

Today's Speaker...

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 - Vice President of Client Services for Sonreg Solutions, Inc. for the past year
 - Administrator of Accreditation and Standards, American College of Surgeons, Commission on Cancer for 9 years
 - Manager of Oncology Services at a comprehensive level community hospital for 10 years



Speaker Disclosure – Lisa Landvogt

Does not have any affiliations with any persons on entities that could be perceived as having a bearing on the following presentation




What is Quality Control?

- The Wikipedia version
 - Quality Control or QC for short, is a process by which entities review the quality of all factors involved in production. This approach places an emphasis on three aspects.




What is Quality Control?

- The Wikipedia version (continued)
 1. Elements such as controls, job management, defined and well managed processes, performance and integrity criteria, and identification of records
 2. Competence, such as knowledge, skills, experience, and qualifications
 3. Soft elements, such as personnel, integrity, confidence, organizational culture, motivation, team spirit, and quality relationships




What is Quality Control?

- The Wikipedia version (continued)
 - Controls include product inspection, where every product is examined visually, and often using a stereo microscope for the fine detail before the product is sold into the external market. Inspectors will be provided with lists and descriptions of unacceptable product defects such as cracks or surface blemishes for example




What is Quality Control?

- The Wikipedia version (continued)
 - Quality control emphasizes testing of products to uncover defects and reporting to management who makes the decision to allow or deny product release, whereas quality assurance attempts to improve and stabilize production (and associated processes) to avoid, or at least minimize, issues which led to the defect(s) in the first place. For contract work, particularly work awarded by government agencies, quality control issues are among the top reasons for NOT renewing a contract





Cancer Registry Quality Control

- The Commission on Cancer template
 - Eligibility Standard E5 – Cancer Registry Policies and Procedures
 - Standard 1.2 Cancer Committee Membership – Cancer Registry Quality Control Coordinator
 - Standard 1.6 Cancer Registry Quality Control Plan
 - Standard 4.6 Monitoring Compliance with Evidence-Based Guidelines
 - Standard 4.7 Studies of Quality
 - Standard 5.6 Accuracy of Data




Cancer Registry Quality Control

- Eligibility Standard E5:
 - The cancer registry policy and procedure manual is used and specifies that current CoC data definitions and coding instructions are used to describe all reportable cases




Cancer Registry Quality Control

- What might be in the policy and procedure manual?
 - Abstracting
 - AJCC and Collaborative Stage (CS) staging policies
 - Reference date
 - Case eligibility
 - Case finding
 - Case accessions




Cancer Registry Quality Control

- What might be in the policy and procedure manual? (continued)
 - Confidentiality – Release of Information
 - Computer operations
 - Dates of implementation or changes in policies for registry operations
 - Disaster recovery policy
 - Documentation of first course of treatment
 - Follow-up




Cancer Registry Quality Control

- What might be in the policy and procedure manual? (continued)
 - History of the registry for the program or health system
 - Job descriptions
 - Maintaining and using the suspense system
 - NCDB reporting requirements and mechanism
 - Operational requirements for facility-based cancer registries
 - Policy for CoC Survey Application Record (SAR) documentation



Cancer Registry Quality Control

- What might be in the policy and procedure manual? (continued)
 - Quality control of registry data
 - Registry purpose
 - Request log
 - Required coding manuals
 - Retention of documents
 - State registry reporting requirements and mechanisms



Quick Visual Test – Find the P&P

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PQ\$#@&PJCY&\$*^NNMOLPP%&RRT@*R&RZH
GFE#%^MVXPIW(%#!**&^BODR\$P&PC\$#*YKVP
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Cancer Registry Quality Control

- Standard 1.2 Cancer Committee Membership
 - The membership of the cancer committee is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non physicians from administrative and supportive services. Coordinators who are responsible for specific areas of program activity are designated from the membership



Cancer Registry Quality Control

- Required Coordinators
 - Cancer Conference Coordinator
 - Quality Improvement Coordinator
 - **Cancer Registry Quality Coordinator**
 - Community Outreach Coordinator
 - Clinical Research Representative or Coordinator
 - Psychosocial Services Coordinator



Cancer Registry Quality Control

- **Cancer Registry Quality Coordinator**
 - The cancer registry database is the basis for monitoring the quality of care. A coordinator appointed from within the membership of the cancer committee will monitor the quality of registry data and report the findings to the cancer committee at least annually and recommend corrective action if activity falls below the annual goal or requirements. A cancer registrar who is abstracting **CAN** be selected to fulfill this coordinator role



Decide Who Is BEST Qualified




Cancer Registry Quality Control

- **Standard 1.6 – The QC Plan**
 - The cancer committee establishes and implements a plan to annually evaluate the quality of cancer registry data and activity. The plan includes procedures to monitor and evaluate each component





Cancer Registry Quality Control

- Key points for the assigned Coordinator
 - Works cooperatively with registry staff or other departments to implement the quality control plan
 - Monitors each area of cancer registry activity and reports at least annually to the cancer committee and recommends corrective action if any area falls below the measures specified in the plan with results documented in the cancer committee minutes or other program approved sources





