$7.5K FIXED-FEE DATA-QUALITY SPRINT · SAMPLE DAY-10 OUTPUT

HIE ADT & Clinical Feed Data-Quality Scorecard

This sample deliverable illustrates the exact Day-10 evidence packet produced during a **$7.5k Fixed-Fee Data-Quality Sprint** on one live or de-identified Health Information Exchange feed (e.g., InterSystems IRIS / HealthShare, Mirth, or Rhapsody). All counts, identifiers, and findings below come from **100% synthetic HL7v2 / FHIR R4 data**.

25,000	81.4%	14
Synthetic HL7v2 ADT messages profiled	Baseline feed conformance score	Blocking state/public-health defects found

WHAT THE HIE GAINS FROM THIS 10-DAY SPRINT

- **Meet state & public-health data-quality obligations** with concrete field-level defect telemetry and remediation SQL/routing fixes.
- **Coexists with IRIS / HealthShare, Mirth, or Rhapsody** — measures and scores incoming partner feeds without ripping out core HIE routing.
- **Add a sellable data-quality scorecard service** to help participating hospitals fix dirty feeds before downstream analytics or reporting break.
- **Credited toward pilot:** the $7.5k sprint fee credits 100% toward a scoped $25k–$50k (8–12 week) implementation pilot.

