Better Patient Care Through Data Quality

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by Linda Kloss, RHIA, CAE, executive vice president/CEO

"Paper kills" has become a catch phrase in certain political circles to dramatize the need for a digitized healthcare system. Former House Speaker Newt Gingrich, now head of the Center for Health Transformation, stated, "A paper-based system is an ignorant system" and the killers are both paper prescriptions and paper records.[1] Research shows paper medical records are a major risk factor for patient safety.

Digital healthcare information is imperative, and AHIMA is a full partner in national efforts to advance this agenda. We can achieve a safer, more effective healthcare system with technology, but technology alone does not guarantee this result. Health data must be complete, accurate, and timely. While not as snappy a sound bite, it is poor data quality that kills.

Earlier this fall AHIMA testified to the National Committee on Vital and Health Statistics Workgroup on Quality on mandatory and voluntary reporting of quality data. In her testimony, past president Barbara Siegel stated, "For data to be valuable to the provider, the receiver, and the consumer, there must be consistency in definition and analysis."[2] That is certainly not the case today, but the need for standardization is recognized in the work group's recommendations and in the framework put forth by David Brailer, national coordinator for health information technology.

Data Quality—A Threshold Requirement

Donna Fletcher describes how data quality is designed into the most comprehensive comparative national pediatric database in the US in "Achieving Data Quality." According to Fletcher, the investment in data quality pays off in greater willingness to take action based on trusted data.

In "Getting Better Data from the MDS," Michelle Dougherty and Sue Mitchell offer specific short-term recommendations for improving the accuracy of diagnostic data reported on the minimum data set (MDS) for long-term care.

Rebecca McSwain illustrates how formatting preference affects transcription expense in "What Does Your Transcription Format Cost?" As she stresses, each organization ultimately must consider many factors—such as clarity and readability—in choosing the format that meets its particular goals and needs.

Continuing our series on career paths, Sue Biederman and Jill Burrington-Brown offer us "Research Track: Career Progressions in Research for HIM Professionals." Association data tells us that more HIM professionals are in research-related roles than ever before. HIM professionals are highly suited to these roles because of their training in data quality.

Electronic health records enhance, but don't ensure, data quality. Data quality will remain a key focus and central HIM competency in an interconnected health system. We can expect the requirements to be far greater because the information in electronic records will be more accessible and more widely used. We will have many opportunities to design data quality through structured text, incomplete data reminders, controlled medical vocabularies, speech recognition, natural language processing, rules-based coding tools, and many others.

Notes

1. Sarkar, Dibya. "Experts: US Needs E-Health Record Standard." Federal Computer Week, June 21, 2004. Available online at www.fcw.com/fcw/articles/2004/0621/web-cht-06-21-04.asp.
2. AHIMA. "Testimony of the American Health Information Management Association to the Workgroup on Quality of the National Committee on Vital and Health Statistics." September 14, 2004.

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