting from Bullinah Aboriginal Health Service - Bundjalung Country, I acknowledge the strength and leadership of Aboriginal Community Controlled Health Organisations across the state who continue to support the health and wellbeing of our communities.

Our Footprint

- Ballina
- Wardell
- Cabbage Tree Island
- Byron Bay
- Lennox Head
- Alstonville
- Evans Head
- Surrounding Northern Rivers communities

Our Service

- 1,382 Aboriginal & Torres Strait Islander regular clients
- 52 staff
- Multidisciplinary care
- Holistic health approach



Why Data Integrity Matters

- Patient identification
- Chronic disease management
- nKPI reporting
- **Health outcomes**

What are nKPI's

- Monitor health outcomes
- ACCHO National Reporting
- Derived from CIS Data
- Inform service planning & funding

Getting Data Right:
nKPI Specifications & Coding Guidance

Medical Director to Best Practice

Medical Director

Data Migration

Best Practice

 **Same data → different interpretation**

Identifying the Issue

- nKPI results unexpected
- Differences between systems
- Cause unclear
- Investigation required

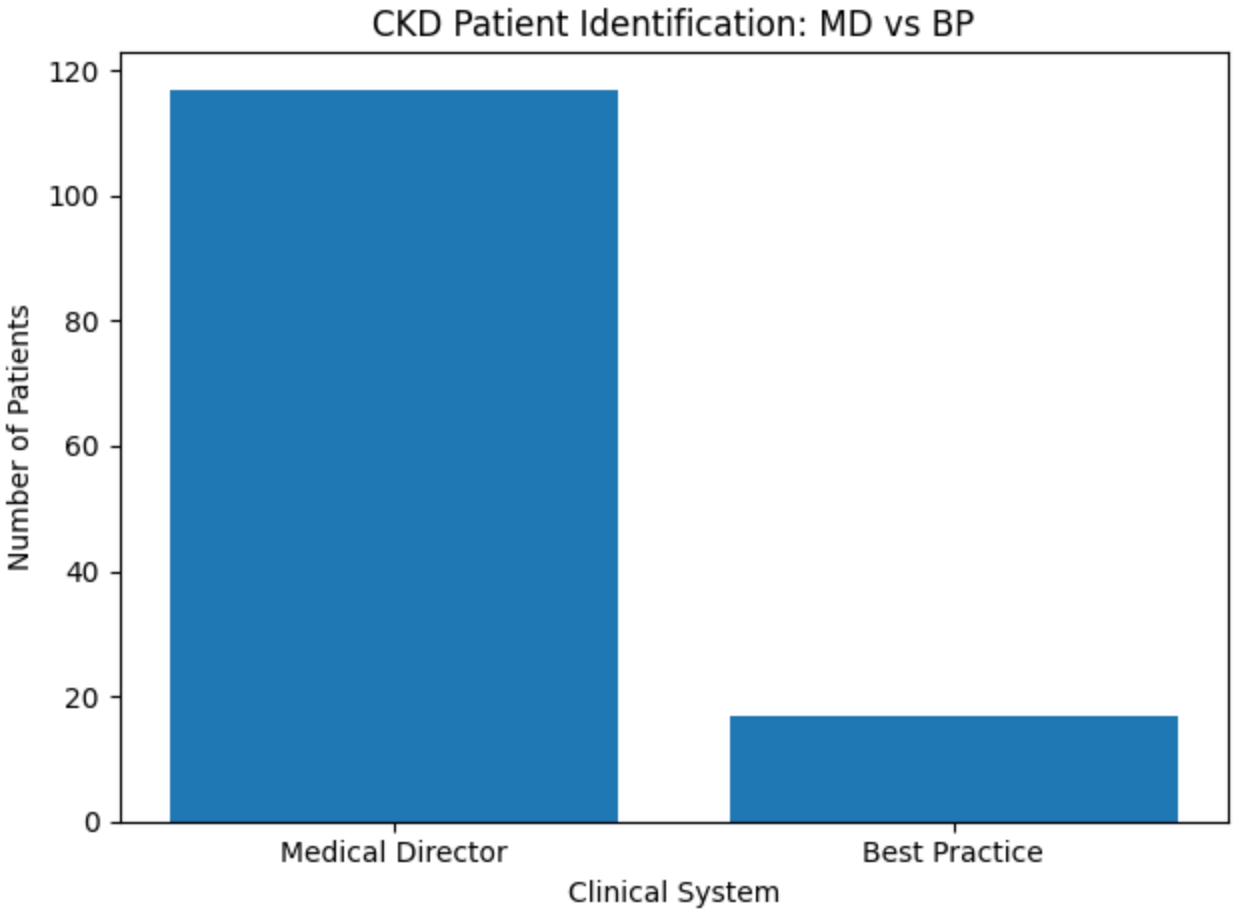
Scale of Impact

- Multiple chronic disease indicators affected
- MD vs BP report variation
- **Diabetes, CVD, CKD impacted**
- Regular client numbers inconsistent
- Risk of under-identification

