



Productivity Commission

29th July, 2016

Submission for Productivity Commission Inquiry on Data Availability and Use

The AIPN understands that the Productivity Commission is seeking public comment and feedback regarding Data Availability and Use. We respectfully submit this response on behalf of AIPN members.

The AIPN is the peak national body advocating for injury prevention and safety promotion in Australia. The AIPN is a not-for-profit, non-government organisation with national and international membership from all sectors of the injury prevention community. It represents the growing industry of injury prevention and safety promotion researchers and practitioners around Australia whilst advocating to raise the profile, and influence change, in this important area of public health. The main goal of the AIPN is to facilitate the minimisation of injury-related harm throughout Australia by coordinating the expertise of injury prevention researchers, practitioners, and policy makers.

We note that in Queensland in early 2007, the **Trauma Data Scoping Project** was commissioned to:

- scope existing injury and trauma data sets across the continuum of care from event to rehabilitation and discharge;
- identify impediments to the efficient and effective coordination and use of data; and
- develop recommendations for a sustainable system of data collection, collation and interrogation to inform prevention and system improvement.

Consequently, the Trauma Data Scoping Project was funded by the Motor Accident Insurance Commission (MAIC). The Project commenced in May 2007 and was completed in mid 2008. The project encompassed four areas of interest; data capture, data access, data coordination and data linkage.

This submission to the Productivity Commission is based on the findings and recommendations of the QLD Trauma Data Scoping Project. We enclose these reports, for your noting.

In the Trauma Data Scoping Project Final Report, the following principles were identified as a basis for future injury data systems.

1. A comprehensive system of injury data collection should include at a minimum:
 - a. Data on the frequency and nature of injured persons presenting to health services, including demographic and other person-related characteristics
 - b. The frequency and nature of known risks
 - c. A representative sample of all injured patients to identify and quantify the causes of all injuries

- d. A representative sample of seriously injured patients to identify the differential causes of serious injury and the effect of treatment on patient outcomes; and
 - e. System-wide performance indicators for benchmarking and evaluation purposes
 2. Ownership of data to be retained by the individual agencies, which also retain responsibility for data collection and data quality
 3. Agencies agree in principle to the sharing of data and commit to improving the system of data collection so that the data are accessible and meaningful
 4. Injury data definitions and coding standards should ideally be standardized. There should be a standard data dictionary developed, agreed upon and applied in Queensland (nationally), for cases involving injury/ This should align with national approaches wherever possible Where agency requirements do not allow standardization of particular data points, these should at a minimum be mapped to standardized items
 5. Data should be collected on key elements in a format that allows for extraction of data with equivalent meaning across “core” agencies (e.g., pre-hospital; emergency department, injury surveillance units, admitted patient data collections, trauma registries
 6. A centralized, easily accessible, well structured, clearly defined source of aggregate data should be available to those with a bona fide reasons for accessing data, including:
 - a. Policy makers
 - b. Clinicians and care providers (for clinical review)
 - c. Researchers
 - d. Public sector agencies

This would facilitate access to information on the frequency and nature of risks, incidents and injured persons; and would also ensure that data are provided in a matter which is usable and interpretable for all agencies users
 7. Data on injured persons linked at person-level (provide in a de-identified format) should be accessible to bona fide users for the purposes of policy development, performance monitoring /quality assurance, benchmarking, and research. Methods to enhance accessibility of data to agencies should be progressively developed
 8. Agencies should work together to develop system wide indicators of performance, and facilitate monitoring and benchmarking of trauma care
 9. Lack of data on patient outcomes must be addressed, with additional strategies for enhancing available data to be developed in collaboration with stakeholder agencies. Follow-up data on seriously injured patients is recommended at minimum, with an “opt-off” system (similar to that which operates in Victoria) being strongly recommended, Additional areas for future consideration may include: data on hospital mortality; data from insurance sources; and coroner’s data

The final recommendations from the Trauma Data Scoping Project, which achieved consensus with all key stakeholder agencies, were as follows:

- Regular, frequent linkage of data from core databases. This would allow comprehensive reporting on the patterns of injury, injury causation and outcomes.
- Linkage of noncore databases on a project by project basis.
- A system of data collation using standard data dictionaries and consistently defined parameters. Core agencies will submit data for linkage key generation on a frequent and regular basis, to facilitate provision of person level, de-identified linked data for comprehensive reporting on the patterns of injury, injury causation and outcomes

The AIPN fully endorses these recommendations and notes that such systems already operate, or are in development, in some states (e.g. WA, NSW, SA).

In summary, the AIPN believe that data on injury has enormous scientific value, and is currently a substantially under-utilised data source. An extraordinary and obvious opportunity exists to develop an injury database in a way that would allow us to describe injury across the continuum of care. A comprehensive, comprehensible and usable system of trauma data collection and analysis is required to meet a number of strategic and operational needs.

The AIPN are pleased to provide this submission and would like to participate in further discussion / consultation regarding this issue. We welcome the opportunity to meet with you in person to facilitate this discussion.

Yours sincerely

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