

Output clearance request briefing

AIHW National Integrated Health Services Information (NIHSI)

Project identifier

Project title

Analyst

Output summary

Please provide a summary of aggregate output tables to be released from Host environment, including the description, location in the host environment, and purpose in relation to the project objective. Please outline the intended use of the output e.g. internal document, public release as report etc.

Guidelines

- Files must not contain unit record data about an individual.
- Files must not add information about a person or service event (including reference to person or row IDs held in other collections, e.g. Medicare no., de-identified record ID, etc.), and must not include information which may enable re-identification of an individual or an organisation.
- Files should be in MS Excel, comma separated values, text or another agreed file format (e.g. syntax can be transferred as text format). **Files must not be executable.**
- Files and their use should comply with the confidentiality and privacy protections of the *AIHW Act 1987*, *Privacy Act 1988*, and the NIHSI Governance Protocols
- Files must be checked to ensure that they do not contain malicious content and will not cause damage to the NIHSI or its host system.

NIHSI Output checklist

Please fill in the form, indicate your response, and include the outputs as attachments.

Relevant metadata and classifications for all applicable reference years have been reviewed and implemented where appropriate.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Methodology for analysis has been reviewed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Outputs are related to the project's goals as stated in the project proposal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Confirm that data analyses have been checked and confirmed against published data where possible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Release of requested program code from the host environment is saved as a text file and does not contain any data, describing any individual/organisation or observation from the data.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Confirm that table titles, footnotes and other technical information are correct.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
SAS/program code and logs checked to ensure compliance with data analysis plan.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Demographic disaggregation's presented are consistent with those outlined in the project proposal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<p>Technical information provided in the briefing should include:</p> <ul style="list-style-type: none"> • Description of scope, methodology used, including for example, inclusions, exclusions, and ICD codes used, and for complex methodologies, underlying counts that make up the calculation of the final number. • Clear explanatory notes or data dictionary details of items used. • Mapping files to be provided for non-standard geographic breakdowns. • Numerators and population denominators for rates where required. • Any association with previous requests clearly identified. 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<p>Cell attribute check:</p> <p>Counts between 1 and 10 (<11) have been suppressed (this includes the suppression of measures, e.g., rates, with underlying counts between 1 and 10 (<11)).</p> <p>Seek advice from the NIHSI Data Custodian for permitted exceptions.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Consequential suppressions have been applied to ensure that suppressed data cannot be derived from totals, and/or from data in other cells and/or tables.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA

Attachment 10 (of the NIHSI Governance Protocols)

<p>Dominance check: Confirm that dominance check had been done. If yes, please provide location (i.e., URL) where the dominance check file had been saved: _____.</p> <p>Applied to Hospital data, Aged care data, MBS data and PBS data National level data needs to be checked to see if a State or Territory is dominating the cell contribution, and State or Territory level data needs to be checked to see if a Hospital/Provider/Service is dominating the cell contribution.</p> <p>For National level data: To maintain confidentiality, reporting unit rules have been applied as per AIHW policy where:</p> <ul style="list-style-type: none"> • If there are fewer than three States or Territories contributing to the cell then the cell needs to be n.p'd and consequential suppression applied if required • If there are three or more States or Territories contributing to the cell and one State or Territory contributes more than 85% of the total activities, then the cells need to be to be n.p'd (referred to as the 1,85 rule) and consequential suppression applied if required • If there are three or more States or Territories contributing to the cell and two States or Territories contribute more than 90% of the total activities, then the cells need to be to be n.p'd (referred to as the 2,90 rule) and consequential suppression applied if required <p>For State and Territory level data: To maintain confidentiality, reporting unit rules have been applied as per AIHW policy where:</p> <ul style="list-style-type: none"> • If there are fewer than three Hospitals/Providers/Services contributing to the cell then the cell needs to be n.p'd and consequential suppression applied if required • If there are three or more Hospitals/Providers/Services contributing to the cell and one Hospital/Providers/Services contributes more than 85% of the total activities, then the cells need to be to be n.p'd and consequential suppression applied if required • If there are three or more Hospitals/Providers/Services contributing to the cell and two Hospitals/Providers/Services contribute 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
--	------------------------------	-----------------------------	-----------------------------

more than 90% of the total activities, then the cells need to be to be n.p'd and consequential suppression applied if required			
<p>Geography output checks:</p> <p>Minimum geographic area to be released is SA3. Cell attribute checks and Dominance checks still apply for geographic area outputs</p> <p>Note: Estimated denominator populations for geographical units by demographic specifications (e.g., age and sex), must be greater than 1,000. Analysts must ensure compliance of reporting unit rules for each geographical unit being outputted (e.g., State, Remoteness, SA3, etc.). Estimated populations are generally determined using ABS estimated population files.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
<p>Model output checks: Regression coefficients and test statistics model check</p> <ul style="list-style-type: none"> • Minimum 10 degrees of freedom • R-squared ≤ 0.8 (for linear regression models only) <p>For regressions that include any categorical independent variables, check Rule of 10 and Dominance rules for all cells via crosstab of all the categorical independent variables (e.g. var1*var2*var3):</p> <ul style="list-style-type: none"> • Rule of 10: Provide a crosstab of all the categorical independent variables. Each cell must have at least 10 observations. <p>Note: If you do not meet this rule of 10, you need to suppress the intercept or some of the other coefficients of the model.</p> <ul style="list-style-type: none"> • Dominance rules: Each cell in the crosstab needs to be tested for the (1,85 rule) and (2,90 rule) dominance rules (see dominance checks above for more information). <p>Please provide location (URL) where the above checks file had been saved: _____.</p> <p>Note: If you are struggling to meet the criteria above, please contact the NIHSI Data Custodian.</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> NA
Could the output be related to commercial gain	<input type="checkbox"/> Yes	<input type="checkbox"/> No	

<p>Analyst</p> <p>Name</p> <p>Signature</p>	<p>Date</p>
--	--------------------

Attachment 10 (of the NIHSI Governance Protocols)

When signing this form you are agreeing to the conditions listed in the s29 Confidentiality Undertaking.	
---	--