



SunTimes - Winter 2012



Florida Cancer Registrars Association

... furthering cancer care and research ...

MESSAGE FROM THE PRESIDENT

Dinah Merrill, CTR

Dinah.Merrill@baycare.org



FCRA

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2011-2012

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With the new 2012 Standards for CoC approved programs our studies will now need to be much more meaningful and have results that include plans for improvement based on these studies. So, how to accomplish a meaningful study? One way is to have the Cancer Committee and your Cancer Liaison Physician list the criteria that they would like to be part of a study.

One example of additional criteria could be the length of wait-time for patients from registration to the end of their mammogram visit. Another example could be the estimated-blood-loss during definitive endometrial cancer surgery and to question if did that differ with robotic surgery versus general surgery or did it differ with the smoker and the non-smoker?

The hard part is getting the physician to set up the criteria. To entice your physician and engage his curiosity, have all the standard data in raw form (i.e. total number in registry, age, race, etc) and send it to him with a couple of questions that you think might peak his interest. My physicians will usually add a few questions of their own for me to add to the study.

Finding time to do a study is always difficult. Quite often all the data is already in the computer in some form. Engage the IT staff when it is outside the scope of your registry data. I also have my staff help in gathering parts of the data. I trade off abstracting or follow-up with them so they are able to participate in the study. Often this gives them the opportunity to see the value of their data and they have a reason to be genuinely engaged in the data collection process from their end.

I begin a study by splitting it into three sections A, B and C. The A section being the raw data that you and your staff can extract from the registry via the query system within the electronic registry software this is usually the standard report data. The B section is any extended data that needs to be collected, this takes a bit more time in explaining exactly what data needs to be gathered. Usually this is the part that the IT Department can help with or as in the case of one of our studies, the breast center staff, as we were monitoring the wait-time of mammogram patients. The C section is the round-table meeting with you and your physician to have him check the raw data and graphs and give his recommendations for improvement planning.

Improvements are to be goals that your program can reach within reason, and should include any process that will improve the quality of care of the cancer patient. The final report will include planned improvement processes or recommendations, which your physician will present to the Cancer Committee. The report is then prepared in its final form for distribution to Administration, physicians and/or publication through the Annual Report.

Multi-person involvement in studies does not have to take a lot of time, but it is invaluable in bringing about a better multidisciplinary understanding of the use of registry data to improve the care of the cancer patient in your facility and educate the registry staff on how their data can affect patient care.



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THE PERILS OF THE TRAVELING REGISTRAR!!

By Sally Kruse, CTR
President-Elect
sallyctr@yahoo.com



I was warned about the perils that are to be avoided when traveling - obviously stay safe – keep your doors locked and don't venture out alone after dark. No one warned me about the danger of walking and not looking where you are going.

I fell in the Bronx, NY in 2002 and dislocated my elbow. I kept saying I was going to laugh at this when it was all over and believe it or not I'm still laughing.

I was walking back from lunch with the head of the Oncology Medical Center (the doctor was wonderful he even paid for my lunch). Anyway, I tripped on the sidewalk and caught myself with my right hand and dislocated my elbow. At least four people stopped to help (that changed my mind about New Yorkers) and New York's finest (fire department) were called. They lived up to their reputation and I got my first ride in the back of an ambulance with the Oncologist holding my hand. I almost blacked out, the pain was excruciating, it almost equaled the pain of childbirth, and much worse than a break. They asked me the basic questions: name, address, SS#, date of birth and insurance. Not once did they ask me for my ID or insurance card and when I arrived in the ER they just copied what was written by the FD.

When I arrived in the ER (this is a city hospital that takes care of all of the indigents) my first doctor (or resident) was a female, she was great and gave me a shot of morphine (I now know why people get hooked on drugs). My escort doctor was staying right with me with my purse over his arm (the Oncologist stayed with me from 2 to 5 p.m. and had cancelled all of his business appointments) and was telling the interns/residents what to do. They didn't know who he was because he had only been at the hospital a week and was from Canada and didn't have his license yet. At one point I think they thought I was his mother.



I finally signed my first paper (you know that one that says if I should die before I wake I won't sue the hospital) for the procedure to put my elbow back in its socket. When I awoke it was all done and my arm was in a cast. Now it's about 5 p.m. and my knight in shining armor (the Oncologist) is finally leaving me. He had called my office and had them cancel my flight back home, called my family and even made arrangements for me to stay in the residents' quarters for the night. He carefully removed my purse from his shoulder and placed it on my stretcher and put my good arm through it. Of course I'm going to be able to fight off any purse snatcher while I'm doped up with only one arm. Not to worry - I looked like one of the indigents and no one bothered me.

I suddenly realized that I had my cell phone and I decided to call my family. I was talking to my sister when one of the doctors informed me that cell phones weren't allowed in the ER. As I lay there in never-never land I noticed that visitors all around me were using their cell phones, so I decided to try it again – sure enough here comes the doctor and let me know again that cell phones weren't allowed. I thought this is great, now if I want a doctor all I have to do is pick up my cell phone.

The gurneys must not have very good steering because every time another patient was wheeled in they would run into me knocking my stretcher (I forgot to tell you I was left in the hall). I saw a stab wound and various other injuries and had had three different doctors. The oldest one didn't look over thirty.

