

Data Dictionary

Section	Element	Description
2. Registry Overview	Society, College, or Agency	The highest-level organization over the registry (i.e., ACC)
	Registry Name	Name of a specific registry (i.e., CathPCI)
	Registry Type Name	Case types or subgroups within a registry (i.e., Cath Diagnostic)
	Participation Type	If Participation is Mandatory by State or National Policy (i.e., Core Measures) or Voluntary participation by the hospital, department or for accreditation
	Certification Level	Certain registries have different Participation/Certification levels (i.e., NSQIP)
	Society Contract Cost	Annual cost to the hospital for membership in the above society, college, or agency
	Average Daily Census	Average number of patients per day in a hospital
	# of Annual Cases	Annual number of abstracted cases for inclusion in the registry
	# of Backlog Cases	Total number of cases yet to be abstracted and considered as late by the registry (Typically 3 months, or 6 months for CoC)
	Registry Utilized for Accreditation	Registry participation is necessary for National/State accreditation (Y/N)
	Accreditation Program Name	Name of accreditation program and/or governing body
	Accreditation Status	Status with the accrediting body
	Date of Next Survey	Next re-certification date or accreditation date
	Category/Version of Accreditation	If multiple levels of accreditation, please specify your location level
2. Registry Overview (Oncology)	Last Completed Month	The last completed month submitted to the RCRS and to the State
	State Requirements	If you participate in the Surveillance, Epidemiology, and End Results (SEER) Program or have other state-specific requirements
	NCDB Submission	Was the last annual submission on time and complete
3. Submission Technology Overview	Submission Technology Product Name	Name of submission product/platform
	Submission Cadence	The frequency of data harvests/submissions sent to the National/State host aggregating platform
	Cost of Application (annually)	Annual contract and hosting costs associated with submission technology
	Contract Renewal Date	Billing and contract renewal timeline
	# of Licenses	Number of purchased licenses currently available
4. Analytics Technology Overview	Additional Analytics Platform	Yes or no if you participate in a separate platform from the submission vendor
	Analytic Technology Company Name	Name of an additional analytic vendor used for internal reporting and analytic purposes (if distinct from the submission platform/vendor)
	Cost of Application Annually	Annual contract and hosting costs associated with analytic technology
	Contract Renewal Date	Billing and contract renewal timeline
	# of Licenses	Number of purchased licenses currently available

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5. FTE Support Overview	Abstraction Currently Performed	Where Abstraction takes place, whether in-house, outsourced or both
	If outsourced, company name	Name of vendor performing outsourced abstraction (i.e., Q-Centrix)
	If outsourced, annual spend	Annual costs paid to vendor for outsourced abstraction
	Currently paying overtime to complete abstraction work	Are you currently paying employees overtime to complete abstractions? (Y/N)
	# of registry job openings	Number of open positions for abstractor roles for this registry
	Employee Name	First and last name of registry personnel directly supporting the registry
	Employee ID	Health system's unique identification number for the employee
	Do you spend time on multiple registries or Sites?	If you spend time on multiple registries (GWTG-CAD & GWTG-HF) or if you spend time at multiple sites (Hospital A & Hospital B) check the box
Not NHSN 5. FTE Support Overview	% Case Finding	Time spent identifying cases for inclusion into the registry based on criteria
	% Case Form Data Collection	Time spent finding and abstracting data from the clinical record and other sources to input into the case collection form
	% Case Form Cleanup	Time spent circling back to complete incomplete data to ensure source documentation is representative of case form
	% IRR (Inner Rate of Reliability)	Time re-abstracting cases to compare against original cases to track variances and identify improvement opportunities
	% MD/APP Raw Data Review	Time meeting with physicians/APPs to get clarification, consensus, and/or final determination on raw data elements
	% Submitting Data	Time preparing data for final submission for inclusion into national/state aggregate dataset
	% Producing Reports	Time preparing reports - standard and ad hoc, for a team, QI/PI purposes, or for senior leadership
	% Frontline Education	Time doing frontline education on registry metrics, outcomes, documentation, or other aspects of direct registry communication
	% Accreditation	Time performing administrative, non-direct clinical care activities - not directly related to the registry listed
	% PI/QI Projects	Time completing performance/quality improvement (e.g. EHR order sets, standardized notes, data automation, clinical protocols, etc.)
	% Direct Clinical Care Duties	Time delivering clinical care to patients or working in a clinical capacity as part of the care team - not directly related to the registry listed
	% Administration Duties	Time performing administrative, non-direct clinical care activities - not directly related to the registry listed
	% Research Studies	Time devoted to supporting IRB sponsored research projects and associated activities - not directly related to the registry listed
	% Other Unknown	Time devoted to other non-defined activities - not related to this registry, use this to indicate time spent on other registries or misc. duties

