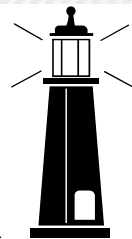


The Sentinel



The Newsletter for the Association of North Carolina Cancer Registrars

March /April 2005

Message from the President: Elizabeth Tucker, CTR

I have learned at least one thing this spring; don't count your chickens before they are hatched. Granted, it wasn't chickens that threw me a loop! On Friday before I was to leave for the national meeting, I was sitting at my desk finishing up things. The phone rang. Earlier that day my husband had had some heart tests for chest pain. Everything appeared to be great. I went back to work, looking forward to the national meeting. But, without my knowing it, they decided to do a stress test instead of his coming back the next week to do it. The test did not go well, so, at 4:00 o'clock he calls. Suddenly, instead of the national meeting, I was looking at his having a stent placement with possible heart surgery on Monday. Enough to be said, I cancelled all my plans for the meeting. He is doing well now. I regret that I was unable to attend. I understand it was a great educational meeting. I have asked some of our members who attended to give us a summary of some of the seminars they attended. Thank you to Linda Mulvihill and Deborah Hummert for their help with the summaries.

I was very proud to read in the CoC Flash that Randolph Hospital in Asheboro has received the Outstanding Achievement Award they were surveyed recently. Congratulations! I am in the midst of preparing for a July survey and I am well aware that meeting the requirements for commendation is no small task! If you have had a survey recently, I would like to talk with you. In the next issue, I would like for the newsletter to have current information from those who have just been surveyed. Just call me at 336-878-6703 or etucker@hprhs.com. Especially for those being surveyed for the first time, this would be of great help.

If you have not subscribed to the CoC Flash, it would serve you well to do so. It will help you keep up with the changes and news from the Commission. The web address is <http://www.facs.org/cancer/cocflash/april05.pdf>. There is an interesting article on Meeting and Exceeding Standard 4.6.

Here are a few items mentioned in the FLASH recently:

- Hospitals being surveyed in 2005 will have 9 standards that will have to be met for a Commendation rating. (2004 was only 7) Issue- April 05
- A modified list of documentation required for 2005 Surveys – March 05
- Information on the CP3R reports – January 05 (Reports available as of May 9, 05)

.President's letter cont'd on page 3

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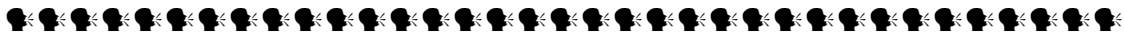
President's letter cont'd from page 1,

Previous issues are available on the web site.

Our Fall meeting is scheduled to be held in Raleigh at the Holiday Inn (near Crabtree Valley Mall) Sept. 12,13 and 14. Carol Burke and the rest of the Program Committee are busy finalizing speakers. A brochure will be sent to each of you in the near future. Also, Debbie Hummert has graciously stepped in to help with Ways and Means. If any of you can provide door prizes please contact Debbie at Debbie.hummert@carolinashealthcare.org.

Spring has been beautiful this year. Azaleas and wisteria have bloomed beyond anything I ever remember. But, alas, here comes the heat!!!! Stay cool!

Elizabeth Tucker
President



2004– 2005 ANCCR Board

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Review of NCRA Annual 2005 Meeting in New Orleans by attendees:

Comments from Linda Mulvihill, RHIT, CTR:

The program started with the results of the NCRA/UCSF Study of the Cancer Registry Workforce. As Chair of NCRA's Recruitment and Retention Task Force, I did a short presentation on the background of the task force and information that brought the audience up to date before the study results were presented by Dr. Susan Chapman. The actual results more or less emphasized what most of those working in the field of cancer registration have observed for some years: a minimal degree requirement should be in place; better education programs are necessary; certification pass rates are declining and a large number of the workforce will shortly be reaching retirement age.

The results of the Job Task Analysis by the NCRA Council on Certification will be used to develop a new CTR exam that will place more emphasis on: Registry organization and operations; Data analysis and interpretation; Abstracting, coding and follow up.

The session on evaluating staffing needs gave some very good basic information on how to use staff reports of productivity for management reports and performance appraisals. The session on AJCC reported that the new Collaborative Stage is "highlighting" some of AJCC's documentation/directions/definition shortcomings. These items will be discussed at their meeting later this year.

