March 2022 NSSP Community of Practice Data Quality Subcommittee Call

March 11, 2022 – 12:00pm EST

National Syndromic Surveillance Program

Community of Practice

Resources that Advance the Science and Practice of Syndromic Surveillance

Agenda

- CSTE and NSSP Announcements
- ESSENCE Demo
- Chief Complaint One Pager
- Open Mic
- Wrap-up

Please note all NSSP CoP calls are recorded and posted onto the NSSP CoP Knowledge Repository



CSTE Announcements

Joining NSSP CoP or Updating Membership

Membership is voluntary, free of charge, independent of CSTE membership, and open at any person or organization interested in advancing SyS

To join the CoP or update your membership:

- 1) Visit nsspcommunityofpractice.org
- 2) Click on Quick Links
- Click Join NSSP CoP



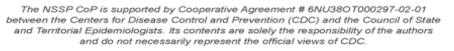
NSSP CoP Slack Workspace

Participation in and access to the NSSP Community of Practice Slack Workspace is limited to staff (FTE or contractor) from federal agencies and state, territorial, local, or tribal (STLT) health departments.

To request access to Slack:

- Visit
 nsspcommunityofpractice.
 org
- 2) Click on **Quick Links**
- 3) Click **Request to Join Slack**







Open Call for Data Quality Subcommittee Co-Chair

Position Eligibility

 Any active NSSP CoP member working at STLT health department is eligible to serve

Position Responsibilities

- Plan and facilitate monthly subcommittee calls
- Represent the DQ subcommittee on the NSSP CoP Core Committee as a SME and community representative
- Dedicate ~3-4 hours per month to related activities

If interested, please email syndromic@cste.org.

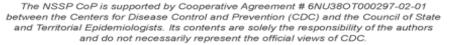


CSTE 2022 Annual Conference



Registration for the CSTE 2022 Annual Conference is now open!

https://www.csteconference.





New Date & Time!: NSSP CoP Monthly Call

Moving forward, the monthly NSSP Community of Practice call will be held 4th Wednesday of the month from 12-1:30pm EST (no longer 3rd Tuesday at 3-4pm)

An NSSP-CoP wide email announcement was shared yesterday with the updated information.

Please be sure to delete any previous calendars with outdated meeting information or date/time (i.e., delete anything with RingCentral and/or on the 3rd Tuesday of the month at 3:00-4:00pm)

If you are a member, and did not receive the announcement, email Alyaa (aaltabbaa@cste.org)



