

# Data Quality (CDSA)

The CDSA Tool has been developed to report on the completeness of patient demographic and health summary data within the general practice clinic; following reports:

- 'Data Quality Dashboard Report' to indicate the overall status of data quality based on the data indicators.
- 'Data Completeness Report' to report the % of completeness for each data indicator.
- 'Data Completeness Patient Graph' to provide a graphical view of the data indicators and allow re-identification of patients where data is missing
- 'Duplicate Patients Report' to list patient records within the clinical system where duplication is suspected.

**We provide links to the 4th edition fact sheets because the RACGP has not created fact sheets for the current fifth edition. There are details between 4th and 5th editions.**

The CDSA Tool is available in CAT Version 3 for clinical systems where the CAT data extract meets to CAT data specifications version 1\_12 or higher CAT4 view under the 'Data Quality' tab. Under that tab are four different tabs which are described in more detail below.

Please note that the percentages shown on the Data Quality Dashboard are an in some cases an average value of the individual indicators. TI reaction dashboard is a combination of Allergy Status recorded, Coded Allergy recorded and Reaction Completed.

Generally speaking the Data Completeness Report will give much more detail than the dashboard and is the recommended report to understand

Demographics	Ethnicity	Data Quality	Data Cleansing	Allergies	Smoking	Alcohol	Measures	Pathology	Disease	Screening	Co-morbidities	Medications
CDSA Patient Data Report												
Data Quality Dashboard   Data Completeness Report   Data Completeness Patient Graph   Duplicate Number Patient Report   Duplicate Name Patient Report												
1 of 1 100% Find   Next												
Data Quality Dashboard Report Date: 01/10/2018 3:04 AM												
Practice Name: Deidentified Practice												
Data is taken from the Data Completeness Report and Duplicate Patients Report. <a href="#">View 5th Edition Guidelines</a>												
Allergies and adverse reactions		79.68 %	<a href="#">View 4th Edition Guidelines</a>									
Medicines		18.16 %	<a href="#">View 4th Edition Guidelines</a>									
Medical History		74.41 %	<a href="#">View 4th Edition Guidelines</a>									
Health Risk Factors		67.37 %	<a href="#">View 4th Edition Guidelines</a>									
Immunisations		66.46 %	<a href="#">View 4th Edition Guidelines</a>									
Relevant Family History		58.49 %	<a href="#">View 4th Edition Guidelines</a>									
Relevant Social History		41.49 %	<a href="#">View 4th Edition Guidelines</a>									
Non-Duplicate Patients		0.00 %										

Data Indicators	<p>The data indicators are based on the data content outlined in the RACGP data recommendations <a href="http://www.racgp.org.au/ehealth/summary">http://www.racgp.org.au/ehealth/summary</a> and are grouped into sections as follows:</p> <ol style="list-style-type: none"><li>1. Allergies and Adverse Reactions</li><li>2. Medicines</li><li>3. Medical History</li><li>4. Health Risk Factors</li><li>5. Immunisations</li><li>6. Relevant Family History</li><li>7. Relevant Social History</li></ol> <p>Detailed data indicator information is provided in Appendix A at the end of this guide. Some indicators may not be available for some clinical systems. These are provided in Appendix B at the end of this guide.</p>
Data Quality Dashboard	

**D** The Data Quality Dashboard provides a report indicating the overall status of data quality based on the data indicators. It displays each data content se  
**a** icon  
 calculated from the % completeness of each data indicator within the section. Each indicator contributes equal weight to the overall status Indicators th  
**t** system do not contribute to the overall status.  
**a** .









**u** The 'Traffic Light' status icons will display:  
**a** RED : 0 – 60% for all  
**i** ORANGE : > 60 – 90% for allergies, >60 - 75% for the other indicators  
**l** GREEN : > 90% for allergies, >75% for the other indicators  
**t** .

**>** An additional section for 'Duplicate Patients' is included. The dashboard status for this section is calculated as the percentage of patients where no pot  
**D** Note: There will always be some potential duplication that is not an error but with a 'clean' database this should be small and the status icon should be  
**a** .

**s** The Data Quality Dashboard provides links to the relevant RACGP fact sheets which provide information on addressing identified gaps and improving  
**h** RACGP has not published  
**b** .

