Appendix D - Methods Worksheet (Example 1) Supporting the Management of Surveillance System Evaluations

Framework and Tools for Evaluating Health Surveillance Systems, March 2004

Methods Worksheet	T Tarrio Work and			<u> </u>		_ , ,				
Evaluation Questions	Expectations of the Program	Data Collection Plan							Logistics (based on Logistics Worksheet)	
1.0 Data Collection	"I expect to have"	Does Data Exist?	Type of Tool	Who could Provide the Data? (Source)	Who Can Get the Data? (Collector)	Design	How Many?	Timeframe	Is This Feasible?	
1.1 Are hospitals able to break down the cost of implementing the system in terms, including in kind support, such that BCIRPU can accurately describe the resources and time involved for other agencies to join the Emergency Department Injury Surveillance System?	- A list of annual expenses for data collection, including ongoing training sessions, hiring of additional staff.	X Yes No	Financial Summary Form	Administrator for the surveillance system, designated by each participating hospital/health region.	BCIRPU	Descripti ve	10 hospitals	March 2002	X	Yes No
1.2 Have participating hospitals filled all staff positions required for data abstraction and coding and if not, what were the barriers?	A list of staff positions filled that were required for implementation of data collection. A statement of problems/barriers associated with inability to fill positions.	X Yes No	Health Records Personnel Form	Administrator for the surveillance system, designated by each participating hospital/health region.	BCIRPU	Descriptive	10 hospitals	March 2002	X □	Yes No
1.3.1 Is the training program resulting in more complete charting in the ED? 1.3.2 What is the accuracy of the health records departments in abstracting and coding injury data?	A review of a random samples of hospital records pre-and post-training sessions demonstrating at least a 20% absolute improvement in completeness. A review of a random samples of hospital records demonstrating a 90% level of accuracy for the following elements: Date of Visit, Date of Birth, Sex, Postal Code, Diagnosis, Cause of Injury, Place of Occurrence, Activity When Injured, and Visit Disposition.	X Yes	Chart Audit Form	Health Records Department	BCIRPU Evaluator	Pre-Post-test of proportions (z-test) Percent Positive Agreement	Random sample of records	March 2001	X	Yes No