

Drug Treatment Monitoring Unit

Data Quality Strategy 2009-10

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Introduction

The Drug Treatment Monitoring Unit (DTMU) is part of South East Public Health Observatory (SEPHO) and is commissioned to deliver the NDTMS contract until 31st March 2011. As part of the Service Level Agreement (SLA) the team is performance managed on a bi-annual basis by the NTA against an agreed set of deliverables. One of the key output areas is data quality. The deliverables for this area are outlined below:

Ref	Output	Deadline
DQ 1	Annual Data Quality Strategy	On or before 1 st May 2009.
DQ 2	Work plans for targeted data quality improvement programmes to address NTA defined data quality metrics.	Within six weeks of revised data quality documentation being made available. Update plans to be available at intervals agreed with the Data Quality Manager.
DQ 3	Demonstrable evidence that data quality is being effectively addressed	Ongoing.

Aim

To deliver against the SLA outputs DQ1-3 during 2009-10

Objectives

1. To create a data quality strategy to direct and inform the DTMU work plan for 2009-10.
2. To integrate the data quality work of the DTMU with the key delivery assurance drivers of NTA regional team.
3. To facilitate the continuous improvement of agency data, supplied monthly to NDTMS.
4. To supply analytical stakeholders with highest quality NDTMS data.

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Data Quality Improvement Processes

The SE NDTMS Team will meet monthly to discuss the priority areas for data quality improvement projects. This will involve analysing a range of data including the monthly data quality metrics from the NTA Data Quality Manager, data quality reports from the most recent upload of data and the most recent TOP exception reports available at the time of meeting. The group will agree where work on data quality improvement for the forthcoming month is focused based on those areas or agencies:

- That have the biggest impact on overall data quality
- Are agreed with the regional and national NTA to be priority metrics (metrics which may impacts on quarterly performance reports)
- Where 'quick wins' can achieve improvements within a short time scale

Having identified which areas need to be tackled as a priority, the NDTMS team will provide the relevant agency with appropriate reports. A timeframe will be agreed for population of data fields or amendments to the data included in the reports. The revised data should be extracted and included with their next DAMS submission; where data is erroneous, written authorisation will be required for the NDTMS team to delete erroneous data. A document will be included with reports so that the agency can sign off that they have done the required work on the data quality on their master database and the DTMU can sign off that the NDTMS data has been updated appropriately. Where data quality issues are not addressed within agreed timescales, the DTMU will seek support from the DAAT and the Regional NTA Team where appropriate.

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Data Quality Work Plan

The following grid outlines key objectives, timescales and mechanisms for improving and maintaining the quality of NDTMS submissions from the South East.

The key drivers are: TOP, BBV, BME, Parental Status, Children With, Housing and Employment.

Regional Data Delivery Assurance

This framework supports monthly data quality metrics supplied by the NTA. The DTMU will produce a DAT version as a summary of how they are performing against regional metrics.

Metric Description	Current Performance				Action	Responsibility	Timescales
	Mar	April	May	June			
TOP Compliance (Treatment Start) Target Green = 80% and above Amber = 70 – 79% Red = 69% or lower					Review of the TOP Exception reports to focus on under-performing DAT areas which will form part of the monthly Data Quality meeting. DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including TOP. DTMU will ensure TOP is covered as part of the on-going CDS training programme. The team will facilitate DAT process mapping days for TOP. DTMU to develop a 'Rough Guide to TOP'.	DTMU Manager (R. Lally) Technical Liaison (M. Wallington) Database Administrator (S. Dales)	April 2009 – March 2010

