

Data-acquisition for measurement of treatment outcome and satisfaction for persons served at Skogli Health- and Rehabilitation Center

Why collect and report data on group-levels?

In order to provide efficient and effective rehabilitation programs Skogli gathers continuous data from patient stays - both on arrival / departure and follow-up.

What data is used?

Admission- and discharge-data, derived from questionnaires and test-results, are used both in the individual medical assessment and for anonymous quality management purposes on group levels. Only when voluntary informed consent (for anonymous data to be used for quality management and possible retro-active scientific purposes) is given, a protocol for the collection of follow-up data is started. Follow-up data - through posted questionnaires - are sent out 3- and 12 month after discharge for most programs. It is voluntary to fill out and return these questionnaires – as stated in the informed consent and in the information-letters.

Only effect-evaluations at group levels are done.

Both "Skogli questions" and score from standardized questionnaires are included.

All performance data is stored and processed anonymously and in accordance with our concession-agreement (April-2016) with the Norwegian Data Protection Authority - Including the life-time of ID-keys and name/address-lists.

Satisfaction assessment is based on the voluntary use of anonymous departure evaluation and through the use of a 3-week after discharge posted questionnaire developed by the National Centre for health services. This questionnaire is used in two batches: Late-spring/summer and Late autumn/winter with randomized recipients, until at least 50 questionnaires are returned in each batch.

All satisfaction data is anonymous

How to record data?

All data get recorded anonymously in SPSS-databases

Unanswered question remains "blank" except when they are included in a standardized questionnaire with a specified missing-data handling routine.

On several answers to the same question – ex. pain from 0-10:

Two adjacent: ex. Checked 4 and 5 - consistently the worst response is recorded (in this case; 5)

Two answers with space in between – or with more than two answers. Ex. checked 3 and 5, the mean - rounded to the worst option – is recorded (in this case; 4)

How to interpret the data?

Standard statistical methods are used for describing and evaluating levels and outcome. Results are evaluated with regard to change in general, possible normative levels and up to the target levels of Skogli. Paired (at least) data are presented as mean change, mean %-change, effect size and statistical significance.

How to use background data and outcome reports:

These data are used internally as part of quality management and presented as official data - including on www.skogli.no

Bias Rating:

All "incoming" complete data is recorded, but not all patients fill out questionnaires and despite the intention of 100% staff compliance - not all questionnaires submitted by patients reach registration. Follow-up of on outcome data and satisfaction data is voluntary (and partially randomized) - thus we do not get response from everyone.

Registration is done - for the time being – by one person, without double checking. All registered forms are filed up to one year - so opportunity for control exists.

Analysis is done - for the time being – by one person, without double checking.

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