COMMUNITY HEALTH CARE ASSOCIATION of New York State

CHCANYS NYS-HCCN presents

Data You Can Trust: Building Validation & Hygiene Practices in Health Centers

Session 2:
Building Leadership & Staff Buy-In for Data Quality

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Session Agenda

I. Welcome & Session Context

II. Module C: Building Leadership & Staff Buy-In

III. Wrap-Up & Q&A

Meet Your Facilitators

Mike Wong
Managing Director
Business Intelligence

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Manager
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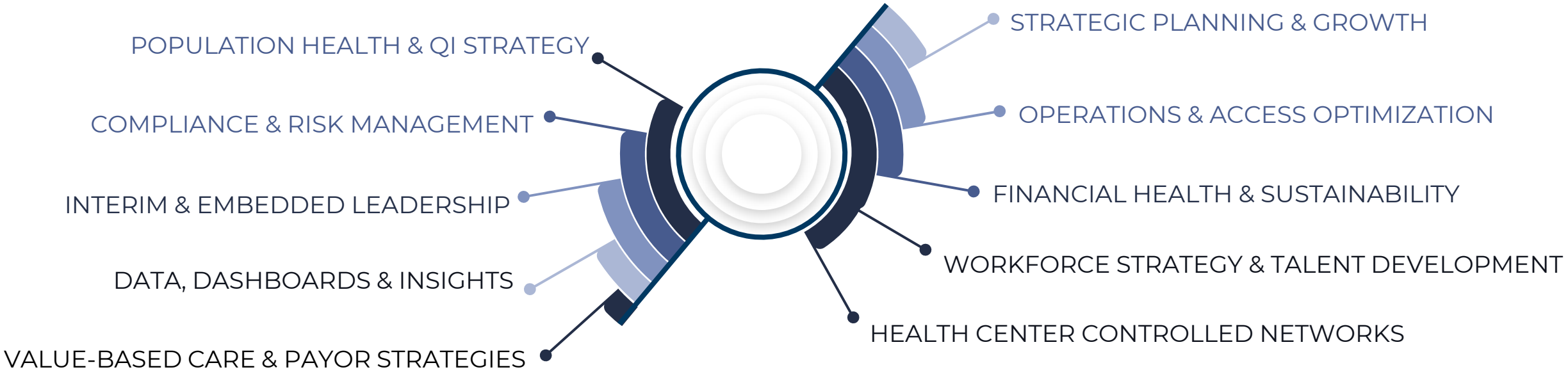
Revolutionizing Community Health

Facktor partners with health centers and primary care associations to advance access, sustainability, and impact.



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Why Staff Buy-In Matters for Data Quality

The Data Entry to Impact Path

The Invisible Value Problem

- Front-end workflows = Primary key of reporting quality
- Poor data hygiene → Operational, financial, and compliance consequences
- Value not visible → Low engagement to improve

The Opportunity

- Leadership priorities shape staff behavior
- Staff seeing how their work influences outcomes → Increased buy-in & engagement

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Module C Overview

Human-centered and operational strategies for sustainable data quality

1. Closing the Feedback Loop
2. Reducing Friction at Documentation
3. Accountability Structures
4. Aligning Leadership Priorities with Frontline Workflows

Making Data Meaningful to Staff & Leadership

Why Staff Disengage

- Validation tasks feel disconnected from care
- Staff don't see how entries affect reports
- Errors surface too late at point of submission
- No feedback loop between input & outcome

Connecting Work to Outcomes

- Show access trends to scheduling staff monthly
- Link documentation completeness to quality scores
- Report patient impact and productivity measures back to clinical teams
- Share UDS accuracy metrics with registration teams

Sharing Dashboards Back to Operational Teams

Registration Accuracy	Documentation Completion	Visit Type Consistency	Unsigned Encounters
94.2%	**87%**	**96.8%**	**23**
Insurance field completeness	Encounters signed within 48 hrs	Correct type used vs. catch-all	Open > 7 days (target: 0)
▲ +2.1%	▲ +4%	▲ +1.3%	▼ -12 from last mo.

- Data transparency to drive improvement rather than reprimand
  - Share dashboards back operational teams to foster ownership and accountability
- Site-level visibility → Individual teams' contribution/comparison with organizational trends

