

## **MSQC 3.0 Automated Data Collection**

As part of the Michigan Surgical Quality Collaborative (MSQC) 3.0 program rollout, MSQC now has the capability to automatically collect specific administrative data for all eligible patients at a participating hospital. As MSQC is currently the only CQI that uses a sampling algorithm to select cases for abstraction, this ability brings us in line with the other CQIs and promises to strengthen the quality of our program overall.

MSQC 3.0 brought enhancements to the sampling methodology where, in addition to abstracting cases, SCQRs are charged with providing a sampling frame. This sampling frame is a full list of all MSQC eligible cases from which the sample is to be drawn. In order to maintain a reasonable SCQR workflow, only the minimal information necessary to distinguish cases from one another is provided on the sampling frame. MSQC then uses the information from the sampling frame to pull administrative data on all MSQC eligible cases, not just those that are selected for abstraction. This automated feed provides MSQC with a census of administrative data, while still only requiring a sample of clinically abstracted data, thus maintaining a manageable workflow for our SCQR partners.

This hybrid approach to data collection has several benefits to the overall quality of the MSQC program. First, it gives more information about the population of patients receiving MSQC eligible procedures across the state, with none to minimal additional work by the SCQR. Having this basic administrative data on the entire patient population is useful to validate our sampling methodology and to ensure our abstracted cases are representative of the overall population. In the future, should we need to further stratify our sampling methodology, we would have the information available to do so. Second, the hybrid of data collection gives MSQC hospitals more data to use for quality improvement initiatives. Although the automatically pulled data will not be verified by an SCQR, it is most certainly available to hospitals to conduct QI projects. Having this administrative data available provides hospitals a greater level of insight into all MSQC eligible cases, not just those that have been sampled and abstracted. Finally, this move prepares MSQC for the future, since this is the first step toward an all-electronic data capture. The more data we are able to capture in this manner the less time the SCQR will spend performing data entry, thereby providing additional time that the SCQR can allocate toward managing/performing quality improvement work, which is the backbone of the MSQC program.

We understand that with any program changes come questions and concerns, but we want to assure you that the information being captured electronically is subject to the same data security and patient privacy standards as the clinically abstracted data. MSQC is only electronically collecting data on MSQC eligible cases as identified from the sampling frame. All of these cases have a chance of being included in the sample for full abstraction and the classifying of a case as sampled (to receive full, clinical abstraction) or non-sampled (to receive limited, automatic data) is completely random. All MSQC data, whether automatically collected or SCQR abstracted, is thoroughly protected according to our program standards, including our PSO designation.

Overall, we believe this is the best next step to keep MSQC competitive and prepared for the future. The collection of administrative data on a census of MSQC eligible cases causes no additional risk to data security and patient safety, but the benefits to sampling validation, quality improvement, and future MSQC technological enhancements are limitless.

**The MSQC Coordinating Center Team**

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