

Document	NOCA Audit Process Data Quality
Name	Assessment
Document No	TEM 13
Version No	1
Active Date	1 <sup>st</sup> Nov 2021

Audit	Potential Donor Audit Development Study
Purpose	Illustrate the data quality processes which the audit/ national data collection that apply for the PDA pilot study
Effective from	14/11/2022 - 10/02/2023
Developed by	Maria Kehoe Audit Development Manager
Date	27 <sup>th</sup> April 2023
Approved by	QA and Operations Manager / Designee
Date	27th April 2023



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## Relevance

Relevant data meets the current and potential future needs of users.

Characteristic	Criteria	Assessment	
	Are regular assessments carried out to determine	Yes	
	whether all of the data that is being collected is being	No	$\boxtimes$
Release and use	used?		
of data	Has a list of key users and their use of the data been	Yes	$\boxtimes$
	compiled, including unmet user needs?	No	
		Partially	
	Is this reviewed annually?	Yes	
	·	No	$\boxtimes$
		Partially	
	Are data users consulted to establish if the data available	Yes	$\boxtimes$
	assists them in achieving their objectives?	No	
Value of data	Are quality improvement plans in place to address	Yes	$\boxtimes$
	required improvements in the data in order to ensure the	No	
	data remains relevant to users?	Partially	
	Are procedures in place to gather information on the	Yes	
	potential future needs of data users?	No	$\boxtimes$
Adaptability of		Partially	
the data source	Are data user needs prioritised as a result, of consultation	Yes	$\boxtimes$
	undertaken with data users about how the data relates to	No	
	their needs?		

## **Additional comment**

#### Relevance

The PDA Audit Questionnaire was co-developed with Organ Donation Personnel (ODP) to ensure that the data captured in this audit provides relevant information to support ODP. Data elements were defined based on:

- A international review of PDA datasets (NHSBT, Donate Life, Accord, Spanish Quality Assurance Processes in Deceased Donation) and empirical evidence from the literature (Milross et al, 2022, EDQM)
- A review of national and international organ donation guidelines
- Continuous stakeholder engagement

Regular assessments of use of data, future user need, annual review and quality improvement plans to address required data improvements will be considered in national implementation but deemed not relevant for 3 month pilot collection.



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# Accuracy and Reliability

The accuracy of data refers to how closely the data correctly describes what it was designed to measure. Reliability refers to whether that data consistently measures, over time, the reality that it was designed to represent.

Characteristic	Criteria	Assessment	
	Are details of the reference population explicitly stated in	Yes	$\boxtimes$
	all information releases and is the coverage of the	No	
	population quantified?	Partially	
	Are significant coverage issues that may impact analysis	Yes	
Coverage	and interpretation of data documented and made	No	
	available to users?	N/A	$\boxtimes$
	Are processes in place to identify and handle duplicate	Yes	$\boxtimes$
	and potential duplicate records within the data?	No	
		Partially	
	Are issues with the quality of data submitted that have	Yes	
Data capture and	the potential to impact significantly on analysis and	No	
collection	interpretation of that data addressed and documented	N/A	$\boxtimes$
	for users of the data?		
	Are data validation processes applied consistently and	Yes	$\boxtimes$
Data processing	are the processes documented for data users?	No	
		Partially	
Commission	Are rates of valid, invalid, missing and outlier values	Yes	$\boxtimes$
Completeness	documented and updated routinely and reported with	No	
and validity	each data release?	Partially	
	Are revisions or corrections made to the data regularly	Yes	$\boxtimes$
Revisions	analysed to ensure effective statistical use of same?	No	

### **Additional comment**

Accuracy and reliability

## Coverage

Two approaches were taken to ensuring full coverage in the participating hospitals. The Irish National ICU Audit (INICUA) collects data for patients admitted to ICU in Irish hospitals and includes a dataset on organ donation. PDA coordinators worked locally with INICUA coordinators to assess data coverage in three of six participating hospitals. Where this was not feasible, coordinators accessed independent reports from clinical information systems to assess data coverage. Summaries from these reports were obtained locally and submitted to the PDA project lead.