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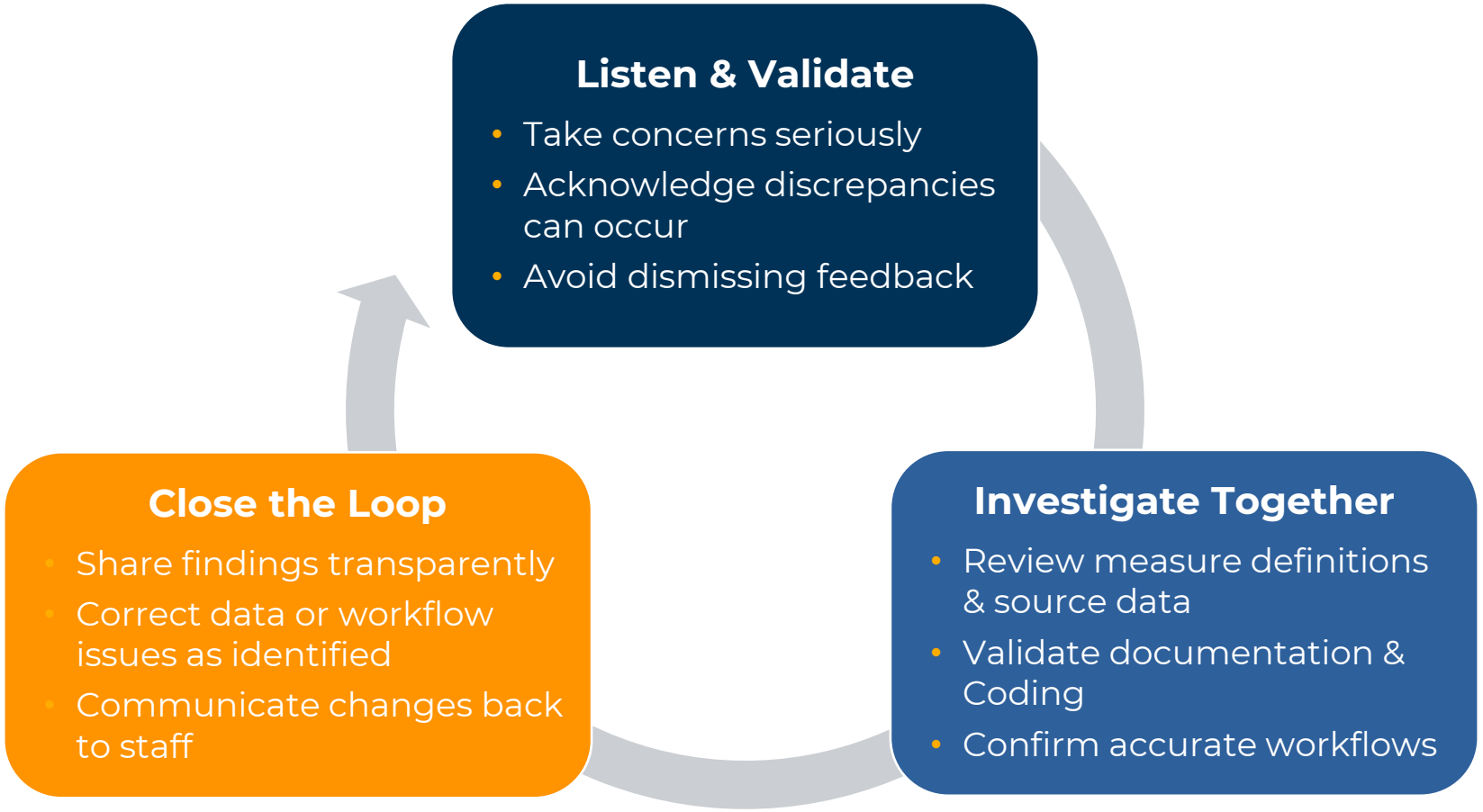
Building Trust Through Data



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Poll Question: Closing the Feedback Loop

Does your health center currently share reporting outputs back to frontline teams who document the data?

A. Yes, staff regularly see the dashboards/reports in their work feeds

B. Sometimes, but it's not structured or consistent

C. No, data stays at the leadership or QI level

Using Data Impact Stories

The Issue

- Colonoscopy documented only in free text
- Screening not captured in reports
- Patient incorrectly flagged as overdue

The Change

- Use structured EHR screening fields
- Reinforce documentation standards
- Record external screenings in reportable fields

The Impact

- Prevent unnecessary patient outreach
- Improve screening measure accuracy
- Increase confidence in dashboard results

Why It Matters

- Better data supports better care
- Patients receive the right care at the right time
- Stronger trust in quality reporting.

Developing Site-Level Data Quality Champions

Champion Responsibilities

- Escalate recurring workflow issues through existing governance channels
- Support monthly validation routines and reconciliation checkpoints
- Reinforce standardized workflows and documentation standards at the site level
- Communicate operational reporting impacts back to frontline staff

Example: Applewood Community Health

The Problem
- Reported no-show rate: 24-26%, well above network peers
- Leadership ready to launch reminder program and no-show fee policy

What the Data Actually Showed
- ~1/3 of "no-shows" were actually late cancellations
- No written No Show vs. Late Cancel definition across five sites

The Fix
- One-page status definition card posted at every front desk
- 20-minute training per site
- Champion assigned to 10-minute end-of-day schedule review

The Result
- No-show rate dropped to 17% within 60 days
- Not better news — more accurate news
- Leadership redirected resources away from a non-existent problem

The Lesson
- Four-metric dashboard shared monthly with front desk teams
- Staff at 3 months: "I didn't know our data went anywhere. I thought I was just clicking buttons."

