# Interactive Feedback of Data Quality in Clinical Research

A Case Study from an Infectious Diseases Cohort

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## Outline

- 1. Feedback of Data Quality
- 2. TxCohort
- 3. Developed Dashboard framework
- 4. Limitations/Conclusions

# 1. Feedback of Data Quality

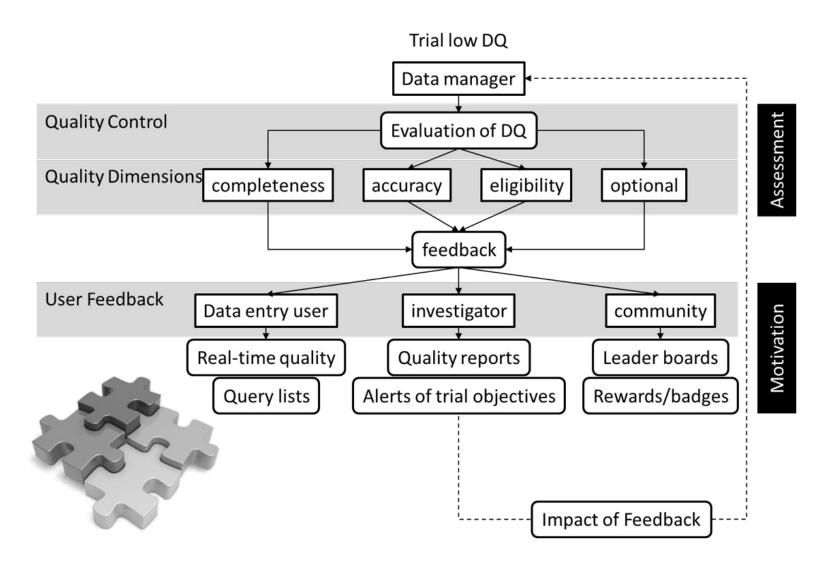
#### **Evaluation of Data Quality**

	A: COMPLETE	B: CORRECT	C: CURRENT
2	1A	1B	1C
	There are sufficient data points for each patient.	The distribution of values is plausible across patients.	All data were recorded during the timeframe of interest.
	2A	2B	2C
	There are sufficient data points for each variable.	There is concordance between variables.	Variables were recorded in the desired order.
	3A	3B	3C
	There are sufficient data points for each time.	The progression of data over time is plausible.	Data were recorded with the desired regularity over time.

Note: Data quality constructs are at the top, data dimensions along the side, and cells contain corresponding operationalized constructs.

# 1. Feedback of Data Quality

**Data Quality Feedback** 



## 1. Feedback of Data Quality

#### Interactivity needed?

- in some way, complex/high dimensional data has to be reported
- busy clinicans/investigator need all information on the first look
- on demand: filtering, selecting, zooming
- dynamic, simple, accessible --> web-based & real-time applications

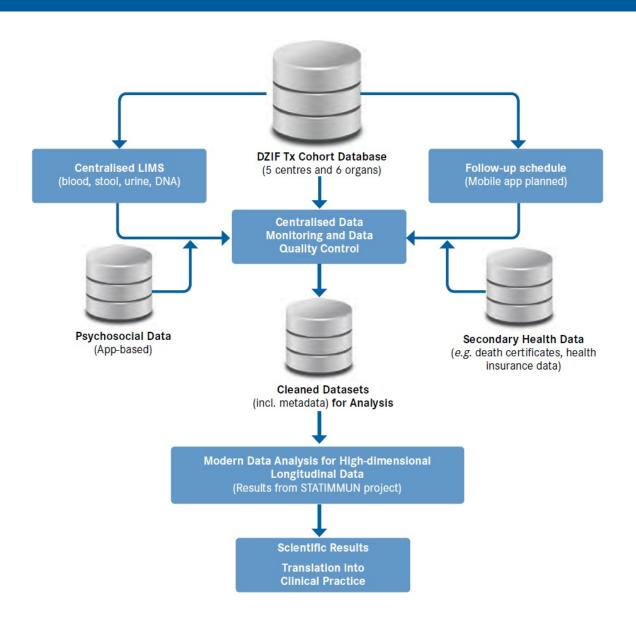
### 2. TxCohort

# Transplantation Cohort – an Infrastructure of the German Center for Infection Control (DZIF)

- multicenter study with ~600 participants (all ages)
- participants after transplation of heart, lung, pancreas, kidneys, liver or stem cells
- **primary aim**: organ transplantation and its influence on infection susceptibility and organ function
- 14 heterogene patient records (demography, postoperative procedure bacterial infections, etc.)
- monthly exports with in separate csv files
  (5 centers x 6 organs x 14 records)

