

# Chapter 13: Resolving Patient Set Errors

SEER\*DMS validates Patient Set data based on SEER and local edits (described in *Chapter 7: Edit Errors*). The data in a Patient Set are validated each time a Patient Set is opened, saved, and when a user clicks the Validate button in the Patient Set Editor. The data in a Patient Set are also validated when the Patient Set is modified via a mass change import.

All Patient Sets can be re-validated using a batch task. The Patient Set Edits system task should be executed when edits are modified and when new edits are written. Instructions for executing the Patient Set Edits system task are provided in the *Chapter 7: Edit Errors*.

Edit failures are often resolved while visually editing or consolidating Patient Set data. However, the user is not required to clear all edits during a consolidation task. If the Patient Set is saved with errors when a consolidation task is completed, a Resolve Patient Set Errors task is created. This allows the registry to separate activities specifically related to resolving errors from consolidation, if desired.

The Resolve Patient Set Errors task is the last manual step in the workflow. Once this task is completed, the Patient Set will exit the workflow.

In this chapter, you'll learn about

- Resolve Patient Set Errors Tasks
- Correcting Errors in a Patient Set
- Viewing Edit Information
- Saving Changes to a Patient Set
- Undoing Changes
- Requesting Follow-back Information
- Visual Editing

## Resolve Patient Set Errors Tasks

Requires system permission: *pat\_edit*

A Resolve Patient Set Errors (RPSE) task is created when:

- One of the following tasks is completed and there are edit failures:
  - Consolidate
  - QC Patient Set
  - Review Patient Set
- Patient Set that is not in the worklist is opened and saved with edit errors.
- Patient Sets failing edits are sent into Review Patient Set Error tasks from the Data Search

One or more Patient Sets can be sent into a Review Patient Set Error task through the Data Search. Use Edits Dashboard or a Data Search to find Patient Sets that have edits, but are not in the worklist. Under the **Actions** menu, select Resolve Pat Set Error Tasks.

The registry's workflow configuration determines whether the new RPSE task is assigned to the user who completed the Consolidate task. In all registries, the new RPSE task is assigned to the user who updated the Patient Set in an ad hoc editing, QC Patient Set, or Review Patient Set task.

An RPSE task is **not** created when:

- The Patient Set Edits system task is executed. New RPSE tasks are not created for Patient Sets with edit failures.
- Patient Sets are modified via mass change or database updates. New tasks are not created if batch changes create edit failures. These edit errors should be identified and resolved via system reports and/or the Data Search.

The edits are re-evaluated when the Patient Set is modified. An open RPSE task will be closed if all edits are resolved. These situations would cause an RPSE task to be completed and closed:

- A user opens the RPSE task, modifies data fields, and clears all edits.
- A user opens the Patient Set in ad hoc editing and clears the edits.
- A user opens the Patient Set in a QC Patient Set or Review Data task and clears the edits.
- The Patient Set is modified via a mass change import and the changes clear the edits.

## Correcting Errors in a Patient Set

Requires system permission: *pat\_edit*; other permissions that may be necessary to complete the task include: *pat\_edit\_overrides*

Review each error prior to making changes to a data field. To evaluate and correct the problem, you must determine if a single field is causing the error or if an inter-field edit has identified a conflict between multiple fields.

*To review and correct edit errors in a Patient Set:*

1. Open the Patient Set's worklist task or open the Patient Set for ad hoc editing.
2. If you opened a Resolve Patient Set Errors task, the Edits tab will be displayed. Otherwise, you will need to open the Edits tab in the panel on the right side of the screen. If you are not using a widescreen monitor then you may need to scroll to see the right panel.

### The Edits Tab is Displayed in the Right Panel of the Patient Set Editor

Severity	Edit ID	Message	Page
Critical	CTC186	CTC requires visual editing.	CTC 02
High	NAACCR-01374	Summary Stage 2000, Date of Diagnosis (NAACCR): If year of Date of Diagnosis = Y:2015 M:02 D:11 then SEER Summary Stage 2000 cannot be blank	CTC 02 CTC 02: Staging

3. The following symbols are displayed next to each error in the **S (Severity)** column:

**Critical** – exclamation point is used to alert you to critical errors

**High** – directional symbols indicate the relative severity level of the other levels, the up arrow is used for high

**Moderate** – flat indicates a moderate severity level

**Low** – a down arrow indicates a low severity level

Note: In SEER\*DMS, if you hold your mouse over any symbol, its meaning will be displayed.

4. The following information is listed for each error:
  - a. **Edit ID** – Edit name or identifier.
  - b. **Message** – A brief description of the edit.

