






# DATA QUALITY CHECKLIST

Use this checklist to improve data collection processes and overall data quality in your facility.




## 1. Develop Clinical Team

- [Organize a Quality Improvement Team](#) 
  - Identify a physician and nurse champion dyad ([Characteristics of Clinical Champions](#)) 
  - Include medical, administrative and technical expertise (i.e. cath lab director/manager, data abstractor, CV leadership, quality/safety leads, cath lab staff, nursing, pharmacy, IT, etc.)
  - Meet at least monthly with an [agenda](#) 
    - Define and state clear goals ([SMART Goal Worksheet](#)) 
    - Review NCDR data monthly (minimum standard)
    - Oversee review of data capture process




## 2. Review Current Data Capture Process

- Review:
  - [NCDR registry data dictionary\(ies\)](#) to educate staff on data definitions
  - Access to data (physical charts, EMR records, etc.)
  - Location of all necessary data points within charts
  - Completeness of reports
  - Possible deficiencies or inaccuracies in the data
- Consider:
  - Listing all staff positions that touch data
  - Discussing all points of collection with appropriate staff
  - Developing a Standard of Practice to document required procedures for data collection process
  - Creating a process map or [flow chart](#) 
  - Ensuring that 100 percent of applicable patient population is submitted to registry




## 3. Identify the Problem(s)

- Pinpoint two-three specific problem areas in the data collection process:
  - [Find a problem to improve](#) 
  - [Clarify the problem](#) 
    - What is the issue? What is the impact of the issue? (on clinical staff, physicians, etc.)
    - Why is it important to fix the problem?
    - Who does the problem affect? (i.e. abstractors, clinical team, etc.)
    - When does it need to be fixed? (timeline)
  - [Understand the problem](#) 
    - What will happen when this problem is fixed? What will happen if problem is not fixed?
    - When in the process does this issue occur? (abstraction, data entry, etc.)


## 4. Brainstorm With Clinical Team

- Use ACC tools – QI Toolkit
  - [Brainstorming](#) 
  - [Dot voting](#) 
  - [Prioritization matrix](#) 
- Consider:
  - Addition of “hard stops” for critical data entry points
  - Development of a feedback loop for data validation

## 5. Use Tools to Implement Solutions

- [Plan – How to implement](#) 
- [Do – Implement the plan](#) 
- Reassess frequently to ensure continued accuracy of data collection ([Study the results](#)) 
- Create mechanism for measuring tool utilization (i.e. performance dashboard/scorecard)
- Develop educational tools, if necessary
- Review findings with physicians

## 6. Evaluate Effectiveness of Review Process

- Begin tracking results as soon as tools are implemented
- [Act – Continue or change](#) 
  - Measure against goal statement
  - Compare pre-implementation performance to post-implementation performance
  - Modify plan if desired results are not achieved