



Using Data & Information Systems in Partnered Research Cyberseminar Series

Using VA REDCap for the Intensive Dysphagia Treatment Program

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Treatment (IDT) Program, Assistant Professor, Departments of Medicine and Surgery,
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The objectives of this cyberseminar are to:

- Understand the purpose and structure of the Intensive Dysphagia Treatment program.
- Discuss the rationale for using VA REDCap to support multisite outcomes tracking and reporting.
- Describe how VA REDCap can facilitate collection of data across multiple arms of a study as well as longitudinal data.
- Provide information and resources on the VA REDCap system

Session roadmap

- Introduction to VA REDCap
- Intensive Dysphagia Treatment program
 - Overview
 - Rationale for use of VA REDCap for this project
 - Outcomes collection across sites with REDCap
 - Patient-reported outcomes
 - Swallowing biomechanical data as well as functional measures
 - Qualitative data
 - Data reporting
- Additional Resources

Poll #1: Your role as a data user

- What is your role in research and/or quality improvement?
 - Investigator, PI, Co-I
 - Data manager, analyst, or programmer
 - Project coordinator
 - Other – please describe via the Q&A function



Poll #2: Your experience with VA data

How many years of experience do you have working with VA data?

- One year or less
- More than 1, less than 3 years
- At least 3, less than 7 years
- At least 7, less than 10 years
- 10 years or more



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What can VA REDCap do?

- Build online surveys and databases quickly
 - Multiple templates to get you started
 - Ability to copy your projects.
 - Save your data collection instruments as a PDF to print
- Share your project with your team
 - Control permission to data by user and project
 - Track changes to your project instruments and data
- Export data to common data analysis packages
 - Includes: Microsoft Excel, SAS, Stata, R, and SPSS

VA REDCap Benefits

- Available for free to all VA employees (including WOC appointments)
 - Centrally managed by VIREC
 - Hosted by VINCI
- Provides researchers with a flexible primary data collection tool
 - Easy to get started
 - No programming experience required
 - Many advanced features available

Some more advanced REDCap Features

- Longitudinal data collection
- Automated survey invitations
- Randomization
- Auto-validation
- Branching/skip logic
- “Piping” in data to customize question labels, survey invitation emails, etc.
- & Much More!....

VA REDCap Limitations

- VA Intranet Only
 - Survey respondents must be logged into an active VA network account to respond to a VA REDCap survey
- Not approved for storage of Personally Identifiable Information (PII) or Protected Health Information (PHI).

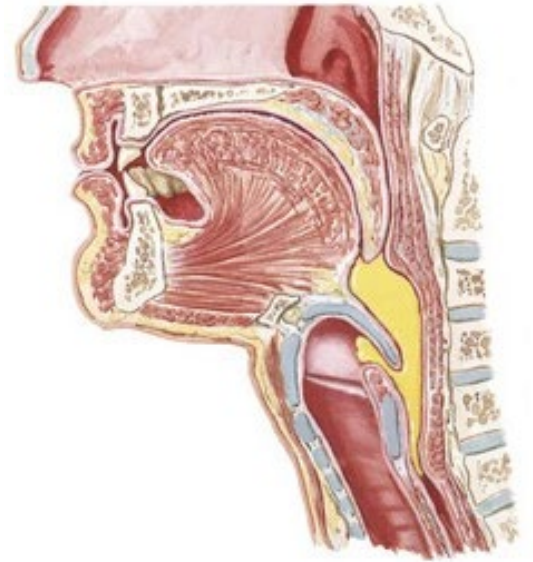


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What is Dysphagia?

- Dysphagia, or swallowing disorders, is characterized by impairments to the safety or efficiency of swallowing function
 - Safety
 - Efficiency
- Known to impact patients with a history of:
 - Stroke, progressive neurologic disorders (Parkinson's disease, dementia, ALS), head and neck cancer, as well as other patient populations



Consequences of Dysphagia



*Humbert & Robbins,
2008; Barczy et al., 2000;
Cabre et al., 2013*

Speech Pathology Services and Dysphagia

- Speech-language pathologists regularly evaluate and treat dysphagia
- FY2018:
 - 103,883 dysphagia evaluation procedures
 - 81,212 dysphagia treatment procedures
 - Average treatment visits per Veteran with dysphagia ≈ 3
- These numbers highlight the incidence of suspected dysphagia within the Veteran population

Evidence Based Literature + Quality Improvement



Part of the continuum of change in healthcare

Clinical Practice

- Adaptation, innovation
- At the individual patient level

Quality Improvement

- Systematic experiential learning
- Operational context
- Rapid feedback of trends that shape changes

Clinical Research

- Distinct from clinical care
- Designed to contribute to scientific knowledge

Intensive Dysphagia Treatment (IDT) Program

- 2012-2013

- Funding received from Office of Geriatrics and Extended Care (GEC) for clinical demonstration project (PI: JoAnne Robbins, PhD, CCC-SLP)



- 2016

- Study results published in Journal of the American Geriatrics Society <http://dx.doi.org/10.1111/jgs.13933>
- “Findings suggest that the Swallow STRONG multidisciplinary oropharyngeal strengthening program may be an effective treatment for older adults with dysphagia.” (Rogus-Pulia et al)

Cost-Effectiveness

Timepoint	Bed Days	Cost
Pre-Enrollment	965	\$3,479,181
Post-Enrollment	418	\$1,277,492
Savings	547 Bed Days	\$1,137,528

- Data were obtained for inpatient hospital admissions for 81 patients across 3 sites enrolled in FY 2012 and 2013
 - Data were obtained for 1 year prior to enrollment and 1 year following enrollment for each patient
 - Date of admission, primary admission diagnosis, total charge for the admission, and length of stay (# of bed days)
 - Data accessed using Decision Support System

Intensive Dysphagia Treatment (IDT) Program

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- 2016
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 - “Findings suggest that the Swallow STRONG multidisciplinary oropharyngeal strengthening program may be an effective treatment for older adults with dysphagia.” (Rogus-Pulia et al)
- 2017
 - Nicole Rogus-Pulia, PhD, CCC-SLP assumed directorship and partnered with Nan Musson (VA National Service Lead for Speech-Language Pathology)
 - 4 study arms
 - Longitudinal data collection
 - VA REDCap used to support data collection



Patient Centered – Goal Aligned

ACCESS TO TREATMENT

IN-HOME THERAPY WITH BIOFEEDBACK OPTIONS

- Options for participation in monitored home exercise programs
- Reduced burden associated with travel and caregiver coordination

PATIENT CHOICE

FLEXIBLE FOLLOW-UPS

- In-person, at clinic
- By telehealth
 - VA Video Connect
 - Hospital to Outpatient Clinic
- By telephone

INTENSIVE TREATMENT

EVIDENCE-BASED THERAPY

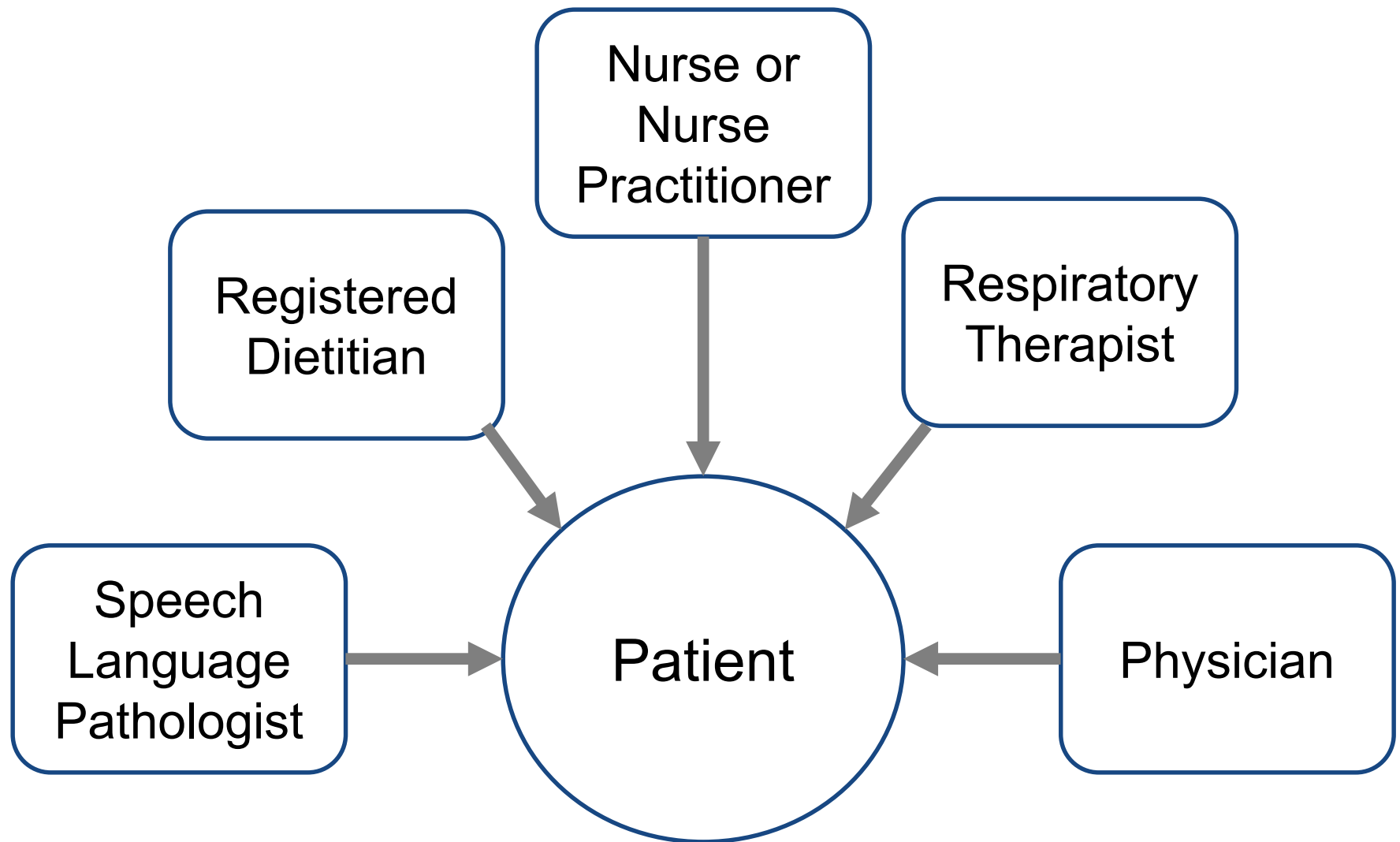
- Frequency and intensity guided by literature
- Systematic increases to exercise targets
- Standardized and individualized

