



Data Governance Handbook

IMPLEMENTING DATA MANAGEMENT PRACTICES IN HEALTH CENTERS

DATA GOVERNANCE HANDBOOK TEAM

SA Kushinka, MBA, CCI Program Director Jerry Lassa, MS, Principal Data Matt3rs Amy Jean Ham, PCMH CCE Cherbon VanEtten, MBI, Independent Consultant Dana Herrick, Dana Kay Design

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Center for Care Innovations (CCI) 1438 Webster St., Suite 101 Oakland, CA 94612 www.careinnovations.org @CCIVoice 415.830.3020

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Why Does Data Governance Matter?

Many years ago – even before electronic health records permeated the exam rooms of health centers – we first heard the saying "you can't make good decisions with bad data." Unfortunately, good data seems to be hard to come by even as our information systems grow more sophisticated every day. Moore's Law for data tells us that the data available to us doubles every 18 months. Without a way to manage it all, we'll drown in it.¹

And that's what data governance is all about: managing data. Like the techniques, policies, and procedures used to leverage any other valuable asset of your health center – such as people, capital, or facilities – right-sized data governance helps you to provide accurate, timely, trusted and complete information to executives and front line staff alike. Taking that idea further, Health Catalyst describes the "Triple Aim of Data Governance" that nicely sums up what data governance should do:



In the video segment **Data Governance for High Functioning Health Centers**, Dale Sanders notes that data governance is nothing new; other industries have embraced these ideas and procedures long ago. It's new in health care because we're just becoming digital and are now producing electronic data – lots and lots of data! Add to that the rapid growth and uncertain operating environment health centers find themselves in and it's easy to understand how overwhelming data governance can seem. Like most vexing challenges, the flip side of the coin is the opportunity to provide high value at relatively low cost or effort. See if you can recognize your health center in the scenarios presented in the sidebar.

SCENARIO 1. A team of "super users" at a health center was responsible for building EHR templates and setting system parameters. When one of the care teams asked the EHR team to create more user friendly names for the cancer screening labs, they readily complied. Unfortunately, the EHR team was unaware of the need to map results coming in from an external laboratory to the lab results field in the EHR by using the same LOINC codes. The health center began seeing a dramatic decrease in cervical cancer screening rates. When investigating, the data analyst found all labs being pulled onto the reports, but had no idea that results had stopped interfacing to the EHR. Better education of the EHR team and stricter controls on critical system changes - both a function of data governance - would have prevented this.

SCENARIO 2. A clinic manager added a new visit type to the appointment scheduling system to help providers understand the reason for the patients' visit. Within a month, visit volume reports started to show a dramatic decline in productivity. The Data Services team was asked to investigate the cause. It was found that the productivity reports were programmed to run off a list of visit-types from a master file. The new visit type had not been added to this file. Good data governance procedures and communication would have prevented this situation by ensuring that the interconnectedness of data elements and the consequences of making changes are understood by all.

^{1.} Point B issue brief How to Turn Your Data Governance Project into a Long-Term Success, 2015

Data governance is a journey. Start small, produce value and grow the data governance function as your organization and information needs grow.

Using the Data Governance Handbook

Whether you identify with one or many of the stories shared throughout, this handbook will help you begin to treat your data as organizational currency. The *Data Governance Handbook* and its companion, *Building a Data Driven Culture* (**datadrivenculture.org**) video learning series provide practical tools and guidance for implementing effective data governance.

Outlined are critical building blocks for an effective data governance program that are organized into three phases:

- Laying the Foundation. Focuses on identifying the problems you are trying to solve, what you would like to achieve, and establishing leadership support.
- Assembling the Team. In addition to leadership support, you will need to gather together other stakeholders and resources.
- **Putting Governance in Motion.** Having completed the work of the first two phases, you will be ready to execute your data governance plan. This phase provides guidance on training and communication, as well as policy and procedure development.

In addition to the building blocks and tools, we've also directed you to specific videos in the learning center that give more context and depth to the topics covered. Look for these featured sidebars throughout the handbook.

• TEMPLATES, EXAMPLES AND RESOURCES



• KNOWLEDGE CENTER VIDEOS



As you review the data governance building blocks, don't be surprised to learn that you already have some pieces of data governance in place. Use this handbook to acknowledge and celebrate what you are already doing and identify the work that remains. The tools, templates, and principles described in each building block will help you put the right amount of structure and process in place without becoming burdensome to producers or consumers of data. The tools and samples are meant to help communicate roles, establish accountability, highlight interdependence, and promote efficiency. Remember, data governance is a journey. Start small, produce value and grow the data governance function as your organization and information needs grow. Above all, let us know what works for you and what tools you have to share so this handbook can robustly support all health centers.

Laying the Foundation

Purpose and Goals

Data governance is like any other project or process, it needs to have a purpose – a reason to exist; in other words, a problem to solve. The problems that need to be addressed by data governance are often surfaced by those closest to the problems, such as a Data Analyst or Quality Improvement Manager or an end user of the data, and a typical starting place is a desire to solve data quality problems. Other times, the need for data governance evolves from an existing committee or project, such as an EHR implementation team or an executive team meeting where organizational priorities are set. Regardless of how the need for governance surfaces, the purpose should always include a clear value proposition and keep in mind the "Triple Aim of Data Governance:" improving data quality, increasing data literacy and maximizing the use of data. This will keep the effort focused on value and not governance for governance sake. Successful governance starts small – don't try to fix the data in all departments and systems at once. To get started, define how governance supports the organization's mission with a compelling initial purpose and SMART (Specific, Measurable, Attainable, Results-oriented, Time-bound) goals.

Leadership Support and Executive Sponsorship

Strong leadership support and engaged executive sponsors are critical success factors for governance even if the need for governance often arises from other levels in the organization. Leaders are in a unique position to communicate the degree to which the organization views analytics as a strategic imperative and supports a structured approach to managing data resources. They serve as role models for how to take a data-driven approach to decision making, support the adoption of data governance processes, and influence data priorities to meet organizational goals. Leaders establish or endorse the Data Governance Committee that typically includes an executive sponsor, other departmental leaders, data stewards and data analysts. Without leadership support and leaders who model data driven behavior, governance efforts are likely to stall.

Data Strategy

A data strategy is a documented plan that defines resource allocation, activities, and timeframes for addressing data acquisition, completeness, accuracy, timeliness and use. Documenting key components of your data strategy – which include things like data sources, data quality, data "ownership", data privacy and security, data timeliness, level of detail needed, type of analyses needed, data storage and retention – can ensure that data deficiencies are remedied and that the organization has the right information to achieve its goals. The plan should be widely understood and considered a "living" document that responds to organizational priorities.