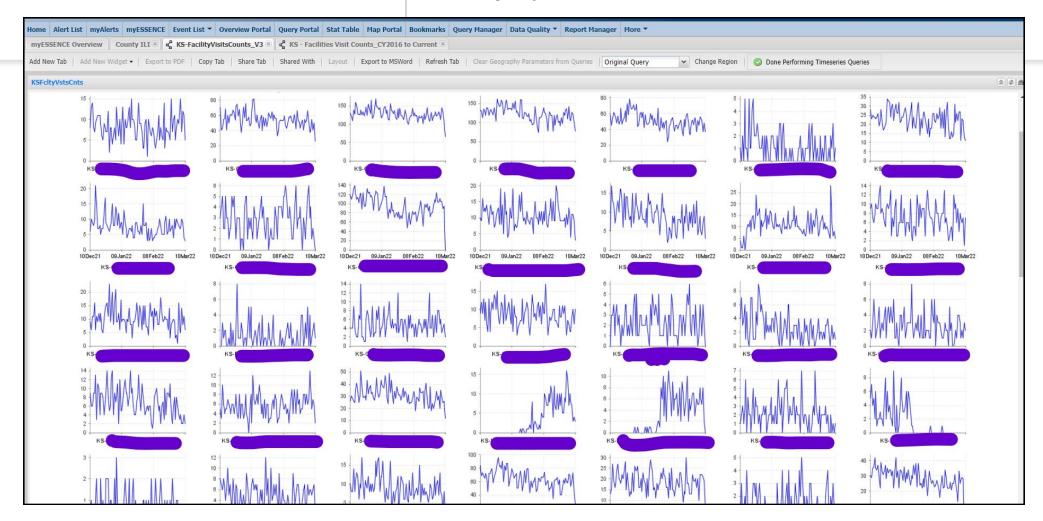


ESSENCE Tools for Analyzing DQ

DQ and ESSENCE

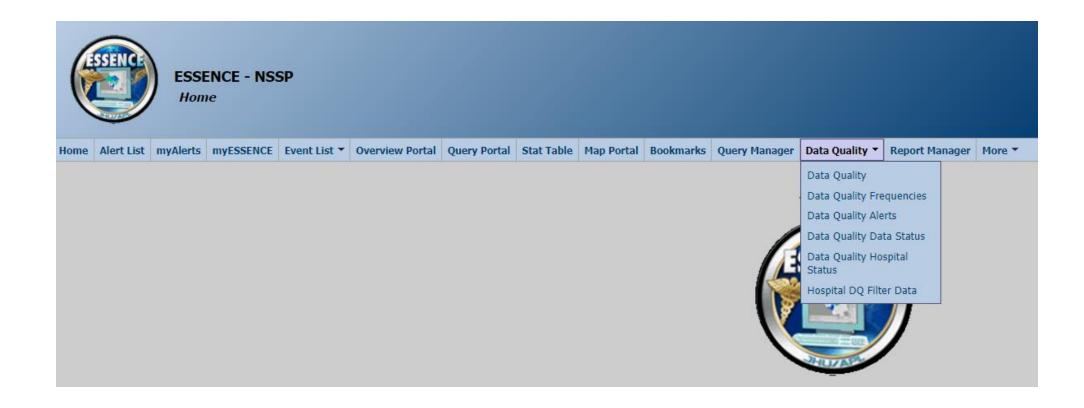
How I use ESSENCE daily

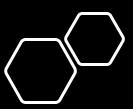
- Checking daily site level trend lines -https://www.cdc.gov/nssp/dqc/articles/are-the-lights-on.html
- Look for facilities with no new visits or fewer/more visits than normal



ESSENCE DQ Tab

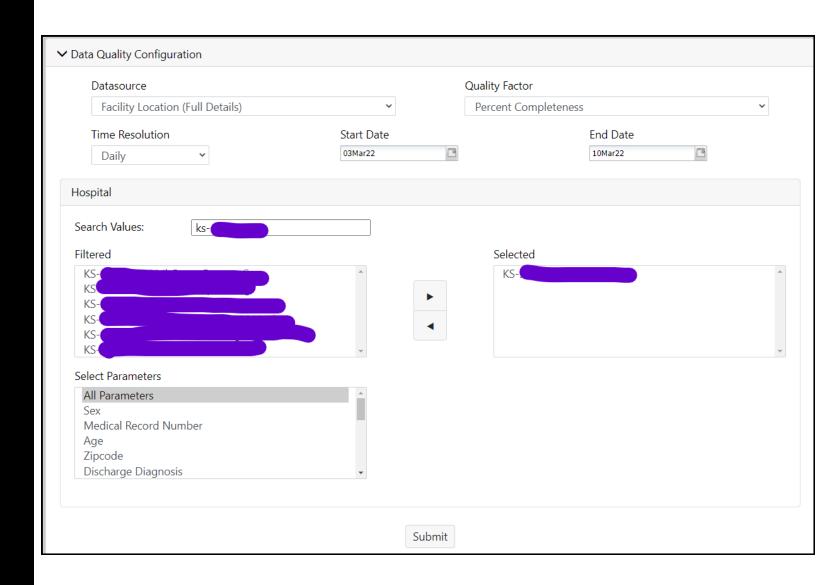
- Description: https://essence.syndromicsurveillance.org/nss-p-essence/usersguide/systemcomponents/DataQuality.jsp
- Useful items include Data Quality, Data Quality Frequencies, and Data Quality Alerts