The lymphoma training session was fairly close in content to what we teach in NC at the Training in Cancer Data Collection Workshop each year.

The morning of April 12 I had a breakfast meeting with the R&R Task Force and the UCSF staff to discuss the results of the workforce study and how it will be disseminated.

Improving DCO Rates: The Death Clearance Process presented examples of how other organizations have established a process for Death Clearance that works with greater efficiency and less chaos. Nancy Lozon from the Metropolitan Detroit Cancer Surveillance System presented their process. One thing that I noted was the use of physician codes (state license number??) to generate the letters to the correct physicians. The Death Certificates are coded to the physician who signs them. Another interesting item is that DCO only cases use 9, 99, or 999 for all CS Fields except SSF which are coded to 888. Steven Peace from NCI-SEER program gave an excellent overview and definitions for the Death Clearance Process.

Central Registry Quality Audits from a National Perspective addressed the different types of quality audits and how some of the results are used. The NPCR plans to use audit results in the future to develop "state-specific" goals regarding education; to justify personnel increases and to demonstrate the need for additional audits within the state. The types of interventions for improvements will target educational needs and address funding issues. SEER uses audit data to develop new guidelines, educational materials and educational programs.

Electronic Reporting was a topic of two sessions. For the most part the sessions discussed the implications for cancer surveillance when the electronic medical record is more widely used. Part of the electronic reporting discussed New Mexico's use of scanning death certificates to improve their DCO process. The NPCR Modeling Electronic Reporting Project (MERP) is developing a model for the electronic capture of cancer data. The model will enhance the efficiency, completeness, and accuracy of case reporting from an electronic medical record. CDC-NPCR is working with the Virginia University Health System (VCUHS) and the Virginia Cancer Registry (VCR) to develop the model. CTRs will review data before uploading and validate data for quality improvements. VCUHS involvement is to contribute to the model so that other hospitals can make use of it. The VCR is working with VCUHS on the model for state reporting from hospitals. This is a very interesting project that will most probably move the electronic reporting of cancer data forward more quickly than would have been otherwise possible.

Workforce Study results were presented to the central registry special interest group. Unfortunately, not enough central registrars participated in the study to allow actual data from this group. Dr. Susan Chapman was able to present frequencies and projections. Other presenters at this session reported on educational activities in their state. South Carolina was able to use their "un-obligated CDC funds" to pay ALL EXPENSES for data collectors in their state to attend a basic workshop and an advanced training workshop (travel, hotel and materials).

Collaborative Staging Overview gave the audience the rationale for some changes and a broad overview of the changes. We should be receiving an email from COC/AJCC about those changes soon. I attended the CS Breast workgroup session. The newest changes to the breast schema consist mostly of notes and clarifications for coding. One CS Extension field for Inflammatory Breast Cancer has become "obsolete" and registrars were asked to look up cases that were coded currently to code 72 and recode to either code 71 or 73 for more detailed accuracy on extension. Due to other meetings that I had to attend as a new NCRA Board member, I missed the Ovary CS and attended only a part of the Prostate CS. The prostate CS extension codes of 31, 33 and 34 have become "obsolete". The information in those data fields concerning the involvement of the prostate apex are to be recorded in SSF 4 instead. Most of the changes for prostate are clarifications and added notes. "Obsolete" is the term used to denote codes that are no longer used but will enable those cases that are already coded with the "obsolete" codes to be analyzed.

The National Cancer Data Base reported that cases reported to the NCDB are timelier and have fewer errors than in previous years. However, some areas for further review and perhaps clarification for better data may be developed before the next call for data. One of the areas highlighted for further review is the use of Overrides, and it was interesting that the COC is recommending to registrars that they record in the text why they used an override. The last session revealed lessons learned from the 2004 Program Standards of the ACoS. The ACoS has changed their approach from expecting facilities to come to them; they will be marketing ACoS Approvals in the future and "selling" programs on why they should seek approval.

I thought this was overall an excellent educational meeting.

NCRA Meeting Comments from Debbie Hummert:

PERFORMANCE MEASURES FOR COC SURVEYORS:

There is a subcommittee consisting of a chair, 3 surveyors, one new surveyor and a consultant. Meetings are held quarterly by a conference call.

Responsibilities of the subcommittee include recruiting new surveyors, monitoring and evaluating field staff and providing assistance with field staff training.

