

Effective Enhancements: Use of Tools for Monitoring Completeness of Cancer Reporting in Maryland

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BACKGROUND

Completeness of registry data in hospitals is an important component of data quality for registry operations. Monitoring of data is critical to assess if cases are missing, possibly due to factors associated with unforeseen and/or uncontrollable circumstances at the hospital or problems with transmission of data. Tracking data for completeness is a key to a successful registry.

GOAL/OBJECTIVES

Maryland sought to improve data acquisition/incident case completeness for hospitals. The major objectives include:

- Developing guidelines and procedures that outline thresholds for reporting, monitoring, and documenting activities
 - ◊ Defining 'deficient' and 'delinquent' reporting
- Tracking case reporting and communication activities in a systematic manner
- Providing feedback to facilities on quality improvement indicators

METHODS

To improve completeness, the Maryland Cancer Registry:

1. Collected data using a monitoring spreadsheet as the basis for data collection
2. Developed a database tool (called ComTrack) to incorporate data and document interactions with deficient and delinquent facilities
3. Created an encompassing feedback report for reporting facilities with quality indicators

1. Monitoring Spreadsheet

	A	B	V	W	X	Y	Z	AA	AB	AC	AD	AE	AF	AG
1	Facility ID	Facility Name	Average 2010-12	Average 2010-A2012	2013	A-2013	A-2013 Total	2013 Change	2013 A-Change	2013 % Change	2013 A-% Change	A-Missing Average Rank 2013	A-Missing Proportion Rank 2013	Total Rank 2013
2	Facility 3	Hospital C	822	824	507	244	751	-315	-73	-38.32%	-8.82%	2	2	4
3	Facility 9	Hospital I	1409	1409	1211	20	1231	-198	-178	-14.03%	-12.61%	1	1	2
4	Facility 10	Hospital J	919	919	886	0	886	-33	-33	-3.63%	-3.63%	3	3	6
5					2604	264	2868							

2. ComTrack Database

Select facility from list

Interactions for Hospital C

Facility ID: Facility 3
Facility Name: Hospital C

2013 % Change: -8.82%
A- Missing Proportion Rank: 2
Total Rank 2013: 23

Primary Contact: Jane Doe
Email: Doe.Jane@Hospital.C.org
Phone: (123) 456-7890

Interaction ID: 2013_Facility_3_01
Date of Initiation: 1/7/2015

Total # of Cases: 751
Expected: 823
2013 % Change: -72
2013 % Change: -0.10%

Initial Summary: This facility is currently reporting fewer cases than would be expected; therefore, we are contacting Ms. Jane Doe.

Enter data of interaction

Initial Summary | 1st Contact | 2nd Contact | 3rd Contact | 4th Contact | Current Summary

Westat Staff Member: DLH
Date: 1/7/2015
ID: 2013_Facility_3_01

What initiated this interaction? This facility is currently reporting fewer cases than would be expected; therefore, we are contacting Ms. Jane Doe.

Contact Category: CTR - 1st Contact
Westat Contact Method: Email
Status: No Response

Westat Attached File(s): [Attachment Icon]

Details of Contact: Please refer to email.

Target Date: 1/21/2015
Date Closed: [Field]

Facility Contact Method: [Field]
Facility Attached File(s): [Field]

Response/Next Steps: [Field]

3. Annual Facility Report

Use data for separate report

Annual Facility Report

Facility Information: Facility Name, Facility ID#

Submission Monitoring Statistics for 2013 Cases:
Expected: [Field] Total # of Cases: [Field] 2013 # Change: [Field]
% Change: [Field]

Statewide Range and Percentile Cutoffs (%Change):
Minimum, 25th Percentile, Median, 75th Percentile, Maximum

Disease Index Comparison:
Match Rate: [Field]

Statewide Range and Percentile Cutoffs (Match Rate):
Minimum, 25th Percentile, Median, 75th Percentile, Maximum

Timeliness of Submissions:
2013 Submissions:
Within 6 months of date of diagnosis: [Field] Within 9 months of date of diagnosis: [Field]

Statewide Range and Percentile Cutoffs (6 months):
Minimum, 25th Percentile, Median, 75th Percentile, Maximum

Statewide Range and Percentile Cutoffs (9 months):
Minimum, 25th Percentile, Median, 75th Percentile, Maximum

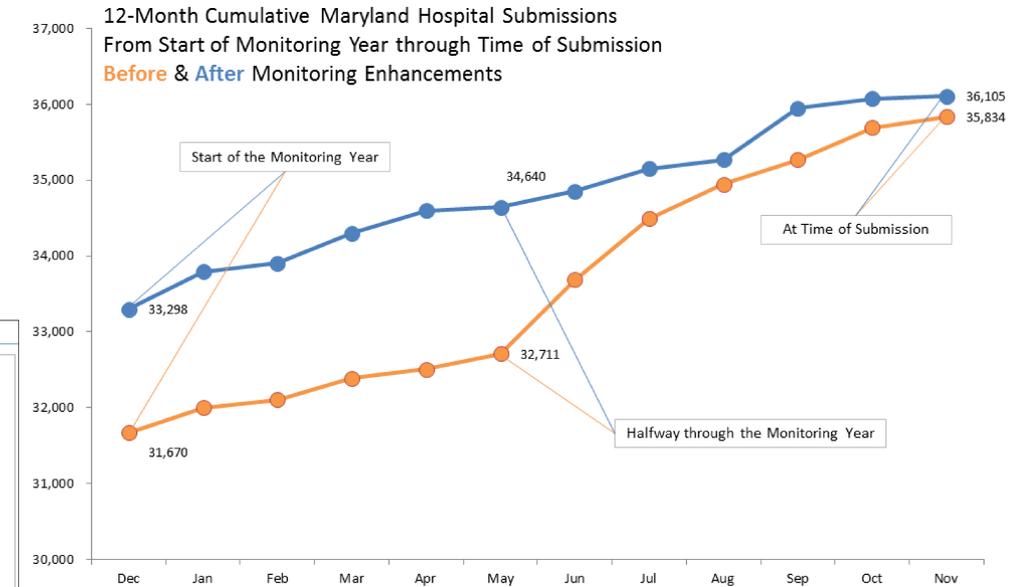
Receipt of Submission Files by Quarter in 2014:
2014 Q1 Submission(s) Received: [Field]
2014 Q2 Submission(s) Received: [Field]
2014 Q3 Submission(s) Received: [Field]
2014 Q4 Submission(s) Received: [Field]

Data (Deficient)

Disease Index

Timeliness (Delinquent)

RESULTS



CONCLUSIONS

MCR is experiencing positive improvements including:

- Increased reporting from the baseline year by hospitals
- Enhanced/more frequent communications with reporters
- Better understanding and knowledge of factors affecting reporters
- Consistent tracking and documentation of issues/communications
- Automated standardized feedback format to send to facilities

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