



## Data quality actions

- a. **Estimate impact of data quality:** The data are almost certainly not a definitive estimate of your team's actual performance. However, they might be "good enough" to help you decide if your team needs to improve or not. To determine if the data are "good enough" for that, estimate how likely it is that one or more of the issues outlined in the interpretive notes above are a problem with your team. Then, run the "imperfect data impact calculator" to see if the issue(s) could lead to a different decision related to the need for improvement. To do this, work with your clinical leaders and staff to establish an approximate impact of data quality – i.e. is the data quality issue causing your performance to look like TWICE or HALF or 10% (or other number) less or more than it actually is. Plug that number into the "imperfect data impact calculator". It will show you whether the data quality issue(s) you think you have would change your initial decision regarding the need to improve. Click here to access the [Imperfect Data Impact Calculator](#).

You may find it hard to generate consensus about the possible impact of data quality issues on the level of performance shown in the D2D 1.0 report. In that case, consider tracking the next 10 (or 20 or other small number) encounters to get a better estimate of the extent of the data quality issue. Perhaps the rate among these patients will shift your team's overall rate to be TWICE or HALF or 10% (or some other number) of the rate in the report. Plug that number into the "imperfect data impact calculator" and proceed accordingly.

If this exercise is not possible or helpful, consider instead experimenting with possible "error" rates to see how much error (i.e. TWICE or HALF or 10% of some other number) would be needed to change the decision made on the basis of the performance of the indicator in D2D 1.0. If, in the opinion of the team, such an amount of error is reasonable, then it may be worth considering efforts to improve data quality. Alternatively, if that amount of error is considered to be unlikely, then the data are likely good enough to support the initial decision regarding the need to improve, based on the performance shown in D2D 1.0.

If the "imperfect data impact calculator" points to the same decision (e.g. a need to improve or NOT) even after data quality issues are considered, the data are likely "good enough" to base your decision on regarding the need to improve. The next step is to

consider strategies to improve, assuming the area of care measured by the indicator is a priority for your team. If your data are not “good enough”, you may then consider taking action to improve your data quality, before or at the same time as you try to improve processes of care.

- a. **Increase quality of the data**, if the “imperfect data impact calculator” shows that the issues in your data may point you to a different action than suggested in the report. Some options include the following:
  - i. Do your patient survey more often to capture input from patients more than once a year and possibly from patients not recently in the office.
  - ii. Consider using email or other electronic tools (e.g. scanning of paper forms) to reduce data entry effort for patient surveys, making it easier for you to do the survey more often and/or offer it to more patients.
  - iii. Revise your team’s patient survey to align with standard questions and/or add additional (standard) questions, even if it is one question at a time.
  - iv. Participate in [TRANSFORM](#)
  - v. Other ideas: please share!