



DQI Best Practice Development: A Michigan Collaborative

Bea Salada, State MCIR Coordinator

April 6, 2016

Background

Michigan Department of Health and Human Services (MDHHS) received a CDC Prevention & Public Health Funds Interoperability Grant



Grant required development of a sustainability plan to include data quality monitoring



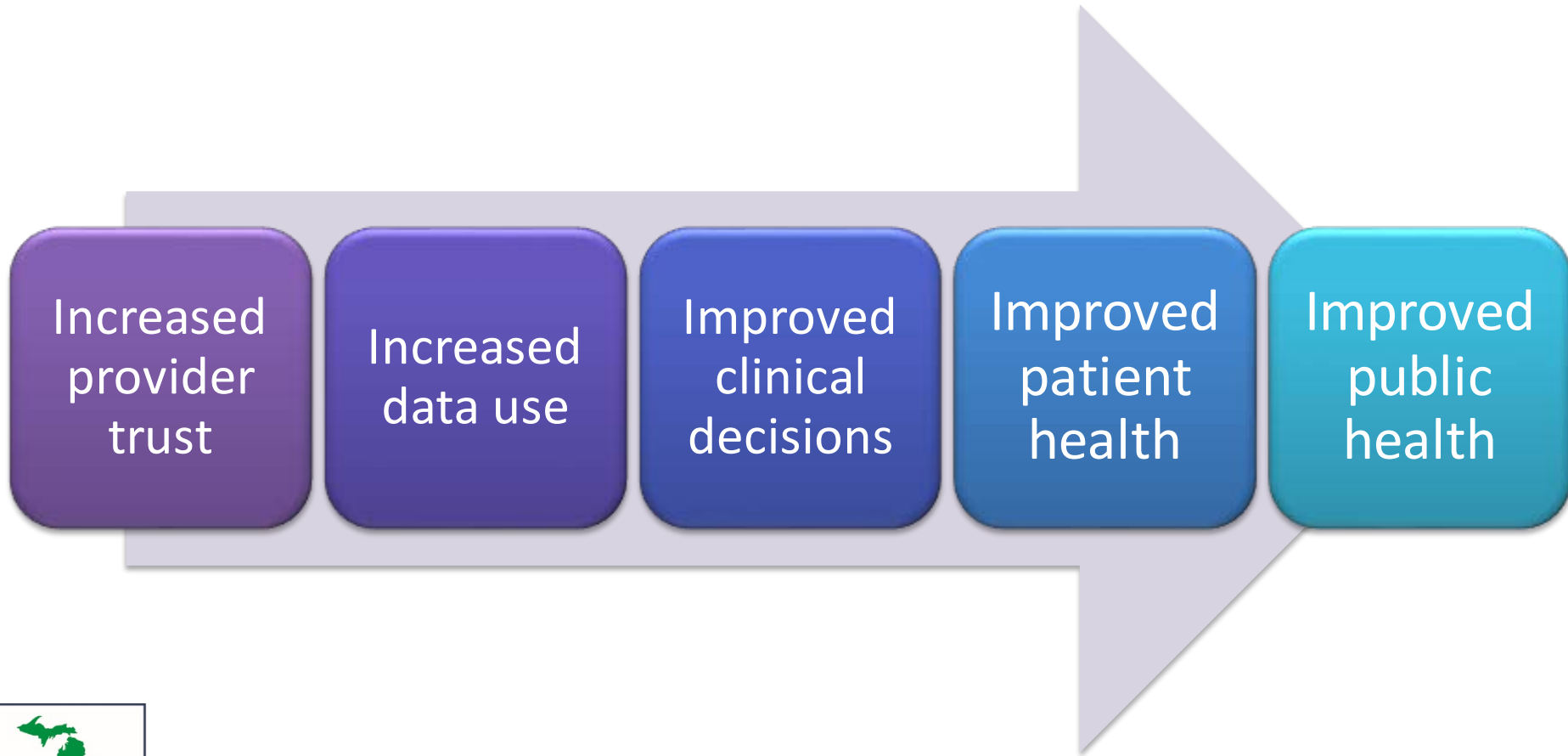
MCIR intent is to operationalize ongoing Data Quality Improvement (DQI) plan



