



## What's the Problem? Ideas for Early Data Collection

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We are presuming you don't yet have the capacity to collate large amounts of data from medical center databases. So this appendix mainly focuses on how to gather small amounts of data manually. Fortunately, most of your institutions will already be collecting many of the measures that you will be interested in because of their participation in the CMS core measure reporting. Physicians and physician practices are likely already working on methods to collect a smaller number of measures related to ACS care as part of the PQRI program. Other measures may need the development of data collection strategies that are meaningful but not onerous.

An extensive discussion of metrics is in [Analyze Care Delivery](#); you will find it helpful to review this section, even before your first attempts at data collection.

### **General suggestions for early data collection and analyses**

- Understand the sources of variation in core measures. Are there differences by nursing unit, physician group, month etc.?
- Focus on meaningful data that can be collected electronically.
- Use chart review and audits judiciously — either to make the case for a problem or to demonstrate the variation that exists in a system.
- Follow a stepwise approach as outlined below.

**Identify the target population:** For example, you could target patients admitted to a specific physician group or hospital unit or who have a particular type of heart failure. Or you may decide to tackle the full population of hospitalized patients with a principal diagnosis of heart failure.

**Define your sampling strategy:** Ideally, you will pick patients representative of the larger population. Random sampling with a random number generator is possible but probably not needed for early data collection. Options include picking consecutive patients who meet your criteria or constructing a convenience sample from a selection of representative wards.

**Define your exclusion criteria for patients, patient-days:** You might exclude patients with only a 1- or 2-day length of stay or decide to only collect data through the fifth hospital day, for example.

**Build a data collection tool and pilot it with one or two patients:** This will give you an idea of whether you can really get at the information you want with your construct.