Reconciling and Acknowledging Data

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Early health. Lifelong health.

Début en santé. Longue vie en santé.

February 2014

Objectives

- Importance of data quality

- Define reconciliation, review processes & discuss troubleshooting

- Identify tools to help with reconciliation

- Define Acknowledgement Process

- Review End-of-Year Expectations
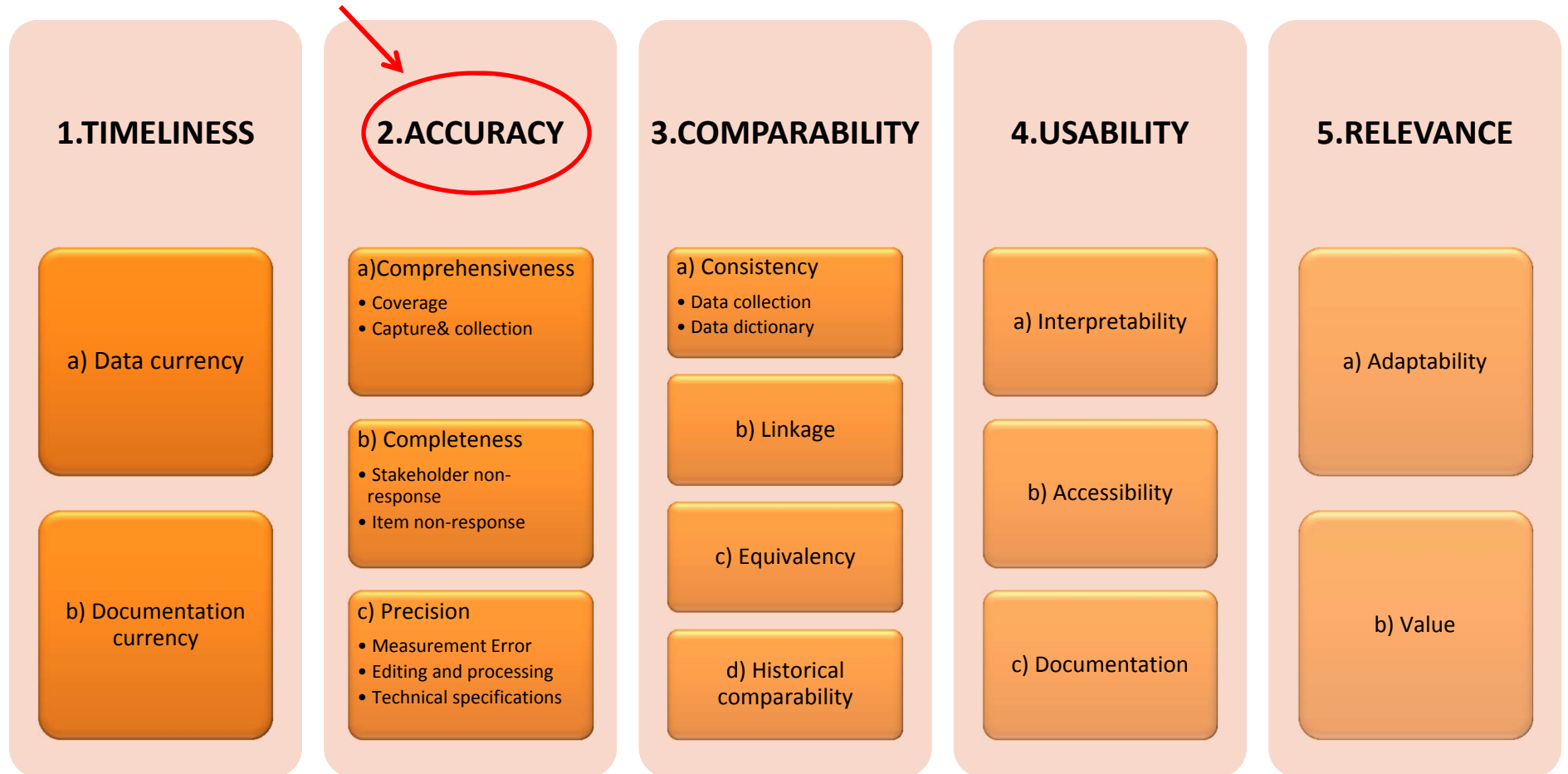
- Share strategies – hear from your peers

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What You Don't Want…

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Data Quality Framework

1.TIMELINESS	2.ACCURACY	3.COMPARABILITY	4.USABILITY	5.RELEVANCE
a) Data currency	a) Comprehensiveness • Coverage • Capture& collection	a) Consistency • Data collection • Data dictionary	a) Interpretability	a) Adaptability
b) Documentation currency	b) Completeness • Stakeholder non-response • Item non-response	b) Linkage	b) Accessibility	b) Value
	c) Precision • Measurement Error • Editing and processing • Technical specifications	c) Equivalency	c) Documentation	
		d) Historical comparability		

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Who Uses the Data?

