

Urgent! Expanding Syndromic Community Data Quality Metrics to Urgent Care Clinics

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Moderators:

Krystal Collier, BA – Arizona Department of Health Services



Council of State and Territorial Epidemiologists



Krystal Collier, BA
Arizona Department of Health
Services



Urgent! Expanding Syndromic Community Data Quality Metrics to Urgent Care Clinics
2021 CSTE & NSSP Syndromic Surveillance Symposium

November 17, 2021

Presenters:

Krystal Collier, David Swenson, Sophia Crossen, Karl Soetebier, Corey Cooper,
and Jade Hodge

Session Agenda



Agenda:

- Panel Introductions
 - Background and Goals/Objectives
 - Discussion
 - Taking Action
 - Wrap-up
- 

Background

Background:

The NSSP Community of Practice (CoP) Data Quality Sub-Committee, working with the National Syndromic Surveillance Program (NSSP) and other partners, have **observed a consensus gap in urgent care data quality metrics** regarding:

- **How to identify UCC data**
- **What tools to use in onboarding and evaluating UCC data**
- **Where to get more UCC information** regarding preferences and practices

Goal

This roundtable partner discussion (with NSSP CoP syndromic surveillance, Federal partners like CDC and ONC, and others) is being led to **reach consensus on what data quality metrics should be used** to evaluate urgent care clinic (UCC) data:

- **This will be based on standardized practices agreed upon by partners through a collaborative effort**
- **Help us to reach consensus on the right metrics for urgent care data quality**

Objectives

By end of session you will be able to:

- **Provide feedback** on key Urgent Care Clinic (UCC) data fields
- **Give feedback** on preferred UCC data quality metrics
- **Weigh in** on major differences in UCC versus ED data quality
- **Indicate what's more important** UCC data quality or representativeness
- **Understand where to get** more UCC **information**

Discussion

How does UCC data differ from Emergency Department (ED) hospital data?

- NSSP MFT jurisdictional use of UCC Summary (by Sophia Crossen)
- NSSP UCC versus ED data element percentage of use (by Karl Soetebier)

Poll Q1

- Prioritize data elements by what should be used to onboard UCCs (**rank highest to lowest**)?

- Chief Complaint
- Reason for visit
- Admit Reason
- Clinical Impression
- Triage Notes
- Diagnosis Codes
- Please List Other data elements

Discussion

What are the data quality metrics used to evaluate UCC today?

- **Are the Priority 1 and 2 data elements used to evaluate the metrics of completeness, validity, and timeliness *used*?**

Poll Q2

- Check all the data quality metrics **you use** to onboard UCCs today
 - Completeness
 - Validity
 - Timeliness
 - Other (please list)

Poll Q3

- Check all the data elements used in the data quality metrics you use to onboard UCCs today
 - Priority 1 data elements used for EDs
 - Priority 2 data elements used for EDs
 - Subset of Priority 1 & 2 data elements
 - List other data elements used to onboard UCCs

Discussion

What are the data quality metrics that should be used to evaluate UCC?

- **Should the 3 categories** of metrics for EDs (completeness, validity, and timeliness) and the same Priority 1 and 2 data elements **be used or should we modify due to UCC differences?**
- **Should we lower completeness, validity, and timeliness expectations** for specific UCC Priority 1 & 2 data elements?

Poll Q4

- Prioritize data quality metrics that should be used to onboard UCCs (rank highest to lowest)?
 - Completeness
 - Validity
 - Timeliness