OUTCOMES TRACKING

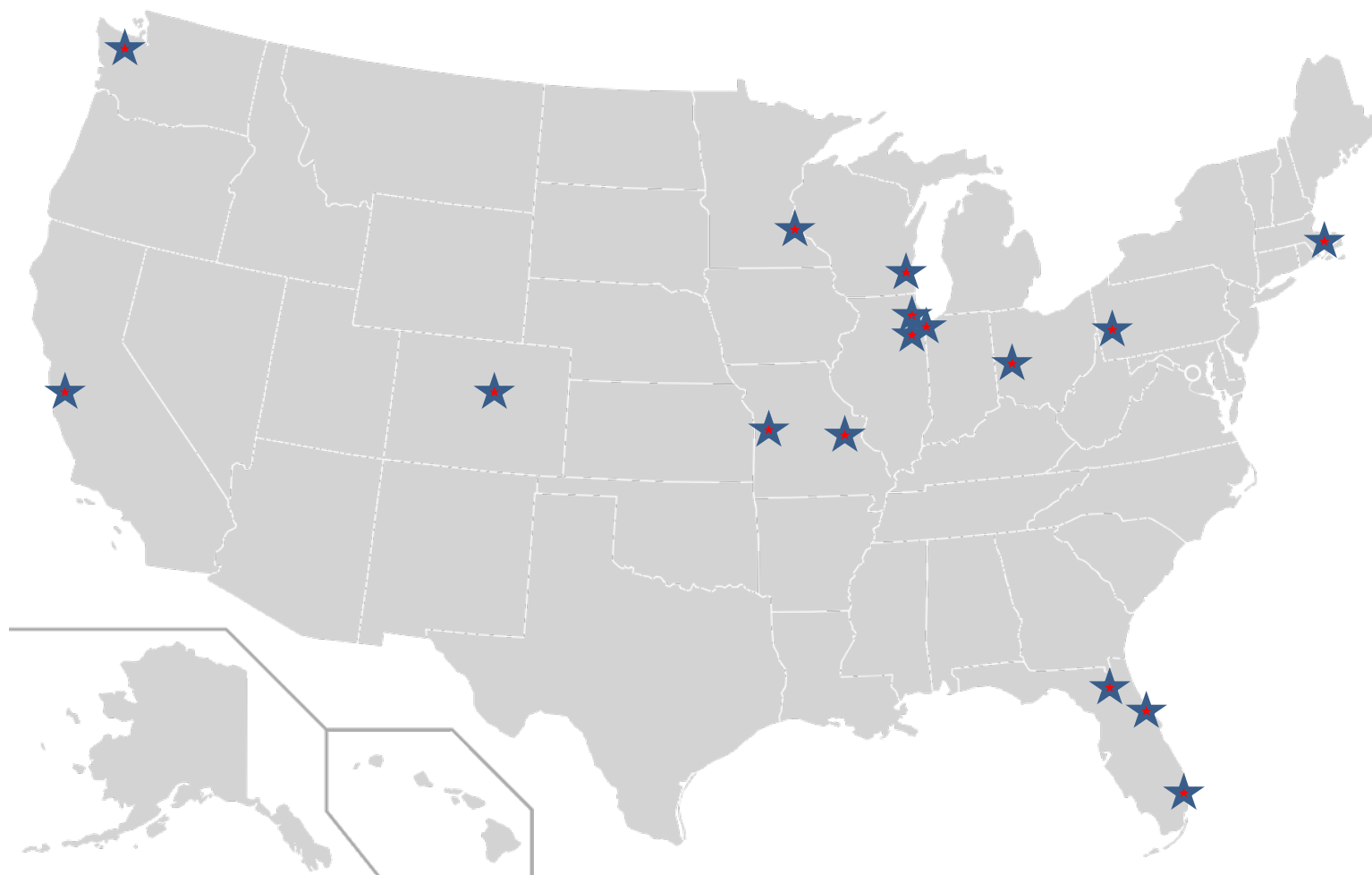
STANDARDIZED TOOLKIT

- Evaluation Tools (MBSImP)
- Patient Reported Outcome Measures
- Functional Outcomes Scales
- REDCap Clinical Database

