

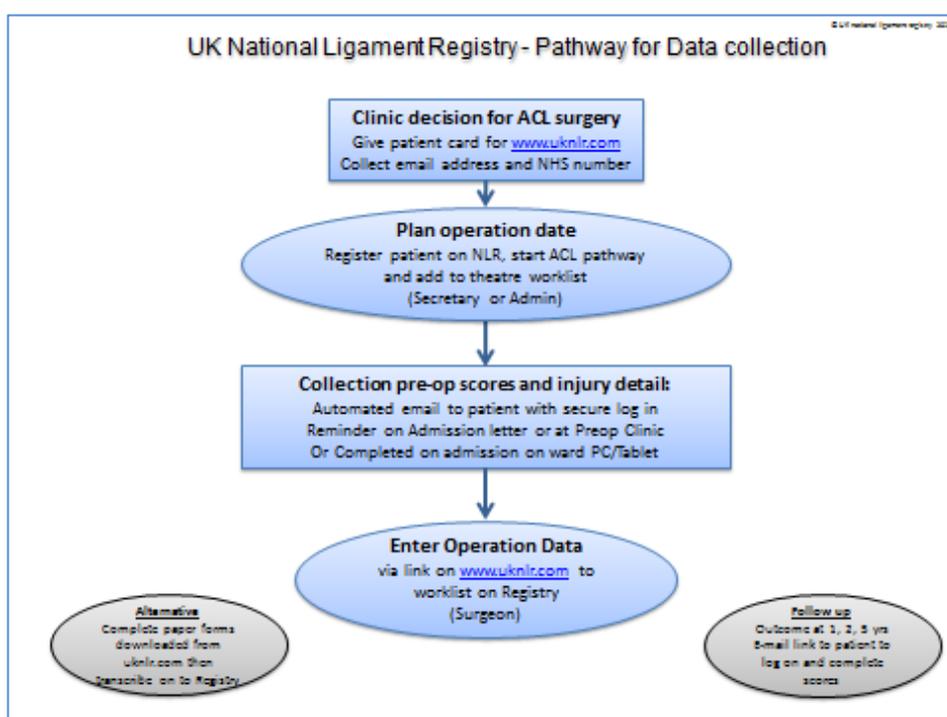
How to use the National Ligament Registry

Data Entry to the NLR

For each patient there will be four key steps:

1. The Patient is registered on the NLR – by the Hospital
2. The Patient enters their pre-op data and injury details
3. The Surgeon enters the operative details
4. The Registry software program (Amplitude) automatically collects outcome data by email (1,2 and 5 years)

These are illustrated on the diagram below. There will be different options proposed depending on local arrangements.



Using the Registry in 5 steps:

1. **Surgeon decides patient needs surgery**
 - Advise patient that surgeon is part of the National Ligament Registry, maintaining high standards by monitoring outcomes of ligament reconstruction
 - Give patient NLR card (requested through website) and draw attention to the uknlr.com giving detail of the operation and recovery.
 - Inform patient that at some stage they will receive automated request to complete baseline scores
 - Must get patient email address and confirm correct spelling

TIP: Patient completes printed registration form from website giving email address, side of op and NHS number.

2. Plan date of surgery and register patient on Registry

Once the surgery date is known, the surgeon's secretary or administrator enters patient demographic data on the NLR, starts the ACL pathway and add the patient name to the theatre work list. The 3 stages are:

Add patient: Using data from the pro-forma completed in stage 1

Create pathway: A box automatically appears - enter the side and the operation date

Put on theatre worklist: Click on 'add patient to worklist' and specify date of operation

3. Patient enters their pre-op scores and data on their injury

When the date of operation is entered on the program, an email is automatically triggered to the patient 2 weeks prior to operation. This gives them a secure weblink to confirm their contact details and to enter their data. The first screen once logged on is a consent form or the patient allowing their data to be collected.

Alternative ways to ensure collection of pre-op data include the following:

- The hospital admission letter (or secretarial equivalent) can contain a request to log on to the website 'patient information' page and complete initial information e.g. injury details and pre-op clinical scores
- Collection at pre-op clinic: The patient attends pre-op clinic and completes the initial questionnaire information directly on line or on paper for the hospital to transcribe later as organised by pre-op clinic
- On admission to hospital: Patient is invited by the surgical team to complete information on the registry using ward computer / 'kiosk' / tablet device etc.
- Paper form (which can be downloaded from the website). This can later be transcribed by hospital admin onto the registry. There is no facility to send paperwork to the NLR office.
- Email the patient after surgery has been performed, for retrospective data

4. Surgeon completes the surgical operation data

On completion of the operation the surgeon should log on to the website program through www.uknlr.com and enter the operative data. The options for this are:

- Surgeon logs on to Amplitude Registry program, selects patient from the operation work list, and enters data. More default templates can be made as and when needed.
- Complete paper forms downloaded from registry site (DOWNLOAD SECTION), then later have this transcribed by hospital admin onto the registry.
- Surgeon enters operative detail on normal hospital operation note. This is later transcribed by hospital admin onto the registry.

TIP: If entering data on later day remember to change the op default date on the Op detail entry screen to the true date of operation

5. Collection of outcome scores (1, 2, and 5 years)

This is an automated process. The Amplitude registry program automatically emails patients a secure link for data entry (with reminders monthly x3). If after 3 months there has been no response then the consultant is informed, allowing for direct contact of patients by Surgeon or representative.

Note: Keeping up with the data checking

To keep up to date with the data entry, it is advisable to look at the task list on the dashboard for both 'MY TASKS and ALL TASKS'. My Tasks - things the surgeon needs to do, and My Patient Tasks – things the patients need to do. Often the medial secretary can keep an eye on this and chase up the patients where necessary.