Leaders need to model data-driven

behavior. The Data Services team is almost always inundated with information requests and without guidance from leaders about organizational priorities, the data team could be focusing efforts on the wrong areas. At one health center, a data analyst was tasked with ensuring providers' eligibility for the Meaningful Use (MU) program. In addition to conducting training on the MU measures, he created a monthly spreadsheet to show if providers were in danger of missing the MU threshold. As providers were missing the goal, he continued to reach out to the CMO. At the end of the year, several providers didn't meet the eligibility goals, including the CMO. While data analysts can provide data and recommendations, it takes the organization's leaders to act upon that data for improvement and model data-driven behavior.

DATA STRATEGY TIPS

To keep things manageable, try developing a data strategy for an organizational priority that has the attention of your senior leaders and has "boundaries." This could include:

- A key quality initiative
- A priority objective from your organization's strategic plan
- A pay-for-performance program
- An important grant



TEMPLATES FOR LAYING THE FOUNDATION

- Data Strategy Worksheet
- Analytics Capability Assessment

Tools for Laying the Foundation

Tips for Getting Started

Keep these tips in mind as you start to put data governance practices into place:

- Choose a specific measure set to start with and build trust in the data by examining the data input and output. Starting small and keeping your efforts within one department will help to keep your work manageable, allow you to fine tune processes, and help your team to show value right away.
- Make sure you have an executive sponsor, champion or leadership support from a clinical or operational area. A big mistake health centers make is to assume that data governance and management is the responsibility of IT.
- Use the opportunity to get one or two end users really excited about data they can trust; these staff can become data stewards in the future.
- Although you're starting small and focused, avoid referring to data governance or management as a "project". Instead, line up your next data management effort early on so that everyone knows the work will continue.
- Build policies and procedures *as needed*. Present these as communication tools rather than rules. Some staff may mistake governance for restricted access; in fact, it's just the opposite.

Analytics Capability Assessment

To measure your baseline capabilities and measure your progress for healthcare analytics, consider using the Analytics Capability Assessment (ACA) and administering it on an annual basis. Developed specifically for health centers and mindful of their operating environment and resource constraints, the assessment can help focus capacity building efforts and influence the work of the data governance committee, especially as it relates to building data literacy throughout the organization.

Analytics Capability Assessment

Factor Example

(See sidebar to download complete template.)

1. PEOPLE												
	Reactive		Responsive		Proactive		Predictive					
Senior Leader Sponsorship: Senior Leader Sponsorship assesses the degree to which leaders in the organization sponsor healthcare analytics efforts, advocate for a structured approach to analytics and allocate resources to it.												
1A. To what extent are senior leaders involved with and supportive of data efforts, issues and analytics in your organization?	Managers t issues as th are rarely in such issues	ey arise; ser wolved in th	nior leaders ne detail of	Managers/Directors are responsible for departmental data issues and resolving problems as they relate to operations.		sible for departmental data for ensuring that data is available and resolving problems as for driving decisions and allocate			s available d allocate quality,			
	0	1	2	3	4	5	6	7	8	9	10	11
Data Stewardship: The role of the "data steward" may be formally defined or informally recognized and is typically the "go to" person within a department or												

site for all the queries/issues and usability of the data. Data stewards ensure the data is complete, accurate, and timely and that it is useful to the department or site in measuring performance and making improvement.

Suggested Approach for Using the ACA

 Data Governance Committee (DGC) members should score the ACA individually, scoring from the functional perspective of all data stakeholders they are representing (e.g., medical, behavioral health, operations, finance, IT, QI, HR). Prior to scoring the ACA, view the video "Introduction to the Analytics Capability Assessment" at the datadrivenculture.org site under the Terms & Tools menu. This will provide a brief overview of the ACA tool.

CENTER ICAL CARE INNOVATIONS	SET YOUR STRATEGY	~	ENGAGING YOUR TEAM	~	TACTICS & TECHNOLOGY	~	ANALYTICS IN ACTION
TERMS THESE "EXPLAINERS" AIM TO DEFINE AND CONTEXTUALIZE SOME OF THE MANY CONCEPTS IN MANGING DATA AND MAKING THE MOST OF IT AS THE HEALTHCARE LANDSCAPE CHANGES.		TAHW TAHW TAHW TAHW TAHW TAHW TAHW	IS DATA GOVERNAI IS DATA STEWARDS IS DATA LITERACY? IS A DATA MODEL? IS DATA DENSITY A IS CONTROLLED (C IS RISK STRATIFICA IS CAPITATION? IS COST BENEFIT A IS VALUE BASED PA	HIP? ND DATA IR STRUC TION? NALYSIS	TURED) CLINICAL V	DCABU	LARY?
TOOLS: ASSESSMENTS AND WORKSHEETS ASSESSMENTS AND WORKSHEETS TO HELP FIND YOUR STATUNG POINT AND MAP OUT NEEDS AND GOALS.	()-()-()-()-()-()-()-()-()-()-()-()-()-(ANAL	DOUCTION TO THE / YTICS CAPABILITY A DOUCTION TO DATA STRATEGY WORKSH	SSESSME		SSMENT	

- Assign a data analyst or other staff to consolidate results of the ACAs from all DGC members, averaging scores from each member for each item. A spreadsheet is ideal for consolidating results.
- Schedule a time within a Data Governance Committee meeting (or a separate time) to review the aggregated results of the ACA scores from each member. Allow 1-2 hours so the DGC can gain full understanding of the results and have thoughtful discussion about different perspectives in scoring and to draw conclusions that will inform DGC efforts.

Suggested agenda for review of ACA results:

- **Review the aggregated scores and discuss.** Recognize factors where scores were high and discuss how to best leverage these strengths. Discuss factors where scores were low and where there was a lot of variability across members.
- Gain consensus on a final score for each factor. Provide a brief comment for each that gives a qualitative flavor for why the factor was scored at the level it was.
- **Discuss which factors hold the greatest opportunity** for impact and how to best use the results to guide analytic capability development efforts by the DGC.



KNOWLEDGE CENTER VIDEOS FOR LAYING THE FOUNDATION

- Guide to Using the Data Strategy
 Worksheet
- Introduction to the Analytics Capability
 Assessment
- 🕨 What Is Data Governance
- How to Get Started with Data Governance
- Right-Sizing Data Governance
- Barriers to Effective Data Governance

Data Strategy Worksheet

The worksheet shown here contains a set of questions that can be used to build and review your data strategy to align with your organization's key performance metrics or a family of measures for a specific improvement effort. Not all questions need to be answered for each data point or measure; use this as a guide to highlight potential data integrity and data management issues.