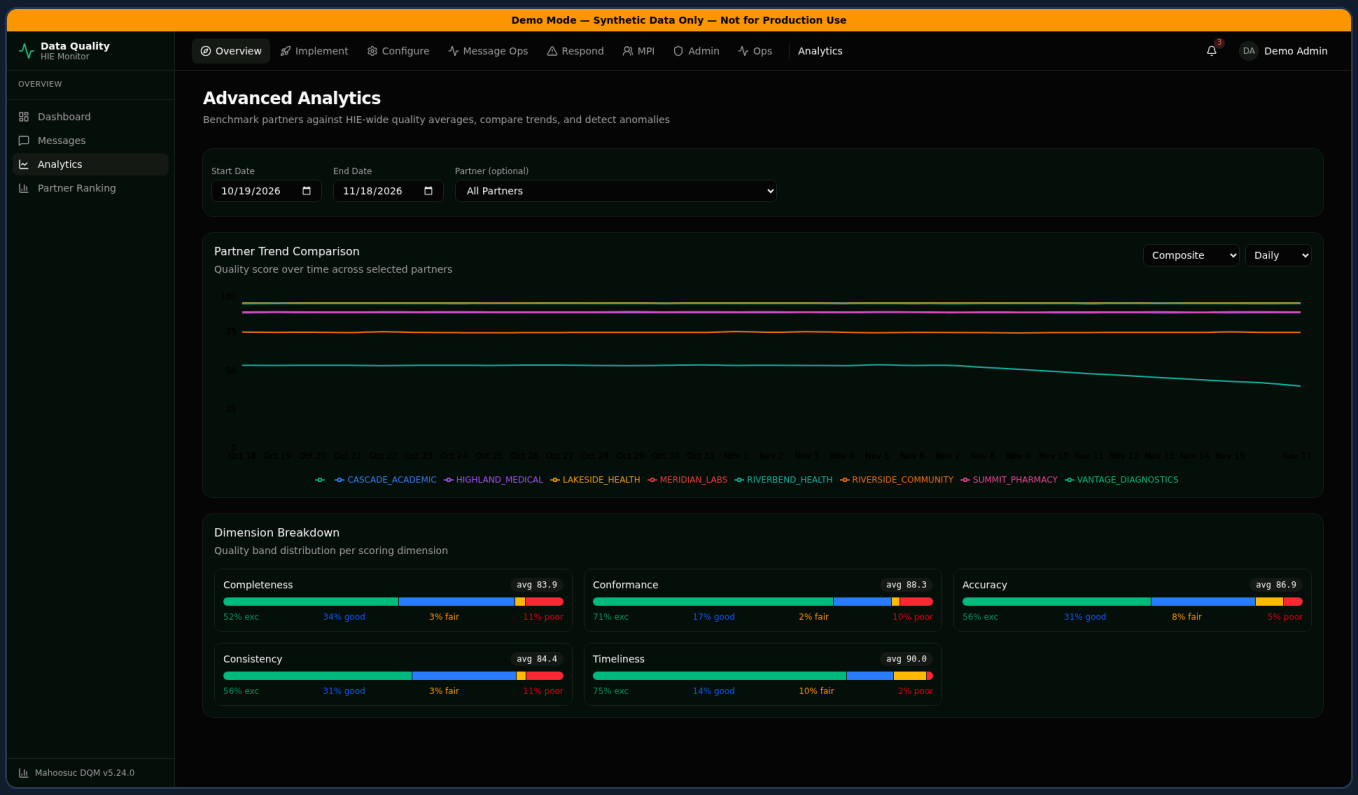
TRUTH & ARCHITECTURE DISCLOSURE

Built and demonstrated today on synthetic data; ready for scoped first pilots. HDIM runs standalone today (MOS integration is planned). Founder background includes senior healthcare-integration architecture roles at HealthInfoNet, Healthix, and Verato (prior employment only, not HDIM customer references).

Baseline Scorecard by Quality Dimension

Each message is scored deterministically against HL7v2.5.1, USCDI v3, and state public-health reporting profiles before optional NLP/AI-assisted normalization review.

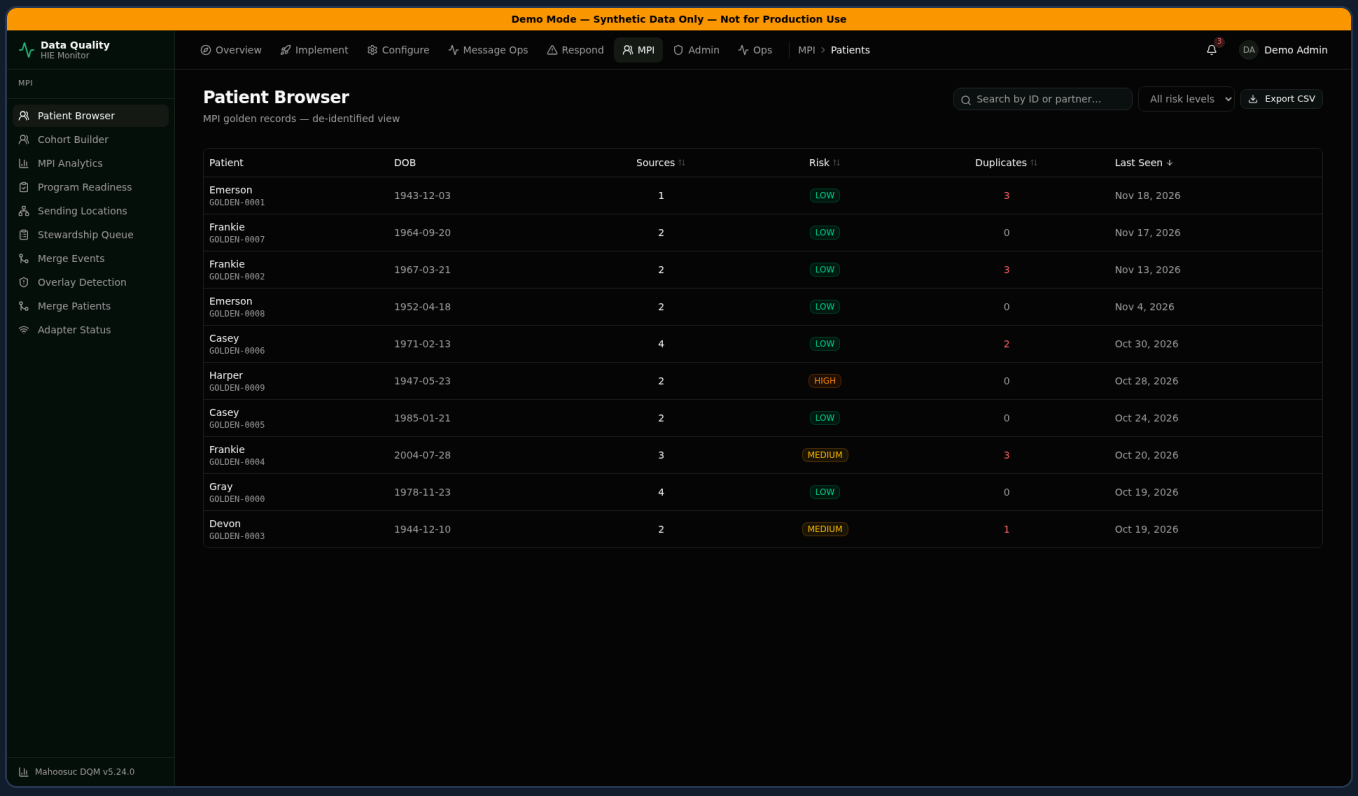
DIMENSION	PASS RATE	DEFECTS FLAGGED	PRIMARY ROOT CAUSE (SYNTHETIC FEED)
Patient Demographics (PID-5/7/8/11)	89.2%	2,700	Placeholder DOBs (1900-01-01), missing postal codes on ER walk-ins
Identifiers & Assigning Authority (PID-3)	76.8%	5,800	Unmapped facility OIDs causing split EMPI profiles across clinics
Encounter & Admit Class (PV1-2/4/19)	84.0%	4,000	Free-text visit types instead of HL7 Table 0004 coded values
Diagnosis & Terminology (DG1-3 / LOINC)	73.5%	6,625	Legacy local codes mixed with ICD-10-CM; trailing punctuation errors
Public-Health Required Fields	78.9%	5,275	Missing race/ethnicity nullFlavor distinction and ordering provider NPI



