

# NBDPN State Data Collection Survey

This survey was developed by the SGSC Technical Tools Workgroup (chaired by Linda Jackson). Responses were collected from NBDPN state contacts in April of 2007.

## Highlights

Almost a quarter of passive programs employ abstractors.

Most programs have abstractors code defects and provide QA.

Passive programs use abstractors to make case determination decisions.

Active and hybrid programs do not do that as much.

Paper medical records still dominate, but electronic records are also very common.

Remote access to medical records not common at this point, but active programs are more likely to have such access.

Computers used by most programs (62%) to transfer information from the medical record.

Active programs more likely to abstract on paper only.

Regarding needed computer skills:

There is a lot of variability among programs

Typing proficiency is valued

10-key is not particularly valued

Proficiency with database software is valued

Regarding needed knowledge, skills, and abilities:

Credentials are not important.

Programs with abstractors universally valued the ability to find what's needed in a medical record.

All items (except need for credentials) rated as important by programs with abstractors.

Knowledge of program privacy standards and HIPAA important to programs w/o abstractors relative to the other listed KSAs.

Common theme among comments: importance of ongoing training, desire for training resources.

Please contact Linda Jackson (JacksonLindaS@uams.edu) or Brad McDowell (bradley-mcdowell@uiowa.edu) with any questions about this survey.

Program Case Ascertainment Method:		
answer options	Response Percent	Response Count
Active	38.64%	17
Passive	38.64%	17
Hybrid (combination of active and passive)	22.73%	10
<i>answered question</i>		44
<i>skipped question</i>		0

Almost a quarter of passive program employ abstractors.

Does your program employ abstractors who visit medical facilities (either remotely or on-site) to examine medical records?		
answer options	Response Percent	Response Count
Yes	65.91%	29
No	34.09%	15
<i>answered question</i>		44
<i>skipped question</i>		0

#### ACTIVE ONLY

answer options	Response Percent	Response Count
Yes	100.00%	17
No	0.00%	0
<i>answered question</i>		17
<i>skipped question</i>		0

#### PASSIVE ONLY

answer options	Response Percent	Response Count
Yes	23.53%	4
No	76.47%	13
<i>answered question</i>		17
<i>skipped question</i>		0

#### HYBRID ONLY

answer options	Response Percent	Response Count
Yes	80.00%	8
No	20.00%	2
<i>answered question</i>		10
<i>skipped question</i>		0

Most programs have abstractors code defects and provide QA.  
 Passive programs use abstractors to make case determination decisions.  
 Active and hybrid do not do that as much.

Please check all birth defect program functions performed by your abstractors:		
answer options	Response Percent	Response Count
Coding	82.76%	24
Quality assurance	72.41%	21
Final case determination decisions	51.72%	15
Management	17.24%	5
Other (please list function)	27.59%	8
<i>answered question</i>		<b>29</b>
<i>skipped question</i>		<b>15</b>

Other (please list function)
surveillance operations
case finding
review of specific chart information in FASD cases
Liaison to hospitals, data entry & abstraction
Data Collection & initial case determination decisions that are verified by clinical casefinding, medical record review, abstraction
ascertainment
abstracting; partnership development with hospitals and local perinatal systems;

#### ACTIVE ONLY

answer options	Response Percent	Response Count
Coding	88.24%	15
Quality assurance	64.71%	11
Final case determination decisions	47.06%	8
Management	23.53%	4
Other (please list function)	23.53%	4
<i>answered question</i>		<b>17</b>
<i>skipped question</i>		<b>0</b>

#### PASSIVE ONLY

answer options	Response Percent	Response Count
Coding	75.00%	3
Quality assurance	100.00%	4
Final case determination decisions	75.00%	3
Management	25.00%	1
Other (please list function)	50.00%	2
<i>answered question</i>		<b>4</b>
<i>skipped question</i>		<b>13</b>

#### HYBRID ONLY

answer options	Response Percent	Response Count
Coding	75.00%	6
Quality assurance	75.00%	6
Final case determination decisions	50.00%	4
Management	0.00%	0
Other (please list function)	25.00%	2
<i>answered question</i>		<b>8</b>
<i>skipped question</i>		<b>2</b>

Paper medical records still dominate, but electronic records are also very common. Remote access to medical records not common at this point, but active programs are more likely to have such access.

