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TRANSPARENCY IN HEALTH ENGAGEMENT PROJECT

DATA USABILITY – INSTRUMENT FOR TRANSPARENCY AND ANTI-CORRUPTION

MARCH 29-30, 2018

Improving Data Usability At ALSAI

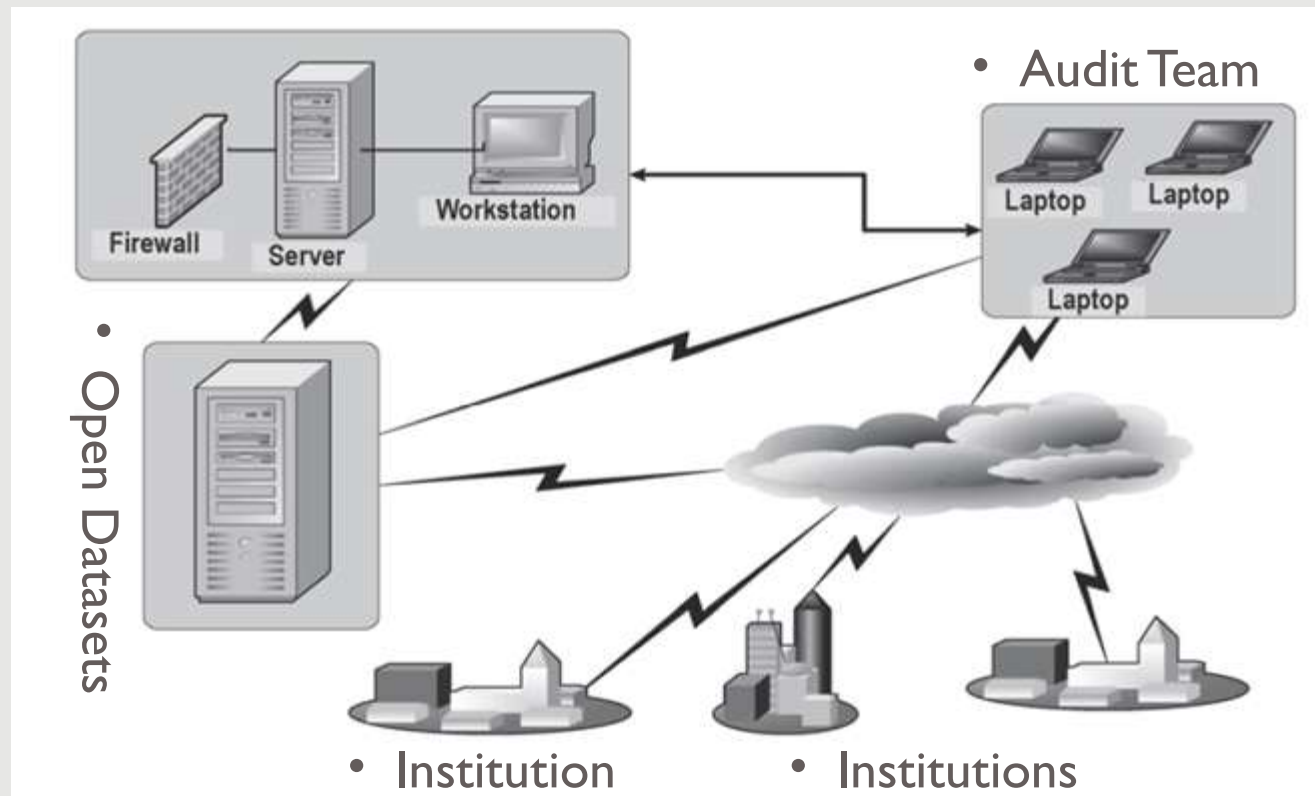
1. Model of Open Data-based Audit
 - General Auditing Architecture based on open data
 - Roles of Supreme Audit Institutions
2. Impact of Data Usability on Health Sector
3. Assessment of ALSAI's current situation
4. Models and Recommendations – thematic focus on healthcare

Model of Open Data Audit

- Significant benefits of auditing based on open data:
 - Abatement of overall costs through re-use
 - Diminishing of audit duration
 - Enhancement of audit effectiveness
 - Obtaining data available for re-use
 - Increasing usability of audit data outputs

General Auditing Architecture

- Generic approach
- IT Infrastructure



Model of Open Data Audit

- Functionality implemented in a generic procedure:
 - 1) Audit team uses IT infrastructure to collect information on the audited
 - i. From sites where datasets of public entities are published as open data
 - 2) Information is obtained as re-usable data
 - 3) Information is analyzed and processed depending on audit objective
 - 4) Audit findings are consolidated
 - i. With the help of data collected from the websites of public institutions involved in the audit or on site

Roles of Supreme Audit Institutions

- 1) Audit the way in which government programs and projects related to opening are implemented
- 2) Use open datasets input data in audit activities
- 3) Increase openness and usability of data in audit outputs (publications, findings, reports, etc.)

Improving Usability of ALSAI's Data

1. Model of Open Data-based Audit

2. Impact of Data Usability on Health Sector

3. Assessment of ALSAI's current situation

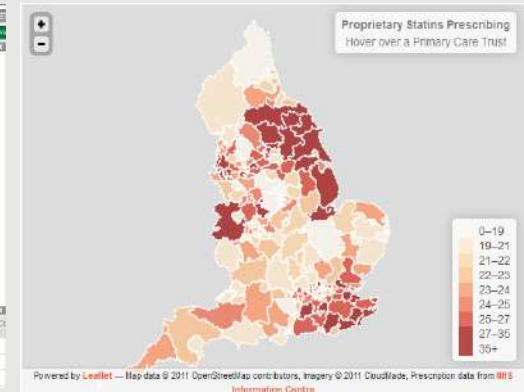
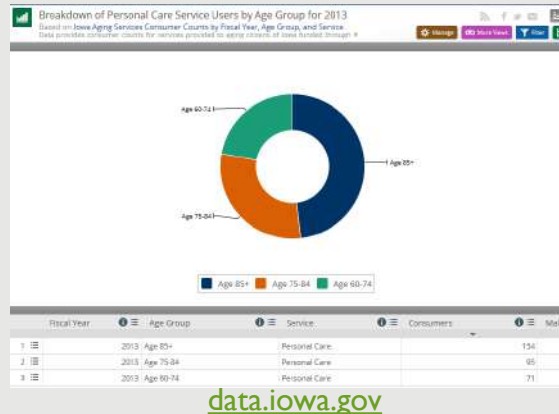
4. Models and Recommendations – thematic focus on healthcare

