

CLINIC ACTIVITY REPORTING

ADVICE ON IMPROVEMENTS TO DATA ENTRY PRACTICES

The collects data from the Doctors in Secondary Schools Program to:

- monitor program progress and impacts
- identify issues and opportunities for program improvements
- and guide service delivery of existing health promotion programs and services.

Data quality is important to ensure the Department receives and uses reliable information for program review, service planning and decision making purposes.

Common data entry issues have been identified through the review of previous monthly PHN Activity Reports and the following table presents these common issues and suggested practices to adopt during data entry.

Data entry issues	Program Impacts	Recommended practice updates
Numerous cells contain missing data and it is unclear whether this missing data represents either: <ul style="list-style-type: none"> - A zero, or - An unknown value. 	This limits our ability to understand the full degree of program uptake.	<ul style="list-style-type: none"> - Record zeros (0) in cells when it is known that there were <u>NO</u> occurrences to report. - Leave empty cells only when there are <u>UNKNOWN</u> values to report. <p><i>Missing cells should not represent zeros.</i></p>
Many patients are being recorded as <i>Scheduled/Drop-in</i> patients but are not <u>ALSO</u> being recorded as <i>New/Recurring</i> patients.	This limits our ability to understand how students are engaging with the clinics.	Record each patient as a: <ul style="list-style-type: none"> - <i>Scheduled/Drop-in</i> patient, <u>AND</u> - <i>New/Recurring</i> patient <u>BOTH</u> fields should be completed.
GP & clinic utilisation times are not being recorded for a number of sessions even though patients are being seen during these sessions.	This limits our ability to understand the demand/need for the DiSS program, which is essential to justify program continuation and extensions to GP service provision/funding.	Record details of <i>Clinical Service Delivery</i> and <i>GP time</i> utilised for all sessions (in <u>ADDITION</u> to patient attendance data).
Referral numbers are not being recorded for sessions even though there are free text descriptions of referral agency names/types recorded for those sessions.	This limits our ability to quantify the demand/need for various referral services, which is essential to inform funding/planning of health service delivery on a regional and local level.	Record referral numbers in <u>ADDITION</u> to name/type of referral agency whenever a referral is made.