Purpose of Audit

- Assess interpretation of data item definitions and application of coding instructions by Florida abstractors
- Identify areas that may require new or additional education and training
- Annual audit is required by CDC-NPCR and Florida Department of Health

Type of Audit

- Re-abstraction Audit
- Comparison is be made between individual data items in audited records versus the data item and case record(s) originally submitted by facility abstractor
Hospital Audit Packet

- Mailed in October 2009
- Florida DOH letter to the hospital administrator and copy to registrar
- Cover letter, Information Sheet, List of patient records to be reviewed
- Signed by Julia Gill, PhD, MPH, Chief, Bureau of Epidemiology

Data Audited

- 2007 cases
- Total of 462 cases
- Number of records to be re-abstracted is determined by the hospital’s caseload

Audit Timeline

- November-December 2009
- 39 hospitals
  - Tallahassee/Jacksonville
  - Orlando
  - Tampa
  - Miami
- Hospitals are selected at random
Hospital’s Responsibility

- Hospitals complete and sign Information Sheet agreeing to the audit date/details
- Have all the records available for review
  - Hardcopy medical record(s)
  - Electronic medical record(s)
- Primary or Alternate records
- Arrange a workspace for the auditor
- Participate in reconciliation process

Purpose of the Reconciliation

- Evaluate any discrepancy noted between the auditor and the original abstract data
- Facility has opportunity to “defend” or “retract” original data submitted compared to audit finding
- FCDS opportunity to QC the auditor(s)
- Clarify/confirm original abstract data
- Identify areas for education and training

Reconciliation Process

- Process began in January 2009
- Hospitals received reconciliation forms
  - Data coded by the hospital (original)
  - Data coded by the auditor (audit)
  - Asterisk (*) denotes any difference in coding between the two sources
- Registrars had two weeks to review
  - Clarify originally abstracted codes
2009
RE-ABSTRACTING AUDIT RESULTS

Demographic Information

<table>
<thead>
<tr>
<th>Demographic Information</th>
<th>Count (n=372)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>7</td>
<td>1.88</td>
</tr>
<tr>
<td>Date of Birth</td>
<td>6</td>
<td>1.61</td>
</tr>
<tr>
<td>Sex</td>
<td>0</td>
<td>0.00</td>
</tr>
<tr>
<td>Race</td>
<td>5</td>
<td>1.34</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>5</td>
<td>1.34</td>
</tr>
</tbody>
</table>

Tumor Information

<table>
<thead>
<tr>
<th>Tumor Information</th>
<th>Count (n=372)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>County of DX</td>
<td>68</td>
<td>18.28</td>
</tr>
<tr>
<td>Date of Diagnosis</td>
<td>42</td>
<td>11.29</td>
</tr>
<tr>
<td>Diagnostic Confirmation</td>
<td>20</td>
<td>5.38</td>
</tr>
<tr>
<td>Primary Site</td>
<td>35</td>
<td>9.41</td>
</tr>
<tr>
<td>Laterality</td>
<td>13</td>
<td>3.49</td>
</tr>
<tr>
<td>Histology</td>
<td>78</td>
<td>20.97</td>
</tr>
<tr>
<td>Grade</td>
<td>40</td>
<td>10.75</td>
</tr>
<tr>
<td>Tumor Information</td>
<td>Count (n=372)</td>
<td>Percentage</td>
</tr>
<tr>
<td>-------------------</td>
<td>---------------</td>
<td>------------</td>
</tr>
<tr>
<td>CS Tumor size</td>
<td>96</td>
<td>25.81</td>
</tr>
<tr>
<td>CS Extension</td>
<td>96</td>
<td>25.81</td>
</tr>
<tr>
<td>TS Ext/Eval</td>
<td>50</td>
<td>13.44</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumor Information</th>
<th>Count (n=372)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Regional Nodes Positive</td>
<td>18</td>
<td>4.84</td>
</tr>
<tr>
<td>Regional Nodes Examined</td>
<td>24</td>
<td>6.45</td>
</tr>
<tr>
<td>CS Lymph nodes</td>
<td>48</td>
<td>12.90</td>
</tr>
<tr>
<td>Regional Nodes Eval</td>
<td>23</td>
<td>6.18</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Tumor Information</th>
<th>Count (n=372)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mets at Dx</td>
<td>35</td>
<td>9.41</td>
</tr>
<tr>
<td>Mets Eval</td>
<td>23</td>
<td>6.18</td>
</tr>
<tr>
<td>SSF1</td>
<td>33</td>
<td>8.87</td>
</tr>
<tr>
<td>SSF2</td>
<td>25</td>
<td>6.72</td>
</tr>
<tr>
<td>SSF3</td>
<td>18</td>
<td>4.84</td>
</tr>
<tr>
<td>SSF4</td>
<td>27</td>
<td>7.26</td>
</tr>
<tr>
<td>SSF5</td>
<td>5</td>
<td>1.34</td>
</tr>
<tr>
<td>SSF6</td>
<td>13</td>
<td>3.49</td>
</tr>
</tbody>
</table>
### Tumor Information

