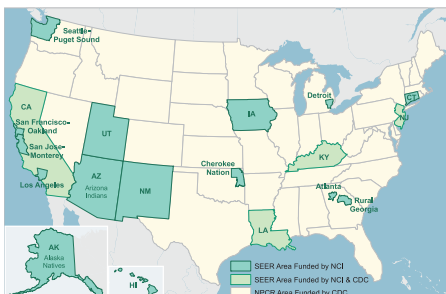


SEER Virtual Network for Quality Control: A Model for Quality Improvement

Background

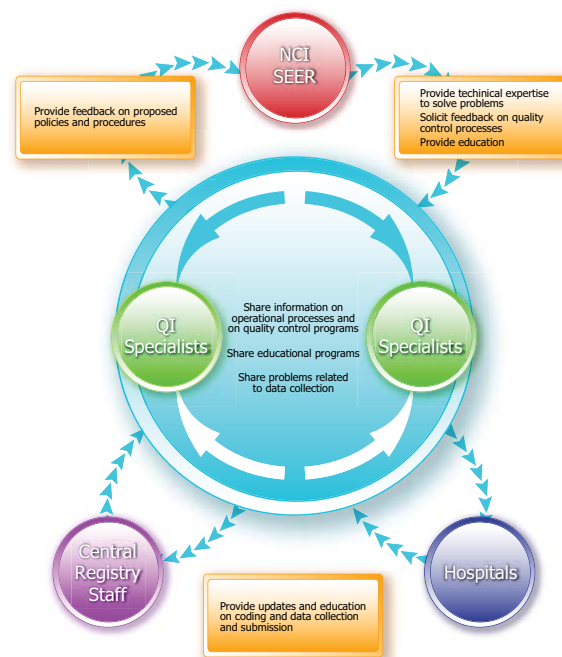
The Surveillance, Epidemiology, and End Results (SEER) Program of the National Cancer Institute (NCI) is the authoritative source of information on cancer incidence and stage-specific survival in the United States. SEER currently collects and publishes data from population-based cancer registries in geographic areas that represent approximately 26% of the US population.



Quality Control has been a part of the SEER Program since its inception in 1973. NCI SEER Quality Improvement (QI) was established in 2000 to improve the quality and completeness of cancer information through assessment, accountability, project evaluation methodology, and needs-based education.

NCI SEER QI features a virtual network in which responsibilities are shared among NCI SEER staff and the 15 SEER cancer registries. This virtual network allows for comprehensive QI on an annual caseload of over 385,000 cases with just 5 NCI SEER staff members. The success of this model demonstrates that a virtual network can enhance QI within any cancer registry, even one with limited resources.

QI through Enhanced Information Flow



The SEER QI process thrives on open channels of communication between NCI SEER and QI specialists; communication among the QI specialists; and communication between QI specialists and the central registry, and between QI specialists and reporting hospitals.



Model of Shared Responsibilities

NCI SEER staff oversee a virtual network composed of QI specialists at 15 SEER registries. These specialists assume many important responsibilities, which enable NCI SEER staff to devote their time to developing processes, documentation, and educational programs to enhance the overall quality of data.

Responsibilities of QI Specialists at Registries

- Attend bimonthly meetings with NCI SEER (through video and teleconference)
- Assume leadership roles in QI
- Deliver educational programs and distribute new information to registries and hospitals within their area
- Perform regional and national field audits
- Participate in web-based reliability studies
- Edit instructional manuals

Responsibilities of NCI SEER Staff

- Plan, implement, administer, and lead SEER QI process
- Provide technical expertise on data collection and coding
- Synthesize information from database, audits, QI feedback, and technical questions to
 - Improve data collection and coding instructions
 - Develop educational materials targeted specifically to identified needs
 - Develop and maintain electronic tools to improve efficiency, accuracy of data collection

Benefits of the NCI SEER QI Model

The model of shared responsibilities through a virtual network fosters an excellent working relationship among NCI SEER staff and QI specialists in registries across the SEER program.

This relationship yields several important benefits:

- Information on new rules, processes, and registry tools is consistent across registries.
- Registries have an active voice in SEER policies and procedures that affect them.
- Collaborative process offers incentive for registries to provide feedback to NCI SEER.
- Feedback from registries ensures continuous improvement in documentation and educational programs.
- Involvement in SEER QI process raises the competency levels of individual participants.
- SEER QI process builds national capacity through this cadre of experienced QI specialists.
- Registries gain experience, knowledge, and expertise through national network of their peers.
- Reporting hospitals have access to expertise from registries in their own areas.

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