WHO CLINICAL REGISTRY

BACKGROUND

Efforts to improve clinical outcomes for the acutely ill and injured are currently hindered by a lack of data. World Health Assembly Resolution 72.16 calls on countries to implement mechanisms for standardized data collection to characterize the local acute disease burden and identify high-yield mechanisms for improving the coordination, safety and quality of emergency care worldwide.

This work requires an understanding of how emergency care services are utilized at national and sub-national levels as well as the refined ability to identify current gaps in care across specific prehospital and facility settings. The lack of standardized case-based data on initial patient presentation and management in emergency units leaves limited opportunity for comparison, aggregation and performance monitoring at facilities and across health system levels.

UTILITY OF REGISTRIES TO IMPROVE QUALITY OF CARE

Registries are data repositories with a built-in analytic function that use case-level data to identify potentially preventable deaths. They can collect integrated data – from prehospital settings to emergency unit visits and inpatient stays. First, data are collected on patient presentation, care and outcome. Second, these data are analyzed to determine if poor outcomes were potentially preventable. These reports can be rapidly fed back to clinical teams for review and targeted education. Such quality improvement cycles are iterative, directly informing corrective actions over time.

ABOUT THE WHO CLINICAL REGISTRY

To respond to the need of countries and support systematic quality improvement of emergency care, the WHO Clinical Registry was developed. WHO Clinical Registry is a platform for systematically collecting, aggregating and analyzing case-based emergency care encounters. Currently, the platform captures only facility-based data but will be expanded to collect prehospital data in the future. The platform is free to users and built on the open-source DHIS2 software.

KEY FEATURES

Multi-lingual and multi-platform

WHO Clinical Registry interface is multi-lingual and can be easily translated across 28 languages through modification of user account settings. The platform offers different types of operation (online, offline) and modalities (web-app, Android mobile app). The WHO Clinical Registry mobile app allows for offline data entry in low connectivity settings that can be synced periodically when stable Wi-Fi is reached.

Please visit https://www.who.int/health-topics/emergency-care or contact emergencycare@who.int for more information
Based on validated minimum dataset

WHO Clinical Registry utilizes the *WHO Minimum Dataset for Injury (DSI)* - a minimum set of recommended data elements for effective monitoring and quality improvement of injury care developed and developed through extensive consultations with global stakeholders. *WHO Minimum Dataset for Emergency Care (DSEC)* is in development which will encompass all emergency care presentations beyond injury, in which the registry is flexible to adapt. DSI elements are embedded in the existing *WHO Standardized Clinical Form* that facilitate a systematic approach to each patient in the emergency unit. The specific data collection strategy will vary across settings - facilities can implement the WHO form or adapt their existing clinical documentation accordingly.

**Built-in analytics and reporting**

WHO Clinical Registry hosts a range of dashboards and standard reports for users to view injury epidemiology trends and monitor key indicators over time - either for a single facility or across facilities. Pre-programmed audit filters can be executed for a given time and facility to flag cases for in-depth review – such as patients with hypoxia who did not receive oxygen. The viewing and modification of analytics outputs depends on the user permissions that you define at your facility. If desired, users can also configure their own additional reports and visualizations as necessary.

**IMPLEMENTATION CONSIDERATIONS**

Each facility will need to appoint **data entry staff** who will be responsible for entering data into the Registry platform from clinical forms or records. This could be existing medical records staff or quality officers. Required staff time depends on trauma volume at your facility – our team can assist you in making initial projections.

To receive login credentials, identify a list of **users at your facility** who will be entering data or viewing data, and defined roles for each. Details on facility geo-location within country administrative zones require confirmation. The *WHO Standard User Agreement* must be signed by the relevant facility administer or MOH staff and returned to WHO before user credentials are shared.

**Required infrastructure** includes at least one desktop, laptop or tablet at the facility with connection to internet. Where internet connectivity is limited, you can utilize a tablet to record offline data entry, with periodic syncing of case records when stable Wi-Fi is reached.

We recommend a **3-4 hours online training** before launch. This includes a training for clinical providers from each facility on the Standardized Clinical Form (if required), data entry training with data entry staff from each facility, as well as data analytics and visualization training.

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