<p>TOP Compliance (5-14 week Treatment Review)</p> <p>Target Green = 80% and above Amber = 70 – 79% Red = 69% or lower</p>					<p>Review of the TOP Exception reports to focus on under-performing DAT areas which will form part of the monthly Data Quality meeting</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including TOP.</p> <p>DTMU will ensure TOP is covered as part of the on-going CDS training programme. The team will facilitate DAT process mapping days for TOP.</p>	<p>DTMU Manager (R. Lally)</p> <p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p>	<p>April 2009 – March 2010</p>
<p>TOP Compliance (Planned Treatment Exit)</p> <p>Target Green = 80% and above Amber = 70 – 79% Red = 69% or lower</p>					<p>Review of the TOP Exception reports to focus on under-performing DAT areas which will form part of the monthly Data Quality meeting</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including TOP.</p> <p>DTMU will ensure TOP is covered as part of the on-going CDS training programme. The team will facilitate DAT process mapping days for TOP.</p>	<p>DTMU Manager (R. Lally)</p> <p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p>	<p>April 2009 – March 2010</p>
<p>TOP Mismatches (aggregate of TOP date sequence ERRORS)</p> <p>Target TBC</p>					<p>Reports will be run monthly and actioned appropriately.</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including TOP.</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	<p>April 2009 – March 2010</p>

<p>TOP Mismatches (aggregate of TOP date sequence WARNINGS)</p> <p>Target TBC</p>				<p>Reports will be run monthly and actioned appropriately.</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including TOP.</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	<p>April 2009 – March 2010</p>
<p>Treatment Start TOP (Crack use on TOP not on Drug 1, 2 or 3)</p> <p>Target Green = less than 2% Amber = between 2-5% Red = above 5%</p>				<p>Reports will be run monthly and actioned appropriately.</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including TOP.</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	<p>April 2009 – March 2010</p>
<p>Successful Discharge and Opiate/Crack use on TOP</p> <p>Target TBC</p>				<p>Reports will be run monthly and actioned appropriately.</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including successful discharges.</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	<p>April 2009 – March 2010</p>
<p>Parental Status (data completeness)</p> <p>Target Green = over 90% Amber = 80-90% Red = Under 80%</p>				<p>Reports will be run monthly and actioned appropriately.</p> <p>DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including parental status.</p> <p>Included within the 'Missing field' report to be</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R.</p>	<p>April 2009 – March 2010</p>

					run on a quarterly on an agency-by-agency basis	Johnson)	
Children With (data completeness) Target Green = over 90% Amber = 80-90% Red = Under 80%					Reports will be run monthly and actioned appropriately. DTMU team will hold quarterly data quality away days to focus on addressing key areas of concern including parental status. Included within the 'Missing field' report to be run on a quarterly on an agency-by-agency basis	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010
Data Load Percentage (Data quality report v0.16rpt) Target 100%					This metric is allocated to treatment agencies to achieve 100% load by appropriate of the DAMs system every month. DTMU will not accept files that are below the 100% target.	Treatment Providers across SE region. Database Administrator (S. Dales)	April 2009 – March 2010
Data Quality Percentage(Data quality report v0.16.rpt)					Where the threshold is not met the DTMU will provide tailored 1-1 support using the monthly reports provided by the NTA.	Treatment Providers across SE region. Database Administrator (S. Dales)	April 2009 – March 2010
Duplicate client episodes (duplicate client episodes sharing the same client reference v0.6.rpt)					Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address.	Database Administrator (S Dales) Technical Liaison (M. Wallington)	April 2009 – March 2010

Missing discharge data (missing discharge data v0.5.rpt)					Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address.	Database Administrator (S Dales)	April 2009 – March 2010
Duplicate open episodes (Duplicate open episodes v0.3.rpt)					Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address. The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Effective Treatment'. When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality.	Database Administrator (S Dales) Technical Liaison (M. Wallington)	April 2009 – March 2010
Overlapping Episodes (Overlapping episodes 0.6.rpt)					Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address. The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Effective Treatment'. When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration	Database Administrator (S Dales) Technical Liaison (M. Wallington)	April 2009 – March 2010

					processes to lessen the impact on data quality.		
Duplicate Open Modalities (duplicate open modalities 0.4.rpt)					<p>Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address.</p> <p>When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality.</p>	<p>Database Administrator (S Dales)</p> <p>Technical Liaison (M. Wallington)</p>	April 2009 – March 2010
Overlapping Modalities (Overlapping modalities 0.4.rpt)					<p>Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address.</p> <p>When agencies or entire DAT areas are purchasing a new IT system, the DTMU will provide advice on appropriate data migration processes to lessen the impact on data quality.</p>	<p>Database Administrator (S Dales)</p> <p>Technical Liaison (M. Wallington)</p>	April 2009 – March 2010
Clients in effective treatment with no modality start (clients in effective treatment, with no modality start v0.15.rpt)					<p>Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address.</p> <p>The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Effective Treatment'.</p>	Database Administrator (S Dales)	April 2009 – March 2010

