

SEER*DMS Glossary

Abstract Facility Lead – In SEER*DMS, an Abstract Facility Leads (AFL) is a mechanism for assigning and tracking a request to abstract a patient's medical records at a particular facility. An AFL is auto-created when an incoming record indicates a reportable cancer that requires an abstract. In most configurations, an AFL is auto-created when a Casefinding, Health Index, NAACCR Update, or Death Certificate record moves through the workflow (refer to your registry's workflow diagram). If the record is reportable, an AFL is auto-created to alert you that an abstract may be needed. The AFL is closed automatically when an abstract record enters the system and is matched to the AFL. AFLs can also be created and closed manually. AFLs are described in detail in *Chapter 21: Managing Abstracting Assignments*.

Auditable – A reportability setting of Auditable indicates that a record contains cancer-related data but is not a reportable case. Auditable records are retained for use in casefinding audits. SEER*DMS processes these records to obtain potential follow-up information. See *Chapter 9: Screening for Reportability*.

Audit Log – An audit log is a record of changes made to data. SEER*DMS maintains an audit log for each record, patient set, contact, facility, and AFL. Whenever a data field is changed by a user or a system process, an entry is made in the audit log. The information in the audit log includes the user or process which modified the data, comments related to the change, the date and time of the modification, and the original and modified value of each data field that was changed. For changes made to records and patient sets, a user may provide comments related to individual data items or provide a general comment for all data items changed within a single session. See *Chapter 2: Records and Patient Sets*.

Change Control Board – The Change Control Board (CCB) is the SEER*DMS steering committee for change management. The CCB evaluates plans and proposals for all significant changes and enhancements to SEER*DMS, including the development of new features and changes to algorithms, the database structure, and hardware infrastructure.

Consolidation – The consolidation process involves combining cancer data from multiple reports for the same patient into one comprehensive data set, known as the "patient set." This process may involve consolidating data from multiple records and creating a new patient set, or consolidating data from one or more records into an existing patient set. See *Chapter 12: Consolidating Data*.

CTC – Cancer/Tumor/Case (CTC) refers to an instance of a disease of interest. Generally speaking, a CTC is a neoplasm with topography, histology, and behavior codes that meet the SEER, local, or special study case reporting guidelines. While this is usually a cancer or a tumor, some code combinations are not truly tumors and others are arguably not cancer. In the SEER*DMS database, a CTC is a data entity within a patient set. All diagnostic, staging, and treatment data for a reportable neoplasm are stored in a CTC. A patient set may include multiple CTCs, one for each primary cancer diagnosed for the patient. See *Chapter 2: Records and Patient Sets*.

Death Clearance - Death Clearance is the process of linking death certificate records with the registry database in order to determine all deaths among registrants and to identify deaths from cancer among persons previously unknown to the registry. These processes are described in *Chapter 17: Death Clearance*.

Edit Errors – During various workflow processes, SEER*DMS checks records and patient sets for errors based on SEER and registry-defined edits. Errors that are detected can be reviewed in the record or patient set editors and monitored through system reports. A severity level is assigned to each edit in order to trigger specific manual tasks and prioritize errors during editing tasks. See *Chapter 7: Edit Errors*.

Event Date – The Event Date is a field in the record table that is set based on record type and the types of date fields available on that record. It is a system field required by many processes and modules in SEER*DMS. For example, the Year column in the worklist shows the year portion of Event Date. It would be the year of diagnosis for most records, but would be the year of death for a death certificate record. Event Date is set by a polisher which checks a series of date fields. Event date is set to date of diagnosis if the date of diagnosis field is not blank and is not 0-filled. Otherwise, the Event Date is set to the first non-missing value found in fields such as screening date, procedure date, specimen received date, admission date, discharge date or date of last contact. The precise logic is documented on the Polishers help page in SEER*DMS.

Follow-up – The term follow-up refers to the processes whereby a registry continues to monitor the status of a patient's health at periodic intervals. Data fields concerning a patient's vital status, date of last contact, treatment, and recurrence are periodically updated to maintain accurate surveillance information. See *Chapter 16: Follow-up*.

Follow-back – In SEER*DMS, the term "follow-back" refers to the process of contacting a reporting facility to obtain missing information or to resolve inconsistencies in data received at the registry. While editing, screening, or consolidating data, a registrar can submit a request for follow-back information. These requests will be reviewed and processed using the Follow-back Management tool. Periodically, a registry manager will review, edit, and compile follow-back requests into a single communiqué that is sent to a physician or other representative at a facility. See *Chapter 22: Follow-back*.

