



UNC
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GLOBAL PUBLIC HEALTH

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TO: HCHS/SOL Quality Control Committee
CC: Jianwen Cai, Wayne D Rosamond, Laura Loehr

FROM: Daniela Sotres-Alvarez, HCHS/SOL Coordinating Center
DATE: February 22, 2012

RE: HCHS/SOL Quality Control Report, February 2012

MEMORANDUM

This report includes a draft of the QC plan for the abstraction and adjudication of events being prepared by the Coordinating Center and the Endpoints Ascertainment and Classification Committee.

HCHS/SOL QC Plan for Endpoints Abstraction and Adjudication

Background

HCHS/SOL Endpoints Ascertainment and Classification Committee designed and implemented a system for event ascertainment of acute myocardial infarction, heart failure, asthma and COPD events that have required hospitalization after baseline clinic visit, and asthma and COPD requiring emergency department care. Stroke will be implemented around DATE. Neither abstraction nor event adjudication has started as of 2/22/12.

1. Abstraction

- Centralized at HCHS/SOL Coordinating Center (CC)
- Two trained and certified abstractors (nurses)

2. Adjudication (review)

- Several reviewers (provide reference to reviewer's roster by endpoint)

HCHS/SOL CC will start abstracting pulmonary cases first because is the endpoint with more events. As of January 2012, 90 asthma visits to Emergency Departments have been reported for calendar years 2008 to 2011 (table 2.18 in Jan 2012 Management Report). QC on endpoints abstraction and adjudication will also get implemented first for pulmonary cases.

QC Plan

1. Medical Record Information

The CC will monitor the percent of completeness of medical records by site. The minimum information needed is:

- Hospitalization: Face sheet (ICD-9) and discharge summary
- Emergency Department (ED): Physician complete note?

2. Abstraction

At the beginning, all events will be double-abstracted until the abstractor's learning curve is stabilized. After 20-30 cases, only 5% cases will be selected for double abstraction. As an example, we will compute the percent of disagreement for all 63 items in the Pulmonary Abstraction form (PUL). Key items that will be closely monitored are: X, Y, and Z.

3. Adjudication (review)

At the beginning, each event will be classified by two reviewers. For example, if disagreement on main classification questions (to determine which?) for Pulmonary Diagnosis (PLD form) then a third reviewer adjudicates the event. TO CONSIDER: if we will blindly provide the same abstraction form (e.g. PUL) to the same reviewer to assess intra-reviewer agreement.