The DSW can be used to build and review your data strategy for a single measure or family of measures. Assess each component as relevant to the measure or measure set you are focusing on.

	tes Measure	Component					
		Component	Typical Questions				
Set Example Data Requirements							
(See sideb	oar on page 4		Current State:		Plan of Action:		
	nload a blank		 Will need blood pr 	: patient diagnosis, A1c value. ressure reading in future.	 Identify correct number of DM pts using EHR, ensure match to F If no match, find cause (e.g., data entry, coding, workflow, mapping) 	ping)	
workshe	et template.)	Data Governance		Sources of data are EHR and PHM systems. and address (e.g., training, fix EHR fields & work Who owns the data element(s)?			
	,		 Who defines meaning What is the division 	gs and valid values? of responsibilities between admin, clinical, and I	Τ?		
			 Medical leadershi 	diagnosis field, lab owns A1c, MAs own BP. o, providers define meanings and valid values. o ensures standard protocol for diagnoses.	Plan of Action: o Shadow in clinic to observe and document actual workflow; con it to ideal workflow and adjust as necessary. Provide training. o Review current training materials and update as needed.	npare	
		Data Quality	 Availability, accuracy What data fixes are r 	are there with the required data? v, consistency, timeliness? equired?			
			patients in PHM s	es not being documented consistently; # diabetic ystem does not match EHR. It of range. Improve data input procedures.	Plan of Action: • Meet with EHR applications team for line by line mapping betweether and PHM system. Establish standard data entry workflows. • Develop reports to flag data quality issues		
			What level of detail of the second seco	do you need?			
			Does the data need to Current State:	to be at different levels of detail for different use	Plan of Action:		
			 Yes, need senior le 	site, care team, individual provider level detail. eaders to monitor at an organization level. Need e teams to focus on local issues to intervene.	 Develop data quality and measure reports at the provider, care t site and clinic total levels. 	team,	
		Integration		data? formatted for consistency? back to other systems?			
			 PHM system will r 	m EHR and PHM reports. nap some fields to identify appropriate diabetic so help flaq outlier data.	Plan of Action: o Review and update mapping in PHM system to align with EHR. o Update workflows in EHR to show past diabetic dx; Create other		
Component	Typical Questions		patients. It can al	so help flag outlier data.	prompts to improve dx coding and upper/lower limit checks on I	BP.	
Stage and Store		architecture - specificall	y where is the data held?				
	Will you have a cer Current State:	ntral repository or data v	varehouse?				
	 Data collected in 	EHR, flows to PHM system; regated from multiple sour		Plan of Action: • Update SQL server as needed to align wit system.	h updates to EHR and PHM		
Analysis	What information What skills are req	is required to perform the uired to understand the esult from the analysis?	ne analysis?				
		ria for those actions?					
		EHR and PHM for analysis		Plan of Action: • Data analyst will generate reports from E help from EHR application analyst.	HR and PHM systems with		
	 Analysis will hel 	port writing in EHR and PH p identify opportunities by		of the data.			
Privacy	What are the HIPA	itive data elements? A compliance requirementer and the second	ents? and what risks does that cre	pate?			
	Current State:			Plan of Action:			
	 Need to ensure 	ovider names are sensitive PHI protected and have Da ner organizations.		 When cleaning up data quality, need to be For measure reporting, be sensitive about 	t provider labels.		
Reporting	Do you have a nee	d to report your data to er the data to properly g		 No sharing of reports outside org without 	coata use agreements		
	Who needs access	and how will they get it					
		porting to sites and provide	ers; external reporting to	 Plan of Action: Need to have data quality reports and me 	asure outcome reports		
	 For internal rep 	nd health plans quarterly. orts, beginning to use Tabl		available in Tableau for all user levels (site	e, care team, provider).		
Access	 What are the requi 	rements to make the rig	ht data available to the rig	ht people at the right time?			
	the user can spe		Illy accessible at time periods onthly, annual) and should oorted.	Plan of Action: • Ensure Tableau report (above) allows user • Ensure appropriate access privileges for a			
Versioning and Retention	 How do you track How long do you k 	updated, what data cha what version you are usi eep data? When do you		e?			
		ade in EHR or PHM system a version in their title.	are captured in a log.	Plan of Action: • Assess current versioning documentation compliance. Update as needed.	procedures to ensure		

Assembling the Team

Data Governance Committee

A Data Governance Committee should be a multi-disciplinary group formed to increase data quality, improve data literacy and ensure the organization maximizes the value of the data they collect. This team should have representation from all staff who use the organization's information systems. This committee develops data-related policies and procedures that help ensure data can be turned into actionable information for end users while maintaining data security and integrity. These policies and procedures provide guidance to individuals who interact with data across the organization, performing specific data-related tasks such as data validation, workflow mapping, reporting, specification, integration and analysis. Often, data governance functions are carried out in other standing committees rather than forming a new group. However an organization chooses to carry out this important function, the group needs to manage communication about data-related policies, standards and decisions to all stakeholders, and coordinate the activities of data stewards who are dispersed throughout the health center. A Data Governance Charter helps to define the committee's activities and serve as a communication tool making others aware of the role and activities of the committee.

Data Stewards

Data stewardship refers to the processes and attention given to ensure that usable data and information is available throughout the organization. Data stewards are the individuals that make this happen. They are responsible for the accuracy, reliability and completeness of data, usually within a specific department or functional area (medical, dental, women's health, billing, etc.). They also work with the data services department and IT staff to prioritize data and information requests. Data stewardship is a responsibility given to an existing role, typically a department supervisor or director. Data stewards understand and communicate key data and metric definitions and guidelines for how data are analyzed and presented. Additionally, they train staff on how and where data should be entered in the EHR or other source systems and how to interpret data and use it for decision-making. Data stewards work together to make sure changes to system parameters in one department do not adversely affect another; they play a central role in carrying out data governance processes.

Health Centers need to remember that data quality takes time and data will never be "perfect;" however, if you don't start sharing the data, then you can't make strides to improve the data. It's the responsibility of the data stewards to proactively explain the current limitations of the data, make sure everyone understands the specifications of important metrics (numerator and denominator) and make recommendations to improve the accuracy, completeness and timeliness of the data.

DATA GOVERNANCE TIPS

Data Governance Committees rarely start out with that title – especially in small to medium sized health centers. Instead, we've seen data management activities emanate from the following existing structures:

- An EHR implementation committee often morphs into a data governance committee by dropping some IT staff and adding clinical and business users.
- A QI team often takes on many governance functions as they work on high priority initiatives.
- Some organizations carve out time during monthly executive team meetings to to set priorities and rules for data management.