Data Usability in Health Sector

- Benefits of (re)usable data for health sector:
 - ➔ Empower citizens, help care providers, patients and researchers make better decisions
 - ➔ Spur new innovations
 - ➔ Identify efficiencies
- Opening and structuring health data for usability and computability helps to:
 - ➔ Improve the quality of care
 - ➔ Lower healthcare costs
 - ➔ Facilitate patient choice

Data Usability in Health Sector

- Unlocking information on treatment costs could help cut healthcare costs
 - ➔ Open data can make people more price aware when selecting the care they receive
- Example on health data:
 - ➔ Open Health Care UK
 - ➔ Open Health Data Iowa



www.prescribinganalytics.com

Data Usability in Health Sector

- Highly usable data in healthcare offers a number of potential benefits:
- **Accountability** – use of data to hold healthcare organizations and providers accountable for treatment outcomes
- **Choice** – open data to help patients make informed choices from among the healthcare options available to them
- **Efficiency** – improve the efficiency and cost-effectiveness of delivering healthcare
- **Outcomes** – improve treatment outcomes by using open data to make the results of different treatments, healthcare organization and providers' work more transparent
- **Customer service** – open data to educate patients and their families and make healthcare institutions more responsive
- **Economic growth and innovation** – open data that can help fuel new healthcare companies and initiatives

Data Sharing and User Protection

- Open data should not be confused with ‘data-sharing’
- It holds limited risks in terms of confidentiality and patient data
- Appropriate safeguards should be put into place for the data publication process

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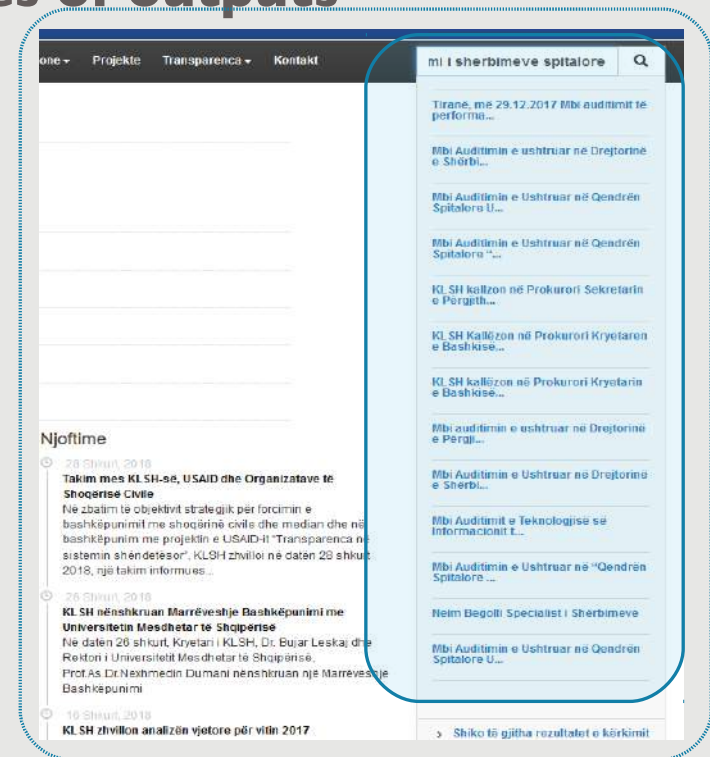
Situation – Data Usability

- **Search limitations**
 - ◆ Keyword based
 - ◆ Same search interface for all types of outputs
 - ◆ Merged search results
 - ◆ Limited information in search results
- Human Readability
- Machine readability/Computability
- Integration of data from different reports



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Rezultatet e kerkimit

Ju kerkuat per "Kostimi i sherbimeve spitalore"

Mbi Auditimin e Ushtruar ne Qendren Spitalore Universitare "Nene Tereza", Tiranë,
Raporti Përfundimtar i Auditimit të ushtruar në Qendrën Spitalore Universitare "Nënë Tereza", Tiranë dhe masat për përmirësimin e
gjasës janë miratuar me Vendimin e Kryetarit të KLSH-së nr. 58, data 13.05.2013.

Mbi Auditimin e ushtruar në Drejtorinë e Shërbimeve Qeveritare
Raporti Përfundimtar i Auditimit të ushtruar në Drejtorinë e Shërbimeve Qeveritare me objekt "Mbi zbatimin e ligjshmërisë dhe
regjistrimit ekonomik-financiar", për periudhën 01.04.2010 deri 30.09.2012 dhe masat për përmirësimin e gjasës, janë
miratuar me Vendimin e Kryetarit të KLSH nr.169, data 31/12/2012. ...

Mbi Auditimin e Ushtruar në Qendrën Spitalore "Nënë Tereza" Tiranë
Kontrolli i Lame te Shëtit, ka përfunduar auditimin në Qendrën Spitalore Universitare, "Nënë Tereza", Tiranë, me objekt: "Auditimi i zbatimit
të ligjshmërisë dhe regjistrimit financiar për vitin 2013". Raporti Përfundimtar i Auditimit të ushtruar me objekt "zbatim i
ligjshmërisë dhe regjistrimit financiar".