- ✓ **Hospitals & Care Providers**
  - Midwives and physicians
  - Directors, program managers, educators
  - Decision support/health informatics team
- ✓ **Government & Policy Developers**
  - Ministry of Health
  - Health Quality Ontario
  - Provincial Council for Maternal & Child Health (PCMCH)

- ✓ **LHINs**
- ✓ **Researchers**
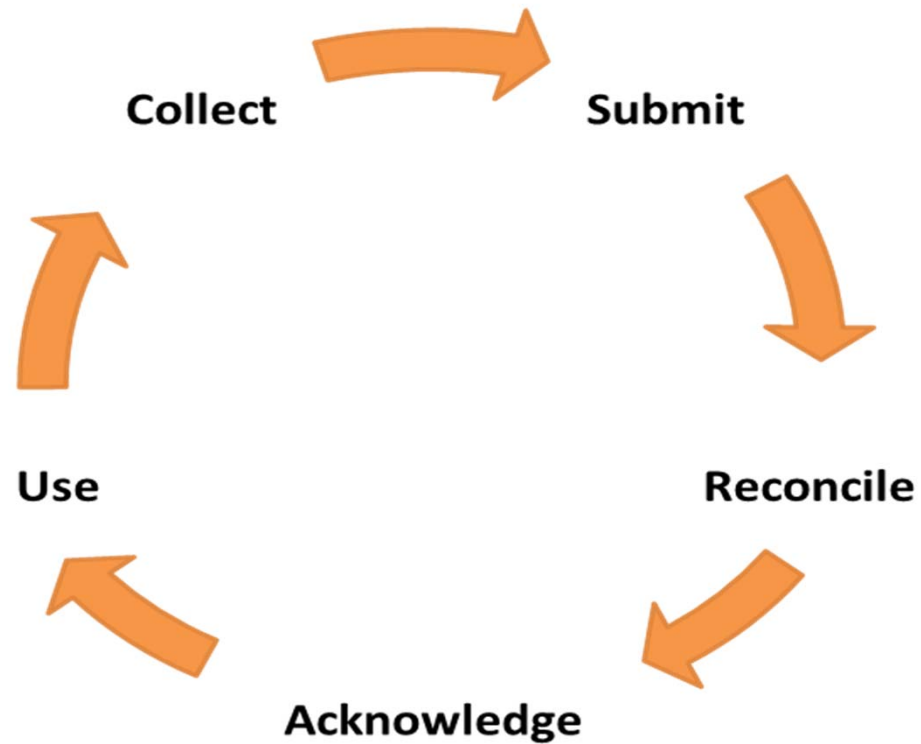- ✓ **BORN Central**
- ✓ **Individuals**
- ✓ **Public Health Units**
- ✓ **Professional Associations & Special Interest Groups**
  - Society of Obstetricians & Gynecologists
  - Association of Ontario Midwives

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What is the Data Used for?

- Generating perinatal and neonatal reports

- Reflective practice

- Performance measurement

- Best Practice

- Continuous quality improvement initiatives

- Policy development

- Evidence-based decision making

- Supporting public health programming

- Informing research questions

- Examining health services issues

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Data Quality Management

The diagram shows a circular cycle: Collect → Submit → Reconcile → Acknowledge → Use → (back to Collect)

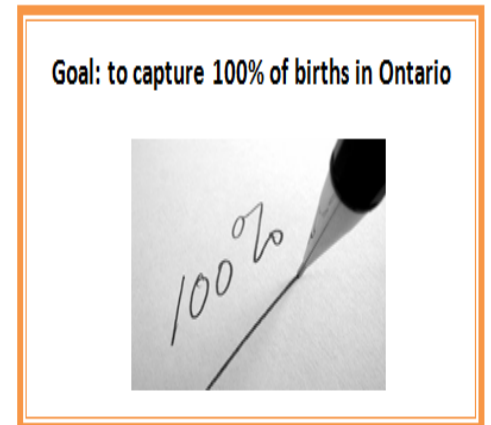**born:** Better Outcomes Registry & Network

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What is Reconciliation?

