

# The Evolution of the QA Process at the Oregon State Cancer Registry

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## Presentation Overview

The Oregon QA Process:

- Where we were
- The Evolutionary Process
- Where we are

## Where we were

- Established by the 1995 Oregon State Legislature
- Purpose:  
**“To provide information to design, target, monitor, facilitate, and evaluate efforts to determine causes...of cancer among Oregon residents, and to reduce the burden of cancer in Oregon.”**

## The Registry

- Reference Date: January 1, 1996
- Oregon Population: 3.5 Million
- 19,000 – 20,000 Resident cases per year

## Where we were

Who participated in the QA process:

- 3 Registrars – Cancer Data Specialists
- 1 Registrar – QA Specialist
- Program Manager and Administrative Assistant
- Temporary employees

## Where we were

Who participated in the QA process:

- 3 CDS – 100% visual review of electronic cases and some abstracting
- QA Specialist – Processed path lab and physician office cases
- Program Manager and Administrative Assistant – Data entry and case consolidation
- Temporary employees – Help with paper cases, death clearance follow-back, and patient notification

## Where we were

### Success:

- High Quality Data
  - NAACCR Gold Certificates for each year of data
  - NPCR Audit of 1996 data with very good results

## Where we were

### Challenges:

- Audits of reporting facilities done occasionally
- Beginning to develop a backlog of electronic cases
- Paper cases were backed up for at least a year
- Resources (staff and funding) stretched to the limit

## Where we were

### Concerns:

- No capacity for changing/improving the system
- No capacity to overcome obstacles:
  - Staff turnover
  - Illness
  - Special problems or projects

## Where we were

“You can have it good.  
You can have it fast.  
You can have it cheap.  
Pick two.”  
(Thanks Bill)

## Where we were

- 2 Registrars retired
  - A few months with vacant positions
  - Training new employees
- The backlog of cases was growing
  - Up to a year's worth of cases waiting for QA

## The Evolutionary Process

- Increase the efficiency of the QA Process
  - Software changes (2 to 1)
  - Add a 4<sup>th</sup> Cancer Data Specialist (2 yrs)
  - Increase and standardize use of electronic edits (central and hospitals)
  - Automate Death Clearance
  - **Reform the QA Process**

## The Evolutionary Process

- QA team meetings to discuss issues
- Challenged to streamline the process (without sacrificing quality)
  - Start with small changes
  - Monitor results
  - Repeat

## The Evolutionary Process

- 1<sup>st</sup> Major Change in Process
- Registrars decided that prostate, breast and In-situ bladders did not require 100% visual review
  - Run Electronic Edits
  - Visually Review only a sample

## The Evolutionary Process

- If this change worked, they would add local-stage endometrium, in-situ melanomas and invasive melanomas (after checking tumor size)

## The Evolutionary Process

- Stopped processing assigned hospitals
  - First in – first out
  - To reduce the backlog, and.....
  - “so each registrar got a fair share of the good, the bad, and the ugly.”

## The Evolutionary Process

- Started doing more abstracting thus cutting down on temporary help
- Developed the first formal checklist for conducting QA
- Developed workshop presentation and newsletter articles to reinforce use of concise text to support codes

## The Evolutionary Process

- “We reviewed the OSCaR dataset together and SURPRISE! .... We didn't agree on what fields we need to review.”
- Series of check-off sheets developed over the next several months to standardize the process

## The Evolutionary Process

- Collaborative staging inspired changes to the process
- Geo-coding accentuates the importance of address information (avoiding PO Box, etc.)
- Increased research requiring patient contact uncovered some problems with coding follow-up physician

## Where we are

- Nearly all electronic cases are processed within 1-2 months of receipt
- CDS responsibilities are expanded:
  - All electronic cases (QA and merge)
  - Abstract and enter almost all paper cases (mail-in, physician office, path lab, etc.)
  - Complete cases from DC follow-back
  - Maintain written procedures
  - Produce abstracting guides for reporting sources

## Where we are

- 2007 Physician office and path lab reports are being entered when received
  - The backlog of 2006 cases will be eliminated in 6 months
- Each CDS has assigned facilities, again
- Hospitals get immediate feedback on data submissions

## Where we are

- Data Quality remains good:
  - 9 years of complete data
  - 8 Gold, 1 Silver Certificates
  - Met all NPCR Program Standards (except the 12 month 90% standard is a challenge)

## Where we are

QA team takes pride in their accomplishments and feel ownership in the QA process.

## Contact information

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