



NEWSLETTER 18

April 2006

The newsletter for participating MINAP hospitals



The Newsletter aims to bring you and your colleagues up to date with the progress of MINAP. We appreciate all the hard work you put in, and wish to thank all those involved.

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1. Key messages

- Healthcare Commission Performance Indicators: MINAP will provide data on CTN60, data completeness and participation in the annual data validation study to the Healthcare Commission on Friday 2 June. It is essential that you upload all your data for April 2005 – March 2006 before 31 May.
- Public report: The 5th MINAP Public Report will be published on 22 June. The data will be analysed on 1 June so it is essential that you upload all your data for April 2005 – March 2006 before 31 May. Analyses for the Public report will be available to hospitals on 1 June.
- The number of fields in the data completeness view will increase from 11 to 20 on 1 June.
- As a short term measure to sort out the re-infarction debate, please enter the dose of lytic and heparin given to patients having pre-hospital thrombolytic treatment into 3 new fields which will appear in the Reperfusion page of the MINAP data application from the beginning of April. Data will be collected for 6 months only.
- Congratulations to the 221 hospitals that participated in the annual data validation study.
- The next MINAP User Group meeting will take place at the Royal College of Physicians on Thursday 8 June from 2 – 4.30pm.
- Please note the new CCAD helpdesk number 0845 300 6016 option 2

2. MINAP Public Report

The 5th MINAP Public Report will be published on the Royal College of Physicians website on 22 June. The data will be analysed on 1 June, so any data you upload after this date will **not** influence your results in the Public Report. As in previous years, your results will be available to your hospital on 1 June in

Lotus Notes 'Public Report'. Please make sure you view your results before 22 June. If you disagree with your results, please contact the MINAP helpdesk.

Get your data in!

It is important that you get all your data for April 2005 – March 2006 uploaded onto the servers as soon as possible. This will allow you time to generate audit reports and look at the online views to make sure that your results are what you expect. Please do not rely on reports created by other applications as these may use different data analysis criteria and therefore may give you misleading or incorrect results. MINAP analysis criteria are available in the help buttons in the online views and in the explanatory text at the end of the quarterly and annual reports.

This year's targets

This year we will publish

- The percentage of eligible patients having thrombolytic treatment within 30 minutes of arrival in hospital
- The percentage of eligible patients having treatment within 60 minutes of a call for professional help.
- The percentage of patients surviving to discharge from hospital who are prescribed aspirin, statins and beta-blockers following any troponin positive acute coronary syndrome.

The percentages for 2004-5 thrombolytic targets will be shown along with the new analyses for 2005-6.

Be involved in the report

This year we are again asking hospitals to contribute to the report. If you would like the Public to know how you have used MINAP data to improve services at your hospital, please email your examples to the helpdesk. We will choose some of the best examples to go into the Public Report text along with the name of hospital and who contributed the account.

3. Healthcare Commission Performance Indicators

The thrombolysis performance indicators for 2005/6 are available on the Healthcare Commission website http://ratings2006.healthcarecommission.org.uk/Indicators_2006/Trust/Indicator/indicatorDescriptionShort.asp?indicatorId=1113

and the composite of participation in audit is available at

http://ratings2006.healthcarecommission.org.uk/Indicators_2006Nat/Trust/Indicator/indicatorDescriptionShort.asp?indicatorId=1201

The performance indicators are somewhat complex, and we suggest you look then up on the above links. MINAP will provide data for the percentage of eligible patients receiving thrombolytic treatment within 60 minutes of a call for professional help for 2004/5 and 2005/6 for acute, ambulance trusts and PCTs. We will also provide annual data completeness scores and confirmation that a hospital participated in the annual data validation study for 2005/6. We will supply these data to the Healthcare Commission on Friday 2 June so your data must be uploaded by Wednesday 31 May. We suggest that you upload and check your data well before then. In particular, please try to obtain any missing call times, from your ambulance trust control if necessary, as missing call times will impact on acute trust, ambulance trust and primary care trust analyses.

