

Enhancements of a Provincial Diabetes Registry
through On-site Application. ZLATKO
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The on-site application of the diabetes (DM) registry (Reg) system (DCPNS Registry) in Nova Scotia (NS) Diabetes Centres (DCs) has the potential to not only improve data quality but also increase the number of true prevalent cases.

The DCPNS Registry has been used in NS since 1994 with the DC on-site application available since 2001. In this study, we have compared the data quality from the centralized data entry in fiscal 1998/99 to the on-site data entry from 3 specific DCs in 2002/03. As well, we have reviewed the potential of the on-site Reg to capture additional prevalent cases. In 1998/99, data was derived from physician referral forms (PRF) on all new referral cases to NS DCs. In 2002/03, on-site data was derived from a combination of the PRF and direct access to supplemental DC information. The DCPNS on-site Reg also prompts for the necessary completion information in some fields before specific on-site reports can be generated.

The comparative data is primarily demographic/descriptive statistics and visit information. In 1998/99, the following was missing from the centralized Reg on all new referral cases (n = 539): valid health card numbers, 2%; gender, 3.2%; DoB, 2.8%; DoDx, 19.3%; type of visit, 19.2%; type of DM, 3.5%; and type of treatment (Tx), 9.2%. In 2002/03, the on-site Reg (new and follow-up patients, n = 2,247) was missing: valid health card number, 0%; gender, 0.6%; DoB, 0.2%; DoDx, 6.0%; type of visit, 0.2%; type of DM, 0.3%; and type of Tx, 0.6%. During this same period of time, the on-site Reg in these 3 sites picked up an additional 408 prevalent cases. This reflects individuals attending the DCs prior to DCPNS Reg implementation in 1994.

The application of the on-site DCPNS Reg markedly improves the data quality in the Reg. The number of true prevalent cases seen by DC staff is more accurately defined. Continued emphasis will be placed on enhancing information related to DoDx and capturing more prevalent cases. These data pieces and enhancements will complement the data available through provincial administrative databases.