- c. The **Page** column provides a link to data pages containing the fields causing the error.
  - d. To view additional information about the edit, click the Information Icon next to the ID. The information popup is described in the *View Edit Information* section of this chapter.
5. Click a link in the **Page** column to find and edit the fields. The fields validated by an edit may be shown on multiple pages. For example, links to the CTC and Staging pages will be shown for edits that validate staging fields based on year of diagnosis.
  6. A data field is highlighted in a shade of red if it is associated with an edit that has been triggered. Hold your mouse over the field's value to view a listing of the edit errors associated with the field.
  7. If you are able to resolve the error:
    - a. Depending on the field, you may either enter a value directly into the data field or use a Lookup icon  to select the value. **Alt+L** is the keyboard shortcut to open the lookup for the current field (this shortcut does not work for lookups that use a separate window, for example, the shortcut does not work for city and physician lookups).
    - b. The color of the edited field will change when you move to another field (see *Chapter 7: Edit Errors* for a description of the color codes used in the editor).
    - c. Click **Validate** to run the edits and to determine if your change has corrected the error. If the color of the field still indicates an error, hold your mouse over the field to review the error message. (**Alt+V** is the keyboard shortcut for the Validate button.)
  8. There are several edit errors that can be overridden using override fields or review flags.
    - a. SEER, NAACCR, and Registry overrides are implemented as data fields displayed in the **Overrides** section of the CTC page. Each override is associated with a specific edit. Click the field label for field documentation and registry-defined instructions. If you hover your cursor over the label of a SEER or NAACCR override, the NAACCR fieldname for the flag is listed. If the field overrides SEER edits, the edit IDs will also be shown.
    - b. **Collaborative Stage Override 20 (OR CS 20)** on the staging page is required by NPCR.
    - c. Registry-specific and SEER Extended edits that are implemented as warnings can be overridden by setting the **Reviewed** data field on the Demographics page to Yes.
    - d. Registry-specific and SEER Extended edit errors of CTC data that are implemented as warnings can be overridden by setting the **Edit Over-ride** field on the CTC page to Yes.
    - e. There are three treatment review flags on the summary treatment or "course" data page. Each is associated with a set of data fields; for example, the **Radiation Reviewed** field is associated with the radiation fields in the summarized treatment data. If the values of the associated data fields trigger the need for review, then an edit error is generated and an  icon is displayed next to the **Course** link in the navigation box. The  icon is displayed next to the data fields on the page. You must review those fields to ensure that the summary values are correct. To view treatment data fields from all treatment pages, use the Compare TXs link in the top right. It is recommended that you change data values on the individual TX pages when possible. However, if you need to over-ride the summary values calculated by SEER\*DMS, enter values into the data fields on the Summary TX data page and set the flag to *Reviewed*.

9. If information from a reporting facility is required to resolve an error, follow the instructions provided in the *Requesting Follow-back Information* section of this chapter.
10. If you encounter a problem that you cannot resolve, you may either assign the current task to another user or create a Review Task:
  - a. You may use the TSK menu to assign the task to another user and set a worklist flag, if appropriate. Specific instructions are provided in *Chapter 4: Using the Worklist*.
  - b. Select Create a Review Task from the Patient Set menu to create a new task. This allows you to complete the current task, but assign a new task specific to the problem. You may assign the Review Task to yourself or another user. Enter your question or instructions in the Comments field.
11. If you have made a number of changes, you should save your work periodically. You must save your changes when completing a task. When you are ready to save your changes, follow the instructions in the *Saving Changes to a Patient Set* section of this chapter.

## Viewing Edit Information

You can view full documentation for failing edits while you are editing the data. On the Edits tab, click the information icon ⓘ next to the Edit ID.

### Edit Documentation is Available in the Information Popup

The screenshot shows the 'Edits' tab in the SEER\*DMS interface. At the top, there are tabs for 'Action Items 0', 'Text', 'Edits 18', and 'Comments 2'. Below the tabs, it says 'Patient Set (18 edits failing)'. A table with columns 'Edit ID', 'Message', and 'Page' is visible. The first row shows 'IF102' with the message 'RX Summ--Surg Prim Site, Date of Dx conflict' and 'Page CTC 02'. An information popup is open over the 'IF102' entry, displaying the following details:

Edit ID	IF102
Message	RX Summ--Surg Prim Site, Date of Dx conflict
Severity	Moderate
Group	SEER
Sub-type	Patients with SEER or locally reportable CTCs
Documentation	<p>This edit is skipped if Year of Diagnosis[390] is blank.</p> <p>If Year of Diagnosis[390] less than 1998, then RX Summ--Surg Prim Site[1290] must be blank.</p> <p>If Year of Diagnosis[390] greater than 1997, then RX summ--Surg Prim Site[1290] cannot be blank.</p> <p><a href="#">view definition</a></p>

The following information is displayed:

- Edit Id – Edit name or identifier.
- Message – A brief description of the edit.
- Severity - Each edit is assigned a severity level of low, moderate, high, or critical. The severity level is used to determine whether the data can be saved, whether a manual task is required, and to prioritize the edits for the user performing editing tasks.

