Using REDCap to Stop the Data Chaos

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Using REDCap to Stop the Data Chaos


The Health Advocacy Project (HAP) is a program designed to meet the social and economic needs of patients from Community Clinics at Lehigh Valley Hospital–17th St.

- College interns are trained to become Health Advocates (HAs) and serve average 3-4 months.
- HAs complete an Intake to identify patient’s social needs.
- HAs refer patients to appropriate community resources.

Using Branching Logic and Piping to Guide Behavior

HAs should give resources based on location. However most HAs are from out of the area, and it takes time to learn what is available and where.

- Populating resources according to city saves training time, and prevents duplications.
- The HA chooses “Allentown” from the drop down menu on the Demographic form.
- If the city on the Demographics form is “Allentown” and the Intake form indicates the client has food insecurity, then food banks and pantries located in Allentown will appear on the Referrals Made form. For every resource the HA chooses, they are also prompted to enter the date.
- We also track # connections to resources and # satisfied clients per month. For that reason

Using Reports to Control Errancy

We use many quality check (QC) reports to keep HAs on schedule.

- Example: This report allows us to quickly find instances where follow up call was not attempted within the required 7 days of the first referral or service provided by HA.

Using Custom Dashboards to Identify Sources of Confusion

Custom Record Dashboards allow us to quickly see which cases are missing the required completed forms.

- Example: This dashboard allows us to quickly identify errors by number of instances and status of forms. Here we can see that Big Bad-Wolf is missing a completed Provider Update form.

Since using these features, training has become more efficient, HAs reach proficiency sooner, and reports are more accurate, thereby stopping the data chaos.

(Now it’s more of a slight muddle. Much more manageable.) The fight continues!

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- HAs complete an Intake to identify patient’s social needs.
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To show the impact of the program, HAs must document
- All contacts (telephone and face to face) with patient
- All resource referrals made
- All contacts between patients and resources, when they occurred, and the result of those contacts (patients’ self report)

In Year 1 our REDCap Project focused on collecting the data we needed, rather than aiding the HAs correctly collect and enter the data we needed. By the time HAs had mastered the workflow, their internships were almost over. And trying to analyze the data on the back end was…chaos.

We were able to identify common mistakes to inform our second project design in Year 2. We used the new features to reduce training time and errors, while increasing accuracy:

- Branching logic and piping through the series of forms for each client guide the referrals HAs make and the follow up questions they ask.
- Reports and Custom Dashboards allow us to identify common errors so that specific concepts can be quickly re-iterated as needed.

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CURRENT PROJECT: 893 fields ➤ 8 forms ➤ 42 reports
BRANCHED AND PIPED THROUGH 2 FORMS: 95 reports
Captured over 21 months...

PATIENTS REFERRED TO RESOURCES: 240
REFERRALS MADE BY HAs: 997
SATISFIED PATIENTS: 153

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