Alcohol Metrics

Metric Ref.	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
A1.	Missing PCT					<p>Identify any agency that appears on more than five data quality reports and arrange 1:1 meetings to address.</p> <p>The DTMU will keep a close eye on this particular metric to prevent adverse impact on 'Numbers in Treatment' for PCT areas.</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	April 2009 – March 2010
A2.	Drinking days > 28 days					This will be monitored by exception.	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	April 2009 – March 2010
A3.	Drinking units null or greater than 75 per day					This will be monitored by exception.	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p>	April 2009 – March 2010

							Public Health Intelligence Analysts (C. Ridler and R. Johnson)	
A4.	Route of administration is not oral					<p>Will run report on a monthly basis and send out to treatment providers for action.</p> <p>The DTMU will monitor where field is blank as this is an issue across the SE region</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	April 2009 – March 2010

Regional Focus Areas

Metric Ref.	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
R1. TOP	Ensure compliance is 80% across the South East region.					The national data quality measures will address this.	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010
R2. TOP	Ensure that Discharge TOPs for planned discharges demonstrate no Opiate/Crack use					The national data quality measure will address this	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010
R3. Families	Parental Status and Children With					The national data quality measures will address this.	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R.	April 2009 – March 2010

							Johnson)	
R4. BBV	Population of Injecting Status and relevant Hep fields Target Green = 100% Amber = 85-99% Red = below 85%					Run the missing fields reports. Analyse the quarterly green reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme.	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010
R5. BME	Population of ethnicity field Target Green = 100% Amber = 95-99% Red = below 95%					Run the missing fields reports. Analyse the quarterly green reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010
R6. Housing	Population of Accommodation Need field					Run the missing fields reports. Analyse the quarterly green reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme Compare Accommodation Need data with TOP Treatment Start data to identify where there are disparities.	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010

R7 Employment	Population of Employment Status					<p>Run the missing fields reports.</p> <p>Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme</p>	<p>Technical Liaison (M. Wallington)</p> <p>Database Administrator (S. Dales)</p> <p>Public Health Intelligence Analysts (C. Ridler and R. Johnson)</p>	<p>April 2009 – March 2010</p>
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Additional Analytical Priorities

Metric Ref.	Metric Description	Performance				Action	Responsibility	Timescales
		Mar	Apr	May	Jun			
A1. Mapping	Population of Local Authority Field Target Green = 100% Amber = 85-99% Red = below 85%					This will be concerned with those areas that are not Unitary Authority. (Kent, Bucks, E. Sussex, W. Sussex, Surrey, Oxfordshire, Hampshire) Run the missing fields reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010
A2. Mapping	Postcode District and Sector Target Green = 100% Amber = 85-99% Red = below 85%					Run the missing fields reports. Work with agencies where large amounts of data are missing. This will also form part of the regular CDS training programme	Technical Liaison (M. Wallington) Database Administrator (S. Dales) Public Health Intelligence Analysts (C. Ridler and R. Johnson)	April 2009 – March 2010

Conclusion

This strategy will direct the DTMU work on Data Quality for the forthcoming twelve months and ensure that the efforts are appropriately focused on key targets for both National and Regional priorities for the NDTMS dataset. This strategy will be reviewed quarterly as part of the Data Quality Away Days that the DTMU hold.

Acknowledgements

DTMU would like to thank both the South West and Eastern region NDTMS teams for sharing the data quality strategies which have informed the development of this document.

Signed: Approved 27th April 2009

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Signed: Approved 3rd April 2009

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