Cancer Registry Quality Control

- The quality control plan:
 - Sets review criteria
 - Sets quality control timetable
 - Specifies the quality control methods, sources, and individuals involved




Cancer Registry Quality Control

- Required activities
 - Random sampling of annual analytic caseload
 - Physician review (may include residents and other physicians not necessarily on the cancer committee)



Cancer Registry Quality Control

- Optional sources
 - External audits (such as state or central cancer registry case-finding audits) may be used to fulfill part of this requirement



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Cancer Registry Quality Control

- Required activities to be evaluated
 - Casefinding
 - Abstracting timeliness
 - Accuracy of abstracted data
 - Class of case
 - Primary site
 - Histology
 - AJCC stage
 - Collaborative Stage
 - First Course of Treatment
 - Follow-up information

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Cancer Registry Quality Control

- Required activities to be evaluated
 - Percentage of information coded as unknown
 - NCDB data submission, correction of data errors, and resubmission of corrected data

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Cancer Registry Quality Control

- Define the scope of the evaluation
 - Minimum: 10% of annual analytic caseload
 - Maximum: 300 cases annually
- Establishes the minimum quality benchmarks
 - NCDB quality criteria – annual call for data
- Maintains documentation of the quality control activity
 - Required documentation, review criteria, cases reviewed, identified data errors and resolutions, reports to cancer committee





Cancer Registry Quality Control

- Various QC Strategies
 - Visual review
 - Edit checks
 - Statistical analysis
 - Physician review/input
 - Reabstracting studies



Cancer Registry Quality Control

- Timeline for QC activity – Risks and Benefits
 - Annual
 - Quarterly
 - Semi-annually



Cancer Registry Quality Control

- Standard 4.6 Monitoring of Evidence-Based Guidelines
 - Each year, a physician member of the cancer committee performs a study to assess whether patients within the program are evaluated and treated according to evidence-based national treatment guidelines. Study results are presented to the cancer committee and documented in the cancer committee minutes

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Cancer Registry Quality Control

- Sources of the study include (1) of the following:
 - A site specific example
 - 10% random review of the annual analytic caseload; maximum of 300 cases
 - Review of a single treatment for a specific cancer site (such as neoadjuvant therapy for breast cancer, radiation therapy for breast conservation)

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Cancer Registry Quality Control

- A determination that the first course of therapy is concordant with the evidence-based national treatment guideline and/or prognostic indicators, when available
- Reporting format that permits analysis and provides an opportunity to recommend performance improvements

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Cancer Registry Quality Control

- Sidenote:
 - The results of the annual study are presented to the cancer committee and documented in the minutes
 - The cancer committee should use the findings to make improvements in patient care
 - Completion of this study DOES NOT fulfill the requirement for Standard 4.7 (Studies of Quality)




Cancer Registry Quality Control

- Standard 4.7 Studies of Quality
 - Each year, based on category, the quality improvement coordinator, under the direction of the cancer committee, develops, analyzes, and documents the required studies that measure the quality of care and outcomes for patients with cancer




Cancer Registry Quality Control

- The study focuses on areas with *problematic* quality-related issues relevant to the program and local cancer patient population. When possible, studies are designed to evaluate the entire spectrum of cancer care, including diagnosis and treatment and the psychosocial and supportive care of patients. The spectrum of cancer includes issues related to the following; structure, process and outcomes




Cancer Registry Quality Control

- Responsibilities include
 - Setting the study topic that identifies problematic quality-related issues
 - Defining criteria for evaluation, including data needed to evaluate the study topic or answer the quality-related question
 - Conducting the QI study according to the identified measures
 - Prepare a summary of the findings





Cancer Registry Quality Control

- Responsibilities include (continued)
 - Comparing data results with national benchmarks
 - Designing and initiating action plans based on the evaluation of the data
 - Establishing follow-up steps to monitor the actions implemented
 - Monitoring the effectiveness of the study action plans and all cancer-related QI activities of the program




Cancer Registry Quality Control

- Standard 5.6 Accuracy of Data
 - Annually, cases submitted to the National Cancer Data Base (NCDB) that were diagnosed on January 1, 2003, or later meet the established quality criteria and resubmission deadline specified in the annual Call for Data





Cancer Registry Quality Control


- Accurate data are necessary for meaningful comparison of treatment and patient outcomes
- Rejected cases do not meet specified data quality criteria
- Standardized, nationally accepted data edits are applied to all analytic cases submitted
- The reporting registry must correct outstanding data quality errors and resolve errors resulting in rejected records




Cancer Registry Quality Control

- Final thought.....
 - Garbage in...Garbage out
 - Cancer patients deserve the best possible quality cancer care and quality cancer data they can possibly get





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Coming up!



- 9/5/13
 - Coding Pitfalls
- 10/3/13 (New Season!)
 - Lip and Oral Cavity


Certificate phrase:

<http://www.surveygizmo.com/s3/1318115/Quality-Control>



The Fabulous Prize Winners Are...





Thank You!
