DATASET REVISION

On 26th March the revised heart failure dataset came into effect, including a series of new fields and new core fields. An admission or readmission form now contains 47 core items, 35 of which are mandatory. After some initial teething problems, the new dataset should now be running smoothly. If you continue to have technical problems with the new dataset, please contact the NICOR helpdesk at nicor-helpdesk@ucl.ac.uk.

The dataset revision was carried out for three main reasons:

REFLECTING CLINICAL GUIDELINES

The revision brings the dataset in line with contemporary guidance for the treatment and care of heart failure patients, relating directly to the NICE clinical guideline (2010) and quality standard (2011) for chronic heart failure. The fields relating to discharge planning, stability on discharge, input from and review with the multidisciplinary heart failure team and access to a cardiologist and heart failure specialist nurses all refer to recommendations by NICE.

RISK ADJUSTING DATA

Several fields have also been added to allow us to risk adjust mortality rates. This means that the audit can compare and publish the mortality rates from different regions and hospitals fairly, adjusting the statistics for known confounding factors such as age, obesity and medical history. The new core data items on height, weight, blood pressure and heart rate, as well as new medical history fields have been added for this purpose. It is likely to be two years before enough data has been collected to risk adjust the data adequately. (cont. p2)

EXTENSION OF DATA SUBMISSION DEADLINE

Due to delays caused by the NICOR migration, the deadline for submitting data to the audit for 2011/12 (1st April 2011 - 31st March 2012) has been extended. The new deadline is 30th June 2012 - an extension of one month. We hope that this gives you time to enter all of your data for 2011/12 financial year.

Please check that you have completed and saved any draft records, as incomplete records will not be included in the report, or count towards your hospital’s numbers for participation.

Please also check that all patient records have an associated admission record attached, as isolated patient records will not be included in 2011/12 analysis.

Participation in the audit is defined as a Trust submitting at least 20 records per month, or the full number of records if this is less than 20. Case ascertainment is determined by comparison with HES data for your Trust.
After a three week hiatus, the export function is now up and running again. Apologies for any inconvenience caused by its unavailability.

The tool has now undergone a redesign which enables hospitals to filter by date range and by year, and to choose whether to download the full or core dataset.

Previously every time a hospital exported their data, they had to download every record ever uploaded to the database. This often took a very long time to download, and made analysis of the data more complex than it needed to be.

The new system should be a great deal faster, and will hopefully encourage more hospitals to download and analyse their data.

We realise that many heart failure teams do not have the time or resources to analyse their own data, so the audit is in the process of designing a new set of online views which give feedback on clinical outcomes, compared to national and regional averages.

The online views will cover the percentage of patients accessing recommended diagnostic tool and being prescribed clinically endorsed disease modifying treatments. They will also cover the percentage of patients admitted to Cardiology wards, and treated by Consultant Cardiologists and Heart Failure Specialist Nurses.

They will be designed to feedback the implementation of NICE guidance and other clinical indicators. The aim of developing these feedback systems is to give hospitals the tools to monitor their own practice, and to set local targets and strategies for improving or maintaining patient outcomes.

In addition to analysis of your data available online, we are planning to develop a quarterly, downloadable document containing analysis of your hospital’s data. This will cover many of the same key clinical indicators covered in the new online views, and will be made available on a quarterly basis, providing analysis on patient episodes in the last three months.

We hope that this document will be useful for the clinical team in your hospital for monitoring their clinical practice and patient outcomes across time, and can also be given to clinical audit departments to monitor performance across the hospital. Once the system is up and running for hospitals, we aim to produce similar documents at a Trust and Cardiac Network level, which provide analysis for a number of sites in a given region.

Revising the dataset has also allowed us to put a series of validation checks in place which will ensure that the data submitted to the audit is clean and accurate.

This includes preventing contradictory data (e.g. date of discharge before date of admission), adding warning for clinically unlikely dosages and measurements, and ensuring data completeness by making most core fields mandatory.

These changes will prevent us having to discard significant amounts of unclean data in order to carry out analysis.

The full dataset, a pro forma and a set of application notes containing data definitions can be download from the NICOR website:

[www.ucl.ac.uk/nicor/audits/heartfailure/dataset](http://www.ucl.ac.uk/nicor/audits/heartfailure/dataset)
HEART FAILURE AWARENESS DAY 2012

The European Society of Cardiology Heart Failure Awareness Day is on Friday 11th May 2012. The event is designed to raise awareness of heart failure, including possible symptoms, and the importance of an early and accurate diagnosis and the need for optimal treatment.