CASE STUDIES FOR DATA STEWARDSHIP

"Why can't I get baseline data for our P-4-P program?" A health center was incentivized by their local Managed Care plan to improve colorectal cancer screening rates. The Medical Director could see the data in the EHR and requested baseline data on screening rates. The Data Services Director, however, said that she couldn't provide the data. When pressed, she explained that the data in the EHR were sent from the local GI office. Since the results were free text and not structured data, they were not reportable. This is where the role of data stewards comes into play in educating end users and managing change. They would identify the workflows that need to be changed in order to structure data in a reportable format. In this case, providers would need to change the way they order the colonoscopies, and someone would need to be responsible for "abstracting" the results into a reportable field.

"I know our smoking cessation counseling rates should be higher than what the reports show."

The Prenatal Program staff found that using the structured smoking cessation template was challenging and time-consuming to access from their usual templates. They decided to begin typing the information in their progress notes instead of using the template. However, the Meaningful Use reports were set-up to look for the data in the template. By free-typing the data, the clinic was losing "credit" for smoking cessation counseling on their quality reports. Furthermore, they were unable to analyze the effect of cessation counseling on quit rates. Data stewards – a central role in carrying out data governance processes – can help end users link their data capture efforts to the reports that show quality and effectiveness of care so that this disconnect is avoided.

"This data just looks wrong." Even when data entry choices are limited by a pick list or drop down menu, there's still a risk of misinterpretation that impacts data accuracy. When the manager of the Emergency Department (ED) of a public hospital system noticed an important operational metric, Left Without Being Seen (LWBS), seemed to contradict his experience he investigated further. He learned some staff checked the LWBS box only if the patient registered but never made it to the exam bay. Others checked it only if there was no record of discharge (meaning the patient might have received treatment but didn't check out properly). Still others interpreted LWBS subjectively based on their definition of "treatment." A data steward's responsibility is to make sure all users understand the definition of key metrics so they enter and interpret data accurately. In this case, the ED manager assumed the role of data steward and educated all staff on the correct interpretation of LWBS.

Data Services

As the importance of healthcare analytics grows, many health centers find that it's important to carve out a Data Services department or function, distinct from Information Technology (IT). A Data Services function conducts the analyses that enable data-driven decision making and advanced uses of data in an organization. They do this by finding patterns in the data and interpreting those patterns to create actionable information. Staff in the Data Services department may have an analytics or statistics background or they may have a clinical, program, or business background with a fundamental understanding of the data that are captured and how they can be leveraged best to improve patient care and make operations more efficient.

Data Services supports the Data Governance Committee and other stakeholders in building data literacy, ensuring data quality and increasing data utilization. Depending on the size of the organization and data needs, a Data Services function may range from one to multiple analysts. Data Services is sometimes called "Business Intelligence" (BI) in large organizations, acknowledging the group's role in advancing data-driven decision making and using data as a strategic asset. Staffing may grow over time as the data-driven culture takes root and the organization recognizes the return on investment (ROI) for analyzing and using data more effectively.



Data Services staff work with data stewards or designated individuals in the department to prioritize report requests. It's always a negotiation between available hours and data needs, but priority decisions rest with the requester and criteria for priority-setting need to be transparent.



TEMPLATES FOR ASSEMBLING THE TEAM

- Data Governance Charter
- 🕨 Data Governance Committee Agenda

Tools for Assembling the Team

Data Governance Charter

A Data Governance Charter can help the committee or individuals tasked with managing this asset to define their scope (both initial scope and as it grows), activities and goals. It can also help to inform others in the organization about the importance of good data governance and how they benefit from it. We've provided both a template for what the components of a charter are and an example. The example is a robust charter for the data governance of a large healthcare organization. Take the parts that seem useful as you introduce the idea of data governance in your organization and add more structure only as necessary.

Data Governance Charter	TEMPLATE
Purpose	A brief statement about why the group exists, what problems it will address, and its overall objective
Scope	A statement about what the committee is expected to do and accomplish, along with identification of boundaries
Responsibilities	A summary of the key responsibilities of the committee
Goals	A list of SMART goals that are more strategic in nature and, once achieved, will address / resolve the problems identified in the purpose statement
Membership	A list of who will participate on the committee and their role (committee chair, voting member, ad-hoc member, etc.). You may also include subgroups or subcommittees that will assist in achieving the goals of the committee (data services subgroup, BI department, etc.) As necessary, a visual representation or statement about the relationship of the committee with respect to other decision-making bodies within the organization.
OPTIONAL COMPONENTS	
Attendance and Participation	Describe the expectations for attendance and participation
Authority	Describe the scope of the committee's authority. Consider including what they do and do not have authority over.
Frequency and Nature of Meetings	Describe the meeting frequency and nature of the meetings (in-person, video conference, conference call, etc.)
Operations and Escalation	Describe how the meeting management function will be addressed (agenda creation, circulation of pre-read material, minutes, etc. and timeframes associated with all those items) and how the process for issue escalation.
Guiding the Data Governance Committee	Identify the committee Chairperson and their responsibilities in leading the committee.