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Designing Workflows that Support Clean Data

Reducing Friction at Point of Entry

Simplifying Structured Fields

- Staff often choose the path of least resistance
- Make structured entry fields simpler and faster than free text fields

Align EHR Design with Operations

- Configuration that ignores workflow = workarounds
- Involve front-end staff in EHR design decisions (i.e. templates)

Reduce Cognitive Burden

- Each unnecessary click, unclear label, or excessive dropdown = Increased chance of documentation shortcut

Design for Actual Workflow

- How do staff *actually* use the system?
- Observe real workflows before redesign
- Build for how staff work → Close the gap to how they *should* work

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Auditing Structured Fields for Usability

Diagnostic Questions

1. Are dropdown options intuitive for the staff using them?
2. Are there too many choices, leading to random selection?
3. Is the structured field easy to locate in the workflow?
4. Is free text more convenient than standardized entry?

What to Look For

Problematic

- Insurance: free text field
- 30+ visit type options
- Field buried 3 clicks in
- Low completion rate

Optimized

- Insurance: structured dropdown
- 7 clearly labeled visit types
- Field appears at intake prompt
- High completion rate

Common Friction Points in EHR Workflows

Workflow Area	Common Friction Point	Downstream Impact	Better Practice
Registration	**Free text payer/insurance names**	**Payer reporting errors, billing denials**	**Use structured & discrete fields for reportable metrics**
Scheduling	**Generic visit types used for speed**	**UDS undercounts, distorted access metrics**	**Standardize EHR template configurations & workflows across sites & providers**
Clinical Documentation	**Diagnoses documented on the problem list but not coded during visits** (i.e. problem list vs. diabetes coding)	**Stale data in records, care gap errors**	**Configure EHR workflows & templates to support diagnosis capture documentation & billing**
Referrals/ Screening	**External report scanned but procedure date/result not entered**	**Incomplete care coordination metrics**	**Create workflow to document result → Screening module**

Friction compounds: Each shortcut adds reconciliation efforts, reduces dashboard confidence, and increases the need for clean-up

Building Shared Accountability for Data Quality

Collective Ownership: Beyond 'IT Problem' Framing

- Data quality fails when it's assigned to a single team
- Registration, clinical, scheduling & leadership should all own a piece

Visible Operational Routines

- Recurring check-ins, review meetings & dashboards
  → Accountability through visibility, not surveillance

Shared Expectations

- Document what 'good' is for each workflow
- Set defined standards for staff

Keep it Lightweight & Sustainable

- Accountability structures that require excessive oversight fail
- Build for the long term

Monthly Data Quality Scorecards

Sample Scorecard - Site-Level View with Process & Outcome Measures

Metric	Type	Target	This Month	Last Month	Trend
Missing demographic fields	Outcome	< 3%	2.1%	3.4%	▲ Improving
Duplicate patient rate	Outcome	< 1%	0.8%	1.1%	▲ Improving
Unsigned encounters (> 7 days)	Process	0	18	31	▲ Improving
Visit type consistency	Outcome	> 95%	93.2%	91.0%	▲ Improving
Documentation completion	Process	> 90%	88.4%	90.1%	▼ Needs review

Poll Question: Data Quality Scorecards

Does your organization publish a data quality scorecard (even informally) to site leads or operational managers?

A. Yes, we track and share data quality metrics regularly

B. We track some metrics but don't distribute them consistently

C. No, we don't have a scorecard in place

Sustaining a Data Quality Culture

Recognize & Celebrate

- Monthly callouts, improvement awards, shout-outs for workflow consistency.
- What gets recognized gets repeated.

Peer Engagement & Benchmarking

- Friendly site-to-site comparisons drive motivation to share improvement trends, not just rankings.

Integrate, Don't Duplicate

- Embed data quality reviews in existing huddles and QI meetings.
- Avoid creating parallel reporting structures.

Escalation Through Governance

- Recurring workflow issues should flow through existing governance channels, not linger at the staff level.

Key Takeaways

1. Staff engagement improves when reporting outcomes are visible to the teams generating the data
2. Workflow design directly determines data quality. Friction creates shortcuts
3. Small operational adjustments → Disproportionate improvements in reporting reliability
4. Accountability structures should be lightweight, visible, and embedded in existing routines
5. Leadership involvement and shared definitions are essential for long-term sustainability

Next Steps

Identify a Site-Level Data Quality Champion

Apply Your Leave-Behinds:

- *Data Quality Communication Toolkit*
- Data Hygiene Validation Checklist
- Data Dictionary Template

Supplemental Videos: Data Governance & Hygiene by Role

Please fill out our survey!

Please share your feedback using the survey link in the chat, the QR code, or the link in the follow up email!

Completing the survey helps us to provide relevant and helpful information. Thank you in advance!

QUESTIONS?

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