(The Perils of the Traveling Registrar Continued on page 2)



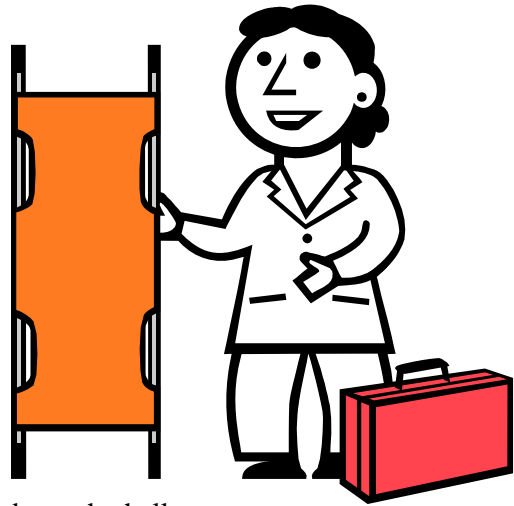
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(The Perils of the Traveling Registrar Continued from page 2)

Finally at 10 pm that night the ER manager said he wanted to escort me to the residents' quarters and had them release me. My discharge instruction was to go to an orthopedic doctor when I got back to Florida and received no written instructions. I was handed my clothes and told to get dressed by my very young male doctor. I had to request his help – you can't do much with one arm. He complained about how tight my bra was and I had to ask him for a hospital gown. Funny he didn't notice that my blouse wouldn't fit over my cast. I felt privileged that they allowed me to go behind a curtain to get dressed.

The ER manager requested the docs to give me some pain killers (3 Percocet) and then walked me to the residents' quarters. It was a small room with two very small unmade beds, a light and a sink. The manager got clean sheets and made my bed. The bathroom was down the hall

and at 4 a.m. discovered that it was the men's room and I was in the men's section. The women's quarters were located on the other side of a locked door. Needless to say I got up early the next morning and ran out of there, but not before discovering that the EKG suction caps were still on my chest and much to my chagrin a needle was left in my arm.



At the ER they removed the needle and I went up to the Medical records department for further instructions. The director was great and was very upset on how I was treated. She called for my records, but they had lost them. She took me back down to the ER where I talked to the doctor in charge of the ER. He was very apologetic and even gave me enough pain pills to last me until I could get back to Florida. They wouldn't let me fly back for 72 hours because of the decompression in the plane could make my arm swell and cause me to lose it. I was told I could stay in the residents' quarters, but for some reason it didn't appeal to me.

The director called and made arrangements for me to stay at the Marriott by the LaGuardia airport and even paid for the cab to take me back. They asked the cab driver the cost and if he knew where the hotel was located. He shook his head and they reminded him that I only had one arm and to help me with my bag. I tried to carry on a conversation with him when I discovered he didn't understand

a word of English and when we got close to the airport also didn't know where the hotel was located. He asked a couple of other cab drivers for directions in some strange language and kept driving around in circles. I finally spotted a Marriott on the other side of the airport and pointed it out to him. He stopped in front of the hotel and pointed and I had to lug my computer bag out of his car as he sped away.

I entered the hotel and discovered that it was the wrong Marriott. The manager was there and must have felt sorry for me because he agreed to accept that hotel rate which was quite a bit lower than theirs. I looked pitiful, my hair was a mess and I had on my Joe Boxer smiley face pajama tops (it was the only top I had that would fit over my cast). I asked if they had any t-shirts for sale and the manager gave me a Courtyard by Marriott golf shirt. I love New Yorkers. The rest was uneventful, except that the fire alarm went off and there was an earthquake. When the cast finally came off, my arm worked fine. The orthopedic doctor had warned me if I stretch it out too quick it may pop out again and that's the reason I quit exercising - Doctor's orders.





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The Florida Cancer Data System’s Participation in Comparative Effectiveness Research

Monique Hernandez, Ph.D.
CER Project Manager
Florida Cancer Data System

Comparative Effective Research (CER) is a research approach to identify the best treatment procedures and strategies based on recorded patient outcomes. In August 2010, the Florida Department of Health received funding for the Florida Cancer Data System (FCDS) to be one of ten central registries in the United States included in a new project titled: “Enhancing Cancer Registries for Comparative Effectiveness Research (CER)” selected by the Centers for Disease Control for participation in a specialized CER oncology project.

Funded by the Centers for Disease Control (CDC) through the American Recovery and Reinvestment Act, the project provides a unique opportunity to expand current data collection to obtain detailed data, designed to address questions targeting specific cancers diagnosed in 2011. The dataset will be based on regularly collected cancer registry data, but will be expanded to collect additional data on biomarkers and more detailed information on systemic treatment regimens/drugs for comparative effectiveness research.

Data for the CER project will be collected from only five counties: Miami-Dade, Broward, Palm Beach, Hillsborough, and Orange counties. These counties were chosen because the collective county population represents approximately 70% of the Hispanic population in Florida.

