HPB Surgeons and SCRs Collaborate on Targeted Data Abstraction Tool

The Problem
ACS NSQIP Hepatectomy and Pancreatectomy targeted procedures require data abstraction of a large number of perioperative variables. As a Pancreatectomy Beta site, we noted that many of the data points were not recorded reliably - and some could not be accurately abstracted from available records.

To improve and ensure the quality of the data abstraction by developing a standardized data collection form that would capture the specific data elements and facilitate efficiency for data abstraction by the SCRs.

Review De-identified pancreatic data from three time periods: prior to institution of the electronic tool July – December, 2012, and two successive periods after institution of the tool January – October 2013 and January – October 2014 to establish compliance with the data tool over time.

Analyzed the data for frequency of electronic tool usage and the number of incomplete data fields.

Aim/Goal
Collaborate with an interdisciplinary team to institute a standardized approach for data collection that will improve quality, efficiency and accuracy of the HPB operative data.

The Team
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The Interventions
The team agreed on an electronic tool that would allow for ease of accessibility for both surgeons and Surgical Case Reviewers (SCRs).

Obtained a list of ACS NSQIP HPB Targeted data elements required for data abstraction.

Creation and implementation of the electronic tool in Performance Manager.

Roll out of the electronic tool to the end users: surgeons for data input and nurses for data abstraction.

The Results/Progress to Date
Use of the electronic tool went from a 0% baseline of cases to 58% and 68% in the two post roll-out periods. Data collection also improved with the frequency of incomplete data fields decreasing from 36% pre-tool to 27% and 18% in the successive periods.

Lessons Learned
Although the tool was easily accessible, its use did not improve consistently among all surgeons–with one surgeon decreasing his use of the electronic tool while simultaneously increasing in completeness of data documented in the operative record. Collaboration with an interdisciplinary team enabled a standardized electronic approach which improved the volume, quality, and accuracy of operative data.

Next Steps/What Should Happen Next
Continuous monitoring with electronic tool compliance by the SCRs.
Provide feedback to the primary user on compliance.
Institute data changes to the electronic tool when necessary and provide updates to the primary users.

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