

Data Quality Control

COAP strives to create a data registry of the highest quality. The 2002 Quality Improvement Plan emphasizes the importance of data quality by setting standards for data completeness, timeliness and reliability. Performance against these standards is a factor in maintaining full participation status in COAP.

In order to maintain a database that completely and accurately represents the cases undergoing treatment at each participating hospital, various quality control measures have been instituted to ensure that:

- All of the procedures performed at your hospital are reported to COAP
- The information that you provide regarding these procedures and the patients is as complete and accurate as possible

Below we describe the processes that will be put into place to help assure that the COAP data are as complete and accurate as possible.

Missing or Unobtainable Data

COAP strongly encourages hospitals to answer every question for each patient and procedure. If a question cannot be answered, regardless of reason, leave it blank. Do not fill in fields with “99” or “-99”. The response will appear in the database as “missing” and will be reflected as such on the quarterly and annual reports.

In order to maintain the highest standards for this data registry, it is essential that institutions avoid submission of records that contain inaccurate or missing data. Annually, the percent of data that are missing from procedures reported from your institution will be measured.

For most variables, missing data will be imputed to the lowest risk state. The performance standard for quality indicators, demographic data and risk adjustment variables is 90% complete or greater. Significant patterns (>10%) of missing data among these variables will impact a hospital’s participation status, if quality indicators on the Clinical Dashboards cannot be calculated. Missing mortality data of greater than 10% will render the entire dataset unanalyzable.

Completeness of Reporting

Among the greatest threats to the validity of this data registry and its subsequent value to members is that of missing cases. To stress the importance of this issue, section D.1 of the contract (Health Care Provider Information Sharing Agreement) signed between COAP and each participating institution defines a requirement for complete submission of eligible cases and an expectation of cooperation to resolve any problems regarding incomplete reporting. If it is clear that a participant in COAP is unable to provide complete data despite repeated efforts to assist the institution, COAP may choose to exclude that institution's data from the reports.

Data Edit Checks

On a quarterly basis, each hospital's data will be reviewed to make sure that it is complete and consistent. You will receive printed reports with detailed feedback regarding the data you have submitted. Please provide clarification or missing information and resubmit your data.

Inter-Rater Reliability

The inter-rater (IRR) program measures the degree to which COAP data elements are integrated in the same way by different people. Inter-rater reliability is now a component of the annual assessment of "participation in full compliance status" in COAP. The performance standard set in the QI Plan is a score of at least 90% for all COAP participants, as measured by the IRR test cases. See the IRR section of this manual for more information.

Onsite Monitoring

Periodically (no more frequently than annually), an onsite review may take place to assess the quality of data reported. A qualified health care professional will work collaboratively with your staff to conduct the onsite audit which will focus on completeness of case enrollment and accuracy of data contained in the COAP record. At least four weeks advance notice will be provided along with a list of the patients and procedures to be reviewed. The data audit will include a review of the cath logs and surgical logs to ensure that all cases have been reported. A written report of the review will be prepared and provided, in confidence, to your institution. As with all aspects of COAP's data quality control effort, the site audit is designed not as a punitive or threatening procedure, but rather as a way to consistently and confidently hold COAP to the highest of standards. An institution

that is contributing data in good faith with hopes of using the data to truly improve quality of care must be confident that the information gained is credible and valid. Through the site audits and the other quality control measures, COAP aims to provide quantitative assurances to participants that the data registry is sound.