Medical record data review methods (Please check all that apply):		
answer options	Response Percent	Response Count
Review of paper medical records	100.00%	29
Review of electronic medical records at medical facility	86.21%	25
Remote access to medical records	31.03%	9
Other (please specify)	6.90%	2
<i>answered question</i>		29
<i>skipped question</i>		15

<b>Other (please specify)</b>	
electronic list of case reports with literal diagnosis.	
microfilm/microfiche	

#### ACTIVE ONLY

answer options	Response Percent	Response Count
Review of paper medical records	100.00%	17
Review of electronic medical records at medical facility	94.12%	16
Remote access to medical records	47.06%	8
Other (please specify)	5.88%	1
<i>answered question</i>		17
<i>skipped question</i>		0

#### PASSIVE ONLY

answer options	Response Percent	Response Count
Review of paper medical records	100.00%	4
Review of electronic medical records at medical facility	75.00%	3
Remote access to medical records	25.00%	1
Other (please specify)	25.00%	1
<i>answered question</i>		4
<i>skipped question</i>		13

#### HYBRID ONLY

answer options	Response Percent	Response Count
Review of paper medical records	100.00%	8
Review of electronic medical records at medical facility	75.00%	6
Remote access to medical records	0.00%	0
Other (please specify)	0.00%	0
<i>answered question</i>		8
<i>skipped question</i>		2

Electronic medical record review:					
answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that use electronic (i.e., not paper) medical records.	3	23	3	0	29
answered question					29
skipped question					15

#### ACTIVE ONLY

answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that use electronic (i.e., not paper) medical records.	1	15	1	0	17
answered question					17
skipped question					0

#### PASSIVE ONLY

answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that use electronic (i.e., not paper) medical records.	1	3	0	0	4
answered question					4
skipped question					13

#### HYBIRD ONLY

answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that use electronic (i.e., not paper) medical records.	1	5	2	0	8
answered question					8
skipped question					2

Remote access medical record review:					
answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that allow remote access/viewing of electronic medical records	16	9	0	3	28
answered question					28
skipped question					16

#### ACTIVE ONLY

answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that allow remote access/viewing of electronic medical records	6	8	0	2	16
answered question					16
skipped question					1

#### PASSIVE ONLY

answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that allow remote access/viewing of electronic medical records	3	1	0	0	4
answered question					4
skipped question					13

#### HYBRID ONLY

answer options	None	Some	Most	Not applicable	Response Count
Hospitals in surveillance area that allow remote access/viewing of electronic medical records	7	0	0	1	8
answered question					8
skipped question					2

Computers used by most programs (62%) to transfer information from the medical record.

Active programs more likely to abstract on paper only.

Is information abstracted from medical records entered on paper or directly into a computer?		
answer options	Response Percent	Response Count
Paper	37.93%	11
Computer	34.48%	10
Both	27.59%	8
<i>answered question</i>		29
<i>skipped question</i>		15

#### ACTIVE ONLY

answer options	Response Percent	Response Count
Paper	52.94%	9
Computer	29.41%	5
Both	17.65%	3
<i>answered question</i>		17
<i>skipped question</i>		0

#### PASSIVE ONLY

answer options	Response Percent	Response Count
Paper	25.00%	1
Computer	50.00%	2
Both	25.00%	1
<i>answered question</i>		4
<i>skipped question</i>		13

#### HYBRID ONLY

answer options	Response Percent	Response Count
Paper	12.50%	1
Computer	37.50%	3
Both	50.00%	4
<i>answered question</i>		8
<i>skipped question</i>		2



There is a lot of variability among programs  
Typing proficiency is valued  
10-key is not particularly valued  
Proficiency with database software is valued

**Please rate the importance of the following computer skills and/or abilities to the work of your abstractors or data review staff.**

answer options	Not important				Very important	Rating Average	Response Count
Proficiency in typing	8	5	5	11	13	3.38	42
Proficiency in ten-key	17	6	8	5	4	2.33	40
Proficiency in spreadsheet software	8	11	5	11	7	2.95	42
Proficiency in database software	6	6	9	12	9	3.29	42
Proficiency in using the internet for research	8	5	16	8	5	2.93	42
answered question							42
skipped question							2

