# Electronic data capture

Kristina Fišter (MD, MSc, DSc)

Assistant Professor, Head of the Division for Medical Informatics

University of Zagreb, School of Medicine, Andrija Štampar School of Public Health



# Original research articles

DATA! – the defining element

good data management practices require transparency, integrity, and compliance with regulation

PLOS DES PLOS DUCKDAL ABOUT CONTACT LOOP the WHITE HOUSE memory sales more 13TH CONGRESS H.R.708 BLOG PROTOS & VIDEO BRITEFING BOOM ISSUES 1ST SESSION Monday, May 66, 9934 ) The PLOS ONE ( Seatch: ALL PEED Home STAFF BLOCS ; BLOCE NETWORK ; COMMUNITY To provide for Foderal agencies to develop public access po to research conducted by employees of that agency or from Office of Science and Technology Policy istered by that agency. About OSTP Pressroom OSTP Blog Divisions Initiatives R&D Budge Malla ONX World Chan Avenue -- ICT + Mad, Mad, Med, Med, Net, Presidentially Workshift Scaling Clar Patterns of Assisted United Linearch Impending Pland? Hold Open Your Jacob EngloCOT **Ray Connected** Introducing: Project Open Data IN THE HOUSE OF REPRESENTATIV CALLER COL - Tribe Article L mail Alerty **PERSIANY 14, 2013** Postnet to Todo Park and Steven VanRoman on Key 16, 2013 at 55 ALAN 201 🖬 plat ang Artida Ki PLOS' New Data Policy: Public Access to Mr. DOYLE (for himself, Mr. YODEE, and Ms. LOPGEEN) intro-O YILL PLONDEL MY Catagorian PLOS on Twittee Data lowing bill; which was referred to the Committee on Oversi Bittat Please Bitan + + Accession CT.OI of Facility 7112 594 ernment Reform \* 1000 TLOF on Linkedia a article level and Cat K.O. avg Cplate · Add Energiated Technology evolves rapidly, and it can be challenging for policy and its implementation to evolve at the r a bother Spetight pace. Last week, President Opama launched the Administration's new Open Data Policy and Executive Welcome Googler! If you find this page useful, you - ---simed at examing that this released to the science will be an accessible and useful as accessible might want to subscribe to the RSS feed for opdates in + Rog Pub of the limit Read by Erzell sure this tech-focused policy can keep up with the speed of minoration, we created Proped Open Data · Originate 1 · Octomer A BILL · Courts mine EPDATE + MARCE: Proce on long just Project Open Data is an online public repository intervaled to toster collaboration and promote the contin · Links improvement of the Open Data Policy. We wanted to forther a culture change in poventment where we ex-UPDATE 36 FEBRUARY : A facty of interest has arises around the twiled · Profilered Direct Tep To provide for Federal agencies to develop pul collaboration and where anyone can help us make open data work Seller. The project's published on C . .... PLOS data policy that we <u>minimpeed in Describer</u> and which will come into Academic Editor Hulp open source platform that allows communities of developers to collaboratively share and enhance cod · Providence affect for research papers submitted next month. We are gratified to see a longe Aggregators worked policies relating to research conducted by en · Second resources and plug-and-play tools in Project Open Data can help accelerate the adoption of open data mull of apport for the ideas behind the policy, but we note none concerns. Industries and availant artistic a brance For expressie, one tool instantly converts spinostsheets and databases into APIs for easier consumption about how it will be implemented and how it will effect those preparing articles level metrics that agency or from funds administered by th a Internet Roppie AskEvenONE for publication in PLOI insteads. We'd therefore like to checify a few points that developers. The idea is that anyone, from Federal agencies to state and local governments to private c · laborance have actions and once again encourage three with concerns to check the details of Author Help author can freely use and adapt these open source tools---and that's exactly what's happening · Dentempt rolemost and hall a second Re it enacted has the Senate and Heaves of Kenverenta.

CHARITÉ

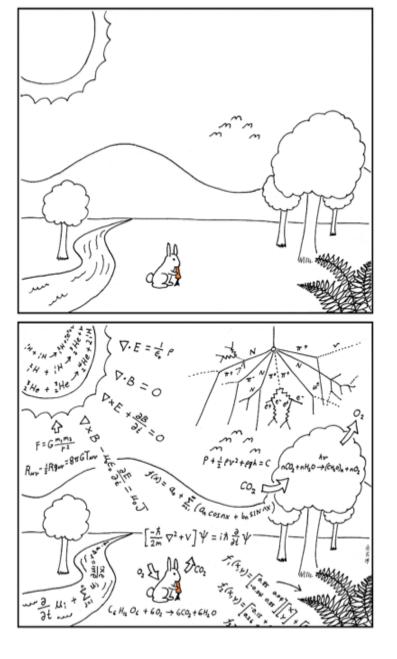




# Electronic data capture solutions

- help meet regulation requirements in data management
- computerised systems that collect data in electronic format
- electronic data collection forms
- ability to provide remote and real-time access to research data
- automated checks and central revision improved accuracy
- reduced cost





