Getting a Handle on Data Lag in AIRS

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The AIDS Institute Extract is due to the AIDS Institute by the end of each month and MUST reflect all data, both intake and service delivery, for the previous month. For example, your May extract must be received by the Institute no later than June 30th, and it must reflect ALL services and clients as of May 31st. When the due date falls on a weekend or holiday, the next business day applies. Please remember that timely extracts are one factor. Completeness is just as important. It is possible that a provider can be timely with their extract submission, yet the extracts remain several months behind with respect to completeness.

The AIDS Institute monitors data completeness based on the number of days between the service date and when the service was first entered into the system. For the Division of HIV Ambulatory Health Care, services are expected to be entered as soon as possible after their occurrence, with most, if not all, being entered within 30 days of the date of service. Note that the RSR may require more timely data entry than a thirty day time frame when services or intakes occur in the last month of the calendar year.

Data are considered separately for each service category within each AIRS program. In some instances, the Division of Prevention may adjust the above timeliness expectations for their providers and programs. If you are funded through the Division of Prevention, or if jointly funded, please check with your respective Contract Managers so that discrepancies can be addressed, particularly those that relate to year-end data and extract submission.

Ideally, all encounter and service level data should be entered within three (3) business days from the date of service. We recognize that providers will face a variety of circumstances that may make it difficult to achieve this ideal. It is a goal to strive for.

Reducing data lag requires involvement from a range of staff within your program. It is unfair, in most instances, to expect that data entry staff can bring about the necessary changes by themselves.

- Ideally, if you are a large program, consider forming a data management committee to address data lag, assuming one does not already exist. If possible, this committee should be comprised of program management, supervisory staff, clinical staff, data entry staff, data quality staff (if your agency has them) and MIS staff. Who convenes the committee and recruits participation will depend on the individual program.
- For smaller programs, it may be more expedient to devote a staff meeting or a series of meetings to examining the potential reasons for lagged data and how best to address them.
- If setting aside an entire staff meeting proves difficult, perhaps a portion of each meeting, over a more extended time frame, may work better, provided a reasonable time frame is maintained. Who chairs the discussion can vary by provider.

A good starting point might be to trace patient flow and data flow. If appropriate, use flip charts to identify the respective flows. Identify points of responsibility within your current organizational structures. It may be a surprise to some staff, if on the first analysis, patient flow is very different from data flow. Try and help them conceptualize how these two processes might look if they were more congruent and what it might take to get there. This may include changes in staff responsibilities.

Alternatively, you might find patient and data flow to be reasonably congruent within your program and not contributing to lagged data. Other possible contributions and potential problem areas to address include:

- Timely data entry. Is there a standard for how quickly intake, encounter and service data is entered into AIRS, relative to the date of service?

- Operational changes. What operational changes, if any, need to be made to sustain and/or improve timely data entry?
- Backup data entry staff. Are there designated backup staff who will cover when regular data entry staff are absent and have their regular work duties been adjusted accordingly? Are designated backup data entry staff appropriately cross trained to allow "fill in" on short notice?
- Data recovery. Does your program have a plan in place to address a build-up of lagged data if the computer systems were to be down for an extended time?
- Incomplete data. Are there systems to address how incomplete and/or conflicting data will be handled so as not to impede overall data entry?

Your program might need to address more than one area. If so, how might their implementation be prioritized?

Here are a few suggestions, which you may find useful:

- First, implement the intervention with the most direct impact in meeting the AIDS Institute's minimum completeness standards.
- If there are several interventions that have the same level of impact, consider:
    - Whether they need to be implemented sequentially.
    - If not sequentially, focus on those that cost the least and are the easiest to implement.

Go beyond these initial suggestions. Ultimately, your program staff will be the best judge of what might work for the program.

Timely and complete data collection is crucial to meeting the AIDS institute standards. I hope these suggestions will help you make data collection less cumbersome and more complete. We are here to help. If you have more questions or concerns about reducing lagged data, please contact your data manager, contract manager or me at 212-417-4763 or e-mail me at jlf04@health.state.ny.us.