

CHILDREN'S BOARD OF HILLSBOROUGH COUNTY  
CASE FILE REVIEW / DATA INTEGRITY CHECK  
Procedures for Contract Managers

**Pre-Site Visit**

CBHC Assigned Participant ID #'s	<p><u>Demographics, Outcomes and Measures Check</u></p> <ul style="list-style-type: none"> <li>De-identified spreadsheets for each program will be saved in the corresponding Program Folder in P: in a subfolder called Data Integrity Check - These spreadsheets will be reviewed for demographic accuracy as well as Outcome and Measure Accuracy.</li> <li>Contract Managers will e-mail the appropriate size sample of ID #'s to Providers 3-5 days prior to the scheduled Data Check to allow Provider to collect participant charts.</li> <li>If the Provider is an ASO Participant the ASO FAMID for participants should be entered in the column ASO Number (if applicable). This will allow Contract Managers to sample records of participants that are also receiving ASO. Please coordinate scheduling these visits with Rebecca for these programs when possible or as preferred by Providers so that the time needed to conduct data integrity checks and ASO checks can be maximized.</li> <li>Please review data of the selected participants for each of your programs prior to the visit to identify any anomalies, missing CBHC required data or apparently incorrect data</li> </ul>
Sample Size Determination and Record Selection	<p>Annual Service Level <b>up to 400</b> unduplicated participants annually = 15 records  Annual Service Level <b>above 400</b> unduplicated participants annually = 25 records  <i>*At the discretion of the Program Team a larger or smaller sample size may be selected.</i></p> <ul style="list-style-type: none"> <li>Go to Research Randomizer <a href="https://www.randomizer.org/">https://www.randomizer.org/</a> to develop initial random sample list of the records to review.</li> <li>Highlight the rows randomly selected and verify if sample contains diversity of factors (children, adults, outcomes, ASO, zip codes, etc.)</li> <li>Generate additional random orders if needed until sample is sufficiently diverse.</li> </ul>
Data Integrity Check Report Spreadsheet	<ul style="list-style-type: none"> <li>Utilize the spreadsheet at P:2016 Agrees/FY16 Program Site Visit Documents/FY16 Data Integrity Check Template or via hyperlink <a href="#">FY17 Data Integrity Check Template.xlsx</a> to indicate where there were errors across random sample of records selected</li> <li>Complete the Data Checklist tab on spreadsheet for desk audit of spreadsheet.</li> </ul>

**Data Review**

Child and Adult Demographic/ Record Comparison	To compare demographics entered in the spreadsheet with documentation in the participant file/record it is recommended that the Contract Manager take the de-identified spreadsheet on a laptop to conduct the Data Check and use it in conjunction with the Template above.
Accuracy of Data Entry <b>Outcomes and Measures</b>	<p>The Contract Manager reviews the data with special attention given to the following fields:</p> <ul style="list-style-type: none"> <li>Pre and Post Tests and/or Follow-up Measures are entered according to the indicator and progress is noted on the EE Matrix which compliments this data</li> <li>Scores where applicable indicate that the participant passed the instrument or increased their score at post or not based on file documentation</li> <li>For those participants where measurement has been completed does the documentation support the Data (e.g. Score increased, Score Decreased, Child on Track, etc.)?</li> </ul>
Accuracy of Data Entry of <b>Demographics</b>	<p>The Contract Manager reviews the data with special attention given to the following fields:</p> <ul style="list-style-type: none"> <li>City, State, Zip Codes, Participant Type, Number of Minor Children and Adults in the Home, Household Structure, Highest Level of Education, Program Start and Program End Dates, Closure Reason and if Re-Enrolled during the contract period the Re-Enrolled Program Start and Program End Dates</li> <li>Child – CBHC Assigned Participant ID, DOB, Gender, Race, Ethnicity, City, State, Zip Codes, Agency Identifier (if applicable), Participant Type, Child Grade, Child Free Lunch Eligible, Attached To Outcome (Yes or No)</li> <li>Adult - CBHC Assigned Participant ID, DOB, Gender, Race, Ethnicity, City, State, Zip Codes, Agency Identifier (if applicable), Participant Type, Attached To Outcome (Yes or No)</li> </ul>

**Post Site Visit**

Completing the Data Integrity Check Report Spreadsheets and Back-up	Transfer your results to the FY17 Data Integrity Template (see link above). Utilize the first two tabs to summarize the results of your findings. Utilize the File Review Log tab to indicate where there were demographic errors across Records selected. Utilize the Outcome Tab to indicate where there were errors across Outcomes and Measures across Records selected. There is also an ASO Tab for Programs as applicable.
Annual Evaluation	Enter the Data Integrity Check Score for each program in the appropriate space on Part II Evaluation by August 15, 2017

**Scoring for Part II Evaluation**

Accuracy of Data Integrity Check	<input type="checkbox"/> 95% - 100% Accuracy (15 points) <input type="checkbox"/> 90% - 94% Accuracy (10 points) <input type="checkbox"/> 85% - 89% Accuracy (5 points)
	<b>Maximum Of 15 Points may be awarded</b>
Check here that data was corrected _____	Data Integrity Check Findings: <input type="checkbox"/> Did provider have demographic, outcome and measure data in spreadsheet and back-up in participant files? <input type="checkbox"/> If not, Explain why:
Date:	