Information Quality Advocates – action and learning progress report.

Authors

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Abstract

Introduction

The objective of this paper is to up-date our work on information quality advocates (IQA) since the last conference. At PCSI Reykjavik 2022, we argued that information/data quality advocates are needed to improve the quality of the data collected and information used for decision-making[1]. The competencies needed to perform this role were discussed by the participants at a pre-conference workshop entitled '*Health care data advocacy: Meeting the skills needs of information quality advocates for the health sector*'.

Since the 2022 Conference we have:

- Reported the results of the conference workshop and a post-conference search for courses[2].
- Designed a course to fill a gap for a such a course. Details of work so far will be included.
- Interviewed a selection of people to obtain a deeper understanding of the skills, knowledge and attitudes needed for the advocacy role.

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Method

A total of 30 interviews were sought with interviewees selected by senior, system-level, contacts known to the authors in Malaysia, Ireland, Saudi Arabia, Fiji, and Australia.

The interviewees were, not restricted to a particular job role or function. Our purpose was to obtain a deeper understanding of the experiences of people who already see the need for, and want to use, good quality data for the health sector. We asked these people to tell their stories and comment on the competencies needed to fulfil the advocacy role.

The interview schedule included mostly open-ended questions. We were especially interested in how they acquired their skills and which parts of their development process contributed the most (and least) to their success.

Results

Interviewee background and workplace function will be described including their career pathways and how they acquired their skills and knowledge.

The results will be compared to the key competencies for an IQA found in previous studies. Of particular interest is their experience in leadership and working with stakeholders. Their input from lived experience will be used to augment the available literature.

How successful were they in engaging 'partner' level stakeholders in on-going collaborative interventions to achieve improved data quality? What were the barriers to stakeholder involvement.

While good governance arrangements could be a facilitator of data quality improvement, other forms of informal partnership action could be effective if the 'team' was well led. Leadership skills are critical, especially for middle or upper-middle management roles. Leading in such contexts is a likely current competence deficit.

Conclusion

Our proposed course will be modified to reflect the experiences of the interviewees especially through the development of realistic (although anonymous) case studies. Creating opportunities within any learning experience for IQAs to teach each other how to resolve very practical barriers to progress is perceived as critical.

Next steps include finalising and offering an online course globally through a community of practice learning approach.

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[1] O'Connor P, Reid B, Ridoutt L, O'Donovan C, Jalaludin B, Marshall R. Moving data collection from a "vicious" cycle to a "virtuous" cycle – a cycle of continuous improvement. 35th PCSI Conference Reykjavik 27-30 September 2022.

[2] Ridoutt, L., Reid, B., & O'Connor, P. (2023). The Competencies Needed by Health Sector Information Quality Advocates. Asia Pacific Journal of Health Management, 18(2). https://doi.org/10.24083/apjhm.v18i2.2671.