Supplementary Material

A uniform data set for determining outcomes in allied health primary contact services in Australia

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Table S1. Data definitions of the core metric

Data item	Definition
Global rating of change scale	The global rating of change scale is a patient completed outcome measure that indicates improvement or deterioration of the patient's presenting condition on discharge from the allied health primary contact service. It can be completed on an 11 point (-5 to +5) or 15 point (-7 to +7) scale. The scale is to be completed by the patient at discharge from the allied health primary contact service even if their treatment is incomplete (Discharge Category C).
Patient satisfaction: **How satisfied were you with the service you received from the clinic?** Visual analogue scale. **Would you recommend this service to family/ friends?** Yes; No; Unsure	The patient satisfaction questionnaire is to be completed by the patient at discharge from the allied health primary contact service even if their treatment is incomplete (Discharge Category C). To ensure patient confidentiality and anonymity, patient satisfaction measures are collected separately without any patient identifiable information on the form.
Date referral received (in specialist outpatient department) Day / Month / Year	The date the patient referral was received in the specialist outpatient department.
Date referral received (in allied health service) Day / Month / Year	The date the patient referral was received in the allied health primary contact service. Note, if a patient is directly triaged from the specialist outpatient department waiting list, this is the date the patient was identified as being an appropriate candidate for the allied health primary contact service and was transferred to the allied health primary contact service waiting list.
Date of initial allied health appointment Day / Month / Year	The date the patient attended their initial appointment in the allied health primary contact service. Note, this is not the date the patient was first offered an appointment.
Referral received (in allied health service) directly from a Specialist Outpatient (specialist outpatient department) wait list? Yes/No	The source of the patient's referral must be identified as either received directly from a specialist outpatient department waiting list ('Yes') or from another source ('No'). 'Yes' should be selected if the patient has been referred to a specialist (medical/surgical) outpatient department and is currently on the waiting list for a specialist appointment or has been transferred from the specialist outpatient department waiting list to the allied health primary contact service waiting list. 'No' should be selected if the patient is not from a specialist outpatient waiting list and has a referral to the allied health primary contact service from another source.
If yes, specialist outpatient department wait list: Ear, Nose and Throat; Neurology; Orthopaedics; Neurosurgery; General Surgery; General Medicine; Paediatrics; Vascular; Rehabilitation; Rheumatology; Geriatric Medicine; Diabetes; Urogynaecology; General Gynaecology; Urology; Colorectal; Gastroenterology; General Surgery; Other:_____	The specialist outpatient department waiting list from which the patient was referred must be identified. The appropriate specialist outpatient department waiting list should be selected from the list of wait lists. 'Other' should be selected if the specialist outpatient department waiting list is not specified in the response list.
If no, source of referral: Referred after a medical specialist consultation/s with Ear, Nose and Throat; Neurology; Orthopaedics; Neurosurgery; General Surgery; General Medicine; Paediatrics; Vascular; Rehabilitation; Rheumatology; Geriatric Medicine; Diabetes; Urogynaecology; General gynaecology; Urology; Colorectal; Gastroenterology; General Practitioner; Emergency Department; Other:_____	The alternate source from which the patient was referred must be identified. This includes direct referrals from general practitioners and includes patients referred to the allied health primary contact service after they have attended a specialist outpatient consultation and have been referred to allied health primary contact service by the treating Medical/Surgical Specialist.The appropriate alternative source of referral should be selected from the list of referral sources.
Triage Category (specialist outpatient department) Category 1, 2 or 3	Patient urgency category that was assigned by the triaging officer on receiving the referral in specialist outpatient department.
Diagnosis/clinical comments	The nature and identity of a disease or condition of a patient, determined after assessment and interpretation.
Total number of allied health occasions of service provided: By lead clinician__ By other team members__ Total__	The number of occasions of service provided by the lead clinician, other team members and the total should be completed. The term 'lead clinician' refers to: (a) the allied health practitioner that is formally identified as the 'lead' (e.g., 'physiotherapist clinical lead'), or (b) the allied health practitioner that provided the first contact occasion of service to the patient, or (c) the sole allied health practitioner if there are no other team members. The number of occasions of service provided by 'other team members' refers to occasions of service provided by other allied health primary contact service team members excluding the occasions of service provided by the lead clinician (defined above) and includes other allied health practitioners, multidisciplinary team members and allied health assistants. The total number of occasions of service is the sum of the occasions of service provided by the lead clinician and by other team members.
Referrals for investigations initiated? Yes/No	Investigations initiated or recommended by the allied health primary contact service for any investigation outside of the allied health service. If Yes, tick the types of investigations initiated from the checklist. Use "Other" to record investigations that are not listed. Note. If the recommended investigation is required to be requested by another health practitioner (e.g. general practitioner), select the type of investigation and the type of health practitioner (e.g. general practitioner) below.

