

SWAT 210: Comparison of hospital electronic records and data on patient reported health care use

Objective of this SWAT

To compare locally available electronic records versus self-reported data on health care resource use, such as hospitalisations.

To examine degree of concordance between self-reported and routine data and patterns of divergence where these occur.

Study area: Data Quality

Sample type: Participants

Estimated funding level needed: Very Low

Background

In some trials, the researchers might be able to use data from locally available electronic records alongside or instead of data that are self-reported by patients in the trial. This Study Within a Trial (SWAT) will examine completeness and degree of concordance of data on selected healthcare resources use between these different data sources in the iRehab trial (ISRCTN11266403), which is comparing a rehabilitation programme delivered online to people discharged from intensive care units (ICU) versus usual care after discharge from ICU.

As a first step, the SWAT team will map locally available electronic records that can be used to corroborate self-reported data on healthcare resource use such as hospitalisations, over the duration of the follow-up for the host trial. Where such data are identified, they will assess the degree of concordance between self-report and routine data and, where these diverge, they will seek to identify any patterns to that divergence and insights into the reasons for them. This will help determine whether any generalisable lessons can be learned about the use of electronic data to enhance or replace self-reported data on healthcare resource use in clinical trials and beyond.

Interventions and comparators

Intervention 1: Data available from locally available electronic records.

Intervention 2: Data that are self-reported by patients.

Index Type:

Follow-up

Method for allocating to intervention or comparator

Non-randomised

Outcome measures

Primary: Concordance between self-reported and routine data for the outcomes in the host trial, where both sources of data are available.

Secondary:

Analysis plans

To describe data completeness and compare hospital readmission dates (e.g. cost etc) by data source. Exploration of patterns of divergence. Hospital electronic data will be considered gold standard.

Possible problems in implementing this SWAT

Missing patient-reported healthcare resource use data. Delays in obtaining hospital electronic data.

References

Publications or presentations of this SWAT design

Examples of the implementation of this SWAT

People to show as the source of this idea: Professor Brenda O'Neill (Chief Investigator)

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Revisions made by:

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