Information Quality Summary Form

**Version Control**

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| --- | --- | --- | --- |
| Date | Version | Description | Author  |
| *DD/MM/YYYY* | *X.X* | *Completed for ‘name of information asset’* | *First Name Last Name* |
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**Part A - Details about the information asset**

Refer to the [WA health system Information Register](https://doh-healthpoint.hdwa.health.wa.gov.au/directory/Purchasing%20and%20System%20Performance/Data%20and%20information/Lists/WA%20health%20system%20Information%20Register/AllItems.aspx?PageView=Shared&InitialTabId=Ribbon.WebPartPage&VisibilityContext=WSSWebPartPage) for updated details.

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| ‘Full name of information asset’ – Enter here |
| Name of information asset | *Includes name of information asset*  |
| Brief description | *Brief outline of the information asset. Indicate whether the information asset is a local or systemwide information asset.* *Refer to the Information Management Governance Policy for further information.*  |
| Steward  | *Name, Position, Division, Location (i.e. Department/Name of Health Service Provider or Contracted Health Entity), Email.**Primary position responsible for information quality and influencing the organisational culture as it pertains to information quality.*  |
| Custodian *(for co-custodians the details of the Custodian completing this)* | *Name, Position, Division, (i.e. Department/Name of Health Service Provider or Contracted Health Entity), Email.**The position responsible for overseeing the reporting and monitoring requirements for information quality and improvement.*  |
| Custodian scope | *For example: WA All Sites, FSH Only, WACHS All Sites etc* |
| Information Classification | *Official, or Official: Sensitive*  |
| Purpose(s) | *Main stated purpose(s) of the information asset.* |
| Collection methodology | *Key features of the collection methodology (e.g. administrative or survey) and collection method (e.g. administrative, data extracts, self-completion).* |
| Coverage of relevant population | *Population that is covered. May include geographic coverage, such as national, state or other, noting if there is adequate coverage for remote areas, non-English speakers and so forth.*  |
| Frequency/timing | *Year(s) in which information have been collected, frequency of updates, releases.* |
| Size | *Number of records or sample size in most recent reference period.* |
| Further information | *If available (e.g. a web link with further information).* |

**Part B - Assessment criteria**

Listed below are statements relating to the five standards of information quality. At a minimum, please respond to each statement scoring 1-3 as per the assessment scale, in the check box provided.

 **Assessment scale**

|  |  |
| --- | --- |
| **1** | Low: Needs attention |
| **2** | Medium: Adequate |
| **3** | High: Excellent |

If the statement is not applicable to your information asset leave the box blank (☐ Not applicable) and provide justification in the ‘Comments’ sections.

You are also invited to leave comments about the strengths and limitations of the information in the ‘Comments' sections of the document.

**Standard 1: Relevance**

The relevance standard of information quality refers to the degree by which the information meets the needs of the user. The amount of information collected should be proportionate to the value gained from it.

To assist in evaluating this standard of information quality, please assess the below statements:

|  |  |
| --- | --- |
| **Assessment Scale** | **Description** |
| ☐ | The information is fit for the specific purpose for which it was intended |
| ☐ | The data items (or questions in surveys) collected are of sufficient breadth and depth for their purpose |
| ☐ | Coverage is appropriate for the information in terms of population, geographical location and conditions |
| ☐ | Relevance to the user is periodically assessed |

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| Comments |
| *Comments on the strengths and limitations related to the relevance standard. For example:**The information collected within this Registry is fit for a specific purpose as defined in Part A. At this date coverage is appropriate, however as the Registry grows this should increase. The relevance to users has not been assessed since the Registry’s commencement in 2018. This highlights a need for attention and action. A review process will be developed to ensure the relevancy of the information asset is complete.*  |

**Standard 2: Accuracy and Reliability**

The accuracy and reliability standard of information quality refers to the degree to which the information correctly describes the condition it was designed to measure.

To assist in evaluating this standard of information quality, please assess the below statements:

|  |  |
| --- | --- |
| **Assessment Scale** | **Description** |
| ☐ | How to collect and create information is clearly understood. |
| ☐ | The information is consistent with documented formats and standards, and the intent of each information field is understood. |
| ☐ | Processes are in place to identify and fix information quality issues. |
| ☐ | Staff are aware of the importance of information quality. |
| ☐ | Data validation rules exist and are documented in systems or processes. Information is validated by the system. |

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| Comments |
| *Comments on the strengths and limitations related to the accuracy and reliability standard. For example:**Staff are aware of the importance of information quality as they are educated on the policy and trained onsite. However, documentation around how the Registry was collected and created is very limited. At current the metadata documentation does not exist which means the reliability of formats, standards and intent is subpar. Although data validation rules exist and embedded into the system the documentation requires a review and update.* |

**Standard 3: Timeliness**

The timeliness standard of information quality reflects the length of time between the availability of the information and the event or phenomenon it describes. Therefore, the timeliness standard of information quality reflects the extent to which information is sufficiently up to date for a task.

