

DATA QUALITY: THE 5 W's!

Jerrie McLin, RHIA, CPC
June 3, 2023

AGENDA

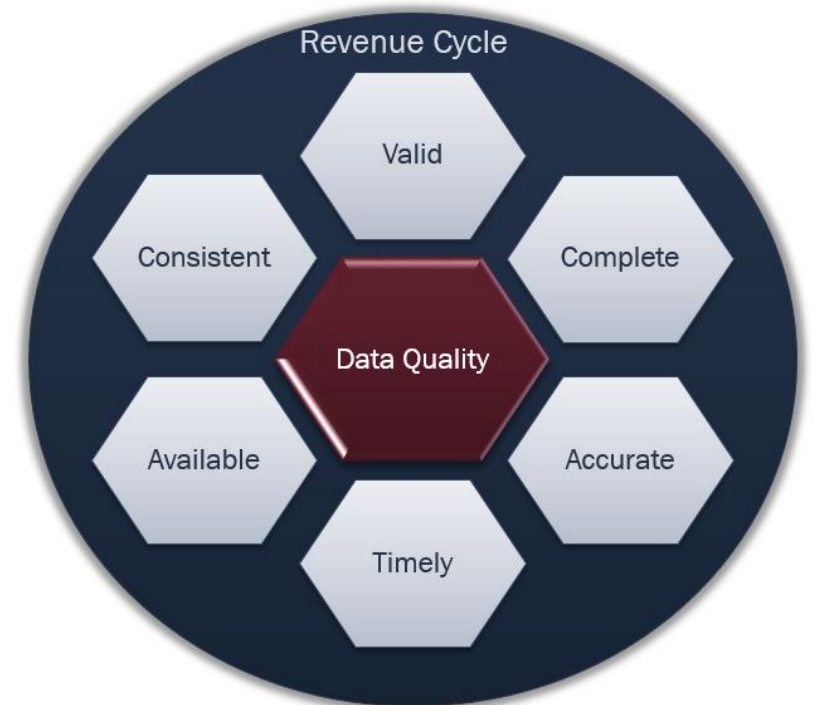
- What is Data Quality?
- Why is it Important?
- Why does it matter?
- Who is responsible?
- When there is an issue?
- How do we improve?
- Benefits of Data Quality Reporting
- What do Data Quality metrics tell us?
- How does HIM education benefit DQ?
- What makes a great Data Quality Manager?
- Digital Healthcare in a Post-Pandemic World
- Questions

WHAT IS DATA QUALITY?

- Data quality management is defined as the business processes that ensure the integrity of an organization's data during collection, application (including aggregation), warehousing, and analysis.
- Focus is to identify weaknesses in current processes to ensure correct reporting of financial and clinical workload data.
- The quality of clinical data should be constantly assessed and reassessed in an iterative fashion to ensure that appropriate levels of quality are sustained in an acceptable and transparent manner.
- **Data integrity is accomplished when the information entered reflects the truth!**

WHAT IS DATA QUALITY?

- Accuracy
 - Is the data a true reflection of services rendered?
- Timeliness
 - Are necessary task being completed timely?
- Completeness
 - Is there data missing or unaccounted for?
- Consistency
 - Can similar services/locations be compared?
- Availability
 - How current is the data and is it accessible to end-users?
- Valid
 - Is the data pull correct for the services provided?



WHY IS IT IMPORTANT?

- Monitor efficiency of the healthcare system
- Reimbursement of healthcare services
- Enable the Leadership to make informed decisions
- Staffing Decisions
- Hospital Performance/Business Plans
- Provider, Clinic and Hospital Workload Productivity
- Availability of Services to Patients
- Public Health Reporting
- Clinical Research Studies
- Patient Safety!
- Decisions impact the lives of beneficiaries

WHY DOES IT MATTER?

- **Appointments**
 - Availability of Appointments
 - Provider Scheduling
- **Admission/Discharge Dates**
 - Length of Stay
 - Coding and Reimbursement
 - DRG Facility Funding
- **Clinical Documentation**
 - Continuity of Care
 - Medical Coding for Reimbursement of Services
 - EHR – Efficiency of Usage
- **Workload Data**
 - The main function of workload data to provide a basis to allocate expenses among work centers.
- **Provider Certification**
 - Graduate Medical Education Programs
 - Provider Benchmarking & Performance
 - Provider Certifications
- **System Interface and Transmissions**
 - Availability of Data
 - Accountability

Front Desk Clerks

Accountable for
patient check-in

Providers

Legality of Record
and Continuity of
Care

Data Analysts

Monitoring and
Reporting

Clinic Managers

Appointment type
availability

Coders

Accuracy & Timely
Coding

Informatics

System Updates

Billing Office

Timely billing and
denial processes

EVERYONE!