- System a group of related parts that move or work together
  - clinic
- Entity any object under consideration, such as a patient, visit, medical doctor, health institution, hospital, medication, etc.
  - patient
- Attribute any characteristics of an entity, variable, parameter
  - blood pressure (this is two attributes!)
- Attribute value (data) specific quality or quantity assigned to an attribute, for a specific entity instance (e.g. patient)
  - 160 mmHg (systolic)
  - 80 mmHg (diastolic)



# Two types of attribute values

- **Quantitative** usually expressed in measurement units, but they can also result from counting
  - systolic pressure = 160 mmHg
  - number of children in a family = 5
- **Qualitative** expressed by words, categories (mainly agreed in advance)
  - sex = female
  - name = John
  - patient's mobility = immobile



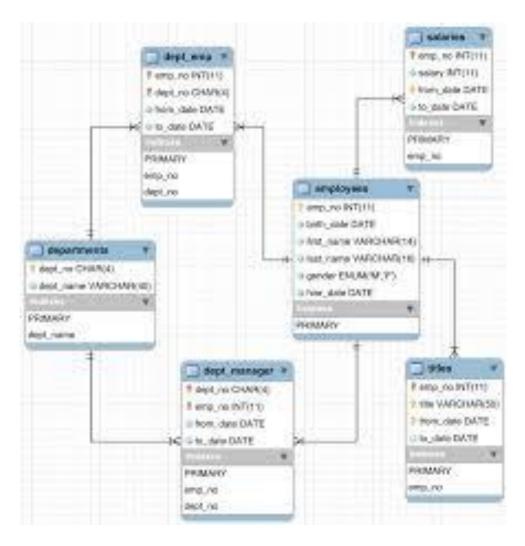
# Qualitative attribute values can be

- Free text descriptions (medical history, discharge letter, notes, recommendations etc.)
- **Categories** or classes (sex: male, female; marital status: married, single, divorced, widower etc.)
  - structured data
  - code one or more characters that replace a descriptive attribute value
    - e.g. M for men, W for women
    - ICD-10
    - SNOMED



# Data structures

 a collection of data values, the relationships among them, and the functions or operations that can be applied to the data