4. Re-infarction

There have been anecdotal reports that patients having pre-hospital thrombolytic treatment are more likely to have re-infarction. MINAP has recently found some evidence to support this. This evidence is based on a small sample, as the re-infarction field only became part of the dataset in April 2005. The evidence is inconclusive at present, but seems to point to underestimates of patient weight with one of the lytic

agents as one possible cause. We also know that older patients are more likely to reinfarct and that early thrombolytic treatment is associated with more frequent re-infarction.

This is an important issue as use of pre-hospital lysis, currently at about 220 patients per month, is increasing. Clearly treatment has to be given appropriately to maximize benefit. MINAP has most of the information required to clarify this, but awaits more numbers. Crucial to answering the question is a knowledge of the dose of lytic and heparin used outside hospital. We will therefore ask for your support for a strictly limited period of 6 months to enter the dose of lytic and heparin given to patients having pre-hospital treatment into 3 new fields which will appear in the Reperfusion page of the MINAP data application from the beginning of April.

As soon as we have hard information on this we will share it with you.



5. MINAP developments for 2006-7

New work for 2006

- We are aware of many new MINAP users that do not have a clinical background and we will be developing a training tool for new hospital users
- We plan to develop linkage between the MINAP and rehab databases to reduce duplicate data entry
- We are increasingly aware of the complexity of data entry for patients that are transferred between DGHs and interventional centres for primary PCI. The guidance in the current Application Notes may not be adequate. We are developing mechanisms with CCAD to deal with the complexities of patients transferred between hospitals for intervention. In general, *as a short term measure* it is better to have two MINAP records for one episode of care than none at all!

Move to National Institute for Clinical Outcomes Research at UCL

- The move has been delayed until 1 May due to building work at UCL
- We will notify email addresses and telephone numbers as soon as we know them
- We will continue to maintain strong links with the college using college meeting rooms, their website, and the college communications team
- The Healthcare Commission has confirmed funding for the next 3 years
- We have established a MINAP Academic Group, chaired by Professor Adam Timmis, with the purpose of making further use of this very powerful database. We encourage external access to the MINAP database for further analyses.

Data for cardiac networks

- We will release headline analyses of NSF thrombolysis targets in April
- Networks are currently obtaining permission from trust CEOs within the network to share hospital data
- Networks will have facility to download anonymised patient data in Excel for further analysis to examine local issues
- CCAD will provide quarterly downloads of analysed data on thrombolysed patients to the Heart Improvement Programme to populate their statistical process control software, Rapport.

Repeat survey of facilities for ACS patients

- This survey was first performed in 2000 and there have been huge changes in staffing, facilities, and the process of care for ACS since then. It is time to review these changes.

- The survey will be available online in the MINAP database in April and we would be grateful if you complete it by the end of June. It is not difficult and the majority of questions can be answered on basis of knowledge which will be easily available within your Trust. The MINAP help desk will be available to you if you have difficulties.

Development of the ambulance outcome database

- There are new views for patients receiving pre-hospital thrombolysis, in hospital thrombolysis and pPCI
- Patients are only transferred from the MINAP database to the ambulance outcome database if an ambulance trust code has been entered. Please to enter the Ambulance Job Number or ambulance trust code as a minimum.
- Ambulance trusts cannot edit the ambulance outcome database so we have advised them to contact the relevant hospitals if they are aware of missing patients or there are discrepancies such as the time of call for help or arrival at hospital.

6. Data validation study

The Data Validation Study for 2005-2006 has now been completed online.

Hospitals were initially contacted on 16th October 2005 informing of the deadline for 31st January 2006. The deadline was extended following the Healthcare Commission statement that participation in the MINAP data validation was to be included the 'Participation in Audits' indicator. 13 hospitals were granted an extension to 14th February 2006 11 of which completed on or before the second deadline. 226 hospitals were eligible for participation in England & Wales, and 221 completed the Data validation study resulting in a 98% overall hospital participation score.