Mbi Auditimin e Ushtruar në Qendrën Spitalore Universitare "Nënë Tereza"

Mbi Auditimin e Ushtruar në "Qendrën Spitalore Universitare Nënë Tereza", Tiranë

Tiranë, më 20.12.2017 Mbi auditimin e ushtruar në Qendrën Spitalore "dr. Xhafer Kongoll"
Elbasan

KLSH Kallëzon në Prokurori Kryetaren e Bashkisë Sarandë, ish-Drejtorin e Shërbimeve
Publike, 3 anëtarë të Komisionit të Vlerësimit të Ofertave (KVO) dhe 2 Mbikëqyrës Punimesh
Demi ekonomik 129.4 milion lekë


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Home / Auditime / Raporte Auditimi / viti 2017 / Raporte Auditimi Performance

Raporte Auditimi Performance

- Tiranë, më 31.12.2017 Mbi Auditimin e Performancës “Performanca e Administratës Doganore në vlerësimin doganor të mallrave”
- Tiranë, më 29.12.2017 Mbi auditimit të performancës “Kostimi i shërbimeve spitalore”.**
- Tiranë, më 29.12.2017 Mbi auditimit të performancës “Cilësia e ajrit”.
- Tiranë, më 29.12.2017 Mbi auditimit të performancës, “Unifikimi i pikave doganore të Shqipërisë me Kosovën”.
- Tiranë, më 29.12.2017 Mbi auditimit të performancës “Performanca e menaxhimit të borxhit publik”.
- Tiranë, më 29.12.2017 Mbi Auditimin e Performancës “Performanca e Ministrisë së Arsimit Sportit dhe Rinisë në Zhvillimin e Sportit”
- Tiranë, më 29.12.2017 Mbi auditimin të performancës “Cilësia e godinave të shkollave Parauniversitare”


KONTROLLI I LARTË I SHTETIT
KRYETARI

Adresa: Bulvardi “Dëshmorët e Kombit”, nr. 3, Tiranë; Tel-Fax: 0693067738
E-mail: kishop@kish.org.al; Web-utë: www.kish.org.al

Nr. 637/12 Prot. Tiranë, më 29 / 12 / 2017

V E N D I M

Nr. 204 , Datë 29 / 12 / 2017

P Ë R
EVADIMIN E MATERIALEVE TË AUDITIMIT TË PERFORMANCËS
“KOSTIMI I SHËRBIMEVE SPITALORE”

Në zbatim të planit vjetor 2017, Kontrolli i Lartë i Shtetit, në kuadër të përbushjes së funksionit të tij Kushtetues, zbatimit të Udhëzimeve dhe Standardeve Ndërkombëtare të Auditimit (INTOSAI, EUROSAI etj.), sipas programit të auditimit Nr. 637/6 Prot., dt. 06/10/2017, realizoi auditimin me temë “Kostimi i shërbimeve spitalore”. Subjekt i këtij auditimi janë Ministria e Shëndetësisë dhe Mbrojtjes Sociale; Fondi i Sigurimeve të Detyrueshme të Kujdesit Shëndetësor; Qendra Spitalore Universitare “Nënë Tereza”; Spitali Rajonal Vlorë dhe Spitali Rajonal Shkodër. Faza e terrenit të auditimit nisi në dt. 09.10.2017 me programin e auditimit Nr. 637/6 Prot. dt. 06/10/2017.

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PËRMBLEDHJA E AUDITIMEVE TË USHTRUARA
PËR PERIUdhËN JANAR – PRILL 2017

A SHKELJET ME DËM EKONOMIK TË KONSTATUAR:

A.1 Në sektorin e Tatim - Taksave, në vlerën e përgjithshme prej 233,001 mijë lekë, konstatuar në institucionet:

- Drejtoria Rajonale Tatimore Durrës, në vlerën 77,371 mijë lekë, për mos llogaritje e mos aplikim penalitetesh.
- Drejtoria Rajonale Tatimore Lezhë, në vlerën 63,599 mijë lekë nga të cilat:
 - 43,947 mijë lekë, si pasojë e mos llogaritjes së Tatim Fitimit dhe TVSH-së për 23 subjekte.
 - 7,679 mijë lekë, si pasojë e shmangies së detyrimeve nga 7 subjektet.
 - 7,512 mijë lekë, si pasojë e mos deklarimit të formularit të pagesës së tatimit mbi fitimin.
 - 2,755 mijë lekë, penalitete për mos instalim të pajisjeve fiskale dhe mos lëshim të kuponit tatimor për 23 raste.
 - 740 mijë lekë, si pasojë e mos dorëzimit brenda afatit ligjor të vendimit për miratimin e rezulttit vjetor.
 - 366 mijë lekë, si pasojë e mungesës së deklaratës së pagesës së qerasë për efekt të llogaritjes së tatimit në burim mbi të ardhurat nga qeraja.
 - 350 mijë lekë, diferencë në normën e aplikuar në tatimin mbi dividendin, për zvogëlimin e kapitalit të një shoqërie.
- Bashkia Cërrik, në vlerën 36,322 mijë lekë, për mos pagesë së taksave vendore.
- Bashkia Himarë, në vlerën 35,692 mijë lekë, për mos pagesë së taksave vendore.
- Bashkia Tepelenë, në vlerën 14,220 mijë lekë, për mos pagesë së taksave vendore.
- Bashkia Sarandë, në vlerën 5,797 mijë lekë, për mos pagesë së taksave vendore.

