

## PDDQ Ambulatory Guide: Scoring Sheet

The following scoring sheet is designed to allow practices to self-evaluate the current status of data quality best practices, policies, and procedures. Follow the hyperlinks on each process area to read more about best practices and examples of improving demographic data quality at the point of capture. Review each evaluation question and assessment examples provided and indicate whether your practice's scoring on each section should be "full", "partial", or "none". Replace the italicized assessment examples with your own criteria for assessment.

|                 | Process Area  | Evaluation Question   | Scoring  | Assessment |
|-----------------|---|---|--|------------|
| Data Governance | <a href="#">Governance Management</a>                           | Is a data governance structure defined and established with assigned roles, responsibilities, and accountability?   | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                 | <a href="#">Communications</a>                                  | Does the organization have a communications plan/strategy for informing staff members about changes to existing or new policies, procedures, and practices that impact the capture and maintenance of patient demographic data? | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                 | <a href="#">Communications</a>                                  | How does the organization ensure that communications reach and appropriately inform the right staff members?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                 | <a href="#">Communications</a>                                  | Does the organization provide effective communications that ensure policies, procedures, and practice are followed?   | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                 | <a href="#">Data Management Function</a>                        | Has the organization identified an individual(s) responsible for standards, processes, and communications about quality efforts related to patient demographic data?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                 | <a href="#">Business Glossary, Metadata, and Data Standards</a> | Has the organization identified and recorded a set of patient demographic data elements?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |

| Process Area |  | Evaluation Question  | Scoring  | Assessment |
|--------------|--|--|--|------------|
|              | <a href="#"><u>Business Glossary, Metadata, and Data Standards</u></a> | Does data governance for the business glossary require the use of data elements in system requirements, and the mapping of data elements?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Business Glossary, Metadata, and Data Standards</u></a> | Does the practice participate in industry groups that are addressing emerging standards and best practices for patient demographic data elements?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
| Data Quality | <a href="#"><u>Data Quality Planning</u></a>                           | Has the practice created a data quality plan, and were staff members from across the practice included in the development of the plan?   | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Data Profiling</u></a>                                  | Has the practice profiled patient demographic data?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Data Profiling</u></a>                                  | Are issues (defects/anomalies) identified through data profiling and has this identification helped develop recommendations for correcting these issues (i.e. best practices and policies)?                          | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Data Quality Assessment</u></a>                         | Are objectives, targets, and thresholds defined?   | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Data Quality Assessment</u></a>                         | Does the practice conduct periodic assessments of patient demographic data?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Data Cleansing and Improvement</u></a>                  | Does the practice use the results of data profiling and quality assessments to create data cleansing requirements?   | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|              | <a href="#"><u>Data Cleansing and Improvement</u></a>                  | Does the practice have a policy and process to ensure that patient demographic data is captured correctly or modified at the point of origin, according to the established best practices, policies, and procedures? | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |

|                             | Process Area                                  | Evaluation Question  | Scoring  | Assessment |
|-----------------------------|---|--|--|------------|
| <u>Data Operations</u>      | <a href="#">Data Requirements Definitions</a> | Has the practice developed data requirements and linked them with the business glossary and corresponding metadata?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                             | <a href="#">Data Requirements Definitions</a> | Is a data requirements definition process for patient data documented and followed?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                             | <a href="#">Data Lifecycle Management</a>     | Is the patient demographic data lifecycle defined and understood by stakeholders?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                             | <a href="#">Data Provider Management</a>      | Has the practice implemented best practices, policies, and procedures for collecting patient demographic data from patients and/or their caregivers?           | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
| <u>Supporting Processes</u> | <a href="#">Measurement and Analysis</a>      | Has the practice developed measurement objectives for quality improvements to patient demographic data?  | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                             | <a href="#">Process Management</a>            | Does the practice identify and address process issues that arise as the data management processes are implemented?   | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
|                             | <a href="#">Process Quality Assurance</a>     | Are issues with data management processes and work products identified by staff members performing the process, and addressed by the stakeholders responsible? | <input type="checkbox"/> Full<br><input type="checkbox"/> Partial<br><input type="checkbox"/> None |            |
| <b>Score</b>                | <b>Practice Score</b>                         |  |  |            |
|                             | <b>Total Possible Score</b>                   |  | <b>22</b>  |            |