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If NHSN 5. FTE Support Overview	% HAI Surveillance (Micro Review)	Time spent on HAI Surveillance which could include review of all Positive Micro and/or review of micro which IP software has identified as possible HAIs
	% Infection Form/SSI Denominator Completion	Time spent on collecting and capturing the infection data. Also includes time spent on Surgical denominator data collection.
	% NHSN Reporting Error Cleanup	Time spent on fixing errors when reporting to NHSN. This would include any NHSN reporting entries.
	% IRR-2nd Person Validation	Time dedicated to inter-rater reliability, validation of NHSN infection data by a second person to support reporting accuracy
	% IP Raw Data Review (MDs/ICC Prep)	Time spent going over infection cases/ raw data with MDs and/or key stakeholders
	% NHSN Reporting	Time spent on managing and reporting into NHSN, including monthly reporting, quarterly CMS deadline validation, and annual survey completion.
	% Generating IP Reports for Stakeholders	Time spent analyzing data and generating IP Reports for key stakeholders such as PI and ICC
	% Unit & Environ Rounding / Staff Education	Time spent rounding on units, educating staff, and performing environmental rounds
	% Accreditation (Risk Assessment, IP Plan, Actions)	Time spent on activities required for accreditation, including annual/quarterly Risk Assessment, ICP Plan, and Actions to meet standards
	% PI/QI Projects for IP	Time spent on PI projects which focus in on IP activities, such as preventative activities to reduce infection / increase best practices
	% Notifiable Reporting / Pt Counseling	Time spent on Notifiable Reporting, including identification, reporting; Direct pt counseling
	% Administration / Other Duties	Time spent on administrative tasks, including phone calls, emails, and management of department
	% Research Studies	Time spent on Research Studies, if applicable
% Other Unknown	Time devoted to other non-defined activities - not related to this registry, use this to indicate time spent on other registries or misc. duties	

Section	Element	Description
6. Governance and Improvement Process	has this data been used for registry Performance Improvement (data quality) projects?	Using this data for data improvement programs with Frontline staff entering in data or with abstraction team (i.e., reducing data errors or missing fields) (Y/N)
	has this data been used for Quality Improvement (clinical outcomes) projects?	Using this data for clinical outcome improvement programs with Frontline staff or with Quality teams (i.e., reducing infection) (Y/N)
	Sr. Leadership Champion	Hospital leader with administrative responsibility for the registry/service
	Physician Champion	Physician leader with medical responsibility for the registry/service
	Physician Specialty	Physician leader's area of expertise (Cardiovascular, internal medicine, IP)
	Current Improvement Projects	List any active data quality or clinical quality improvement projects
7. IRB Approved Research	Do you use this data to support research or clinical trials?	Answer 'Yes' if registry data is used for any research purposes at the hospital
	If yes, what type of research or trials?	Select 'Industry Sponsored' if the trials are sponsored by external pharmaceutical, device, or other research organizations. Select 'Internal' for projects originating out of your hospital/system
	Current Research Studies or Clinical Trials	List any active research studies or clinical trials using data from this registry, whether industry sponsored or internal
	# of clinical studies or trials in the last 12 months	Number of trials or studies that have utilized this registry's data in the past year
8. Open Feedback Section	On a scale of 1 - 10, rate your organization's performance with respect to this registry (1 = low, 10 = high)	Provide a subjective rating of your hospital's performance with this registry in terms of efficiency, accuracy, and ability to use data produced for performance improvement.
	Top 3 accomplishments	List the three most positive aspects of your hospital's participation with this registry
	Top 3 areas for improvement	List the three areas where you believe your hospital could most improve your participation in this registry