

**Dallas-Fort Worth Hospital Council
Data Initiative**

“Excellence Through Collaboration”



Role of the DFWHC Data Initiative

The Dallas-Fort Worth Hospital Council Data Initiative (DI) is a not-for-profit Education & Research Foundation established in 1997 to answer the growing need in the health care community for high quality, standardized data which could be used to measure value, facilitate evaluation of health care quality and promote quality improvements.

The purpose of the Dallas-Fort Worth Hospital Council (DFWHC), as a member driven service organization, is to promote responsibility to the patient and communities we serve. The services provided by the Data Initiative encompass many different layers including data collection and analysis, education on quality measurement and practice improvement, and general consultation.

- **Texas Health Care Information Collection (THCIC) Center for Health Statistics:** The Data Initiative facilitates hospital's compliance with Texas state law by serving as submission agent to provide hospital discharge data to the THCIC. We advocate on the hospitals' behalf to THCIC via attendance at THCIC Board, Executive and Technical Advisory Committees to monitor the issues and respond when necessary.

The DFWHC DI publishes a deadline of the 15th of the month prior to the data due date for initial submission to THCIC (e.g. Q1 data is due to the DI on May 15. Data must be submitted to THCIC by June 1.) The DFWHC works with facilities on an individual basis if there is difficulty meeting the published DI due date. We do not currently have deadlines for receipt of facility resubmissions to THCIC, we prefer to work with each facility individually to accommodate their particular circumstances. Work must be accomplished within the THCIC published deadlines for correction of data after initial submission and during certification.

The DFWHC DI has never missed a THCIC deadline. The DFWHC DI serves as THCIC submission agent for over 65 facilities. All data submissions have been accepted by THCIC's data collection agent. The DI has accepted data from hospitals less than six hours before the THCIC deadline and successfully processed the file and received acceptance from THCIC's collection agent. Data Initiative staff have provided services after normal business hours and weekends to accommodate hospitals' needs and in recognition of their 24-7 operation schedules. In numerous cases we have worked closely with facilities that have unusual circumstances to allow them the maximum time possible to cleanse their data prior to submission. In addition, we have been asked by facilities to edit their data prior to submission to THCIC for various reasons (e.g. blinding of substance abuse patients, repairing errors in data elements such as Physician Name fields and payer name). Data files are edited only at the request of the facility and all changes are approved by the facility prior to submission.

The DFWHC DI successfully converted all member hospitals over to the new Texas 837 export format, with approximately 75% of member hospitals converting with the first quarter of submissions for Q4 2004 data.

- **Data Quality Analyst Software (DQA):** This software is provided to participants to cleanse their hospital discharge data prior to submission to THCIC and inclusion in the DI Regional Warehouse. This software tool allows for up front cleansing of the data. A text file is imported and edits are applied (THCIC, other clinical and administrative edits). Reports are then generated for on-screen viewing, hard copy printing or export. "Error" and "Warning" level data errors can be signed off at the user's discretion if investigation reveals the data is correct. Error and Warning level data issues can be

repaired using the Correction Feature. DQA imports multiple file formats and converts to the Texas 837 to support state submissions. This feature of DQA is offered through a partnership with Redix International.

- **DFWHC Data Initiative Regional Hospital Discharge Data Warehouse:** Currently 100% of hospital discharge data is collected from over 65 participating hospitals. Hospitals “clean” data using the DFWHC software package, Data Quality Analyst, to identify data errors. The database contains more than 3.5 million patient records, with current processing at more than 600,000 per year.
- **Hospital Discharge Data Exchange:** Participating facilities who agree to exchange data receive patient level data that includes all the key demographic, diagnosis, procedure and charge data for all participating facilities (all patient identifiers have been removed). This data can be used to prepare for the State release of their Public Use Data file or for other internal analysis. Patient level data from 1999 through the current year has been released to date. Data is provided to hospitals approximately 90 days out from the close of the quarter.
- **Community and Provider Comparative Reports:** A variety of comparative reports are generated from the DI Regional warehouse for members and shared via the DFWHC website and interactive reporting tool. Hospitals are identified by name in each provider comparative report.
 - DFW Community Top 25 DRG's
 - DFW Community Top 25 3M APR-DRG's
 - DFW Community Top 25 Procedures
 - DFW Community Top 25 Diagnoses
 - Provider Comparative - Average Length of Stay for each of the top 25 3M APR-DRG's stratified by Severity of Illness Scores
 - Provider Comparative - Average Charges for each of the top 25 3M APR-DRG's stratified by Severity of Illness Scores
 - Provider Comparative - Volume for each of the top 25 3M APR-DRG's stratified by Severity of Illness Scores
 - Healthcare Value Initiative reports – provider comparative reports
 - Agency for Healthcare Research and Quality (AHRQ) Quality Indicators (Over 70 Measures)
 - ◇ AHRQ Inpatient Quality Indicators
 - ◇ AHRQ Prevention Quality Indicators
 - ◇ AHRQ Patient Safety Indicators
 - Expanded Population / Community Based Health Reports
 - Expanded Provider Comparative Reports and other Community Reports to include trending (over time)
- **Healthcare Value Initiative (HVI):** The HVI is a voluntary, collaborative effort of employers, represented by the Dallas-Fort Worth Business Group on Health (DFWBGH) and providers (hospitals and physicians) to measure, track and improve the quality and cost-effectiveness of health care in our

community. The project is currently open to providers in Dallas and Tarrant counties and could be expanded to other regions.

- **Research Support:** The DI supports several research projects throughout the year including large scale projects. Research support represents activities conducted in support of data quality community research efforts. The projects are commonly partially grant, foundation, or corporation funded and collaborative in nature. Projects currently active, underway, or pending are:
 - Rural Hospital Grant Collaborative – This grant entitled “Rural Hospital Collaborative for Excellence Using Information Technology”, is a three-year research grant that began in October 2004. The grant research activities focus on the improvement of patient care safety and quality in Texas rural and small community hospitals through the use of technology and education. Rural and small community Texas hospitals are defined in the grant study as acute care hospitals (General Medical Surgical service type as indicated on the 2003 American Hospital Association Hospital Survey) and located in a county with a population of less than 100,000. In addition, all Texas Critical Access Hospitals are included. Total study sample is 188 hospitals.
 - CMS/TMF Partnership on Quality Improvement
 - UTSW Reynolds Foundation Grant: A Longitudinal Study Examining Minorities with Cardiovascular Disease
- **Decision-Making: the DFWHC Board of Trustees directs All DI activities and services.** There are also guiding (Executive Committee) and technical advisory committees (e.g., Patient Safety & Quality Improvement Committee, and Information Systems Technical Advisory Committee). Each participating organization can choose to send representatives to any committee. The Board of Trustees must approve membership on the Executive Committee. Membership on other committees is voluntary based on the individual’s expertise and interest and the goals of their organization.

Additional Information

For more information about DFWHC Data Initiative services contact our staff at (972) 717-4279 or e-mail datahelp@dfwhc.org. Please visit our web site, www.dfwhc.org, for additional services provided by the Dallas-Fort Worth Hospital Council.

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