**Schedule One**

**Data Participation Agreement**

# Background

This document forms Schedule 1 of the Data Participation Agreement for Aboriginal Community Controlled Health Services participating in Territory Kidney Care. It is expected that participating Health Services will have a good understanding of the background to the initiative and will have kept abreast of developments through communication channels established by the Territory Kidney Care Project Team and TKC Governance Structure. Schedule 1 (this document) should be completed with reference to the Data Participation Agreement Guide, which provides greater detail regarding certain sections.

Schedule One is informed by the comprehensive *TKC Health Service* *Implementation Plan* - a living document that individual health services maintain and update as required.

# Purpose

The purpose of this document is to acknowledge the activities the participant Health Service has completed in preparing to participate in Territory Kidney Care by addressing aspects raised in the TKC Health Service Implementation Plan Implementation planning includes:

1. Health Service preparation
2. Community, patient and staff communication
3. Technical Requirements / Support
4. Integration into current PHC processes
5. Key Resource identification
6. Risk Management
7. Evaluation

# Participation

Participation in Territory Kidney Care for non-government health services is voluntary. Participation is formalised through the Data Participation Agreement which outlines the working relationship between the partners and governs the data security, data management, access and privacy protocols.

# Implementation Check List

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| **Implementation Plan Check list** | **Yes** | **No** |
| Key Health Service decision makers (CEO/Board) are aware of TKC and have agreed to participate |  |  |
| If No Please refer to Implementation Communication Plan |  |  |
| Health service staff (GP, CKD/CD Care coordinators) are familiar with TKC   * They have attended TKC presentations and have had opportunities to ask questions * They have had an opportunity to determine the type of information they receive and how frequently it is sent. * They have identified to where and whom reports will be sent and the people responsible for actioning recommendations. * They know how to contact the CSU or TKC project team if there are questions or issues * They understand the consent model, opt-out and at what point discussions should be had with a patient * Assistance with the development of staff information has been requested and provided. |  |  |
| The Health Service has agreed upon how patients/community will be informed about TKC   * Assistance with development of patient resources (video messages, posters, flyers etc) has been requested and provided |  |  |
| The Health Service has identified key resources (staff and documents) critical to implementation |  |  |
| The Health Service has identified risks to the successful implementation and uptake of TKC outputs into their health service’s business as usual processes   * Mitigation strategies have been determined and implemented |  |  |
| The technical requirements for the implementation of TKC have been met.   * Opt out functionality is available and has been activated * Communicare Version 18.3 has been installed   + If No has a work-around been determined * Manual extraction of initial report has been planned * Ongoing extracts are scheduled * Data transference size limit has been tested |  |  |
| The Health Service has identified some initial Reports for the data validation phase   * Level 2 reports that would value add to current reports available * Audit reports of unlinked patient records for CQI purposes * Level 3 reports for planning and CQI purposes |  |  |
| The Health Service has reviewed the TKC Evaluation Framework and has identified specific objectives and outcomes they want to achieve |  |  |