Florida CER Counties

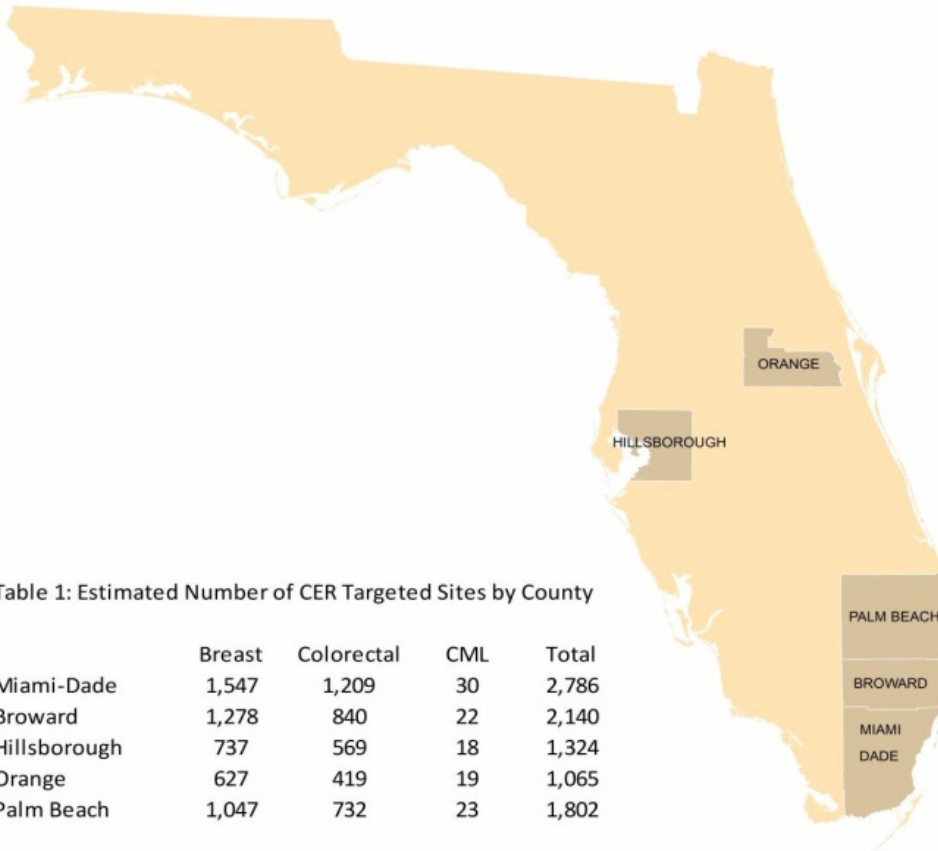
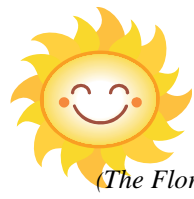


Table 1: Estimated Number of CER Targeted Sites by County

	Breast	Colorectal	CML	Total
Miami-Dade	1,547	1,209	30	2,786
Broward	1,278	840	22	2,140
Hillsborough	737	569	18	1,324
Orange	627	419	19	1,065
Palm Beach	1,047	732	23	1,802



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(The Florida Cancer Data System's Participation in Comparative Effectiveness Research Continued from page 4)

This CER project focuses on breast and colorectal cancers, and chronic myelogenous leukemia. Specifically, the following targeted questions will be addressed for this CER project:

- Are colorectal cancer patients tested for KRAS and are the results used appropriately to determine treatment? What impact does KRAS testing have on 2-3 year survival among colorectal cancer patients?
- Are rectal cancer patients receiving radiotherapy and what is the timing of radiotherapy? Are disparities apparent in the appropriate neo-adjuvant use of radiotherapy among these patients?
- Are chronic myeloid leukemia (CML) patients being tested for the BCR-ABL gene and receiving appropriate treatment according to those results?
- Are women with breast cancer being tested appropriately for HER2, progesterone receptor (PR), and estrogen receptor (ER) status and treated appropriately?

The CER project requires comprehensive cancer data collection involving standard data items routinely collected by cancer registries, as well as additional non-standard data items. While additional detail and data items are needed for this project, the additional items do not mean more data collection for abstractors in the CER counties. The FCDS has hired three CER Quality Control Outreach/Coordinators. They will be the liaisons and data collectors for the CER project. The coordinators and their targeted areas are listed below.

CER Outreach/QC Coordinators	Email	Phone Number	County Covered
Judy Bonner, RN, MS, CTR	JBonner@med.miami.edu	(305) 243-0100	Orange
Lynne Pearson, BHS, CTR, LHRM	LPearson@med.miami.edu	(305) 689-7044	Miami-Dade, Broward & Palm Beach
Susan Smith Pierce, CTR	SSmith@med.miami.edu	(305) 243-0363	Hillsborough

There should be little additional work for the involved registries, apart from helping FCDS navigate the facilities and identify key personnel in select departments/offices. FCDS has communicated with each of the involved facilities, in several ways, to review the goals and requirements of the CER project.

A brief online survey was developed and sent to the involved facilities, to gather operational information about data collection specific to each facility. Key individuals for each facility received letters from the CDC and Florida Department of Health explaining the CER project in detail. Webinars have been held for the involved facilities to introduce the project and to offer the opportunity to have initial questions answered.

The CER CTRs assigned to each county will follow-up with identified contact persons in each facility, to establish procedures for the CER CTRs to accomplish collection of the additional data items specific to the CER project.