Data item	Definition
(If yes) Types of investigations initiated? MRI; CT Scan; X Ray; VFSS; FEES; Stroboscopy; Ultrasound; Urodynamics; Urine M/C/S; Other: _____	If an investigation has been initiated by the allied health primary contact service, as indicated by 'Yes' above, the type of investigation should be selected from the list of responses. 'Other' should be selected if the type of investigation is not specified in the response list.
Other professional referrals initiated? Yes/No	Referrals initiated by the allied health primary contact service for any other professionals or services outside of the allied health primary contact service team. This includes internal and external referrals.
(If yes) Type of referrals initiated? Audiology; Continence Nurse Advisor; General Practitioner; Hearing Aids; Neuromonics; Nutrition and Dietetics; Occupational Therapy; Pharmacy; Physiotherapy; Psychology; Social Work; Speech Pathology; Other:_____	If a referral/s has been initiated by the allied health primary contact service, as indicated by 'Yes' above, the type of referral should be selected from the list of responses. 'Other' should be selected if the type of referral is not specified in the response list.
Discussion with a Medical Consultant during course of allied health management (clinically necessary)? Yes/No	The allied health clinician discussed the patient with a medical specialist from the relevant specialist outpatient department to facilitate improved allied health management of the patient. Note. 'No' should be selected if the discussion took place during a routine case conference prior to the patient's discharge.
Discharge date (from allied health service)	The date the patient was discharged from the allied health primary contact service.
Discharge Category: A. Discharged from allied health clinic (treatment completed) with no medical specialist occasions of service; B. Discharged from allied health clinic (treatment completed) and patient has received (during allied health treatment), or will receive (waitlisted) medical specialist consultation/s; C. Discharged prior to allied health treatment completion.	Category A: The patient was discharged from the allied health primary contact service and either removed from, or not reinstated on, the specialist outpatient department wait list. Category B: The patient completed the recommended course of allied health management and was discharged from the allied health primary contact service. The patient remained on, or was reinstated on the specialist outpatient department wait list for further management with the medical specialist. Category C: The patient did not complete a course of allied health management and was discharged from the allied health primary contact service.
(If Category B is selected), Reason: Patient requested; Clinician initiated; Consultant initiated	Patient requested: The allied health clinician determined the patient had no clinical need to see a medical specialist but the patient requested to remain, or be reinstated, on the specialist outpatient department waitlist. Clinician requested: The allied health clinician determined the patient would benefit from further medical specialist management. If this decision resulted from a discussion with the medical specialist and the decision was mutual, select "clinician initiated". Consultant initiated: The allied health clinician determined the patient would not benefit from further medical specialist management and either: (a) the allied health clinician's decision is over-ridden by the medical specialist, (b) the patient has multiple conditions, one of which is not appropriate for allied health intervention and for which the patient is required to see the medical specialist, (c) the model of care did not allow allied health clinician to independently remove patients from waitlist.
(If Category C is selected), Reason: Did not respond (DNR); Failed to attend (2 x FTA); Patient requested	Did not respond (DNR): The patient did not respond to calls or letters from the allied health primary contact service either initially or during the course of their allied health intervention. Failed to attend (2 x FTA): The patient failed to attend an appointment at the allied health primary contact service more than twice or as per local policy. Patient requested: The patient decided that they did not wish to attend or continue to attend the allied health primary contact service regardless of the reason.
(If Category B or C is selected), Patient remaining on medical specialist waitlist? Yes/No	The patient did not complete a course of allied health management and remained, or was reinstated, on the specialist outpatient department wait list.
(If Category B or C is selected), Earlier medical specialist review facilitated? Yes/No	The allied health clinician recommended escalation, re-categorisation or urgent medical specialist review.
(If yes), Reason: Screening for malignancy; Screening for cord compression; Screening for neurological disease; Significant functional impact; Other :_____	The reason the allied health clinician recommended escalation, re-categorisation or urgent medical specialist appointment.
Adverse event experienced/reported by the patient at any time during their outpatient journey (i.e. from point of outpatient referral until discharge)? Yes/No	An adverse event is defined as "any unfavourable and unintended sign, symptom, or disease temporally associated with the use of a medical treatment or procedure that may or may not be considered related to the medical treatment or procedure" (Common Terminology Criteria for Adverse Events, v4.03, 2010, US Department of Health and Human Services)
(If Yes), Describe event:	Provide a brief description, month and year the adverse event report was submitted.
(If Yes), PRIME incident number (if PRIME reported):	If the adverse event was reported on PRIME, record the PRIME incident number allocated.
Demographics URN; Surname; First initial; Date of birth; Postcode; Sex	URN refers to the permanent identifier that is assigned to the patient and used to uniquely identify the patient and their associated clinical record. Surname: Patient's surname. First initial: Patient's initial of the first name. Date of birth: Patient's date of birth. Postcode: Patient's residential postcode. Sex: Patient sex as indicated by male, female or indeterminate.
Exception Reporting (clinician) Please provide any additional information that may provide valuable insights into any aspect of the AH pathway and model, that may assist future service improvements (e.g. unexpected difficulties or benefits)	Additional information that may provide insights into aspects of the allied health primary contact services and models of care that may assist future service improvement. For example, any unexpected difficulties (e.g., workforce availability/turnover; general practitioner/referrer/medical specialist complaints; difficulties arising with referral and triage processes) or benefits (e.g., general practitioner/ referrer/specialist compliments; time savings; efficient referral and triage processes) encountered by the service.

