

Assessing data quality in the Activity based funding mental health data collection

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Sherlock Holmes made the statement ‘Data! Data! Data! I can’t make bricks without clay.’ (Doyle 1892), meaning that information, theories and assumptions cannot be built without data. This quote is as relevant today as it was in the 1800’s. However if the clay is of poor quality or integrity at risk, the bricks will not be structurally sound. For bricks (or in the case of data, information) to be able to confidently carry out the job they are being used for, the quality and integrity of the clay, or data, must be understood.

Whilst this analogue can apply to many situations, it is particularly fitting in the the context of healthcare data and information. The development, reporting, measuring and improvement of healthcare require a significant amount of information, which is all built using vast amounts of data generated through the healthcare system. The quality of data facilitates information which in turn underpins decisions. The better the quality of the data, increases the confidence in decision making, often increasing the speed of decisions and efficiency and lowering risk in outcomes (Moreno 2017).

As health information systems develop quickly, and systems and infrastructure are becoming completely digital and online, state based system managers are pulled into a balancing act. Managers are required to negotiate the fine line between the need for more data, and the increasing cost of maintenance and development of information systems. As such, data that is produced through the public hospital system is multitasked, putting the policy of ‘single submission, multiple use’ into good effect.

Whilst the importance of reducing the burden of reporting data shouldn’t be overlooked, the quality and integrity of the data needs to be considered.

If ‘the goal is to turn data into information, and information into insight’ (Fiorina 2004) then the assessment of data quality and integrity is not to be underestimated.

The Activity based funding (ABF) mental health care data collection presents unique challenges for data quality. The ABF mental health care collection draws on established collections, with the addition of new data items specific for the ABF collection. The ABF mental health collection has been in its current structure since 2016, with IHPA now holding three years of activity data. The data reported through this collection is being utilised for a variety of purposes relating to ABF.

This presentation will explore the data using six primary dimensions of data quality (DAMA 2013) areas of completeness, integrity, timeliness, validity, accuracy and consistency, demonstrating the advancement in the data collection as it has established as a unique source of mental health data.

References:

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