Digital Data and Transformation - governance model

Digital transformation and the effective use of data to improve patient care require a multidisciplinary and coordinated approach both locally and statewide. The Digital Healthcare Improvement Network has developed a governance model for implementing and coordinating data and its related transformation.

Transformation in this context refers to the clinical workflows, service configuration and care delivery models that stem from the use of data and analytics in a digital healthcare environment. It is an acknowledgement that the increase in scope and application of data and analytics in the digital realm requires practice transformation to effectively implement the findings of analysis into improved quality and efficiency of patient care.

The governance model proposes a hospital-based Data and Transformation (DaT) Committee, as well as a Statewide DaT Committee that brings together representatives from participating local DaTs.

Statewide DaT Committee

The Statewide Data and Transformation (DaT) Committee brings together representatives from the DaT Committee (or equivalent) of each participating hospital. This group facilitates statewide coordination of data analytics and digital transformation activities and provides a chance for analytics and clinical leaders from hospitals to solve common problems and share local improvements.

The Terms of Reference for the Statewide DaT Committee have been developed and endorsed by the Digital Healthcare Improvement Network and will be ratified at the first meeting of the Statewide DaT Committee. Facilitation of the Statewide DaT Committee will be managed by the Healthcare Innovation and Transformation Excellence Collaboration (HITEC), through a Statewide Digital Analytics Coordinator based in the Clinical Excellence Division.

Local DaT Committees

The Digital Healthcare Improvement Network strongly recommends the formation of appropriate analytics governance structures in each health service undergoing digital transformation.

Hospital and Health Services (HHSs) may choose to establish such a Committee at a hospital level or HHS-wide, depending on the size, service profile and relationships within the service. Health services may choose to initiate a new DaT or to review and refocus an existing committee into a DaT structure.

This document provides recommendations to health services on the structure and nature of a DaT Committee with elements that can form the basis of a Terms of Reference.

Key features

The following are recommended as fundamental elements for a successful DaT Committee:

- The Chair of the DaT Committee should be a practicing clinician, preferably one who is proactive in using data and who has transformational leadership qualities.
- The membership of the Committee should include representatives from the following streams:
    - Medical
    - Nursing
    - Allied health
    - Clinical informatics
    - Clinical governance
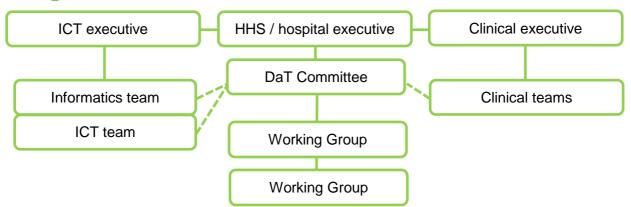   - Planning / finance / corporate services
    - ICT

- The membership and agenda should be agile, responsive and action-oriented.

Principles

- Digital change contains various elements necessary for success, including both electronic medical records as a technical innovation and as a transformation of patient care. The DaT model recognises the socio-technical inter-relationship, that is, the coordination between the technology and data, and the human environment.

- Digital transformation provides an opportunity to utilise data to improve the quality and efficiency of patient care. The DaT model ensures that the analysis, evaluation and use of clinical data are clinician-led and able to be leveraged in a constructive, practical, effective and safe way.

- Data and analytics, if effectively implemented, have the potential to reduce unnecessary clinical variation, increase service reliability and improve patient outcomes. The DaT governance structure supports the principle that data and its associated information and knowledge can and should drive positive change for patients.

Local organisational structure

Statewide organisational structure

Purpose

The DaT Committee should provide direction for and oversight of:

- using data and analytics tools for decision making and clinical care improvement;

- promoting a supportive transformative culture in care delivery with consideration of the impacts on the workforce and workplace dynamics;

- reducing duplication in data and transformation activities;

- sharing ideas, tools and resources in aid of a common goal;

- advising on the selection of priorities in data and related transformation activities;

- reviewing and sharing lessons learned from digital-related incidents including those relating to

data quality, data transparency and their related transformation;

- ensuring transformation readiness prior to data process changes or tool implementations, including the assignment of adequate resources;
- ensuring the evaluation of benefits realisation and return on investment;
- advancing standardisation in data sets, data interpretations and tool implementations;
- monitoring major data, analytics and related transformation initiatives and removing barriers;
- providing a pathway into clinical and other networks to ensure stakeholders remain informed about and contribute to data and analytics services and their related transformation;
- stimulating the constructive use of data and enabling appropriate access;
- providing input into organisational data management processes and principles.

Meeting protocol

- Unless otherwise notified, the DaT Committee is expected to manage the strategy and delivery of data and analytics matters and related transformation, applying their collective experience, expertise and judgement to make decisions.
- Where a matter or issue is brought to the DaT Committee and is assessed to be of a significant nature (such as impacts to patient safety), the Chair can escalate the change to a higher priority for resourcing or funding.
- Where agreed by the Chair, other persons may observe or participate in the meetings with no assumption of membership or voting rights.
- The agenda will clearly describe topics to be discussed to ensure an appropriate subject matter expert attends to contribute to discussions and decision-making.
- The agenda will list actions, and updates on actions are expected until matters are closed.
- The agenda will include a standing item regarding updates to and from the Statewide DaT Committee.
- Matters requiring the endorsement of a recommendation will prompt an open discussion with the intent of achieving consensus. If consensus cannot be reached, the Chair may make a final decision or escalate the matter to the appropriate authority. Objections, comments and actions will be documented in the minutes.
- Assessment of business and end user impacts may occur off line by the appropriate member relevant to the proposed change.
- If confidential matters need to be discussed, these matters will be scheduled towards the end of the agenda and any external attendees will be asked to leave the meeting.
- It is acknowledged that recommendations are subject to the scope, schedule, funding, policy and procedural boundaries and may require endorsement from other governance bodies and entities.
- If the Chair is absent from a meeting or vacates the chair during a meeting, the proxy Chair will assume this role.
- In the event that a member cannot attend a meeting, it is their responsibility to advise the secretariat and nominate a suitable proxy to attend in their absence.
- All members will receive relevant pre-reading documentation prior to any meeting.

General considerations

The DaT Committee Terms of Reference should also include standard TOR elements such as quorum; conflict of interest; confidentiality; secretariat; meeting schedule; minutes and action register; and out of session items.