All CER project activities fall under the existing Florida Department of Health authority to capture and report cancer data. Current Florida statutes exempt DOH and FCDS from HIPPA restrictions as registry activities are in direct line with the legislatively mandated surveillance of cancer. As such, participation from healthcare facilities in the five CER counties is not voluntary. However, FCDS will assume almost all of the data collection responsibilities for the project. The main responsibility for registry leaders will be to provide navigational support and access to select facility patient records. Registrars and abstractors can provide additional support by prioritizing the reporting of the four CER cancer sites to FCDS.



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NOMINATING CHAIR

Deborah Schulte, BS, RHIT, CTR
Deborah.Schulte@winterhavenhospital.org

FCRA NEEDS YOUR HELP



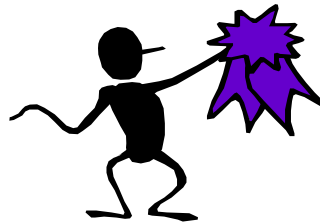
Our organization is over **200** members strong, but it can't be done alone, it takes everyone.

WE NEED YOU...

FCRA depends on members like you to step up – volunteer your knowledge, skills and time by serving on the Executive Board for 2012-2013.

****YOU DO MAKE A DIFFERENCE****

Work with fellow CTRs to support our organization by building a strong, educated and dedicated profession that works together to assure that the **FCRA** members stay informed with the most up-to-date information; help with annual meetings, select topics for presentations and speakers.
Be passionate about our organization! Get involved, have fun and be rewarded with self-satisfaction!



You will have fun giving back to other members and an organization that has given to you.
Whatever your passion, there is a volunteer opportunity for you to get involved in the Executive Board.

Please consider this opportunity!

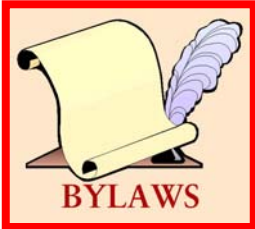
Contact me, anytime, to discuss and/or put in your request.
Deborah Schulte, BS, RHIT, CTR
Nominating Chair
(863) 293-1121 - Ext. 3926



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FCRA BY-LAWS

Carol Hutchison, CTR
carolhutch2032@yahoo.com



Any FCRA member interested in submitting a proposal for a new bylaw or to update or amend an existing bylaw should submit it in writing with the recommendations and include the appropriate section and page number from the bylaws manual. These changes can be sent to me in an email, in a word document attached to an email, or mail to me before May 1, 2012. The updates of these bylaws will be made available on the FCRA website. Please send any recommendations to our bylaws at:

Carol Hutchison, CTR
2032 Westchester Way
The Villages FL 32162
carolhutch2032@yahoo.com

WAYS & MEANS

Gloria A. Underhill, LPN, CTR
gunderhill@cfl.rr.com



Your new Ways & Means Chairman would like your input on how to raise money for our organization. Would you like items that everyone could use at a reasonable price? Would you like baskets to bid on? Would you like a silent auction? Put your thinking caps on and call me or send me an email and let me know what you would like to see at the next Annual Meeting. [\(407\) 841-3219](tel:4078413219) gunderhill@cfl.rr.com

MEMBERSHIP CHAIR

Deborha Nooft, CTR
membership@fcra.org

ATTENTION MEMBERS & COLLEAGUES

Your membership and support is important!! Please take a moment and **renew your membership online at www.fcra.org** - Go to the "Member Login" area, follow the prompts and renew by check or credit card. If you are not a member or your membership has lapsed, please contact the Membership Chair at membership@fcra.org for a prompt and immediate response. Thanks in advance for your help and cooperation.

FCRA/FCDS TASK FORCE

taskforce@fcra.org

The main purpose of this task force is to allow for an easy method of communicating various issues at both the Cancer Registrars and Central Registry level. This task force will tackle problems such as issue resolution, improvement of processes with the hope of increasing efficiency and assist in identifying areas of educational need processes with the hope of increasing efficiency and assist in identifying areas of educational needs. The task force direct e-mail is taskforce@fcra.org please feel free to contact them with any issues you would like the task force to address.





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Electronic version available June 1, 2011

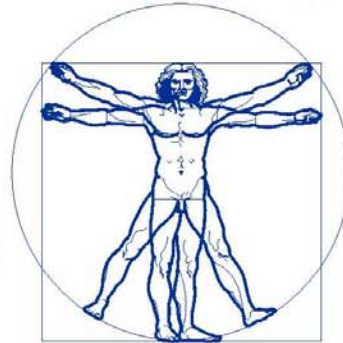
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FCRA EDUCATION FOUNDATION
Gayle G. Clutter, CTR, Foundation President
gclutter@tampabay.rr.com

The **FCRA Education Foundation** would like to wish you all a very happy and healthy holiday season. Sometimes we would like to give a gift to someone, but just don't know what they might appreciate. Please consider the FCRA Education Foundation as a way of remembering your friends and family, the monies donated, go toward the education of cancer registrars and is a tax deductible donation for you.