It is important to get feedback on the surveyors on the post survey evaluation which asks questions regarding the surveyor and if they met all areas of the survey in a timely manner. This evaluates the quality of surveyors and to help identify areas for further training.

If a problem is found with a surveyor, corrective actions are taken. First violation: e-mail notification to the surveyor; second violation: formal written warning; third violation: COC staff observation; fourth violation: grounds for separation from the COC.

Responsibility of the surveyor: Remind each facility to fill out the post survey evaluation, represent the COC with pride and professionalism, learn from any mistake and move forward, strive for 100% customer satisfaction.



New Resources Available on the Web and Dates to Important Dates to Remember:

New Online Education Center at www.creducationcenter.org. This site has variety of online educational opportunities to Cancer Registrars.

New Release of Collaborative Staging Materials: CS Version 01.02.00 at www.cancerstaging.org.

Training in Cancer Data Collection-Summer 2005: August 1-5, 2005, Asheville, North Carolina

NCRA's CTR exam prep workshop in Las Vegas July 30th & 31st at the Atrium Suites Hotel in Las Vegas, NV and will cover all 2005 Exam topics.

Nominations

Please send all nominations for ANCCR officers to the nominating committee by June 3rd. Please refer to ANCCR bylaws when nominating a candidate for each office. Send your nominations to:

Blanche Sellars, CTR
Rex Healthcare
Cancer Registry
4420 Lake Boone Trail
Raleigh, NC 27690

MY EXPERIENCE WITH JCAHO
Carol Burke, CTR

Our hospital was surveyed by JCAHO in December 2004. As most of us do, I prayed that I would not come into contact with any of the surveyors, especially since our cancer program was surveyed in November of 2003. I was hoping that they would see the documentation regarding our approval and skip right over us.

On the third day that they were here, I received a phone call that one of the surveyors had requested a meeting with the cancer registrar. I thought I was going to faint sitting at my desk. They gave me about 2 minutes to pull myself together and make a mad dash to the restroom. When she came in she brought with her my manager, the VP over cancer services and the JCAHO coordinator. We sat down at a table and she told me that she was performing a “tracer” on a patient that was currently on the oncology unit. This meant that she was checking each person who was involved with that patient to see that they were credentialed to care for that patient. She then told me that this patient should be in my registry and handed me a slip of paper with the name on it. I said another prayer that this patient would in fact be in the database and she was. I printed out a summary abstract and handed it to the surveyor and she looked at in great detail-even at the date of diagnosis compared to the date of abstract. She knew the patients stage already and verified that as well as the treatment information.

This satisfied her requirements for the tracer and she thanked me for my help. She then asked me if I was certified and I told her that I was, and she told me how important it is to seek certification and maintain it. She told me she had an extensive oncology background and was very familiar with the registry field and how valuable the cancer registrar is.

So, overall it was a very positive experience, which I wanted to share with each of you in case your hospital is due to be surveyed in the near future.



Letter from the Editor

It’s hard to believe that springtime is here already. The birds are singing and the flowers are busting out in blooms all over. If you didn’t get a chance to go to New Orleans, you missed a great time. In addition to having a great program, it was a great chance to renew old friendships and gain new ones. Hope to see all of you at the meeting in Raleigh, September 12-14th.

Please let me know if there are any articles or any items of interest that you would like to see published. All members are welcome to submit articles for the newsletter. The deadline for submission of articles for the May/June newsletter is June 10th. If you would like to see your hospital profiled in one of our upcoming newsletters, please let me know. Feel free to call me at (336) 832-0832 or e-mail at adaline.brown@mosescone.com.

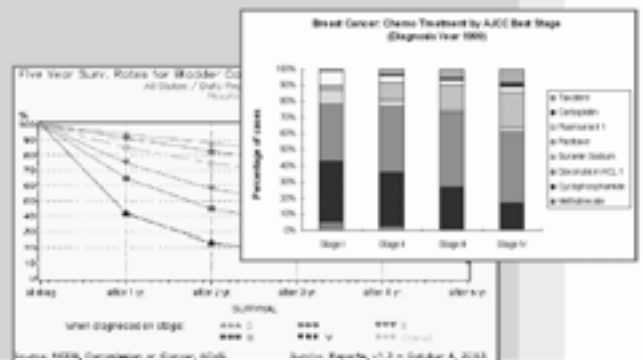


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