Interdisciplinary Coordination



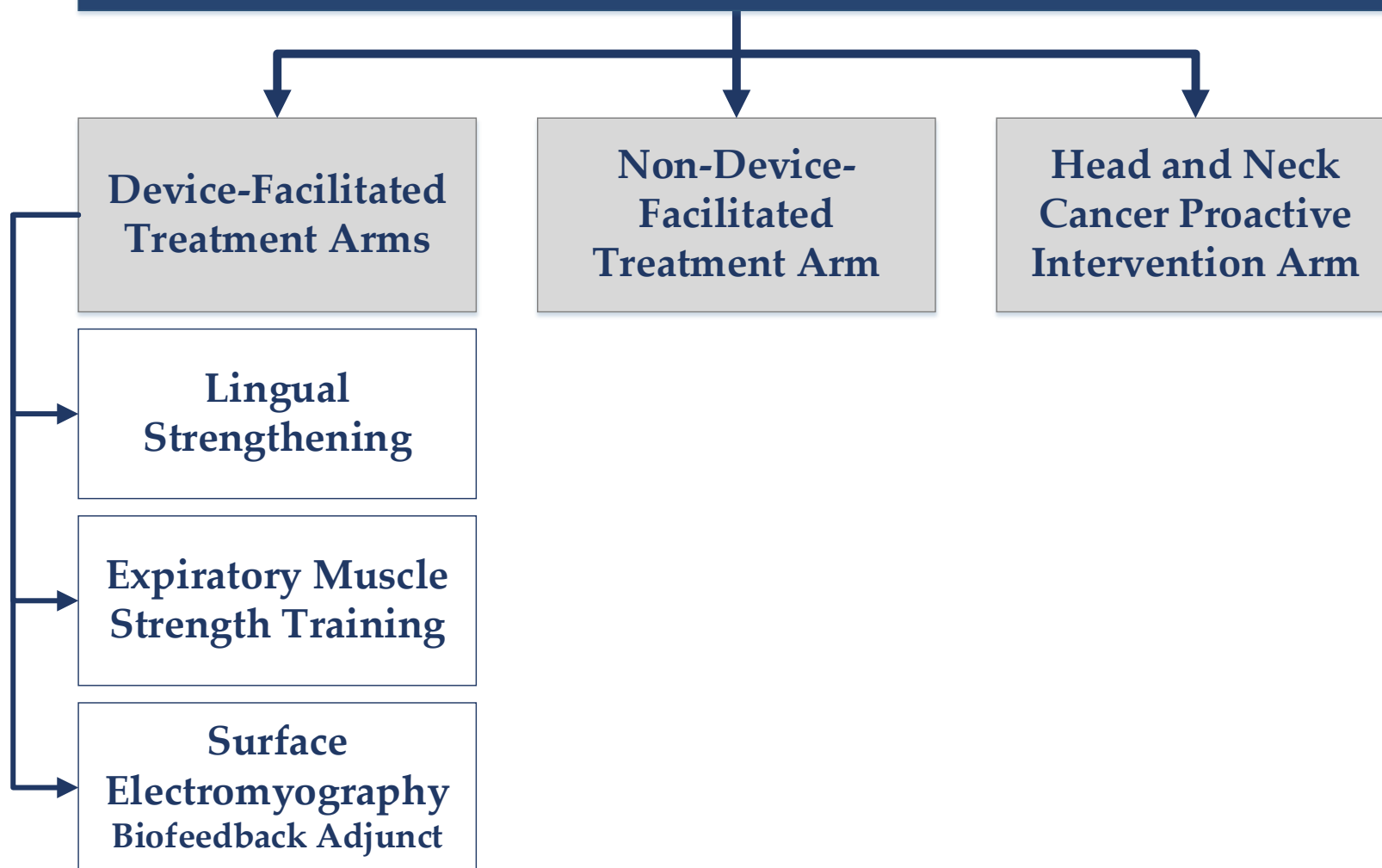
Program Expansion



Current IDT Program Sites

Site	Joined Program	VISN	Station	Facility	Enrollment To Date
Madison	2013	12	607	Madison, WI	175
Hines	2015	12	578	Hines, IL	117
St. Louis	2015	15	657	St. Louis, MO	47
Cincinnati	2016	10	539	Cincinnati, OH	64
Gainesville	2017	8	573	Gainesville, FL	47
Jesse Brown	2017	12	537	Chicago, IL	27
Minneapolis	2017	23	618	Minneapolis, MN	52
Seattle	2017	20	663	Seattle, WA	23
Tampa	2018	08	673	Tampa, FL	6
Pittsburgh	2018	04	646	Pittsburgh, PA	1
San Francisco	2018	21	662	San Francisco, CA	2
Boston	2019	01	523	Boston, MA	13
Miami	2019	08	546	Miami, FL	1
North Chicago	2019	12	556	North Chicago, IL	3
Kansas City	2020	15	589	Kansas City, MO	1
Denver	2020	19	554	Denver, CO	0
Total Since FY2013					579

Intensive Dysphagia Treatment Program



IDT Program Outcomes

- | | |
|---|--|
| <ul style="list-style-type: none">• Age• Sex• Diagnosis• Charlson Comorbidity Index• Hospitalization status at the time of enrollment• Pneumonia status at the time of enrollment• Prior history of dysphagia or treatment for dysphagia• Cognitive status screen:<ul style="list-style-type: none">• Mini Mental State Exam• St. Louis Mental Status Examination | <ul style="list-style-type: none">• Number of clinic visits per patient (Clinic, telehealth, or phone calls)• Number of patients enrolled in the program per protocol• Patient adherence to prescribed therapy approach (%age of number of visits recommended per treatment arm)• Provider adherence to implementation of prescribed standardized treatment protocols |
|---|--|

Nutritional Status	<ul style="list-style-type: none">Functional Oral Intake ScalePatient-reported Dietary QuestionnaireBody Mass Index	Swallowing-Related Measures	<ul style="list-style-type: none">Modified Barium Swallowing Impairment Profile™ (MBSImP) Overall Impairment ScoresDynamic Imaging Grade of Swallowing Toxicity ScorePenetration-Aspiration Scale Scores
	Respiratory Status		<ul style="list-style-type: none">Respiratory Health Questionnaire
ADL Measure	<ul style="list-style-type: none">Karnofsky Performance Status	Functional Scales of Swallowing	<ul style="list-style-type: none">ASHA National Outcomes Measurement Systems (NOMS)Dysphagia Outcome and Severity Scale
Patient-Reported Outcomes	<ul style="list-style-type: none">Swallowing Quality of Life QuestionnaireEating Assessment Tool ScoresMD Anderson Dysphagia Inventory ScoresFrequency of difficulty chewing, swallowing, or taking pillsPerceived swallow effort and mouth dryness		Head and Neck Arm Specific Measures

Why VA REDCap for Multisite Project?

- Challenges with other methods of data sharing
 - All sites have access to same data
 - Version control of database
 - Inconsistent access
- Data Access Groups
 - Single VA project but access by site
 - Preserves confidentiality of each site
 - Study coordinator can see all of the data
 - Real-time updates to database



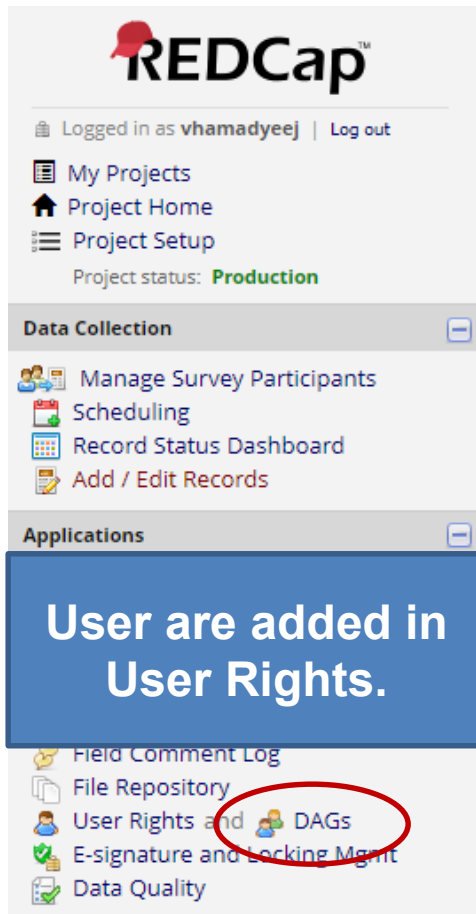
User Rights

- User Rights Role for “Site Entry” allows data entry users to:
 - Create Records
 - Lock/Unlock Records
 - Use the Calendar
 - View the Logging record
- Study coordinator has full rights
 - Project design
 - Assigning project rights
 - Exporting data
 - Deleting records, etc.



Data Access Groups (DAGs)

- New clinicians first contact the project admin (IDT Program Coordinator) who submits a new user request form to VA REDCap on their behalf.



REDCap™

Logged in as vhamadyeej | Log out

My Projects

Project Home

Project Setup

Project status: **Production**

Data Collection

Manage Survey Participants

Scheduling

Record Status Dashboard

Add / Edit Records

Applications

Field Comment Log

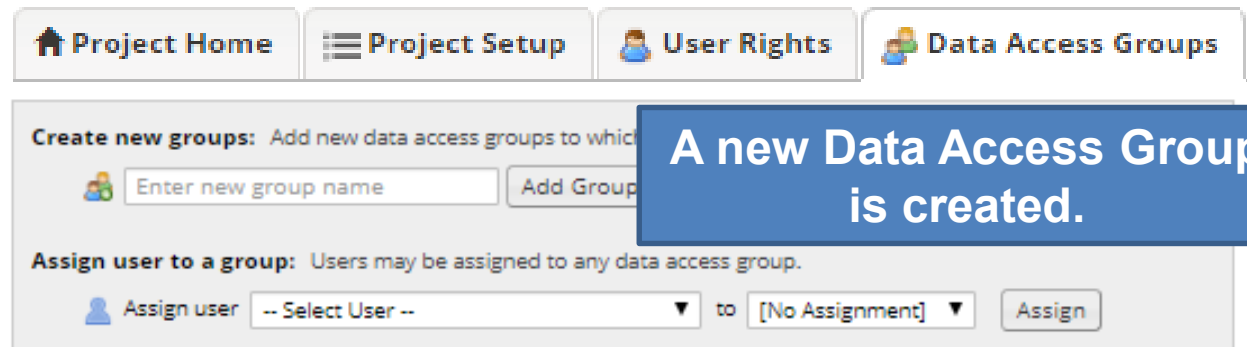
File Repository

User Rights and DAGs

E-signature and Locking Mgmt

Data Quality

User are added in User Rights.



Project Home | Project Setup | User Rights | Data Access Groups

Create new groups: Add new data access groups to which

Enter new group name Add Group

Assign user to a group: Users may be assigned to any data access group.

Assign user -- Select User -- to [No Assignment] Assign

A new Data Access Group is created.

Users are assigned to DAGs based on their facility.

