



South East Ambulance Clinical Audit Group

SEACAGs consensus Data set & Access
database for

Pre Hospital Coronary Heart Disease
(Acute Myocardial Infarction & Angina)

Includes the Core Data set of the

Royal College of Physicians

(See separate SEACAG data set & database for pre hospital cardiac arrests)

July 2001

Contents

| | Page No |
|--|----------------|
| 1.0 The South East Ambulance Clinical Audit Group..... | 3 |
| 2.0 Aims of the consensus CHD Data set & Database..... | 3 |
| 3.0 Methodology..... | 3 |
| 4.0 The CHD Data set & key to tables | 4 |
| 5.0 Patient Inclusion criteria | 4 |
| 6.0 Audit duration | 5 |
| 7.0 The CHD Database | 5 |
| 8.0 Database Installation and support..... | 6 |

Glossary of Terms

| | |
|------------|---|
| SEACAG | South East Ambulance Clinical Audit Group |
| RCP | Royal College of Physicians |
| MINAP | Myocardial Infarction National Audit Project |
| ASA/JRCALC | Ambulance Service Association / Joint Royal Colleges Ambulance Liaison Committee |
| ASANCEP | Ambulance Service Association National Clinical Effectiveness Project |
| CEEU | Clinical Effectiveness & Evaluation Unit |

The South East England Ambulance Clinical Audit Group (SEACAG) Coronary Heart Disease (CHD) Data set & database

1.0 The South East Ambulance Clinical Audit Group

The South East Ambulance Clinical Audit Group was formed approximately five years ago with the following aims:

- To foster collaboration between ambulance services in their clinical audit efforts
- To share information on audit methodology and results
- To collect comparative data
- To improve the quality of care delivered in each service through audit of current practice and changes to practice resulting from recommendations of any joint audit findings.

The group comprises clinical audit leads from the following Ambulance Trusts: Bedfordshire and Hertfordshire, East Anglia, Essex, Hampshire, Kent, London, Oxfordshire, Royal Berkshire, Surrey, Sussex, Two Shires. In addition to this two other Trusts keep in regular communication with SEACAG.

2.0 Aims of the consensus CHD Data set & Database

- To prevent each Trust working in isolation and 're inventing the wheel'
- To meet the standards of the National Service Framework – Coronary Heart Disease relevant to the Ambulance Service with the exception of the cardiac arrest standards (SEACAG have opted to deal with this separately).
- To compliment the Royal College of Physicians (RCP) Myocardial Infarction National Audit Project (MINAP) core data set.
- To Facilitate comparable data collection at Local, Regional and National levels to allow collaborative audit.

The data set allows for data collection of pre hospital coronary heart disease under the following headings: -

- Demography
- Delays to treatment
- Pre hospital treatment
- Thrombolytic therapy
- Hospital outcomes

SEACAG believe that this data set will allow for robust pre hospital research, clinical audit and data reporting. The data is set up such that structure, process & outcome audit should be easily facilitated

3.0 Methodology

Definitions and standards have been selected and set from the following sources

- Royal College of Physicians MINAP core data set
- Standards set out in the National Service Framework - Coronary Heart Disease
- ASA/JRCALC Pre Hospital Clinical Guidelines
- Patient Group Directives from Trusts as indicated
- Consensus meetings of SEACAG members

Using the above sources SEACAG have set out a Pre hospital CHD data set and simultaneously written a database for the collection of Pre Hospital CHD data.

SEACAG recommend that the data set and database are used in the following ways: -

- To provide data for the ASA/JRCALC National CHD audit (Mandatory for each Trust in the UK)
- To provide data to any regional collaborative projects such as the SEACAG CHD audit (Discretionary)
- To Facilitate Local clinical audit projects (Discretionary)

If it is felt necessary the data set may be added to BUT **nothing** may be removed / re coded.

SEACAG WILL NOT accept responsibility / guarantee that the data set will still meet national standards if it is altered beyond the criteria outlined here. The only exception to this is local data that is set as defaults during installation

4.0 The CHD Data set & key to tables

4.1 Levels of data entry

M = Mandatory (these fields represent the minimum data set required for the National audit)

O = Optional

O/M = Conditionally mandatory (These fields become mandatory for any Trust using pre hospital thrombolytics)

4.2 Types of data entry

N: Numeric

T: Numeric / text

D: Date (dd/mm/yyyy)

D/T: Date & Time (dd/mm/yyyy, hh:mm)

Wherever possible code pick lists have been supplied as many benefits are derived from this including cleaner data entry, quicker data input and tight validation of fields.

Every field in the database is capable of having one of three types of default set upon installation.

1. A default that represents the code most frequently used but can be over written when circumstances change*.
2. A field that remains grey because it has been set with a 'constant' response such as Trust Identifier*
3. A field that remains grey and inactive because it is not relevant to the Trust in question*.

Trusts derive additional benefit of reduced input time by setting defaults at this stage.