Tabela përmbledhëse e treguesve mbi dëmin në sektorin e Prokurimeve

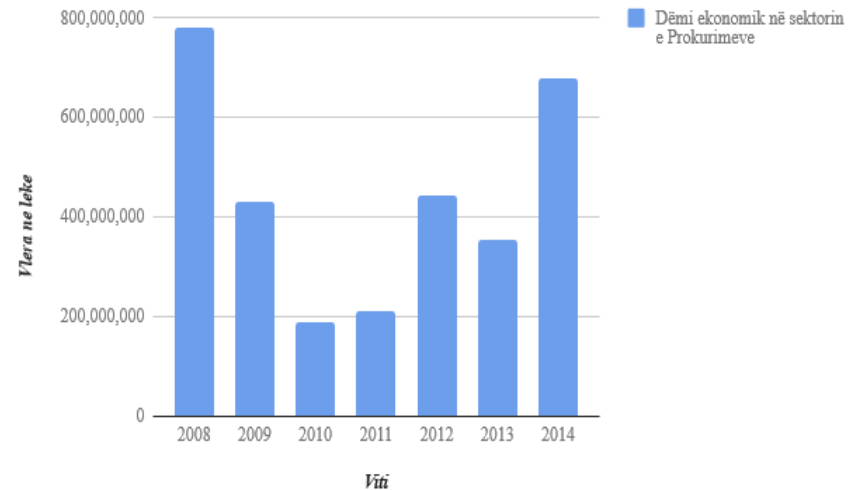
Viti	2008	2009	2010	2011	2012	2013	2014
Dëmi ekonomik në sektorin e prokurimeve (në lekë)	779.815.000	431.017.000	187.573.000	210.324.000	444.573.000	354.099.000	678.118.000
Ndryshimi në % i dëmit në sektorin e prokurimeve	-	-44,73%	-56,48%	12,13%	111,38%	-20,35%	91,51%
Dëmi ekonomik total (në lekë)	4.032.455.000	7.305.656.000	1.613.661.000	7.027.566.000	13.522.392.000	15.089.825.000	11.198.404.000
Buxheti (në lekë)	351.492.000.000	379.863.000.000	362.752.000.000	376.352.000.000	376.241.000.000	394.118.000.000	437.320.000.000
PBB (në lekë)	1.089.300.000.000	1.143.900.000.000	1.239.600.000.000	1.300.600.000.000	1.332.800.000.000	1.350.600.000.000	1.393.500.000.000
Dëmi ekonomik në sektorin e prokurimeve si % ndaj Dëmit ekonomik total	19,34%	5,90%	11,62%	2,99%	3,29%	2,35%	6,06%
Dëmi ekonomik në sektorin e prokurimeve si % ndaj Buxhetit	0,22%	0,11%	0,05%	0,06%	0,12%	0,09%	0,16%
Dëmi ekonomik në sektorin e prokurimeve si % ndaj PBB-së	0,07%	0,04%	0,02%	0,02%	0,03%	0,03%	0,05%

Të dhënat mbi dëmin ekonomik për vitet 2008-2013 janë marrë nga Raporti Vjetor i KLSH për secilin vit përkatës.
Të dhënat mbi dëmin ekonomik për vitet 2014 janë marrë nga Buletini përmbledhës i KLSH, publikuar në vitin 2015
Të dhënat për Shpenzimet Totale të Buxhetit të Shtetit janë marrë në Buletinin Fiskal për 4 –muajorin e fundit për secilin vit.
Të dhënat e PBB-së i referohen VKM nr. 695, datë 31/7/2015 "Për miratimin e kuartrit makroekonomik dhe fiskal të rishikuar për periudhën 2016-2018".

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Dëmi ekonomik në sektorin e Prokurimeve në vitet 2008-2014 (në lekë)



Të dhënat mbi dëmin ekonomik për vitet 2008-2013 janë marrë nga Raporti Vjetor i KLSH për secilin vit përkatës.

Të dhënat mbi dëmin ekonomik për vitet 2014 janë marrë nga buletini përmbljedhës i KLSH, publikuar në vitin 2015.

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State of the Art – Open Data in Auditing

I. Incipient stage and maturity in:

- Open government implementation and
- Open data supply
- Government data supply
- Stage of data infrastructures and data sets

No EU reference approaches or models in Supreme Audit Institutions are identified that:

- Use open datasets as input data in audit activities relating to various domains (finances, health, education, culture, environment, local administration etc.)
- Make publications and output data available in pure open document format

Dascalu, 2016, Audit financiar, XIV, Nr. 1(133)/2016, 115-124

Openness Score - Recap



Unavailable or not openly licensed



Unstructured data (e.g. PDF)



Structured data, but proprietary format (e.g. Excel)



Structured data in open format (e.g. CSV)



Data published in open W3C data standards (e.g. RDF)



Linked Open Data – data URIs and linked to other data

Models in UK

I. National Audit Office of the United Kingdom, NAO-UK

- **Search**
 - **Various facets**
 - **Predefined metadata: sector, topic, department**
 - Annotation and clarity of search results
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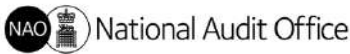


A screenshot of the National Audit Office website search results page. The page is titled 'Find' and 'Health and social care'. It shows search filters for keyword, sector, topic, department, month, and document type. The results list three reports: 'Reducing emergency admissions' (published 2 Mar 2018), 'The adult social care workforce in England' (published 8 Feb 2018), and 'Investigation into clinical correspondence handling in the NHS' (published 2 Feb 2018). A fourth report, 'Sustainability and transformation in the NHS', is partially visible at the bottom. The page includes a search bar, filter dropdowns, and a 'go' button.

Models in UK

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Health and social care

Reducing emergency admissions

Background to the report

NHS England defines an emergency admission to be "when admission is unpredictable and at short notice because of clinical need". Some emergency admissions are clinically appropriate and unavoidable. Others could be avoided by providing alternative forms of urgent care, or by providing appropriate care and support earlier to prevent a person becoming unwell enough to require an emergency admission.

The Department of Health & Social Care sets NHS England's mandate for arranging the provision of health services. The 2017-18 mandate includes an objective for NHS England to achieve a measurable reduction in emergency admission rates by 2020.

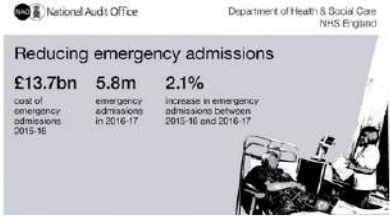
Content and scope of the report

The report examines progress that the Department, NHS England, NHS Improvement and other stakeholders are making in reducing the impact of emergency admissions on acute hospitals. The report takes a whole-system approach, and looks at action across acute, primary, community and social care systems rather than focusing on A&E departments alone. It builds on our 2013 report on *Emergency admissions to hospital: managing the demand* and our 2016 report on *Discharging older patients from hospital*, which also examined the pressures on the whole health and social care system.

Part One sets out trends in emergency admissions;

Part Two explains NHS England's and partners' response to increasing emergency admissions; and

Part Three assesses the challenges in reducing emergency admissions.



Report conclusions

The impact on hospitals of rising emergency admissions poses a serious challenge to both the service and financial position of the NHS. Over the last four years, the NHS has done well to reduce this impact despite admitting more people as emergency admissions, largely by reducing length of stay and growing daycase treatment. However, it cannot know if its approach is achieving enduring results until it understands whether reported increases in readmissions are a sign that some people admitted as an emergency are being discharged too soon.

