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May 20th, 3:00 PM - 4:30 PM

Data, Data Everywhere: But Not a Drop to Analyze

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Data, Data Everywhere.....



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May 20, 2011



DISCLOSURE

I have no actual or potential conflict of interest in relation to this program or presentation.





Abundance of clinical data





Diligent data entry

Quality improvement

State/national mandate

Billing/coding





Patients and data yield research ideas



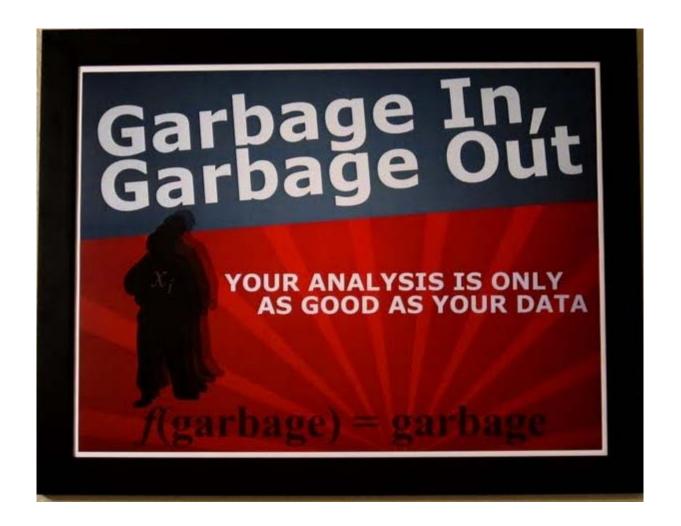
"We are charting clinical data anyway so why not put it in a database?"

"The data exists so why not analyze it?"





As the saying goes....





Data, entry, & analysis don't always flow





Not everything is as easy as it seems





UMass Trauma Registry

- → 20 + years
- Prospective data collection
- Demographic, clinical, and outcome variables
- >40K records

- Ready for analysis and publication
- Not utilized previously for lack of time





UMass Trauma Registry

Last Name: Date Reviewed									_	_CDU E/D	
CDM	_		Date	Entered							
TF	DEMOGRAPHICS										
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Hosp Arrival tim		:		First Name							
Category Leve		3 4		DOB/Age				City:			
Notified/Respons	E :		:	Gender			F	State:			
TS Attending		BS N	K UT	Race				Zip:			
Covering attending				Ethnicity				County:	_		
Admit Servic	20			SS#				Country:			
Consult:								FORMAT			
	: :	- :	-	Medicaid			rivate			orker's Comp	
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Account#:							ther Go				
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Injury Date:	/ /			_Land _He						_Other	
Injury Time:	:			PRE HOS						Referral EM	
Injury City:				Run Shee			Y	N		Y N	
Injury State:					Agen				_		
Injury Zip:					port Mo			BLS_	-	ALSBLS_	
Injury County:				Dis	patch Da	ite:	//		_	/ /	
Work Related?: Y_ N_			Dispatch Time: :			: :		:			
Industry:				Scene Arrival Date: / /			/ /		/ /		
Occupation:			Scene Arrival Time: :			,		_:			
Mechanism:			n	Scene Depart Date: / /			/ /		/ /		
Primary E-code:	E.			Scene Depart Time: : Time @ Destination: :							
Cause Code: Details:				Destinati			- :		\rightarrow		
Details:						ty.			_		
				Referring Fac Discharge Da		_					
				Discharge Da	te						
Injury Location:	Ь_					C	o-Morl	oidities			
Protective Device									L		
Child Restraint					\neg						
Air Bag					\neg				т		
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ETOH? N (te	sted)			ond legal) U			(tested)		Y	(illegal drug)	
				Patient Room I	ocations						
Unit# IN time/dat	e OUT	time/da	te Disp	oo Un	it# IN	tim	e/date	OUT time	e/date	Dispo	
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	Time Date	SBP	Pulse	Resp rate	Asst rate	GCS Eve	GCS verbal	GCS	GCS total	O2 SAT	Temp °C
Scene	2					2,1					
Amb											
E/D											
O2 give	n:	Y	N G	CS Qual	ifier:	Intubate	ed	Sedate	d	Eve obs	truction
			RAI	DIOLOG	Y (All In e to initi:	itial Diag	nostic Stu	dies)			
Study	Body P	art	-Kecord	Res	ults (+/-)	Study	Body Pa	rt		Re	sults (+/-)
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Patient Quality and Outcomes Research Tools

A New Paradigm in Trauma Registry

Introducing TraumaBase 7.0

A revolutionary revision in Trauma Registry Software.