# Data capture and collection

An online data capture form was developed with carefully sequenced conditional branching which provided a mechanism for data validation at the point of data entry. A data dictionary was developed to ensure accurate interpretation of the questions. Each PDA Audit coordinator received training and ongoing support around interpretation of the definitions to ensure accuracy



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and reliability of data collection. Data definitions were also embedded into the questionnaire on an item-by-item basis to provide quick reference to the related definition.

#### Data processing

The online tool had in-built data validations (e.g., the patient Medical Record Number was required to be unique and a date of death could not be entered for a date in the future). This approach further maximised validity at the point of data entry. Additional data validation checks were performed after data capture.

### Completeness and validity

Findings on completeness and validity are reported in the publicly available report.

#### Revisions

Audit coordinators reviewed any discrepancies identified during data processing and either confirmed data were correct or revised it accordingly.

#### Reliability

There was a qualitative assessment of consistency and pattern of responses selected by audit coordinators across hospitals. This was feasible due to the small numbers of participants in this study. Options to further to continuously improve reliability were considered for the future and will be included in any future implementation plans.



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# Timeliness and Punctuality

Timely data is collected within a reasonable agreed time-period after the activity that it measures. Punctuality refers to whether data are delivered or reported on the dates promised, advertised or announced.

Characteristic	Criteria	Assessment	
	Are procedures in place to ensure the effective and timely	Yes	$\boxtimes$
	submission of data from providers?	No	
Submission		.,	
timeliness	Are agreements in place with data providers, which detail	Yes No	$\square$
	planned dates for submission of data?	INO	
	Are follow-up procedures in place to ensure timely receipt of	Yes	$\boxtimes$
	data, including procedures to address necessary	No	
	improvements?		
Processing	Are data processing activities regularly and systematically	Yes	
timeliness	reviewed to improve timeliness and has an associated action	No	$\boxtimes$
	plan been developed and implemented?		
	Has a data release policy and procedures document, which	Yes	
	includes targets for timeliness, been developed, published	No	
	and implemented? Does the policy describe revisions for key	Partially	
	outputs that are subject to scheduled revisions?	NA	
Release	Do planned releases occur within a specified period of time	Yes	
timeliness and punctuality	from the end of the reference period?	No	
ļ	In the event of delays affecting a planned release, are delays	Yes	$\boxtimes$
	and causes documented and made available to data users?	No	
		Partially	
	Is an up-to-date release calendar publicly available?	Yes	$\boxtimes$
		No	

#### **Additional comment**

Timeliness and punctuality

## Submission timeliness

Audit coordinators were advised to collect data as soon as possible following a patient's death so that their data remained up to date and accessible to them. It was agreed that where possible, data should be entered within two weeks of the patient's death.

### Release timeliness and punctuality

As the opportunities for organ donation are so few, it was important to ODP to be able to access data in as close to real time as possible. Preliminary real-time reports were available through the PDA electronic data collection tool on basic report metrics. These reports were based on preliminary, i.e., not fully validated data. The approach to data analysis was developed during the development study meaning the hospitals had access to their data in a timely manner once the



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PDA pilot study in hospitals was complete. This final report provides validated information suitable for benchmarking in the future.

# Coherence and Comparability

Coherent and comparable data is consistent over time and across providers and can be easily combined with other sources.