Data Governanc	e Charter	EXAMPLE				
PURPOSE	Data Governance is a key driver of an organization's approach to data management. The Data Governance Committee (DGC) will oversee the people, processes and information technology required to create consistent and proper handling of data and understanding of information across the organization. Information is treated as an organization asset and is readily available to support evidence-based decision-making and informed action to improve clinical, operational, financial and patient experience outcomes.					
SCOPE	The DGC will undertake a leadership role in the creation, implementation and oversigh processes aligned with the goals of the organization. The DGC will propose specific rec and data security, prioritize data acquisition efforts and raise the level of data literacy ar					
RESPONSIBILITIES	As a strategic, cross-functional decision-making entity, the DGC will be responsible for	the following:				
	• Vision and Direction: Set the vision and direction for the future of the organization as it pertains to Data Governance matters. Promote Data Governance	SNOMED, etc.), retention, information usage, data stewardship, and organization- wide change management.				
	at a senior management and management level.Strategic Alignment: Champion and align the Data Governance Strategy with	 Implementation: Be accountable for the implementation of the Data Strategy a its initiatives. 				
	organization strategy.	• Data-Driven Culture: Instill and promote an organizational climate that embraces				
	• Oversight and Decision-Making: Act as a centralized hub, make decisions and provide oversight in relation to key Data Governance components, such as policies and processes, data protection, data privacy, classification codes (ICD, CPT, NDC,	use of data in achieving organization goals and making positive change through continuous improvement in all areas.				
GOALS		maximize data use in achieving organization goals. The DGC will develop a Data vith data-related projects, activities and timeframes to acquire and use high quality data alytics capability in the organization in three key areas: people, process, and technology.				
	People	Process				
	 Coach the organization's senior leaders on the value and implications of good data and information assets ("data is the new currency") and the importance of an 	 Establish and execute a Data Strategy and set priorities for associated data governance activities. 				
	organization climate that embraces use of data in achieving organization goals and making positive change through continuous improvement in all areas.	 Develop a Cost-Benefit Analysis to identify and track realization of benefit opportunities arising from the provision and use of better quality information. 				
	• Coach senior leaders on the importance of sponsoring analytics efforts, advocating for a structured approach to analytics, and allocating resources for analytics efforts.	• Provide data stakeholders with guidance, standards and consultation to enable stakeholders to develop common and accepted data definitions for all shared data.				
	• Define, agree and communicate the roles and responsibilities of data stewards and	 Establish data quality policies, processes and quality measures. 				
	Clinical and Business Analysts. Define responsibilities at each level and identify appropriate staff in each area to incorporate into Data Governance committee and team structures.	• Work with Clinical and Business Analysts, data stewards and technical staff to implement data cleansing plans and participate in the root cause analyses of data				
	 Identify and establish cross-functional teams to drive the organization's Data Governance practices. 	quality issues. Technology				

- Ensure that relevant stakeholders are kept fully informed of the changes introduced by the Data Governance framework and encourage them to champion the changes in their areas of influence.
- Drive organizational and behavioral change as it relates to the use of data

• Seek out program, process and technological improvements/innovations that will:

- Foster improved data quality and reporting
- Balance access to information with the need for security of data
- Improve the reliability, accuracy, and confidence in information
- Enable visualization of data that help frontline staff to interpret and act on results

Data Governan	ce Charter, continued		EXAMPL					
DATA GOVERNANCE COMMITTEE	Representation on the DGC needs to include the administrative, clinical, operations, and financial sides of the organization, covering key data categories such as EHR data, patient experience data, and financial data as well as incorporate key organizational enabling functions like Information Technology (IT), Quality Improvement (QI), and Human Resources (HR).							
MEMBERSHIP	The proposed membership of the I	DGC is as follows:						
	• CEO	Medical Services Leader	Information Technology Leader Human Resources Leader					
	Operations Leader	Behavior Health Services Leader	Quality Improvement Leader					
TTENDANCE	To aid the successful implementation of the DGC, the following outlines expectations for attendance and active participation:							
AND PARTICIPATION	• New Membership Selection: New DGC members will be selected by the DGC itself, with the exception of the Chair who is appointed by the CEO.							
	• Ad Hoc Attendees: Ad hoc attendees may be requested in order to provide specialist input as required.							
	• Quorum: Quorum for the DGC is robustly maintained.	s considered when, at a minimum, 50% of the DGC i	members PLUS the Chair is present. The Chair will ensure that the list of attendees is					
AUTHORITY	To aid the successful implementation	ty:						
	-	m the CEO with escalation and reporting erred to the appropriate working groups onal Teams).	• Authority lies with the DGC itself, as a committee, and not with any specific individual. The Chair's role is to facilitate and manage the conversation of the DGC to enable decision making and to aid issue resolution.					
REQUENCY	To aid the successful implementation that the DGC should meet:	on of the DGC, the following outline the frequency	• In Person and Teleconference: Regularly scheduled meetings will be conducted in-person and by teleconference to ensure that all stakeholders have an opportun					
OF MEETINGS		I meet initially on a monthly basis for 1 hour and	to participate.					
	on an ad-hoc basis, as required.		 Periodic Review: Periodically, the DGC will review the frequency and duration of meetings in-line with organization's needs. 					
GUIDING	The DGC will have an assigned Cha	ir to guide the decisions that need to be	<i>Chair's Role:</i> The Chair will provide oversight and guidance to the DGC.					
HE DATA GOVERNANCE		that the organization brings to the DGC.	Chair's responsibilities:					
OMMITTEE		and moderator to coordinate with the different input to the DGC so they are able to make a	Chairing DGC meetings					
	decision effectively and efficiently t	o support the organization to become a data-	Delegating responsibility for Action Items					
	driven organization.		• EnsEnsuring Action Items are addressed by their assigned owners					
			 Assisting decision making as necessary by providing oversight and issue resolutio 					
			Appointing the Chair: The CEO will appoint the DGC Chair.					

Data	Governance Comm	littee Agenda	EXAMPLE
	ТОРІС	DISCUSSION POINTS	ACTIONS
8:00	Welcome	• Agenda Overview	
		Review June Meeting Minutes	
8:05	Data Strategy / DIRT	• Review status of Data Strategy /	
		Data and Information Request Log	
		Discuss priority efforts	
		 P4P Quality Initiatives 	
8:15	Data Quality	Update on data quality efforts	
		 LOINC Code Mapping for Cervical Cancer Screening 	
		New data quality needs	
		Depression Screening Smart Form	
		 Workflow updates 	
		 Results Mapping Properly 	
8:30	Reports	Update on report development	
		 Provider Dashboards 	
		New report needs	
		• Health Plan membership lists	
8:40	Data Tools	Update on data tool optimization and/or needs	
		Provider Dashboard (Tableau?)	
8:50	Training Needs	Update on training efforts	
		 Manual Reconciliation of Lab Data 	
		New training needs	
		 Using Smart Forms for Depression Screening 	
9:00	Adjourn		

Health centers need to remember that data will never be "perfect;" however, sharing data with end users will engage them as partners in increasing data quality.

Committee Role C	Call	L	EXAMPLE
MEMBERS	DEPT	PRESENT	ABSENT
Heidi Nesbitt, Chair	CEO		
Leon Francis, MD	Medical		
Kathy Rodriguez, RN	Operations		
Nancy PH Qiu	Behavioral Health Data Steward		
Angela Pedsa	QI		
Edward Router	IT		
Fred Recruit	HR		





Data Governance Committee Topic	Frequency	EXAMPLE
	PERIOD	PURPOSE
Data Strategy Review	Quarterly status updates	Monitor execution of Data Strategy
	Annual review	Ensure alignment to organization strategy
Cost-Benefit Analysis	Annually	Track benefit realization opportunities arising from the improved provision and use of data and information
Analytics Capability Assessment Review	Annually	Monitor organization progress in analytic capability development
Data and Information Requests Review	Monthly	Monitor progress of requests
Data Quality	Monthly	Monitor progress of data quality efforts
Training	Monthly	Monitor progress of training needs
DGC Membership	Annually (or as vacancies arise)	

Data Analysts

Data Analysts are rapidly becoming an essential part of the health center ecosystem. Use the following job description as a guide for hiring, but recognize that many individuals will grow into the position with support and training along the way. Sometimes data analysts will report to the Chief Information Officer and other times the Chief Operating Officer. In either case, their partnership with departmental data stewards is essential.