Data Access Groups	Users in group	Number of records in group	Unique group name (auto-generated)	Group ID number	Delete group?
Boston		3	boston	2766	✖
[Not assigned to a group]	vhamadyeej (Joanne Yee) * Can view ALL records				

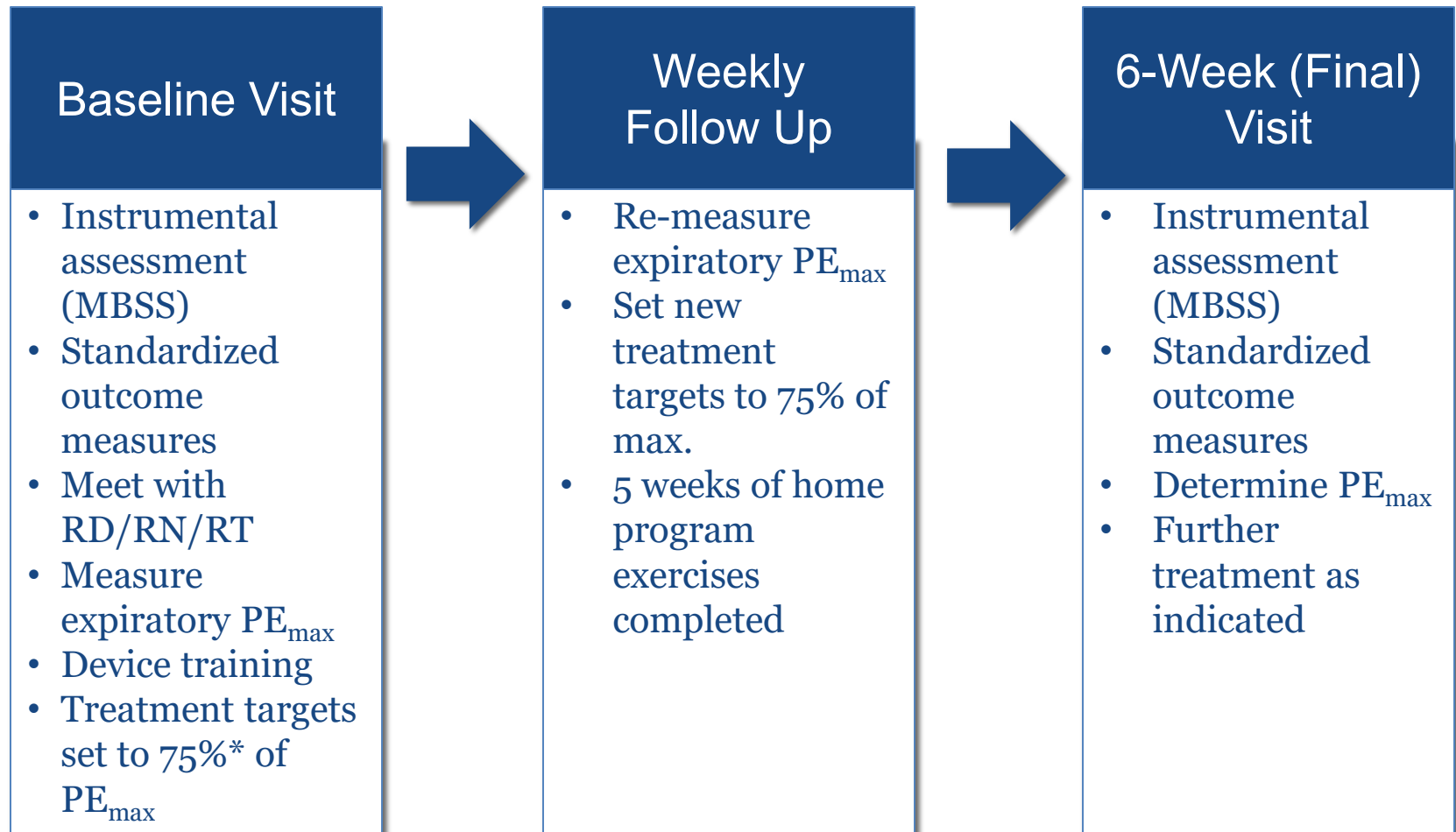
Users not assigned to a DAG can view all records.

- [illegible]

Why VA REDCap for Multisite Project?


- Can allow for multiple arms of the project
- Facilitates collection of outcomes specific to the project- in this case, swallowing-specific
- Real-time data entry by more than one user at once
- Instruments can be matched to REDCap user interface for ease with data entry (*our clinicians are BUSY!*)
 - Branching logic improves efficiency
- Longitudinal data collection option

Example Follow-up Timeline: Expiratory Muscle Strength Training



Adding/Editing Records

- Limits users to view only records assigned to their DAG
- Project admin can see all records and provide support as needed



Logged in as vhamadyeej | [Log out](#)

[My Projects](#)

[Project Home](#)

[Project Setup](#)

Project status: **Production**

Data Collection

- [Manage Survey Participants](#)
- [Scheduling](#)
- [Record Status Dashboard](#)
- [Add / Edit Records](#)

Applications

- [Calendar](#)
- [Data Exports, Reports, and Stats](#)
- [Data Import Tool](#)
- [Data Comparison Tool](#)
- [Logging](#)
- [Field Comment Log](#)
- [File Repository](#)
- [User Rights and DAGs](#)
- [E-signature and Locking Mgmt](#)
- [Data Quality](#)

Add / Edit Records

You may view an existing record/response by selecting it from the drop-down lists below. To create a new record/response, type a new value in the text box below and hit Tab or Enter. To quickly find a record without using the drop-downs, the text box will auto-populate with existing record names as you begin to type in it, allowing you to select it.

Total records: **218**

Choose an existing Record ID	<input type="text" value="Arm 1: SwallowStrong"/> <ul style="list-style-type: none"> Arm 1: SwallowStrong Arm 2: Iowa Oral Performance Instrument Arm 3: Expiratory Muscle Strength Training Arm 4: Surface Electromyography As Biofeedback Adjunct Arm 5: Non-Device-Facilitated
Enter a new or existing Record ID	

Outcomes Specific to Swallowing

- Patient-reported outcomes

Eating Assessment Tool

REDCap Database Form: EAT-10

Date: _____ Baseline / Final

P

Please place a check (✓) next to the numbered item which corresponds best to your symptoms.

- | | |
|---|--|
| <p>1. My swallowing problem has caused me to lose weight.</p> <ul style="list-style-type: none"> <input type="radio"/> 0 = No problem. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Severe Problem | <p>6. Swallowing is painful.</p> <ul style="list-style-type: none"> <input type="radio"/> 0 = No problem. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Severe Problem |
| <p>2. My swallowing problem interferes with my ability to go out for meals.</p> <ul style="list-style-type: none"> <input type="radio"/> 0 = No problem. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Severe Problem | <p>7. The pleasure of eating is affected by my swallowing.</p> <ul style="list-style-type: none"> <input type="radio"/> 0 = No problem. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Severe Problem |
| <p>3. Swallowing liquids takes extra effort.</p> <ul style="list-style-type: none"> <input type="radio"/> 0 = No problem. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Severe Problem | <p>8. When I swallow food sticks in my throat.</p> <ul style="list-style-type: none"> <input type="radio"/> 0 = No problem. <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 = Severe Problem |

PRO - Eating Assessment Tool

Editing existing Record ID Testing

Event Name: Initial

Record ID

My swallowing problem has caused me to lose weight.

- ☐ 0 = No problem
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 = Severe problem

My swallowing problem interferes with my ability to go out for meals.



- ☐ 0 = No problem
- ☐ 1
- ☐ 2
- ☐ 3
- ☐ 4 = Severe problem

Calculated Fields automatically sums EAT-10 total score.



From Dietary Questionnaire Instrument

GI History

17. Do you have a history of reflux or heartburn?



-  ☒ Yes
 ☐ No

18. Do you have any of the following symptoms?

-  ☒ Nausea
☐ Vomiting
☐ Constipation
 ☒ Diarrhea
☒ Other GI symptoms
☐ None of the above

Chewing/Swallowing

19. How often do you have difficulty chewing?

-  ☐ Every meal
☒ Once a day
 ☐ Once a week
☐ Once a month
☐ Less than once a month

Outcomes Specific to Swallowing

- Videofluoroscopic Swallowing Study Data
 - *Very challenging to share images between sites- allows for standardized data collection from these recordings*
 - Modified Barium Impairment Profile (MBSImP)



COMPONENT
1. Lip Closure (0 - 4)
2. Tongue Control during Bolus Hold (0 - 3)
3. Bolus Prep/Mastication (0 - 3)
4. Bolus Transport/Lingual Motion (0 - 4)
5. Oral Residue (0 - 4)
6. Initiation of Pharyngeal Swallow (0 - 4)
7. Soft Palate Elevation (0 - 4)
8. Laryngeal Elevation (0-3)
9. Anterior Hyoid Movement (0 - 2)
10. Epiglottic Movement (0-2)
11. Laryngeal Vestibular Closure (0 - 2)
12. Pharyngeal Stripping Wave (0-2)
13. Pharyngeal Contraction (0 - 3)
14. PES Opening (0 - 3)
15. Tongue Base Retraction (0 - 4)
16. Pharyngeal Residue (0 - 4)
17. Esophageal Clearance Upright Position (0 - 4)

