

Streamlining MINAP data collection – by Amelia Hilton, Clinical Audit Co-ordinator at Sandwell West Birmingham Hospitals NHS Trust

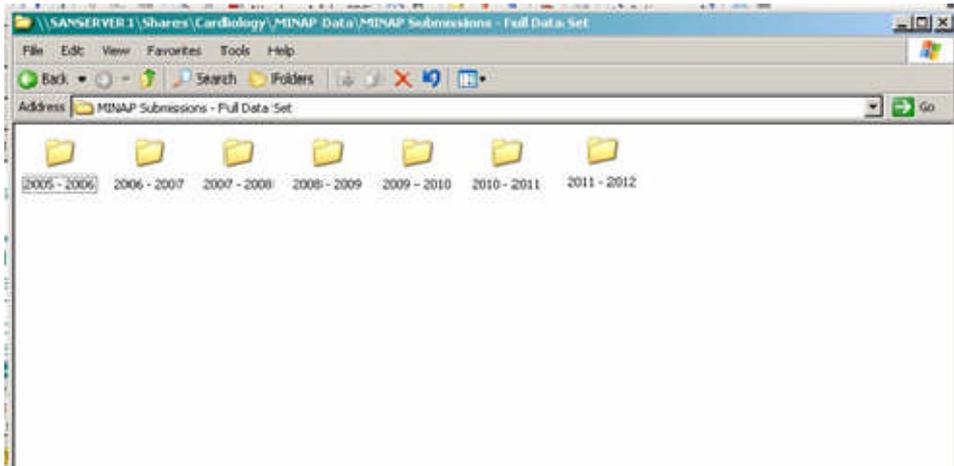
Our trust has been collecting MINAP data from inception of this important national audit. Over the years we've changed our approach to collecting data as well as changing the way we treat chest pain patients to ensure they get the best care, all thanks to taking part in MINAP, as it forced us to look at our practice and ensure we meet targets.

We would like to share our best practice with the MINAP community, as we believe we've perfected the data collection process to ensure it takes up minimal time, but still remain 100% accurate - otherwise collecting it won't be useful anymore. We have A&E, CCU, Cath lab and Clinical Effectiveness (audit) department, all working together to get the best out of MINAP. Our cases are identified mainly via CCU (coronary care unit) as the majority of chest pain patient would be admitted to this ward (unless of course adverse events result in an ITU admission, i.e. out of hospital cardiac arrest). As the CCU ward staff start off a MINAP forms as part of the admission process, all the information is to hand whilst the patient is on the ward. They also photocopy the relevant parts from case notes (i.e. ambulance sheet if applicable, cascard, 1st ECG and diagnostic ECG, patient ward admission form and Cath lab procedure report) and attach to the form. There is a number of dedicated "MINAP champions" on each hospital site, mainly senior staff nurses, ward managers and selected cardiology consultants who assist with checking all cases were correctly identified for the month, with help from the BCIS database (i.e. a list of all non-elective PCI cases) and ensure forms for all these patients have been completed. The forms then come to the Clinical Effectiveness department where the Clinical Audit Co-ordinator for Medicine, assesses each form for accuracy, using the copied information from notes, CDA (clinical data archive) electronic patient records (i.e. GP details, patient demographics, test results, ward activity, discharge summary and any referrals for CABG), WMAS data downloads and BCIS database. It may sound like it's a lot of places to check, but I have all three databases open at the same time and can quickly scan through the form and electronic data to ensure all fields were completed correctly, only takes about 5mins at most. Our trust has around 60-70 MINAP eligible cases per month and with this process I'm able to verify data quality and input data onto CCAD/NICOR via Lotus notes within one week. We hold a MINAP meeting the last Wednesday of the month to discuss any queries that might have come up when assessing the completed forms and to discuss and learn from any cases with a delay in reperfusion time, this is minuted and circulated to all cardiology staff.

Once all data is entered onto CCAD/NICOR, the full dataset for that month is exported and saved in an Excel spreadsheet for each hospital site. Comments are made on any blank fields, i.e. symptom onset not known, no call time as patient self-presented to hospital etc., so that when we later refer to this data it's all clear and concise. The MINAP dataset exports have come in very handy on a number of occasions to audit specific parts of the chest pain pathway and also secondary prevention drug use in line with NICE guidance, therefore truly useful to download your dataset every month. With the MINAP data we are

also able to report to the trust Planning & Performance Management department as well as the Information department in regards to PCI trends.

MINAP can be daunting with the wrong approach, but once you've streamlined a system that works for your trust, it holds great benefit for the trust and clinicians and can be useful in many ways. Our trust is proud to be part of the MINAP community.



