QCentrix

Registry impact and internal value **checklist**

› Introduction

Your system is invested in a variety of Registries, submitting data regularly to provide information for the quality and performance of your hospitals. This checklist outlines six evaluation characteristics and multiple criteria for you to evaluate the usefulness of this registry and the impact it has on your system. Work through each of the Criteria noticing the risks you are accepting with this registry. You will not have all threes for the Criterion, be realistic and understanding of where your system has its room for growth.

Directions:

Work through this checklist reviewing each section. As you review check the evaluation characteristics, select the numbered criteria for each evaluation characteristic and place it in the Criteria selection column. Once complete, look at the results per evaluation characteristics.

Key:
#3 is the highest number you can select
#2 is a representation of an average system
#1 is where you have room for improvement (PAY ATTENTION to where you have ones)

Registry checklist

Registry Name:				
This Registry is: _____ Mandated by Law _____ Mandated for Reimbursement _____ Voluntary				

Attribution	Evaluation Characteristics	Criteria	Criteria Selection	System Priority
Registry	Risk Adjustment	1. Does not risk adjust data	#	
		2. Risk adjusts data based on ICD diagnosis & procedure codes or CPT codes		
		3. Risk adjusts data based on clinical criteria specified by specialists		
Registry	Public Reporting & Transparency	1. Does not share data outside of individual site	#	
		2. Shares data openly between participating sites		
		3. Publicly reports data		
Registry	Clinical Detail & Value	1. Nondescriptive disease or process classifications (e.g., diabetes)	#	
		2. Some stratification of disease or process classifications (e.g., Type I or II diabetes)		
		3. Highly specific disease or process classifications (e.g., Type I diabetes with A1c > 6.5 etc.)		
Registry	Benchmarking & Peer Group	1. No comparative benchmarking with other participating sites and/or non-representative peer group	#	
		2. Some comparative benchmarking on a few key performance indicators and/or broad representation across peer groups		
		3. Comparative benchmarking across many elements and key performance indicators and/or ability to stratify by specific peer group		

Registry	Internal Data Stratification	1. Data is aggregated at site level only and does not enable drill down by provider	#	
		2. Data is aggregated at site level and does enable drill down by provider		
		3. Data is aggregated at health system level and does enable drill down by site and provider		
Registry	Data Transfer	1. Manual entry of data to submission platform with no ability to download data back to local systems	#	
		2. Some data automation is enabled to submission platform with no ability to download data back to local systems or for an additional fee		
		3. Data automation is enabled for all elements of the submission platform and the full dataset can easily be downloaded back to local systems without additional fees		
Registry	Volume Sampling	1. Cases submitted to the registry are cherry picked or low volume samples are submitted for the site or system	#	
		2. Cases are sampled based on statistically significant sample sizes at the site or system in a randomized fashion		
		3. Cases are sampled based on statistically significant sample sizes at the provider level in a randomized fashion or at the level of total data capture		
Registry	Audit and IRR	1. Cases are not audited internally and there is no inter-rater reliability review between data collectors	#	
		2. Cases are sometimes internally audited and inter-rater reliability review only occurs when a difficult case is identified		
		3. Cases are routinely sampled for internal auditing and there is an established inter-rater reliability process in place to ensure consistency in data collection quality		

Registry	Inclusion Criteria	1. Only some physicians participate within a specialty	#	
		2. All physicians participate within a specialty		
		3. All physicians across multiple departments/ specialties participate		
Registry	Budget and ownership	1. Registry participation and FTE support is not budgeted as a formal expense and ownership is ambiguous between departments, sites, or system	#	
		2. Registry participation and FTE support is not budgeted as a formal expense, but ownership is established at either the department, site, or system		
		3. Registry participation and FTE support is budgeted as a formal expense and ownership is established at either the department, site, or system		
Registry	Performance Improvement Infrastructure	1. There is no formal performance improvement infrastructure or commitment from clinicians to engage in data collection questions, clinical clarification/education, or documentation enhancement	#	
		2. There is no formal performance improvement infrastructure, but clinicians have committed to actively engage in data collection questions, clinical clarification/education, or documentation enhancement		
		3. There is a formal performance improvement infrastructure and clinicians have committed to actively engage in data collection questions, clinical clarification/education, or documentation enhancement		
Registry	Contracting Process	1. Participation contracts are non-negotiable with all terms and conditions set by the registry	#	
		2. Participation contracts are non-negotiable with all terms and conditions set by the registry; some sections can be left blank		
		3. Participation contracts are negotiable to accommodate institutional standards/ preferences or local legal requirements		

