

MSSIC Annual Data Integrity Audit and Audit Preparation Guide

Overview:

The annual MSSIC audit is an essential review of data to detect and analyze intentional and accidental breaches. In addition to continuous data cleaning that is done on a routine basis, the audit is the primary means by which MSSIC can ensure data quality and integrity.

MSSIC uses a risk-based monitoring approach during the annual audits. Risk-based monitoring is an adaptive approach that directs monitoring focus and activities to the evolving areas of greatest need which have the most potential to impact data quality. It is a customized monitoring approach to ensure that risks are minimized. It is based on awareness that different data points represent differing risks.

The annual audit will take up to 2 days to complete and will require some prior preparation by the abstractor/site. Twenty cases will be selected for review, and ten surgery blocks will be evaluated. **Data from source documents (both the patient's record at the surgeon's clinic as well as the patient's hospital medical record) will be verified, so it is imperative all records are available. Data from secondary sources such as a data collection form or worksheet that an abstractor used to collect the data are not acceptable substitutes for true source documents.** Depending on the level of access to clinic records an abstractor has, he or she may need to make additional arrangements with a clinic manager to coordinate the audit, should a portion of the audit need to be at a clinic location. The audit is a yearly occurrence and most clinic managers understand the importance of an annual evaluation of data.

Steps in Preparation:

- The auditor will make arrangements with the abstractor for mutually convenient dates/time.
- The abstractor will need to be available during the entire audit period; he or she will be navigating through the medical record, crosswalk and any other source documents for data verification.
- The audit tends to foster much discussion, so the abstractor should arrange for a quiet location for the entire audit, such as a small conference room. The abstractor should also arrange to have a computer, access to the electronic medical record, a projector, and a screen available for the entire audit. The workspace should accommodate at least two people comfortably, and both auditor and abstractor should be able to view computer screens if a projector/screen is not available. **All computers, projectors, and connections to medical records should be tested and in working order prior to the auditor's arrival.**
- Prior to the audit, cases will be chosen by the Coordinating Center and locked. A PDF of each case will be printed from the registry and will be used as the source of truth against the abstractor's findings. Abstractors should not attempt to go back and re-abstract or change answers to the cases chosen to audit prior to the audit date.

- Case review/source document verification: The auditor will ask the abstractor to open the medical record or any other source document and will review each chosen variable for a match with the data entered into the MSSIC registry.
- Please note that cases where a surgeon refuses access are still eligible for audit review and points for missing information will be deducted accordingly.
- If the abstractor initially collected data via a worksheet or data collection form, or has additional notes on a patient, it is highly recommended to have those on hand to use as a helpful guide during the review, but again, worksheets and notes will not be considered source documents
- The list of patient tracking/Unique ID's will be sent several days in advance, thus allowing sufficient time to gather any necessary information.
- Surgery schedule verification: We will review 10 random weeks/blocks from the case creation files for case verification against the case list uploaded to the registry. Abstractors will be told in advance which dates they will need to have available.

Scoring:

The audit is divided into three components, described below. The total audit is worth 2,000 points and is graded on a weighted scale.

- **Component 1:** 18 included cases will be reviewed, and will include 9 fusion cases, and 9 non-fusion cases. The lumbar-to-cervical ratio will be determined based on the ratio at each site. Twenty variables will be verified per case. All variables have been categorized as either being “critical,” worth 5.5 points, or “non-critical,” worth 3 points. 16 critical and 4 non-critical variables will be assessed per case, equaling 100 points/case or 1,800 points for this component of the audit.
 - If a case is found to be improperly included in the registry the entire case will be scored a zero.
 - If a question that has branching questions is reviewed, each branching question will be scored separately.
 - If while reviewing a case a variable not chosen to be reviewed is inadvertently found to be incorrect points will be taken off for that variable.
- **Component 2:** Excluded cases are verified for proper reason for exclusion. Each case is worth 50 points, for a total of 100 points in this component. If a case is found to be incorrectly excluded the score will be zero for that case.
- **Component 3:** Ten surgery blocks/weeks will be evaluated for case verification. Each block is worth 10 points, for a total of 100 points. If a case is missed, the score for that particular date will be a zero.

The final score is graded on a weighted scale. The 18 included cases are worth 90% of the final score, the two excluded cases are 5% of the final score, and the surgery date verification portion of the audit is worth 5% of the final score. Weighted grade = $(w1 \times g1 + w2 \times g2 + w3 \times g3) / (w1 + w2 + w3)$, w=weight of component, g=percent grade of component).