A Penetration-Aspiration Scale

(Rosenbek, Robbins, Roecker, Coyle, & Woods, 1996)

Score	Description
1	Material does not enter the airway
2	Material enters the airway, remains above the vocal folds & is ejected from the airway
3	Material enters the airway, remains above the vocal folds & is NOT ejected from the airway
4	Material enters the airway, contacts the vocal folds & is ejected from the airway
5	Material enters the airway, contacts the vocal folds & is NOT ejected from the airway
6	Material enters the airway, passes below the vocal folds & is ejected into the larynx or out of the airway
7	Material enters the airway, passes below the vocal folds & is NOT ejected from the trachea despite effort
8	Material enters the airway, passes below the vocal folds & No effort is made to eject

Branching Logic

Honey Thick Boluses	
Did you administer honey consistency trials?	<input type="radio"/> Yes <input checked="" type="radio"/> No <small>* must provide value</small>
reset	
Additional Boluses	
Please indicate any other bolus types that were trialed during the swallow study. Indicate the PA Scale rating and any maneuvers that were used.	
Expand	

Show/Hide Questions based on response to a prior question

Honey Thick Boluses	
Did you administer honey consistency trials?	<input checked="" type="radio"/> Yes <input type="radio"/> No <small>* must provide value</small>
reset	
Teaspoon Honey (#1)	
PAS Score	<input type="text"/>
Posture or maneuver used?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list posture/maneuver used.	<input type="text"/>
Was this posture/maneuver/strategy effective?	<input type="radio"/> Yes <input type="radio"/> No
reset	
Teaspoon Honey (#2)	
PAS Score	<input type="text"/>
Posture or maneuver used?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list posture/maneuver used.	<input type="text"/>
Was this posture/maneuver/strategy effective?	<input type="radio"/> Yes <input type="radio"/> No
reset	
Sip Honey (#1)	
PAS Score	<input type="text"/>
Posture or maneuver used?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list posture/maneuver used.	<input type="text"/>
Was this posture/maneuver/strategy effective?	<input type="radio"/> Yes <input type="radio"/> No
reset	
Sip Honey (#2)	
PAS Score	<input type="text"/>
Posture or maneuver used?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list posture/maneuver used.	<input type="text"/>
Was this posture/maneuver/strategy effective?	<input type="radio"/> Yes <input type="radio"/> No
reset	
Sequential Swallows Honey	
PAS Score	<input type="text"/>
Posture or maneuver used?	<input type="radio"/> Yes <input type="radio"/> No
If yes, list posture/maneuver used.	<input type="text"/>
Was this posture/maneuver/strategy effective?	<input type="radio"/> Yes <input type="radio"/> No
reset	
Additional Boluses	

Outcomes Specific to Swallowing

- Lingual Pressures

Maximum Isometric Lingual Pressures (IOPI)

At least 3 trials should be taken. Maximum value is the highest value of these trials.

Anterior Position Maximum Isometric Lingual Pressure

Target Trial #1



34



Target Trial #2



32



Target Trial #3



37



Anterior Position Maximum Pressure



39



Outcomes Specific to Swallowing

- Expiratory Muscle Strength

Maximum Expiratory Pressure Measurements

Values should fall between +/- 10% to calculate the maximum value.

Would you like to view instructions on how to measure maximum expiratory pressure using the microRPM pressure meter?



☐ Yes

Maximum Expiratory Pressure Measurements

Target Trial #1



80

Target Trial #2



87

Target Trial #3



92

Maximum Expiratory Pressure



92

Outcomes Specific to Swallowing

Qualitative data specific to SLP decision- making

Treatment Rationale and Barriers

Describe why you selected this treatment approach for this patient (e.g., mental status, decreased lingual range of motion). Responses may be brief.

Patient demonstrates decreased lingual strength (<40 kPa) and reduced base of tongue retraction to contact the posterior pharyngeal wall, contributing to moderate post-swallow pharyngeal residue. Strategies utilized during modified barium swallow study were met with limited success. Patient quality of life is significantly impacted due to swallowing function and they report commitment to an intensive regimen.

Expand

Physiologic Treatment Objectives

☐ Lip closure
☐ Tongue control during bolus hold
☐ Bolus preparation/mastication
☐ Bolus transport/lingual motion
☐ Oral residue
☐ Initiation of pharyngeal swallow
☐ Soft palate elevation
☐ Laryngeal elevation
☐ Anterior hyoid excursion
☐ Superior hyoid excursion
☐ Duration of hyoid excursion
☐ Epiglottic inversion
☐ Closure of laryngeal vestibule
☐ Pharyngeal stripping wave
☐ Pharyngeal contraction (medially)
☐ UES/PES opening
☒ Tongue base retraction
☒ Pharyngeal residue

Longitudinal Data Collection


[Project Home](#)

[Project Setup](#)

[Other Functionality](#)

[Project Revision History](#)

[Edit project settings](#)

Project status: Production



Complete!

[Not complete?](#)

Main project settings

[Disable](#)

Use longitudinal data collection with repeating forms? [?](#)

[Enable](#)

Use surveys in this project? [?](#)



[VIDEO: How to create and manage a survey](#)

[Modify project title, purpose, etc.](#)



Complete!

[Not complete?](#)

Enable optional modules and customizations

[Enable](#)

Auto-numbering for records [?](#)

[Disable](#)

Scheduling module (longitudinal only) [?](#)

[Enable](#)

Randomization module [?](#)

[Enable](#)

Designate an email field to use for invitations to survey participants [?](#)

[Additional customizations](#)

Example: Follow-Up Visit/Call

Event	1: Swallow STRONG Protocol	2: IOPI Protocol	3: EMST Protocol	4: sEMG Protocol
Week 1	X	X	X	
Week 2	X	X	X	X
Week 3	X	X	X	
Week 4	X	X	X	X
Week 5	X	X	X	
Week 6	X	X		X
Week 7	X	X		






Save

[illegible]



































Record Status Dashboard

The grid below displays the form-by-form progress of data entered for the currently selected record. You may click on the colored status icons to access that form/event. If you wish, you may modify the events below by navigating to the [Define My Events](#) page.

Legend for status icons:

-  Incomplete  Incomplete (no data saved) 
-  Unverified
-  Complete

NEW Record ID 1 (Arm 1: Swallow STRONG Protocol)

Data Collection Instrument	Baseline Visit	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Week 7	Week 8	Final Visit
Patient Demographics										
MBS Study Overall Impairment Score										
Penetration-Aspiration Scale Rating Form										
Treatment Assignment										
St. Louis Mental Status Examination										
Respiratory Health Questionnaire										
Dietary Questionnaire										
Swallowing Visual Analog Scale										
Swallowing Quality of Life Assessment										
EAT-10										
Outcome Scale Measures										
SwallowSTRONG: Device Measurements (Baseline/Final)										
SwallowSTRONG: Device Measurements (Follow-up Targets)										
Follow-Up Visit/Call										
Clinician Reported Adherence Data (SwallowSTRONG)										
Final Visit Clinician Questionnaire										

From the Follow-Up Visit/Call instrument

Questions for the Patient

1. Are you completing your exercises as they are scheduled?

☐ Yes ☒ No

2. If you are following your exercise schedule, are you completing them after every meal?

☐ Yes ☐ No

3. If you are not following your exercise schedule, why not?

I try, but sometimes I forget or I'm asleep.

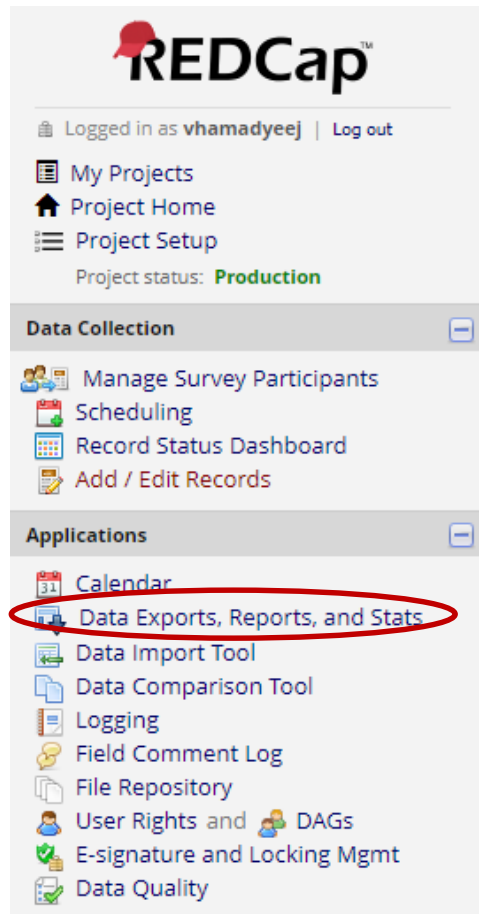
4. Do you continue to experience difficulty with your swallowing?