Making the most of technology

while remaining true to the day-to-day rigors

of the Trauma Registry professional.

Often imitated but never surpassed!

Once again, TraumaBase with Version 7.0 raises the bar to which all other registries can only hope to

Early research plans

- Three study questions
- Three abstracts/manuscripts by end of year

 Facilitate research by colleagues using same data



Some examples of what I found





Data, data everywhere....

Examine mortality patterns



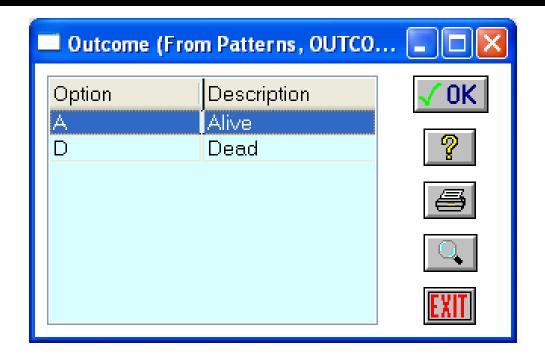
....Not a drop can be analyzed

Mortality variable?





Trauma Registry Outcomes Screen



Generate new variable = Died

Died = 1 if outcome = D

Died = 0 if outcome = A





Data, data everywhere....

Adjust for co-morbidities



....Not a drop can be analyzed

Co-morbidity variable



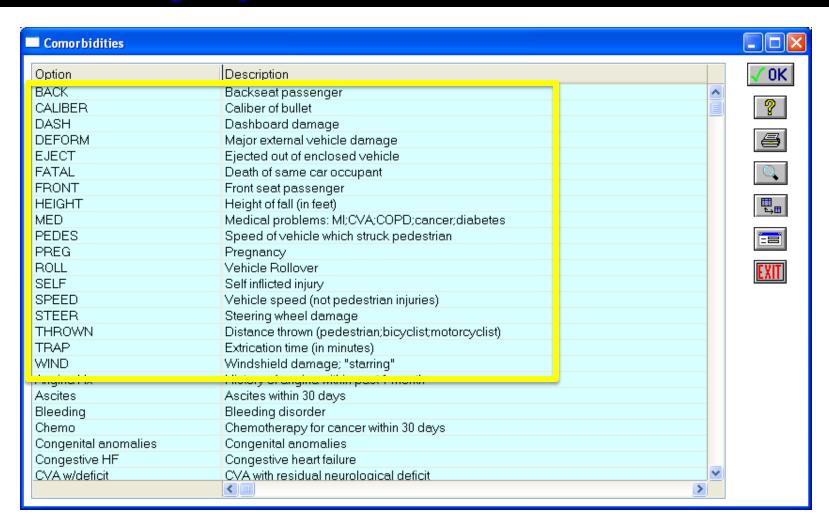








Trauma Registry Co-morbidities Screen







Data, data everywhere....

- Abbreviated Injury Scale (AIS)
 - Standardized injury terminology
 - Facilitate comparisons of injury studies
 - Rank injuries by severity
 - Describe injuries anatomically



....Not a drop can be analyzed

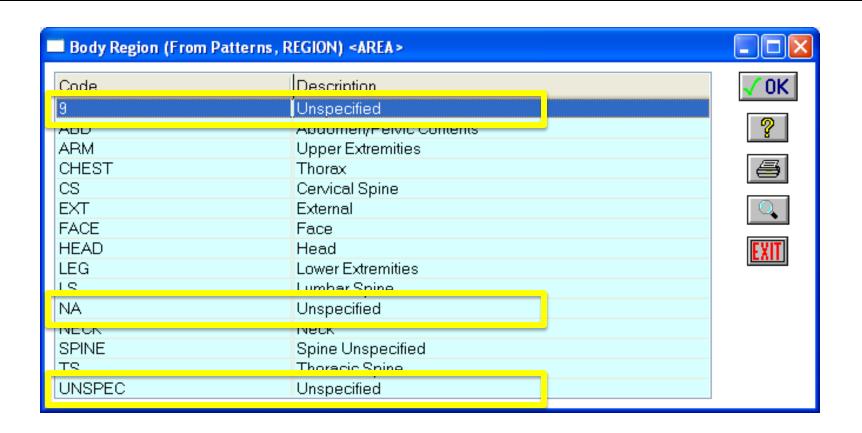
AIS Region	
Head/Neck	Includes C-spine
Face	Facial skeleton, nose, mouth, eyes, ears
Chest	Included T-spine and diaphragm
Abdomen	Includes pelvic contents and L-spine
Extremities	Includes pelvic skeleton
External	Abrasions, contusions, superficial injuries

AIS Code	Injury			
0	Not Injured			
1	Minor			
2	Moderate			
3	Serious			
4	Severe			
5	Critical			
6	Fatal			
9	Not further specified			





Trauma Registry AIS Body Region Screen





Data, data everywhere....

