

**ATTACHMENT 4**

**SAMPLE FEEDBACK REPORTS**

- a. Error Summary/Edit Report**
- b. Data Quality Indicator Guide Report**
- c. Service Quality Indicator Guide Report**

SUMMARY OF ITEM ERROR COUNTS

Program and Enrollment Data Section

Count Pct

1.1 Program .....	0	0.0
1.2 Date of Eligibility .....	5	0.0
1.3.1 Knowledge of program (1).....	33	0.1 %
1.3.2 Knowledge of program (2).....	0	0.0

Client and Record Identification Section

2.1 Client Identifier .....	0	0.0
2.2 Record Identifier .....	0	0.0

Demographic Information Section

3.1 Date of Birth .....	0	0.0
3.2 Gender .....	0	0.0
3.3 Hispanic or Latino origin .....	0	0.0
3.4.1 Race1 .....	127	0.3 %
3.4.2 Race2 .....	0	0.3
3.5 State of Residence .....	0	0.0
3.6 County of Residence.....	0	0.0

Screening History Section

4.1.1 Previous take-home CRC fecal test.....	0	0.0
4.1.2 Previous take-home CRC fecal test date .....	0	0.0
4.1.3 Previous take-home CRC fecal test result .....	0	0.0

Colorectal Cancer Risk Factors Section

5.1 Personal History of CRC .....	0	0.0
5.1.2 Year CRC diagnosed .....	0	0.0
5.2.1 Personal History of polyps .....	0	0.0

... Continued for all CCDE variables

**CRCSDP CCDE Data Quality Indicator Guide – Your Program – Report Template**  
**September 2007 CCDE Submission**  
 xx/xx/xxxx

Date Your Program Began Screening: January, 2006

<b>Cut-off Dates</b>	
<b>Submission Cut-off Date: 05/31/2007</b>	
<b>Diagnostic Cut-off Date: 02/28/2007</b>	<b>Note:</b> Items 7-18 and 20-27 are not evaluated for screening exams that are performed after the diagnostic cut-off date, which is 3 months prior to the submission cut-off date. All screenings that are performed prior to the diagnostic cut-off date are expected to have complete diagnostic and treatment information, as necessary. All screening data are used.

Overall Record Counts	(From start of program 01/2006 - 04/2006)	(Previous 12 months) 03/2006 - 02/2007	(Recent 3 months) 03/2007 - 05/2007	Notes
<b>Total Screen Cycles reported</b>	xxxxx	xxxxx	xxxxx	These counts do not include screens with pending results
<b>First Test:</b>				
<b>FOBT/FIT</b>	xxx	xxx	xxx	
<b>Colonoscopy</b>	xxx	xxx	xxx	
<b>Sigmoidoscopy</b>	xxx	xxx	xxx	
<b>DCBE</b>	xxx	xxx	xxx	

Demographic Data						
	Variable	Attribute	01/2006 - 04/2006	03/2006 - 02/2007	03/2007 - 05/2007	Notes
1	<b>Date of Birth</b>	Percentage missing	xx%	xx%	xx%	< 5%
2	<b>Gender</b>	Percentage missing	xx%	xx%	xx%	< 2%
3	<b>Hispanic or Latino Origin</b>	Percentage unknown	xx%	xx%	xx%	unknown and missing combined should be < 5%
		Percentage missing	xx%	xx%	xx%	
4	<b>Race</b>	Percentage unknown	xx%	xx%	xx%	unknown and missing combined should be < 5%
		Percentage missing	xx%	xx%	xx%	
5	<b>State of Residence</b>	Percentage missing	xx%	xx%	xx%	< 5%
6	<b>County of Residence</b>	Percentage missing	xx%	xx%	xx%	< 5%
..... Continued for all CCDE data items .....						

September 2007 CCDE Submission

Reporting Period: Screens cycles from 03/1/2006 – 02/28/2007

Refer to the CRCSDP Policy Manual for additional information and on Service Quality Indicators

Indicator Type, Number and Description		CDC Bench mark	Your Program Results %, (Numerator/ Denominator)	All CRCSDP Programs Combined Results %, (Numerator/Denominator)	
Screening Priority Population	1	Percent of program screens that are provided to clients at average risk for CRC	≥ 75%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)
	2	Percent of average risk clients screened who are aged 50 years and older	≥ 95%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)
Completeness of Clinical Follow-up	3	Abnormal test result with diagnostic follow-up completed	≥ 90%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)
	4	Treatment Initiated following diagnosis of cancer	≥ 90%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)
Timeliness of Clinical Follow-up	5	Percent of positive tests (FOBT/FIT, sigmoidoscopy, or DCBE) followed-up with colonoscopy within 60 days	≥ 80%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)
	6	Percent of abnormal colonoscopies followed-up to final diagnosis within 30 days.	≥ 80%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)
	7	Treatment initiated within 60 days of diagnosis of cancer	≥ 80%	xx %, (xxx / xxxx)	xx %, (xxx / xxxx)

**CRCSDP CCDE Service Quality Indicator Guide – Your Program – Report Template**  
**xx/xx/xxxx**

**September 2007 CCDE Submission**

**Reporting Period: Screens cycles from 03/1/2006 – 02/28/2007**

DRAFT