Table S2. Core metrics fields, validation and mandatory status

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
1	Record ID	Integer	Automated	Automated	Automated
2	Facility Parent	Text	Automated	Automated	Automated
3	Facility Code	Text	Automated	Automated	Automated
4	Facility Name	Text	Automated	Automated	Automated
5	Record Status	Text	Automated	Automated	Automated
6	Created By	Text	Automated	Automated	Automated
7	Created At	Date	Automated	Automated	Automated
8	Modified By	Text	Automated	Automated	Automated
9	Modified At	Date	Automated	Automated	Automated
10	Submitted By	Text	Automated	Automated	Automated
11	Submitted At	Date	Automated	Automated	Automated
12	UR Number	Alphanumeric (allowing numbers including 0) max length 7	Warning alert if duplicate record at time of data entry	TextBox	Mandatory (all patients)
13	Date Of Birth	Date	Date of birth: ≤ Referral Date SOPD; ≤ Referral Date AH; ≤ Initial Appointment Date; ≤ Discharge Date	TextBox	Mandatory (all patients)
14	Postcode	Integer (including 0) of definite length of 4		TextBox	Mandatory (all patients)
15	Surname	Text		TextBox	Mandatory (all patients)
16	First Initial	Text (max length of 1 letter)		TextBox	Mandatory (all patients)
17	Sex	Male, Female, Unknown		RadioButtonList	Mandatory (all patients)
18	Referral received in AH clinic directly from Specialist Outpatient SOPD	Yes, No		RadioButtonList	Mandatory (all patients)

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
18.1	Type of Specialist Outpatient SOPD waitlist	Ear, Nose and Throat (ENT), Neurology, Orthopaedics, Neurosurgery, Urogynaecology, General Gynaecology, Urology, Colorectal, Gastroenterology, General Surgery, General Medicine, Paediatrics, Vascular, Rehabilitation, Rheumatology, Geriatric Medicine, Pain Medicine, Diabetes, Orthopaedic hand and upper limb, Plastic surgery,	Question is required to be completed, if 'Yes' response to Item 18	CheckBoxList (select all that apply)	Mandatory if 'Yes' response selected to Item 18