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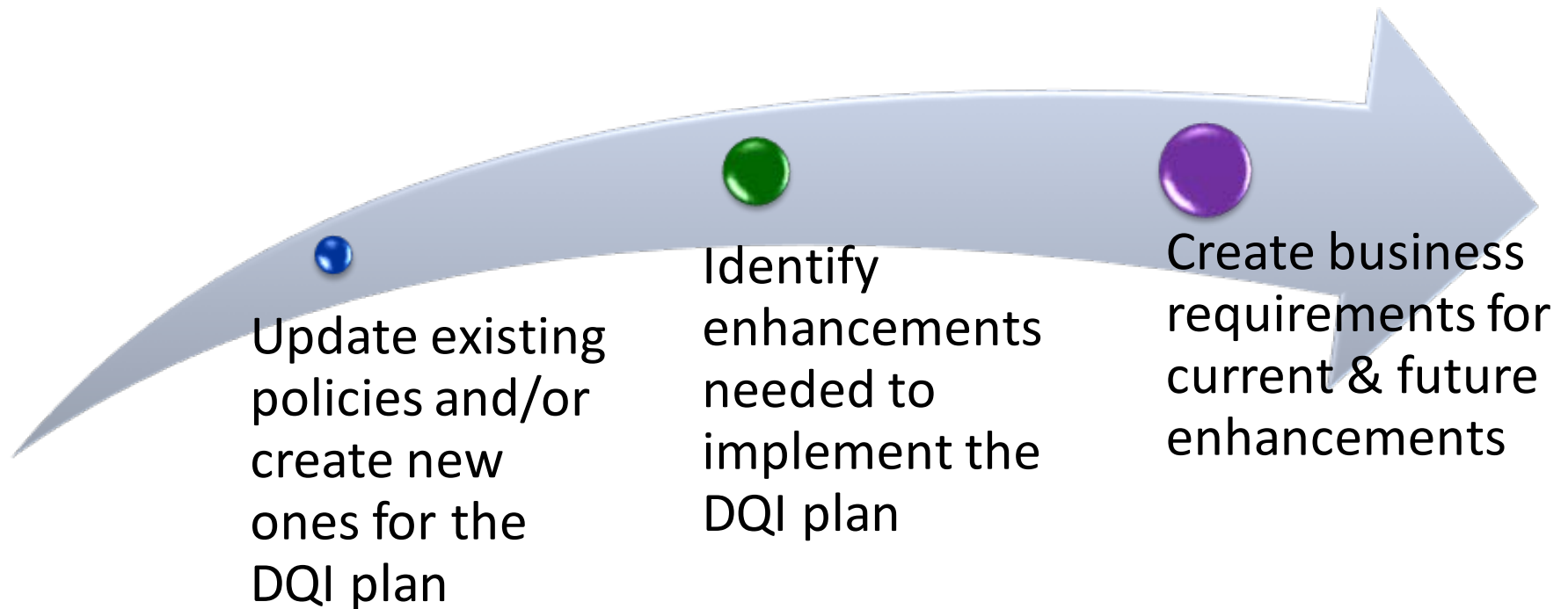
Benefits of Higher Data Quality



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Deliverables



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Deliverables

Develop a
Corrective
Action Plan
Committee

Compile a
Best Practice
document for
providers and
regional staff

Recognize
metrics for
ongoing DQI
initiatives



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Teamwork



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Teamwork

Work groups were formed for the following:

- Review/update the DQI Plan
- Policy review and development
- Best practice documentation



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Policy Development

Updated/developed MCIR State policies:

- Person & Vaccine De-duplication
- Person Searches
- Record Corrections
- Regional Death Record Processing or Correction
- Regions Working With Providers to Achieve MU-HL7 Reporting