The NHS also still has too many avoidable admissions and too much unexplained variation. A lot of effort is being made and progress can be seen in some areas, but the challenge of managing emergency admissions is far from being under control.

Related Publications

- [Sustainability and transformation in the NHS](#) (Jan 2018)
- [A Short Guide to the Department of Health and NHS England](#) (Sep 2017)
- [Health and social care integration](#) (Feb 2017)

Related Links

- [Press release](#)

Publication details:

ISBN: 9781786041814 [\[Buy a copy\]](#)
HC: 833, 2017-19
Published date: March 2, 2018

Models in UK

National Audit Office NAO-UK

- Search
 - Various facets
 - Predefined metadata: sector, topic, department
 - Annotation and clarity of search results
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The screenshot shows the National Audit Office website page for the report 'Reducing emergency admissions'. The page includes a header with the NAO logo and title, a navigation bar with social media icons, and a main content area with several sections: 'Downloads', 'Report Images', 'Report conclusions', and 'Publication details'. A large data visualization is also present, showing the cost of emergency admissions and the increase in admissions between 2015-16 and 2016-17.

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Downloads

- Full report - Reducing emergency admissions
- Summary - Reducing emergency admissions
- EPub - Reducing emergency admissions

Report Images

Report conclusions

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Category	2015-16	2016-17	Change
Cost of emergency admissions	£13.7bn	5.8m	2.1%
Increase in emergency admissions	2015-16	2016-17	2015-16 and 2016-17

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Health and social care

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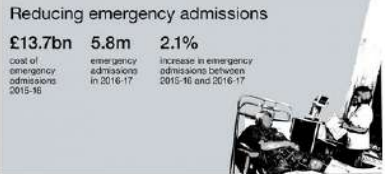
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cost of emergency admissions 2015-16	emergency admissions in 2016-17	increase in emergency admissions between 2015-16 and 2016-17

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Report Images



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 - Predefined metadata: sector, year
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- Integration of data from different sources

Health and social care

Reducing emergency admissions

Background to the report

NHS England defines an emergency admission to be 'when admission is unpredictable and at short notice because of clinical need'. Some emergency admissions are clinically appropriate and unavoidable. Others could be avoided by providing alternative forms of urgent care, or by providing appropriate care and support earlier to prevent a person becoming unwell enough to require an emergency admission.

The Department of Health & Social Care sets NHS England's mandate for arranging the provision of health services. The 2017-18 mandate includes an objective for NHS England to achieve a measurable reduction in emergency admission rates by 2020.

Content and scope of the report

Downloads

Figure 5

Emergency admissions and emergency bed days in England by type of patient 2016-17

Patients aged 65 and over use a greater proportion of emergency bed days

Category	All aged 0-64	Those aged 65 and over with a long stay (2 days or more)	Those aged 65 and over with a short stay (less than 2 days)
Emergency bed days	35	64	1
Emergency admissions	57	27	16

Percentage

- All aged 0-64
- Those aged 65 and over with a long stay (2 days or more)
- Those aged 65 and over with a short stay (less than 2 days)

Notes

- 1 Data exclude some 50,000 admissions and 900,000 bed days which do not have an age recorded.
- 2 2016-17 data are provisional.
- 3 Analysis of emergency bed days is based on data supplied by NHS England and is calculated on the basis of finished discharge episodes which includes bed days for people admitted in a previous financial year.

Source: NHS England's analysis of emergency bed days and National Audit Office analysis of emergency admissions Hospital Episode Statistics

Related Links

Published date: March 2, 2019

Press release

Models in UK

I. National Audit Office of the

- Search
 - Various facets
 - Predefined metadata: sec
 - Annotation and clarity of
- **Human Readability**
- Machine Readability/Comp
- Integration of data from dif

The screenshot shows the National Audit Office (NAO) website page for the report 'Reducing emergency admissions'. At the top left is the NAO logo and name. To the right are social media icons for email, Twitter, LinkedIn, Facebook, and Google+. Below the header is a photograph of a healthcare professional in a white coat talking to an elderly patient in a hospital bed. The main content area includes a 'Downloads' section with links for the full report, summary, and ePub. A 'Report Images' section displays a grid of various charts and maps. Below that is a 'Related Publications' section with three links. At the bottom of the main content is a 'Related Links' section with a 'Press release' link. On the right side of the page, there is a detailed summary of the report, including its background, content and scope, and conclusions. A key statistics box shows a cost of £13.7bn, 5.8m emergency admissions, and a 2.1% increase between 2015-16 and 2016-17. The 'Report conclusions' section states that while the NHS has reduced the impact of emergency admissions, it still has many avoidable admissions and unexplained variation.

Health and social care

Reducing emergency admissions

Background to the report

NHS England defines an emergency admission to be "when admission is unpredictable and at short notice because of clinical need". Some emergency admissions are clinically appropriate and unavoidable. Others could be avoided by providing alternative forms of urgent care, or by providing appropriate care and support earlier to prevent a person becoming unwell enough to require an emergency admission.

The Department of Health & Social Care sets NHS England's mandate for arranging the provision of health services. The 2017-18 mandate includes an objective for NHS England to achieve a measurable reduction in emergency admission rates by 2020.

Content and scope of the report

The report examines progress that the Department, NHS England, NHS Improvement and other stakeholders are making in reducing the impact of emergency admissions on acute hospitals. The report takes a whole-system approach, and looks at action across acute, primary, community and social care systems rather than focusing on A&E departments alone. It builds on our 2013 report on *Emergency admissions to hospital: managing the demand* and our 2016 report on *Discharging older patients from hospital*, which also examined the pressures on the whole health and social care system.

Part One sets out trends in emergency admissions;
Part Two explains NHS England's and partners' response to increasing emergency admissions; and
Part Three assesses the challenges in reducing emergency admissions.

Key Statistics:

£13.7bn	5.8m	2.1%
cost of emergency admissions 2015-16	emergency admissions in 2016-17	increase in emergency admissions between 2015-16 and 2016-17

Report conclusions

The impact on hospitals of rising emergency admissions poses a serious challenge to both the service and financial position of the NHS. Over the last four years, the NHS has done well to reduce this impact despite admitting more people as emergency admissions, largely by reducing length of stay and growing daycase treatment. However, it cannot know if its approach is achieving enduring results until it understands whether reported increases in readmissions are a sign that some people admitted as an emergency are being discharged too soon.

