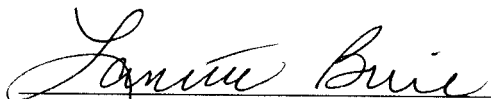
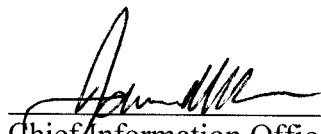


**LSU HEALTH CARE SERVICES DIVISION  
BATON ROUGE, LOUISIANA**

POLICY NUMBER: 3004-17  
CATEGORY: Information Processing  
CONTENT: Correcting Potentially Erroneous Data in CLIQ  
EFFECTIVE: April 20, 2009  
REVIEWED: July 22, 2010  
REVIEWED: October 1, 2011  
REVIEWED: August 24, 2015  
REVIEWED: January 23, 2017  
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Deputy Chief Executive Officer  
LSU Health Care Services Division

1/25/2017  
Date

  
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Chief Information Officer  
Chief Medical Information Officer  
LSU Health Care Services Division

1/25/17  
Date

Effective Date: April 20, 2009  
Review Date: July 22, 2010  
Review Date: July 12, 2011  
Review Date: August 24, 2015  
Review Date: January 23, 2017

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**LSU-HCSD  
POLICY AND PROCEDURE FOR CORRECTING  
POTENTIALLY ERRONEOUS DATE IN CLIQ**

**I. PURPOSE**

This administrative memorandum establishes the standard policy and procedure by which data transmitted via an electronic interface from a legacy information system to CLIQ (CLinical InQuiry), and subsequently presented through CLIQ's graphical user interface (GUI), that is deemed to be erroneous in content or format, can be suppressed from view in an effort to prevent errors related to the use of such data.

**II. APPLICABILITY**

This administrative memorandum shall apply to all LSU Health System facilities using CLIQ

**III. DEFINITIONS**

1. Erroneous data - Any patient records, results, reports, notes or other information sent to, received by and presented through the CLIQ GUI that is determined to be incorrect in content or format as it relates to the patient's record to which the data is attached. Examples of erroneous data might include but are not limited to data posted to the wrong patient's record and data posted to the correct patient's record but containing incorrect information.
2. Designee – A physician on staff at an HCSD facility, identified by the facility's medical director, with the authority to coordinate the investigation of potentially erroneous data and approve in the absence or unavailability of the medical director change/suppression requests for correcting erroneous data presented through the CLIQ GUI.

**IV. PROCEDURE**

1. Each facility medical director shall identify upon the issuance of this policy a single designee as defined above. Upon identification of the designee, and any time the designee changes; the medical director shall communicate the designation via email to the CLIQ team at the following address: [CLIQ@lsuhsc.edu](mailto:CLIQ@lsuhsc.edu).
2. If potentially erroneous data are identified during routine use of CLIQ by any user or during routine data validation, the presence of such data should be immediately communicated to the facility medical director, the facility HIM director, the manager of the legacy system from which the data was sent to CLIQ (i.e. laboratory), and the CLIQ team.

