


PCSI Presentation



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Meeting the skills
needs of information
quality advocates for
the health sector



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The challenges

- Creating and sustaining structures to collect, store safely, and allow appropriate access to high quality data on health service activity and outcomes.
- Especially important in low and middle-income countries (PNG example).
- Impact on care:
 - data may be poor,
 - data may not be analysed (or only rarely),
 - findings from analysis widely questioned.



Information Quality Advocates

- Countries seek to build the competence of people who are the most critical, within the data life cycle, to data quality
- We have called them ‘**Information Quality Advocates**’
- How effective (appropriate and comprehensive attainment of learning outcomes) and efficient (as quickly as possible and for the least cost) this cohort of data quality champions are developed is critical for those countries wishing to build sustainable information systems.



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Scope of this workshop

- System wide data quality from primary, secondary, and tertiary care settings
- The emphases of low-income countries can be on the primary care sector while that of high-income countries will most likely be on the tertiary sector



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Objectives

- Seek relative agreement on the learning needs of Information Quality Advocates in countries with varying levels of development of data quality systems
- Have an overview of the existence and availability (regional and world-wide) of appropriate learning opportunities (courses, study tours, online learning, scholarships, etc.) that could satisfy the identified learning needs
- Be able to consider the gaps / deficiencies in the current worldwide and regional availability of appropriate leaning opportunities for Information Quality Advocates



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Role of Information Quality

Advocate is to:

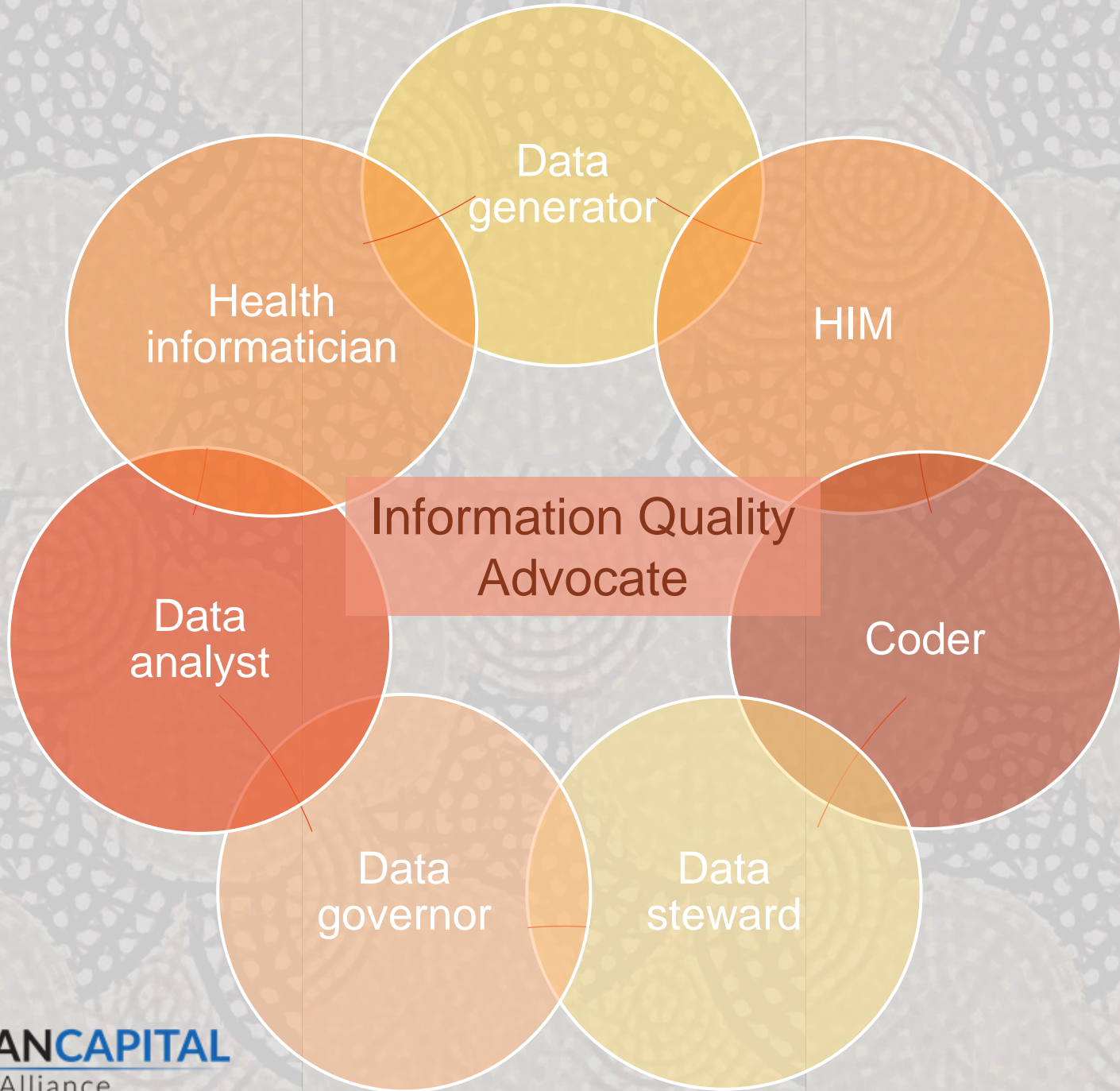
- Influence those who are the most critical, within the data life cycle, to assess and improve data quality.
- Influence decision makers to use the data to improve the care of patients.
- Promote a continuous cycle of quality improvement.



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Competencies required (see handout)

- **Health sector structures**
- **Health sector roles**
- **Information science concepts**
- **Implementation, adoption, and evaluation**
- **System lifecycle**
- **System security**
- **Leadership strategies**
- **Information and system governance**
- **Data governance principles**
- **Legislative and regulative requirements**



Competencies required

- **Business alignment**
- **Stakeholder engagement**
- **Program and project management**
- **Change management**
- **Risk management**
- **Quality management**
- **Value management and benefit realisation**
- **Process re-engineering**
- **Information culture**
- **Problem solving**
- **Information privacy**
- **Health literacy**
- **Indigenous Data Sovereignty**



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Group discussion

1) Discuss the nature of the role

- Are there differences between low, middle and high-income countries?
- Are there differences between primary, secondary and tertiary care settings?

2) Discuss the suitability of the draft competencies for the agreed role

- Any competencies missing?
- Any competencies that need to be discarded?

3) Can we reduce the list to a smaller set of core / critical competencies?



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Feedback

- Present findings to the whole workshop



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Break



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Large or small group discussion

- To what extent are learning needs able to be met?
- Are there any glaring gaps?
- Are there areas where content is 'satisfied' but the learning opportunities have limited effectiveness or are inefficient?
- How critical are the gaps?



Thank you



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