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Best Practice Guide



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DQA Principles example

3. Data Quality Principles

Table 1: Data Quality Principles

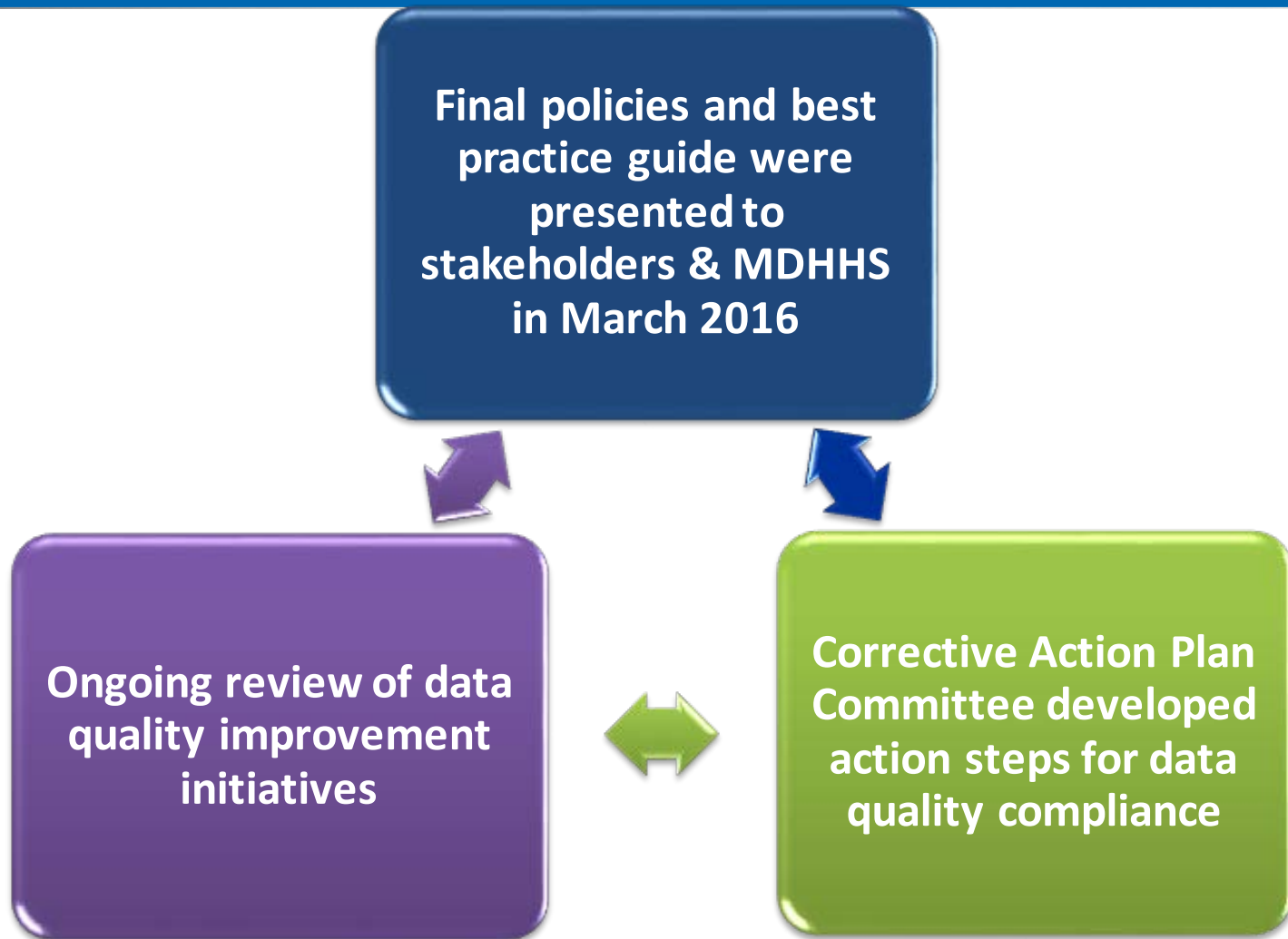
Principle	Condition	Examples
Consistency	The conditions (criteria) for validating data items should be the same regardless of how the data items have been reported to MCIR.	Regardless of a data item's source and the method of data reporting (e.g., direct user entry or via HL7 reporting), the data item should go through the same set of data validation checks.
Rejected data	When information is rejected by MCIR, the following actions should occur: <ul style="list-style-type: none">• Electronic import - logs the error and notify submitter.• user interface - display an error message and offer the opportunity to correct the error.	<ul style="list-style-type: none">• These errors are found in the Electronic Submission Error Report, Doses Administered Report, and Inventory Reports in MCIR. These are notifications with the intent the end user will correct the error through resubmission of modified information.• End users utilizing the user interface will receive edit checks to verify information on the screen before submission of data.
Internal consistency	Characteristics of the	This principle is a basis for all



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Implementation & Follow-up



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Timeline

January
2015

Initial meeting
with SMEs &
other
stakeholders for
operationalizing
ongoing DQI
plan

August
2015

Final Approval
and
Implementation
of DQI plan and
policies

February
2016

Completion of
policy
development
and review
along with best
practice
document

March
2015

Continuation of
meetings with
SMEs and other
stakeholders

October
2015

Identified future
DQI enhancements
for monitoring
incoming data and
developed business
requirements



MCIR Ongoing DQI Plan

Project Lead	Therese Hoyle, Hoyle Consulting Inc
Project Team	Bea Salada – MDHHS MCIR Coordinator – Co-Chair
	Patricia Bragg – MDHHS Independent Contractor – Co-Chair
	Julie Clark-Gagne – MDHHS Public Health Consultant
	Karen McGettigan – MCIR Help Desk Program Coordinator
	Kris Dupuis – Regional MCIR Manager/Coordinator
	Sharon Polek – Regional MCIR Coordinator
	Wendy Nye – Regional MCIR Manager/Coordinator
Project Reviewers	Hazel Hall – Regional MCIR Coordinator
	Kathie Howard – Regional MCIR Coordinator
	Jeanne' McCoy – Regional MCIR Coordinator



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MCIR DQI Best Practice Workgroup

Workgroup Members	Bea Salada – MDHHS MCIR Coordinator - Chair
	Patricia Bragg – MDHHS Independent Contractor
	Julie Clark Gagne – MDHHS Public Health Consultant
	Kathie Howard – Regional MCIR Coordinator
	Sharon Polek – Regional MCIR Coordinator
	Wendy Nye – Regional MCIR Manager/Coordinator

Questions???



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