Data Quality, Mapping, Preparing for a Successful Data Harvest

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22nd Annual Midas+ User Symposium
Objectives

• Learn how to review your data quality and recognize issues
• Understand how mapping affects data results
• Review key points for mapping your dictionaries to Midas+ standard terms
• Understand the steps to ensure a successful harvest
Reviewing Your Data Quality

22nd Annual Midas+ User Symposium
# Timetable for Data Harvest

**MIDAS+™ Comparative Performance Measurement System**  
Time Table for Data Harvest and DataVision/CPMS Web Application Update  
(Revised 1.18.12)

<table>
<thead>
<tr>
<th>Reporting Quarter</th>
<th>Last day to receive TJC or CMS topic registration updates</th>
<th>Harvest File Utility Open</th>
<th>Harvest File Utility Closed *</th>
<th>DataVision and CPMS Quarterly Web Application Update</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(March 5 for Illinois hospitals)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
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<td>(June 5 for Illinois hospitals)</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>(Sept 5 for Illinois hospitals)</td>
</tr>
</tbody>
</table>

* The database will be closed at midnight. Hospitals that do not upload their data by this date must inform The Joint Commission and their QIO that they have missed the deadline for this quarter’s submission.
Reviewing Your Data

• Data Quality Profile (review monthly)
  ✓ Reviews the completeness and consistency of data

• Core Topic Detail Profiles (review quarterly)
  ✓ Reviews incomplete and quality issues

• Core Data Quality Encounter Detail Report (review quarterly)
  ✓ Reviews incomplete and quality issues

2013 Midas+ User Symposium
Data Quality Profile

22nd Annual Midas+ User Symposium
Data Quality Profile

• Data quality profile is available for both CPMS and DataVision

• Concisely displays the percentage of encounters that are missing key data elements

• Used to assess the completeness of administrative data
Check for Missing or Invalid Data

- The recommended threshold for most Indicators is less than 5%

  ✓ Some Indicators will impact your ability to harvest if not below the threshold

<table>
<thead>
<tr>
<th>Description</th>
<th>Harvest Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>All Encounters - % without Patient Type</td>
<td>Must be less than 5%</td>
</tr>
<tr>
<td>Acute Care - % without Diagnosis Code</td>
<td>Must be less than 5%</td>
</tr>
<tr>
<td>Inpatients - % without Disposition</td>
<td>Must be less than 5%</td>
</tr>
<tr>
<td>Inpatients - % without Non-Acute Care Status</td>
<td>Must be less than 5%</td>
</tr>
<tr>
<td>Inpatients - % with Duplicate Final Diagnosis Code</td>
<td>Must be less than 5%</td>
</tr>
<tr>
<td>Outpatients - % with Duplicate Final Diagnosis Code</td>
<td>Must be less than 5%</td>
</tr>
<tr>
<td>Inpatients - % without Principal Diagnosis</td>
<td>0 – none allowed</td>
</tr>
<tr>
<td>Core HCP Acute MI - cases with missing DC status/code or EM code</td>
<td>0 – none allowed</td>
</tr>
<tr>
<td>Core HCP Chest Pain - cases with missing DC status/code or EM code</td>
<td>0 – none allowed</td>
</tr>
<tr>
<td>Core HCP Stroke - cases with missing EM code</td>
<td>0 – none allowed</td>
</tr>
<tr>
<td>Core HCP Stroke - cases with missing EM code</td>
<td>0 – none allowed</td>
</tr>
<tr>
<td>Core HCP Pain Management - cases with missing EM code</td>
<td>0 – none allowed</td>
</tr>
</tbody>
</table>
Examine Trends

• There are exceptions to the 5% rule
  ✓ % Inpatients Without Procedure
  ✓ % Laparoscopic Cholecystectomy as Outpatients
  ✓ % Inpatients in Behavioral Health
  ✓ % Outpatients without CPT4 code

• The percentages for these Indicators will vary but should be consistent over time
Accessing Indicator Profiles

CPMS clients access the Profiles from Compile Indicator Profiles in the Reporting Subsystem.