The NHS also still has too many avoidable admissions and too much unexplained variation. A lot of effort is being made and progress can be seen in some areas, but the challenge of managing emergency admissions is far from being under control.

Publication details:

ISBN: 9781786041814 [Buy a copy]
HC: 833, 2017-19
Published date: March 2, 2018



Models in UK

I. National Audit Office of the United Kingdom

- Search
 - Various facets
 - Predefined metadata: sector, topic
 - Annotation and clarity of search results
- Human Readability
- **Machine Readability/Computability**
- Integration of data from different reports

Health and social care

NHS Ambulance Services

Demand for ambulance services continues to grow rapidly, but services are finding it increasingly difficult to cope with demand.

“Ambulance services are a vital part of the health service but much of their ability to work better greatly depends on other parts of the health system. Until clinical commissioning groups see ambulance services as an integral part of that system it is difficult to see how they will become sustainable and secure consistent value for money across the country”

Amyas Morse, head of the National Audit Office, 26 January 2017

Ambulance services are finding it increasingly difficult to cope with rising demand for urgent and emergency services, according to the National Audit Office.

Demand for ambulance services continues to grow rapidly. Contributing factors may include the increasing numbers of elderly patients with multiple conditions, an increasing number of alcohol- and mental health-driven issues, the availability of primary care services in the community and how patients seek help. Between 2009-10 and 2015-16, the number of ambulance calls and NHS 111 transfers increased from 7.9 million to 10.7 million. Increased funding for these services has not matched rising demand, and future settlements are likely to be tougher.

Introducing new models of care, such as resolving calls over the phone by providing advice to callers, has helped but there are signs of stress, including worsening performance against response time targets. In 2015-16, only one ambulance trust met the three response time targets. Today's report, however found a general consensus that commissioners, regulators and providers place too much focus on response times. The majority of patients currently coded as Red 2 do not derive clinical benefit from the arrival of an ambulance within 8 minutes, but the 8-minute target has led to a range of behaviours which undermine efficiency, such as dispatching resources before it has been determined what the problem is, whether an ambulance is required, and dispatching multiple ambulances to the same patient and then standing down the vehicles least likely to arrive first.

Downloads

- Full Report (pdf - 614KB)
- Summary (pdf - 97KB)
- EPUB Version (epub - 2186KB)
- Ambulance-infographic (pdf - 1248KB)
- NAO Podcast on Ambulance Services (mp3/m4a/m4b - 8156KB)
- NAO Podcast on Ambulance Services Transcript (docx - 32KB)
- Press Release

Models in UK



data.gov.uk – opening up government

OPENNESS SCORE (BETA)

- ★★★★★ (10)
- ★★★★☆ (2073)
- ★★★★☆ (242)
- ★★★★☆ (113)
- ★★★★☆ (2075)

Home / Datasets / Camden Health & Wellbeing Ward Profile Locations

Camden Health & Wellbeing Ward Profile Locations

Published by London Borough of Camden. Licensed under **OGL** Open Government Licence.
Openness rating: ★★★★★

This data contains the centroid (central point) of each Camden Ward. When displayed on a map, the centroid can be clicked to reveal the URL to the corresponding Health & Wellbeing Ward profile.

DATA RESOURCES (4)

Download CSV Details Download CSV (4.2 kB)	Download RDF Details Download RDF (16.1 kB)
Download JSON Details Download JSON (24.1 kB)	Download XML Details Download XML (11.6 kB)

ADDITIONAL LINKS (1)

Download HTML Details Link

A screenshot of the data.gov.uk website showing search results for the term "health". The page displays 10 results, including "Camden Health & Wellbeing Ward Profile Locations", "National Statistics Postcode Lookup UK", "National Statistics Postcode Lookup Camden", and "Organogram of Staff Roles & Salaries". The interface includes a search bar, navigation menu, and filters for categories like "Society", "Government", and "Government Spending".

Models in US

Government Accountability Office

- **Search**
- Human Readability
- Machine Readability

The screenshot displays the GAO (U.S. Government Accountability Office) website interface. At the top, there is a search bar with the placeholder text "Keyword or Report #" and a magnifying glass icon. Below the search bar is a navigation menu with the following items: "Reports & Testimonies", "Bid Protests & Appropriations Law", "Key Issues", "About GAO", "Careers", "Multimedia", and "Resources".

The main content area is titled "Reports and Testimonies - Browse by date". Below this title, there is a sub-header "Today's Reports is also available by email". A filter box on the left side, titled "Browse By:", contains the following options: "Date", "Topic", "Agency (Hierarchy)", and "Agency (Alphabetically)". Below this filter box is another section titled "Narrow By Date" with the following options: "< Any Date", "Past Week", "Past Month", "Past 6 Months", "Past Year", and "Custom Date Range".

At the top right of the main content area, there is a sorting and pagination control: "Sort by Date new->old" and "Results per page 10". Below this control, the text "Browsing Publications by Date (1 - 10 of 13 items) in Past Week" is displayed. The first item listed is "Released on March 14, 2018".

The first report entry is titled "Customs and Border Protection: Automated Trade Data System Yields Benefits, but Interagency Management Approach Is Needed" with the URL <https://www.gao.gov/products/GAO-18-271>. Below the title, it states "GAO-18-271: Published: Mar 14, 2018. Publicly Released: Mar 14, 2018." The report summary begins with "Customs and Border Protection coordinates with 22 other agencies to process imports, ensuring that they comply with U.S. laws. In 1994, CBP began developing an information system, the Automated Commercial Environment, to better coordinate and streamline import processing. After delays, most key functions of the system are in use and yielding benefits. But users report problems, such as limits on...". Below the summary, there are two links: "Highlights (PDF, 1 pages)" and "View Report (PDF, 63 pages)".

