

Data Quality Burden

"One primary burden of EHR/HIT systems and 'interoperability solutions' at present is simply that, in many scenarios, their representations aren't trusted. Any 'resource' that can't be trusted is necessarily a burden."

(Details derived from HL7 EHR Work Group, Reducing Clinician Burden Project, Analysis Worksheet, first tab "Burdens".)

Vital Qualities (of health data/records) <ul style="list-style-type: none">• Is it true and trustworthy? Accurate, authentic, assured?• Is it action-able? Timely, current? Relevant, pertinent? Concise, succinct, to the point? Useful, usable?• What is immediately known (evident or knowable) regarding its content?	Specifically health data/record content that is:
	Known and certain as to identity: patient, provider (individual or organization)
	Known to show clear relationship between data and actions taken (i.e., actions taken to support individual health and to provide healthcare): <ul style="list-style-type: none">• Who did what when, where and why
	Known to retain clinical context and maintain vital inter-relationships with/between (as applicable): <ul style="list-style-type: none">• Problems, diagnoses, complaints, symptoms, encounters, allergies, medications, vaccinations, assessments, clinical decisions, orders, results, diagnostic procedures, interventions, observations, treatments/therapies, protocols, care plans and status
	Known as to source and provenance ("source of truth"), with traceability to point of origination: human, device, software
	Known as to accountable human authorship (if applicable) with role and credentials
	Known as to time orientation (date/time of occurrence, chronology, sequence), and in terms of: <ul style="list-style-type: none">• What has happened: past, retrospective• What is now in progress: present, concurrent• What is anticipated, planned: future, prospective
	Known to be verified (or not) with evidence of verification event(s), verifier(s), date(s)/time(s) and method(s)
	Known to be updated (or not) with evidence of update event(s), updater(s), prior state(s), effective date(s)/time(s)
	Known to be unaltered (maintaining fidelity to original/source content) or Known to be altered/transformed from source content/representation
	Known to be complete or Known to be partial/pending or Known to be a snippet/fragment with other essential details elsewhere
	Known to be comparable (correlate-able, trend-able) to like data, having same/similar context
	Known to be consistent in terms of data definition and with corresponding data: <ul style="list-style-type: none">• Element name(s), data type(s), range, input/display/storage format, unit(s) and scale of measure
	Known to be sourced as structured (coded) content or not
	Known, if coded, to include: <ul style="list-style-type: none">• Coding convention – vocabulary/terminology set or value set – and version
Known as to method and purpose of capture	
Known as to how external data is integrated with health data/records in the local EHR	
Known as to how external data is integrated with other health/data records from other sources	