

# Digital Transformation of Healthcare

## Assessing Data Quality

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# Data Quality

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- Data quality consists of the objective [accuracy, validity (not outside range of possibilities, all data is for the same pt, formatting requirements, DICOM dates), reliability (dx matches problem list matches coding), legibility (units, shorthand)] and subjective [completeness]
- Steps
  - Definition/Design - lack of clear definitions for data items/collection, incompatible units, precision, scope, depth
  - Collection - not enough documentation (drug given/dosage altered but no start and end date), non-adherence to data definitions (collecting data outside of protocol time), human variance/error (bp cuff, RR, incorrect units), Orders are placed (procedures, medications) which are not connected to a rationale or sufficient reason
  - Processing - interpretation ('initial' lab, diagnosis date), coding error (mis-entering information such as order of birthdate, or height as 9 cm instead of 90 cm), random (mistyping, illegible handwriting), software errors, Assigning codes to problems treated vs problems tested and ruled out, which complaints do you code/document (doctors as coders)



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- quality assurance - training of personnel (mock exams and reporting), site visits, reduce open-ended questions
- quality control - data monitoring (compared to independent source), hand verification, entering data in twice (by different sources), consistency checks

# Extract, Transform and Load (ETL)

- Extract
  - Extract data from source(s)
- Transform
  - Modify the data for the purposes of analysis or further querying
- Load
  - Load the data into the target database

Walkthrough EDW

- WHO data quality
- Healthcare Data Warehousing and Quality Assurance
- (2002). Defining and improving data quality in medical registries  
JAMIA, 9(6), 600-611.