Characteristic	Criteria	Assessment	
	Is data collected in line with national and international	Yes	$\boxtimes$
	standards and classifications?	No	
		Partially	
Standardisation	Is a data dictionary available?	Yes	$\boxtimes$
		No	
	If yes, is it publicly available?	Yes	$\boxtimes$
		No	
	Is aggregated data compared with other sources of data,	Yes	$\boxtimes$
	for example, administrative data, that provide the same	No	
Coherence	or similar information on the same phenomenon?		
	Are divergences identified and clearly explained to data	Yes	$\boxtimes$
	users?	No	
	Are historical changes/trends in the data documented	Yes	
	and publicly available for data users?	No	
Historical		N/A	$\boxtimes$
	Are any changes in the data/trends that can potentially	Yes	
comparability	have a significant impact on interpretation and analysis	No	
	of data, that is, changes to key elements of the data set,	N/A	$\boxtimes$
	documented and available for data users?		
Regional	Is the impact of any identified differences in data across	Yes	
comparability	regions documented?	No	
Comparability		N/A	$\boxtimes$

### **Additional comment**

Coherence and comparability

### Standardisation

A number of steps were taken to ensure that historical or regional comparability would be feasible in the future. This report provides the first baseline assessment of the opportunities for organ donation in six Irish hospitals. A careful review of terminology by ODP ensured that terminology is consistent with accepted contemporary clinical practice in organ donation. A placeholder is reserved for when the IHI becomes available. This will allow for the valuable combining of datasets in the future (For example Australia REFERENCE study). The Data Dictionary was presented and positively evaluated by the HSE Dataset Specification Management Process (DSMP, 2022, eHealth Ireland) group to promote comparability. The National SNOMED-CT release centre was consulted and informed of the definitions used at "Neurological Cause of Death". Further engagement with the SNOMED-CT release centre, to



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develop a PDA-specific reference will facilitate further standardisation and interoperability of the dataset.

#### Coherence

The Irish National ICU Audit collects some data around organ donation. PDA Audit Coordinators worked locally with INICUA dataset to ensure comparability around the appropriate data elements in both datasets.

# Accessibility and Clarity

Data are easily obtainable and clearly presented in a way that can be understood.

Characteristic	Criteria	Assessment	
Accessibility	Are data available to users in a form that facilitates proper interpretation and meaningful comparisons?	Yes No	
	Is ICT effectively used to disseminate data and information?	Yes No	
Interpretability	Are supporting documents, for example, metadata, publicly available to facilitate clarity of interpretation for data users?	Yes No Partially	
	Does a revision policy exist which covers all data and is it available to data users?	Yes No Partially	

#### **Additional comment**

Accessibility and clarity

## Accessibility

Report metrics were co-developed with ODP following a review of international evidence and local and international guidelines. A simple, standardized approach was developed for the presentation of reports. It was intended:

- To illustrate of the complexity of patient care processes
- Reflect the movement of patients across organ donation pathways
- Clearly demonstrate how the objectives of the audit are met
- Potentially be used for benchmarking in the future.

#### Interpretability

A complete data dictionary is available publicly.



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Data Quality
Improvement plan

Improvement plans for timeframe of this Data Quality statement

Driver	Improvement action	Lead	Due by
Rationale for improvement, Should reference data quality dimension	Should be action orientated	NOCA lead	Expected completion date
Maintain ongoing relevance of the dataset based on learnings from the PDA prior to full implementation	Implement and test changes to the dataset and corresponding filters and metrics during additional data collection	Maria Kehoe Audit Development Manager	February 2024
Assess the reliability of audit coordinators in selecting appropriate response options for questions.	Include an assessment of reliability in national implementation	Maria Kehoe Audit Development Manager	In national implementation
Further engagement with the SNOMED-CT release centre, to develop a PDA-specific reference will facilitate further standardisation and interoperability of the dataset.	Engagement with the SNOMED-CT release centre in national implementation.	Maria Kehoe Audit Development Manager	In national implementation

## Reference

Health Information and Quality Authority (2018) Data Quality Assessment Tool for health and social care. Available from: https://www.hiqa.ie/reports-and-publications/health-information/guidance-data-quality-framework-health-and-social-care [Accessed on: 31<sup>st</sup> August, 2021]