**o** updated fact sheets for the 5th Edition of their guidelines, but the recommendations have not changed.  
**a** .  
**r** d

**R**  
**e**  
**p**  
**o**  
**r**  
**t**

<b>Data Quality Dashboard</b>		<b>Report Date: 01/10/2018 3:04 AM</b>	
		<b>Practice Name: Deidentified Practice</b>	
Data is taken from the Data Completeness Report and Duplicate Patients Report.		<a href="#">View 5th Edition Guidelines</a>	
Allergies and adverse reactions		79.68 %	<a href="#">View 4th Edition Guidelines</a>
Medicines		18.16 %	<a href="#">View 4th Edition Guidelines</a>
Medical History		74.41 %	<a href="#">View 4th Edition Guidelines</a>
Health Risk Factors		67.37 %	<a href="#">View 4th Edition Guidelines</a>
Immunisations		66.46 %	<a href="#">View 4th Edition Guidelines</a>
Relevant Family History		58.49 %	<a href="#">View 4th Edition Guidelines</a>
Relevant Social History		41.49 %	<a href="#">View 4th Edition Guidelines</a>
Non-Duplicate Patients		0.00 %	

**D**  
**a**  
**t**  
**a**  
**C**  
**o**  
**m**  
**p**  
**l**  
**e**  
**t**  
**e**  
**n**  
**e**  
**s**  
**s**  
**R**  
**e**  
**p**  
**o**  
**r**  
**t**  
**s**

The Completeness Report provides a % of completeness for each data indicator.

For each data indicator the report displays:

**Measure** = measure description

**Count** = the number of data items correctly recorded

**Eligible population** = the possible number of data items for this measure (the measure denominator)

**%** = the count as a % of the eligible population

The eligible population is generally Active patients (3 visits in the last 2 years). Where an indicator has a different denominator this is highlighted on the

Indicators that are not available for a clinical system are highlighted in the report as 'Not Available'.

1 of 1

100%

Find | Ne

**Data Completeness Report**

**Report Date: 15/12/2011**

**Practice Name: MELB2-234**

\* Eligible Population = Active patients except where the denominator is specified with the measure

An Active patient has had 3 visits in the last 2 years

Measure	Count	Eligible Population*	%
<b>Allergies and adverse reactions</b>			
Allergy status recorded	3915	4035	97.03 %
Allergy recorded - coded format (denominator = number of allergies for eligible population)	Not Available		
Allergy recorded - description completed (denominator = number of allergies for eligible population)	527	1360	38.75 %
<b>Medicines</b>			
Medications - coded reason for prescribing recorded (denominator = number of scripts for eligible population)	286	11783	2.43 %

The Completeness graph provides a graphical view of the data indicators **by patient** and allows re-identification of patients where data is missing.

For each data indicator the report displays a patient in one of the following categories:

**Green = Recorded** (all items for this measure are recorded)

**Orange = Partially recorded** (some items for this measure are recorded)

**Red = Not recorded** (no items for this measure are recorded)

**Grey = Not Available** (no items for this measure are available for recording)

The eligible population is the Active patients (3 visits in the last 2 years). Where an indicator has a subset denominator this is highlighted in the report



Patient data can be exported from the Data Completeness Graph using the 'Worksheet' button.

The worksheet provides patient demographic details and a summary of the data contributing to each indicator. This allows missing data to be easily id

**Reidentify Report [patient count = 65] - DATA COMPLETENESS WORKSHEET**

Selected: Data Completeness (Medication Reason Coded: Recorded)

