



# Better Outcomes by Improving CareWARE Data-Entry: A Clinical Quality Management Initiative

**Ellie Purdy, MS, APRN, AAHIVS and Beth Spivey BSN, RN, ACRN**  
North Georgia Health District

## Introduction

Accurate CareWARE data is essential to maximize patient care and guide clinic quality management initiatives. The Living Bridge Center is a Ryan White funded practice in north and northwest Georgia. The Living Bridge Center Clinical Quality Management team recognized that the practice data entry process was not adequately capturing clinical efforts and used the Plan-Do-Study-Act (PDSA) framework to successfully revise the clinic's CareWARE data entry process.

The Living Bridge Center's 2019 quality management goals were to:

1. Improve annual STI Screening rates for Gonorrhea and Chlamydia screening from 79% to 90%
2. Improve annual Syphilis screening from 76% to 90%
3. Improve Hepatitis B immunization rates from 49% to 60%

## Results

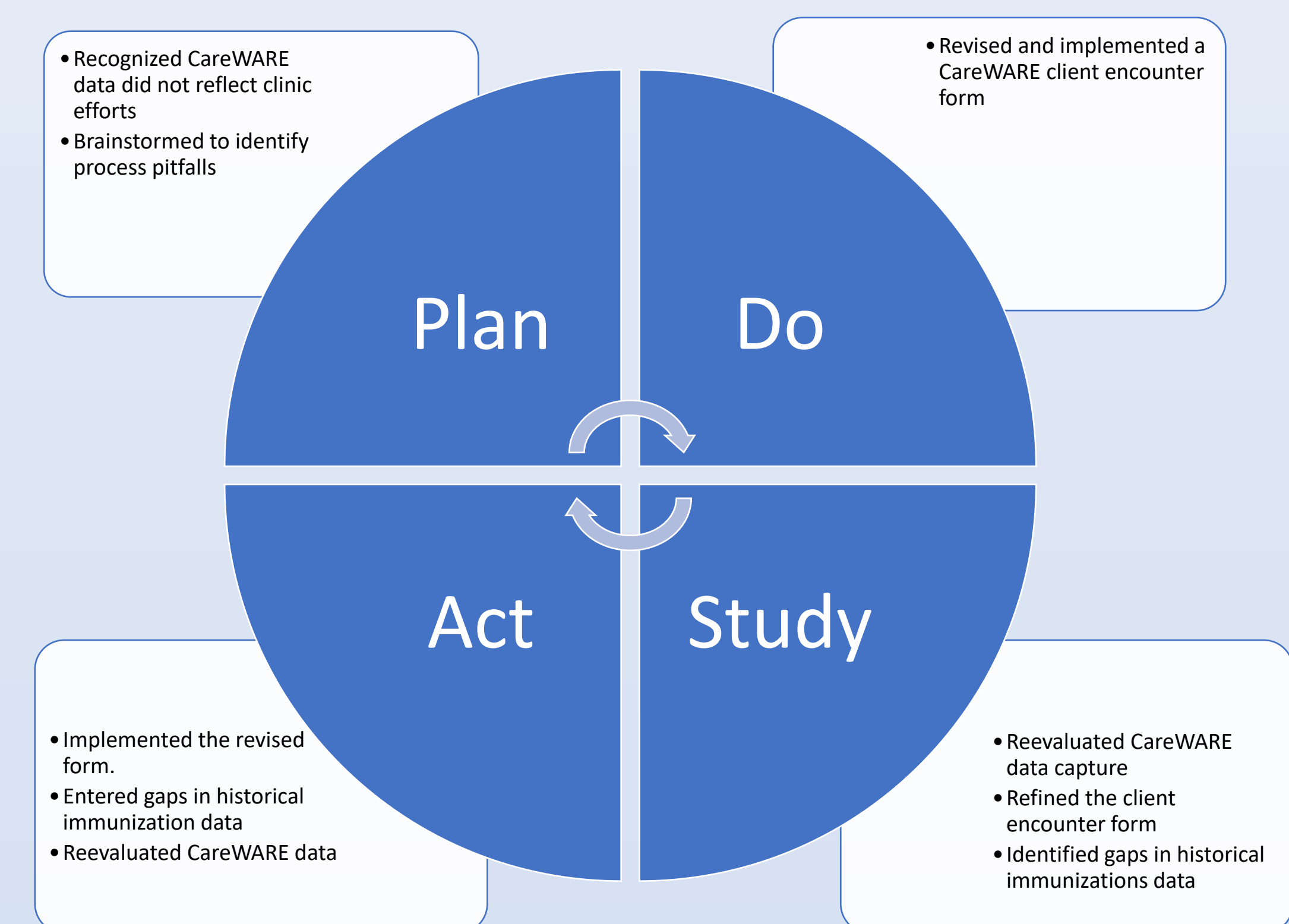
The team found that non-clinical staff were expected to interpret lab results during the data-entry process, client active status was not consistently updated when a client became deactivated (deceased, left care, etc.), and immunization status completion was not clearly communicated between clinical and data-entry staff.

The Living Bridge Center was successful in achieving its goals. Gonorrhea and Chlamydia screening increased from 79% to 96%, Syphilis screening increased from 76% to 82%, and HBV immunization increased from 49% to 60% with revision of CareWare data entry process. Additionally, those in need of HBV vaccine were identified via chart-review and flagged to provide vaccination.

## Methods

A multidisciplinary team of clinical (nurse, case manager) and CareWARE data-entry clerical staff was assembled to review the practice CareWARE data capture and entry process and identify process pitfalls.

The PDSA cycle was used to review and implement changes in clinic data capture and entry processes. The team found that issues in communication and data capture could be rectified by creating a client encounter form that documents CareWARE data-entry points after each clinical encounter. CareWARE data was updated and historic gaps in immunization and STI screening were rectified.



## Conclusion

Reviewing and revising current practice processes using the PDSA model enabled The Living Bridge Center to improve data collection and data entry into the CareWARE system. The Living Bridge Center was able to improve data accuracy by updating a one-page form that is completed after every clinical encounter. The form rectified discrepancies in verbiage and eliminated the need for non-clinical data-entry staff to interpret lab results which provides a more accurate and consistent picture of clinical services.

## Key Findings

CareWARE data accuracy can be improved by:

- Using standard nomenclature that non-medical staff can easily understand

Example: non-clinical data-entry staff had difficulty categorizing RPR test results into "Positive" and "Negative" Syphilis screening categories resulting in data-entry error

- Improving communication between clinical and data-entry staff

Achieved by revising a CareWARE Data-Entry Form used to relay encounter data from clinical to non-clinical staff

- Updating CareWARE data after each client encounter

Example: Inaccurate data that included non-active or deceased clients was identified and corrected