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
18.2	Type of referral source excluding SOPD waitlist	Ear, Nose and Throat (ENT) (referred after a Medical Specialist Consultation/s), Neurology (referred after a Medical Specialist Consultation/s), Orthopaedics (referred after a Medical Specialist Consultation/s), Neurosurgery (referred after a Medical Specialist Consultation/s), Urogynaecology (referred after a Medical Specialist Consultation/s), General Gynaecology (referred after a Medical Specialist Consultation/s), Urology (referred after a Medical Specialist Consultation/s), Colorectal (referred after a Medical Specialist Consultation/s), Gastroenterology (referred after a Medical Specialist Consultation/s), General Surgery (referred after a Medical Specialist Consultation/s), General Medicine (referred after a Medical Specialist Consultation/s), Paediatrics (referred after a Medical Specialist Consultation/s), Vascular (referred after a Medical Specialist Consultation/s), Rehabilitation (referred after a Medical Specialist Consultation/s), Rheumatology (referred after a Medical Specialist Consultation/s), Geriatric Medicine (referred after a Medical Specialist Consultation/s), Pain Medicine (referred after a Medical Specialist Consultation/s), Diabetes (referred after a Medical Specialist Consultation/s), General Practitioner (GP), Emergency Department (ED), Audiology, Physiotherapy, Orthopaedic Physiotherapy Screening Clinic, Spinal Physiotherapy Screening Clinic, Plastic surgery (referred after a Medical Specialist Consultation/s) Other	Question is required to be completed, if 'No' response to Item 18	CheckBoxList (select all that apply)	Mandatory if 'No' response selected to Item 18
18.1.1	Type of Specialist Outpatient SOPD waitlist Other	Text	Question is required to be completed, if 'Other' response to Item 18.1	TextBox	Mandatory if 'Other' response selected to Item 18.1
18.2.1	Type of referral source excluding SOPD waitlist Other	Text	Question is required to be completed, if 'Other' response to Item 18.2	TextBox	Mandatory if 'Other' response selected to Item 18.2

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
19	Referral Date received SOPD	Date	Referral Date SOPD: ≤ Referral Date AH; ≤ Initial Appointment Date; ≤ Discharge Date; ≥ Date of birth	TextBox	Mandatory if 'Yes' response selected to Item 18. Not required os 'No' response selected to Item 18.
20	Referral Date received AH	Date	Referral Date AH: ≤ Initial Appointment Date; ≤ Discharge Date; ≥ Referral Date SOPD; ≥ Date of birth	TextBox	Mandatory (all patients)
21	Initial Appointment Date	Date	Initial Appointment Date: ≤ Discharge Date; ≥ Referral Date SOPD; ≥ Referral Date AH; ≥ Date of birth	TextBox	Mandatory if ≥1 response selected to Item 31
22	Triage Category	Urgent (1), Semi-Urgent (2), Routine (3)		RadioButtonList	Mandatory (all patients)
23	Diagnosis	Text (max length of 255 characters)		TextBox	Non-mandatory
24	Other professional referrals initiated	Yes, No		RadioButtonList	Mandatory (all patients)

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
24.1	Type of referral	Physiotherapy, Occupational Therapy, Social Work, Audiology, Nutrition and Dietetics, Psychology, Speech Pathology, Pharmacy, Continence Nurse Advisor, General Practitioner, Physiotherapy Vestibular Clinic, Psychology (Internal under Audiology Tinnitus Pathway), Psychology (External), Hearing Aids, Neuromonics, Audiology Asymmetry Pathway, Audiology Tinnitus Pathway, Physiotherapy (musculoskeletal), Ear Nose and Throat (ENT), Neurology, Speech Pathology (Community),	Question is required to be completed, if 'Yes' response to Item 24	CheckBoxList (select all that apply)	Mandatory if 'Yes' response selected to Item 24
24.1.1	Type of referral other	Text	Question is required to be completed, if 'Other' response to Item 24.1	TextBox	Mandatory if 'Other' response selected to Item 24.1
25	Referrals for investigations initiated	Yes, No		RadioButtonList	Mandatory (all patients)