4664 cases from 221 hospitals will be analysed, representing cases ranging from 2-25 across all hospitals. Statistical methods to be used will be observed percentage of agreement for each field then kappa coefficient for categorical data fields. The kappa statistic was used to measure agreement between original data and repeat data entry. Kappa values of 0.41 to 0.60 are said to indicate moderate agreement, values of 0.61 to 0.80 indicate good agreement, whilst values of over 0.80 are very good. In practice any kappa much below 0.50 will indicate inadequate agreement. Individual hospital reports will be sent to the MINAP main and second contact. The national figures will be published on the MINAP website and the Healthcare Commission will be notified of participating and non-participating hospitals.

The overall median score for 2005/2006 was 87, inter-quartile range 81-93, range 61-100. This compares with a median of 86, inter-quartile range 78-90, range 48-99 for the same 19 items in the 2004/2005 data validation exercise.

7. User group meeting

The User group meeting on the 9 March was well-attended and included an update of MINAP's future plans. John Birkhead and Clive Weston presented data on use of pre-hospital lysis based on analyses from the MINAP database. Jeanna Pearson discussed early results from the recent data validation study and Lynne Walker discussed recent analysis changes that have been made to the online views and audit reports. Paul White from CCAD talked about the CCAD Welcome Portal, User IDs, replication and common problems and their solutions.

The next MINAP User Group meeting will take place at the Royal College of Physicians on **Thursday 8 June** from 2 – 4.30pm. As with previous meetings lunch will be available from 1.30pm, with the meeting starting at 2pm. We especially encourage new MINAP users to attend and as these meetings are

very popular and numbers are restricted please do not apply if you attended the last meeting. If you find that, after booking a place, you cannot attend please let us know so that we can offer the place to someone else. Please email Lynne.Walker@rcplondon.ac.uk if you would like to attend.

8. Hospital main contacts/user IDs

The main contact full responsibility for the co-ordination of the project in your hospital and is our first line of communication. Access to an active main contact is very important to us.

Role of the main contact

- co-ordinate the roles of various groups involved in MINAP e.g. IT, A&E, CCU, audit, pharmacy, ambulance, management, rehab etc
- disseminate information to all involved within the hospital
- disseminate Audit Reports within the hospital
- inform MINAP of progress with the project including any issues/comments
- inform MINAP of changes to contact details of yourself and others involved in the project
- ensure continuity of data collection and upload especially when staff change
- ensure clinical ownership of the data
- co-ordinate requests for additional hospital ids (to allow access to view hospital data on CCAD)

We now have a list of second MINAP contacts to assist with communications in the event of annual leave and absences. There are a few remaining hospitals that have not supplied MINAP or CCAD with the details of an additional nominated person. An email requesting this information will be forthcoming so it would be much appreciated if you kindly put someone forward by return.

Use of MINAP IDs

MINAP IDs are given to named individuals and not to the Trust or hospital. If you leave the MINAP role, please could you notify the CCAD helpdesk and give them the name of your successor who will be given a new MINAP ID. Handing on MINAP IDs is a security breach. It follows that the ID used to enter MINAP data must be in your name. Please contact the helpdesk for us to arrange the removal of users who no longer have MINAP responsibilities and to receive your personal ID.

Are your hospital contact details up to date?

Help us to help you by informing us of change of contact personnel within your department. Note; these details are used by the RCP and CCAD teams to contact you and inform you of changes and improvements to our services.

How can I request additional user IDs?

Request must come from the main MINAP contact within your hospital and must contain the new user name, phone number, job title and email address. By default generally you will have one Notes licence allowing us to create you one user ID. If while processing your request we discover that no licences are spare we will cancel the user creation and request proof that additional licences have been purchased.

Where can we buy additional Licences?

