There is no official documentation available on the governance and data quality assurance of our data source, since the access to the data in our hospital is highly centralized with our data science team. The data science team is quiet small (8 people) and there are weekly team meetings in which topics as data quality, mapping to OMOP, validation of datasets are frequently discussed. No data will leave our hospital (in any form including data mapped to a CDM) without its validation has been discussed within our data team. This implies that the data quality will be verified upon entering the data, upon mapping the data, and ones again, prior to participating in an RWE study.
Governance wise, the advice of our data science team is combined with a DPO and legal advice, which is proved to our Data access committee (DAC). A final decision on whether we want to participate in commercial RWE studies (secondary use) will happen by the DAC. There are monthly DAC meetings and in this committee there is a representation of doctors, as well as board members (CEO, medical director, and our director data, innovation and transmural care.) The quality of our data source is checked both at a global level, using OHDSI tools such as ARES (checked by our medical experts to pick up general inconsistencies) and the DQD OHDSI Tool, as well as on the patient level on a sample basis (checked by the scientific associate belonging to our data science team which has a medical background and who is responsible for the semantic mapping. - in discussion with our physicians). The technical side of our OMOP CDM is managed by our data engineer and data scientist (also belonging to the centralised data science team).