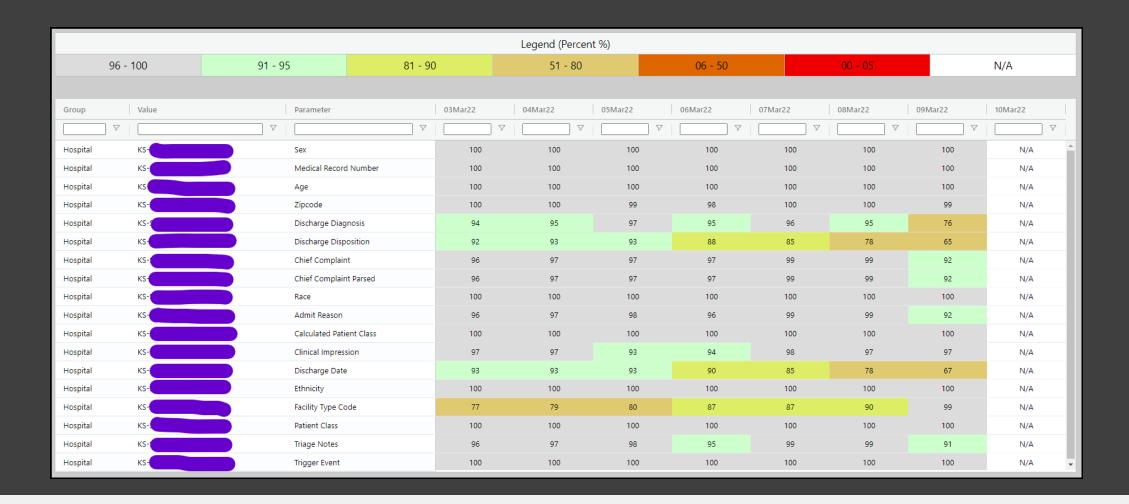




Data Quality Tab: Data Quality

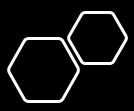
- The Data Quality Portal looks at Completeness, Timeliness, and Validity for several parameters
- For DQ by facility choose Facility Location (Full Details)
- Quality Factor choices are completeness, timeliness, and validity
- Time resolution looks at DQ percentages by day, week, month, quarter, and year
- Adjust start and end date





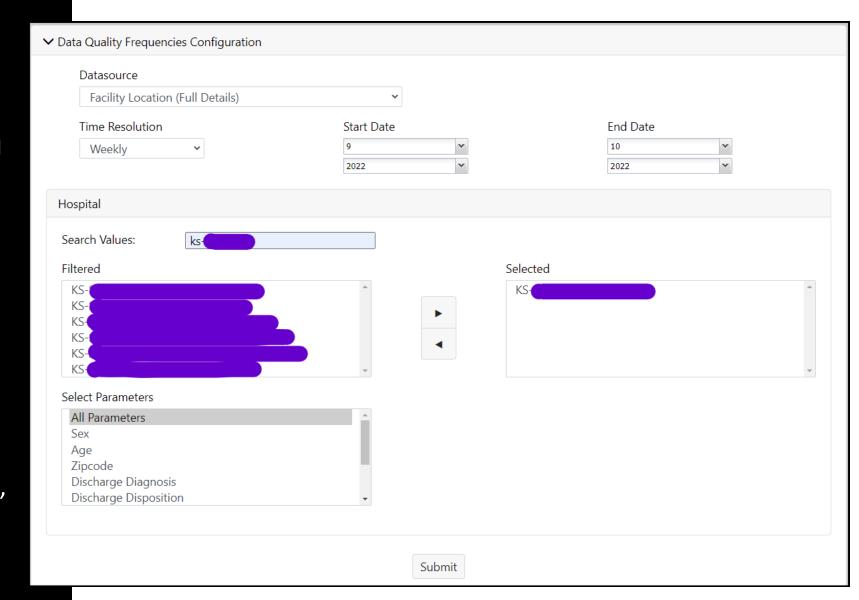
Data Quality Tab — Data Quality

- Example of Completeness for one KS facility
- Several Priority 1 fields included
- You can download API for these queries



