

## Quality Control Update

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### Overview

- Quality Control (QC) Review Purpose
- Consistent findings
- Recommendations
- 2005 Reabstracting Audit Feedback

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"This call may be monitored for quality purposes and so that later we can make fun of any stupid things you may have said."

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### Quality Control (QC) Review Purpose

- Visually detect errors , deficiencies and inconsistent coding
- Assess the application of coding concepts
- Educational opportunities



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### Quality Control Findings



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### QC Findings

- Tumor Grade
  - Discrepancy-not converting
  - Refer to the DAM pgs 74-79
    - Codes are given with a number of variations of statements indicating grade, but it is recognized that terminology can vary widely

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**QC Findings**

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- **Melanoma SSF 1**
  - Code measured thickness (depth) of tumor (Breslow's measurement) not size
    - ✦ Code the measurement in hundredths of millimeters (not millimeters)
- **CS Tumor Size**
  - Code the size of the tumor, not depth or thickness

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**QC Findings**

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- **Class of Case 1**
  - Diagnosis at the accessioning facility, and all or part of the first course of treatment was performed at the accessioning facility
    - ✦ Patients diagnosed at the accessioning facility for whom it is unknown whether treatment was recommended or administered

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**QC Findings**

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- **CS TS/Ext Evaluation Codes**
  - Make sure the procedure constitutes pathological staging
  - Not just 0,1,3
    - ✦ If the patient has neoadjuvant treatment use code 5 or 6 depending your CS size/extension information coded

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**QC Findings**

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- **Unknown Head & Neck Cancer**
- **Discrepancy-Coded to C760 or C809**
  - Based on the 2007 MP/H Coding Rules, pg18 in the Terms and Definitions
    - ✦ When the point of origin **cannot be determined**, use a topography code for overlapping sites:
      - C02.8 Overlapping lesion of tongue
      - C08.8 Overlapping lesion of major salivary glands
      - C14.8 Overlapping lesion of lip, oral cavity and pharynx

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**QC Findings**

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- **Renal Transitional Cell Carcinoma**
- **Coded to C649 vs. C659**
  - Based on the 2007 MP/H Coding Rules, pg 55 in the Terms and Definitions
    - ✦ Transitional cell carcinoma rarely arises in the kidney parenchyma (C649). Transitional cell ca found in the upper urinary system usually arises in the renal pelvis (C659). Only code transitional cell carcinoma to the kidney in the rare instance when pathology confirms the tumor originated in the **parenchyma** of the kidney

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**QC Findings**

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- **No Text Documentation**
  - Discrepancy-coded values are not supported
    - ✦ Text- DX Proc- PE
    - ✦ Text- DX Proc- X-RAYS/SCANS
    - ✦ Text- DX Proc- PATH

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### QC Recommendations

- Answer these three questions:
  - When?
    - Make sure that you include dates so that the sequence of events are clear
  - What?
    - Make sure to capture all the necessary details of the patients diagnosis
  - Where?
    - Define your facilities role in the care of the patient

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### Annual Reabstracting Audit

- 2005 Audit year
- 28 Facilities
- 206 Cases




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### Reabstract Summary 2005

Demographic Information	Count (n=206)	Percentage
Sex	4	1.94
Ethnicity	3	1.46
Address at Diagnosis	126	61.17
Address at First Contact	131	63.59

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**Reabstract Summary 2005**

Tumor Information	Count (n=206)	Percentage
Date of Diagnosis	57	27.67
Primary Site	35	16.99
Histology	25	12.14
Grade	29	14.08

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**Reabstract Summary 2005**

Tumor Information	Count (n=206)	Percentage
CS Tumor Size	74	35.92
CS Extension	74	35.92
TS/Ex Eval	41	19.90

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**Reabstract Summary 2005**

Tumor Information	Count (n=206)	Percentage
Regional Nodes Positive	16	7.77
Regional Nodes Examined	24	11.65
Lymph Nodes	44	21.36
Regional Nodes Eval	29	14.08

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### Reabstract Summary 2005

Tumor Information	Count (n=206)	Percentage
Mets at DX	28	13.59
Mets Eval	29	14.08
Site Specific Factor 1	41	19.90

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### Reabstract Summary 2005

First Course of Treatment	Count (n=206)	Percentage
Surgery Primary Site	34	16.50
Scope Regional Lymph Node Surgery	26	12.62
Chemo Type	27	13.11
Radiation Type	17	8.25

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### Thank You



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