Reconciliation refers to comparing two sets of records to make sure they are in agreement.

For MPG's, the *List of Courses of Care* is the reconciliation report.

By comparing numbers in the BORN Information System (BIS) with a second data source, you can confirm the accuracy of the information. For example:

- # of live births
- # of stillbirths
- # of NICU admissions

Goal: to capture 100% of births in Ontario

100%

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BORN Tools for Reconciliation

Tool	Description	Where is it found?
Maternal Newborn Reconciliation Report	Includes maternal admissions, dispositions, births and neonatal transfers/discharges	Go to 'Data Quality Reports'
NICU Reconciliation Report	Includes NICU/SCN admissions and discharges	Go to 'Data Quality Reports'
Incomplete Reports (Maternal & Infant & NICU)	Includes draft encounters, missing encounters, disposition discrepancies, missing admission dates etc.	Go to 'Data Quality Reports'

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Reconciliation Report

- The reconciliation report was built to meet the needs of different users in different settings

- One hospital may focus on reconciling live and stillbirths whereas another may be at a point where they are also reconciling maternal admissions and discharges

- **At a minimum, all hospitals must reconcile:**
  - ✓ **Live births**
  - ✓ **Stillbirths**
  - ✓ **NICU/SCN admissions**

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Basic Steps for Reconciliation

1. Go to the Reconciliation Report (Maternal Newborn or NICU) in the BIS and find the # of births or # of NICU admissions for a defined period (daily, weekly , monthly)

2. Check the # of live births or NICU admissions match an internal source (i.e. log book, ADT system, Meditech report, etc.).

3. Confirm that the numbers have been reconciled (match). [This can be as simple as a check-box completed by the charge nurse at end of shift].

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What are Internal Data Sources?

Source	Description	Advantages	Disadvantages
ADT system	The Admit/Discharge/Transfer (ADT) module captures the movement of in-patients within the hospital	Available to pull real-time data 100% admissions are captured	Stillbirths not included, but Mom's status re: delivering a stillbirth would be included Requires resources (Information Technology/time) to create report
DAD data	The Discharge Abstract Database (DAD) captures administrative, clinical and demographic information on hospital discharges	Rigorous coding/validation	Lag time – may take 90 days to get data
Log book	A manual tracking record of a limited number of data elements decided upon by each hospital (i.e. maternal admissions, births)	Easy to reference & familiar in small volume hospitals	Requires duplication of work and may increase risk of errors Legibility issues Potential for omissions Cannot sort information
Other Electronic Data Systems (i.e. Obix, OBTV, Meditech)	Centralized, electronic patient records for mothers and babies.	Report writing features	Requires resources to create report

Incomplete Reports

* Another option is to use the *Incomplete Report – summary* table to confirm that the **total number of births (live births + stillbirths)** are correct.

Incomplete Infant Record Report

Birth and postpartum infant summary

01-Apr-2013 to 31-Mar-2014

	Births			Dispositions							
Date of birth	# of live births	# of stillbirths	# of infant(s) in match queue	Total # of dispositions	# of infants transferred to NICU/SCN same hospital	# of infants transferred to NICU/SCN other hospital	# of infants transferred to paediatric unit	# of infants discharged home	# of CAS apprehension	# of neonatal deaths	Missing data
2013-2014	2638	14	0	2,715	172	4	1	2,504	0	6	28

Data source — BORN Ontario, 2013-2014

Definition of indicator — Summary of total number of live births, stillbirths and terminations (>=20 weeks gestation), and number of infants transferred/discharged by category.

# of infants(s) in match queue: # of incoming child patient records that have sufficient demographics information in common with an existing BORN patient to be a potential match.   Manual intervention to resolve the match will be performed by a BORN agent to determine if this a new patient or a match to an

Notes — The number of dispositions can include multiple infant transfers; therefore, it may not be equal to the total number of births.