Although the Data Governance Committee starts small and adds membership as needed, the composition should always be multi-disciplinary.

Data Analyst J	ob Description		EXAMPLE
POSITION TITLE	Data Analyst		
REPORTS TO	Chief Operations Officer		
Job Summary	the business intelligence by running data on clinical, finance	e use of data to improve clinic financial stability and patient c ial, and some operational aspects of the health center and p ting the relationship of data optimization to the current stra	producing reports and presentations on a daily, weekly,
		ng the governance purpose and goals, ensuring data quality advanced statistical analyses, providing clear and compelling	
Duties and Responsibilities	 Works with the Medical and Operations staff as directed to develop and run reports 	 Supports those doing grant reporting by developing quality financial and clinical data reports. 	• Participates in the staff meetings to improve strategic use of data as requested.
	 Creates reports using various tools and SQL programming to extract data from existing databases in support of strategic goals and Performance Improvement and monitoring. Provides data and reporting support and assistance 	Collaborates in network efforts on data validity and integrity.Assists in implementation of new reporting tools as needed.	 Identifies and researches viable methods of collecting data to support performance improvement, grant development, and fiscal reporting that align with identified needs. Produces or trains staff in developing these reports (informatics).
	 Provides data and reporting support and assistance across all facilities and departments. Works with faculty and residents as well as line staff and access providers as time allows. Maintains work plan of reports to run daily, weekly, monthly, quarterly, or yearly (e.g., dashboards, UDS, OSHPD) Documents methodology to allow for better 	 Collaborates with EHR administrator to identify shared fields or updates. Participates in teams focused on optimization and data quality. Duties may include audits of data or systems to look for defects and incomplete data and works with staff to develop path for remediation. Audits validity of data in the system through running other reports, checking against trends, and other specified 	 Participates in health center-wide projects and research. Supervises assigned staff and/or volunteer workers as needed. Attends and participates in health center staff meetings and in-service trainings as directed. Participates in ongoing training.
	understanding and modification of reports.	mechanisms. Works with site managers to maximize quality of data collection as needed.	• Other duties as assigned.
MINIMUM QUALI	FICATIONS:		
Education	• Bachelor's Degree in math, science, medical or public he	ealth-related field	
Experience	• 2-3 years of experience using an Electronic Health/Medi	cal Record system preferred.	
	• Experience in public health or hospital data analysis stro	ngly preferred.	
	• Familiarity with standard concepts, practices and procee	lures within health care, particularly primary care and commu	unity health centers, strongly preferred.
Knowledge and Skills	• Experience with Crystal Reports, MS Access, or other relational database and presentation tools.	 Sensitivity to and willingness to interact with persons of various social, cultural, economic and educational backgrounds. 	Strong written and verbal communication skills.Strong interpersonal skills. Ability to work with people
	 Demonstrates knowledge of compliance issues within the community clinic environment 	 Proficiency with Microsoft Office applications including 	with a variety of background and educational levels.
	 Demonstrates a willingness to report any incident that is unusual or incompatible with accepted clinic procedures. Maintains confidentiality of patients at all times. 	 Outlook, Word, Excel and PowerPoint Strong organizational skills with ability to prioritize projects, work relatively independently, manage multiple tasks, and meet deadlines. 	 Ability to work independently and as part of a team. Good judgment, problem solving and decision- making skills.



KNOWLEDGE CENTER VIDEOS FOR ASSEMBLING THE TEAM

- 🕨 What is Data Stewardship?
- Roles in a Data Driven Organization
- Data Services The Baldrige Way
- Steps for Building a Data Services Department
- Staffing Your Data Services Department
- The Customer Voice in Data Services

Data Steward Responsibilities

What is a data steward in a healthcare organization and how is this role staffed? Data stewards are almost always drawn from existing positions in a health center. They are often directors, managers or supervisors who are content experts in their department or service area. They provide a critical role in supporting the Data Services team, by providing insight on how data capture points translate into workflows and practice. Often data stewards are informally acknowledged for this role – i.e., the "go to" person for data, metrics and reporting questions – but as an organization grows and as part of good data governance, data stewards and their role should be formalized. Some or all the following responsibilities should be added to their existing job descriptions and communicated to staff. Many of the responsibilities of data stewards are the same, regardless of where the person falls within the organization. Most importantly, however, individuals with data stewardship responsibilities need the time to perform these tasks, often 20% of their time.

Data Steward Responsibilities

- Be accountable for integrity and quality of data in their department or service area.
 - Data stewards are responsible for establishing requirements for data capture and assessing the quality of the data.
 - Data quality means the data is accurate, complete and timely.
- Create data standards and business rules.
- Data stewards are responsible for leading, supporting or interpreting data standards. For Key Performance Indicators and high-stakes quality metrics, this involves ensuring the denominator, numerator and exclusion/inclusion criteria are well defined and communicated.
- Work with analysts to ensure that data mapping to other systems are up to date.
- Promote data literacy within the department or service area.
 - Ensure the data are in a format that is readable and understandable.
 - Keep current reference documentation on the data such as when they were collected, where, how, by whom, and under what conditions.
- Be active advocates of data management and treating data as "currency".
 - Endorse good data management practices, use them, and share them.
 - Train and support other data stewards within the broader service area.
- Work with senior leaders to establish data access and security requirements.
- Identify staff that have access rights to change parameters or data entry templates.
- Ensure HIPAA standards for data sharing are clear and enforced.
- Participate in the data management / data governance team or data steward council.
- Represent service area/ department to ensure data are appropriately integrated across departments for a holistic view of the patient across all the systems of record.
- Work with data services / data analysts to prioritize data and information requests and reports.
 - Verify reports and self-service analytics templates before publishing.
 - Advise on effective visualizations and transparent reporting.

