Introduction:
On a quarterly basis the NDSC is responsible for generating TBIMS reports, and preparing datasets for statistical analysis. The NDSC has prepared the following guidelines to ensure accuracy of reports, data integrity, and timeliness of delivery.

Purpose:
Outlines the steps necessary to complete a quarterly data submission.

Scope:
All TBIMS Centers, longitudinal follow-up centers, and the NDSC.

Responsibilities:
All TBIMS Center Data Managers.

Procedural steps:
Submission of data to the NDSC happens quarterly on the following dates: 1/15, 3/31, 6/30, and 9/30. At 5:30 p.m. Pacific Time on the submission date, access to the data entry forms will be disabled. No changes or additions of data will be allowed without the consent of the NDSC. If a center is unable to complete the submission by the deadline, they risk not having their data included in the Quarterly and Missing Data reports. Exceptions to this will be handled on a case by case basis by the NDSC staff. If for any reason you are unable to meet the deadline you should contact the NDSC immediately.

Below is a list of the steps that each center should take prior to the submission deadline to complete a quarterly data submission.

1. All data should be entered into the TBIMS National Database.
2. Verify that SOP 107a - Data Quality Guidelines have been followed.
   a. Complete 10% data entry checks on Form I and Form II.
   b. Run the Error Report and fix all errors identified on report.
   c. Run both Inter-Form and Intra-Form Consistency Reports for the given quarter, and review all inconsistencies. Resolve all inconsistencies where an error has occurred, and disregard any inconsistencies where an error has not occurred.
d. Run the Missing Data Report for the given quarter and verify missing data points listed by Subject ID.

e. Run the Cases Past Due report. Update any cases on this report as lost as appropriate, making sure to complete the "Lost" tab in the Form II data entry screen.

f. Run the Guidelines & Strategies for Cases Lost to Follow-Up Report for the given quarter and verify that all lost cases have been updated by completing the "Lost" tab.

3. For determining which cases are due for submission, refer to the following table and footnotes:

<table>
<thead>
<tr>
<th>Submission Date:</th>
<th>Cases Due:</th>
<th>Corresponding Report:</th>
</tr>
</thead>
<tbody>
<tr>
<td>01/15/(CY)</td>
<td>07/01/(PY) to 09/30/(PY)</td>
<td>Quarter 3 (PY)</td>
</tr>
<tr>
<td>03/31/(CY)</td>
<td>10/01/(PY) to 12/31/(PY)</td>
<td>Quarter 4 (PY)</td>
</tr>
<tr>
<td>06/30/(CY)</td>
<td>01/01/(CY) to 03/31/(CY)</td>
<td>Quarter 1 (CY)</td>
</tr>
<tr>
<td>09/30/(CY)</td>
<td>04/01/(CY) to 06/30/(CY)</td>
<td>Quarter 2 (CY)</td>
</tr>
</tbody>
</table>

(CY)=Current Year, (PY)=Previous Year

Form I: Include cases with rehab discharge dates in given range
Form II: Include cases with window closing dates in given range

Form I & Form II cases may be entered early, but will not be reflected in 'In Qtr'/In Yr' report statistics until due

Training requirements:
None

Compliance:
All TBIMS Data Managers and Collectors will comply with this policy and its procedures.

References:
None

History:

<table>
<thead>
<tr>
<th>Date</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>3/5/2011</td>
<td>New policy developed</td>
</tr>
<tr>
<td>10/1/2012</td>
<td>Revised policy to reference rehab discharge dates as key to cases due</td>
</tr>
<tr>
<td>1/15/2020</td>
<td>Reviewed in full and revised to reflect new data entry procedures</td>
</tr>
</tbody>
</table>

Review schedule: Bi-annually
Submission Checklist

Data Entry

☑ Screening data entry up-to-date
☑ Form I data entry completed
  ☐ Error check completed on last tab of data entry and any errors corrected
☑ Form II data entry completed
  ☐ Error check completed on last tab of data entry and any errors corrected

Data Quality Guidelines Requirements

☑ All staff certifications up-to-date (FIM, DRS, Form I, CT, Cultural)
☑ Form I Re-Abstraction (1 case; if errors, 1 more case)
☑ Form II Interview (completed annually - listen in, code and compare)
☑ Data Entry (10% checked for accuracy; if errors all forms to be verified)
  ☐ Form I
  ☐ Form II
☑ Error report run and all errors fixed
☑ Inter-Form Consistency report run and all items reviewed.
  ☐ Items corrected where error has occurred
  ☐ Remaining items verified for accuracy
☑ Intra-Form Consistency report run
  ☐ Items corrected where error has occurred
  ☐ Remaining items verified for accuracy
☑ Missing Data report run and reviewed for accuracy
☑ Cases Past Due report run
  ☐ Lost cases have been entered as “lost”. (Any cases left on this report at time of submission will be automatically coded as “lost”.)
☑ Lost Cases: Guidelines & Strategies report run and reviewed for completeness
☑ Quarterly Report run and reviewed to assure all figures match local data as expected