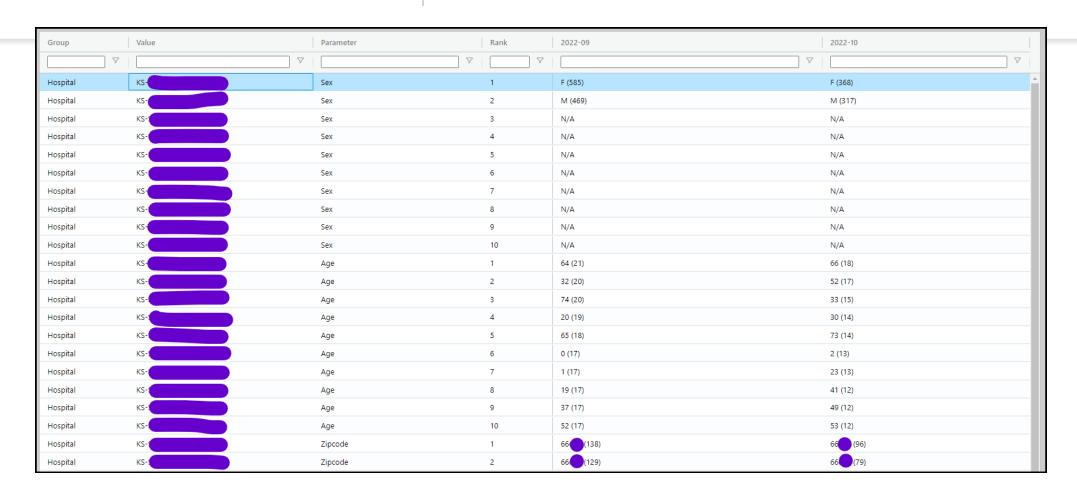
Data Quality Tab: Data Quality Frequencies

- The Data Quality Frequency looks at the number of times a value is received in ESSENCE for a certain parameter
- For Frequency by facility choose Facility Location (Full Details)
- Time resolution looks at DQ percentages by day, week, month, quarter, and year
- Adjust start and end date



Data Quality Tab: Data Quality Frequencies

 The Data Quality Frequency looks at the number of unique values received in ESSENCE for a certain parameter



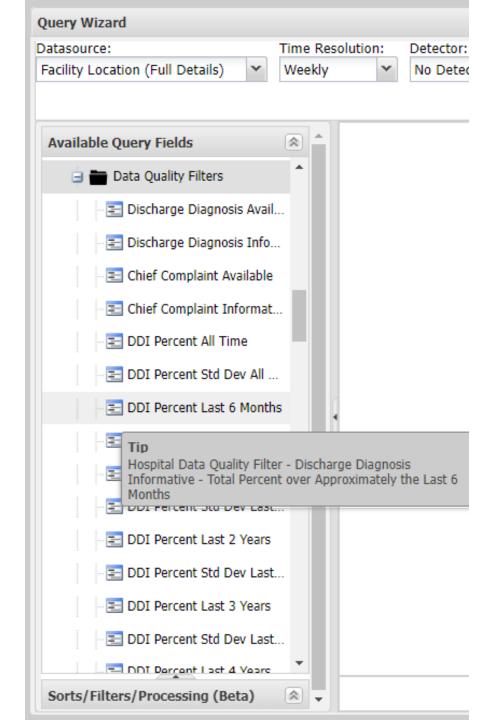
Data Quality Tab: Data Quality Alerts

- The Data Quality Alerts table shows any factor that has changed +/- 10 percent or more between days
- NOT split up by facility