Registry	SOC II & HiTRUST Certification	1. Does not have SOC II certification	#	
		2. Has SOC II certification only		
		3. Has SOC II & HiTRUST certification		
Registry	Limits Third Party Access	1. Allows third party access to your site's data without a participant governing body review	#	
		2. Allows third party access to your site's data with a participant governing body review		
		3. Only allows third party access to your sites data with notification and separate legal agreement or addendum		
Registry	Data Sharing Opt In/Out	1. Does not provide opt in or out option for Third Party data access	#	
		2. Provides opt out option, but non-responses are automatically opted in for Third Party data sharing after the notification deadline		
		3. Provides opt in option whereby participants must submit formal acknowledgement for inclusion		
Registry	Breach Notification Policy	1. Notification of breach greater than 30 days and no liability	#	
		2. Notification of breach within 30 days but no liability		
		3. Notification of breach within 30 days and liability coverage		
Registry	Patient Safety Organization Status	1. The registry is not part of a Patient Safety Organization with AHRQ	#	
		2. The registry is a "Component" Patient Safety Organization with AHRQ		
		3. The registry is a "Full Entity" Patient Safety Organization with AHRQ		

Registry	Dashboards	1. Registry or analytics vendor does not have dashboards	#	
		2. Registry or analytics vendor has dashboards, but data cannot be drilled into or filtered (i.e., dynamic)		
		3. Registry or analytic vendor has dynamic dashboards that allow for customized views and direct access to underlying data		
Registry	Report Timeliness	1. Aggregation reports or risk adjusted comparative reports are not available or are over a year old	#	
		2. Aggregation reports or risk adjusted comparative reports are distributed semi-annually		
		3. Aggregation reports or risk adjusted comparative reports are distributed quarterly or in real time		
Registry	Raw or Risk-Adjusted	1. Reports and dashboards are aggregated and presented without risk adjustment	#	
		2. Reports are risk adjusted but dashboards aggregate and present data without risk adjustment		
		3. Reports and dashboards are aggregated and presented with risk adjusted data		
Registry	Cloud-Based or Hardware	1. No vendor solution. Direct manual entry	#	
		2. Vendor solution that requires hardware and local maintenance - usually requires IT personnel time		
		3. Vendor solution that is cloud-based and requires no local maintenance - usually does not require IT personnel time		

Registry	User-Friendliness	1. Data platform requires specialized skillsets for pulling data or building reports - generally requires the assistance of a data analyst	#	
		2. Data platform does not require specialized skillset for pulling data or building reports, but is not intuitive or may have limited functionality or access to all the data		
		3. Data platform is intuitive, has full access to all data, enables ad hoc reports, and has "out of the box" reporting on common industry key performance indicators		
Registry	Data Granularity	1. Data is only at site level - does not enable provider or patient level detail	#	
		2. Data is at site level and enables either provider or patient level detail		
		3. Data is at site, provider, and patient level		
Registry	Data Refresh Rates	1. Dashboard data refreshes in registry or vendor supported platform once a week or less	#	
		2. Dashboard data refreshes in registry or vendor supported platform once a day or less		
		3. Dashboard data refreshes in registry or vendor support platform instantly or multiple times a day		
Registry	Research and IRB	1. Aggregate Registry data is not available for research	#	
		2. Aggregate Registry data is available for research, but is only available to some based-on committee approval or research aim; additionally, dataset may or may not have been granted retrospective data analysis status by an IRB		
		3. Aggregate Registry data is available for research by all participants and dataset has been granted retrospective data analysis status by an IRB		