DataVision clients access the Profiles from the DataVision Navigator.
Accessing the Data Quality Profile
# Data Quality Profile

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>CDB501 - All Encounters - % without Patient Type</td>
<td>3.644</td>
<td>3.658</td>
<td>3.542</td>
<td>4.328</td>
<td>3.815</td>
</tr>
<tr>
<td>CDB502 - Acute Care - % without Diagnosis Code</td>
<td>0.143</td>
<td>0.149</td>
<td>0.112</td>
<td>0.225</td>
<td>0.159</td>
</tr>
<tr>
<td>CDB504 - Inpatients - % without DRG Code</td>
<td>0.119</td>
<td>0.117</td>
<td>0.089</td>
<td>0.194</td>
<td>0.131</td>
</tr>
<tr>
<td>CDB505 - Inpatients - % without Disposition</td>
<td>0</td>
<td>0.021</td>
<td>0.013</td>
<td>0.006</td>
<td>0.01</td>
</tr>
<tr>
<td>CDB506 - Inpatients - % without Service</td>
<td>0.143</td>
<td>0.171</td>
<td>0.168</td>
<td>0.19</td>
<td>0.168</td>
</tr>
<tr>
<td>CDB507 - Inpatients - % without Location</td>
<td>0.007</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0.002</td>
</tr>
<tr>
<td>CDB508 - Inpatients - % without Age</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB509 - Inpatients - % without Admit Status</td>
<td>0.658</td>
<td>0.49</td>
<td>0.564</td>
<td>0.563</td>
<td>0.57</td>
</tr>
<tr>
<td>CDB510 - Inpatients - % without Admitting Physician</td>
<td>0.02</td>
<td>0.021</td>
<td>0.02</td>
<td>0.013</td>
<td>0.018</td>
</tr>
<tr>
<td>CDB511 - Inpatients - % without Attending Physician</td>
<td>0</td>
<td>0.014</td>
<td>0</td>
<td>0.006</td>
<td>0.005</td>
</tr>
<tr>
<td>CDB512 - Inpatients - % without Non-Acute Care Status</td>
<td>0.02</td>
<td>0.036</td>
<td>0.007</td>
<td>0.019</td>
<td>0.02</td>
</tr>
<tr>
<td>CDB513 - Cholecystectomy, Laparoscopic - % Outpatient</td>
<td>33.515</td>
<td>34.324</td>
<td>33.889</td>
<td>34.121</td>
<td>33.965</td>
</tr>
<tr>
<td>CDB514 - Newborns - % without ICD-9 V Code</td>
<td>0.36</td>
<td>0.609</td>
<td>0.458</td>
<td>0.386</td>
<td>0.452</td>
</tr>
<tr>
<td>CDB515 - Inpatients - % in Behavioral Health Unit</td>
<td>2.769</td>
<td>2.558</td>
<td>2.378</td>
<td>2.335</td>
<td>2.506</td>
</tr>
<tr>
<td>CDB516 - Inpatients, Behavioral Health, Nonresidential - % w/LT Care</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB517 - Sampled Cases, Core - % with Discharge Date Variance</td>
<td>0</td>
<td>0.019</td>
<td>0.018</td>
<td>0.054</td>
<td>0.021</td>
</tr>
<tr>
<td>CDB518 - Sampled Cases, AMI - % without Procedure Date</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB519 - Sampled Cases, Heart Failure - % without Procedure Date</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB520 - Sampled Cases, Pneumonia - % without Procedure Date</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB521 - Sampled Cases, SCIP - % without Procedure Date</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB522 - Inpatients - % with Invalid Principal Diagnosis Code</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB523 - Inpatients - % with Invalid Principal Procedure Code</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB524 - Inpatients - % with Duplicate Final Diagnosis Code</td>
<td>0.271</td>
<td>0.483</td>
<td>0.343</td>
<td>0.506</td>
<td>0.402</td>
</tr>
<tr>
<td>CDB525 - Outpatients - % without CPT-4 Code</td>
<td>71.041</td>
<td>71.135</td>
<td>70.826</td>
<td>72.467</td>
<td>71.403</td>
</tr>
<tr>
<td>CDB526 - Outpatients - % without Diagnosis Code</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB527 - Outpatients - % without Age</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>CDB560 - Sampled Cases, HOP Surgery - % without Procedure Date</td>
<td>2.051</td>
<td>2.545</td>
<td>2.835</td>
<td>4.963</td>
<td>3.113</td>
</tr>
<tr>
<td>CDB561 - Outpatients - % with Invalid Principal Diagnosis Code</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
# Data Quality Quick Start Guide

## Troubleshooting

Use this guide to troubleshoot the result returned for each measure. The **Harvest Minimum** column contains either the minimum acceptable value for harvest or **None** if the measure is not required for harvest.

