

Greetings! The PC⁴ Audit Team leadership would like to provide IMPORTANT INFORMATION regarding the census adjudication portion of the site audits. (And if you're saying to yourself, "What's a census adjudication?"—read on.)

In the Before Times (pre-pandemic), each audit would include two assessments: one focused on the accuracy of the data entered and one focused on whether or not every patient who should have been entered into the database was in fact entered. The latter assessment is referred to as "census adjudication". When we transitioned to remote audits in response to the pandemic, the census adjudication briefly fell by the wayside as we focused on data accuracy and the many hoops that needed to be jumped through to allow for adequate EMR access at each site. (Just so everyone realizes, the process of securing that access is different at every site, is always a challenge, and almost always runs into last minute glitches.)

Over the past 6 months, we have resurrected the census adjudication portion of the audit as it is a key element of assuring that the work that we publish from PC⁴ data is not only accurate but also complete. While we feel that it is EXTREMELY unlikely that any of our sites are willfully not including patients in their data, it is possible for short and/or bounce back admissions to be inadvertently missed. The census adjudication can help to identify any of these "misses" and allow the site to adjust their data capture strategy to avoid future issues.

In order to complete the census adjudication, each site needs to provide to PC⁴ an INDEPENDENT source of admission data to the cardiac ICU service. This data cannot be from PC⁴/Cardioaccess/Lumedx, as missing patients would not be entered. As the set up at every site is different—some sites are a separate cardiac ICU and others are mixed, some sites have separate cardiac ICU billing and some are mixed with PICU billing, etc.—each site will need to independently decide how best to provide an independent list of patient encounters that should be included in their PC⁴ data entry. Possibilities include a report run through the EMR that can be based on physical patient location, primary team, specific attendings, etc.; a billing report that is based on either the faculty generating the bill or a billing code that is unique to cardiac ICU patients; or another, non-PC⁴ connected system that allows you to generate the information needed to complete the census adjudication. (You cannot use a spreadsheet or other tool that the data champion uses to track encounters as that would also likely have the same missed encounters—it must be a separate, independent, hospital based source of information.)

As doing this remotely is a new process, we wanted to share this expectation with all sites now so that each site can identify a process that will work effectively for their individual site. Please begin working on this now and do not wait until your audit is imminent. We will be asking that this data be provided to PC⁴ at least two weeks prior to the start of the audit so that it can be reviewed for adequacy prior to the audit kick off call. Audits are not complete and results will not be released until the census adjudication is complete.

We encourage sites to use the user feedback calls if you have any questions about this process or would like to ask if what you are planning to provide will be acceptable. You may also reach out by email at any time. For questions about the census adjudication process please contact Jen Schuette or Mary Lukacs, and for questions about scheduling an audit or post-audit site unblinding please contact Kim Gonzalez. We are here to help!