Putting Governance in Motion

Training and Communication

Even if data services starts out as a one-person department in your organization, the impact of data is felt across all departments and team members. Therefore, a strong data governance program needs to help staff understand their role in data governance and data stewardship, and grow the data literacy of the entire organization. A communication and training plan are critical components in achieving those aims. When done well, all staff members are trained to interpret the reports, charts and graphs they're provided with, and data is treated as an organizational, not departmental, asset. Data roles and responsibilities are built into new employee orientation. Over time, training and communication help build a culture where data is a central element in all decision-making. The Data Governance Committee or those who perform this function through another committee or means will need to make sure that they provide ongoing care and support of data stakeholders through effective communication. They play an important role as a "trusted broker" of information, provide transparency into the data priorities of the organization and convey the "single source of truth" for key organizational metrics.

Policies and Procedures

Just the mention of policies and procedures can make data governance seem like an effort that is constraining rather than empowering. However, giving consumers and producers of data some guidelines can actually be beneficial and welcome, and help everyone to develop a common understanding of how the organization manages and "spends" this new currency: data. While the actual crafting of rules and implementing governance processes takes relatively little time, the Data Governance Committee needs to weigh the level of control versus access they wish to implement, help to translate organizational data priorities transparently and in a way everyone can understand, and then align the policies and procedures of the organization with goals/ drivers/constraints of health information privacy and security, legal issues, compliance requirements, quality assurance and change control.

COMMUNICATION TIPS

Data-related decisions and protocols must those without a data steward or representative on the Data Governance Committee (DGC) example, one busy health center was unable to gain representation on the DGC from their pediatric department. The pediatrics staff became accustomed to making independent their processes and templates were different when staff decided it was too time consuming to use the check in and check out visit status out" from their appointments. The DGC's



RESOURCES AND EXAMPLE FOR PUTTING GOVERNANCE IN MOTION

- Health Insurance Portability and
 Accountability Act (HIPAA)
- Family Educational Rights and Privacy Act (FERPA)
- HITEQ Checklist for Analyzing
 Performance Measure Data

Tools for Putting Governance in Motion

Communication	Roles and Responsibilities		EXAMPLE
	DATA NEEDS	DATA ISSUES	INFORMATION/ COMMUNICATION
Data Governance Committee	Aligns Data Requests with organizational priorities, as well as requests data based on department priorities. Works to align requests across departments	Helps vet reporting and data validation by providing process insight. Leads workflow discussions with their respective departments to identify potential data errors.	Identifies impacts on department workflows and areas of potential challenges/non-compliance. Works with staff on training and improvement.
		Helps draft resolutions and supports training and compliance.	
Data Analyst	Tracks requests and gathers information about the need provide preliminary ideas for basic structure.	Identifies issues based on reporting	Drafts information on data entry and validation. Shares information on reporting
	Shares background information with the Data Governance Committee.		detail and validity. Provides reports and data as requested in user-friendly formats.
Other Stakeholders	Uses data to influence decisions, shares information and requests with stakeholders.	Maintaining accurate data and following entry protocols.	

Data Quality Checklist

Improving data quality is perhaps the most important function of data governance. Taking a systematic approach to data validation and involving end users of the data in the process can significantly boost confidence and promote data-driven decision-making. The HITEC Center offers a great tool for data validation (see sidebar to download).

Health Center Governance Policies and Procedures

EXAMPLE

REPORTING

Data Services Departments shall follow clear guidelines for responding to and managing the reporting needs of the health center.

Report Requesting

Report Creation

- All reports, even simple ones, must henceforth go through the formal report request process defined below
- 2. Report request forms (see appendix) to be completed and sent to the Data Services Supervisor
- Anyone can generate a report request, but report requests must be reviewed by a manager/supervisor first and sent in by the manager/supervisor to the Data Services Supervisor
- Any supporting documents (i.e. Grant reporting instructions, numerator and denominator descriptions) should be sent in with the Report request form
- Report requests must be submitted a minimum of 10 business days before they are due to allow for time to schedule and Q&A session, create and test
- Report requestors must be prepared to set aside meeting time at least 7 business days before the report is due in order to attend a report questions and answer session about the report
- Report requestors must be prepared to set aside additional meeting time at least 5 business days before the report is due in order to attend a report validation meeting
- Report requests which are tied to licensing or funding will be given priority over other report requests at times of high report request volume

- When a report request is received, the Data Services Supervisor will review the request and assign to the correct data team member within 2 business days
- 2. The data team member will schedule a Q&A session either in person or over the phone with the report requestor to gather any additional details needed to configure the report within 2 business days of receiving the report request (exceptions due to high volume to be agreed upon with Data Services Supervisor and communicated to report requestor if necessary)
- 3. The data team member will follow the data validation flow to create a measures map
- 4. The data team member will then configure the report and trouble shoot any issues internally
- 5. The data team member will then schedule a data validation meeting with the report requestor, other appropriate interested parties and at least one other data team member
- 6. The rest of the data validation flow will be completed via this meeting
- 7. Once report is validated, it will be submitted to the report requestor for submission to grantor/funder
- 8. Report format will be saved in a data team controlled location (i.e. PHM application directory, EHR directory)
- All report info and milestones will be recorded in the report request tracking sheet (i.e. report name, requestor, date received, Q&A date, report creation date, data validation meeting date, final submission date) (see appendix)
- 10. If the report is recurring and the report requestor would like the data team to continue to run/validate the report for them, future due dates will be added to the reports master calendar and data validation meetings scheduled at least 5 business days before the due dates

Given the interconnectedness of HIT systems and the data they generate, a good communication structure and plan – emanating from the data governance committee – are essential for maximizing the value of data to health centers.

RELATED FEDERAL REGULATIONS – HIPAA, FERPA (SEE TOOLS SIDEBAR)

DATA VALIDATION

Data systems and/or processes that are involved in the creation of organization reports should incorporate data integrity and validation rules that ensure the highest levels of data integrity are achieved.

Validation rules within data systems should include reconciliation routines (checksums, hash totals, record counts) to ensure that software performance meets expected outcomes. Data verification programs such as consistency and reasonableness checks shall be implemented to identify data tampering, errors, and omissions.

The Data Services Department shall ensure that the data they use and share has been validated and is accurate. The exact procedure for validating data will vary depending on the type of data. The information below is meant to be the general process regarding data validation.

