

# Module 6 Data Diagnostics



### Data Diagnostics Overview

• ASPIRE sites may contribute information from various sections of an EHR: preoperative, intraoperative, and postoperative notes and physiologic data, demographic information, laboratory values, and procedure codes.



### Data Diagnostics Overview

- Two separate strategies are employed to improve data quality and ensure data accuracy.
  - First, data diagnostics are used by technical and clinical staff to detect systematic errors with data extraction, transformation, or mappings. Diagnostic visualizations represent specific pass/failure thresholds to determine compliance at a macro level.
  - Second, clinicians at each site are required to manually validate between 5 and 10 cases per month to ensure that the data that have been extracted into MPOG matches the original EHR information utilizing the Case Validator utility (see Module 7: Case by Case Validation)



### Data Diagnostics Requirements

- Data Diagnostic review and attestation are **required** for **all sites before uploading** to the Central MPOG database.
- All **funded** sites are required to conduct this attestation process on a **monthly** basis.
- Non-funded sites are required to complete before each upload to MPOG Central. If submission is on a monthly basis, then attestation should also occur on a monthly basis.



### **Accessing Data Diagnostics**





Last Updated: 12/7/2021

- Your institution/site should be defaulted in the top field.
- Select a module to filter the diagnostic list to accommodate the type of data to review. If planning to review all data diagnostics for the monthly attestation process, click "(All)" from the dropdown menu.





### **Diagnostic Search**

• If searching for a specific diagnostic, a free text search is available on the left-hand side





## Click on the name of the Data Diagnostic in the left column to display the graphical results on the right.



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Contact: support@mpog.zendesk.com

**OUTCOMES GROUP** 

- For the example on the previous slide, Pro Fee Procedures are highlighted in the left column, and the diagnostic displays the percentage of cases with hospital discharge procedure codes by month.
- If your site does not submit billing data, the graph will display 0% of cases have Pro Fee Procedure codes.



### **COVID-19 Adjustments**

- For some diagnostics, the months of March/April/May 2020 are now excluded from diagnostic pass/fail consideration due to COVID-19's impact on case volume
- These months will appear as red data points on the graph







**OUTCOMES GROUP** 

To understand when the Diagnostic was last updated, view the 'Diagnostic Executed On: XX/XX/XXXX' date listed beneath the graph.





- To seek further clarification for the diagnostic selected, click on the "Description" header beneath the graph.
- Clicking on the Description will expand the box to display the definition of the Data Diagnostic shown as well as the MPOG concept IDs that impact that diagnostic.

Percentage of Ou	Itpatient Cases with a LMA Note	
Priority:	High Priority	Open case list for selected month
Diagnostic Executed	On: 10/30/2019	(select a point to enable case listing)
<ul> <li>Description</li> </ul>		
Descente of a star		and the second second second
Check extract or ma	atient cases with an LMA (laryngeal mask airway) note between anesthesia start ai apping if inconsistent with your institution's practices.	nd anesthesia end. Excludes inpatient cases.
Check extract or ma Concepts Used:	atient cases with an LMA (laryngeal mask airway) note between anesthesia start ai apping if inconsistent with your institution's practices.	nd anesthesia end. Excludes inpatient cases.
Check extract or ma Concepts Used: LMA Notes 50141	atient cases with an LMA (laryngeal mask airway) note between anesthesia start a apping if inconsistent with your institution's practices. Airway - Laryngeal Mask airway type	nd anesthesia end. Excludes inpatient cases.
Check extract or ma Concepts Used: LMA Notes 50141 50142	atient cases with an LMA (laryngeal mask airway) note between anesthesia start a apping if inconsistent with your institution's practices. Airway - Laryngeal Mask airway type Airway - Laryngeal Mask airway size	nd anesthesia end. Excludes inpatient cases.
Concepts Used: <b>4 LMA Notes</b> 50141 50142 50143	atient cases with an LMA (laryngeal mask airway) note between anesthesia start a apping if inconsistent with your institution's practices. Airway - Laryngeal Mask airway type Airway - Laryngeal Mask airway size Airway - Laryngeal mask airway placement difficulty	nd anesthesia end. Excludes inpatient cases.



• Beneath the description is an Attestation section. Click on the dropdown arrow next to 'Attestation' to open.