If you would like to promote Heart Failure Awareness Day in your hospital, leaflets, a poster and a website banner can be downloaded from the ESC website.

Last year heart failure teams and community heart failure services raised awareness with stands in hospitals, community centres and supermarkets, distributing advice and information about heart failure and healthy lifestyles.

For more information go to the European Society of Cardiology website: http://www.escardio.org/communities/HFA/heart-failure-awareness-day-2012/Pages/european-heart-failure-awareness-day-2012.aspx

Heart failure matters (patient information): http://www.heartfailurermatters.org/EN/Pages/index.aspx

Research Applications

The National Heart Failure Audit now has over 120,000 records of patient admissions from the last 5 years. In 2011 an Academic Group was set up to manage applications to use the data for secondary research. If the group approves an application, anonymised datasets and/or analysis work can be released to third parties for use in specific research projects.

If you are interested in applying to use the data, please contact Polly (contact details on p.4) with a broad outline of your project, to determine if the heart failure dataset meets the needs of your proposal.

Further information about the application process and NICOR’s data sharing policy can be found on the NICOR website at http://www.ucl.ac.uk/nicor/Dataforresearch.
Apologies for the delays caused by the migration of data from the NHS Information Centre servers to NICOR servers, and thank you for your patience. The migration team are focusing on migrating one person for each audit, for each hospital. If one person from your hospital has already been migrated, we would be very grateful if they could be responsible for entering data for the time being, so that the migration team can focus on getting every hospital connected to the new system.

If you have already requested a new ID, but have not yet heard back from the migration team, they should be in contact soon. The best way to contact the team is via email.

The migration team are prioritising those people who got in touch with them before the end of March. They are also prioritising hospitals where data is manually entered into the database via the Lotus Notes data-entry form over those where data is imported from existing local databases. This is because the latter method allows you to continue to collect data and prepare it for import without requiring access to the database.

If your hospital has not yet requested an ID, the person primarily responsible for entering data should contact the migration team with details of their name, position, email, telephone, along with your hospital name and the 3-letter CCAD code for the hospital.

For the heart failure audit in particular, out of 196 hospitals that have responded to the migration team, and 178 hospitals that have agreed to the NICOR terms and conditions, 153 have been migrated.

The migration team hopes to have almost everyone who has requested a user ID migrated by the end of May. As of last week, they are now able to migrate those hospitals who submit to both the NICOR audits and the Cardiac Rehab audit. Migration rates should therefore pick up from now onwards.

migration@nicor.org.uk
0203 108 1978

As the migration team phones are very busy, email is the best form of contact at the moment.

Please continue to keep us updated of any changes to your contact details. If the person primarily responsible for entering data changes, or is replaced by someone else for a significant period of time, we would be very grateful if you could email Polly with details of their replacement or substitute.

If possible we would like to be able to contact both the clinical heart failure team and the clinical audit department in all hospitals.
LONDON AND THE SOUTH EAST ROAD SHOW

On the 20th April, the National Heart Failure Audit held its first road show for hospitals in London and the South East at the NICOR offices on Tottenham Court Road. Around 40 heart failure specialist nurses, clinical audit officers and cardiologists attended and heard presentations on good practice in the treatment of heart failure patients and the use of audit data.

Professor Theresa McDonagh, the clinical lead for the audit, presented the audit’s findings for the last financial year, and two consultant cardiologists, Dr Suzanna Hardman from the Whittington Hospital and Dr Simon Woldman from UCLH, shared how they have used audit data to monitor and improve their clinical practice. Gemma Baldock-Apps, a Cardiology Audit and Data Manager from East Sussex Healthcare NHS Trust discussed the audit from a non-clinical point of view, covering issues with coding patients and determining which patients to include in the audit. Finally Polly Mitchell discussed recent and future developments in the audit.

The session finished with a question and answer session in which many common concerns and queries were raised.

This was the first in a programme of road shows which will travel round all regions in England and Wales. Provisional dates of future road shows, covering the rest of England and Wales, will be published soon.

The road show programme is designed to encourage participation in the audit by sharing audit findings and examples of good practice, and by providing a forum for questions and discussion. Audit development which responds to the needs of hospitals and users depends on input from hospitals as to what the audit can usefully provide, and the audit road shows are an opportunity for you to share your requirements and comments.

The next road show will cover South Wales, and will be held in the Village Hotel in Swansea on 28th June. Please contact Polly if you are interested in attending, or for further details.

CONTACT DETAILS

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FEEDBACK

We value your feedback on any aspect of the project especially on topics covered in this newsletter. Your feedback informs future developments.

Please contact Polly with any comments or questions.