Data Validation Team

Health center will convene, at minimum, a monthly data validation team to ensure regular and consistent data validation efforts. The team will at minimum consist of:

- A Senior Leader Sponsor
- One or more Clinical Care Team members
- Examples: Medical provider, RD
- One or more Systems Specialists
- Examples: EHR, PHM tool
- One or more Quality Improvement Analysts
- A Biller/Coder

The Data Validation Team will ensure these data validation activities occur on schedule:

- Annually: Ensure all system libraries are accurate and up to date
- *Bi-annually:* Ensure there are no duplicates in system libraries
- Quarterly: Ensure all mapped data is accurate and up to date
- *Monthly:* Ensure data is being entered on time and accurately
- Ad Hoc: Ensure any identified issues are audited and resolved

Validating Report Data

- When creating reports, check that they are conforming to the data measure numerator and denominator definitions
- Create a crosswalk that defines which fields in the EHR link to the data being collected for the measure
 - Review the crosswalk with those entering data to assure that all data is being collected by the crosswalk.
- Create a crosswalk that defines which fields in the population management system link to the EHR fields of interest.
- Ensure reports and searches are mapped to these fields
- For disease based populations, check that the percentage found in the report follows national averages, if not investigate the variation.
- 2. Test the integrity of all structured external interfaces (e.g., lab, pharmacy)
 - Every interface pass should have a quality check
- Provide training for those entering data into unstructured (open text/values) fields as needed/indicated to assure completeness and accuracy of data (e.g., annual new provider training)
- 4. Perform a "First Look" at the data for unexplained variation over time and/or among providers/ teams/clinics with the report requestor.
- Compare against past reports (e.g., UDS) and other internal reports
- Compare against external norms and benchmarks (e.g., CDC and NCQA State of Quality Report) to check relative value of your data and measures
 - **Example:** Diabetic prevalence is 7-10% per CDC
 - **Example:** Use Medicaid Average and 90th percentiles for comparisons in CHC sector

- 5. Investigate the possible data inaccuracies identified with the "First Look" through additional reports/ searches focused on areas of question and/or conduct conversations with those clinics/providers where the variation exists
 - Check that all the right people are included in the report
 - **Examples:** Patients that should be receiving care, providers that should be providing care
 - Check that all the data for the measure is getting into the report
 - Examples: Lab values, TNAA
 - Check that all the data for the measure is accurate
 - Example: A1c of 6.5 instead of 65
- 6. Share the data on a regular and frequent basis (monthly whenever possible, otherwise quarterly as minimum) with DGC, QI committee, Med Ops and most importantly Provider and Staff meetings. Share data completely unblinded in order to get assistance in identifying inaccurate data and to develop provider/ team/clinic confidence that data is reliable. Confidence that data is reliable is essential in moving improvement projects forward.

Health Center Governance Policies and Procedures, continued

EXAMPLE

DATA ACCESS

To ensure that employees have appropriate access to organization data and information. The value of data as an organization resource is increased through its widespread and appropriate use; its value is diminished through misuses, misinterpretation, inaccuracies, and unnecessary restrictions to its access.

Ensure adherence to the organization's policies on security of data, however, procedures established to protect that data should not interfere unduly with the efficient conduct of business. The organization should protect its data assets through security measures that assure the proper use of the data when accessed. Every data item should be classified by the relevant data steward to have an appropriate access level. The IT department should provide the technology framework for data access to be provisioned. The data stewards are responsible for ensuring the access levels are appropriate.

DATA USAGE

To ensure that institutional data are not misused, and are used ethically, according to any applicable law, and with due consideration for individual privacy.

Use of data depends on the security levels assigned by the data steward. Staff should access and use data only as required for the performance of their job functions, not for personal gain or for other inappropriate purposes; they should also access and use data according to the security levels assigned to the data.

Data usage falls into the categories of update and dissemination.

- Update: Authority to update data that is reported as key institutional data shall be granted by the appropriate data steward only to personnel whose job duties specify and require responsibility for data update.
- Dissemination: Dissemination of data must be controlled in accordance with the security practices set forth by the data stewards. Appropriate use must be considered before sensitive data are distributed. Unauthorized dissemination of data to either internal/external personnel is a violation of this policy.

DATA INTEGRATION

Data integration refers to the ability of data to be assimilated across information systems. It is contingent upon the integrity of the data and the development of a data model, corresponding data structures, and domains. System-to-system interfaces are a standard practice to move data from one system to another in order to streamline processes that extend across systems and contribute to using data efficiently and effectively.

Operational processes often require systems to exchange information. System interfaces are often developed between systems to facilitate the exchange of such information. The systems that exchange information fall into two broad categories:

- Internal: Systems that are implemented within the organization's computer systems network. They can either be procured, procured but modified, or custom developed products.
- External: Systems that do not reside on the organization's computer network. These systems are hosted by vendors and/or through sub-contracts managed by vendors.

Downloading of individually identifiable data from central systems to electronic files for the purpose of uploading or connecting the data to non-central systems (e.g., shadow systems, external vendors) without the knowledge of the data steward should not be allowed as it introduces risks associated with data integrity, security, and long-term sustainability of IT systems.

Documented agreements regarding data use, retention, and responsibility should exist with the data stewards (and vendors in the case of data integration with external entities) of the systems providing and utilizing data. Data extraction practices that are already in use should be registered and documented agreement developed with the appropriate data steward member.

Good data governance policies and procedures should always be measured by the **"Triple Aim."** Do they...

- Improve data quality?
- Promote data literacy?
- Increase data access and use?



KNOWLEDGE CENTER VIDEOS FOR PUTTING GOVERNANCE IN MOTION

- ▶ What is Data Literacy?
- Prioritizing Data Services Projects
- Balancing Data Access With Privacy and Security
- ▶ 12 Tips for Data Visualization
- > The Data Mall Something for Everyone
- > Three Systems to Accelerate Improvement

Training	and Data	Literacy	Plan by	Method
ITairing	j anu Data	LILEIALY	Flall, Dy	methou

	CONDUCTED BY	FOR WHO	TOPICS (WHAT)	ном	WHEN
Two-Way Communications	Data Governance Committee	All staff	How data and results are used to make positive change	Newsletters, staff meetings, displays	Ongoing
One-on-One Coaching	Leaders, QI, Business Analysts	Relevant teams and individual staff	Effective interpretation and use of data to make positive change	Provide guidance	Ongoing (during teachable moments)
Data Steward Training	Qualified staff	Data stewards in all areas	Data quality and usability	Dedicated training	Ongoing
IT Tools Training	Qualified staff or IT tool vendor	Relevant staff	EHR PHM Analytics tool reports and analysis	Dedicated training	Periodic (for new and existing staff)
Analytic Skill Training	Qualified staff or vendor, academic institution	QI, business analyst(s), and selected department staff	Graphical displays (dashboards) Statistical techniques (control charts, funnel charts, significance testing)	Dedicated training	Periodic (for new and existing staff)

Visualizations help to increase data literacy among producers and consumers of data.



Center for Care Innovations (CCI) 1438 Webster St., Suite 101 Oakland, CA 94612 www.careinnovations.org @CCIVoice 415.830.3020