D	ta Quality Alerts										
С	ate	Data Source	Group	Value	Variable	Quality Factor	Percent	Previous Day Percent	Percent Difference	Variable Count	Total Count
	09Mar20	Facility Location (Full Det	Hospital	KS	Discharge Diagnosis	Percent Completeness	45.28	79.01	-33.73	24	53
	09Mar20	Facility Location (Full Det	Hospital	KS-	Chief Complaint	Percent Completeness	89.47	100	-10.53	17	19
	09Mar20	Facility Location (Full Det	Hospital	KS	Chief Complaint Parsed	Percent Completeness	89.47	100	-10.53	17	19
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Date	Percent Completeness	73.68	95.24	-21.55	14	19
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Disposition	Percent Completeness	73.68	95.24	-21.55	14	19
	09Mar20	Facility Location (Full Det	Hospital	KS	Discharge Disposition	Percent Mapped to Known Values	73.68	95.24	-21.55	14	19
	09Mar20	Facility Location (Full Det	Hospital	KS-	Race	Percent Mapped to Known Values	100	85.71	14.29	19	19
	09Mar20	Facility Location (Full Det	Hospital	KS-	Clinical Impression	Percent Completeness	77.78	100	-22.22	7	9
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Date	Percent Completeness	77.78	88.89	-11.11	7	9
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Diagnosis	Percent Completeness	66.67	100	-33.33	6	9
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Disposition	Percent Completeness	55.56	88.89	-33.33	5	9
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Disposition	Percent Mapped to Known Values	77.78	88.89	-11.11	7	9
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Date	Percent Completeness	88.89	75	13.89	16	18
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Disposition	Percent Completeness	94.12	75	19.12	16	17
	09Mar20	Facility Location (Full Det	Hospital	KS	Discharge Disposition	Percent Mapped to Known Values	88.89	75	13.89	16	18
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Date	Percent Completeness	70.59	86.67	-16.08	12	17
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Diagnosis	Percent Completeness	64.71	86.67	-21.96	11	17
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Disposition	Percent Completeness	64.71	86.67	-21.96	11	17
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Disposition	Percent Mapped to Known Values	64.71	86.67	-21.96	11	17
	09Mar20	Facility Location (Full Det	Hospital	KS-	Triage Notes	Percent Completeness	76	34.88	41.12	19	25
	09Mar20	Facility Location (Full Det	Hospital	KS-	Discharge Date	Percent Completeness	81.82	95	-13.18	18	22
	09Mar20	Facility Location (Full Det	Hospital	KS	Discharge Diagnosis	Percent Completeness	72.73	90	-17.27	16	22
	09Mar20	Facility Location (Full Det	Hospital	KS KS	Race	Percent Mapped to Known Values	97.14	87.1	10.05	34	35