- Group – SEER, SEER Extended, and registry-defined edits are implemented in SEER\*DMS (refer to *Chapter 7: Edit Errors* for more information).
- Sub-type – A description of the data entities validated by the edit.
- Documentation: SEER\*DMS will display the edit’s documentation, if available. Documentation is available for all SEER edits and many SEER Extended edits. Registry staff are responsible for documenting the registry-specific edits.
- Source Code: You may display the underlying source code by clicking “view definition”.

If you would like to review documentation for all edits in SEER\*DMS, select Help > Edits to access the searchable edits help page. If you have the *system\_administration* permission, you can also use the Edits Manager (select System > Edits).

## Saving Changes to a Patient Set

Requires system permission: *pat\_edit*

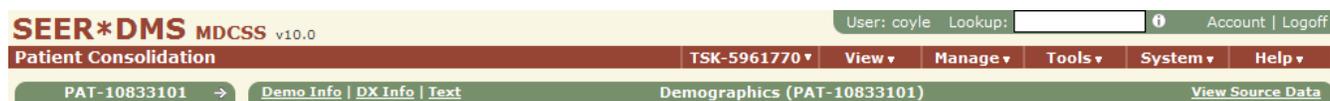
To save changes to the Patient Set and continue editing:

1. Click **Save**.
2. Enter comments to document your changes.
3. Click the **Save** button at the bottom of the Review Changes page.

To save a Patient Set and exit the task:

1. Click **Save**
2. Enter comments to document your changes.
3. Click **Save & Exit**. If all edits are resolved then the task will be completed and the Patient Set will leave the workflow. If edits are failing, the task will remain in your worklist.

**Warning:** If you exit a task using controls on or above the menu bar, any changes that you have made will be lost. The menus (View, Manage, Tools, System) and the controls in the User Bar (Lookup, Account, Logoff) will take you to other system components without prompting you to save your changes. (Help > User Manual is the exception to this rule. The SEER\*DMS Help System opens in a separate window, your work will be unchanged and will continue to be displayed in the original window.) Please refer to *SEER\*DMS Do’s and Don’t’s in Chapter 3: Using SEER\*DMS*.



## Undoing Changes

Requires system permission: *pat\_edit*

You may use the Undo Changes menu item to undo all *unsaved* changes by reloading the Patient Set from the database. Any changes that you had saved will not be undone. However, all changes are documented in the Audit Log. If you need to reverse a saved change, manually edit the field and enter the original value as noted in the Audit Log.

To reload the Patient Set from the database and undo changes made since your last save:

1. Click the  menu indicator in the patient navigation box to open the Patient Set menu.
2. Select **Undo Changes**.
3. Click **OK** to confirm.

## Requesting Follow-back Information

Requires system permission: *pat\_edit* and *fb\_initiate*

In SEER\*DMS, a request for follow-back information is referred to as a “follow-back need”. If you determine that additional information must be obtained from the reporting facility, you should submit a follow-back need. Periodically, a manager will review, edit, and send the batch of follow-back requests to a physician or other representative at a facility. Subsequently, the manager will process the facility’s responses.

You will receive an e-mail notification when a response to your request is processed and the follow-back need is closed. You or another staff member may update data fields based on the new information. As determined by registry policy, one staff member may be responsible for processing all follow-back responses, or the information may be given directly to the staff members who entered the follow-back needs.

If you suspended a task pending the receipt of follow-back information, you must re-open and complete the task to allow the data to move forward in the workflow. You must either make changes to data fields based on the new information or verify that the appropriate changes were made. If you completed the task but need to update the Patient Set with the new information, use the Patient Lookup to search for the Patient Set. Instructions for submitting follow-back requests and processing the responses are provided in *Chapter 22: Follow-back*.

## Visual Editing

Quality control of new data involves a visual review of data fields, regardless of whether edits failed. Visual editing is a quality control process that involves comparing coded fields to supporting text fields. In SEER\*DMS, this process is done when a registrar completes a Consolidate or Resolve Patient Set Errors tasks.

The Visual Editing flag on the CTC page is set to “Needs review”, per registry rules. If the registry has a policy of visual editing 100% of new cases, then the flag will be set to “Needs review” when a CTC is built. If the registry’s policy is to require visual editing when standard-setter edits are failing, then the flag will be set accordingly. In some registries, the visual editing flag will be reset to require a review whenever an abstract is linked to the CTC.

When visually editing a case, compare the coded fields to the supporting text fields. Work through each page of the CTC, including Staging, Facility, and Course pages. When completed, set the Visual Editing Flag to 1 (Reviewed). The case may remain in the worklist if other edits persist, or if the case has not yet been consolidated.