



**IHRIM** Institute of Health Records & Information Management

# Mind The Gap

## Poor Data Quality Impacts Everyone

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# Presenter Info



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## Why bother with data quality, why is it important?

To improve:

- ✓ the quality of data held in organisation's systems
- ✓ patient safety, care and experience
- ✓ the reputation of the organisation
- ✓ the governance of managing information
- ✓ delivery of customer care
- ✓ job satisfaction/professionalism
- ✓ the effectiveness and efficiency of administrative procedures
- ✓ business planning for future services

To understand and recognise:

- ✓ the financial impact of mis-coded activity
- ✓ the impact of incorrect information in other areas
- ✓ that getting it right first time saves time (GIRFT)
- ✓ the importance of administrative/back-office roles
- ✓ the legal impact that the role of these staff play

# Examples when things go wrong.....

## A Grouper Story

- Groupers are used in all different ways within Health Care and are a way to pull data for specific functions together.
- A change in terminology required groupers that identify diagnostic interventions to be updated.
- These interventions were a mix of diagnostic and treatment.
- The new grouper file was uploaded and made live without any review from either clinical or coding staff.
- An issue came to light when income reduced and following investigation it was noted that the 'grouper' had significantly altered and that more codes were assigned to diagnostic than treatment.
- The grouper had to be rolled back, individual patient episodes had to be validated and the grouper content went through a review.
- These actions took several weeks and involved significant amount of resourcing.
- If this had been undertaken correctly at the start would have been a few days work for a few people rather than weeks for a much larger cohort.

## A misaligned story

- Following a children's measurement campaign results were collated and letters sent out to Families regarding their child's measurement and what that meant to them health wise.
- The parents of Jack were very confused to find that their child was classified as Obese and needed to start a weight reduction regime
- The parents of Sarah were equally confused that their daughter was identified as overall tall for her age – when she was one of the smallest in her class.
- Both parents made appointments to discuss their letters with their GP.
- GP's/Practice Nurses in the local area noted a significant number of similar calls and contacted their local LCO.
- On investigation it was determined that data tables had been misaligned and information for Patient 1 had been added to Patient 2 and so on. All results had to be rechecked and resubmitted.
- This data quality error resulted in significant clinical time being wasted and a whole programme of work requiring to be rerun.

# Examples when things go wrong.....

## Toni's story

Toni is a person who was born female but identifies as a male and is currently going through the transgender process.

Toni attended an appointment at the local hospital and on arrival asked the receptionist to update the gender from female to male. The receptionist carries this out without any further action.

Toni is due a routine cervical smear test. However, Toni does not appear on the contact list to be invited as the gender has been changed. This could be potentially life threatening for Toni.

The administration process needs to have robust procedures in place to support people transitioning through the transgender process to ensure that they are not missed from routine screening.

The administrative staff need to be trained and supported to be able to offer a full professional support service to all patients.

## Lilian's Story

- Lilian lives alone and has a visual impairment.
- A referral was made to her local hospital. The above details were included in the referral.
- Administrative staff processed the referral. This included checking her demographic details e.g., address, telephone number, GP etc.
- An appointment letter was sent to Lilian.
- Lilian did not attend her appointment. Upon investigation it was found that her visual impairment had not been recorded and she should have been sent a large font letter as she could not read standard print.
- This could have been avoided if more robust administrative processes were in place and staff were trained to understand the consequences of not noting this type of detail.

# What are the Gaps/Different types of Issues?

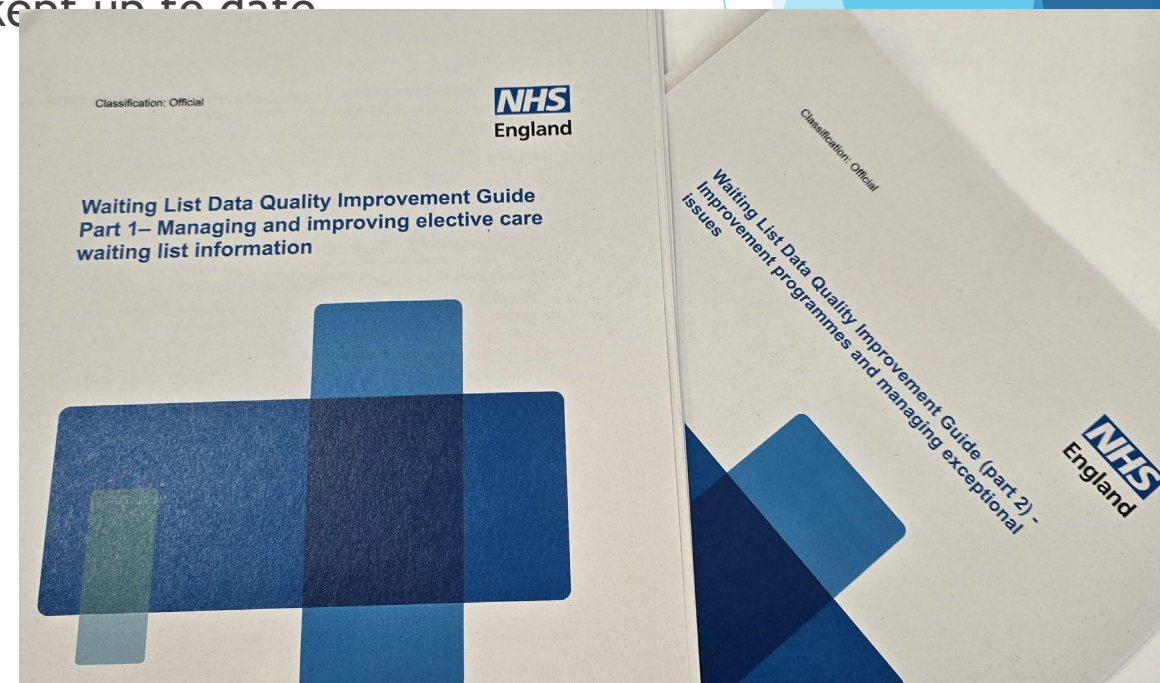
- ▶ Not enough information
- ▶ Too much information
- ▶ Patients/service users themselves
- ▶ Knowledge
- ▶ Systems vs Process

# How are DQ issues caused?

- ▶ No Clear Process
- ▶ Lack of or inappropriate Resources
- ▶ Alternative Priorities
- ▶ Unclear Goals
- ▶ Lack of/Poor Training
- ▶ IT Systems
- ▶ Timing
- ▶ Environment

# What are the solutions?

- ▶ Systems built to support processes
- ▶ Sufficient & Appropriate Resources (See next slide)
- ▶ Time to work
- ▶ SOP's - Developed and input by all
- ▶ Training - Not just 'press this key'
- ▶ IT Systems - developed to support the business and kept up to date
- ▶ Timing - Sufficient time to work - realistic targets
- ▶ Environment - Appropriate for work to be completed
- ▶ Data Quality Improvement Guide (Part 1 & 2)
  - ▶ [Future.nhs.uk](https://future.nhs.uk)





# Sufficient & Appropriate Resources

- ▶ Value staff
- ▶ Recognise staff
- ▶ Invest in their training and education
- ▶ Facilitate networking between departments
- ▶ Explain why professionalism is important
- ▶ Job satisfaction
- ▶ Career pathways

# Conclusion

- ▶ Data Quality is everyone's concern
- ▶ Concentrate on slowing the flow - before stopping the tap!
- ▶ Identify key functions and resolve them first
- ▶ Make the system work with your process
- ▶ Its better to prevent than rectify

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Thank you

Thoughts, comments, questions?