California's Completeness, Timeliness, and Quality Report

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Abstract:

The California Cancer Registry (CCR) has created a report that summarizes Completeness, Timeliness, and Quality metrics for reporting facilities and is used by central registry staff, hospital abstractors, and reporting facility administrators to monitor compliance with California's reporting standards.

Completeness Section:

Determined by the year and month of the *Date of First Contact* (NAACCR Item #580).

Example: A case with *Date of 1st Contact* of 01/05/2011 would be counted in the January 2011 cell.

Color Coding:

Yellow: Highlights the Completeness percentage standard for the previous month (as the report is usually distributed a day or two after the first of the month). This percentage changes every month.

Gray: Highlights the Annual Expected Count for the associated reporting year. The expected count is determined by the CCR's Data Collection Department.

Timeliness Section:

Calculated as the difference in months between the *Date of 1st Contact* (NAACCR Item #580) and *Date Case Report Received* (NAACCR Item #2111).

On Time: Cases received between 0 and 6 months from the *Date 1st Contact*
Delinquent: Cases received between 7 and 12 months from the *Date 1st Contact*
Out of Compliance: Cases received 13 or more months from the *Date 1st Contact*
Excluded: Cases excluded from the timeliness calculation.

Example: A case with *Date of 1st Contact* of 01/05/2011 received on 07/31/2011 will have a 6 month timeliness calculation.

Color Coding:

Purple: Highlights the On Time timeliness percentage standard (as set by state law) and the actual percentage as submitted by the facility.

Gray: Highlights the number of monthly expected cases for the current reporting year (expressed as 1/12th of Annual Expected Count) and the number of actual cases received for a color coded visual comparison.

Completeness, Timeliness, and Quality
Hospital A

Completeness — April Standard: 83% of 2010 Admissions

First Contact	Expected	Actual	%	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Unk
2011	480	1	0%	0	1	0	0	0								0
2010	456	421	92%	39	44	33	34	50	47	36	39	36	34	26	3	0
2009	260	267	103%	17	18	27	24	28	28	19	22	25	13	23	23	0

Timeliness — Standard: 97% Of Cases Submitted Within 6 Months Of Date 1st Contact; Cases Expected Each Month: 38

Received	Disposition	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total	%
2011	On Time	33	41	4	58	0								136	100%
	Delinquent	0	0	0	0	0								0	0%
	Out of Compliance	0	0	0	0	0								0	0%
	Excluded	20	3	2	5	0								30	
	Total Received:	53	44	6	63	0								166	
2010	On Time	7	34	24	24	13	16	0	0	0	0	0	77	195	93%
	Delinquent	3	3	2	2	2	1	0	0	0	0	0	0	13	6%
	Out of Compliance	0	1	0	0	1	0	0	0	0	0	0	0	2	1%
	Excluded	0	0	2	0	0	0	0	0	0	0	0	164	166	
	Total Received:	10	38	28	26	16	17	0	0	0	0	0	241	376	

Quality — Standard: 97% Accuacy

Processed	Disposition	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
2011	Percent	100%	99%	100%	100%	N/A								100%
2010	Percent	98%	97%	98%	100%	99%	100%	98%	99%	N/A	N/A	N/A	100%	99%
2009	Percent	99%	98%	98%	98%	96%	99%	99%	97%	99%	97%	96%	99%	98%

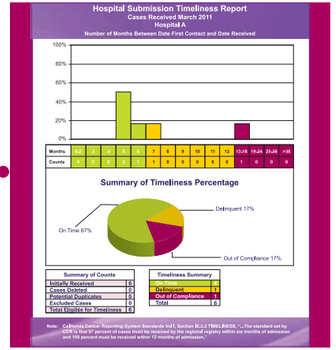
Quality Section:

Defined as an Accuracy Rate. The Accuracy Rate is calculated using the following formula: 100 – ([Number of Errors] / ([Cases Visually Edited]*[Required Items per Case])*100). The Required Items per Case is defined by the Data Standards and Quality Control Department and consists of important and new data items. Currently the Required Items per Case number is 11 but is expected to go up to 17 with the inclusion of new Collaborative Staging fields.

Example: Thirty cases for a facility are visually edited during a period where the CCR has defined 11 Required Items per Case. Of those 30 cases, there were 3 errors. The facility has a 99% Accuracy Rate for the month of February 2011 (look for the formula on the Visual Editing Accuracy Rates report example to the right).

Color Coding:

Blue: Highlights the Accuracy Rate standard and the actual Total Accuracy Rate for the facility.



The monthly Hospital Timeliness Report provides a graphical representation of the facility's timeliness results.

Visual Editing Accuracy Rates
Cases Processed in February 2011
Hospital A

Item	Discrepancies	Percentage
County at DX	0	0%
Date DX	0	0%
DX Confirmation	0	0%
Grade	0	0%
Histology	0	0%
Laterality	0	0%
Nodes Pos/Exam	1	3%
Race	0	0%
Sex	0	0%
Site	0	0%
Spanish Origin	2	7%
Total Discrepancies:	3	

Total Cases Visually Edited:	30
Required Items per Case:	11
Accuracy Rate:	99%

Formula: 100 - ((3 / (30 x 11)) x 100)

The monthly Visual Editing Accuracy report shows counts for the required data items deemed incorrect.