### Table 1: Typical Results and Recommended Actions for Data Quality Measures

<table>
<thead>
<tr>
<th>Measure</th>
<th>Harvest Minimum</th>
<th>Typical Result</th>
<th>Recommended Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>CDBR:502 Acute Care – Percent without Diagnosis Code</td>
<td>&lt; 5%</td>
<td>0% – 2% In some instances a patient will not have a diagnosis, but this situation is not common.</td>
<td>Drill down on the population to identify the specific cases and determine if the missing diagnosis is valid. If not, work with your interface team to determine why the diagnosis is not being transferred across the interface. Note: The value must be less than 5% to permit sampling.</td>
</tr>
<tr>
<td>CDBR:501 All Encounters – Percent without Patient Type</td>
<td>&lt; 5%</td>
<td>&lt; 1% This is a rare occurrence and should result in very few cases.</td>
<td>Drill down on the population to identify the specific cases. Work with your interface team to determine why the patient types are not being transferred across the interface.</td>
</tr>
<tr>
<td>CDBR:513 Cholecystectomy, Laparoscopic – Percent Outpatient</td>
<td>None</td>
<td>30% – 60% Identifies the percentage of cholecystectomies that are performed as an outpatient. This value should remain fairly consistent from month to month. A sharp change might occur with changes to the process or might indicate a problem with documentation or the interface.</td>
<td>Drill down on the population to identify the specific cases to help identify the cause of any issue.</td>
</tr>
<tr>
<td>CDBR:575 Emergency Department –</td>
<td>None</td>
<td>The percentage of missing codes varies among hospitals, but each hospital tends to show a relatively stable pattern</td>
<td>Drill down on the population to determine whether all procedure codes are being transferred across the</td>
</tr>
</tbody>
</table>

Use the Data Quality Quick Start Guide as a reference to review the values in the Profile.
Drill Down to Review Data

- To view encounters with missing data, drill down on the value in the Profile.
- The list can be exported or emailed to Medical Records or the Hospital Information Systems Department for investigation.
In addition to the Profile you can also use the Comparative Trend Analysis in the Web Application to review trends in your data.
Core Topic Detail Profiles

- Review for cases remaining due to incomplete Focus and data quality
  - Both Indicators must be zero before harvesting.
Data Quality Encounter Detail Report

- Compile to access list of patients with incomplete Focus or data quality issues.
- Report is “real time” – changes made are reflected the next time the report is compiled.
- After identified issues are resolved, the reports should be recompiled for verification.
Accessing Standard Reports
Use this option prior to the quarterly harvest to include all core topics and facilities that are registered for submission for the entire quarter.
Use this option at any time to review a single or multiple topics and facilities for any specified timeframe.
Core Data Quality Report Example

CORE DATA QUALITY ENCOUNTER DETAIL
Quality Alerts and Missing Data Alerts selected
Selected measure(s): SCIP
Selected for facility(s): Christopher Memorial Hospital, Amy Memorial Hospital, Michael Memorial Hospital, Roberts Memorial Hospital, Vitale Memorial Hospital, Raven Memorial, Wren Memorial, Hawk Memorial, Sparrow Memorial, Blue Jay Memorial
Selected data range From: 1/1/2013 To: 3/31/2013

Facility: Sparrow Memorial
Study: SCIP

Name: Rzeslawski, Lynne
ACCTNO: 8274875
MRN: M-254729
D/C date: 1/14/2013
Abstractor:

Data Quality problem(s)
- The patient qualified for another Core Measure topic during this encounter and the admission date in this focus does not match the admission date in other Core Focus Study(s). Please review the medical record documentation and ensure that the admission dates in all Core Measure Focus Study(s) are the same.
Core Data Quality Report Example