Why the Data Didn’t Align

- Uncoded conditions excluded
- Different reporting rules
- Pathology results not readable
- MBS items and historical gaps
- “Regular Client” rule differences

Medical Director v’s Best Practice



Investigating the Discrepancies

- Patient-level extracted from MD
- Reporting cohort identified
- BP outputs compared
- Coding and records reviewed

What this Indicates

- Patient existed in the system
- Not recognised in reporting
- Coding inconsistencies
- Migration impacted data integrity

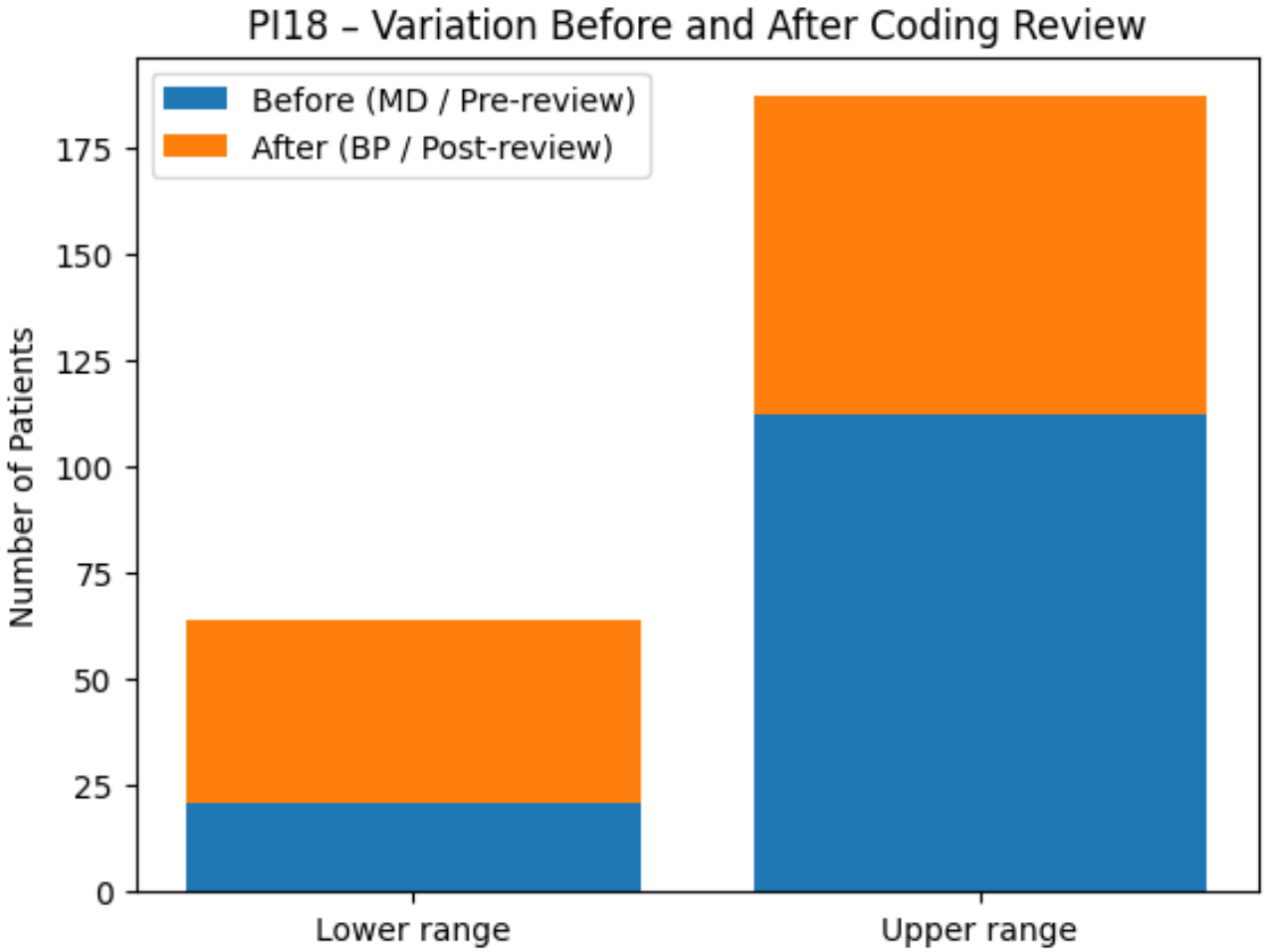
Actions Taken

- Pre-submission nKPI review
- MD vs BP comparison
- Coding mapped and corrected
- Client data deduplicated
- Clinical & external expertise engaged

PI18 – Kidney Function Testing

- More patients identified
- Better system alignment
- Reduced discrepancies
- Data reflects actual care

