

The Three Part CCORP Data Collection and Correction Process

-A Brief Overview-

STAGE ONE: DATA ACCEPTANCE

During Data Acceptance, the initial stage of the CABG data collection process, hospitals submit their CABG data through the CORC system. Hospitals may submit their CABG data in two possible ways:

- (1) Electronic files harvested from a third-party vendor's software**
- (2) Online-Entered Data**

The Test Mode in CORC allows hospitals to examine data values contained in their file in order to assure the data meet quality requirements before an Official Submission is uploaded in CORC.

Once an Official Submission is made, and successfully passes the quality validations, the data will be locked and unavailable for hospitals to make further edits. Hospitals may wish to make immediate updates to an accepted file during Data Acceptance; however, additional data cleansing is available in the Data Adjustments process (see below). Due to data 'locking', CCORP encourages hospitals to 'test' their submissions many times and to use the Test Mode as a tool for checking the quality of the information in the data file prior to an Official Submission.

Requests to unlock officially accepted data will be granted for hardship circumstances only. An example is a problem with hospital software that has caused data fields to be inaccurate and those fields must be corrected. Officially-submitted data will remain locked until Stage Two: Data Adjustments.

STAGE TWO: DATA ADJUSTMENTS

Data Adjustments is the second stage of the CABG data collection process. This stage begins once all California hospitals have successfully provided an accepted data file through CORC. When the last hospital has successfully submitted its official file, CORC then generates a Statewide Data Quality Report (DQR) from all the officially submitted hospital data. Stage Two begins by email notification to primary and secondary hospital contacts that the CORC System is unlocked and "open for use" for 21 calendar days. At this time, hospitals may review the Statewide DQR and have the opportunity to review and make necessary corrections to their CABG data. The 21-day due date is posted for each hospital in their CORC System "Status". Extensions for additional time are not provided. Data access will be locked on day 22.

During Data Adjustments, CCORP urges hospitals to achieve surgeon consensus with the data as it stands in the CORC System rather than waiting until Stage Three: Hospital Finalization (below). Common cleanup scenarios during the Data Adjustments stage include:

- (1) Coding revisions based on surgeon review of their individual cases (provided in the DQRs)**
- (2) Revised coding of particular data elements that may have been “under coded” or “over coded” upon review of the coding averages noted in the statewide DQR or**
- (3) Data cleaning that could not be completed in Stage 1: Data Acceptance.**

STAGE THREE: HOSPITAL FINALIZATION

Hospital Finalization is CCORP’s close-out process for a given report period. Finalization provides:

- (1) Hospitals 30 calendar days to make changes to their existing data**
- (2) Surgeons the ability to certify their cases after the hospital has stopped editing the data. At this stage hospitals should focus on surgeon certification of what shall be the hospitals’ “final” data.**

Hospital Finalization begins by email notification to primary and secondary hospital contacts that the CORC System is “open for use”. A 30-day due date is posted on the CORC System. Extensions for additional time are not provided. Data access will be locked on day 31 so that the data audit phase of CCORP’s program may begin.

Once hospitals no longer need to revise data files, they must “finalize” their data. A link in the MY DATA tab of CORC will take hospitals to a finalization screen. CORC provides a button-activation on this screen, which allows each hospital to certify the submitted data as FINAL, accurate in content, and reviewed by surgeons. Upon activation of the finalization button, surgeon certification forms will be generated in CORC and should be downloaded by hospitals via the ACCESS CUSTOM REPORTS link in the CORC System. The forms will have been pre-populated with the data content such as the number of isolated cases and the number of deaths. These forms should be signed by the surgeons and faxed to CCORP as soon as possible. New to the certification process is a field which indicates a surgeon signature could not be obtained; therefore, that all forms, signed or not, may be faxed in a timely manner.