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Incomplete Reports

Data Quality Reports

Quick Links

- Patient Search
- Batch Upload
- Data Quality Reports
  - Reconciliation - Maternal Newborn
  - Reconciliation - NICU/SCN
  - Incomplete Maternal Record
  - Incomplete Infant Record
  - Incomplete NICU Records

Reporting

Recommend using IE 8. Google Chrome is not supported.

| Dashboards | Clinical Reports | Administrative Reports | Analytical Report Tool |

Data Quality Reports

Click on a Report Name link to view the report

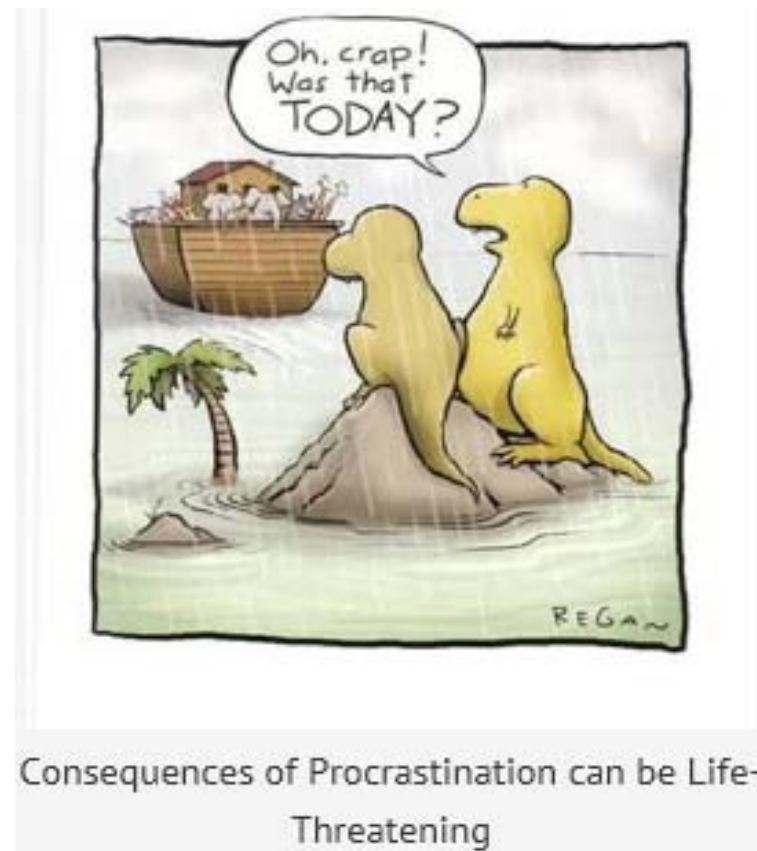| Report Name	Description
Child not linked to Pregnancy - BORN	Children not Linked to Pregnancy
Incomplete Anomalies Record	Incomplete Anomalies Record
Incomplete Infant Record	Incomplete Infant Record
Incomplete Maternal Record	Incomplete Maternal Record
Incomplete NICU Records	Incomplete NICU Record
Incomplete NICU Records - BORN	Incomplete NICU Record (BORN)
List of Courses of Care (Reconciliation)	Midwives List of Courses of Care

☐ **Incomplete Maternal Record**

Labour, birth and postpartum maternal summary

Summary of records with incomplete maternal encounters

Summary of maternal records where there is no final maternal outcome

Summary of disposition discrepancies

List of women with existing labour encounter and birth type is no labour c/section

Maternal encounters with 'Number of Fetus' discrepancies

Maternal encounters with type of labour and type of birth discrepancies, singleton gestation

Maternal encounters with type of birth and forceps/vacuum discrepancies

Encounters not submitted with missing maternal dates of admission

Women in match queue (*Applies to upload hospitals only)*

✓ Remember to check ALL issues

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How Often Should Reconciliation Occur?

- Frequent = Better!
- Model of entry affects how often reconciliation can occur
- Daily reconciliation is recommended
- Can be a simple process

Consequences of Procrastination can be Life-Threatening

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What if the numbers don't reconcile? How to find what's missing...

1. Go to the *Maternal Newborn Reconciliation Report:*

- Export the report to Excel

- Go to the 'List of Births (birth child)' tab & view the records

- Example → Filter: 'Birth Outcome' (choose live births); 'Birth location' (choose hospital); 'Birth Hospital' (choose your site)

2. Generate a similar list from your internal data source. Compare the two reports.

3. Pick an identifier (name, chart #, or OHIP #) and compare the records in the BIS with the records in your source. This requires a line-by-line comparison.

