

Data cleansing

Data, in the form of a clinical record, provides a view of your patient’s health status. By having accurate and up-to-date patient information that is recorded correctly in the clinical software, you will have accurate, accessible and comprehensive data. This can be used to provide the most effective care to your patients, which may assist in the prevention and management of chronic disease.

Data can be used to:

- Diagnose a condition and determine appropriate treatment;
- Identify health related risks;
- Help manage a condition and minimise risk; and
- Ensure that care is based on best practice guidelines.

From a general practice perspective, data can be used to:

- Identify improvements in health service systems;
- Efficiently manage groups of people with similar health conditions; and
- Inform resource planning and reduce waste.

To get the most out of your clinical software, data needs to be collected accurately, recorded in the right place and maintained over time. If not, patient care may be compromised and efficiency suffers.

Good data quality is a powerful resource for general practices but requires a consistent and coordinated approach from all of the general practice team. The following ideas are suggestions to assist with achieving good data quality at your general practice:

QI team training: QI Orientation Training

To provide an insight into data quality, please review the Eastern Melbourne Primary Health Network (EMPHN) QI training video: Introduction to data quality on the [EMPHN website](#).

This training video will provide information on:

- The importance of data
- What is data quality?
- How to establish robust data quality processes
- How data can be used for better patient management

Accreditation reference

RACGP Standards for general practices 5th edition

Quality Improvement Standard 1: Quality Improvement

Criterion QI 1.3 – Improving clinical care

Data quality activity example

Goal

What are you trying to accomplish?

To create an accurate and up to date clinical system of active patients within three months.

Measure

How will you know that a change is an improvement?

Compare:

Measure 1

- Active patient numbers at baseline.
- Active patient numbers at completion of quality improvement activities.

Measure 2

- RACGP active patient numbers at baseline.
- RACGP active patient numbers at completion of quality improvement activities.

**RACGP defines an active patient as one who has visited your practice at least three times in two years*



Ideas			
What changes can we make that will lead to an improvement? – small steps/ideas			
1. Assign data quality roles		Date completed	Notes
<input type="checkbox"/>	Allocate a person to be responsible for data quality (data quality manager) to oversee all data quality activities.		
<input type="checkbox"/>	Provide protected time for the data quality manager to complete data cleansing tasks.		
<input type="checkbox"/>	Include data cleansing as part of a job description and articulate expectations.		
2. Communicate with the practice team		Date completed	Notes
<input type="checkbox"/>	Include data cleansing topics as agenda items to team meetings.		
<input type="checkbox"/>	Capture the outcomes of the team meetings within meeting minutes that can be shared with those team members that could not attend.		
<input type="checkbox"/>	Support the team with required clinical software training and regular updates to ensure data collection and cleansing is a routine and consistent task.		



3. Data quality steps		Date completed	Notes
<input type="checkbox"/>	Does the clinic have a data cleansing policy on inactivating patients? If no, consider developing a policy.		
<input type="checkbox"/>	Develop a procedure to archive inactive patients on a regular basis. You may consider different timeframes for different age groups: <ul style="list-style-type: none"> All patients not seen for 3 years. Patients with specific chronic disease not seen for 2 years. Patients with interstate or rural postcodes not seen for 6 months.		
<input type="checkbox"/>	Agree on a definition of active patients for the practice.		
<input type="checkbox"/>	Archive inactive patients that do not fit within the practice's active patient definition. This may include: <ul style="list-style-type: none"> Archive deceased patients. Merge duplicate patients. Archive patients with a postcode not relevant to your areas/state. Archive patients that have moved away or no longer attend the clinic. Archive patients that have never attended the clinic e.g. those patients that have registered for an appointment but have never turned up (online bookings). 		
<input type="checkbox"/>	Develop procedure to archive inactive patients on a regular basis. e.g. every 3 months.		

Acknowledgement

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