Description		
Use this chart to verify that professional fee procedure codes ha	ve been successfully imported. If this percentage is k	ow, check your extract.
Attestation		
Current Attestation	Comment	Previous Attestations
Data Accurately Represented The results of this diagnostic accurately represents the data from our documentation systems.		04/11/16 Data Accurately Represented 03/02/16 Data Accurately Represented 02/19/16 Data Not Accurately Represented
Data Not Accurately Represented The results of this diagnostic are not representative of data from our documentation and needs to be		01/18/16 Data Not Accurately Represented 12/14/15 Data Not Accurately Represented
Not Contributing Data We are unable to contribute data for this content area.		10/21/15 Data Accurately Represented 09/23/15 Data Not Accurately Represented



 In the Attestation section, the site Anesthesia Clinical Quality Reviewer (ACQR) or Quality Champion has the opportunity to review the diagnostic and determine if the data accurately represents the documentation present at the site (either in the EHR or billing software).



- If the site is not submitting data for the content area measured in the diagnostic (i.e. billing data), the option of "Not Contributing Data" should be selected.
- Click the box next to the attestation selection that most represents the analysis conducted on the Data Diagnostic under review. When the Data Diagnostic application is updated (typically scheduled to run overnight), the current attestation will move to the 'Previous Attestation' box on right side of the screen with an associated date.



- For the purpose of this example (slide 9), "Data Accurately Represented" would be chosen since the data reflects the documentation for the cases that have been loaded to date.
- Comments can be added to the middle column as needed

<ul> <li>Attestation</li> </ul>		
Current Attestation	Comment	Previous Attestations
Data Accurately Represented The results of this diagnostic accurately represents the data from our documentation systems.		04/11/16 Data Accurately Represented 03/02/16 Data Accurately Represented 02/19/16 Data Not Accurately Represented
Data Not Accurately Represented The results of this diagnostic are not representative of data from our documentation and needs to be		01/18/16 Data Not Accurately Represented 12/14/15 Data Not Accurately Represented
Not Contributing Data We are unable to contribute data for this content area.		10/21/15 Data Accurately Represented 09/23/15 Data Not Accurately Represented



### **Viewing Previous Diagnostics**

 To view diagnostic graphs from a previous attestation, doubleclick on the row of the attestation to review and a new screen will display with the previous graph



### • Previous attestation graph will display in a new window



MULTICENTER PERIOPERATIVE OUTCOMES GROUP

### **Investigating Diagnostics**

- If data is not accurately represented (gaps in the data or values are higher or lower than expected)
- Thresholds for many of the diagnostics are reflective of common practice across man sites
  - Acceptable (green)
  - Borderline (yellow)
  - Non-standard (red)





### **Diagnostics Investigation**

- If you are below the threshold, with data in the 'Borderline' or 'Non-standard' areas of the graph, please verify the accuracy of the data.
- If not accurate, investigate further with the site technical team to identify if extract or mapping issues exist.



Click on the data point associated with the time period in question and select 'Open case list for selected month' to display a list of cases for that time period.





- A case list will open showing a random sampling of cases from the selected month
- Open cases as needed in case viewer for further investigation



- A date column also allows users to quickly see any trends to missing data by date on which the cases occurred
- By drilling down in to cases, it may be possible to determine if a mapping issue exists.
- Contact the QI Coordinators to identify next steps to improving the data quality.