PROGRAM HAS ABSTRACTORS

answer options	Not important				Very important	Rating Average	Response Count
Proficiency in typing	4	4	3	8	10	3.55	29
Proficiency in ten-key	12	5	5	3	3	2.29	28
Proficiency in spreadsheet software	6	9	3	7	4	2.79	29
Proficiency in database software	4	6	6	8	5	3.14	29
Proficiency in using the internet for research	6	5	10	5	3	2.79	29
answered question							29
skipped question							0

PROGRAM DOES NOT HAVE ABSTRACTORS

[illegible]

## Credentials not important.

Programs with abstractors universally valued the ability to find what's needed in a medical record.

All items (except need for credentials) rated as important by programs with abstractors.

Knowledge of program privacy standards and HIPAA important to programs w/o abstractors relative to the other listed KSAs.

Please rate the importance of the following knowledge, skills, and abilities to the work of your abstractors or data review staff.							
answer options	Not important				Very important	Rating Average	Response Count
Medical/Clinical experience	3	2	8	14	16	3.88	43
Knowledge of anatomy/physiology	2	0	7	12	21	4.19	42
Knowledge of medical terminology	1	1	4	7	30	4.49	43
Ability to understand and find what's needed in a medical record	3	1	0	4	35	4.56	43
Experience with medical record abstraction	4	3	8	11	17	3.79	43
Knowledge of medical coding classification systems (e.g., ICD-9, BPA, etc.)	1	1	7	14	20	4.19	43
Credentials requirement (RHIT,RHIA,CCS,CPC, CTR)	8	9	14	9	3	2.77	43
Knowledge of surveillance program confidentiality/privacy standards	1	0	3	5	34	4.65	43
Federal HIPAA knowledge	1	1	6	16	19	4.19	43
answered question							43
skipped question							1

## PROGRAM HAS ABSTRACTORS

<b>answer options</b>	<b>Not important</b>				<b>Very important</b>	<b>Rating Average</b>	<b>Response Count</b>
Medical/Clinical experience	2	1	2	11	13	4.1	29
Knowledge of anatomy/physiology	1	0	1	8	19	4.52	29
Knowledge of medical terminology	0	0	1	2	26	4.86	29
Ability to understand and find what's needed in a medical record	0	0	0	0	29	5	29
Experience with medical record abstraction	0	1	5	8	15	4.28	29
Knowledge of medical coding classification systems (e.g., ICD-9, BPA, etc.)	0	0	6	7	16	4.34	29
Credentials requirement (RHIT,RHIA,CCS,CPC, CTR)	5	6	11	6	1	2.72	29
Knowledge of surveillance program confidentiality/privacy standards	0	0	2	2	25	4.79	29
Federal HIPAA knowledge	0	1	5	11	12	4.17	29
<b>answered question</b>							<b>29</b>
<b>skipped question</b>							<b>0</b>

# PROGRAM DOES NOT HAVE ABSTRACTORS

answer options	Not important				Very important	Rating Average	Response Count
Medical/Clinical experience	1	1	6	3	3	3.43	14
Knowledge of anatomy/physiology	1	0	6	4	2	3.46	13
Knowledge of medical terminology	1	1	3	5	4	3.71	14
Ability to understand and find what's needed in a medical record	3	1	0	4	6	3.64	14
Experience with medical record abstraction	4	2	3	3	2	2.79	14
Knowledge of medical coding classification systems (e.g., ICD-9, BPA, etc.)	1	1	1	7	4	3.86	14
Credentials requirement (RHIT,RHIA,CCS,CPC, CTR)	3	3	3	3	2	2.86	14
Knowledge of surveillance program confidentiality/privacy standards	1	0	1	3	9	4.36	14
Federal HIPAA knowledge	1	0	1	5	7	4.21	14
answered question							14
skipped question							1

Common theme: importance of ongoing training, desire for training resources.

