

DEMOGRAPHIC & SOCIO-ECONOMIC DATA STANDARDS FOR THE HEALTH AND SOCIAL SERVICES: THE NATIONAL CARDIOVASCULAR INFORMATION SYSTEM (NCIS)

Several National Anti-Poverty Strategy (NAPS) health inequalities targets in the Republic of Ireland are expressed in terms of socio-economic differentials in mortality. To monitor progress, intermediate indicators relating to health and social services, etc are required.

Long Term Goal

To identify consistent, meaningful and useful demographic and socio-economic variables that can be feasibly collected across the gamut of information systems that are relevant to health and social services

A collaborative project was conducted using the National Cardiovascular Information Systems (NCIS) as a case study.

PROJECT AIMS

1. To develop and evaluate draft data standards and collection protocols in the acute care setting (Coronary Heart Attack Ireland Register - CHAIR) and the rehabilitation setting (Cardiac Rehabilitation Information System - CRIS) of the NCIS
2. Propose revised data standards and collection protocols that could be tested in other acute and rehabilitation settings
3. Identify a systematic approach that could be applied in other clinical settings

ONE-DAY WORKSHOP

Demographic and Socio-Economic Data for
Health Information Systems:
*The National Cardiovascular Information System (NCIS)
as a Case Study*
Date: Monday 18 April 2005
Venue: Alexander Hotel, Dublin
Chair: Dr Emer Shelley, DoHC

SOME OF THE CHALLENGES

General

Low awareness of the importance of this type of information
Reluctant staff and patients

Difficulties in particular patient care settings

Medical emergencies
Incapacitated patients, death of the patient, etc

Difficulties associated with particular variables

Sensitivity of asking about ethnicity, income, etc
Concerns about accuracy of occupation-based information

FIELDWORK

103 CHAIR patients and 46 CRIS patients recruited during the data collection period, across a range of hospitals in the Republic of Ireland.

SOME PRELIMINARY FINDINGS

Some revisions to the draft data standards and collection protocols, guidelines and training were identified. In particular; there were challenges collecting socio-economic variables and further guidance in 'challenging' circumstances is required.

The reticence of staff to collect information perceived to be 'sensitive' needs to be addressed.

A wider cultural shift is needed with broader education and awareness for patients, staff and management.

'Collect once, use often'

Where possible, information should be extracted from existing systems; highlighting the importance of unique patient identifiers.

The application of such information to improve the quality of care needs to be emphasized to both patients and staff.

SOME PRELIMINARY CONCLUSIONS

In general, it appears that it is feasible to gather such demographic and socio-economic information about patients in challenging clinical settings. The revised data standards and collection protocols from this project should be reviewed and tested in other clinical settings. However; no two settings are the same! Lessons learnt here will be useful in developing data standards and collection protocols in these settings.