The second report entry is titled "Department of Energy: Continued Actions Needed to Address Management Challenges" with the URL <https://www.gao.gov/products/GAO-18-438T>. Below the title, it states "GAO-18-438T: Published: Mar 14, 2018. Publicly Released: Mar 14, 2018." The report summary begins with "Agencies dealing with nuclear materials face critical management challenges. The Department of Energy's (DOE) National Nuclear Security Administration (NNSA) manages the nuclear weapons stockpile and supports nonproliferation efforts. DOE addresses contamination at nuclear weapons production sites through its Office of Environmental Management. We testified that: NNSA's plans and budget to modern...". Below the summary, there are two links: "Highlights (PDF, 1 pages)" and "View Report (PDF, 30 pages)".

Models in US

Government Accountability Office

- Search
- Human Readability
- Machine Readability

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On the left side, there are two filter panels. The first panel, "Browse By:", has radio buttons for "Date", "Topic", "Agency (Hierarchy)", and "Agency (Alphabetically)". The second panel, "Narrow By Date", has radio buttons for "< Any Date", "Past Week", "Past Month", "Past 6 Months", "Past Year", and "Custom Date Range".

At the bottom of the page, there is a table of "All Topics" with the following items:


All Topics (54,578)	Human Capital (3,189)
Agriculture and Food (1,570)	Information Management (767)
Auditing and Financial Management (9,721)	Information Security (438)
Budget and Spending (4,952)	Information Technology (1,433)
Business Regulation and Consumer Protection (1,325)	International Affairs (2,857)
Economic Development (3,040)	Justice and Law Enforcement (7,800)
Education (1,508)	National Defense (7,645)
Employment (4,985)	Natural Resources and Environment (3,503)
Energy (2,557)	Retirement Security (1,146)
Equal Opportunity (1,212)	Science and Technology (551)
Financial Markets and Institutions (1,474)	Space (905)
GAO Mission and Operations (564)	Tax Policy and Administration (1,539)
Government Operations (8,567)	Telecommunications (738)
Health Care (5,004)	Transportation (3,331)
Homeland Security (1,689)	Veterans (1,262)
Housing (1,253)	Worker and Family Assistance (1,690)

Models in US

Government Accountability Office

- Search
- **Human Readability**
- Machine Readability

CUSTOMS AND BORDER PROTECTION:
Automated Trade Data System Yields Benefits, but Interagency Management Approach Is Needed
GAO-18-271 | Published: Mar 14, 2018 | Publicly Released: Mar 14, 2018



[FAST FACTS](#) | [HIGHLIGHTS](#) | [RECOMMENDATIONS](#) | [VIEW REPORT \(PDF, 63 PAGES\)](#)  [Share This](#)

Customs and Border Protection coordinates with 22 other agencies to process imports, ensuring that they comply with U.S. laws. In 1994, CBP began developing an information system, the Automated Commercial Environment, to better coordinate and streamline import processing.

After delays, most key functions of the system are in use and yielding benefits. But users report problems, such as limits on messaging and file size, that can make it difficult to work within the system.

We recommended that CBP, with other agencies, finalize a plan to improve and maintain the system.


Additional Materials:

-  [Highlights Page:](#)
(PDF, 1 page)
-  [Full Report:](#)
(PDF, 63 pages)

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Office of Public Affairs
(202) 512-4800
youngt1@gao.gov



Source: PhotoDisc | GAO-18-271

Models in US

Government Accountability Office

- Search
- **Human Readability**
- Machine Readability

HEALTH CARE FUNDING:

Federal Obligations to and Expenditures by Selected Organizations Involved in Health-Related Activities, Fiscal

GAO-18-204R: Published: Mar 6, 2018. Publicly Released: Mar 8, 2018.

FAST FACTS SUMMARY VIEW REPORT (PDF, 65 PAGES)

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What GAO Found

From fiscal years 2013 through 2015, federal agencies reported obligating about \$26.5 billion to federally qualified health centers (FQHC), International Planned Parenthood Federation (IPPF), Marie Stopes International (MSI), and Planned Parenthood Federation of America (PPFA), including these organizations' affiliates and member associations. (For the purposes of this report, GAO discusses FQHCs collectively as one "organization.") These organizations provide a range of health care services, including preventive care, reproductive health, and diagnostics. The Department of Health and Human Services (HHS) and the U.S. Agency for International Development (USAID) were the primary federal agencies that obligated funding to the four organizations. HHS obligated about \$19.6 billion, mostly to FQHCs, though HHS also obligated funds to IPPF and PPFA. USAID obligated about \$76 million to IPPF and MSI. (See table 1.)

Additional Materials:

Full Report:
(PDF, 65 pages)

Accessible Version:
(PDF, 61 pages)

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(202) 512-4800
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Table 1: Reported Federal Obligations to the Four Organizations, Fiscal Years 2013 through 2015

Dollars in millions				
Federal agency	2013	2014	2015	Total
Department of Health and Human Services (HHS)				
Federally qualified health centers	5,687.69	6,289.14	7,514.91	19,491.74
International Planned Parenthood Federation	0.72	0.73	0.76	2.21
Marie Stopes International	0.00	0.00	30.00	0.00
Planned Parenthood Federation of America	28.86	29.70	31.13	89.69
Total HHS	5,717.27	6,319.57	7,546.79	19,583.64
U.S. Agency for International Development (USAID)				
Federally qualified health centers	0.00	0.00	0.00	0.00
International Planned Parenthood Federation	2.49	3.78	5.32	11.59
Marie Stopes International	8.18	34.17	21.58	63.93
Planned Parenthood Federation of America	0.00	0.00	0.00	0.00
Total USAID	10.67	37.94	26.91	75.52
Total (HHS and USAID)	5,727.94	6,357.52	7,573.70	19,659.16
Other federal agencies	2,179.34	2,308.24	2,398.27	6,885.86
Total (HHS, USAID, and other federal agencies)	7,907.28	8,665.76	9,991.97	26,545.01


Source: GAO analysis of HHS, USAID, and USA Spending gov data. | GAO-18-204R

Models in US

Government Accountability Office

- Search
- **Human Readability**
- Machine Readability

CUSTOMS AND BORDER PROTECTION:
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Automated Trade Data System Yields Benefits, but Interagency Management Approach Is Needed
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MAR 7, 2018

 **COAST GUARD:**
Actions Needed to Improve Data Quality and Transparency for Reporting on Mission Performance and Capital Planning
GAO-18-408T | Published: Mar 7, 2018. Publicly Released: Mar 7, 2018.