<table>
<thead>
<tr>
<th>Tumor Information</th>
<th>Count (n=372)</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Surgery Primary Site</td>
<td>54</td>
<td>14.52</td>
</tr>
<tr>
<td>Scope Regional Lymph Node Surgery</td>
<td>27</td>
<td>7.26</td>
</tr>
<tr>
<td>Surgery Other/Reg/Dist Sites</td>
<td>20</td>
<td>5.38</td>
</tr>
<tr>
<td>Reason No Surgery</td>
<td>29</td>
<td>7.80</td>
</tr>
<tr>
<td>Chemo Type</td>
<td>29</td>
<td>7.80</td>
</tr>
<tr>
<td>Radiation Type</td>
<td>20</td>
<td>5.38</td>
</tr>
<tr>
<td>Rad-Regional Rx Modality</td>
<td>28</td>
<td>7.53</td>
</tr>
<tr>
<td>Systemic Surg Seq</td>
<td>18</td>
<td>4.84</td>
</tr>
</tbody>
</table>

---

### Recommendations

- Emphasize the need to improve TEXT documentation to support coded values
- Training on Histologic Type ICD-O-3
- Training on CS Extension
- Training on CS Inaccessible Sites Rule
- Training on Coding for Treatment

---

### Recommendations

- When requesting records or viewing electronic records make sure all admissions are accounted for at time of abstracting AND at the time of audit
**Recommendations**

- **Histologic Type ICD-O-3**
  - Use the site-specific rules for the following primary sites: Use Table 1
    - Brain, malignant (intracranial and CNS)
    - Breast
    - Colon
    - Head and neck
    - Kidney
    - Lung
    - Malignant melanoma of the skin
  
  *Ex. Breast Combination In situ lobular (M8520) & Intraductal ca = M8522*

---

**Recommendations**

- **Breast**
- Use the MPH Rules for Solid Tumors
  - **Histologic Type Intraductal and one or more** of the histologies
  - **Code Intraductal mixed with other types of carcinoma 8523/2**
    - Cribriform
    - Solid
    - Apocrine
    - Papillary
    - Micropapillary
    - Clinging

---

**Recommendations**

- **Breast Site**
  - CS Extension
    - 00 (In situ) to 10 (Invasive)
  - Surgery Code
    - Details whether the mastectomy (simple or modified radical) NOS vs. whether pt also had removal of "uninvolved contralateral breast"
  - Use of 41/51 rather than the NOS codes
Recommendations

- **Lung**
  - **DO NOT DOUBLE CODE CS Ext / CS Mets**
  - **CS Ext = 80 - further contiguous extension**
    - Change to a specific extension instead of coding 80 in extension and CS Mets
  - **CS Lymph nodes – inaccessible sites rule**
    - CT scan or record information + mediastinal nodes
  - **CS Mets**
    - Staging information “M0”

Recommendations

- **Thyroid**
  - Use histology combination code
  - Papillary and follicular = 8340/3
- **Tumor Size**
  - Multiple nodules tumor size and SSF 1
    - Tumor size = 999
    - SSF 1 = 002

Recommendations

- **Bladder Site**
- **CS Extension**
  - Low grade papillary TCC with NO evidence of invasion – CS Ext = 01
- **Surgery**
  - TURBT If path code to 27
- **Missing Treatment**
  - BCG = Biologic / Immunotherapy
Recommendations

Renal Cell Carcinoma
- Clear cell 8310 not 8312

Recommendations

- GYN Site
  - Gyn malignancies with
    - Two or more of the
      - histologies in column 2
  - Code
    - Mixed cell adenocarcinoma 8323

Recommendation

- Prostate CS Ext Codes:
  - 10-15 Use for clinically inapparent cases where there is no palpable tumor or visible on imaging
  - 15 Only use this code when a physician has staged the tumor cT1c or there is no apparent tumor (according to physician) and positive biopsy of the prostate. The biopsy may reveal cancer in one lobe or bilateral lobes still code 15 (p. 431, Note 2)
  - 30 When there is no clear physician’s statement of inapparent or apparent disease (p. 431, Note 2)
Process clarification recommended from the facilities

Any recommendation from the facilities, please contact FCDS QC

Questions?

Reference Google images Pink Panther