Captured HDIM analytics view using synthetic data only.

Master Patient Index (MPI) & Duplicate Cluster Review

Poor PID-3 hygiene and unstandardized facility identifiers split single synthetic patients into fragmented records across submitting organizations. HDIM isolates candidate duplicate clusters with human-reviewable confidence evidence.



Captured HDIM MPI Patient Search view using synthetic patient names.

BEFORE NORMALIZATION (RAW PARTNER ADT)

`PID|1||992014^^^CLINIC_A||DOE^JOHN||19790412|M|||12 OAK ST^^PORTLAND^ME^04101`

`PID|1||88412^^^HOSP_B||DOE^JONATHAN||19790412|U|||12 OAK STREET^^PORTLAND^ME^`

AFTER HDIM REVIEW & STANDARD MAPPING

Linked under synthetic cluster `MPI-SYN-4082` (composite match score 0.94, human steward queue flagged for gender `M` vs `U` conflict resolution).

State Reporting & Public-Health Readiness Matrix

HDIM helps the HIE satisfy state health-authority data-quality obligations cleanly while equipping member hospitals with actionable partner-level fix lists.

OBLIGATION AREA	CURRENT SYNTHETIC STATUS	REQUIRED FIX	OWNER
ADT Timely Arrival & Schema Validity	Partial (84%)	Enforce PV1-44 admit timestamp & MSH-9 trigger validation	HIE Interface Team
De-Identified Aggregate Export (`k ≥ 11`)	Ready	Enforce cell suppression threshold < 11 on stratified cohorts	HDIM Export Policy
Partner Hospital Terminology Drift	Needs Mapping	Deploy canonical ICD-10 / SNOMED / LOINC lookup table	Partner EHR + HIE
Audit Traceability	Verified	Immutable run ID + per-message rule verdict log	HDIM DQM Engine

LONGER-TERM VALUE EXPANSION (POST-DQ FOUNDATION)

Once partner feeds reach consistent structural conformance, the same FHIR R4 + CQL pipeline supports downstream HEDIS / ACO care-gap measurement — without re-ingesting feeds twice.

Recommended Next Step: From Sprint to Scoped Pilot

STEP 1 · $7.5K FIXED-FEE SPRINT (1–2 WEEKS)

- Select 1 priority HL7v2 ADT or FHIR R4 feed (synthetic or de-identified schema sample).
- Receive complete Day-10 Data-Quality Scorecard, MPI cluster report, and concrete interface remediation backlog.
- **100% credited** toward Step 2 if you proceed within 60 days.

STEP 2 · $25K–$50K SCOPED PILOT (8–12 WEEKS)

- Deploy HDIM beside your InterSystems IRIS / HealthShare, Mirth, or Rhapsody environment.
- Automate partner feed scoring, MPI conflict workqueues, and sellable HIE partner quality reports.
- Explicit release criteria and human sign-off gates at every stage.

BOOK YOUR 20-MINUTE SYNTHETIC-DATA WALKTHROUGH

See live HL7v2 ingest, DQM rule execution, and MPI resolution on synthetic data before scoping a feed.

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