Please describe any other thoughts or concerns you may have regarding the training needs of your abstractors or data review staff.	
answer options	Response Count
	21
<i>answered question</i>	21
<i>skipped question</i>	23

Respondents	
1	Procedures, tests/results, etc. indicating defect and severity. Birth defect epidemiology including "syndromes," complications and standard medical issues and assessments. Possible Birth Defect CME credits.
2	Breakouts and workshops on coding at the CMR annual meeting is very helpful

3

Abstractors would like to have a comprehensive list/training on medical procedures used to diagnose all different types of birth defects. Pictures/a video would be ideal so that they can see what the procedures do and how they are used.

4

Electronic medical records pose challenges. IT staff are becoming more important than those working in Med Rec Dept. Often, ability to retrieve information necessary for research-surveillance cannot be accomplished by those in Med Rec. i.e. Skills needed to pull a chart are vastly different than skills needed in performing a data query. Med Rec Dept are not prepared for EMR, nor are the HIM professionals who have been trained on the hard copy record.

5	I feel that nationally consistent training tools/program would be of great benefit to all birth defect surveillance systems in the Us.
6	It's important that they receive ongoing feedback regarding coding/abstraction once case has been verified
7	Suggestions: 1) At the state level, pay for/encourage staff to participate in local training sessions (eg in XX, state sponsored birth certificate training). 2) At the national level, continue addressing the idea of establishing National Birth Defects Abstractor Certification Program (on-line train-ing program, & testing exams) good nationwide.

8	<p>The XXX does not employ abstractors to examine medical records.</p>
9	<p>Training inneeds to be ongoing. Even experienced abstractors need continuing education and quality control to ensure consistent abstraction. In-services play an important role for our abstractors and each abstractor is responsible for planning one in-servive per year.</p>
10	<p>It would be helpful to have sample medical charts, echo reports, etc.,with a key as to what birth defects should be identified that could be used as a training or quality assessment tool.</p>

11	<p>Program visitors do not actually abstract medical records. They do quality assurance checks to ensure accuracy of data entered.</p>
12	<p>Independent, self starter with ability to track travel time, distance and fees associated with travel (parking, tolls). Ability to distinguish between study criteria and impliment changes to study criteria. Good communication skills.</p>



13	<p>Case ascertainment requires clinical oversight or a clinical, e.g., a physician, nurse, or public health professional. Administrative staff should include an individual proficient in database design, development, testing, launching, management, and maintenance.</p>
14	<p>Participation in different meetings/workshops/trainings related to different aspects of Birth Defects organized by different organizations/agencies from time to time</p>
15	<p>We have not been comfortable hiring people with less than a Bachelor's degree.</p>
16	<p>- helpful to learn how the information we gather is used (e.g.: what a case looks like once it's entered in the database)</p>

17	We have no abstractors at this time.
18	<p>Ability to work effectively with medical records staff. Ability to work independently and manage own schedule. Effective writing skills. Abstractors are RNs - little training is needed.</p>
19	<p>We do not have abstractors, nor do we have a surveillance program for birth defects. Annually, we receive a report from vital records with congenital anomalies listed on the birth certificate. Our Children with Special Healthcare Needs program provides service for some children with birth defects, but their data collection system does not allow accurate and consistent reporting of these conditions.</p>

20	<p>The questions are addressing two distinct types of jobs/staff. Questions should address each type of staff/job specifically instead of being combined together.</p>
21	<p>Note: All of our (4) abstractors are registered nurses. Training: 1. Differences in coding among hospitals (e.g. rural, urban, teaching, etc.) 2. As a new program, we could greatly benefit from telephone/face-to-face contact with other active surveillance birth defects abstractors. Perhaps a 2 or 3 state gathering?</p>

**Do you have tips or tools that you are willing to share with data collection staff in other states? If yes, please check all that apply.**

<b>answer options</b>	<b>Response Percent</b>	<b>Response Count</b>
Case finding	39.13%	9
Record Review	26.09%	6
Abstraction	34.78%	8
Coding	30.43%	7
Gathering data from passive sources	34.78%	8
Relationship with the Hospital	65.22%	15
Quality Assurance	30.43%	7
Data Entry	34.78%	8
Training	39.13%	9
Other (please specify)	21.74%	5
<i>answered question</i>		<b>23</b>
<i>skipped question</i>		<b>21</b>

<b>Other (please specify)</b>	
Currently redesigning database.	
XXX uses established standards for all areas above	
record linkage	
Web-based system	
Data abstraction manual	