

**New Jersey State Cancer Registry
Quarterly Hospital Quality and Completeness Report
(QuaCR)**

Frequently Asked Questions

General

Q. What is the Quarterly Hospital Quality and Completeness Report (QuaCR)?

A. *The QuaCR is a document generated by NJSCR using cases submitted by each facility. It measures the completeness, timeliness, and quality of the submitted cases. The reports are sent to each facility four times each year: October, January, April and July. The final report, sent in July, is used to identify facilities eligible for the NJSCR Award for Excellence in Timely Cancer Case Reporting.*

Q. Will my boss (or my boss's boss) see the QuaCR?

A. *No. The QuaCR is sent only to the primary cancer registry contact on file with NJSCR. It is up to the registrar to share it with other members of the hospital staff as appropriate. NJSCR encourages you to share the QuaCR with your hospital administrators and/or cancer committee.*

Q. How should I use the QuaCR?

A. *The QuaCR is meant to be a tool for your cancer registry. It can be used to identify areas for improvement or to help justify the need for additional resources in your registry. If your facility falls below one of the benchmarks, review the records in your cancer registry and correct or update the data.*

Q. Sometimes codes really are correctly coded as unknown. Why do these count against my facility?

A. *It is true that sometimes an unknown (i.e. 99) code is the best code according to standards. But often times a more specific code can and should be used. The benchmarks used for the data quality measures allow for a certain percentage of your cases to be unknown. In addition, the 90% confidence interval allows for some of the unknown codes to be legitimately unknown.*

Q. My facility treats many patients who do not have social security numbers (i.e. Non-U.S. citizens). As a result, my facility will not be able to reach the benchmark for unknown social security number. How is NJSCR addressing this?

A. *Provide NJSCR with a list of those cases identified as having unknown social security numbers. Include the accession number and the reason for no social security number. NJSCR will adjust the data for this benchmark based on the information provided. NJSCR must receive this list no later than August 15th. For 2015 cases and later, document in the Remarks section of the abstract text: "No SSN –" and give the reason. These cases will be excluded from future QuaCR reports.*

Q. Some cancers are diagnosed clinically and never have a tissue diagnosis. For many of these, the correct histology is 8000. Are these cases included in the quality measures?

A. *The QuaCR has been revised to include only histologically and cytologically confirmed cases in this measure.*

- Q. What is a confidence interval and how does it affect my data quality performance?
- A. *A confidence interval is a statistical tool that provides a range of values which act as an estimate of the true value. For the data quality measures in the QuaCR, the lower bound of the confidence interval is the number used to determine if a benchmark is met. For example, if your facility submits 100 cases and 4 have unknown social security number, the percent unknown is 4%. The 90% confidence interval is from 0.8% to 7.2%. Because 0.8% falls below the gold benchmark of 1%, this measure achieves gold, even though the actual percent did not meet the benchmark. The 90% confidence interval is used in order to provide the reporting hospital with a wide margin for reaching the benchmark.*
- Q. Can I calculate my own confidence intervals so I know what to expect?
- A. *Yes. There are confidence interval calculators available for free on the internet. Use a web search to locate one.*
- Q. Why are non-analytic cases included in the QuaCR?
- A. *N.J.A.C. 8:57A requires healthcare facilities in NJ to report all patients with active cancer diagnoses. NJSCR does not mark a distinction between “analytic” or “non-analytic.” The reporting requirements are the same for all cases.*
- Q. Who should I contact with questions about the QuaCR?
- A. *If you have any questions about the QuaCR, please call your NJSCR representative, listed on page 1 of the QuaCR, or call 609-633-0500 and ask to speak to your representative.*

Award for Excellence in Timely Cancer Case Reporting

- Q. What is the NJSCR Award for Excellence in Timely Cancer Case Reporting?
- A. *The Award is a way for NJSCR to recognize outstanding performance by NJ hospital cancer registries and to promote timely, complete, quality cancer reporting. It is given once per in October. There are three levels of award: Gold, Silver, and Bronze.*
- Q. Do I need to apply for the Award like in previous years?
- A. *No. NJSCR will use the QuaCR to determine eligibility for awards. Winners will be announced at the ORANJ annual meeting. Facilities unable to attend the annual meeting will be notified by mail and/or email.*
- Q. What are the eligibility criteria for the NJSCR Award for Excellence in Timely Cancer Case Reporting?
- A. *Each of the three levels of award (Gold, Silver and Bronze) requires that the facility meet the benchmark for each of the three categories: completeness, timeliness, and quality. The benchmarks for completeness and timeliness are:*

	Completeness	Timeliness
Bronze	90%	90%
Silver	95%	95%
Gold	98%	98%

The benchmarks for the 10 quality measures are:

Measure	Bronze	Silver	Gold
Unknown Social Security Number	<3%	<2%	<1%
Unknown Year of Diagnosis	<1.5%	<1%	<0.5%
Unknown/Other Race (99, 98)	<5%	<4%	<3%
Unknown/Other Hispanic Ethnicity (9, 8)	<5%	<4%	<3%
Unknown Class of Case (99)	<1%	<0.5%	<0.1%
Unknown Gender	<3%	<2%	<1%
Unknown/ill-defined Primary Site (C76, C80)	<2.5%	<2%	<1.5%
Unknown Laterality (9, 3)	<6%	<4%	<2%
Non-Specific Histology (8000, 8001)	<3%	<2.5%	<2%
Unknown County at Diagnosis	<3%	<2%	<1%

Q. How does NJSCR calculate completeness?

- A. NJSCR calculates completeness by dividing the number of cases your facility submitted for the accession year by the weighted average of the number of cases submitted over the previous 5 years. The weighted average gives more weight to more recent years and less weight to earlier years. This helps to account for facilities which have experienced real changes in caseload over time.

Q. How are winners recognized?

- A. Winners will be recognized during the awards luncheon at the ORANJ annual meeting in October. A list of winners will also be posted to the NJSCR web page at <http://www.nj.gov/health/ces/njscr.shtml>. A letter of recognition will be sent to the hospital administrator on file at NJSCR.

Improving Your Data

Q. Can I resubmit cases that have been updated in order to improve my facility's quality measures?

- A. Yes. If you have made changes to any of the 10 data elements used to assess quality in the QuaCR, you may resubmit those cases to NJSCR. All updates received by the end of the quarter will be included in the next QuaCR. All updates must be received by NJSCR no later than June 30th in order to be used for determining eligibility for the Award for Excellence in Timely Cancer Case Reporting.

Q. Will resubmitting cases affect my facility's timeliness?

- A. No. Timeliness is calculated based on the date the completed case was first submitted to NJSCR.

Q. I believe the NJSCR estimate of completeness for my facility is incorrect. I have completed my facility's casefinding and have not failed to report cases. What do I do?

- A. If you believe you do not have outstanding cases for the accession year, you may challenge the NJSCR completeness calculation for your facility. To do so you must:
1. Inform your NJSCR representative in writing or via email.
 2. Send your facility's discharge list/disease index via encrypted email to ops.njscr@doh.state.nj.us.
 - a. The subject of the email must be: "[Facility Name] [Accession Year] Completeness"