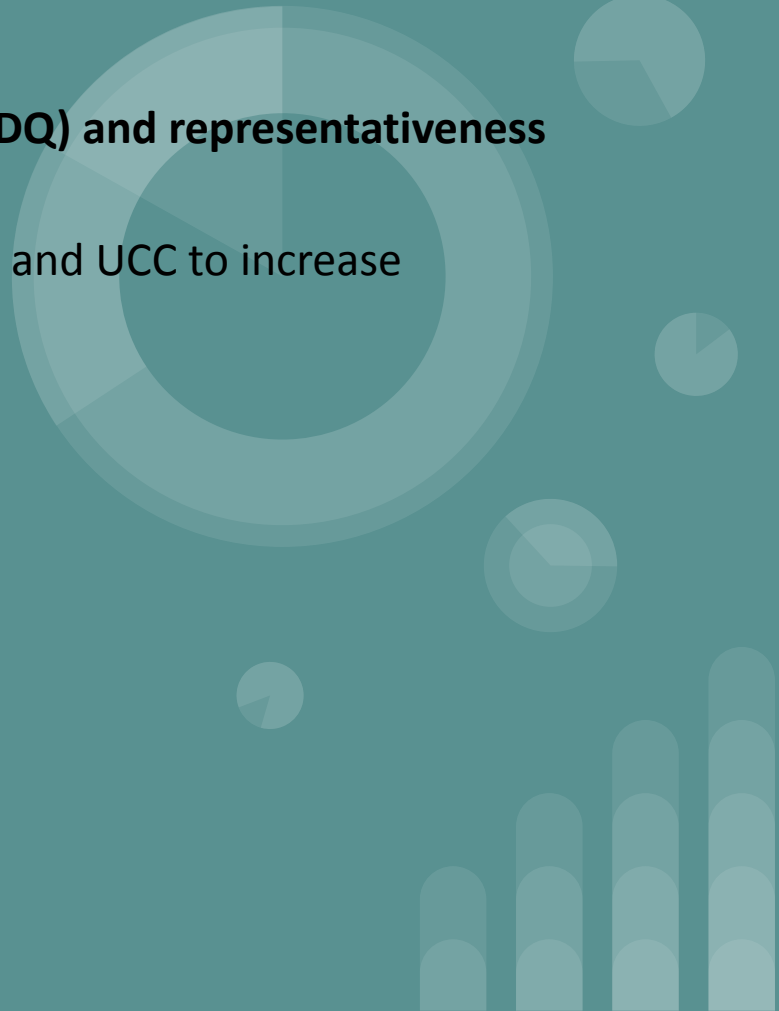
Poll Q5

- Prioritize all the data elements used in the data quality metrics that **should be used** to onboard UCCs today (**rank highest to lowest**)
 - Priority 1 data elements used for EDs
 - Priority 2 data elements used for EDs
 - Subset of Priority 1 & 2 data elements used for EDs
 - List other data elements used for UCCs

Discussion

Where do we draw the line between data quality (DQ) and representativeness regarding UCC and ED data?

- Generally speaking, there is a need for both ED and UCC to increase



Poll Q6

- What are your preferences regarding UCC DQ and representatives (prioritize the following)?
 - Hold the line on UCC DQ (same expectations as ED)
 - Accept UCC compromises for (timeliness, completeness, validity)
 - Hold the line on UCC representativeness (same expectations as ED)
 - Accept compromises for UCC geographic representativeness

Taking Action

The consensus on key data quality metrics for UCC will support the DQ practices already established for EDs while continuing to expand opportunities to use additional syndromic surveillance data available for public health.

- Next Steps for Decisions
 - Keep the conversation going
 - Slack #data-quality
 - Participate in the Data Quality Subcommittee and NSSP CoP activities

Wrap Up

- Participant Feedback Summary
- Acknowledgements
- Check out the 2021 SyS Symposium Coffee Breaks after this session but also come join us tomorrow
 - **11/18/21 2 pm ET Coffee Break topic** the “NSSP CoP Data Quality Subcommittee first DQ Diagnosis Code ‘one-pager’” discussion and let us know what to develop next.
 - Our goal is to promote DQ best practices

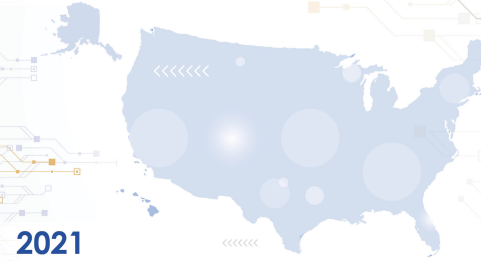
Contacts

- Krystal Collier, krystal.collier@azdhs.gov
- David Swenson, David.J.Swenson@dhhs.nh.gov
- Sophia Crossen, ovo5@cdc.gov
- Karl Soetebier, fhd1@cdc.gov
- Corey Cooper, vnp5@cdc.gov
- Jade Hodge, jade.hodge@ks.gov

National Syndromic Surveillance Program

Community of Practice

Resources that Advance the Science and
Practice of Syndromic Surveillance



2021

Syndromic Surveillance Symposium

Week of November 15, 2021



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