*Hint: use an electronic version from each source to help sort the records (easier and less time consuming)

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What if the numbers don't reconcile? How to find what's missing...

4. If you find a record that is in your internal source, but not in the BIS, you must enter the record in the BIS.
If you find a record that is in the BIS but not in your internal source, investigate further... was it an error? Does it need to be deleted?

* If you have a large number of discrepant records, consult Health Records or Decision Support who may be able to use software to compare the lists from the BIS and your internal source (to avoid manually comparing line-by-line).

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What is Acknowledgement?

- Acknowledgement is confirmation that your data is as complete and as accurate as possible
- Acknowledgement should only occur
  - ✓ After you've reconciled your # of live births & # stillbirths
  - ✓ After you've addressed all issues in the Incomplete Reports
- Acknowledgment ensures confidence in interpreting clinical reports

- Target: Acknowledge data by the 15th day of the next month
- Note: Once you acknowledge data, it can be used for analysis

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New Acknowledgement Screen

Data Submission Acknowledgement

By acknowledgeing you are confirming all counts below are correct, all applicable encounters are complete and accurate and all identified discrepancies have been resolved

Organization: Thunder Bay Regional Health Sciences Centre

Year: Month: *Total number of all incomplete records on all tabs.

Year	Month	Data Submission Type	Number of Live Births Submitted		Number of Stillbirths Submitted		Number of Incomplete Maternal	Number of Incomplete Infant Records*	Comments	Date/Time Submitted	User	Incomplete Reports
2013	December	Labour, Birth, Postpartum	212	☐	5	☐	0	4				Maternal Infant

SAVE

Year	Month	Data Submission Type	Number of NICU Admissions?		Number of NICU Discharges?		Number of Incomplete NICU Records*		Comments	Date/Time Submitted	User	Incomplete Reports
2013	December	NICU/SCN	124	☐	5	☐	0					NICU

SAVE

Conditions to acknowledge L, B, PP encounters:
- The number of Live Births and Stilbirths match your organization's health records information source (i.e., DAD)
- All applicable Maternal and Child L,B and PP encouters must be created and submitted
- All Maternal records must be linked to Child records
- All Child records must be linked to Maternal Records
- All discrepancies identified in the Maternal and Child incomplete records reports must be resoved

Conditions to acknowledge NICU/SCN encounters
- The number of NICU/SCN Admissions and Discharges match your organizations internal information source (i.e., CNN, DAD0
- All applicable NICU/SCN encounters are submitted
- All discrepancies have been resolved

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End-of-Fiscal-Year Checklist

❑ The # of Live Births is correct

❑ The # of Stillbirths is correct — Reconciliation

❑ The # of NICU admissions is correct

❑ All issues in the *Incomplete Reports* have been addressed

❑ All months are acknowledged

⭐ Goal: to acknowledge the 2013-14 data by April 30th, 2014 (due to April 7th enhancements)

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Integration of Midwifery & Hospital Data

- As part of their contractual agreement, midwives submit a set of midwifery-specific antenatal and labour/birth encounters (maternal and child).

  - In situations where hospital staff enter the hospital encounters for midwifery-attended births, timely entry of these encounters is important.
  - When hospital data entry is delayed, practice groups are impacted (i.e. they may be unable to complete their data components and acknowledge data).

- At some hospitals, midwives are responsible for entering hospital AND midwifery encounters.

  - It's important to have timely completion of the hospital encounters by the midwives (so the hospital data acknowledgement process goes smoothly).

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HEAR FROM YOUR PEERS

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Process Recommendations

- Hospitals are responsible for all births that occur at their site - including midwifery attended births at the hospital. It's important to clarify roles (e.g. are the midwives entering all hospital births they attend? What is their timeline for entry?)

- Enter the mother record first (to take advantage of pre-population and validation rules)

- Be clear about what you're counting (e.g. Reconciliation report includes out-born babies transferred in, may want to filter them out)

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Process Recommendations

- Identify a champion for each area (Labour & Birth, Postpartum, NICU)

- Run reconciliation reports daily (or as appropriate for your site)

- Automate where possible. For example, use a Meditech Report to identify all women that delivered (to be able to reconcile # of maternal admissions) and run it daily

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Questions?

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