Last year's first auction was such a big success that the FCRA Board of Directors has again asked the FCRA Education Foundation to sponsor an auction during the FCRA Annual Meeting. All proceeds from the auction will support Registrar education. Last year this activity was not only fun but it raised \$1631.62

GET STARTED EARLY!!

We again invite you to bring items to be donated to the meeting with you, or if you are unable to attend, they can be mailed to Gayle G. Clutter at the address below. This could include GIFT CERTIFICATES, COUPONS, or ITEMS FROM ANY FRIEND OR LOCAL ESTABLISHMENT. Just ask at stores you frequent if they would like to donate a gift certificate or coupons. Let your imagination soar!



DONATE YOUR UNWANTED HOUSEHOLD ITEMS: Do you have items that you no

longer want or that no longer fit your current décor such as gently used household items which might include wall decorations, lamps, tablecloths, or items you'd like to re-gift? Maybe your neighbors have something they would like to contribute. Consider donating these items to the FCRA Auction.

SOLICIT DONATIONS: When you are at your favorite restaurant or store, consider asking them to make a donation. Examples include:

- **Retail Donations:** Local boutiques, gift stores, grocery stores, independent toy or drug stores, hardware stores and state-wide movie theaters. Don't forget the wine & cheese stores or accessories such as wine glasses, glass markers, bottle openers, etc. Auction items may also include sports equipment, building supplies, tools, and non-perishable grocery items: really anyone who sells goods can be asked to donate actual items and/or gift certificates
- **Restaurant Donations:** Statewide restaurant chains may provide gift certificates or coupons
- **Does your hospital have give-a-ways?** These items may be grouped together with others to make one interesting "collection". Maybe an "Office packet" of pens, pencils, letter openers, etc. Check with your Marketing Department to see if they have any "left-over" promotional items they can part with.



We wish you all a wonderful 2012 and may we continue learning and adapting to the many changes that face registrars in the future.



Donations can be mailed to:
Gayle Clutter at 9764 Lake Seminole Dr E., Largo, FL 33770

For additional information call or email
Gayle G. Clutter at 727-954-6221 or gclutter@tampabay.rr.com



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"ERS really listens to their customers and updates the system with the cancer registrars' needs in mind."

*Cathy Rimmer
Forsyth Hospital
Winston-Salem, NC*

- 1. Extremely user friendly**
- 2. Great customer service**
- 3. Guaranteed performance**



"The multi-facility web version of ERS is ideally suited for our network-approved cancer program. We especially like the powerful reporting and presentation features."

*Lisa Robinson
Aurora Healthcare
Milwaukee, WI*

**Fully compliant with
all state and CoC standards**



"ERS automates multiple cancer registry processes by merging data from Pathology, the EMR Disease Index, and various Follow-Up sources, significantly enhancing the timeliness and completeness of our registry database. Now, I wonder how we ever got along without them!"

*Terri Richardson, CTR
DeKalb Medical Center
Decatur, GA*



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ABOUT JAMES A. BRADLEY

The James A. Bradley Scholarship Fund was created to promote the importance of Certified Tumor Registrars nationwide, and to provide educational opportunities to those who are passionate about this critical field, yet have limited financial resources to dedicate toward education.

James A. Bradley is the father of the MedPartners HIM founder and President, Bob Bradley. James A. Bradley was a determined individual who taught his son and family the importance of hard work, focus and integrity. He faced his fight with cancer with dignity and a steadfast attitude, while maintaining his role as a positive figure and the “rock” of his family.

The James A. Bradley Scholarship is awarded to individuals who demonstrate these same values and are committed to excellence in their role to accurately identify cancer cases and collect the data that will lead to the cure.

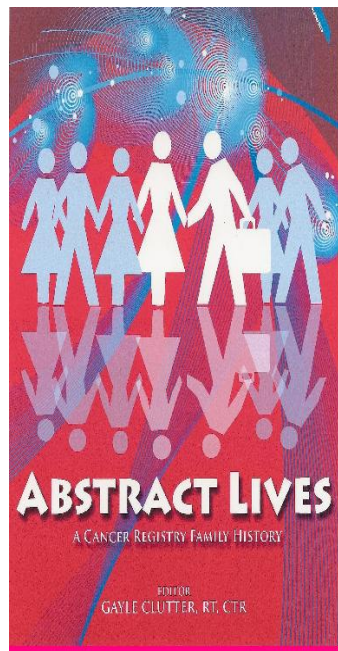
ANNOUNCING the JAMES A. BRADLEY MEMORIAL SCHOLARSHIP

The FCRA Education Foundation is happy to announce the availability of a scholarship sponsored by MedPartners HIM, Inc. to allow an FCRA member to attend a NCRA Annual Conference that may not otherwise have the funds available to do so.

The qualifications for this scholarship are that the recipient must be working /employed in the cancer registry profession, be an active member of FCRA, and have not attended an NCRA annual conference within the past two years. Only one person from each institution may apply. The institution must decide which application to submit if more than one person wishes to apply.

Attached please find an application form that may be mailed to the FCRA Education Foundation or delivered to the FCRA Education Foundation booth at the FCRA Annual Meeting.