* It should be borne in mind that if a Trust changes its cardiac pathway then defaults may need adjusting (i.e. a trust that hasn't previously thrombolysed in the pre hospital setting but begins to)

5.0 Patient Inclusion Criteria

ASA/JRCALC have set out a five stage implementation plan starting mainly with retrospective audit and working towards prospective audit. It is hoped that the RCP will be able to play a large part in this. The model is therefore currently being tested.

Stage 1 –_ASANCEP office to be notified of any patient being administered opiates or pre hospital thrombolysis (concurrent audit)

Stage 2 – The CEEU from the RCP will notify the ASANCEP project office of any patient on the MINAP database that has been admitted via ambulance and been thrombolysed at some stage during their cardiac care. ((This will give Ambulance Trusts a relatively small patient population to track whilst they are putting their audit systems in place) retrospective audit).

Stage 3 - The CEEU from the RCP will notify the ASANCEP project office of any patient on the MINAP database that has been admitted via ambulance and has a final diagnosis of acute myocardial infarction. ((This increases the patient population for retrospective audit) (This stage is essential to allow some national specificity work to be carried out to ensure that when the audit is turned round to prospective audit Trusts can a) ensure that all relevant patients are captured and entered into the audit and b) ensure they are not unnecessarily wasting resources capturing patients with chest pain other than that of cardiac origin).

Stage 4 – ASA/JRCALC plan to implement this cardiac arrest audit at a later stage. SEACAG plan to devise a similar database and data set to this but including the Utstein data set.

Stage 5 – For Trusts to be in a position to supply CHD & Cardiac arrest data independently to the ASA/JRCALC via the ASANCEP office. – Implementation to be advised.

6.0 Audit Duration

The NSF advocates that Ambulance Trusts must 'offer complete and correct packages of audited effective interventions to all people assessed as having a suspected AMI, demonstrated by audit data no more than 12 months old'¹

Trusts, who are able to, are advised to set up and run continuous CHD audit for all patients. Other Trusts who may struggle due to the sheer number of patients or resource are advised to achieve audit for at least 3 months in every 12. This advice is in line with that offered to Hospital Trusts via the RCP.

7.0 The CHD database

The database has been written in the lowest common denominator of software for SEACAG Trusts - Access 97.

The data base consists of various tools to facilitate National, Regional and Local audit

The database has the following menu options: -

- **Add new patient details**
 - Only individual Trusts have access to this table, as the data is required to track patients but will not be shared to protect the patients' confidentiality.
- **Add incident details**
 - This table will be populated with clinical data from patient report forms
- **Amend patient details**
 - This table can be used to amend spelling mistakes / patients' names and dates of birth as they become available
- **Amend incident details**
 - Any updates on pre hospital data can be added via this table
- **Add / Amend hospital outcome data**
 - It is advised that any new hospital outcome data is added via this table as it ensures that previous entries cannot be distorted in any way
- **Report Menu**
 - This menu will allow you to view a selection of pre defined reports on screen
- **Query Menu**
 - This menu will facilitate the running of a range of pre defined reports
- **View RCP minimum core data set**

¹ Department of Health (2000) National Service Framework: Coronary Heart Disease. Chapter three pg17.

- This will allow you to view a copy of the above data set
- **Export / Create file for NSF National audit**
 - To be completed monthly.
- **Archive**
 - This function will allow two activities 1. It will allow a copy of your database to be kept in case of corruption. The database will then be able to be restored to the date of your last backup. 2. It will be possible to create additional local audit reports from your backup copy should the pre defined reports not meet all the Trusts needs

8.0 Database Installation & Support

ASA/JRCALC CHD project implementation to Trusts will be facilitated by the ASANCEP manager.

The following will be provided / checked -

- Welcome pack including: - ASA/JRCALC database, 5 stage plan from ASA/JRCALC, core data set, reference guide and user manuals.
- Each Trust will need to check its Infrastructure requirements with the ASANCEP manager i.e. IT, data collection & data capture procedures (It will be **ESSENTIAL** to identify where more than one data in putter will be working simultaneously and discussions will need to take place with Trusts that scan their data to enable the writing of a conversion programme for downloads of data into this database).
- Installation of ASA/JRCALC software on local PC / the set up of individual Trust defaults etc.
- Data collection procedure – training, trial data collection process, data input into software, validation and monitoring
- Agreement of start date with individual Trusts
- Agreement of export data procedure with individual Trusts
- Database management: -
 - Trusts will be responsible for local management and backups of data (this will include resetting of defaults as cardiac care pathways change
 - ASA/JRCALC, ASANCEP Manager will be responsible for the resetting of defaults if Trust mergers occur & alerting Trusts of upgrades to the data set / database
 - Any changes made locally must be informed to the ASANCEP

Trusts will be able to gain support and assistance in conducting this audit by contacting: -

Stuart Nicholls
 ASA/JRCALC National Clinical Effectiveness Project Manager
 020 928 9620
stuart.nicholls@asancep.org.uk

- ASANCEP Outcome following installation = Production of National audit results – as per ASA/JRCALC 5 stage strategy plan