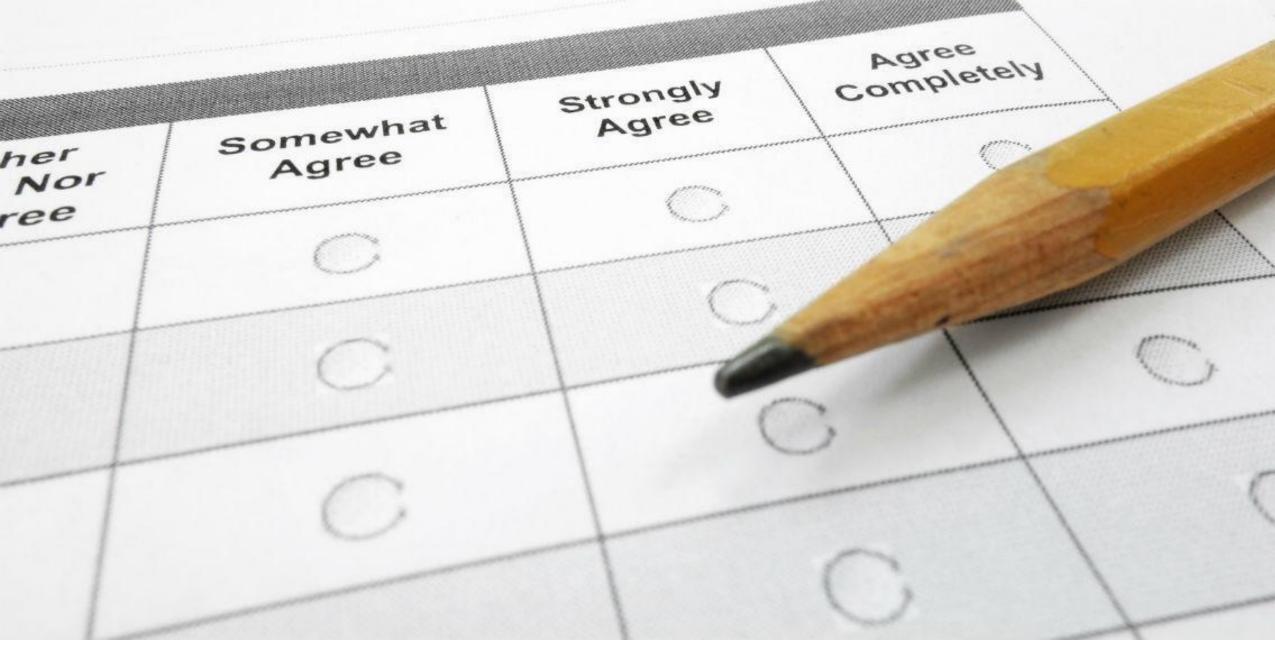


https://dev.mysql.com



# How do you collect your data?

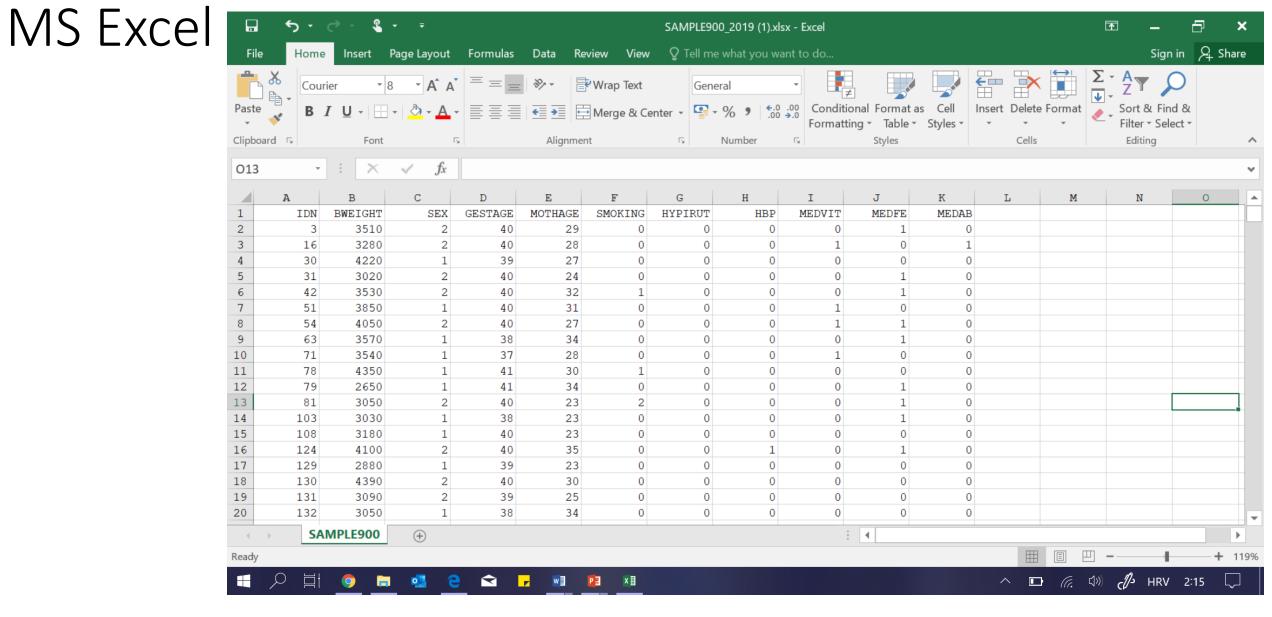






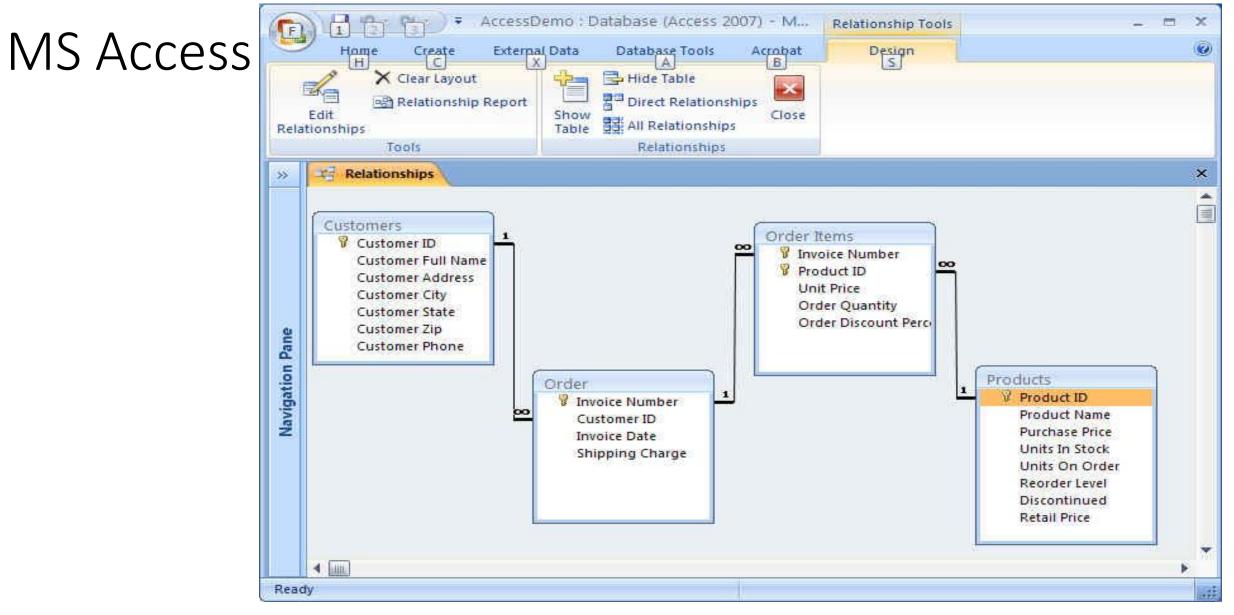


https://www.clearpointstrategy.com







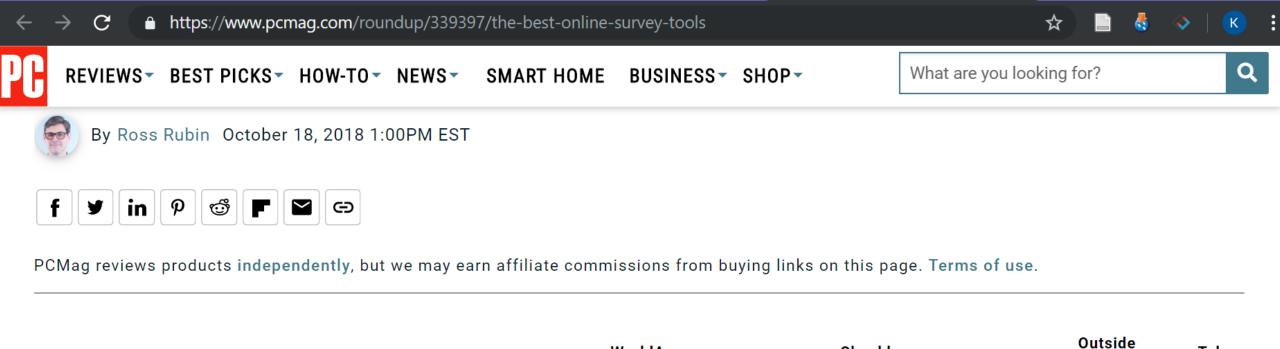