All mail-in applications must be returned to the Education Foundation at the indicated address and **postmarked no later than: July 15, 2012**



ABSTRACT LIVES are the autobiographies of leaders in the cancer registry profession, including many NCRA and NAACCR distinguished members and presidents. **ABSTRACT LIVES includes**

- ◆ A history of early cancer registration in the US
- ◆ First hand descriptions of career paths available to cancer registrars
- ◆ Insight into the decision making processes of highly successful professionals

Authors include April Fritz, John Young; Rosemarie E. Clive; Martha E. Oliva; Gayle G. Clutter, Dianne Hultstrom; Karen Phillips; Annette Hurlbut; Linda Mulvihill, Ann Griffin, Dan Curran, Mary Potts, and many others.

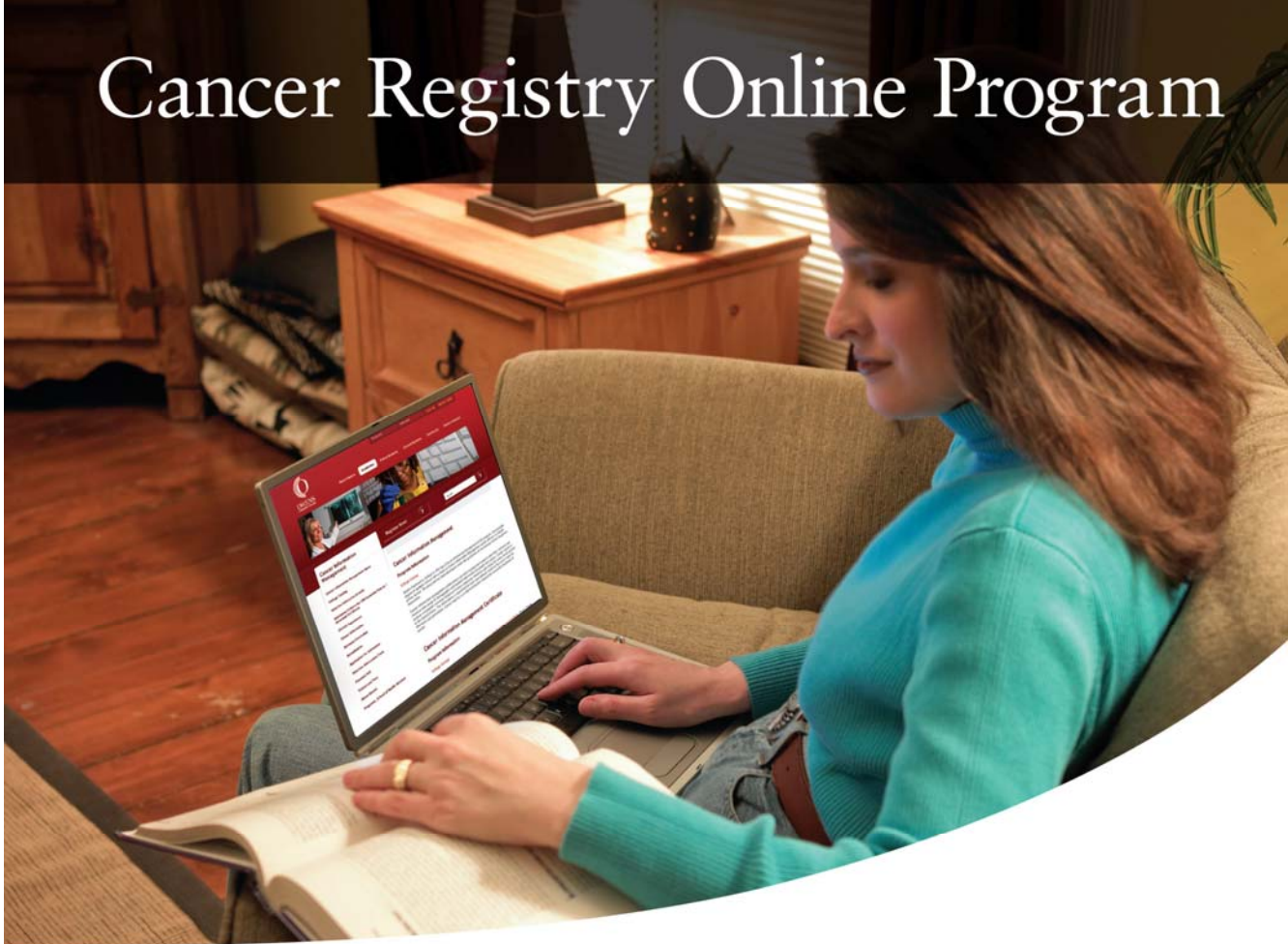
This 8" x 5" book has a glossy soft cover and is 267 pages. **Abstract Lives** is distributed by **Blurb BookSmart** through their website book store at

<http://www.blurb.com/bookstore>

Cost: \$21.95 plus tax & postage (1 to 5 copies approximately \$7.00 each)



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APPLICATION

JAMES A. BRADLEY MEMORIAL SCHOLARSHIP APPLICATION Sponsored by MedPartnersHIM, Inc.

PURPOSE:

Allow an FCRA member with no available funding to attend an NCRA Annual Conference

AWARD:

The scholarship will cover NCRA early bird registration fee, round trip economy airfare to the city of the conference with reservations made no later than 14 days prior to the flight, conference hotel accommodations plus taxes for 3 nights, one hundred and twenty dollars (\$40/day x 3 days) per diem.

