

Improved Processes Lead to Higher Data Quality

AUTHORS: Kristen Smith, BS; Alison Little, MPP; Ann Adams, MS; Cindy Dorsey, ODS-C; Paige Miller, MPH, PhD; Susan Perez, ODS-C; Miriam Robles, RHIT, ODS-C; Allison Vasquez, BS, ODS-C; Natalie Archer, PhD

SUMMARY

The Texas Cancer Registry (TCR) is committed to collecting, consolidating, and disseminating accurate, complete, and high-quality data. Reducing the percentage of cases reported by death certificate only (DCO) is one way in which TCR and other central cancer registries improve data quality. For many years, TCR has performed annual linkages between Texas cancer incidence data and Texas state mortality files to identify cancers that had not been submitted to TCR by hospitals or other reporting sources. Following the linkage, staff review the potential DCO cases for reportability, and if deemed reportable, TCR would request a full abstract from the associated reporting facility.

This death clearance process also helps identify hospitals and other health care entities that have not reported cancers according to state law, so TCR can set them up for regular reporting. TCR has reached NPCR's high-quality data standard of less than 3% DCO cases for many years. In the fall 2023 annual data submission, TCR made significant process improvements and changes to reduce the DCO percentage even further.

CHALLENGE

- Very high-quality cancer data depend on a very low proportion of DCO cases.
- TCR took efforts to lower our DCO case percentage below the about 3% we achieved in previous years.

SOLUTION

Changes in processes to reduce DCO case percentage involved collaboration across TCR, with additional work and effort by all teams.

- **Research specialists and epidemiologists:** TCR research specialists and epidemiologists previously generated reports that included the number of DCO cases per facility, identified by linkage with Texas death certificate data, only occasionally when asked. This year, the team proactively generated a "DCOs by Facility" report each week. The report allowed the Regional Operations team to prioritize certain facilities for more information and to track changes over time.
- **Regional Operations team:** Staff in the Regional Operations team communicated with facilities weekly to ensure they sent us the necessary information for DCO cases. The team used the "DCOs by Facility" report to determine which facilities to contact. Staff sent regularly updated lists of expected cases to facilities and verified facility submissions.
- **Quality assurance (QA) team:** The main change for the QA team was the time spent on their regular DCO-related responsibilities. QA staff developed a spreadsheet to document when more follow-back was required and shared it with the Regional Operations team.

RESULTS

Generating a new weekly report on DCOs by facility, allocating more Regional Operations staff time to contact facilities about DCO case follow-back, and increasing QA staff time dedicated to death clearance activities were successful. All groups in TCR worked together to achieve our registry's lowest ever DCO percentage of 1.57% (certification year 2021), compared to 2.04% in the previous year. By lowering the percentage of cases identified solely by a death certificate, other important metrics of data quality, such as unknown stage, improved as well. Also, after working with facilities to gather information for the annual data submission to CDC's National Program of Cancer Registries, staff found that the annual death clearance process needed to start earlier in the year and implemented this in the fall 2024 data submission season.

CONCLUDING REMARKS

After this year's trial of the new procedures, staff learned to begin the annual death clearance process earlier in the year. We are optimistic that this new process should help us maintain lower DCO percentages than in the past. Next steps to maintain and potentially further reduce DCO percentages include reaching out to new reporting sources to follow up on these cases, including medical examiners, nursing homes, and hospice facilities.



U.S. Department of
Health and Human Services
Centers for Disease
Control and Prevention