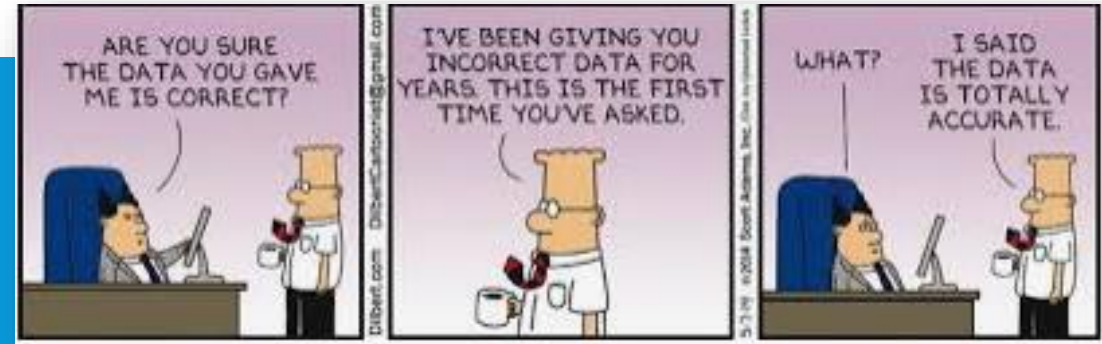
Quality Assurance
Checks

WHO'S RESPONSIBLE?

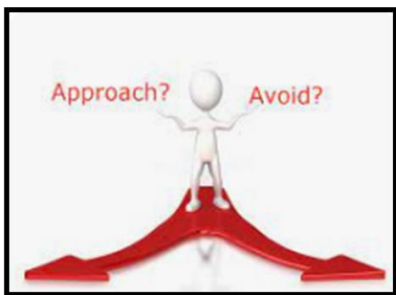


WHEN THERE IS AN ISSUE?

- **Accept it!**
- **Acknowledge it!**
- **Perform some root cause analysis.**
- **Perform deep dive into the data.**
- **Compare to similar providers types, services or facilities.**
- **Discuss and report it.**
- **Support efforts of correction.**
- **Track it and monitor for improvement.**



HOW DO WE IMPROVE?



- **Utilize Data Quality Manager as SME**
- **Establish a Data Quality Team**
 - Regular meetings with a multi-disciplinary functional team.
 - Hospital Leadership
 - Patient Administration
 - Coding
 - Billing
 - Clinic Management
 - Clinical Providers
 - **Monitoring and Surveillance**
 - **Quality Assurance Checks**
 - **Standardize Business Rules, Policies, Workflows and Processes**
 - **Training and Education to End-Users**

BENEFITS OF DQ REPORTING?

Data Quality Metric Reporting

Data quality assessments are executed to determine the current status of the clinical data and whether it is improving, stable, or getting worse

Data quality metrics are established which provide an aggregate score for the overall quality of the data and provide organizations with a percentage to represent the accuracy, timeliness and completeness of their data.

Question	Description	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16
1a	Clinics complied with EOD	93%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
2a	OP encounters coded within 3 business days	93%	94%	94%	92%	97%	100%	100%	92%	93%	92%	92%	72%
2b	APV encounters coded within 15 days	98%	95%	99%	97%	92%	100%	100%	99%	100%	100%	100%	99%
2c	IP records coded within 30 day of discharge	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
3a	IP records coded within 30 day of discharge transmission	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3b	MENAC's document reviewed/explanations for anomalies	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3c	Percentage of submitted timecards approved by the suspense date?	0%	0%	0%	98%	98%	100%	100%	98%	98%	100%	93%	98%
4a	MPRSEAS timely submission	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4b	SIDRCHC-5 timely submission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
4c	CAPER timely submission	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
4d	DOWDR timely submission	100%	97%	97%	97%	97%	97%	97%	97%	100%	100%	100%	97%
5a	IP record DRG codes correct	100%	93%	100%	97%	98%	98%	94%	100%	100%	100%	100%	100%
5b	IPSR EM codes correct	100%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5c	IPSR ICD-9 codes correct	93%	91%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
5d	IPSR CPT codes correct	92%	88%	91%	88%	91%	82%	84%	89%	90%	89%	89%	84%
6a	OP documentation available for audit	99%	96%	99%	96%	99%	99%	97%	95%	97%	95%	100%	100%
6b	OP ICD-910 codes correct	99%	96%	99%	99%	99%	97%	95%	97%	99%	100%	100%	100%
6c	OP EM codes correct	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
6d	OP ICD-910 codes correct	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
7a	APV CPT codes correct	97%	99%	100%	100%	99%	100%	97%	97%	99%	99%	98%	95%
7b	APV ICD-9 codes correct	100%	90%	99%	100%	97%	99%	99%	100%	99%	94%	94%	97%
7c	APV CPT codes correct	97%	91%	97%	100%	100%	100%	100%	100%	100%	100%	100%	100%
7d	APV ICD-9 codes correct	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8a	IP 2569s are available and correct in CHCS	100%	98%	92%	94%	92%	92%	99%	95%	95%	94%	92%	92%
8b	OP 2569s are available and correct in CHCS	94%	94%	90%	89%	79%	100%	100%	100%	100%	100%	100%	100%
8c	OP 2569s are available and correct in CHCS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8d	APV 2569s are available and correct in CHCS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
8e	APV 2569s are available and correct in CHCS	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
9a	SCAPER (counting)	0%	95%	99%	100%	92%	94%	94%	92%	94%	94%	93%	93%
9b	MEMPHIS EAS Discharge/IDRs	76%	74%	72%	72%	72%	72%	72%	72%	72%	72%	72%	72%
9c	MEMPHIS EAS Kept Appts	2	2	2	2	2	2	2	2	2	2	2	2
9d	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9e	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9f	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9g	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9h	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9i	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9j	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9k	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9l	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9m	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9n	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9o	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9p	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9q	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9r	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9s	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9t	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9u	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9v	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9w	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9x	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9y	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
9z	MEMPHIS EAS Kept Appts	1	1	1	1	1	1	1	1	1	1	1	1
10	# Potential duplicate records at EGM	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
11a	DQ OP Coding Errors Corrected - Gender Conflicts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
11b	DQ OP Coding Errors Corrected - Age Conflicts	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
11c	DQ OP Coding Errors Corrected - IP	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

