A Missouri Model for Batch Audit Quality Assessment

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Background: Case-finding and re-abstracting audits are labor-intensive and expensive. Budget constraints are forcing central cancer registries (CCRs) to rethink audit processes.

Purpose: Develop and evaluate a new educational audit method.

Methods

• We chose quality criteria for which CCR staff could gather data from abstract-level records submitted by facilities for year of first contact 2009-10

• We limited our analysis to records with Class of Case 10-14 since facilities have most control of processes for these cases

• We generated a table of specific data quality criteria for each facility

• The goal was a minimal number of unknown, unusual, improper or non-specific codes

• The table showed facility percent compliance with each criterion and compared each result to results for combined Missouri facilities

• Audited hospitals also received a document that outlined the basis for the analysis and offered references to coding manuals. We also provided suggestions for process improvement initiatives for specific criteria

Results

• Registrars took seriously the opportunity to improve quality processes.

• Many wanted to identify and fix specific cases; we encouraged them to run and analyze their own extracts to uncover poorly coded cases beyond those in our audit.

• Administrators missed having a final statement of pass/fail but were encouraged to dialogue with their registrars on process improvement (e.g., availability of patient ethnicity data).

• Even facilities with no significant deviation from the norm could see areas where they, along with their peers statewide, could improve (e.g., unknown ethnicity at 17% statewide).

• Missouri Cancer Registry staff could see areas of need for continued training and subsequently developed and presented a Live Meeting on melanoma surgery codes.

Discussion/Conclusions

Batch quality assessment is a novel and successful method for auditing registry data using specific quality criteria that can complement traditional audit tools. For CCRs, it is less expensive than traditional case-finding and re-abstracting audits. For reporting facilities, each facility can expand results in a self-directed assessment or refine their own processes to improve data quality. Ideally, batch audits would complement but not replace traditional audits.