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
<th>H</th>
<th>I</th>
<th>J</th>
</tr>
</thead>
<tbody>
<tr>
<td>J11</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility</td>
<td>Study</td>
<td>Last Name</td>
<td>First Name</td>
<td>Acctno</td>
<td>MRN</td>
<td>D/C date</td>
<td>Abstractor</td>
<td>Error Message</td>
<td>Error Type</td>
</tr>
<tr>
<td>Vitale Memorial Hospital</td>
<td>SCIP</td>
<td>Tennyson</td>
<td>Arthur</td>
<td>2369847</td>
<td>M-282950</td>
<td>2/7/2013</td>
<td>White, Jay</td>
<td>The following antibiotics should not be included in abstraction as they</td>
<td>Data Quality problem</td>
</tr>
<tr>
<td>Hawk Memorial</td>
<td>SCIP</td>
<td>Paz</td>
<td>Clara</td>
<td>7587622</td>
<td>M-224752</td>
<td>3/4/2013</td>
<td>Terry, Sue</td>
<td>Anesthesia Type</td>
<td>Missing Data field</td>
</tr>
<tr>
<td>Roberts Memorial Hospit</td>
<td>IMM</td>
<td>Samanieco</td>
<td>Sandra</td>
<td>4048528</td>
<td>M-123685</td>
<td>3/5/2013</td>
<td>Terry, Sue</td>
<td>The patient qualified for another Core Measure topic during this encounter and the admission date in this focus does not match</td>
<td>Data Quality problem</td>
</tr>
<tr>
<td>Roberts Memorial Hospit</td>
<td>SCIP</td>
<td>Masters</td>
<td>Maria</td>
<td>4089856</td>
<td>M-125728</td>
<td>4/7/2013</td>
<td>White, Jay</td>
<td>Clinical Trial</td>
<td>Missing Data field</td>
</tr>
</tbody>
</table>
Mapping Dictionary Terms

There are two types of mapping:

• Comparative Database Dictionary (CDB) Mapping
• ORYX® Equivalency Mapping
Why map?

CDB Mapping is used to:

• Create a common language and consistent benchmark for everyone
• Identify non-acute and behavioral health care encounters
• Distinguish Medicare from non-Medicare payers
• Autopopulate fields in core measure Focus Studies
• Assign patients to the right “buckets” for DataVision and CPMS Indicators
Accessing the CDB Mapping Function

For versions 7.x or earlier:
Click on Function > System Management > Comparative Database Dictionary Map

For version 8.0 or later:
Click on Function > System Management > Dictionaries > Comparative Database Dictionary Map
Mapping Equivalent Terms

Click the + to open a Dictionary. Then highlight a term to display the terms in your Midas+ Dictionary that have already been mapped.
Mapping Additional Terms

To add terms, move to the blank line and click the ellipsis to display all the terms in the Dictionary. Select one or more terms to add and then click OK.
Reviewing Your CDB Mapping

Running the Comparative Data Base Map Standard Report will show you how your terms are mapped.
Admission Source

• Changed with the May 2013 overlay
  - Align with AHRQ Pressure Ulcer Measures (PSI #03 and PDI #02)
  - Improve accuracy for Hip/Knee Arthroplasty 30-day Readmissions measure (CDBR:792)
  - Clarify distinctions between mapping terms

• Discontinued for ORYX mapping as of January 2013
Admission Source (continued)

• New term: Transfer from Another Type of Acute Care Facility

• Terms renamed for clarification:
  - Physician Referral (previously Physician Office)
  - Transfer from Another Acute Care Facility (previously Hospital Transfer)
  - Transfer from Long Term/Intermediate Care or Skilled Nursing (previously Long Term Facility)
  - Transfer from Physical Rehab Facility (previously Rehab)
Admission Source (continued)

• A few reminders:

- Emergency Department means only your own urgent care or ED. Transfers from another hospital’s ED are mapped to Transfer from Another Acute Care Facility.

- Physician Referral includes transfers from clinics and ambulatory surgery centers. It does not include transfers from the ED or an urgent care setting.

- Long Term/Intermediate Care or Skilled Nursing Facility includes LTC, SNF, sub-acute, non-acute, residential, and ICF.
A few more reminders:

- Transfer from Another Type of Non-Acute Care Facility is used for non-acute care admissions not already mapped to Long Term/Intermediate Care, Skilled Nursing or Rehab.