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Models in US

Government Accountability Office

- Search
- Human Readability
- **Machine Readability**

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(PDF, 1 page)
-  [Full Report:](#)
(PDF, 63 pages)

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Source: PhotoDisc. | GAO-18-271



Models in US

data.gov – opening up government

HEALTH – DATA CATALOG

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Order by: Popular

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Organizations: U.S. Department of Health & Human Services

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U.S. Chronic Disease Indicators (CDI) [1,202 recent views](#)

U.S. Department of Health & Human Services – CDC's Division of Population Health provides cross-cutting set of 124 indicators that were developed by consensus and that allows states and territories and large...

CSV RDF JSON XML

Nutrition, Physical Activity, and Obesity - Behavioral Risk Factor Surveillance System [759 recent views](#)

U.S. Department of Health & Human Services – This dataset includes data on adult's diet, physical activity, and weight status from Behavioral Risk Factor Surveillance System. This data is used for DNPAC's Data...

CSV RDF JSON XML

NCHS - Leading Causes of Death: United States [586 recent views](#)

U.S. Department of Health & Human Services – This dataset presents the age-adjusted death rates for the 10 leading causes of death in the United States beginning in 1999. Data are based on information from all...

CSV RDF JSON XML

National Survey on Drug Use and Health (NSDUH-2015) [513 recent views](#)

U.S. Department of Health & Human Services – The National Survey on Drug Use and Health (NSDUH) series (formerly titled National Household Survey on Drug Abuse) primarily measures the prevalence and correlates...

Climate (32)

AAPI (6)

Finance (5)

Opportunity (3)

Topic Categories

Human Health (32)

Asian (5)



Models in US

Best model of data usability in Audits:

Auditor of State (AoS) in Iowa

- Search
- Human Readability
- Machine Readability
- Visualization
- API

The screenshot displays the 'data.iowa.gov' website interface. At the top, there is a search bar and a navigation menu with links for Home, Catalog, Video Guides, Developer Resources, Iowa Checkbook, and Data Resources. The main content area is titled 'Audit Reports' with a 'Government' filter. A modal window titled 'Download Audit Reports' is open, providing options to download the data in CSV or CSV for Excel formats. Below these, there are links for 'Additional Formats' including 'CSV for Excel (Europe)', 'TSV for Excel', 'RDF', 'XML', and 'RSS'. The background page shows the dataset's metadata, including the update date of February 23, 2018, and a 'Contact Dataset Owner' button.

Models in US

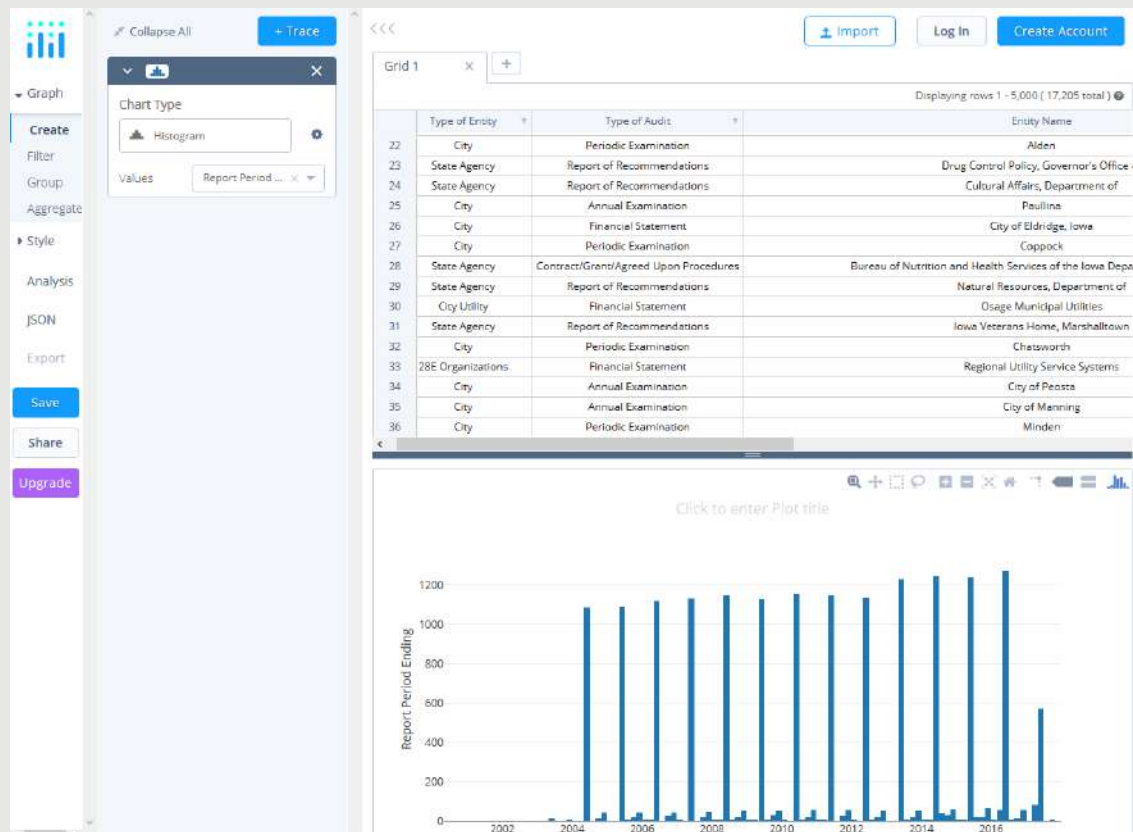
Auditor of State (AoS) in Iowa

- Search
- Human Readability
- Machine Readability
- Visualization
- API



High Openness Score

High Data Usability Score



Unlocking Knowledge – Empowering Action

To unlock the power of data, just making data open is not enough. It's critical to make data easier to find and use – to provide information and tools that make data accessible and actionable for all users.



DATA



KNOWLEDGE



ACTION

Hands-on Session No. 2

Practical exercise to apply standards for increasing usability of a specific health-related audit report.