

## Data Quality Issues and Impacts on Quality Reports

**April 7, 2014**

<b>Data Quality Issue</b>	<b>Effect on Quality Reports</b>	<b>Remedy</b>
PA updates have not been completed for active clients in a program that have been in the program for more than 180 days	If updates are not being completed there is no data available to evaluate performance on a NOMS or TEDS measure. This will lower the agency's actual performance on NOMS and TEDS (Recovery Measures on Quality Report)	PA's must be updated for all clients that are active longer than 6 months.
High use of unknowns for TEDS or NOMS data	Unknowns are included in the denominator and are not included in the numerator, lowering a program's performance on a given benchmark. For example if unknown is reported for employment status, the Quality Report treats this as if the client were unemployed.	Updated PA's must include valid data other than unknown.
No updating of Axis V diagnoses. Most clients are showing Axis V at admission but many are not being updated to show new GAF score	Lowers actuals for Improved Functioning measure because this measure requires T1 and T2.	Update Axis V (Remember that you must enter a new date for the diagnosis or the system will overwrite the original data.
Days used in last 30 is being defaulted into the discharge PA.	If days used at discharge match days used at admission, client will show no reduction in use, negatively impacting "Abstinence/reduced use" measure	Days used must be modified taking into consideration reduced use that has occurred by remaining "clean" in a residential or IOP program.

<p>Clients without services (OP) are not being discharged</p>	<p>Overstates the number of clients served by the program and shows high number of clients who are not receiving services.</p>	<p>Discharge clients that have not received services for extended period of time.</p>
<p>High number of MH or SA screenings coded as medically inappropriate or client declined</p>	<p>Lowers program performance on MH and SA screening measure</p>	<p>Encourage clients to participate in screenings.</p>
<p>Clients in certain programs with licensed capacities or predictable lengths of stay are not being discharged.</p>	<p>Residential and inpatient utilization is being overstated. Unduplicated clients is also being overstated even though a client is no longer active.</p>	<p>Check roster report for programs like SA Detox, Intensive Res, Partial IOP, to determine if clients have LOS that exceeds normal LOS and discharge those clients.</p>
<p>Many clients have a discharge type of “other”.</p>	<p>Successful treatment completions is being negatively impacted. Other is not a positive treatment completion on Quality Reports.</p>	<p>Train staff not to use discharge disposition of other if another disposition applies.</p>
<p>Error reports are not being reviewed.</p>	<p>This may have broad impacts on Quality Reports because a frequent error is that clients are not discharged because of a problem with the file submission. Data providers believe has been submitted is not “allowed” into the system.</p>	<p>Set up a system where staff members systematically review error reports after file submissions.</p>
<p>Crisis assessments are not being completed.</p>	<p>Crisis measures on Quality Reports are affected because crisis assessments are used to calculate all measures</p>	<p>Train staff to complete crisis assessments and be certain disposition time is entered in the assessment.</p>