- Transfer from Physical Rehab Facility is used only for physical rehab. Psychiatric and chemical dependency rehab map to Transfer from Another Type of Non-Acute Care Facility.
Admit Status

- Typically fairly straightforward to map (Elective/Urgent/Emergent)
- Used in both CDB and ORYX mapping
- If your hospital does not bring this across into Midas+, you will not be included in any readmission or other CPMS or DataVision measures stratified by Admit Status.
Anesthesia Risk & Surgical Class

- Map only if your hospital uses the Midas+ Surgery Module.
- If you do not use the Surgery Module, you will not receive data for either Surgery ASA I & II Mortality Rate (CDBR: 136) or Percent Return to Surgery (CDBR: 135)
Discharge Disposition

• These are defined by Midas+. You also need to map the Discharge Dispositions in your Dictionary to ORYX Equivalency Terms.

• All Discharge Dispositions in your Dictionary must be mapped.

• A few reminders:
  - Discharges to Home Hospice, Boarding Homes/Assisted Living, or Correctional Facilities are all mapped to Home.
  - Intermediate Care Facilities (ICFs) and Swing Beds map to SNF.
A few more reminders:

- Psych Discharge to Acute Care applies only to psych/behavioral health patients.

- Non-death is a term used to capture all patients discharged alive. A shortcut for mapping this standard term is to select all terms in your Disch Disposition Dictionary and then delete any that are equivalent to Death.
For Behavioral Health Only

- Internal Psych Transfer
- Psych Discharge with Follow-up Appointment
- Psych Discharge to Acute Care
Ethnic Group

• Populates both Race and Hispanic Ethnicity in Core Focus Studies.

• Must use the Ethnicity field or the Hispanic flag in Midas+ in order for it to populate.

• Reminders:
  – If you are not using the interface flag, Hispanic must be mapped twice, to Caucasian and also to Hispanic Ethnicity.
  – If a term in your Dictionary overlaps two mapping terms (for example, Asian/Pacific Islander) you need to leave that term unmapped.
Discharge Diagnosis Status

• If you are using the Present on Admission field in the Encounter Discharge Entry record, you do not need to map the ICD-9 Discharge Diagnosis Status Dictionary.

• If you do need to map this dictionary, your term for NPOA must begin with the word “Not”.
Payer

- Populates Payment Source in Core Focus Studies if you use the Midas+ Payer Dictionary.
- If you use the Payer Type Dictionary, it might be easier to identify Medicaid, Medicare (excluding Medicare Advantage), Medicare Advantage, and Self-pay.
- Medicare (excluding Medicare Advantage) typically includes Medicare A, B, and Railroad, as well as Medicare as a secondary payer.

**TIP:** If the patient’s HIC number is used as the patient ID to bill a particular payer, that payer should be mapped to “straight” Medicare.
• Medicare Supplemental (Medigap) Plans do not get mapped; they are commercial insurance.

• Medicare Advantage payers need to be mapped if you use Midas+ for Value-based Purchasing.

• If you map Medicare Advantage, the terms should only be mapped once.
Risk-Event Types

• Used for measures defined by Midas+ only
• Map only if you use the Midas+ Risk Module
• Used in two risk Indicators:
  • Falls per 1000 Acute Care Patient Days
  • Medication Errors per 1000 Acute Care Patient Days
• Also populate fall, medication error, restraint, suicide, and seclusion measures in Behavioral Health

**TIP:** To avoid over-counting, only map Medication Error terms that actually reached the patient. Do not map potential or non-patient-related errors.
For Behavioral Health Only

Hospitals with behavioral health patients will also map:

- Fall with injury
- Fall without injury
- Omitted Medication
- Restraint
- Seclusion
- Suicide Attempt (also includes actual suicides)
Services

• Unmapped terms may prevent you from being able to harvest.

• Critical in ensuring that patients are assigned to the proper “buckets” to identify them for Core and Acute Care measure populations.

**NOTE:** Your facility may be mapped by Encounter Type or Location rather than Service as a means of identifying your Acute and Non-acute care encounters.
Services (continued)

- A few reminders:
  - Hospice only includes inpatient units, regardless of whether they are actually within your hospital’s walls.
  - Residential Psych inpatient units should be mapped to avoid counting patients as readmissions if they are transferred from psych to acute care.
  - If Rehab can be a discharge location, map it to make sure it is excluded from inpatient acute care.
For Behavioral Health Only

- Residential Psychiatric Inpatient Units
- Acute Psychiatric Inpatient Units
Other Terms

• **Locations:** Mapping of your term(s) for Neonatal Intensive Care/NICU is used for DataVision Leapfrog measures supported by Midas+.

• **QM Std of Care:** Applies only if your hospital uses the Midas+ Quality Module and is used to qualify patients for the three quality events measures.