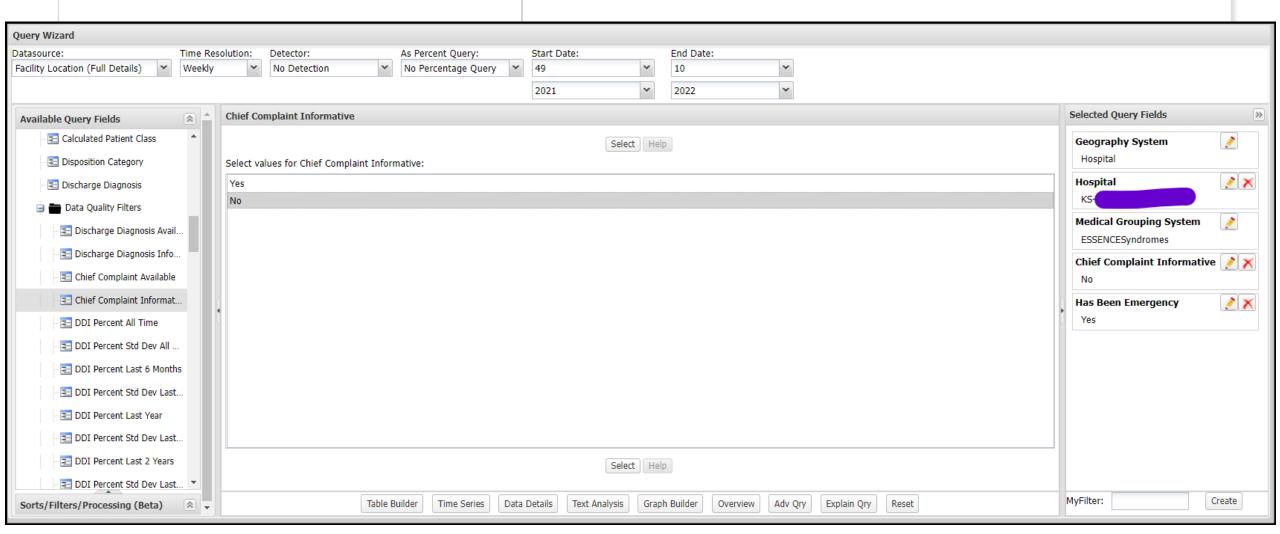
ESSENCE DQ Filter

- ESSENCE DQ Filter
 Description: https://www.cdc.gov/nssp/dqc/articles/essence-data-quality-filter.html
- DQ filter for Chief Complaint (CC) and Discharge Diagnosis (DD)
 - Available
 - Informative: https://www.cdc.gov/nssp/dqc/articles/whats-a-nicc.html
- Analysis
 Considerations: https://www.cdc.gov/nssp/n
 ews/images/ archive-images/dqc1.html



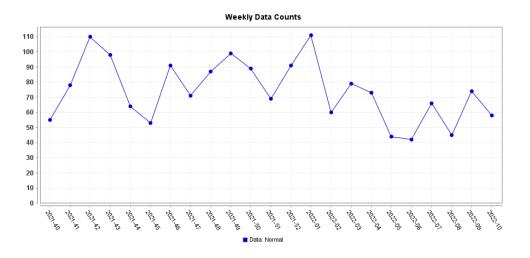
Data Quality Filter

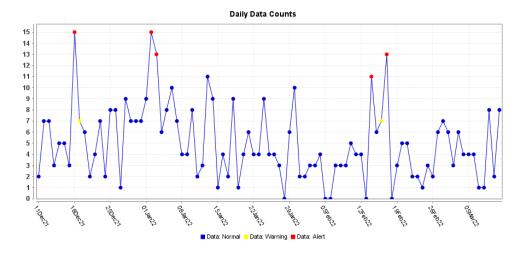
- To filter by facility, choose Facility Location (Full Details)
- Available Query Fields >> Data Quality Filters



Data Quality Filter

- Available Query Fields >> Data Quality Filters
- Time Series shows number of records filtered
- Data Details pulls all the records according to the Filter used
- For example, the first graph is the weekly counts of DD noninformative
- Second graph is the daily counts of CC not available





ESSENCE Resources for DQ

- Helpful tabs and queries explanation
- ESSENCE Training Course in

KR: https://knowledgerepository.syndromicsurveillance.org/essence-online-training-course

Parameters added to DQ

Tab: https://www.cdc.gov/nssp/dqc/articles/parameters.html



Chief Complaint One-Pager

Chief Complaint One-Pager

- Small group had a meeting on 3/2 to focus the Group's thoughts on CC
 - Created a working document
 - Transferred Muralboard ideas
 - Thought of good questions:
 - Focus Calculated CC or CC?
 - Who is our audience?
- I've added the working CC document to Slack: https://cste-my.sharepoint.com/:w:/g/personal/kparks_cste_org/ETa6bxQfaSlOtSR2P3PTIDQB9DI8elVrz5O04jnYfQLi0g?e=33qU57

Chief Complaint Details

Example: OBX|3|TX|8661-1^CHIEF COMPLAINT – REPORTED^LN||STOMACHACHE THAT HAS LASTED 2 DAYS; NAUSEA AND VOMITING; MAYBE A FEVER|||||F||201102171531

- Chief Complaint: Patient's self-reported chief complaint or reason for visit
 - Chief_Complaint_Text
 - Distinct from the Admit Reason field which is the **provider's** reason for admitting the patient
 - Providers may send multiple CC to ensure the most complete description
- Calculated Chief Complaint (ESSENCE): Calculated field that stores the patient's reported chief complaint as well as the admit reason from the physician
 - C_Chief_Complaint

Hierarchically defined (select first non-null):

- * Chief_Complaint_Text
- * Admit_Reason_Description



Open Mic