Chest International Injury Database User Expectations

Introduction:

All members of the Chest Wall Injury Society (CWIS) are invited to participate in data entry into the Chest Injury International Database (CIID). As the Database Committee we have great intentions for this database to become the largest data repository on chest wall injury in the world. For this to occur it will require a strong commitment from all contributors. Additionally, high quality data entry will allow us to generate valuable quality metrics to in turn feedback to our users for comparison and elevation of performance metrics.

Over time, access to the data for research projects will be welcomed and again, improved data entry will make the fruits of this research more valuable. To ensure high quality data entry, the Database Committee has released the following guidance for sites to evaluate their ability to comply with expectations when agreeing to participate in CIID.

We cannot emphasize enough that the fidelity of CIID is dependent entirely upon both the completeness and quality of the data entered by participating sites. Please carefully consider your institution's resources prior to deciding if CIID participation is feasible for you. On average, each patient entry into CIID requires:

- 30 minutes for initial data entry (demographics and injury patterns)
- 20 minutes per inpatient day (surgeries, narcotics, pulmonary function, etc.)
- 30 minutes per outpatient follow up visit (vital signs, narcotics, PFTs, QoL survey)

We have all heard the saying, "garbage in, garbage out". Please commit to the time and personnel needed to be a good steward of our society's database. To that end, the database committee will track your data completeness, as well as identify areas of low data entry, in order to help you and your institution achieve this goal. These metrics will take the form of a bi-annual report, delivered to you anonymously.

Who: (Patient Selection)

The expectation is that all patients with 3 or more rib fractures that require hospital admission be entered into CIID. This includes non-operative as well as operative patients. This will allow us to generate a prospective non-operative arm for comparison. We also encourage entry of patients with less than 3 fractures that are considered very significant (e.g., displaced or impaling an organ) and require admission. Conversely, patients with more than 3 fractures that are chronic, or not of clinical significance that would not require hospital admission need not be entered.

All operative patients should absolutely be entered regardless of acuity and number.

What: (Data Collection)

The data collection tool that has been created within CIID is comprehensive. While we carefully attempted to manage data fatigue with high quality metrics, the daily entry of patient data is not insignificant. However, as a CIID data contributor, it is the expectation of CWIS that all data fields are completed for all patients (see prior section) and in a timely manner (see next section).

a. All relevant information for the index rib fracture admission should be entered
b. related readmissions and complications should be entered
c. All outpatient data related to the index rib fractures should be entered into CIID for follow-up visits up to 1 year. This includes routine trauma follow up visits, as well as urgent/emergent (e.g., emergency department) visits related to the rib fractures and surgery.
d. All re-admissions related to the rib fractures should be recorded.
e. All complications related to the rib fractures and their surgery should be recorded.
f. All repeat operations related to SSRF (e.g., acute complications and hardware revision or removal) should be entered

When: (Timing of Data Entry)

Recognizing that all centers have different resources we would like the data to be entered in a reasonable time frame. While we recognize that not all data fields can be completed at the initial point of entry we do have some minor guidance.

a. Ideally patients would be entered into the database within 0-7 days from initial admission
b. Operative data would be entered within 48 hours of operative intervention
c. All fields would be completed (completion of unavailable initial data ie. ISS, ICU LOS) within 6 months of initial entry.
d. Patients entered > 90 days from hospital admission date will be considered “retrospective data” and not remain part of prospective data sets for research purposes.

CIID will provide you with a six-month data validation survey to verify the accuracy and completeness of your records.

Feedback and oversight

Your institution will be provided with an anonymous data entry report bi-annually. This report will be generated based on several variables abstracted from the initial data entry, the inpatient daily entries, and the outpatient follow up visit data entry. Data entry will be graded using the following four categories:

- Greater than 90% data entry in each of the three areas will be considered “exemplary.” Centers that achieve this goal will be awarded two complimentary registrations to the next CWISummit.
- Between 75% and 90% data entry in each of the three categories will be considered “adequate.”
- Between 50% and 75% data entry in at least one of the three categories will be considered “concerning.” Institutions will be given a warning, with the opportunity to improve by the next

report. Three consecutive grades of "concerning" will result in removal of the center from CIID, with an opportunity to re-apply no sooner than one year after termination.

- Less than 50% data entry in at least one of the three categories will be considered "delinquent," with the opportunity to improve to at least "concerning" by the next report. Two consecutive grades of "delinquent" will result in removal of the center from CIID, with an opportunity to re-apply no sooner than one year after termination.

Thank you for agreeing to participate in CIID. The Chest Wall Injury Society thanks you for your commitment to high quality patient care and the rigorous evaluation of our outcomes.

Sincerely,

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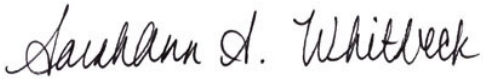

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