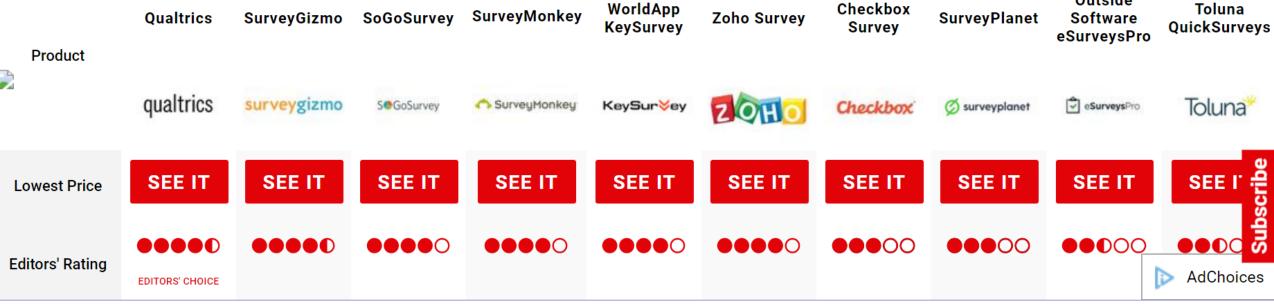


csus.edu

# If you are doing a survey







CHARITÉ

JBLIC





SOFTWARE



Please col	Demography Form Send custom surveys		Resize font: 🖬   📰
Thank you			
Contact In	nformation		
1) <	First Name		>
2)	Last Name		
3)	Street, City, State, ZIP		Eccend