☒ Yes ☐ No

If yes, how frequently?

Every meal
Once a day
Once a week
Once a month
Less than once a month

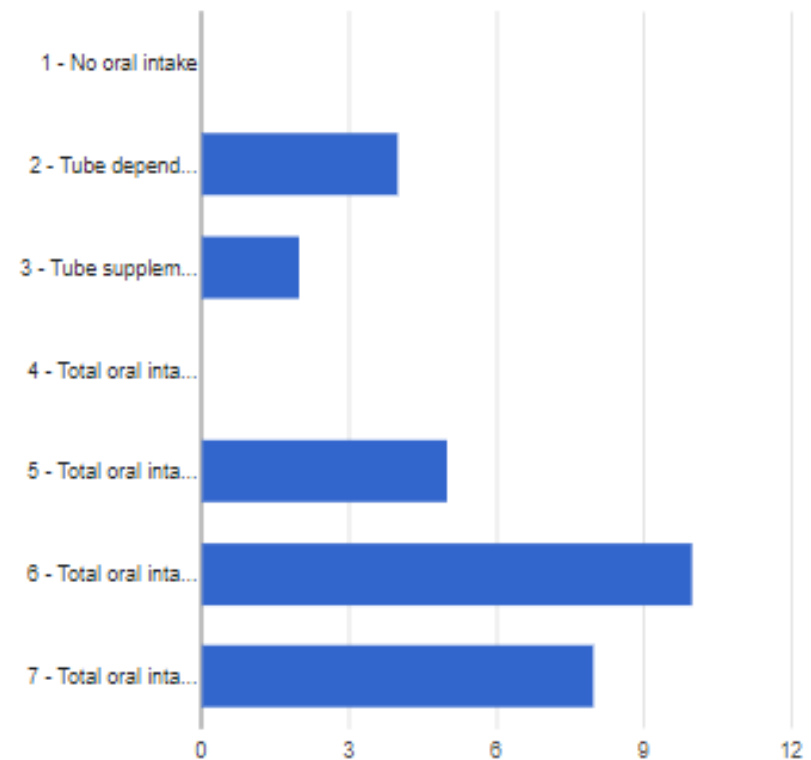
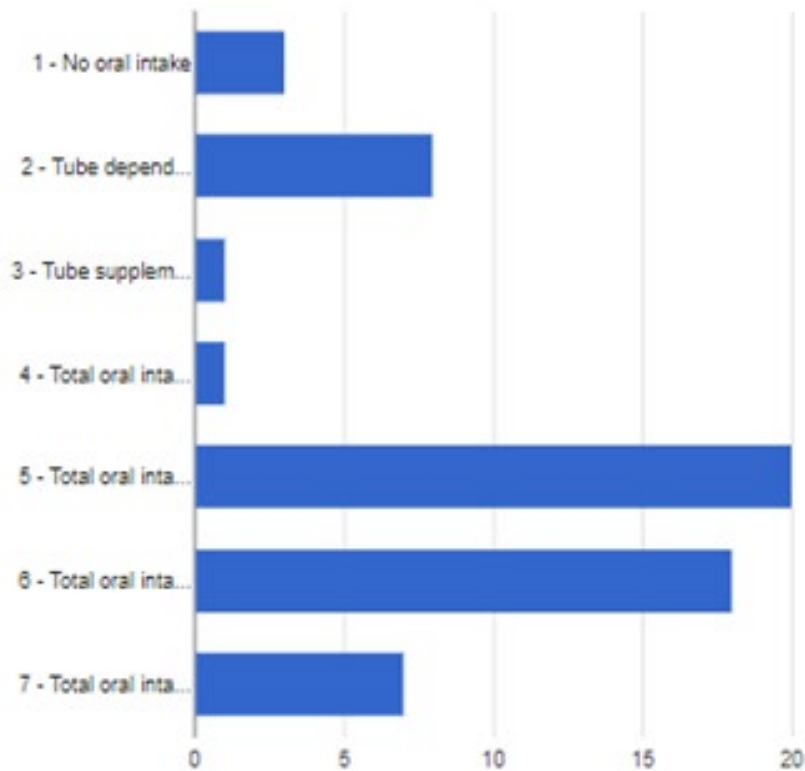
Data Reporting



- Project admin can query database in real time
- Customizable by user based on variables of interest
- Organized in table format for quick review
 - Columns – Variables
 - Row – Individual records for events specified by user
- Produces graphs for numerical and categorical variables
- Exports into report format for further analysis (CSV, R, SPSS, etc.)
- Access can be restricted

Functional Oral Intake Score

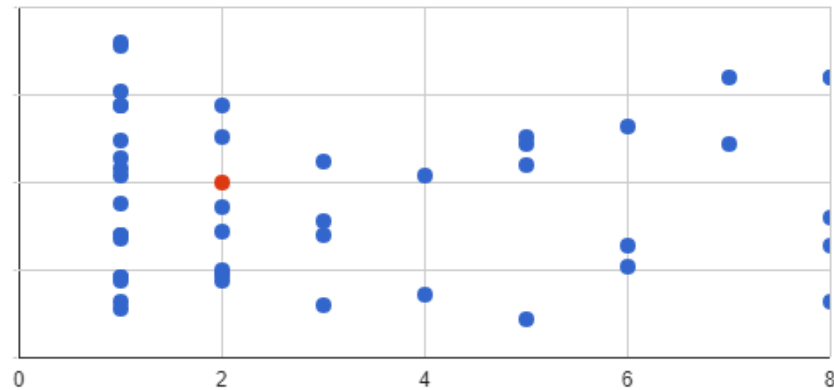
Did restrictiveness of oral diets improve post-treatment for patients who completed lingual strengthening using the IOPI?



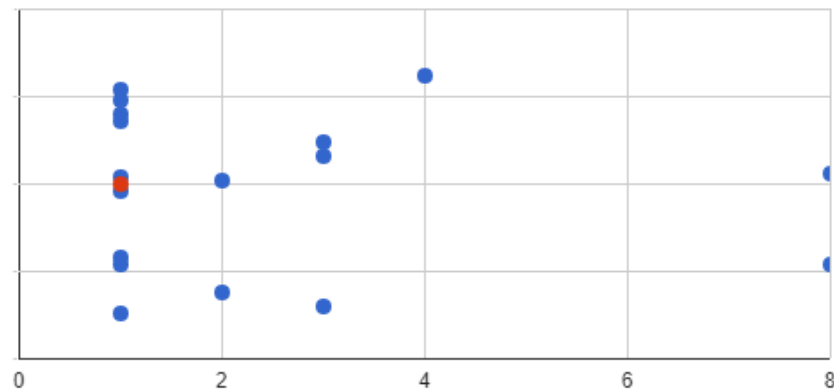
Penetration-Aspiration Scale Score –

Did the level of airway invasion or aspiration improve following a lingual strengthening intervention?

Baseline



Final



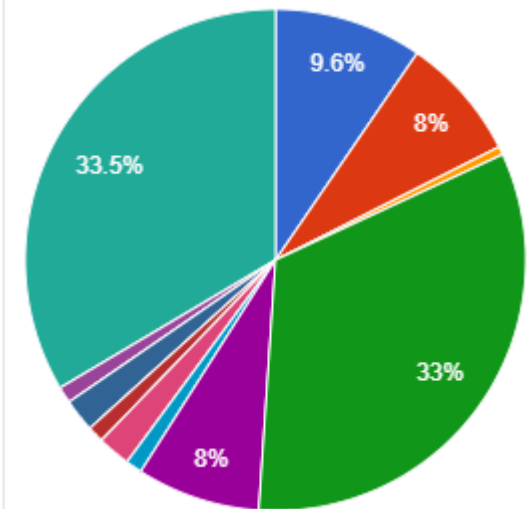
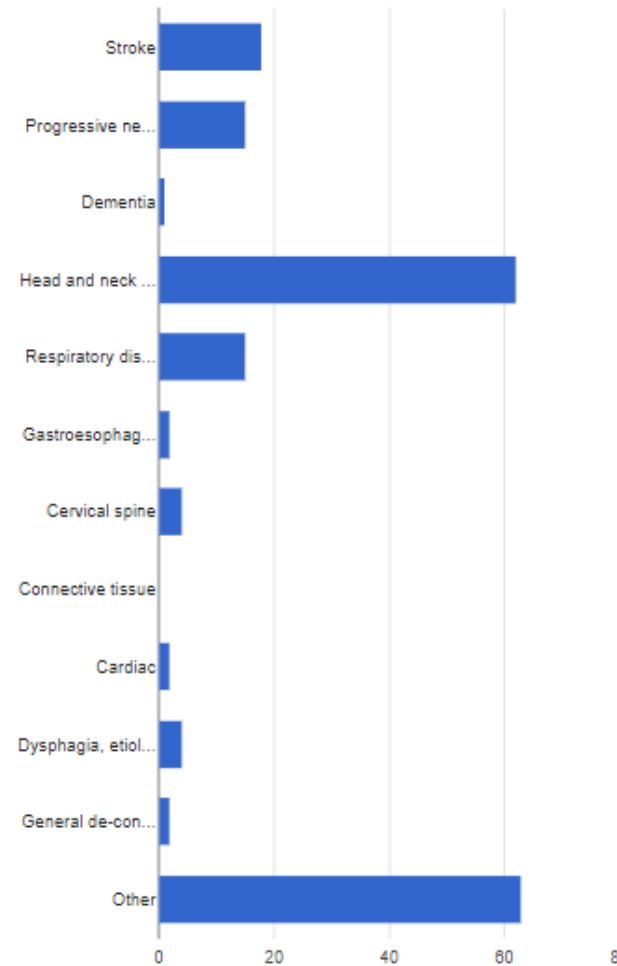
Data Reports | Clinical Data Review