ELIGIBILITY REQUIREMENTS:

The scholarship recipient must be working /employed in the cancer registry profession, an active member of FCRA, and have not attended an NCRA annual conference within the past two years, only one person from each institution may apply. The institution must decide which application to submit if more than one person wishes to apply. Scholarship recipients can win only once in five years.

Applicant should submit an essay of between 50 and 150 words describing why they think they should be awarded this scholarship. This can be written on the back of the application.

Applicant Name: _____

Preferred mailing address: _____
City State Zipcode

Best daytime phone number _____ Email address _____

Current employer: _____ Job description: _____

Year last NCRA Annual Conference attended: _____ or Never attended: _____

SEND COMPLETED APPLICATION AND ESSAY TO:

FCRA Education Foundation
James A. Bradley Memorial Scholarship
Attn: Gayle G, Clutter
9764 Lake Seminole Drive E.
Largo, FL 33773

DEADLINE FOR POSTMARK: **July 15, 2012**



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FCRA 2012 PROGRAM COMMITTEE

Barbara J. Dearmon, BS, CTR, 2012 FCRA Program Chair

Barbara.Dearmon@stvincentshealth.com

The 2012 Program Committee has been busy viewing hotel selections and locations. We are excited to host next year's annual meeting at the beautiful **TradeWinds Resort on St. Petersburg Beach, Florida**. The theme of our annual meeting reminds us of the significance of high quality and reliable data collection with "*Let's Go Fly a K.I.T.E - Keep Improving Timeliness and Edits*". The meeting will be business casual attire. Your TradeWinds experience should be hassle-free. We definitely enjoyed the visit at the resort, food, recreation, spa and hospitality from staff. The conference center will meet our expectations to host a great educational seminar. If you want to bring along your pet the resort offers pet friendly accommodations. The resort amenity fee is \$25 plus tax nightly per unit included in the cost of room rate. This fee covers;

- Self parking fees - one parking pass per room
- Guest room Wi-Fi
- Use of business center
- Faxes, local phone calls and phone access charges
- One cushioned beach cabana for two with hood
- Paddleboats along the waterway
- Use of fitness centers and fitness classes
- Tennis court times
- Day play for beach volleyball and mini golf
- Beach games like paddleball, bocce ball, corn hole and horseshoes



Coming Soon!

On-line meeting registration and hotel reservations for the 2012 FCRA Annual Conference at the **TradeWinds Island Resort, St. Pete Beach, Florida**

Watch for details at www.fcra.org

Thanks for all you do!
Walter Sanford, CTR
FCRA Web Master

The Program Committee believes that at TradeWinds, you will have the best experience, at the best value, of any place on the beach. You can share your experience on Facebook and Twitter via TradeWinds Beach Cam. We look forward to seeing all of you at the meeting next year. Additional information will be made available via www.fcra.org website at a later date to reserve your room. Do not wait to late.....

The annual meeting dates are:
Tuesday, July 24, 2012
Wednesday, July 25, 2012

Room Rates:	
Standard Hotel Room	\$139.00

Other room's options are available at additional rates

Registration:	Members \$200.00	Non-members \$250.00
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Both the TradeWinds Island Grand and TradeWinds Sandpiper Suites have been awarded the Florida Green Lodging certification by the Florida Department of Environmental Protection in recognition of our mission to protect the area's natural resources, reduce waste and minimize pollution. View TradeWinds links at <http://www.tradewindsresort.com/video-gallery.aspx> or <http://www.youtube.com/user/TradeWindsResort#p/u/11/vchGAvX5Gy4> for additional information. We would like to invite all vendors to join us for our 2012 Annual Meeting at TradeWinds on St. Petersburg Beach, Florida "The Sunset Capital of Florida".



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HOW DO YOU DO ALL THAT YOU DO??

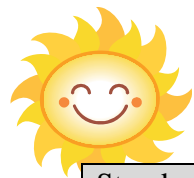
Janet Vogel, CTR, Public Relations/Editor

janet@ers-can.com

Part of the perks of my job is getting the opportunity to meet Cancer Registrars from all over the United States. Although we all have different responsibilities and various levels of reporting requirements, I am always in awe of how much cancer registrars do! To try to list the duties or the number of rules that must be followed, manuals to refer to, or requirements to be met would be a never ending list!! So what I would like to accomplish with this new column, **“HOW DO YOU DO ALL THAT YOU DO??”** is to provide a place for registrars to share how they get things done. In this first column, I asked for members to provide me with any tools that they use to keep their Commission on Cancer Program on track. I am including a copy of a couple of responses that I received. Please remember that these are just references that work for these registrars in their hospitals and they would have to be altered to fit the needs of your institution, but still a great reference.