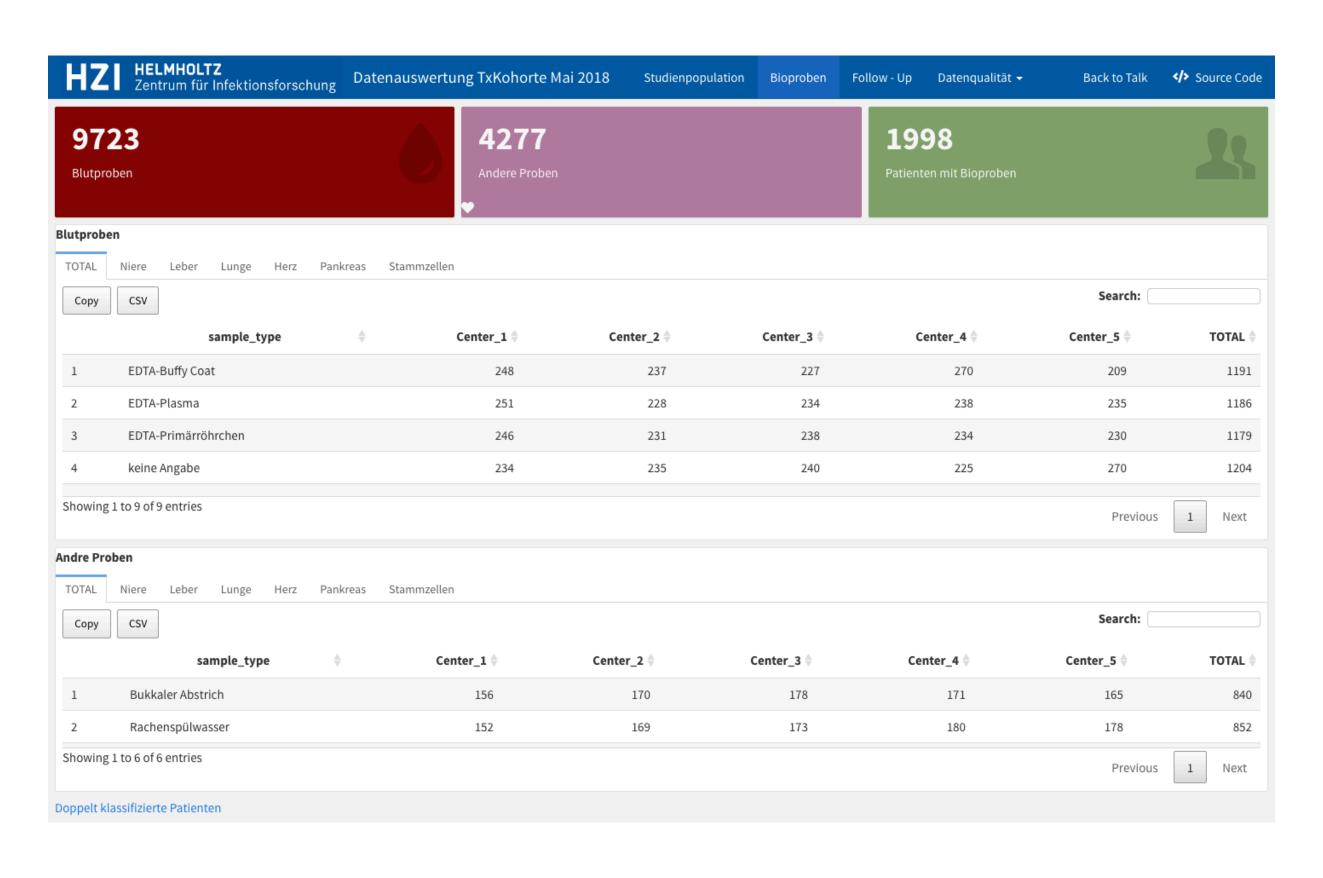


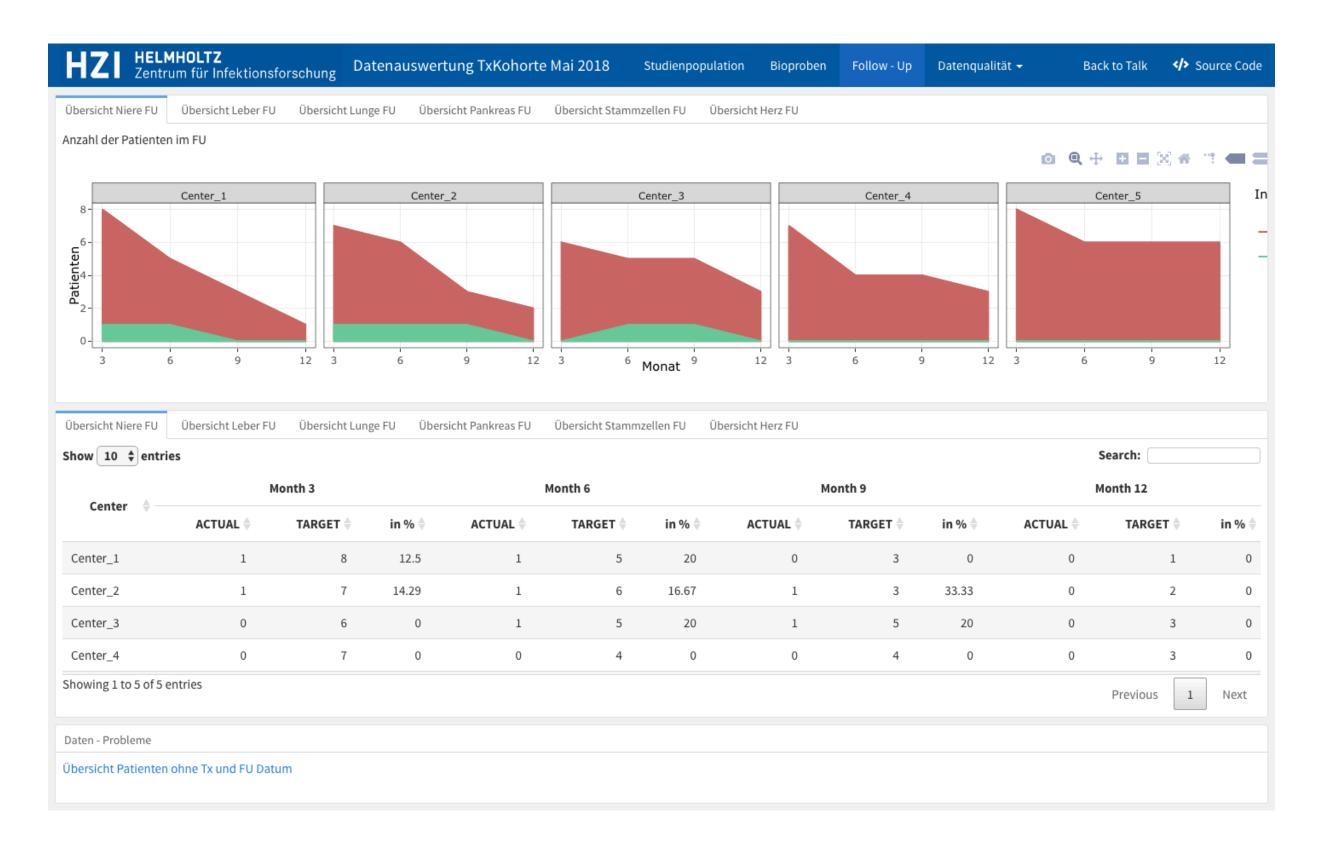
## 2. TxCohort - Data Processes

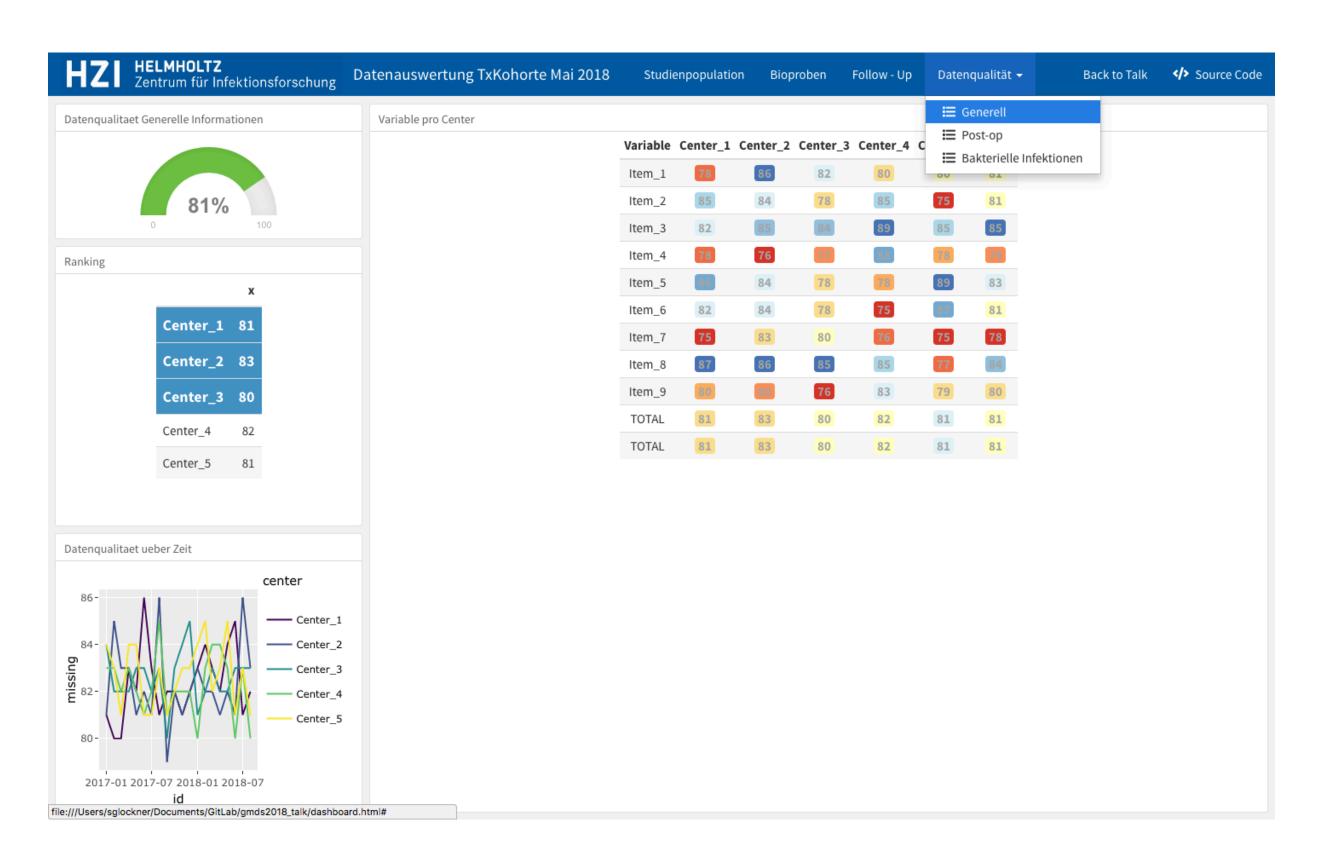


### 3. TxDashboard - Needs Assessment

- Study Nurses, Clinicans, (Local-) Investigators
- content:
  - Study Population / Recruitment Rate
  - Biosamples
  - Follow-up Performance
  - Data Quality
- single page, quick to understand
- common scripting language researcher and clinican (can) understand:
  - language: R
  - documentation: rmarkdown
  - graphs: ggplot2, googleVis, leaflet, plotly
  - tables: knitr, kableExtra, DT, formattable
  - color-scales: viridis, colorbrewer: RdYlBu







## 4. 4. Limitations/Conclusions?

#### Limitations

- Extension of data quality assessment (more dimensions & indicators in regards to user needs)
- implementation of gamified features (leaderboards, awards, badges)
- check lists (case-based) for study nurses

#### Conclusions

- busy investigators need fast, individualized feedback
- dashboards provide a interactive solution, but angular.js dashboards need to be considered
- data transfromation still the most cumbersum process
- DQ needs to be extended and visualization needs improvement (UXD, UXR)

