

# Continuous Data Quality Improvement Process

## Santa Clara Continuum of Care

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## **Data Quality Defined**

Data quality is a term that refers to the reliability and validity of client-level in HMIS. It is measured by the extent to which data in the system reflects actual information in the real world. With good data quality, a Continuum of Care can accurately tell its story of the individuals and families it serves.

## **Overview of Data Quality Continuous Improvement Process**

A continuous data quality improvement process facilitates the ability of the CoC to achieve statistically valid and reliable data. It sets expectations for both the community and the end users to capture reliable and valid data on persons accessing your agency's programs and services.

## **Roles & Responsibilities**

Bitfocus will provide the following services to assist agencies in correctly entering data in HMIS, and in addressing data quality issues:

- Provide end user trainings and workflow documents.
- Work with agency management to identify at least one agency employee as an HMIS agency administrator.
- Produce data quality reports and information on how to correct any identified data quality issues.
- Provide technical assistance to agencies requesting assistance in identifying what steps need to be taken in order to correct data quality issues
- Provide other services as contracted with a CoC and/or agency.

Agencies will take primary responsibility for entering, verifying, and correcting data entry:

- Agency staff will measure completeness by running APRs and other reports, then distribute those reports to staff tasked with improving data completeness
- It is the responsibility of Agency management to ensure staff tasked with correcting data quality issues do so in a timely manner.

## Data Quality Standards

There are three general types of programs, each with a set of data elements that are required for every adult client. All required elements, regardless of program type, must have 0% Null rates. Don't Know and Refused rates vary by program.

### *Timeline*

Data quality reports should be run at least once per month throughout the year. In the weeks prior to submitting a report (e.g.: AHAR), data quality reports may need to be run on a daily basis.

### *Data Completeness*

No Null (missing) data for required data elements. Don't Know or Refused responses should not exceed the allowed percentages (see below for details).

### *TH, PSH, & RRH Programs*

<b>Data Element</b>	<b>Applies to:</b>	<b>Don't Know/Refused Should Not Exceed</b>
First Name	All Clients	5%
Last Name	All Clients	5%
SSN	All Clients	n/a
Date of Birth	All Clients	5%
Race	All Clients	n/a
Ethnicity	All Clients	5%
Gender	All Clients	5%
Veteran Status	Adults Only	5%
Disabling Condition	Adults Only	5%
Residence Prior to Program Entry	Adults & HoHH	5%
Zip Code of Last Permanent	All Clients	5%

Address		
Housing Status (at entry)	Adults & HoHH	5%
Income and Sources (at entry)	Adults & HoHH	5%
Income and Sources (at exit)	Adults & HoHH Leavers	5%
Non-Cash Benefits (at entry)	Adults & HoHH	5%
Non-Cash Benefits (at exit)	Adults & HoHH Leavers	5%
Physical Disability	All Clients	5%
Developmental Disability	All Clients	5%
Chronic Health Condition	All Clients	5%
HIV/AIDS	All Clients	5%
Mental Health	All Clients	5%
Substance Abuse	All Clients	5%
Domestic Violence	Adults & HoHH	5%
Destination	Adults & HoHH Leavers	5%

*Outreach and Emergency Shelter*

<b>Data Element</b>	<b>Applies to:</b>	<b>Don't Know/Refused Should Not Exceed</b>
First Name	All Clients	5%
Last Name	All Clients	5%
SSN	All Clients	n/a
Date of Birth	All Clients	5%
Race	All Clients	n/a
Ethnicity	All Clients	5%

Gender	All Clients	5%
Veteran Status	Adults Only	5%
Disabling Condition	Adults Only	5%
Residence Prior to Program Entry	Adults & HoHH	5%
Zip Code of Last Permanent Address	All Clients	5%
Housing Status (at entry)	Adults & HoHH	5%
Income and Sources (at entry)	Adults & HoHH	5%
Income and Sources (at exit)	Adults & HoHH Leavers	5%
Non-Cash Benefits (at entry)	Adults & HoHH	5%
Non-Cash Benefits (at exit)	Adults & HoHH Leavers	5%
Physical Disability	All Clients	5%
Developmental Disability	All Clients	5%
Chronic Health Condition	All Clients	5%
HIV/AIDS	All Clients	5%
Mental Health	All Clients	5%
Substance Abuse	All Clients	5%
Domestic Violence	Adults & HoHH	5%
Destination	Adults & HoHH Leavers	30%

## Minimizing Data Quality Issues

How you can minimize data quality issues:

- Enter client data as soon as possible. The more time passes between collecting data and entering the data in HMIS, the greater the odds there will be data quality issues.
  - Recommended Time Frames:

- Transitional and Permanent Housing Programs: Enter all program entry/exit data within three (3) workdays.
  - Emergency Shelters and non-HUD: Enter check in/checkout within one (1) workday
  - Outreach: Create client profile, if necessary, within three (3) workdays. Record outreach services within one (1) workday.
- Whenever possible, consider entering data during client visits so that clients may help identify potential inaccuracies.
- Review Data Quality using APRs at least once a month. Correct all null values as soon as possible.

## When to Correct Data Quality Issues

At a minimum, you should begin correcting data quality issues should least two (2) months before a report is submitted to the agency requesting the report.

In general, you should evaluate and correct data quality quarterly using the following schedule:

- First month of quarter: begin data quality review, focused on ensuring the correct number of clients are enrolled and there are no null values. Make corrections as needed. For example, ensure that no required information, such as veteran status, is missing.
- Second month of quarter: review data with relevant program managers and/or staff to verify accuracy of data compared other records. For example, ensure that veteran status data entered into Clarity is correct.
- Third month of quarter: assess agency workflow to identify process improvements that may help ensure high quality data is consistently entered into system.

## Correcting Data Quality Issues

The following reports can help identify the majority of data quality issues:

- [HUDX-120] Annual Performance Report [OCT2014]
- [DQXX-110] Duplicate Clients
- [DQXX-103] Monthly Staff Report
- [DQXX-102] Program Data Review

- [DQXX-105] Monthly Agency Utilization Report

## **Annual Homeless Assessment Report (AHAR)**

TBD

## **Annual Performance Review (APR)**

Preparation and submission schedule:

- Two (2) Months before due date: begin data quality review, focused on ensuring the correct number of clients are enrolled and there are no null values. Make corrections as needed. For example, ensure that no required information, such as veteran status, is missing.
- One (1) Month before due date: review data with relevant program managers and/or staff to verify accuracy of data compared other records. For example, ensure that veteran status data entered into Clarity is correct.
- Two (2) weeks before due date: enter data into esnaps.
- One (1) week before due date: conduct internal review of data entered into esnaps to verify accuracy