Health System Checklist

Registry Name:

This Registry is: _____ Mandated by Law   _____ Mandated for Reimbursement   _____ Voluntary

Attribution	Evaluation Characteristics	Criteria	Criteria Selection	System Priority
Health System	Research and IRB	1. Aggregate Health System data is not available for research	#	
		2. Aggregate Health System data is available for research, but is only available to some based-on committee approval or research aim; additionally, dataset may or may not have been granted retrospective data analysis status by an IRB		
		3. Aggregate Health System data is available for research by all participants and dataset has been granted retrospective data analysis status by an IRB		
Health System	Alignment	1. Registry participation and reported outcomes have no alignment with institutional quality goals or medical staff privileging criteria - registry is for purely personal or departmental purposes	#	
		2. Registry participation and reported outcomes are aligned with institutional quality goals, but information is not shared with medical staff for recredentialing and privileging (e.g., JC OPPE/FPPE)		
		3. Registry participation and reported outcomes are aligned with institutional quality goals and information is shared with medical staff for recredentialling and privileging		

Health System	Quality Marketing	1. Registry does not have quality thresholds or stratification to denote superior performance to an external market	#	
		2. Registry has quality thresholds and stratifications to denote superior performance to an external market		
		3. Registry quality thresholds and stratifications are used by third party accreditation agencies/ payors as part of ranking methodologies and/ or "Centers of Excellence" that market to consumers		
Health System	Leadership	1. Registry outcomes are not shared with hospital/system leadership - reports are kept within the host department	#	
		2. Registry outcomes are shared on an ad hoc basis or upon request by hospital/system leadership		
		3. Registry outcomes are routinely shared with hospital/system leadership as part of an overall quality reporting program		
Health System	Report Utilization	1. Registry data and reports are not used in clinical practice evaluations or improvement efforts	#	
		2. Registry data and reports are sometimes used in clinical practice evaluations or improvement efforts when attention is drawn to poor performance		
		3. Registry data and reports are routinely used to monitor performance and are used in advancing clinical practice and goal setting for top marks across key performance indicators		

Health System	Training & Support	1. Registry offers minimal training to onboard new participants and ongoing support is limited - self-directed resources largely without opportunity for direct communication	#	
		2. Registry offers orientation program for new participants and new staff; additionally, there are routine calls for ongoing support and connection with the broader community		
		3. Registry offers orientation program with completion examinations/audits for new participants and staff; additionally, there is daily support during business hours and routine calls for ongoing support and connection with the broader participant community		
Health System	FTE Allocation	1. Registry doesn't offer any guidance on FTE workload allocations or qualifications	#	
		2. Registry offers guidance on FTE workload allocations and qualifications		
		3. Registry stipulates FTE workload allocations and qualifications		
Health System	Physician Engagement	1. Registry does not require physician leader/champion and does not offer physician specific training or connection with the broader physician participant community	#	
		2. Registry requires physician leader/champion, but does not offer physician specific training or connection with the broader physician participant community		
		3. Registry requires physician leader/champion and offers physician specific training and connection with the broader physician participant community		

Health System	Patient Education	1. Registry does not offer any patient education material on disease treatment/prevention resources or outreach	#	
		2. Registry offers patient education material directly through the society/college, but does not have resources that can be directly linked to internal portals or websites, or given in print		
		3. Registry offers patient education material that can integrate into internal portals or websites, or be given in print form		
Health System	Shared Decision Making	1. Registry does not support shared decision making	#	
		2. Registry encourages shared decision making, but does not provide resources for enabling it (risk calculators, etc.)		
		3. Registry requires or highly encourages shared decision making, tracks it, and provides resources for enabling it		