CHAPTER-13

DATA QUALITY ASSESSMENT & FACTORS RESPONSIBLE IN DISTRICT BAREILLY, UTTAR PRADESH

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INTRODUCTION

Healthcare data refers to information utilized in the provision, management, payment, and reporting of services throughout the entire healthcare system. Health Management Information Systems (HMIS) generate data related to health service delivery and population health status, supporting decision-making and program planning across all levels of the healthcare system. The availability of accurate, timely, and reliable public health data is crucial for delivering high-quality healthcare services and continually enhancing public health programs [1].

Quality and timely data from a health information system should guide decision-making across various functions within the health system, including service delivery, health workforce, access to essential medicines, financing, leadership, and governance. These decision-making processes encompass priority setting, allocating and utilizing health resources, introducing and enhancing service delivery, and formulating policies to encourage greater utilization of health services, ultimately leading to improved health outcomes through annual health planning and budgeting. Data-informed decision-making fosters a culture of transparency and accountability, as the information at hand is employed to ensure that resources such as workforce, finances, and commodities are utilized effectively and appropriately [2].

RESEARCH OBJECTIVES

1. To assess the current state of data quality for key parameters in the Bareilly district.

2. To examine the barriers on the provider side, specifically individuals responsible for data entry at the facility, contributing to poor data quality.

RESEARCH METHODOLOGY

The study was designed as a cross-sectional investigation and was carried out in the blocks of Bareilly district, Uttar Pradesh. The study population encompassed all public health facilities in the district,

excluding private facilities. Utilizing a questionnaire as the study tool, data was collected over a period of three months. The sample size consisted of nine facilities, and a multi-stage sampling technique was applied. The analysis of data involved the assessment of the blocks in the Bareilly district, with the identification of the best and worst-performing blocks based on data quality indicators. Subsequent to the data analysis, two blocks—one Primary Health Center (PHC), one block facility (CHC), and two sub-centers—were selected randomly from both the best and worst-performing blocks. This method was employed to gain insights into the quality of data across various types of health facilities within the identified blocks of the Bareilly district.

RESULTS & DISCUSSION

Data quality within a healthcare system was shaped by various pivotal factors. Initially, the assignment of data element responsibilities to the staff played a critical role in the successful implementation of a data management plan. It was imperative to have sufficient staffing resources available and adequately trained to manage their designated responsibilities. This strategy not only facilitated the distribution of workload among Data Entry Operators (DEO) and Business Process Management (BPM) staff but also boosted their efficiency. Furthermore, the practice of maintaining summaries at the end of each month proved to be an effective measure in ensuring data accuracy and precision. This systematic approach in the past had contributed to reducing the likelihood of errors, thereby leading to enhancements in data quality.

CONCLUSION

The study recommended regular maintenance of summaries at the end of each month. These summaries play a crucial role in data management, and during validation meetings, they should undergo meticulous checking, verification, and cross-checking. This rigorous examination is intended to enhance the overall quality of the data, ensuring its accuracy and consistency. In addition, the study advocates for the frequent conduct of data audits and the provision of clear and comprehensive reporting formats. These formats are designed to be user-friendly and should facilitate easy use and validation as needed.

This proactive approach to data management contributes to the continual improvement and reliability of the collected data within the healthcare facility.

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