ID	Surname	First Name	Sex	D.O.B	Allergy Status	Meds coded	Diagnosis is coded	Smoking	Waist	Alcohol amount/freq	Imms	Fam Hist	Living Arr	Ethnicity	Carer	Occupation	Relationship
35774	Al35774	A35774	M	09/01/1972	NKA	1/1	3/4	Never Smoked	95	1 on 1-2d/wk	✓	✓	NA	✓	NA	✓	✓
38908	Al38908	M38908	M	26/03/1977	NKA	1/1	2/2	Smoker		Non drinker			NA	✓	NA		
30432	Be30432	J30432	F	29/12/1966	NKA	2/2	5/8	Never Smoked				✓	NA	✓	NA		
37815	Be37815	P37815	M	17/06/1978	NKA	1/1	1/1						NA		NA		
36527	Bl36527	L36527	F	04/10/1978	NKA	2/2	3/3	Smoker					NA	✓	NA		
33096	Br33096	G33096	F	29/11/2004		1/1	4/4	Never Smoked		age<14	✓	✓	NA	✓	NA		
40681	Ca40681	V40681	M	01/12/1976	NKA	1/1	1/1						NA		NA		
38722	Ch38722	C38722	F	30/03/1978	NKA		2/2	Ex Smoker 100/3200 9		3 on 1-2d/wk			NA		NA	✓	
39789	Ch39789	F39789	F	14/11/1983	Allergies Coded=NA	1/1	1/1	Never Smoked		4 on 7-11d/yr		✓	NA		NA	✓	

Buttons: Refine Selection, Add/Withdraw Patient Consent for Sharing Data, Go, OK



<b>Allergy recorded – coded format</b>	Number of allergies recorded that are not NKA from a coded table of available allergens	Number of allergies for active patients recorded that are not NKA
<b>Allergy recorded – reaction completed</b>	Number of allergies recorded that are not NKA that have content in the reaction field	Number of allergies for active patients recorded that are not NKA
2. Medicines		
<b>Medications – coded reason for prescribing</b>	Number of prescriptions for current medications in active patients where the reason for prescribing is recorded from a coded pick list	Number of prescriptions for current medications recorded for active patients
3. Medical History		
<b>Diagnosis recorded – coded format in past history</b>	Number of diagnoses entered in the past history which have been entered in a coded format	Number of diagnoses recorded in the past history for active patients
4. Health Risk Factors		
<b>Smoking status recorded</b>	Number of active patients 10 years and over for whom smoking status is recorded	Active patients 10 years and over
<b>Smoker – Cigarettes per day recorded</b>	Number of active patients 10 years and over recorded as smokers for whom the number of cigarettes has been recorded	Active patients 10 years and over recorded as smokers
<b>Ex-smoker – Date ceased</b>	Number of active patients 10 years and over recorded as ex-smokers for whom a cease date is recorded	Active patients 10 years and over recorded as ex-smokers
<b>Waist circumference recorded in overweight/underweight patients</b>	Number of active patients for whom a waist circumference is recorded within the last 2 years	Active patients who are overweight (BMI ≥ 25) or underweight (BMI < 18.5)
<b>Alcohol Status – quantity recorded</b>	Number of active patients 14 years and over who have alcohol quantity recorded	Active patients 14 years and over
<b>Alcohol Status – frequency recorded</b>	Number of active patients 14 years and over who have alcohol frequency recorded	Active patients 14 years and over
5. Immunisations		
<b>Immunisations recorded</b> Active patients with immunisations recorded in the system		Active patients
6. Relevant Family History		
<b>Family history recorded</b>	Active patients with family history recorded in the system	Active patients
7. Relevant Social History		
<b>Living arrangement recorded</b>	Active patients with living arrangements recorded	Active patients
<b>Ethnicity recorded</b>	Active patients with ethnicity recorded	Active patients
<b>Is a carer recorded</b>	Active patients with 'Is carer' recorded	Active patients
<b>Has a carer recorded</b>	Active patients with 'has a carer' field recorded	Active patients
<b>Occupation and employment status recorded</b>	Active patients with occupation and employment status field recorded	Active patients 15 years and over
<b>Relationship status recorded</b>	Active patients with relationship status field recorded	Active patients 15 years and over
8. Duplicate Patients		
<b>Duplicate Patients</b>	Patients who have a match on any of the following: Surname, First name initial, Gender <b>and</b> DOB Medicare number HCC number DVA number A patient is only counted once regardless of the number of items where there are matches	Total Population

<b>Appendix B: Indicator unavailability by Clinical System</b>	
<b>Medical Director</b>	The following indicators are not available for collection from Medical Director: <b>Allergy recorded – coded format Living arrangement recorded Is a carer recorded Has a carer recorded</b>
<b>Best Practice</b>	All indicators are available
<b>Medinet</b>	The following indicators are not available for collection from Medinet: <b>Allergy recorded – coded format Medications – coded reason Living arrangement recorded Is a carer recorded Has a carer recorded</b>