DATA QUALITY
CHECKLIST

Clinical Toolkits™

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

Part of Quality Improvement for Institutions™