A User Guide for Creating a Stroke Data Reliability Process





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Overview

Ensuring data reliability of a hospital's stroke abstracts is essential to its credibility and value. As stroke abstractors range from novice to expert, the need for a process to determine reliability of data entry that will demonstrate knowledge deficits and learning opportunities is essential. This user guide will provide step-by-step directions on how to prepare for, create, and analyze stroke data for reliability. This guide is relevant for hospitals entering into the Get With the Guidelines (GWTGs) - Stroke Registry.

Acknowledgements

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Preparing

The first steps to perform in creating a reliability process are to:

- 1. Determine who your re-abstractor is. This is someone different than the abstractor.
- 2. Contact your local American Heart Association (AHA) to notify them of the need for a free GWTGs re-abstraction site. Your local AHA contact is found on the GWTGs Community Page.

Next, determine the data you would like to analyze for agreement between two abstractors. The Wisconsin Coverdell Stroke Program analyzes five records and 30 data elements quarterly. It is important to analyze performance measures consistent with your stroke certification level to ensure abstractors' understanding of the data elements and identify learning opportunities. For ease of demonstrating the process, this user guide will look at three GWTGs data elements:

- Was patient screened for dysphagia prior to any oral intake, including water or medications?
- Was antithrombotic therapy administered by the end of hospital day 2?
- Were cholesterol reducing treatment instructions or medication provided at discharge?

The final step in preparing for your reliability process is to determine your random sample. The Joint Commission does not recommend a methodology to monitor data reliability, but does suggest five abstracts be reviewed per quarter. A simple random sampling method may be utilized. With this method, each abstract is equally likely to be chosen, removing potential bias. Simply assign each abstract a number starting with one, then write each number on a separate piece of paper. Fold each piece of paper and put them in a box, then draw five of these numbers. This is your random selection!

This user guide will demonstrate the creation of data downloads and analyzing for reliability five randomly selected cases: 1903, 1907, 1910, 1915, and 1917.

Creating

Log into your GWTGs abstraction site and click on the Run Reports icon.



Click on Download.



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Our download of abstractions has 19 cases. To look at only the five random cases selected, you can delete columns C-E and I-V, and rows 13, 5–7, 9–10, 12–15, 17, and 19–20.

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You are left with a much easier data set to analyze. The hospital abstraction identification number is 12345 in column A. The five abstractions chosen randomly for selection are in Column B. The desired data measures are seen in:

- Column C: Was patient screened for dysphagia prior to any oral intake, including water or medications?
- Column D: Was antithrombotic therapy administered by the end of hospital day 2?
- Column E: Were Cholesterol Reducing Treatment instructions or medication provided at discharge?

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Notify your re-abstractor of the randomly selected cases chosen. Decide on a timeline for completion. They will then re-abstract the random selection into your hospital's re-abstraction site using the same identification number. Once the cases have been re-abstracted, create a download in your re-abstraction site identical to the one just detailed in your abstraction site.

Once you have downloaded the re-abstractions, delete columns C-E and I-V, and rows 1–3, 5–7, 9–10, 12–15, 17, and 19–20. You are left with the same rows and columns as from the abstraction download with the exception of column A. Your hospital re-abstraction identification number is 67891.

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Analyzing

To analyze your data, copy and paste in Excel your five abstractions above your re-abstractions. We have labeled abstractions in row one and re-abstractions in row nine. Changing the text to red easily identifies a mismatch in responses. For example, in Column C for dysphagia screen, we see for case 1903 the abstractor selected "Yes" and the re-abstractor answered "NC." This is a mismatch between the abstractor and the re-abstractor. Continue analyzing for mismatches and identifying them in red text or the color of your choice.

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To determine the agreement rate, divide the numerator by the denominator for each data element. For example, the dysphagia measure has a denominator of five and a numerator of three. Three out of five times the abstractor and re-abstractor agreed for the dysphagia measure, which equals 60%. The overall agreement rate is determined by the total number of opportunities or data elements analyzed and the total number of agreements. In this example there are 15 opportunities for agreement: there are three data measures with five cases each, so $3 \times 5=15$. The abstractor and re-abstractor did not agree four times, thus there are 11 agreements. Eleven divided by 15 gives us a 73% agreement rate. A respectable goal for agreement rates between two abstractors is 90%.

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It is imperative for the abstractor and re-abstractor to meet and determine learning opportunities based on the disagreements that occurred. The correct answer for each data measure must be identified. Developing a source of truth document is highly recommended. The source of truth document identifies the place in the electronic health record from which to abstract each data element. Also, a review of the coding instructions where mismatches occurred is essential to ensure both abstractors are interpreting them similarly. These quarterly reviews will help the abstractor and re-abstractor in discovering learning opportunities and will ensure the most reliable data is abstracted, reported on in team meetings, and submitted to your certification body.

References

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The Joint Commission. Retrieved from: <u>https://manual.jointcommission.org/Manual/Questions/UserQuestionId03Stk100888</u>

The Wisconsin Department of Health Services collaborates with MetaStar Inc. to provide the Wisconsin Coverdell Stroke Program. The program is supported by the Grant or Cooperative Agreement Number, DP006074, funded by the Centers for Disease Control and Prevention. Its contents are solely the responsibility of the authors and do not necessarily represent the official views of the Centers for Disease Control and Prevention or the Department of Health and Human Services. http://www.dhs.wisconsin.gov/coverdell.