ABOUT

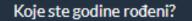
PARTNERS

RESOURCES



$\leftarrow \rightarrow \mathbf{C}$ (i) Nije sig	jurno   lim	esurvey.srce	. <b>hr</b> /admin/survey/sa/view/surve	eyid/533432	\$	📄 👌 🗇   K 🗄
LimeSurvey				🗮 Upitnici	<ul> <li>Aktivni upitnici 3</li> <li>kf</li> </ul>	fister@mef.hr 👻 🌲
Education in bion	nedical	informa	tics questionnaire (ID	:533432)		
Aktiviraj ovaj upitnik	Previe	ew survey -	🖉 Postavke upitnika 🗸 💈	🛠 Alati🗕 🔋 🕄 Prikaži / Izv	ezi 🗸 Survey participants	G Odgovori <del>√</del>
1 Upitnik	<	>	Education in biomedical inf	ormatics questionnaire		
Questions and groups:		•	Survey quick action	S		>
rightarrow Question explorer $ ightarrow$			Format:		Select your template:	
🔳 Sljedeća grupa pitanj	а		Question by question Prikaži sva pitanja	Group by group	LimeSurvey	
List questions			Add group	Dodaj pitanje	Flat and modern	
É₽ Question organizer			Ω	Α	Survey description : Flat and mode	ern
Survey participants					Single Choice Ques	stion
				CHARITÉ BERLIN SCHOO	il of LTH	

Molimo recite nam nekoliko osnovnih podataka o sebi



\rm U ovo polje mogu biti upisani samo brojevi.

#### Kojega ste spola?

Q ženskog o" muškog



U kojoj mjeri podržavate sljedeće tvrdnje?

(1 = nimalo ne podržavam, 5 = potpuno podržavam)

	1	2	3	4	5
Nastavni planovi sadrže dovoljan broj sati	0	0			
Nastavne planove potrebno je osuvremeniti					
Edukaciju iz biomedicinskoinformatičkih predmeta provodi nedovoljan broj nastavnika	0	0			
Visoka učilišta nedovoljno prepoznaju potrebu za obrazovanjem iz biomedicinske informatike					
Studenti već dolaze s dovoljnim znanjima i vještinama iz opće informatike	0	0			
Sudenti ne pokazuju dovoljan interes za obrazovanjem iz biomedicinske informatike					
Nastava iz biomedicinske informatike trebala bi se provoditi u završnim semestrima studija	0				
Sveučilišne poslijediplomske stručne studije iz biomedicinske informatike trebalo bi uspostaviti za sve zdravstvene struke					



CHARITÉ BERLIN SCHOOL OF PUBLIC HEALTH

# If you are collecting data in a trial or an observational study



### Data Entry

### Features

- Repeating Forms and Visits
- Dynamic Skipping and Hiding of Forms/Visits
- Electronic Patient Reported Outcomes (ePRO)
- Multiple Subject Data Entry
- Automatic Subject Exclusion
- Attach Images and Files to eCRF Pages
- Double Data Entry
- Dictionary Coding (MedDRA, WHODrug, and More)
- Offline Data Entry with Excel
- External Data Loading and Mapping
- Complex Skip Logic / Dynamic Questions and Tables
- Calculated Variables (Even Across Forms/Visits)
- Carry-Over Data / Header Labels
- Embed Text or Images Anywhere on Forms
- Link Form Completion Guidelines
- Field-Specific Mouse-Over Help
- Tabular or Graphical Casebook Views
- AE & SAE Log Forms

### Data Cleaning

## Queries (Edit Checks/Data Discrepancies)

- Cross Form and Visit Custom Query Definitions
- Real-Time Hard and Soft Edit Checks at the Point

### eClinical Modules

### **Electronic Patient Reported Outcomes (ePRO)**

- Patients can Fill Out and Submit Surveys Online
- Submitted Data Instantly Captured in Unified Database

### Randomization

- Generate Subject IDs or Sample Numbers
- Assign Subjects Dynamically to Different Groups/Arms
- Unblind Notifications

### **Dictionary Coding**

MedDRA, WHODrug, VedDRA, and More

### **File Attachments**

Attach Any File Typeup to 10mb per File

### Integration

- Integrate Medrio via our API
- Data Imports/Exports via API
- Sync with External Systems (IVRS, CTMS, etc.)
- Event Based Calls to API

### **Paper/Hybrid Studies**







# A fully compliant, all-in-one platform for every type of study.

# Electronic Data Capture & Clinical Data Management

Easily design studies on a drag-and-drop interface

Create beautiful, ultra-capable eCRFs featuring real-time edit checks, skip logic, and auto-save

Learn more

# Randomization & Supply Management

Easily add randomization to your studies Seamless, integrated user experience Supports all common randomization methods Track drug kits and monitory inventory