These can be obtained from either IBM or through a software supplier via your hospital IT ordering process. Please note you should not purchase the installation media as a customised install for CCAD will be sent by the CCAD team. Additional information can be obtained from the website below:

http://www.icservices.nhs.uk/ncasp/pages/audit_topics/chd/faq.asp

- Under the 'Getting Started' section, select the entry entitled:

- Where can I obtain Notes ID/Licences from, How much do they cost and how many do I need?

10. New data completeness view

The current data completeness view is based on patients with an **initial** diagnosis of definite MI when the focus was on data completeness for fields used for NSF thrombolysis targets for patients with AMI. We will in future monitor data completeness for all troponin positive ACS patients (which, using the Consensus definition is an MI) and will therefore increase the number of fields in the data completeness from 11-20 on 1 June to include fields relevant for ACS patients. The new view will be based on patients with a **discharge** diagnosis of 1. Myocardial infarction (ST elevation), 2. Myocardial infarction (non ST elevation), 3. Threatened MI, 4. Acute coronary syndrome (troponin positive).

Patients will be excluded where

- 2.02 Method of Admission is 8. Patient already in hospital or 9. Transferred for PCI/surgery
- Discharge destination is 2. Other hospital

Data completeness for the Healthcare Commission participation in audit indicator will be based on the completeness of the 20 fields from 1 June 2006 to 31 March 2007.

Code	Field
1.03	NHS number*
1.08	Ethnic group
1.10	Postcode*
1.11	GP practice code
2.01	Initial diagnosis
2.02	Method of admission*
2.16	Smoking status
2.17	Diabetes
2.22	Admitting consultant
2.28	Glucose
3.06	D/T arrival in hospital
3.17	Admission ward
3.22	Thienopyridene
4.01	Date of discharge*
4.02	Discharge diagnosis*
4.03	Bleeding complications
4.04	Death in hospital
4.07	Discharged on statin*
4.13	Coronary angio
4.24	Reinfarction

* Current fields

11. The replication process

What is replication?

Replication is a process of Lotus Notes that allows multiple copies of a database across many servers and PCs to be synchronised in terms of their design and data. The process of synchronising the databases is called replication. In practical terms the important replication process is the one by which data on your PC is synchronised with that on the servers

Local replicas - how do they work?

The replication facility allows users to work off line without a permanent network connection to the CCAD servers. While off-line you build up a database which is NOT synchronised with the central server until the process of replication has been performed. The advantage of not being permanently linked to the server is that your database will usually work much more quickly, especially if you have a slow internet connection. Replication performs a send & receive operation with the CCAD servers.

The first stage in the process is to make a local replica of the MINAP database that can be achieved through the Welcome Portal functionality. The Lotus Notes set-up has been configured by CCAD to replicate on Notes start and exit. This allows users to manually enter or import data into a local MINAP database that is located on

their PC. When exiting Notes users may be informed by the message

'Do you want to send/receive documents to the server?' choose Yes - this will run a replication event.

The replication or synchronisation process will only send and receive information which is new or has changed since the last replication event.

The replication process is very efficient and usually operates on checking for field level changes within a document. This will only update the corresponding field in the target document with the new value rather than copying an entire document between the source and target databases.

Benefits of using replication?

1 - Greater application performance as processing is performed locally rather than across the network to a remote machine. This can typically be seen when importing and exporting data from MINAP.

2 - Ability to work off-line this also allows users to create replicas on laptop machines if available.

12. Helpdesks

We value your feedback on any aspect of the project especially on topics covered in this newsletter. Your feedback informs future developments. For questions and comments please contact the appropriate helpdesk. Please note the new CCAD helpdesk number and we will advise you of new email addresses and telephone numbers when we move to University College, London.

Clinical, process and general project issues:

MINAP

E-mail: minap@rcplondon.ac.uk

Tel: 020 7935 1174 ext 334

Technical issues:

CCAD

E-mail: helpdesk@ccad.org.uk

Tel: 0845 300 6016 option 2



Newsletter on Lotus Notes The newsletter can also be found on the CCAD servers, in CCAD Analysis, References and Documents.