

# HMIS Data Quality Report Card

Sample Reporting Period 10/1/2020 to 5/31/2021

## PROGRAM INFORMATION



Agency Name: **St. Mary Medical Center**

### Data Quality and Completeness

Complete and accurate records are required to ensure data quality. Required Data that is missing, incomplete or not collected has a negative impact on the quality of data. The higher a programs' percentage of missing or erroneous data, the less useful the data becomes.

Total Clients Enrolled: 0

### Client Demographic Data

Data Element	Client Doesn't Know / Refused	Information Missing	Data Issues	% of Error Rate
Name (3.1)	0	0	0	0.00%
Social Security Number (3.2)	0	0	0	0.00%
Date of Birth (3.3)	0	0	0	0.00%
Race (3.4)	0	0		0.00%
Ethnicity (3.5)	0	0		0.00%
Gender (3.6)	0	0		0.00%

### Universal Data

Data Element	Error Count	% of Error Rate
Veteran Status (3.7)	0	0.00%
Project Entry Date (3.10)	0	0.00%
Relationship to Head of Household (3.15)	0	0.00%
Client Location (3.16)	0	0.00%
Disabling Condition (3.8)	0	0.00%

### Income and Housing Data

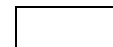
Data Element	Error Count	% of Error Rate
Destination (3.12)	0	0.00%
Income and Sources (4.2) at Start	0	0.00%
Income and Sources (4.2) at Annual Assessment	0	0.00%
Income and Sources (4.2) at Exit	0	0.00%



Fields with values over 5% errors.



Fields with values 5% or less.



Fields with no errors.

Error rate includes data not collected, missing information, client doesn't know and client refused options. A program should have less than a 5% error rate in order to ensure accurate data. Missing intake and exit data needs to be reviewed by staff on a regular basis. Any additional Data received from the client after enrollment, should be entered into the Homeless Management Information System (HMIS) within a timely manner.

**HUD Policy:** A 95% standard of completeness rate for all funded homeless projects should be established and expected. Programs should work toward ensuring that 95% of all required data elements for each client served are collected and entered correctly into the HMIS.

# HMIS Data Quality Report Card

Sample Reporting Period 10/1/2020 to 5/31/2021



## PROGRAM INFORMATION

Agency Name: **St. Mary Medical Center**

Type	0 days	1-3 days	4-5 days	Over 5 days	Average
<b>Entry Timeliness</b>	11	0	0	0	0.00
<b>Exit Timeliness</b>	5	0	0	0	0.00

This report calculates the difference between the program entry date specified for the client and the date the client's application was entered into the system. For example, if a client's Program Entry date of "April 4, 2016" was recorded on "April 9, 2016," then the report would calculate a 5 day lag time in recording data. The report groups the number of applications by program and has 5 buckets for the number of days an application has been lagging.

**HUD Policy:** Data entry should be current within 5 business days of intake, exit, and service provision.

## HMIS Users

Below is a list of all HMIS Users currently active within your agency. If any user on this list has left your agency during the last reporting period, then please email the HMIS helpdesk. Users are considered inactive if they have not logged into the system for 30 days or left the agency. If a user is inactive, or if you have additional staff needing HMIS access or training, please contact HMIS.

Agency	Name	Email
--------	------	-------