Understanding Variation in PI18



How Patients Become Invisible

Patient diagnosed

Recorded in system

Migration to new system

❌ Not correctly coded

🚫 **Not identified in registers/reporting**

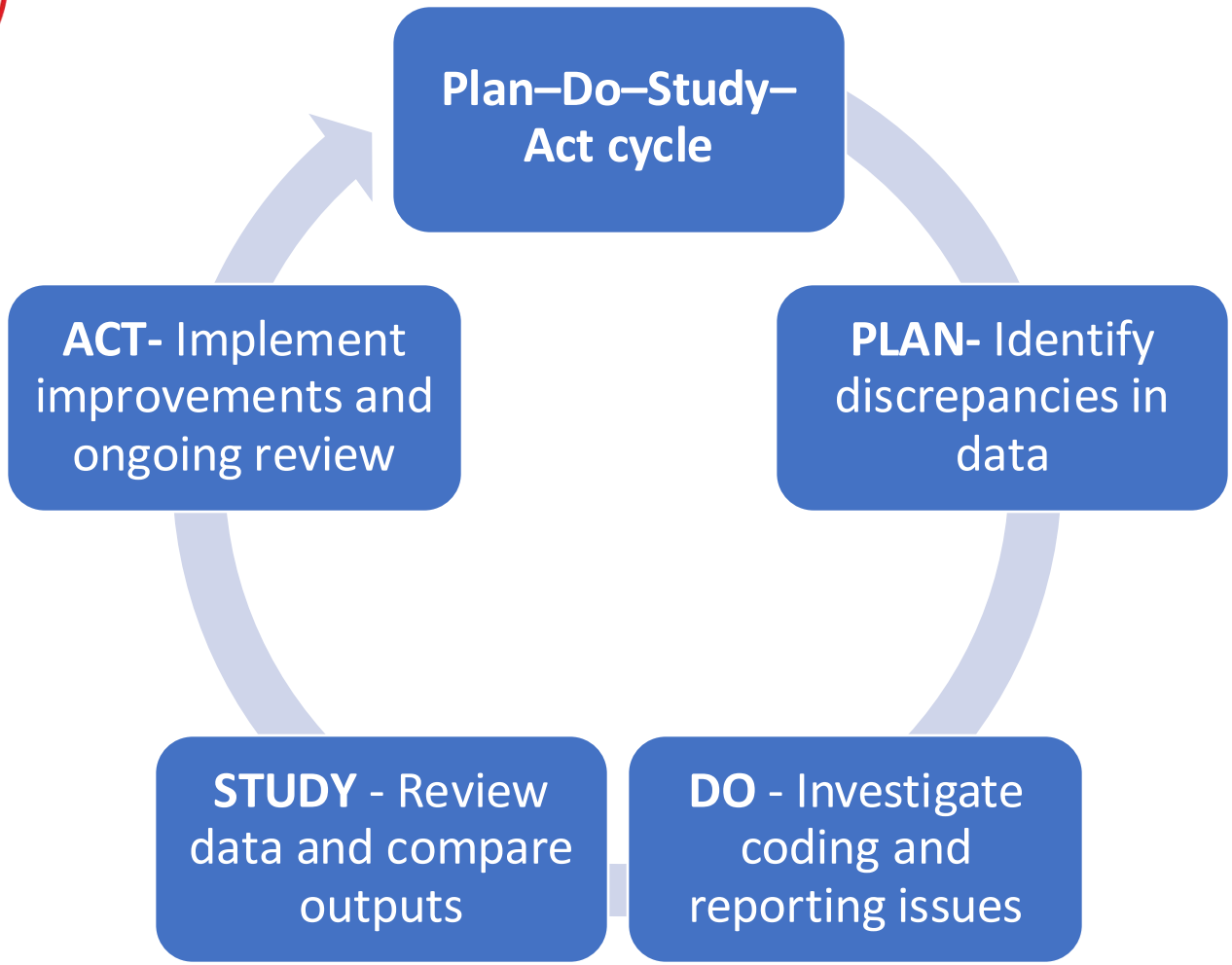
Impact on Patient Care

- Missed recalls and follow-up
- Incomplete care plans
- Reduced follow-up
- Potential delays in intervention and treatment

Risks (organisational)

- Inaccurate nKPI reporting
- Misrepresented community health needs
- Funding and Compliance risk
- Reduced confidence in data

Applying a CQI Approach



Key Learnings for ACCHO's

- Review nKPI data pre-submission
- Code conditions correctly
- Understand system differences
- Use clinical & data expertise
- Embed data integrity in CQI processes

TIP: Run nKPI reports immediately post-migration

Final Reflection

- Data integrity = patient care
- Migration requires validation
- Coding affects visibility
- CQI enables continuous improvement

Call to Action

1. Validate data post-migration
2. Challenge assume accuracy
3. Code conditions correctly
4. Understand system differences
5. Embed data integrity into CQI

Further Support

Rachel Hayhurst - Solving Health

Email: rhayhurst@solvinghealth.au Website: www.solvinghealth.au

Health Data Portal Team

indigenousreporting@health.gov.au

Clinical Information System (CIS) Education Articles (Guidance on data quality, MBS de-duplication, pathology, POCT and system setup)

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