IND-009 INTERRATERRELIABILITY IN INDICATOR MONITORING

Krog B.R., Mainz J., Johnsen S. P., Bartels P. D.

Objective:
This study aimed at examining the interraterreliability of data collected in the Danish National Indicator Project.

Methods:
Evidence based clinical indicators were defined by multiprofessional national indicator panels for six diseases (stroke, heart failure, hip fracture, acute gastrointestinal surgery, lung cancer and schizophrenia). Detailed data specifications were prepared for all data variables in the project. The set-up was then tested in a small-scale pilot test and validation studies were carried out for each disease. In the validation studies, interraterreliability was examined by record review of randomly selected medical records. The reviews were carried out by experienced clinicians and data were extracted using standardised forms. Each record was reviewed by different clinicians and the results were subsequently compared. Disagreements between the reviewers were discussed in structured plenary sessions and recommendations for improvement of the data specifications were made by consensus. The recommendations were subsequently presented for the respective national indicator panels and revisions of the data specifications were done before the nationwide implementation of the project.

Results:
Interraterreliability of data registered on patients with stroke is presented in table 1 as an example of the results from the validation studies.

Table 1. Estimation of discrepancy between clinicians in the registration of stroke data.

Variable	Discrepancy (%) N=119
Matrimonial status	22
Housing situation	13
Consume of alcohol	8
Consume of smoke	11
Co-morbidity:	
Diabetes	19
Atrial fibrillation	19
Hypertension	17
Previous stroke	17
CT / MR-scan	15
Assessment by physiotherapist concerning rehabilitation	34
Assessment by occupational therapist concerning rehabilitation	37
Assessment concerning nutritional risk	24
Treatment with platelet inhibitor	29
Treatment with anticoagulation medicine	34
Date of discharge	17
Average discrepancy percentage	20

Conclusions:
Examination of the interraterreliability of data registered in a pilot test of the Danish National Indicator Project demonstrated substantial variation. The project has demonstrated to point out specific areas in which indicator data specifications have to be clarified. This finding underlines the need for detailed and clear data specifications when collecting data for monitoring and developing the quality in health care. Development of data specifications is in our experience best done in close collaboration with experienced clinicians involved with the collection of data. Detailed and clear data specifications are essential for obtaining valid data and reporting reliable results concerning the quality of health care performance. The necessary resources should therefore be allocated for development and distribution of adequate data specifications when one wishes to collect data on the quality of health care.