What is the distribution of diagnoses for patients enrolled in the IDT Program?

Graphs

- Show stats, plots, or both
- Produces descriptive statistics
- View bar or pie chart for categorical data
- Images are downloadable for presentations or reports

Counts/frequency: Stroke (18, 9.6%), Progressive neurological disorder (15, 8.0%), Dementia (1, 0.5%), Head and neck cancer (62, 33.0%), Respiratory disorder (15, 8.0%), Gastroesophageal (2, 1.1%), Cervical spine (4, 2.1%), Connective tissue (0, 0.0%), Cardiac (2, 1.1%), Dysphagia, etiology not specified (4, 2.1%), General de-conditioning, weakness (2, 1.1%), Other (63, 33.5%)



Download image

Session roadmap

- Introduction to VA REDCap
- Intensive Dysphagia Treatment program
 - Overview
 - Rationale for use of VA REDCap for this project
 - Outcomes collection across sites with REDCap
 - Patient-reported outcomes
 - Swallowing biomechanical data as well as functional measures
 - Qualitative data
 - Data reporting
- **Additional Resources**

VA REDCap About VA REDCap

- Information about VA REDCap available at <http://vaww.virec.research.va.gov/REDCap/Overview.htm> (VA Intranet only)

VIREC INTRANET

Search All VA Web Pages [Open Advanced Search](#)

VA INFORMATION RESOURCE CENTER (VIREC)

VIREC Home
About Us
VA/CMS Data for Research
VHA Data Portal
New Users of VA Data
FAQs
Acronym Lookup
HelpDesk
Report Broken Link
How are we doing?

VA Research Electronic Data Capture (REDCap)

[Launch VA REDCap Application](#)

Overview

REDCap was created in 2004 at Vanderbilt University to support data collection for research. VA REDCap is the free, secure VA Intranet version of this application.

Benefits & Features

REDCap allows for easy creation of online databases and surveys without requiring knowledge of programming language. VA REDCap users are able to develop data collection instruments and control how the project may be shared with other users. When survey capability is enabled on an instrument, anyone with access to the VA Intranet may respond to the survey link. Other benefits include data quality control, secure storage, maintenance and sharing of data on the REDCap server, and consistent formatting across all sites with validation and branching/skipping logic.

[View VA REDCap Features](#)

Limitations

VA REDCap

- Overview
- FAQs
- User Guidelines

Did you know?

VIREC's VA REDCap Learning Resources include links to self-paced learning materials and information on upcoming training events.

General Resources

- Data Access
- Data Sources

VA REDCap Resources

- Log In page:

<https://vhacdwwweb05.vha.med.va.gov/>



Log In



You are invited to join us Thursdays from 3-4pm ET for the VA REDCap Hour

VA REDCap Hour is an open question and answer time with members of the VA REDCap support team. We meet every Thursday from 3-4pm Eastern Time. Attendees can use their computer's speakers and microphone or dial into our VANTS line at 1-800-767-1750 Code 89026# for audio access. Join us online at <http://va-eerc-ees.adobeconnect.com/redcap/>

Please log in with your user name and password. If you are having trouble logging in, please contact [VIReC REDCap Helpdesk](#).

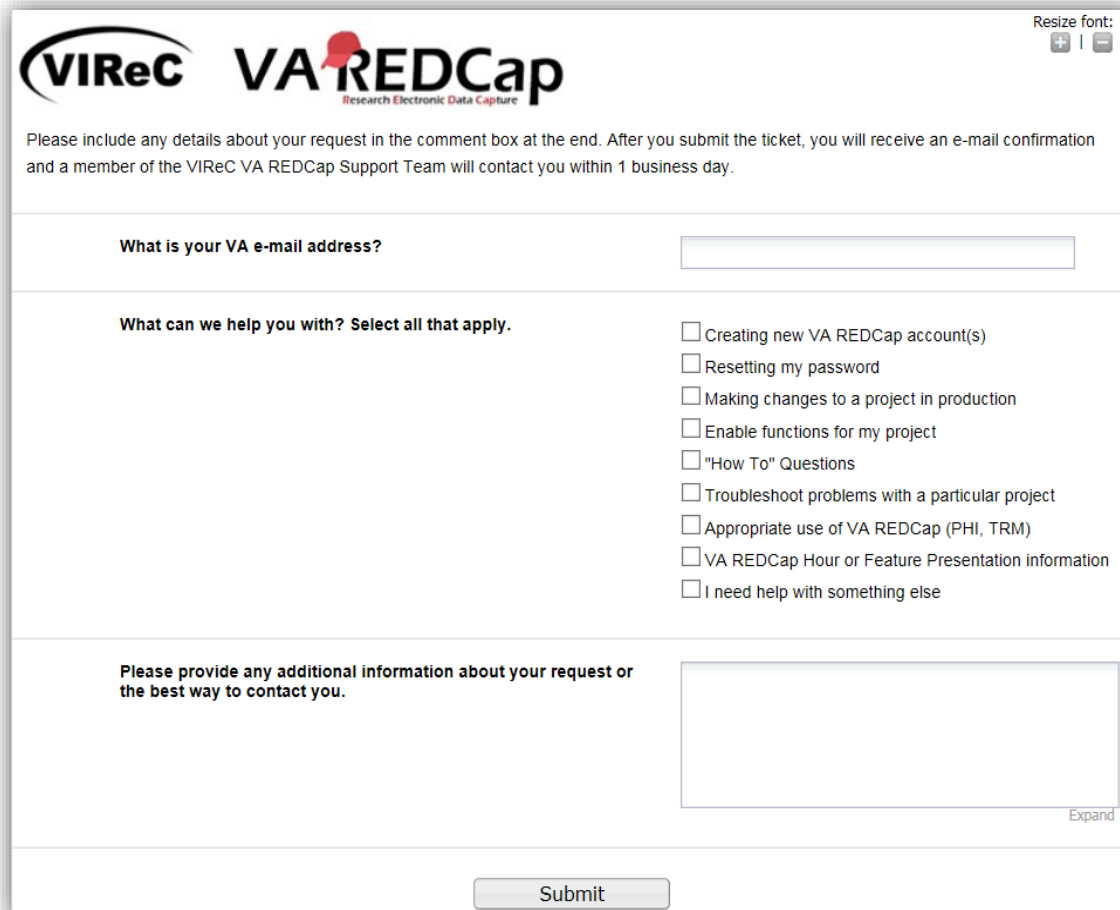
Username:	<input type="text"/>
Password:	<input type="password"/>

Log In

[Forgot your password?](#)

VA REDCap HelpDesk Ticket System

- Complete the VA REDCap Intake Form at:
<https://vhacdwwweb05.vha.med.va.gov/surveys/?s=W7Y9ACRKKX> (VA Intranet only)



The screenshot shows the VA REDCap HelpDesk Ticket System intake form. At the top, there is a header with the VIREC logo and the text "VA REDCap Research Electronic Data Capture". To the right of the header, there is a "Resize font:" link with plus and minus icons. Below the header, a paragraph states: "Please include any details about your request in the comment box at the end. After you submit the ticket, you will receive an e-mail confirmation and a member of the VIREC VA REDCap Support Team will contact you within 1 business day."