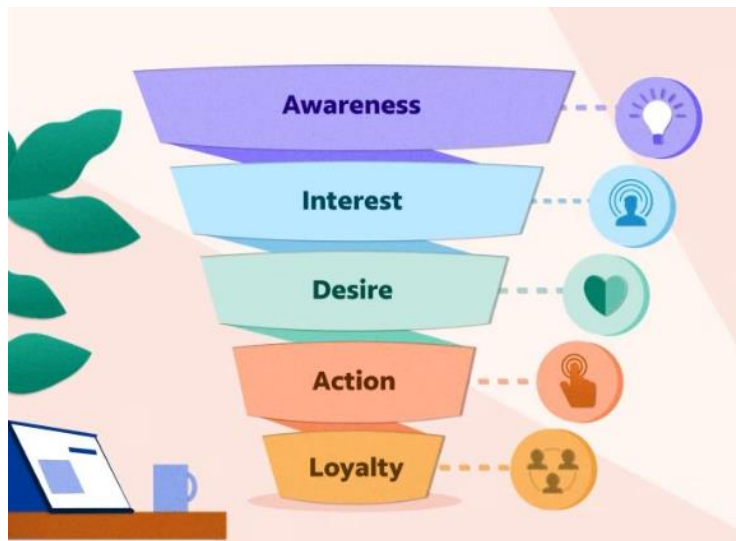
- Appointment Close-Out
- Medical Coding Audits
- Medical Coding Timeliness
- Medical Record Close-out
- Ambulatory Procedure Completion
- Anesthesia Capture
- Timecard Completion
- Inpatient Rounds Completion for every Bed Day

WHAT DQ METRICS TELL US?

- **Accuracy**
 - Do the coders need additional training?
 - Are there inappropriate practices occurring?
 - Are Urgent Care encounters coded with Emergency E&M codes?
- **Timeliness**
 - Are inpatient records getting coded within 30 days from discharge?
 - Are insurance claims getting denied for timeliness?
 - Is provider documentation getting signed on the date of service?
- **Completeness**
 - Are all services getting coded?
 - Is there an inpatient professional round coded for every bed day?
 - Is there documentation signed by the provider available for every patient seen?



HOW DOES HIM EDUCATION BENEFIT DQ?



- **Understanding of hospital statistics**
 - Bed Days; Length of Stay
 - DRG; Case Mix Index
- **Knowledge of Medical Coding Practice**
 - Medical Necessity
 - NCCI Edits; Bundling
- **Claims Billing Requirements**
 - Revenue Cycle Management
 - Electronic Claims Submission
- **Healthcare Law**
 - Information Security
 - Healthcare Compliance
- **Informatics**
 - System Interface
- **Data Analytics and Reporting**
 - Health Data Structure
- **Leadership Skills**
- **Critical Thinking**

QUESTIONS DATA QUALITY MANAGERS ASK?



- WHO DID THIS?
- WHAT HAPPENED?
- WHEN DID THIS OCCUR?
- WHERE DID THIS HAPPEN?
- WHY IS THIS HAPPENING?

- HOW DO I HELP?

DIGITAL HEALTHCARE IN A POST-PANDEMIC WORLD

- Medical Coding for COVID
 - Ensuring all COVID tests captured appropriately
 - Place of care implications as testing performed in tents and parking lots
 - COVID vaccinations reported for the correct vendor and lot number
- Virtual health visits became the norm
 - Is the services and claim reflective of the virtual or telehealth service provided?
 - Was the patient seen in person or was this a virtual visit?
- Remote Positions for administrative positions increased availability of jobs.
- Training availability increased to provide additional opportunities for advancement.

QUESTIONS