Transplant procurement





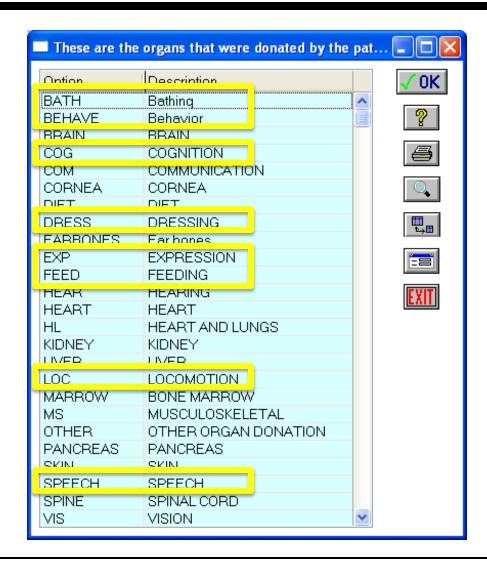
....Not a drop can be analyzed

Organs donated variable



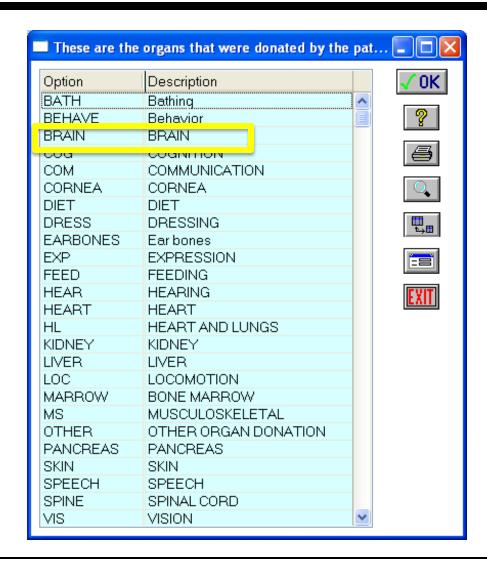


Trauma Registry Organs Donated Screen



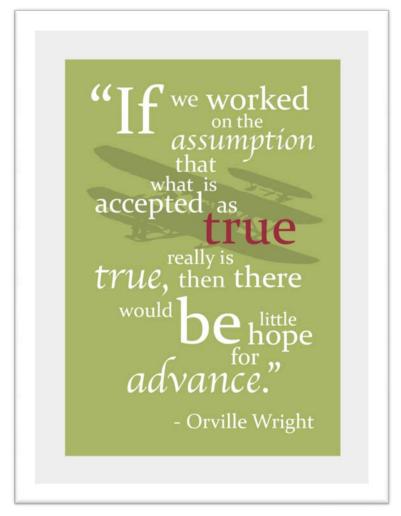


Trauma Registry Organs Donated Screen





Research with clinical data



"Do not assume that recorded data is suitable for research."





Issues

- Variables
 - Unclear names
 - Applicable to more than one true measure
 - Unnecessary data

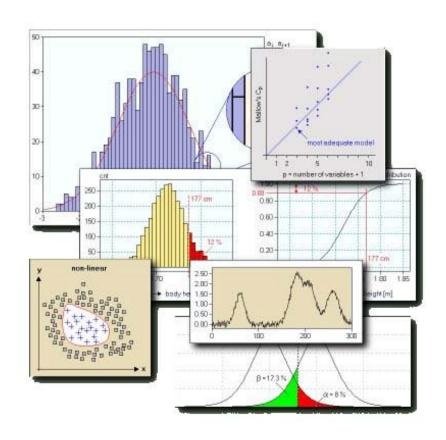
- Values
 - Too much free text
 - Inconsistent coding across variables
 - Unclear
 - Missing vs. unknown
 - Not applicable vs. missing
 - Non-numeric coding





A variable's future

"How will each variable and associated values be represented in a pie chart, bar graph, or statistical model in the future?"





Recommendations

- Variables
 - Define narrowly
 - Avoid overlap (collinearity)
 - Use dummy variables (1/0)

- Data dictionary
 - Variable/Value
 - Creation date

- Values
 - Numeric
 - Used consistently across database
 - Rarely free text
 - "other" value
 - Specify codes for missing vs. unknown vs. notapplicable





Road to successful research





Thank you