Keyword – A keyword is a significant word or phrase that may appear in text data fields. SEER*DMS includes a list of keywords typically found in medical records related to cancer diagnosis and treatment. SEER*DMS uses color-coded highlighting to emphasize the keywords when the text fields are displayed on the screen. The System > Keywords menu item allows registry staff to add and delete words and phrases from the keyword list.

Patient Set – A packet of data in the SEER*DMS database which includes all data associated with a particular patient. These data include patient demographics, information on all reportable cancers, admissions information, diagnostic procedures, treatment information and text documentation. The patient set also includes linkage information to enable access to the source records. See *Chapter 2: Records and Patient Sets*.

Record – A record contains the source data submitted to the registry. In the SEER*DMS database, these data are stored in the record table. Records are created in the database when data are loaded from files or entered manually. Each record travels through the workflow, triggering the automated and manual tasks that must be performed to process the data. See *Chapter 2: Records and Patient Sets*.

Incoming Record – A record that has entered the workflow and has not yet been consolidated into patient set data is referred to as an incoming record.

Focus Record – The record that triggered the creation of a workflow task is the "focus record" of that task. One incoming record is the focus of Match-Consolidate and Consolidate tasks. Other records that were selected as matches to that record would also be involved in the tasks.

Linked Record – A "link" is an association between a record and a patient set. When record data are consolidated into an existing patient set or used to auto-build a new patient set, the record is linked to the patient set. The Patient Set Editor provides access to all linked records, enabling users to review the raw data that contributed to the summarized and consolidated Patient Set.

Record Type – Record type is a general classification that can be assigned to data provided in multiple file formats. For example, NAACCR Abstract is a record type assigned to data provided in

any version of the NAACCR file layout; the Supplemental record type is used for department of motor vehicle, CMS/HCFA, and voter registration data. The record type dictates the path of an incoming record through the SEER*DMS workflow. The SEER*DMS record types are defined in *Chapter 2: Records and Patient Sets*.

Screening – Screening is the process of determining whether record data are *reportable to the registry*. The reportability of a record is related to, but not exactly the same as, reportability requirements for data sent by the registry to SEER and other organizations. SEER*DMS uses a combination of automatic and manual workflow tasks to determine a record's reportability. A manual screening task is generated for any record that, according to registry policy, must be reviewed in order to ascertain reportability. See *Chapter 9: Screening for Reportability*.

System Report – SEER*DMS includes an integrated reporting package that enables you to run pre-defined system reports. These include reports that summarize registry activities, track data through the system, and provide quality control information. Some system reports are integrated as print mechanisms throughout SEER*DMS, while others are listed in the Standard Reports table. See *Chapter 24: Creating Reports and Extracting Data*.

Visual Editing – Quality control of a newly created patient set involves the visual review of data fields, comparison of coded fields to information in the text, and a review of edit errors identified by the computerized edits. The Visual Edit Patient Set task enables registrars to visually review data for a new patient when a patient set is created from a single record. A Visual Edit Patient Set task is created when a patient set is created from a single abstract, casefinding, death certificate, or short health record. See *Chapter 13: Visual Editing*.

Visual editing is also conducted during consolidation tasks, in which registrars review incoming data as they consolidate data from multiple records, or consolidate data from a new record with data previously loaded into the system. Visual Edit Patient Set tasks are created when a patient set is created from a single record, Consolidation tasks are created when a patient set is created from multiple records or new data are consolidated into an existing patient set.

Workflow – The SEER*DMS workflow provides a configurable means to route records and other system data through the appropriate automatic and manual tasks. The workflow controls the path of a record through the editing, screening, matching, and consolidation tasks with the ultimate goal of incorporating the record's data into the patient set data. A record entering the workflow is initially processed in a series of automatic tasks. A manual task is only created if human attention is required to complete the task. Once the manual task is completed, the record continues to the next task in the workflow. See *Chapter 4: Using the Worklist*.

Worklist – The SEER*DMS worklist provides a view of the automatic tasks that are currently running and the manual tasks that require attention. The manual tasks displayed in the worklist are the staff's "to do list". See *Chapter 4: Using the Worklist*.

Worklist Flag – A worklist flag is a tag associated with a task that indicates that there is something "special" about that task. The worklist flags provide a mechanism for searching for priority or problem tasks. For example, a worklist flag is pre-defined in SEER*DMS to indicate that a task is related to data that is likely to generate a new reportable case. Tasks related to new cases or patients may be considered a higher priority. Registry management can create worklist flags, registry staff can manually set flags for a task, or SEER*DMS can be configured to automatically set worklist flags.