# Learn more

# **Patient reported outcomes**





OpenClinica

NIC5-15 in Subjects with AD... (NCT01928420) | Change Study/Site

manager (Data Manager) en | Log Out

Go

Home | Subject Matrix | Notes & Discrepancies | Study Audit Log | Tasks 🔻

Report Issue | Support Study Subject ID

CHARITÉ BERLIN SCHOOL OF PUBLIC HEALTH

Alerts & M	lessages													
Instructio	ns		Subject Mat	rix for	NIC5-1	5 in Subj	ects with	1 AD (Alz	heim	er	's Disease)	(?)		
Info														
Icon Key		-		15 🔻	Show More	Select An Even	t 🔻 Add Nev	w Subject						
Statuses			Study Subject ID	First Visit	1-Week F/U	2-Week F/U	Monthly F/U	EOS or LF/U	Logs A	E	registration visit	Action	15	
8	Not Started											Apply I	Filter C	ear Filter
<b>(</b>	Scheduled		012									٩	X	E3
	Data Entry		TS10_101_10	e	E	E	🛃 x2					9	X	
	Started		TS10_102_10	B			🛃 x2					٩	X	
0	Stopped		TS10_103_10		2	2	2 x2	0				3	X	
	Skipped			a de la companya de la				Contraction of the second		10000	Contraction of the second s			
	Completed		TS10_104_10				🛃 x2					٩	( X )	
	signed		TS10_105_10	9	9	(2)	0	0		0	0	9	X	CJ
	Locked		TS11_104_11									٩	X	ED
X	Invalid		TS11_105_11				0	0	0		0	8	X	E
ctions			TS12_104_12							0		٩	X	C3
٩	View		TS12_105_12		0			0				9	X	ED
P	Edit		TS13_105_13	æ			🛃 x2				0	9	x	
x	Remove		TS1_101_01	8	(9)	(1)						3	X	ED
5	Restore		 TS1_102_01	C	C		(1) x2	0		ං ශ		3	x	C3
E3	Reassign		(10-50-670-67-750-88-5							-				and the second second
	Sign		TS1_103_01	C	C	8	<b>(1)</b>	0			0	8	X	<b>C</b> 2
5 002305	16876777		TS1_104_01	e			( <b>1</b>					٩	X	C3
iew All Ico	ns		Results 1 - 15 of !	56.										

github/OpenClinica



# Sample Physical Exam English

CRF Header Info

Exit

Click the flag icon next to an input to enter/view discrepancy notes. Please note that you can only save the notes if CRF data entry has already started.

-	I Basic (0/9) II Bo	ty(0/35) III Oth(0/3)	
Titl	e: Basic Information		
Visit	Information:		
1	Date of Physical Examination:	2 Time of Physical Examination: (HH:MM	0
Phys	ical Exam Information	1:	
3	Height:	(in) 4 Weight: (lb)	
5	Temperature:	(F) 6 Pulse Rate: (per min)	
7	Respiration Rate:	(per min)	
Blood	i pressure:		
8	Systolic:	(mm) Diastolic: (Hg)	



CHARITÉ BERLIN SCHOOL OF PUBLIC HEALTH

# If you are using routinely collected health care data



## Software Demos

See for yourself, try any of these demos of open source analytics tools:

ATLAS – a web-based integrated platform for database exploration, standardized vocabulary browing, cohort definition, and population-level analysis:



☆

**ACHILLES** – a standardized database profiling tool for database characterization and data quality assessment:



**Open-Source Software** 



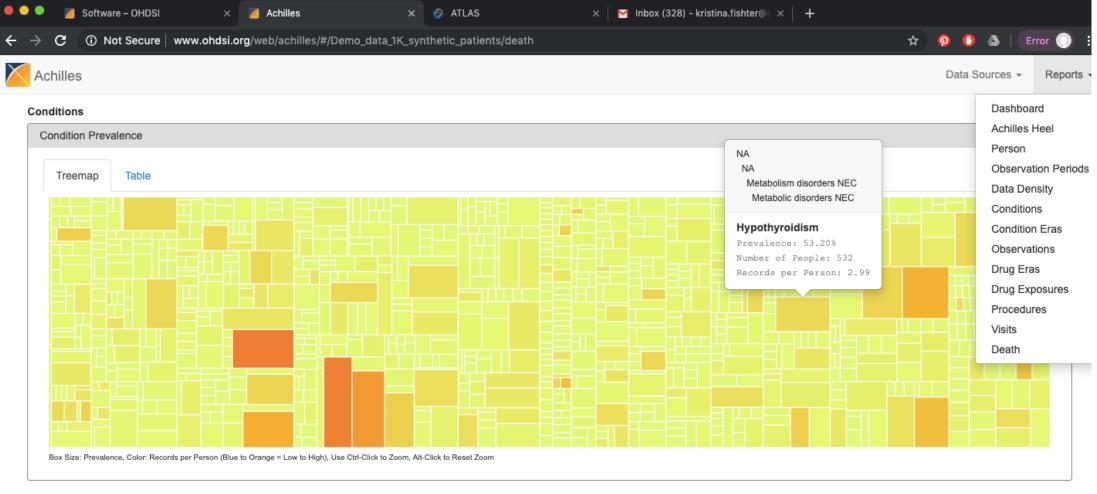


#### Demo\_data\_1K\_synthetic\_patients

#### Achilles Heel Report

	Search:		_
	oca on.		
Message Type	▲ Message		÷
ERROR	400-Number of persons with at least one condition occurrence, by condition_concept_id; 12 concepts in data are not in correct vocabulary		
ERROR	510-Number of death records outside valid observation period; count (n=1) should not be > 0		
ERROR	600-Number of persons with at least one procedure occurrence, by procedure_concept_id; 8 concepts in data are not in correct vocabulary		
ERROR	1,000-Number of persons with at least one condition era, by condition_concept_id; 12 concepts in data are not in correct vocabulary		
NOTIFICATION	percentage of non-numerical measurement records exceeds general population threshold		
NOTIFICATION	Percentage of patients with no visits exceeds threshold		
NOTIFICATION	[GeneralPopulationOnly] Not all deciles represented at first observation		
WARNING	4-Number of persons by race; data with unmapped concepts		
WARNING	5-Number of persons by ethnicity; data with unmapped concepts		
WARNING	200-Number of persons with at least one visit occurrence, by visit_concept_id; data with unmapped concepts		
WARNING	402-Number of persons by condition occurrence start month, by condition_concept_id; 5 concepts have a 100% change in monthly count of events		
WARNING	500-Number of persons with death, by cause_concept_id; data with unmapped concepts		
WARNING	511-Distribution of time from death to last condition (count = 1); max value should not be positive, otherwise its a zombie with data >1mo after death		
WARNING	512-Distribution of time from death to last drug (count = 1); max value should not be positive, otherwise its a zombie with data >1mo after death		
WARNING	513-Distribution of time from death to last visit (count = 1); max value should not be positive, otherwise its a zombie with data >1mo after death		
Showing 1 to 15 of 21 entries	Print Previous 1	2 Nex	at





#### Death

Death Prevalence by Age, Gende	r, Year									
MALEFEMALE				Age Decile	•					
0-9	10-19	20-29	30-39	40-49	<b>50-59</b> 0.00 71.43	60-69	70-79	80-89	90-99	



# Home E Data Sources	w c	· · · · · · · · · · · · · · · · · · ·								
🛢 Data Sources		ohort								
	Aspir	rin–Osteopor	rosis				Save	Close	Сору	Delete
). Vocabulary										
Concept Sets	Der	finition	Concept Sets	Generation	Reporting	Explore Expo				
Cohorts						New Conce	ept Set	Export /	All Concep	t Sets To CS
Incidence Rates	Show	10 🛊 entrie	25			Filter F	Repository Co	ncept Set	5:	
Profiles	Id≑	Title								
Estimation	0	Aspirin								
🗄 Jobs	1	Osteoporosi	s							
Configuration	Showi	ing 1 to 2 of	2 entries						Previo	us 1 Nex
Feedback										
		rin 25 ‡ entri ving 1 to 1 of						Search	Previou	ıs 1 Next
	Ħ	Concept Id	Concept Code	Concept Name	🔻 Domain 🖗	Standard Concept Caption	Excl	ude De	scendants	Mapped
	7	1112807	1191	Aspirin	Drug	Standard			<ul> <li>Image: A start of the start of</li></ul>	
						-	Classificatio			-
									-Standard	Standard
							Delete Co		-Standard	Standard

# SNOMED

- Systematised Nomenclature of Medicine, from non-profit International Health Terminology Standards Development Organization (IHTSDO)
- General-purpose, comprehensive and computer-processable terminology suitable to code events and elements within the electronic health record
- Used in more than 40 countries, primarily in labs for coding of reports to generate statistics and facilitate data retrieval but increasingly also to code clinical data



# SNOMED (2)

- 1st level: multi-axial classification
  - 11 rules that define modules
- Remaining levels: hierarchical classification

