

Quality Control of Registry Data Plan

Reviewed and Approved: 2/2008

Purpose:

To ensure the highest quality of data within the cancer registry and to provide a means to monitor this collection and dissemination.

Policy:

The appointed Coordinator for the Quality of Cancer Registry Data will be determined by the Cancer Committee and evaluated yearly.

The coordinator of the quality control of registry data shall review or coordinate a review of registry abstracts and their timeliness, follow-up procedures and rates, registry operations, data requests, casefinding, data submission to the National Cancer Data Base and the Virginia Cancer Registry, Commission on Cancer (COC) data standards and coding instructions, and special studies requested by the COC. This review and report will be made to the cancer committee *at least annually*. Recommendations will be made at the time and the coordinator will implement such recommendations as well as monitor the corrective actions.

For shared Inova patients, questions regarding abstracting will be discussed among the registrars and a combined decision will be made based on physician input, applicable manuals, and the COC I&R. Reliability studies offered by SEER will be performed and necessary changes made based on those findings. Decisions will be documented in the appropriate manuals for reference in the future.

The Quality Control Plan will include a random sampling of at least 10 percent of the annual analytic case load and will be reviewed by a physician. The accuracy of the derived Collaborative Stage, physician's AJCC staging, and CAP protocols on the pathology reports will be reviewed and documented along with other areas chosen for that year. Errors will be identified and corrected within the registry database. A written and oral report on the accuracy rate of the data elements will be given at each cancer committee meeting. (Refer to Physician QA policy). In addition, outside registry contractors are subject to a 10 percent abstract review by the company project manager as the cases are completed.

In addition, the following quality indicators are to be followed:

1. Abstracting for the year should be completed by July 1st of the following year.

2. Ninety percent of analytic cases will be abstracted within 6 months of the first date of contact and a partial abstract completed on all patients within 6 months of the first date of contact. Those patients not completing their treatment within six months will be submitted to the Virginia Cancer Registry whenever possible and updates to the data will be submitted when obtained.
3. Follow-up should be maintained at least 90% for the last five years and 80% for the entire database.
4. Submission to the NCDB will meet the established quality criteria included in the annual Call for Data
5. Ten percent of the analytic cases will be reviewed by a physician within five months of abstracting.
6. For cases diagnosed prior to January 1, 2008, AJCC staging has been assigned and documented on 90% of appropriate cases and the accuracy rate will be determined upon review by the committee. This will be presented to the committee at least quarterly. For cases diagnosed after January 1, 2008, the clinical stage must appear on the abstract for all cases.
7. For cases diagnosed after January 1, 2008, the Derived Collaborative Stage and elements must meet the 90 % target rate set for accuracy and completeness. This will be reported to the committee at least quarterly.
8. Casefinding shall be reviewed throughout the year and 100% compliance will be obtained. Any cases identified during the audit conducted will be accessioned. Initial case finding should be at a 95% rate. Procedures changed due to missing cases will be presented to the Cancer Committee as well as the results of each audit.
9. Discrepancies within abstracts will be discussed and compared to the COC, FORDS, ICD-O, AJCC, and Collaborative Staging rules. Discussion will be held with related physicians as needed and findings requiring physician recommendations will be presented to the committee.
10. Physician Requests for Data will be reviewed for accuracy and completeness of report.
11. Education for the registry staff is required at least once annually and for the medical staff will be recommended to the Cancer Committee by the coordinator as needed.
12. In addition, there are numerous query reports that the registrar can run via the Impac-MRS query system in order to check abstracting quality. In Impac-MRS, go to File, Reports, QMRS, Saved Query to locate these reports. Select IMVH and

change the date parameters. There are numerous reports. Some of these reports include: confirmation method unknown, class code unknown, zip and county code check, race and sex check, lymph nodes N0 and lymph nodes are coded positive, SLN coded for sites without SLN, AJCC done unknown summary stage.