



**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 26, 2013

**RE:** HCHS/SOL Quality Control Report, February 2013

**MEMORANDUM**

This quality control (QC) report includes a progress report for the ongoing QC for HCHS/SOL abstraction and adjudication of events.

### Endpoints summary for QC call, 2/2013

- 1 Medical records acquisition phase (FC staff)
  - Success in obtaining records (monthly)
    - **Continue with monthly conference calls with the field centers**
    - **Two site visits have been conducted (Chicago and Miami)**
  - Re-certification of records acquisition staff (annually)
    - **Conducted an annual face to face meeting and now monthly calls, as above**
  - Completeness of records sent to CC (weekly)
    - **Completeness of records continue to be much improved**
- 2 Medical record abstraction (CC)
  - 2 certified RN abstractors
    - **Jeremy and Jan have continued working with SOL events. We will need more abstractor as we add-in the other endpoints, and as endpoints increase through the years**
  - Double abstraction (first 50), thereafter 5% re-abstraction
    - **The first 13 pulmonary cases were double abstracted**
    - **They have just started double abstracting HF and MI records as well**
  - Summarize item by item disagreement
    - **91% agreement for the PUL abstraction form between the 2 abstractors. Disagreements were reviewed, adjudicated and discussed with abstractors.**
  - Annual re-certification exams
    - **Plan re-certification annually, although currently a gap between initial training of abstractors and availability of forms in DMS, and eligible cases, so just now starting the abstraction process.**
- 3 Reviewer teams (FC, CC)
  - Pulmonary – **We have abstracted, reviewed and classified the first 11 pulmonary events with all information entered in DMS. These first 11 cases were reviewed by all reviewers and then discussed on call, and classified by consensus. Therefore, agreement between reviewers cannot be assessed. Sending out the next 16 cases to reviewers this week. Plan DMS training for reviewers in about 6-8 weeks, as currently using paper.**
    - **Double reviews (first 500), disagreements to be adjudicated. Reviewer calls to discuss cases.**
    - **Will measure agreement between reviewers and with adjudicator**
  - Heart Failure - **Currently abstracting records**
  - Myocardial Infarction – **Currently abstracting records**
  - Stroke and Death – Forms in process

<b>SOL/HCHS Endpoints Progress – Forms creation in the data management system (DMS), and processing of events with abstraction and review</b>							
	<b>Abstraction Form</b>	<b>Abstraction QXQ</b>	<b>Reviewer Form</b>	<b>Reviewer QXQ</b>	<b>ESF</b>	<b>Abstracted</b>	<b>Reviewed</b>
<b>PUL</b>	In DMS	complete	In DMS	complete	electronic	~30	11
<b>HTF</b>	In DMS	complete	In DMS	complete	paper only	started	0
<b>AMI</b>	in DMS soon	complete	In DMS	Complete	paper only	started	0
<b>STROKE</b>	In process	-	In process	-	-	-	-
<b>DEATH</b>	complete	-	In process	-	-	-	-