

Tips to Monitor Reporting Facility Data Quality

Ensuring high-quality data from reporting facilities can help to reduce the burden on central registry consolidation staff, improve the reliability of auto-consolidation, and result in more timely central registry data. Providing facilities with feedback can help them improve the quality of their data.



Conduct quality audits of a selection of cases from each reporting facility and share the findings with the facility.

- Registries may choose to conduct targeted quality audits of one data item or a few related data items to reduce the burden on quality assurance staff.
- It may be helpful to have hospital registrars perform re-abstracting of their own cases using only the text submitted with the abstract.



Provide each facility with a report card or dashboard of the number and type of edits on incoming cases (based on standard edit sets) and/or the number and type of errors on incoming cases (based on visual editing).

- Calculate an accuracy rate by dividing the number of cases without errors by the total number of cases submitted and multiply by 100.



Monitor the proportion of cases from each facility that contain unknown or non-specific values in key data items. Show each facility how its data compare to data from all facilities combined.

- A registry may choose to exclude certain cases from review. These may include non-analytic cases, laboratory-only cases, or autopsy-only cases.



Registries may want to establish benchmarks or targets for data quality.

- An accuracy rate of 95 percent is recommended.



Provide reporting facilities with a mechanism for correcting and resubmitting cases to improve their accuracy rate and ensure the central registry has the most accurate information for each patient.



This tip sheet was developed based on contributions from central registries throughout North America. It is not meant to lay out a specific methodology, but rather as a starting point for more in-depth discussions, development of tools, and the establishment of new processes or practices within individual registries as appropriate.

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