Technical Table: Data Quality

List of countries:

- Argentina
- Peru
- Ecuador
- Colombia
- Dominican Republic
- Mexico
- Panama
- Cuba
- Barbados
- St. Lucia
- Trinidad and Tobago

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Data quality findings

Barriers

- System fragmentation limits ability to obtain or share data

- Paper-based systems limit reporting capability

- Transition from paper to electronic records is challenging

- Data validation is a work in progress

- Lack of systems or processes to provide timely feedback to health providers limits buy-in and QI

- Multiple levels of training are needed (EHR, workflow redesign, accurate BP measurement) in order to improve completeness and accuracy of data

Recommendations

- Develop a single electronic data entry system to save time and decrease transcription errors

- Create a centralized database with clearly defined variables

- Create (near) real time data back up and other IT best practices (eg. connectivity & bandwidth, high availability, infrastructure)

- Partner with health providers to insure their needs for data quality and reporting are met

- Create efficient, standardized training protocols to support clinic workflows around data recording, reporting and QI

Data quality findings

Barriers

Recommendations

- Define and design a standard data structure to facilitate data exchange

- Implement data integration processes (with periodic scheduling) for extracting data from the EHR transactional database to the Hypertension program data warehouse

- Create an analytic database (data warehouse [DW] approach) for data queries and reporting

- Create standardized reports (tables and graphs) with actionable metrics and key indictors to support (near) real time monitoring, decision support & rapid-cycle QI

- Query database to identify modifiable variables accounting for large variance in priority outcomes to inform efficient and effective protocol/workflow changes and repeat to support continuous/ongoing, rapid-cycle CI