• **Reimbursement Type:** Can be left unmapped if you do not use the Midas+ Reimbursement Type Dictionary.
Reminders

• With the exception of Dictionary #58 not all terms in your Midas+ Dictionaries will be mapped.

• Deactivated terms should be left in your Dictionaries and remain mapped in order to preserve your historical data.

• As a general rule, Dictionary terms should be mapped to only one standard term. Exceptions: your term(s) for Hispanic and most of the terms that are mapped to Non-death.
A Few More Reminders

• Remember to review your mapping at least quarterly – ahead of harvest – to allow sufficient time for any necessary changes or additions.

• If you make changes to your mapping, notify Midas+ CDSS by entering a log in the online support system. Indicate the Dictionaries affected and specify the terms for which mapping was changed.

• To access the online support system, log into the Midas+ Clients Only Web site (www.midasplus.com), select Support Center on the home screen and click Submit a Request.
ORYX Equivalency Mapping

- Used to autopopulate Core Measure Focus Studies.
- Used with two dictionaries: Admit Status and Discharge Disposition.
- Found under Dictionary Maintenance in the System Management function.
- Tie directly to regulatory measure specifications and updated as specs change.
- Changes to ORYX mapping affect only unsaved Focus Studies. It is a good idea to schedule updates prior to the effective date of new abstraction guidelines.
A Brief How-to

- Open the Midas+ Dictionary you want to map.
- Select a term.
- Open the ORYX subdictionary.
- Highlight the matching term and click OK.
- Click Save.
Reviewing Your ORYX Mapping

Run the Dictionary Data Standard Report to see how your terms are mapped.

Make sure to uncheck this box to display the ORYX equivalent mapped terms.
Discharge Status Crosswalk

• Core measure studies now use Discharge Disposition (Inpatient) or Discharge Code (Outpatient).

• Midas+ crosswalks these values behind the scenes.

• Discharge Disposition and Discharge Code terms will not be visible to you in the Dictionary; you will see only Discharge Status terms.
Discharge Status Crosswalk (continued)

• Code 04 (Custodial or Supportive Care) does not have a one-to-one equivalent and the correct term must be entered at the time of data abstraction.

• The Quick Start Guide, “Maintaining Dictionaries and Mapping Terms,” available on the Midas+ Clients Only web site has a list of crosswalked terms. (User Documentation > Product > CPMS/DataVision > Search > Quick Start Guides)
Harvesting

22nd Annual Midas+ User Symposium
Harvesting

• How Midas+ refers to the uploads of your data files

• Three types of harvest:
  - Monthly – occurs automatically
  - Quarterly – managed by you
  - Historical – done by Midas+ upon request

• Required for participation in DataVision or CPMS
Get Ready…

• Review your Data Quality Profile.

• Run the Core Data Quality Encounter Detail Standard Report to check for:
  - Mapping issues
  - Incomplete core measure Focus Studies
  - Core measure Focus Studies with data quality issues
Get Set…

• Map any remaining unmapped terms and correct any other mapping issues.

• Rerun the Core Data Quality Encounter Detail report to ensure all issues have been resolved.

• It is not necessary to run back Indicators to see mapping changes reflected in this report, but it is necessary to run them back in order to harvest.

**TIP:** If you have made changes to your CDB mapping that you need to take effect immediately, run Step 1 of the Core Job Processing Standard Report, making sure to check both core and non-core indicators.
Go!

• Run back Indicators using both steps of the Core Job Processing Standard Report.
  1. CPMS indicator processing
  2. Harvest job processing

• Run both steps of the Core Harvest File Utility.
  1. Core Data Quality Status Review
  2. Copy harvest file to workstation and prepare to upload to Midas+

• Both utilities will prompt you with the steps in the process and alert you to any issues requiring your attention.
Resources

• Quick Start Guides are available on the Clients Only Web site (User Documentation > Product > CPMS/DataVision > Search > Quick Start Guides)
  - Maintaining Dictionaries and Mapping Terms
  - Evaluating Data Quality
  - Core Data Harvest

• Submit questions via the Midas+ Online Support Center. (Log into the Midas+ Clients Only Web site, select Support Center on the home screen, and click Submit a Request. Your message will be directed to the correct person in order to get you the most expedient response.)
Thank you for attending.

Questions?

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