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
25.1	Types of investigations initiated	MRI, CT Scan, X Ray, VFSS, FEES, Stroboscopy, Urine MSC, Ultrasound, Urodynamics, Urine M/C/S, Nerve Conduction studies, Uroflow only, Other	Question is required to be completed, if 'Yes' response to Item 25	CheckBoxList (select all that apply)	Mandatory if 'Yes' response selected to Item 25
25.1.1	Types of investigations initiated other	Text	Question is required to be completed, if 'Other' response to Item 25.1	TextBox	Mandatory if 'Other' response selected to Item 25.1
26	Discussion with Medical consultant during treatment	Yes, No		RadioButtonList	Mandatory (all patients)
27	Global rating of change version	-5 to 5, -7 to 7		RadioButtonList	Mandatory if GROC score is present
27.1	Global rating of change score	Integer (range -7 to +7)		TextBox	Non-mandatory if: (i) ≤ 1 occasion of service, (ii) paediatric service, or (iii) Discharge Category C
28	Discharge date allied health pathway	Date	Discharge Date: ≥ Referral Date AH; ≥ Initial Appointment Date; ≤ Date of data entry	TextBox	Mandatory (all patients)
29	Number of occasions of service provided clinician	Integer (including 0)		TextBox	Mandatory (all patients)
30	Number of occasions of service provided team members	Integer (including 0)		TextBox	Mandatory (all patients)

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
31	Number of occasions of service provided total	Integer (including 0)		TextBox	Mandatory (all patients)
32	Adverse event experienced by patient	Yes, No		RadioButtonList	Mandatory (all patients)
33	Describe adverse event	Text (max length of 255 characters)		TextBox	Mandatory (all patients)
34	Prime incident number	Integer (max length of 9)		TextBox	Mandatory (all patients)
35	Discharge category reason	(A) Discharged from AH clinic (treatment completed) with no Medical Specialist occasions of service (OOS) required, (B) Discharged from AH clinic (treatment completed) and patient has received (during AH treatment) or will receive (waitlisted) Medical Specialist consultation/s (OOS), (C) Discharged prior to AH treatment completion		RadioButtonList	Mandatory (all patients)
35.1	Discharge further Medical Specialist Input required	Patient requested, Clinician requested, Consultant initiated	Question is required to be completed, if discharge category 'B' to Item 35	RadioButtonList	Mandatory if 'Discharge B' response selected to Item 35
35.2	Discharge prior Allied Health treatment reason	DNR, 2x FTA/no attendance, Patient requested	Question is required to be completed, if discharge category 'C' to Item 35	RadioButtonList	Mandatory if 'Discharge C' response selected to Item 35
36	Earlier medical specialist review	Yes, No	Question is required to be completed, if discharge category 'B' or 'C' to Item 35	RadioButtonList	Mandatory if 'Discharge B' or 'Discharge C' response selected to Item 35
36.1	Earlier medical specialist review reason	Screening for malignancy, Screening for cord compression, Screening for neurological disease, Significant Functional Impact, Other	Question is required to be completed, if 'Yes' response to Item 36	RadioButtonList	Mandatory if 'Yes' response selected to Item 36
36.1.1	Earlier medical specialist review reason other	Text (max length of 255 characters)	Question is required to be completed, if 'Other' response to Item 36.1	TextBox	Mandatory if 'Other' response selected to Item 36.1
37	Patient remain medical specialist waitlist	Yes, No	Question is required to be completed, if discharge category 'C' to Item 35	RadioButtonList	Mandatory if 'Discharge C' response selected to Item 35

Number	Field Name	Field responses and field validation rules	Record validation rules	Control Type	Mandatory status
38	Exception Reporting	Text (max length of 255 characters)		TextBox	Non-mandatory