RES-Q Update February 2018

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Next Data Collection Period

The next official round of data collection for RES-Q will take place in March 2018.

The official start of data collection will be March 1st, 2018, and it will conclude on March 31st, 2018 (these dates represent patient admission dates).

⚠ **For inclusion in preliminary results prior to ESOC 2018, all data must be entered in RES-Q by April 15th, 2018.**

Important Responsibilities for National Coordinators (NCs)

1. Inform all stroke centers in your country of the upcoming data collection period, data collection rules, and data collection deadlines.

2. National coordinators will be provided with a **monitoring report** (summary of data entry for all hospitals in their country) at the mid-point (~March 19th) and at the end of preliminary data collection (~April 15th). Please, review this participation summary and organize that reminders are sent to centers, which have not begun contributing data yet.

3. For the instruction email and reminders to stroke centers, please **CC the ESO RES-Q contact** (jennifer.thomsen@eso-stroke.org). Despite the communication in your language, this email provides important feedback regarding how many stroke centers are expected to contribute to the quality improvement program.

Important Data Collection Guidelines

1. **For hospitals only participating in RES-Q which do not collect data continuously**, the next data collection period will be in March 2018.

2. **For hospitals participating in the ESO Angels Awards program**, data for the first quarter of 2018 (January – March) will be used.

3. The minimum required data collection is 30 consecutive patients.

⚠ For sites which will not have 30 consecutive patients within the given time period, patients admitted prior to the data collection period may be entered such that they still represent 30 consecutive patients (i.e. that collection period could be e.g. February 15 till March 31 to obtain sample of 30 patients).

4. National coordinators will be provided with a summary of data entry for all hospitals in their country at the mid-point (~March 19th); after the end of preliminary data collection (~April 15th); and after data is finalized (~June 1st).

5. National summary reports (summary statistics broken down per hospital), including ESO Angels Awards status, will be sent to National Coordinators after the conclusion of data collection.

RES-Q Update

RES-Q launched in November of 2016 with 20 participating countries. As of the beginning of February, 2018, **there are now 350 participating hospitals in 36 countries which have contributed data for nearly 20,000 patients**. This success is directly attributable to all of your hard work in promoting stroke quality monitoring in your countries, and we are looking forward to many of you presenting your results at ESOC 2018.

Angels Initiative

RES-Q has continued to be a central component of the **ESO Stroke Quality Improvement Programme**, and has worked in close partnership with the **Angels Initiative** to promote stroke quality monitoring throughout Europe. In 2017 RES-Q became an official registry for the **ESO Angels Awards**.

⚠ **Continuous data collection from sites can always be done, and requires no additional notification to RES-Q or participation in the ESO Angels Awards program.**

The ESO Angels Awards are conferred quarterly throughout the year, and many RES-Q sites are now collecting data year-round to participate in this program. **If your country is not currently participating in the ESO Angels Awards program, but would like to, please let us know.** All that is required is the agreement of your country to participate, and then the required summary data can be automatically submitted from RES-Q to the ESO Angels Awards committee for quarterly review.

New RES-Q Form

An updated RES-Q form is ready to be used if your country chooses to implement it. This form was built based on feedback from all countries in 2017.

The updated form is currently available only in English.

If you would like to have the form translated for your country, please let us know and we will send you a structured document you can translate. Once we have the translation from you, we can implement it in the online form.

RES-Q Data Dictionary

A data dictionary is now available which provides additional details regarding how data should be entered into RES-Q. We will send this dictionary next week, as there are still minor updates to be made. As RES-Q is evolving based on your feedback, we also invite feedback regarding the data dictionary. Please feel free to let us know about any changes that should be made, or any points which still need further clarification.

Data Publication

We have had many questions this year regarding data ownership and data publication relating to RES-Q. We wanted to address this briefly here, but also stress that **RES-Q is meant to be a collaborative project**; we want each country to use RES-Q in the way that best suits their country's needs, and that includes each country deciding how best to use their data.

Each country that participates can decide how they would like their data handled. The goal of RES-Q is to provide a tool for sharing national and international stroke care quality benchmarks, however each country is free to decide how, and how much of their data they wish to share.

Below is an outline of most common data management agreement we have with most countries.

1. **Each hospital submitting data owns their data.**
    a. The only people with access to that data are registered users for that hospital, and RES-Q IT staff.
    b. RES-Q can provide hospitals with both the raw data, and generated summary statistics and reports.
2. **National Steering Committees / Professional Societies (referred to as SCs) represent all hospitals within their country**, and are responsible for making requests to RES-Q on their behalf, as well as providing information back to hospitals.
    a. Each SC should nominate a National Coordinator to act as the country representative for RES-Q.
    b. SC's are also responsible for coordinating communication with RES-Q and stroke centers within their country, publication activities, and any other related tasks.
    c. National data from RES-Q can be used at the discretion of the SC. RES-Q can help by providing summary reports, graphs, or raw data, as needed by the SC. National Steering Committees / Professional Societies should identify physicians who will take responsibility for publication of data

3. The RES-Q International Scientific Committee will help coordinate international publications (i.e. publications analysing between countries differences). **National SCs will be invited to participate in developing these publications.**
4. The ESO Angels Awards Committee (ESO AAC) is responsible for reviewing data submitted by RES-Q with the permission of SCs for participation in the ESO Angels Awards (more details can be found here: https://eso-stroke.org/eso-stroke-quality-improvement-project/ and https://angels-initiative.com/angels-awards).
    a. For countries which have agreed to participate in the awards the required summary data for all hospitals in the country will be submitted directly from RES-Q to ESO AAC for review in a deidentified and summarised format: 1. hospital names are not included, only an associated identifier, and 2. only 8 data points are included, as detailed in: https://angels-initiative.com/sites/default/files/Angels_Criteria.pdf).
    b. The same report will also be sent to SCs with the hospital names included for review.