Microsoft Excel - 5. June Sandwell 2011.xls [Read-Only]

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100% Arial

	K	L	M	N	O
1	1.11 GP Practice Code	1.13 Patient Ethnicity	2.01 Admission Diagnosis	2.03 ECG Determining Treatment	2.04 Where Aspirin Given
2	M85154	3. Asian	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
3	M88017	1. White	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
4	M88041	3. Asian	3. Acute coronary syndrome	4. T wave changes only	1. Already on aspirin / antiplatelet drug
5	M85009	3. Asian	5. Other initial diagnosis	5. Other acute abnormality	3. Aspirin / antiplatelet drug given after arrival in hospital
6	M91625	3. Asian	1. Definite myocardial infarction	1. ST segment elevation	3. Aspirin / antiplatelet drug given out of hospital
7	M85792	1. White	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
8	M89004	1. White	3. Acute coronary syndrome	5. Other acute abnormality	3. Aspirin / antiplatelet drug given after arrival in hospital
9	M85019	2. Black	3. Acute coronary syndrome	3. ST segment depression	1. Already on aspirin / antiplatelet drug
10	M88628	1. White	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
11	M91637	1. White	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
12	M88007	1. White	5. Other initial diagnosis	4. T wave changes only	3. Aspirin / antiplatelet drug given after arrival in hospital
13	M88015	1. White	3. Acute coronary syndrome	4. T wave changes only	3. Aspirin / antiplatelet drug given after arrival in hospital
14	M88639	3. Asian	3. Acute coronary syndrome	4. T wave changes only	3. Aspirin / antiplatelet drug given after arrival in hospital
15	M88040	1. White	3. Acute coronary syndrome	3. ST segment depression	1. Already on aspirin / antiplatelet drug
16	M88024	1. White	5. Other initial diagnosis	5. Other acute abnormality	3. Aspirin / antiplatelet drug given after arrival in hospital
17	M88017	1. White	3. Acute coronary syndrome	3. ST segment depression	3. Aspirin / antiplatelet drug given after arrival in hospital
18	M88004	1. White	3. Acute coronary syndrome	3. ST segment depression	2. Aspirin / antiplatelet drug given out of hospital
19	M88615	1. White	3. Acute coronary syndrome	5. Other acute abnormality	2. Aspirin / antiplatelet drug given out of hospital
20	M88003	1. White	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
21	M87629	1. White	1. Definite myocardial infarction	1. ST segment elevation	2. Aspirin / antiplatelet drug given out of hospital
22	M88004	1. White	3. Acute coronary syndrome	4. T wave changes only	1. Already on aspirin / antiplatelet drug
23					
24					
25					

	DU	DV	DW	DX	DY	DZ	EA	EB	EC	ED
1	5.01 Smoking Cessation Advice	5.02 Dietary Advice	CT	DT	CT	OT	OT	Age At Admissit	Created	Agollo - Pseudonymised 1.03 NHS Number
2	1. Yes	1. Yes	43	69	112	124	193	41	01.08/2011 10.54	(EA32B0D5FA1B763916A0D91E020820C5)
3	1. Yes	1. Yes	45	62	107	98	160	46	01.08/2011 11.25	(5C20A13774DF1CB2C92D19A17DE5B4EC)
4	3. Not applicable	1. Yes	34				96	51	01.08/2011 11.31	(2B85ED0CF28BB35EB2A68FCA68B4F91F)
5	3. Not applicable	1. Yes					-2088	75	01.08/2011 11.44	(673ECC45E625E43D289A9C7C8B76A148)
6	1. Yes	1. Yes		68			124	46	01.08/2011 11.37	(F364B10A1B7FA311086643784DB2E1DE)
7	1. Yes	1. Yes	45	76	121	530	606	49	01.08/2011 11.53	(D27331530AC413F0C8EAF4284FBDF169)
8	3. Not applicable	1. Yes					411	67	01.08/2011 12.00	(EED1324FE135A40D0F5B8303F3E6649F)
9	3. Not applicable	1. Yes	38				801	77	01.08/2011 12.05	(7653336FEF05640E6A3C1D81B552F419)
10	1. Yes	1. Yes	29	58	87	39	97	46	01.08/2011 12.13	(C8A1F5458C351DE15B1C B48E89301AC38)
11	3. Not applicable	1. Yes	57					81	01.08/2011 12.19	(AE2593AF84D55F403808E75E71FA51D5)
12	3. Not applicable	1. Yes						52	01.08/2011 12.27	(AA2D5FA7C6B8F44AD195B40A3F8D3834)
13	3. Not applicable	1. Yes	47					73	01.08/2011 12.33	(29D76520E79AD4FE78A5FCDAC4E27C4)
14	3. Not applicable	1. Yes						48	01.08/2011 12.40	(DCD97A6E32474834D5C9324B83D282D3)
15	1. Yes	1. Yes						45	01.08/2011 12.46	(8AE0DC7485C5BE216F552AB36E4EA2E0)
16	3. Not applicable	1. Yes					-1571	77	01.08/2011 12.59	(48D905924BCFC4396CDBF7F33B916B3DA)
17	1. Yes	1. Yes	50				669	55	01.08/2011 12.53	(B0B531007FD63EA2C5E227110071DC7C)
18	1. Yes	1. Yes	45				127	71	01.08/2011 13.15	(A754D982E554C88C04744771B97F20B9)
19	3. Not applicable	1. Yes	57				656	55	01.08/2011 13.21	(EA766686B65D2D0604C1CA6D20D62929)
20	1. Yes	1. Yes	66	66	132	301	367	63	01.08/2011 13.29	(83ADEACDAE773C2910A5985D8B366648)
21	1. Yes	1. Yes	26	38	64	35			01.08/2011 13.34	(356C8AEFF6C2666C4F73954CAC27A727)
22	3. Not applicable	1. Yes							03.08/2011 14.00	(510F03B41A56EF49AE86DCB430694E4D)
23										
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Amelia Hilton: Made own way to hospital

Amelia Hilton: Symptom onset not documented