

Updated PTM Instructions (QxQs)

This table summarizes changes to the PTM QxQ as of 09/28/2015

Changes in the PTM QxQ are highlighted in yellow

Section in PTM QxQ	Description of Changes in PTM QXQ
General Instructions., pg. 1	<ul style="list-style-type: none"><li data-bbox="643 405 1206 432">• Text added to included stroke reabstraction
Item 4, pg. 2	<ul style="list-style-type: none"><li data-bbox="643 468 1484 533">• Additional text added to include stroke reabstractions for phantom type
Item 4b.3, pg 2	<ul style="list-style-type: none"><li data-bbox="643 567 1463 632">• Additional text added to include stroke reabstraction for <u>Hospital Reabstraction type</u>

**INSTRUCTIONS FOR ARIC PHANTOM FORM
PTM, VERSION C, 09/28/2015**

QxQ 09/28/2015

I. GENERAL INSTRUCTIONS

This form is to provide the CSCC with information about records selected for Quality Control (QC) purposes. Specifically, the PTM form is completed for re-abstractions related to the Hospital Record Abstraction Form (HRA), the Heart Failure Hospital Record Abstraction Form (HFA) and the Stroke Form (STR). The PTM form is also completed for **additional** ECGs (over and above the ECGs that are re-sent with the HRA events for re-abstraction) that are selected for QC and are sent to the ECG reading center to be read a second time. The purpose of the form is to link the Original Event ID to the Phantom ID. The Phantom Form should be completed before using the Phantom ID. Phantom IDs must be used for HFA, HRA and Stroke re-abstractions as well as additional ECG records selected for QC.

The Phantom form is completed under two circumstances:

1. Re-abstraction QC
2. Supplemental ECG QC

For re-abstraction QC, field centers select one case per month per abstractor to be re-abstracted by another abstractor. Cases can be selected from community or cohort events, and may be eligible for more than one abstraction type (HF/CHD/Stroke). If an event selected for re-abstraction QC is eligible for more than one abstraction (eg HF and CHD), assign a single Phantom ID to the abstraction, and select PTM4b1 and PTM4b2, and then complete both abstractions with the same Phantom ID.

Beginning in 2015, the ARIC study will increase the number of ECG records that the ECG Reading Center re-reads (for QC purposes). This is to address the request from the ECG reading center to provide adequate QC data for the bi-annual ECG QC report. It will also satisfy the future potential for additional QC if ARIC surveillance transitions to EpiCare ECG RC. The selection and number of additional QC ECGs will need to be agreed upon by the ECG Reading Center and the CC. The procedure will take into consideration sample size requirements, selections based on wave type, and work volume. Events for these additional ECG re-reads should not be re-abstracted; only the tracings are sent to the reading center (no re-abstracted HRA and no re-abstracted CHI in CDART).

Note: When entering the HRA, HFA and STR, a corresponding CHI must also be entered.

II. DETAILED INSTRUCTIONS

1. Phantom ID. First, a phantom ID must be added to initiate keying of the Phantom Form.

Step 1. After logging in to the CDART DMS, select: Add ID:



Step 2. Enter the phantom ID.

Step 3. After entering the phantom ID click on the ID. The next screen should look like this:

Form Group	Form Name
Administrative Forms	↓
Hospitalizations	↓
Deaths	↓

Step 4. Under the Form Group, select the green arrow under Form Name associated with Administrative Forms click on it and the PTM Form, Version C should show.

Administrative Forms	▼
(PTM) Phantom Form	C

Step 5. In completing the PTM form in CDART, click on the red pencil to open the form:

- a) If the ID is a valid phantom ID, it should prepopulate Question 1 (Phantom ID) with the ID
- b) If the ID is not valid, a message will appear in the field:

ID created for this form is not a valid Phantom ID.

- c) If this occurs, you must delete the PTM form and start again with a valid phantom ID.

2. **Date of abstraction of Phantom ID.** Enter in the date of abstraction of the Phantom ID.

3. **Abstractor number.** The person who abstracted using the Phantom ID should list his/her valid ARIC code in the boxes provided.

4. **Phantom type.** Only one choice is allowed. Select "H" if the Phantom Form is being completed for HFA and/or HRA or Stroke re-abstraction QC. **Select "E" if the Phantom Form is being completed for ECG QC.**

4.a. Original Event ID. Enter the Event ID number that was used for the initial abstraction or initial ECG. If the Phantom ID is being used for additional ECG QC (PTM4 = 'E'), go to item 7 after entering the original event ID.

4b.1, 4b.2, 4b.3. Event type: Indicate if the event is being re-abstracted for Heart Failure, CHD or Stroke. For re-abstractions, it is possible that an event will be eligible for more than one abstraction (e.g., both HF and CHD; both CHD and Stroke; etc). If the answer to item 4 is "H", complete items 4b.1, 4b.2 and 4b.3. Indicate either "Y" (Yes) or "N" (No) for each item. When the Event Type is 'Yes' for CHD, be sure to send the associated ECGs to the ECG reading center with the Phantom ID, so that the tracings will be re-read by the ECG reading center.

5. **Date of data collection.** Record the date the form was entered in the DMS.

Question 6 deleted.

7. **Code number of person completing this form:** The person who completed this form should enter his/her valid 3 digit ARIC staff code number.