#### Percentage of Cases with a PEEP Observation

The selection has 226 cases available

Procedure	Date	Has PEEP?	
THYROIDECTOMY, TOTAL THYROIDECTOMY POSSIBLE PARTIAL STERNOTOMY WITH RLN MONITORING THYROIDECTOMY, TOTAL THYROIDECTOMY POSSIBLE PARTIAL STERNOTOMY WITH RLN MONITORING THYROIDECTOMY, TOTAL THYROIDECTOMY POSSIBLE PARTIAL STERNOTOMY WITH RLN MONITORING THY	05-01-2014 08:30	Yes	^
LAPAROSCOPIC PROSTATECTOMY WITH DAVINCI, POSSIBLE RADICAL RETROPUBIC PROSTATECTOMY RADICAL RETROPUBIC PROSTATECTOMY, POSSIBLE RADICAL RETROPUBIC PROSTATECTOMY	05-01-2014 08:30	Yes	-
IR NEUROLOGICAL EMBOLIZATION, IR NEURO Left ICA aneurysm: Endovascular occlusion	05-01-2014 08:30	Yes	
AAA ENDO, EVAR	05-01-2014 08:30	Yes	
COLONOSCOPY, POSSIBLE BIOPSY, COLONOSCOPY, POSSIBLE BIOPSY	05-01-2014 09:30	No	
CYSTOSCOPY - RETROGRADE, CYSTOSCOPY - RETROGRADE PG URETERAL STENT PLACEMENT, CYSTOSCOPY - RETROGRADE PG	05-01-2014 10:30	No	
ECCE IOL, RIGHT POSSIBLE PARS PLANA CAPSULOTOMY- HAVE OCUTOME LEAVE UNOPENED POSTERIOR CAPSULOTOMY, RIGHT POSSIBLE PARS PLANA CAPSULOTOMY- HAVE OCUTOME LEAVE UNOPENED	05-01-2014 10:30	Yes	~
			 _

Open Case Cancel



### **Diagnostics Priorities**

• Diagnostics are labeled by priority type. A definition for each priority type is listed below. These definitions are also available when clicking on the priority type

#### Percentage of Cases with Hemoglobin or Potassium Labs - 30 Days Post

Priority:	Medium Priority
Diagnostic Executed On:	4/20/2016

Step 1: Click on the Priority type for definition.

#### Percentage of Cases with Hemoglobin or Potassium Labs - 30 Days Post

Priority:	Medium Priority	0
Diagnostic Executed On:	Medium priority diagnostics must be attested to and generally should	
<ul> <li>Description</li> </ul>	pass. Failure to pass these diagnostics is acceptable but usually not recommended if otherwise possible.	
Attactation	Step 2: A definition window will present w priority definition.	/ith the



### **Diagnostics Priorities**

- \* <u>High Priority:</u> High priority diagnostics must be attested to and it is strongly recommended that any detected issues are fixed prior to submission. Failure to pass these diagnostics can severely impact the quality assessment and research capabilities of your institution.
- \*<u>Medium Priority:</u> Medium priority diagnostics must be attested to and generally should pass. Failure to pass these diagnostics is acceptable but usually not recommended if otherwise possible.





### **Diagnostics Priories**

**Low Priority**: Low priority diagnostics are for low impact areas of the MPOG database.

Extraneous Priority: Extraneous diagnostics are meant purely as supplemental information. Reviewing them is not required and they are hidden by default.

Priority type for each diagnostic is easily viewed on the right side in each diagnostic.

nstitution:		
lodule:	(All)	
By Priority High (6 Mediur Low (7)	3) n (18)	By Result Failed (1) Warning (3) Passed (51)
Search for a	iagnostics	V N/A (33)
Surgical Se Cases	ervice Mapping	High Priority
Cases with Fluids	Fluids	High Priority
LMA Note Measures	5	High Priority
Hospital D Billing	ischarge Diagnos	High Priority
Pro Fee Pr Billing	ocedures Anesthe	High Priority
Admission	Type Mapping	High Priority



### **Filtering Diagnostics**

• Filters can be applied by Priority or by Result. Filtering allows the user to limit the number of diagnostics listed and improve the selection process for tailored and purposeful review of the data.





### Extraneous

- All 'Extraneous' diagnostics are highlighted blue. (Note: There are blue diagnostics that are also low, medium, or high priority.)
- Blue coding is used to indicate that thresholds do not exist because every site differs in terms of case mix [see month) and patient population.
- It is important to verify that the diagnostic reflects your organization's case mix, population, practice, and distribution.





### **Exporting Diagnostics**

- Click on the "Export Results" button at the bottom of the Diagnostic listings
- Will export ALL diagnostics at once
- Save file to a location you an easily retrieve from
- If the Coordinating Center requests a copy of recent Diagnostics, simply attach the file to an email and send to one of the QI Coordinators. This report does not contain PHI and can be sent through email.



### **Exporting Diagnostics**

- Helpful when comparing local diagnostics to MPOG Central Diagnostics
- Local Diagnostics refresh each night
- MPOG Central Diagnostics refresh each Sunday