# Module designator Topography (T) Morphology (M) Function (F) Diseases/Diagnoses (D) Procedures (P) Occupations (J) Living Organisms (L) Chemicals, Drugs and Biological Products (C) Physical Agents, Forces and Activities (A) Social Context (S) General Linkage-Modifiers (G)



CHARITÉ DU

# Allows the composition of complex terms from simpler terms

However exact rules for this haven't been developed so validity for clinical or research purposes is problematic

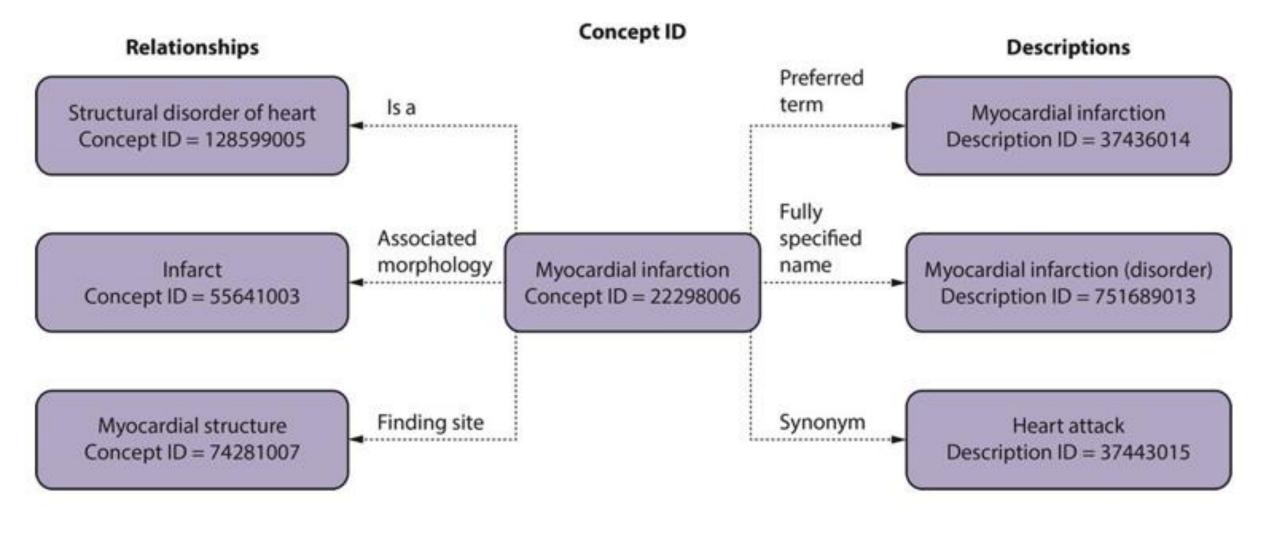
- Example:
  - Appendicitis (D5-46210)
  - Can also be coded as
    - Appendicitis, acute
    - Acute inflammation, in, Appendix
    - Acute, inflammation NOS (not otherwise specified), in, Appendix
- SNOMED CT was developed to solve this problem, and support the electronic storage, retrieval and analysis of clinical data



# SNOMED CT

- SNOMED CT (clinical terms) is taking over for use in electronic health records, decision support systems, and communication between applications
- Wider clinical scope, better context for the terms
- Supports multilingual terminological renderings of common concepts (aimed for international use)





Enrico Coiera





**OHDSI** community



CHARITÉ BERLIN SCHOOL OF PUBLIC HEALTH

## Day 1: Wednesday 22nd May 2019

- 10.00-11.30 What editors want (K. Fišter, Lecture)
- 11.45-13.15 Electronic data capture (K. Fišter, Lecture with demonstration)
- 14.15-15.45 Searching biomedical literature (D. Relić and P. Hrabač, Practical)
- 16.00-17.30 Managing citations and references (D. Relić and P. Hrabač, Practical)

## Day 2: Thursday 23rd May 2019

- 10.00-11.30 Common study designs (T. Kurth, Lecture)
- 11.45-13.15 Introduction to R/R Studio interface (J. Rohmann and M. Piccininni, Practical)
- 14.15-15.45 Causal inference (T. Kurth, Lecture)
- 16.00-17.30 Descriptive statistics using R (J. Rohmann and M. Piccininni, Practical)

## Day 3: Friday 24th May 2019

10.00-11.30 Analytical tools, epidemiological/statistical methods (T. Kurth, Lecture)
11.45-13.15 Data analysis in R: part 1 (J. Rohmann and M. Piccininni, Practical)
14.15-15.45 Data analysis in R: part 2 (J. Rohmann and M. Piccininni, Practical)
16.00-17.30 How to write: from protocol to research paper (K. Fišter, Lecture)
17.45-18.30 Exam