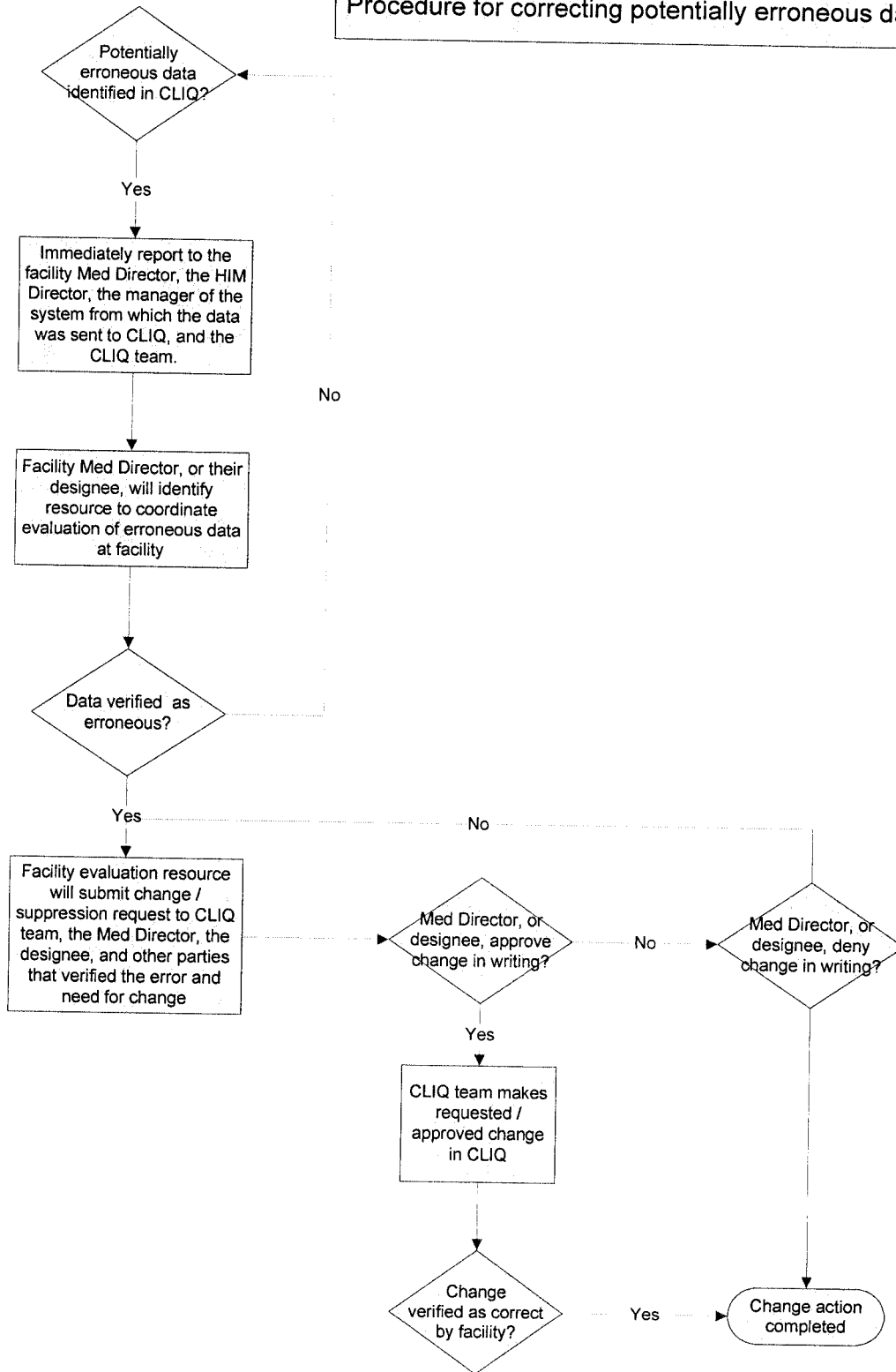
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3. If email is used for this communication (or any communications related to PHI), care should be taken to comply with the HCSD email policy so as not to unnecessarily pose a risk to patient privacy.
4. The facility medical director, or their designee, will coordinate with appropriate personnel at their facility the necessary evaluation of the potentially erroneous data to determine whether such data is in fact erroneous and thus requires a change to or suppression of its presentation in CLIQ.
5. If the data is verified to be erroneous and requires a change to or suppression of its presentation in CLIQ, the specific data error and the action needed to correct the data error - a change/suppression request - shall be communicated to the CLIQ team, the medical director, the designee and the specific parties at the facility that identified and verified that a change was appropriate. This communication shall be via email to all required parties, again taking care to comply with HCSD email policy so as not to unnecessarily pose a risk to patient privacy. Information that cannot be conveyed via email should be communicated in person or by telephone conversation.
6. The change suppression request must be accompanied by the approval of the facility medical director, or their designee, in writing to the CLIQ team, before the change/suppression action can be effected in CLIQ. This approval is most efficiently provided by the medical director, or their designee, as an email reply-to-all to the original change/suppression request. If approval is provided by the designee, the approval email must include a carbon copy to the facility medical director.
7. When the approval is received, the change/suppression will be made by the CLIQ team and a reply email will be sent from the CLIQ team to both the facility medical director and their designee, and the specific parties at the facility that identified and/or verified the erroneous data.
8. Upon receipt of the notification by the CLIQ team that the change/suppression was made, the specific parties will validate that the change/suppression action resulted in the appropriate result to the patient's record in CLIQ and will communicate that the change/suppression action is correct by sending a reply-to-all email to that affect to both the facility medical director, their designee, the CLIQ team and the specific parties at the facility that identified and/or verified that a change needed to be made.
9. Although the change/suppression action is reflected in the CLIQ GUI, the original "erroneous" data and the record of actions taken on that data will be retained by the CLIQ team, and retained indefinitely in the SMaRDI/CLIQ CDR to the extent possible.

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Procedure for correcting potentially erroneous data in CLIQ



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