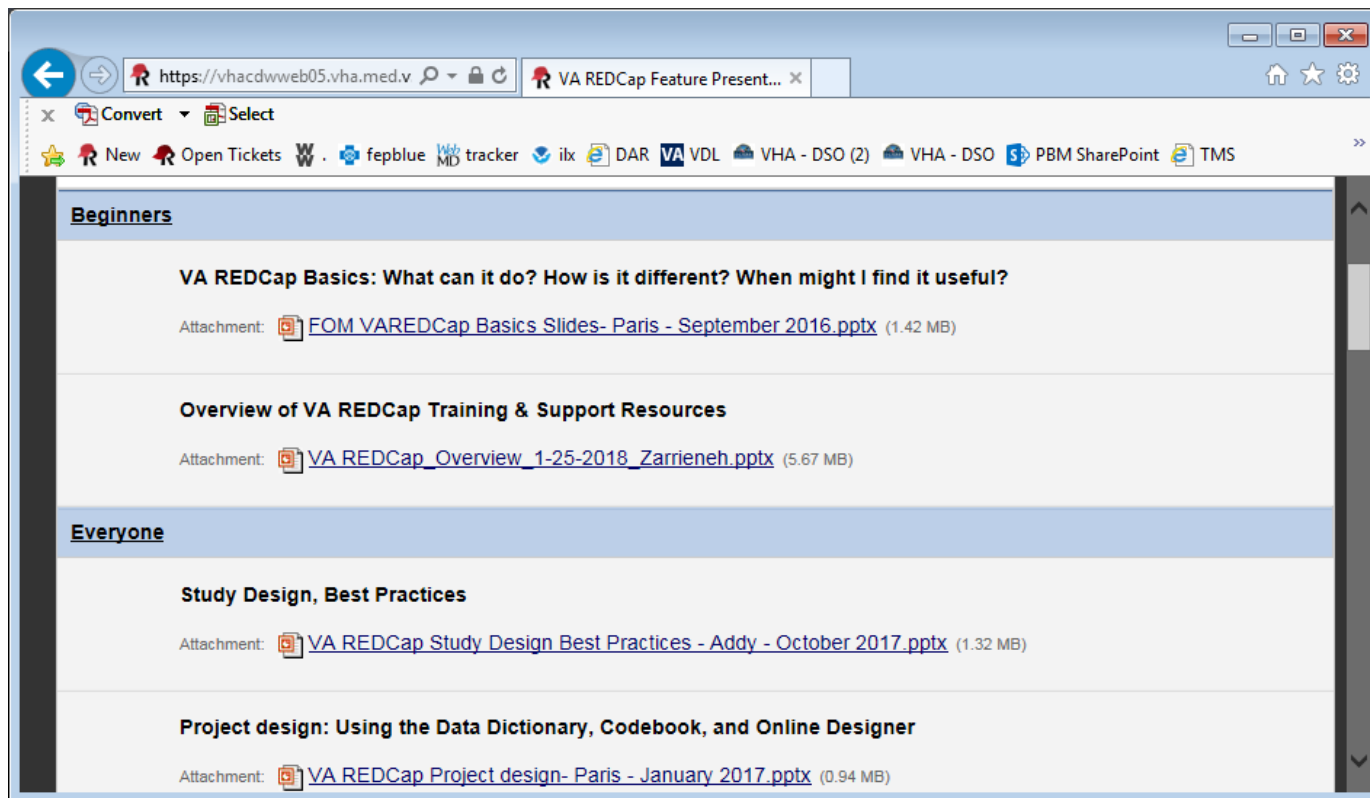
The form contains three main sections:

- What is your VA e-mail address?** This section has a single text input field.
- What can we help you with? Select all that apply.** This section contains a list of checkboxes:
 - ☐ Creating new VA REDCap account(s)
 - ☐ Resetting my password
 - ☐ Making changes to a project in production
 - ☐ Enable functions for my project
 - ☐ "How To" Questions
 - ☐ Troubleshoot problems with a particular project
 - ☐ Appropriate use of VA REDCap (PHI, TRM)
 - ☐ VA REDCap Hour or Feature Presentation information
 - ☐ I need help with something else
- Please provide any additional information about your request or the best way to contact you.** This section has a large text area for comments. At the bottom right of this text area is an "Expand" link.

At the bottom of the form is a "Submit" button.

VA REDCap Learning Resources

- Feature Presentation Archive available at <https://vhacdwwweb05.vha.med.va.gov/surveys/?s=83JAXH9P8P> (VA Intranet only)



VA REDCap FAQs

Research Electronic Data Capture

- FAQs available at <http://vaww.virec.research.va.gov/REDCap/FAQs.htm> (VA Intranet only)

The screenshot shows the VA Information Resource Center (VIREC) Intranet page. The header features the VIREC logo and the word "INTRANET" in a stylized font. A search bar is located in the top right corner. The main content area is titled "VA REDCap Frequently Asked Questions (FAQs)" and includes an "Overview" section. A sidebar on the left lists various navigation links, and a sidebar on the right lists "VA REDCap" resources and "General Resources".

VA INFORMATION RESOURCE CENTER (VIREC)

VA REDCap Frequently Asked Questions (FAQs)

Overview

VIREC develops frequently asked questions (FAQs) about VA REDCap to provide quick answers to common questions.

[+ Expand All](#)

General Questions

- + Is VA REDCap accessible on the Internet?
- + Is there a fee associated with utilizing REDCap in the VA?
- + Can I use VA REDCap for a quality improvement or operations project?
- + Is VA REDCap right for my study?
- + Why is VA REDCap not approved for storage of PII or PHI?
- + Why should I talk to my Privacy Officer (PO) about my data collection plans?
- + What responsibilities come with the use of VA REDCap?

VA REDCap

- Overview
- FAQs
- User Guidelines

General Resources

- Data Access
- Data Sources
- Data Tools
- Data Topics
- Products & Services
- Special Projects

Navigation Links (Left Sidebar):

- VIREC Home
- About Us
- VA/CMS Data for Research
- VHA Data Portal
- New Users of VA Data
- FAQs
- Acronym Lookup
- HelpDesk
- Report Broken Link
- How are we doing?

Need help with **VA REDCap**?

Research Electronic Data Capture



- Submit a HelpDesk Ticket
 - <https://vhacdwwweb05.vha.med.va.gov/surveys/?s=W7Y9ACRKKX> (VA Intranet only)



- Contact VA REDCap Support HelpDesk
 - VReCREDCapSupport@va.gov
 - (708) 202-2413



- Weekly Q&A with VA REDCap support team
 - Thursdays from 3-4pm Eastern Time
 - Attendees can use their computer's speakers and microphone or dial into our VANTS line at 1-800-767-1750 Code 89026# for audio access.
 - Join us online at <http://va-eerc-ees.adobeconnect.com/redcap/>

VIReC Options for Specific Questions

HSRData Listserv

- Community knowledge sharing
- ~1,400 VA data users
- Researchers, operations, data stewards, managers
- Subscribe by visiting <http://vaww.virec.research.va.gov/Support/HSRData-L.htm> (VA Intranet)



HelpDesk

- Individualized support



virec@va.gov

(708) 202-2413

Quick links for VA data resources

Quick Guide: Resources for Using VA Data:

<http://vaww.virec.research.va.gov/Toolkit/QG-Resources-for-Using-VA-Data.pdf> (VA Intranet)

VIReC: <http://vaww.virec.research.va.gov/Index.htm> (VA Intranet)

Archived cyberseminar: *Meet VIReC: The Researcher's Guide to VA Data*

https://www.hsrd.research.va.gov/for_researchers/cyber_seminars/archives/video_archive.cfm?SessionID=3696&Seriesid=22

VIReC Cyberseminars (overview of series and link to archive):

<http://www.virec.research.va.gov/Resources/Cyberseminars.asp>

VHA Data Portal (data source and access information):

<http://vaww.vhadataportal.med.va.gov/Home.aspx> (VA Intranet)

Quality Enhancement Research Initiative (QUERI): <https://www.queri.research.va.gov>

QUERI Implementation Network Archived Cyberseminars:

<https://www.hsrd.research.va.gov/cyberseminars/catalog-archive.cfm?SeriesSortParam=y&SeriesIDz=83>

Implementation Research Group (IRG) Archived Cyberseminars:

<https://www.gotostage.com/channel/implementresearchgrpchristinekowalski>

Center for Evaluation and Implementation Resources (CEIR):

<https://www.queri.research.va.gov/ceir/default.cfm>

Increasing Access to Medication-Assisted Treatment in VISN 22: Using VA Data to Guide Implementation



Using Data & Information Systems in Partnered Research Cyberseminar Series

**Next session:
July 21st at 12 pm Eastern**

Evelyn Chang, Rebecca Oberman,
Shawn Toy, Adam Resnick

Register at
[https://www.hsrd.research.va.gov/cyberseminars/
registration.cfm?SessionID=3808](https://www.hsrd.research.va.gov/cyberseminars/registration.cfm?SessionID=3808)