To assist in evaluating this standard of information quality, please assess the below statements:

|  |  |
| --- | --- |
| **Assessment Scale** | **Description** |
| ☐ | The information is available at the time it is needed. |
| ☐ | The information reflects the current situation or needs of the user. |

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| Comments |
| *Comments on the strengths and limitations related to the timeliness standard. For example:**The process for the frequency and timing of information availability has been well developed. However, as the relevancy to the user is not currently periodically assessed it is hard to gauge if the information reflects the current situations and/or needs of the user. Feedback would suggest this is operating satisfactory, but with room for improvement.* |

**Standard 4: Coherence and Comparability**

The coherence and comparability standard of information quality refers to the consistency of an information asset over time, as well as how well it compares with other sources of information, within a broad analytic framework.

To assist in evaluating this standard of information quality, please assess the below statements:

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| --- | --- |
| **Assessment Scale** | **Description** |
| ☐ | Similar datasets have been identified and compared. Inconsistencies are identified and managed. |
| ☐ | Information is consistent over time. |
| ☐ | Any known inconsistencies are documented. |
| ☐ | Documentation of changes regarding the dataset exist and are accessible. |
| ☐ | Information isn't duplicated in other information assets. Where duplication exists, it is known and managed. |
| ☐ | Data items within the information asset can be meaningfully compared. |
| ☐ | Gaps in mandatory information are minimal. |
| ☐ | Any known gaps in mandatory information are published. |

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| Comments |
| *Comments on the strengths and limitations related to the coherence and comparability standard. For example:**When developing the Chronic Illness Registry, a review identified that no similar datasets or duplication of the data existed. There is no current documentation around the metadata of the collection. This may lead to users misunderstanding data fields and compromising the meaningfulness.*  |

**Standard 5: Accessibility and Clarity**

The accessibility and clarity standard of information quality refers to the ease with which the information can be understood by the user and the availability of resources to help provide insight into the information.

To assist in evaluating this standard of information quality, please assess the below statements:

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| --- | --- |
| **Assessment Scale** | **Description** |
| ☐ | Information collection processes are documented, accessible and communicated. |
| ☐ | Data dictionaries are available which explain the meaning of data elements/items, formats and relationships. |
| ☐ | Resources are available to help users correctly interpret the information and understand how it can be used. |
| ☐ | Resources are available to explain ambiguous or technical terms used in the information. |

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| Comments |
| *Comments on the strengths and limitations related to the accessibility and clarity standard. For example:**Documentation around processes, data dictionaries and resources are very limited or non-existent for the Chronic Illness Registry. This highlights a risk around the accessibility and clarity of the Registry.* |

**Part C – Key findings**

Based on the above information, summarise key findings, including any noteworthy strengths and limitations of the information asset with respect to the five standards of information quality.

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| Summary of findings: |
| *Summarise your key findings. For example:**The Chronic Illness Registry was created as a gap was identified on the capture of data related to such illnesses. A gap-analysis involved a review of any similar information assets or duplications, with none found. This means we can be confident that no similar datasets exist.* *Despite this strength, there are identified limitations with the Chronic Illness Registry, including a lack of documentation around metadata and very limited documentation on the initial data collection method for the registry. This affects many of the standards of information quality including the accessibility and clarity and accuracy and reliability standards.* |

\*The Information Quality Improvement Plan must be completed no later than 3 months after the Custodian has approved the Information Quality Summary by signing Part D.

**Part D – Document Approval**

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| Custodian details\* and approval. |
| Name: | Click here to enter text. | **Position and Site Location:** | Click here to enter text. |
| Signature/ HE Number: | Click here to enter text. |
| Date: | Select a date |

\*Should match Custodian details documented in Part A.

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| Details of staff member that completed or contributed to the Information Quality Summary (where appropriate). |
| Name: | Click here to enter text. | **Position and Site Location:** | Click here to enter text. |
| Signature/HE Number: | Click or tap here to enter text. |
| Date: | Select a date |

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| Next Review Date: |
| Date: | Select a date |