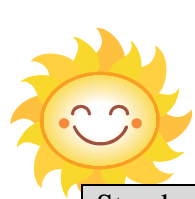
Cancer Committee Documentation Review of CoC Standards 2011 HOSPITAL 1 – STATUS REPORT

Standard	Date plan established in cancer committee	Rating	EXPLANATION / STATUS
1.1 JCAHO Accreditation	02/10/2011	1	COMPLIANT
2.1 Cancer Committee in Bylaws	02/10/2011	1	COMPLIANT
2.2 CC is Multidisciplinary	02/10/2011	1	COMPLIANT
2.3 Program activity coordinators	02/10/2011	1	___ – Quality Improvement Coordinator ___ – Quality Data Coordinator ___ – Conference Coordinator ___ – Outreach Coordinator
2.4 Schedule and structure of CC	02/10/2011	1	Cancer Committee will be held every 2 nd Thursday of every other month beginning in February 2011 and ending in December 2011.
2.5 CC Goals /Objectives set	02/10/2011	1	See set goals ...
2.6 TB frequency compliance	02/10/2011	1	Tumor Boards will be held weekly basis.
2.7 Conference attendance – 80%	02/10/2011	1	The following are required: Diagnostic Radiologist - Medical Oncology - Radiation Oncology – Surgery - Pathology - Nursing and Ancillary
2.8 75% prospective AJCC-NCCN discussed 10% of all analytic cases	02/10/2011	1	Tumor Board Coordinator will monitor that at least 75% of cases are prospective and that at least 10% of analytic cases are presented during 2011. ONGOING
2.9 Documentation of CC goals	02/10/2011	1	The Cancer Registry will monitor the achievement of goals during the 2011 year and report the status to Cancer Committee. ONGOING



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Standard	Date plan established in cancer committee	Rating	EXPLANATION / STATUS
2.10 QA registry data plan Review of 10% of cases with physician QA plan for CAP	02/10/2011 02/10/2011	1	Dr. ____ and the registry staff will prepare and review 10% of all cases during 2011. <p style="text-align: center;">ONGOING</p> 10% of Pathology reports will be reviewed to ensure that pathology reports have all the elements required for CAP guidelines. <p style="text-align: center;">ONGOING</p>
2.11 Outcomes studies x 2 – Survival	02/10/2011	1+	Long term with comparison survival data Endometrial CA Short term Breast Studies.
3.1 Supervised/Abstracted by a CTR	02/10/2011	1	Manager - CTR credentials are current Abstractor –CTR – credentials are current
3.2 Standards of Cancer Care will be according to CoC	02/10/2011	1	Gathering, abstracting and maintaining of data in the cancer registry will be in accordance with the CoC Standards for Cancer Care Program Accreditation.
3.3 >90% abstracting timeframe	02/10/2011	1+	The Cancer Registry will keep abstracting within the 6 months from date of first contact to above 90% during 2011. <p style="text-align: center;">CURRENTLY ON MARCH 2011 COMPLIANT</p>
3.4 80% - Yearly F-up rate >80%	02/10/2011	1	The yearly follow-up rate for 2011 will be above 80%. <p style="text-align: center;">CURRENTLY 91.4%</p>
3.5 >90% - 5 year f-up rate	02/10/2011	1	The five year follow-up rate will be above 90% for 2011. <p style="text-align: center;">CURRENTLY 91.4%</p>
3.6 NCDB submission date met	02/10/2011	1	The NCDB Call-for-data will be addressed as called for in accordance with the NCDB rules and regulations. <p style="text-align: center;">COMPLIANT</p>
3.7 NCDB quality criteria met	02/10/2011	1+	In accordance with the rules and regulations of the Call for Data all data submitted will be error-free. <p style="text-align: center;">COMPLIANT</p>
3.8 Special CoC study participation	02/10/2011	1	When called upon the Cancer Registry will participate in special studies. <p style="text-align: center;">NONE CALLED FOR THIS YEAR</p>
4.1 Radiation services available	02/10/2011	1	Radiation services are available to patients thru their Cancer Center. <p style="text-align: center;">COMPLIANT</p>
4.2 Oncology unit available	02/10/2011	1	



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Standard	Date plan established in cancer committee	Rating	EXPLANATION / STATUS
4.3 Monitor AJCC/NCCN use /QA	02/10/2011	1	The Registry Staff with the Chairman and CLP will monitor 10% of charts during 2011. ONGOING
4.4 Oncology nurses available	02/10/2011	1	
4.5 Oncology Nurse Manager available	02/10/2011	1	# of ONC Nurses available
4.6 CAP 90% /synoptic report/NCCN followed	02/10/2011	1+	CAP guidelines on 90% or greater of pathology reports Monitored and reported to CC. CAP COMPLIANT SYNOPTIC COMPLIANT ONGOING
4.7 Rehab provided to patients	02/10/2011	1	COMPLIANT
5.1 Clinical Trials available to patients	02/10/2011	1	REFERRAL THRU HEM ONC. COMPLIANT
5.2 Clinical Trials accrual 4%	02/10/2011	1+	
6.1 Support services available	02/10/2011	1	Standing reports to Cancer Committee during 2011. COMPLIANT
6.2 Greater than 2 Public Prevention Programs	02/10/2011	1+	ONGOING
6.3 Com. Outreach documented	02/10/2011	1	ONGOING
7.1 Two Ed. Presentations/AJCC/Other.	02/10/2011	1	1 Dr – spoke January 2011
7.2 Registry staff educational activities	02/10/2011	1+	ONGOING
8.1 Measure quality and outcomes - Studies	02/10/2011	1	ONGOING
8.2 Implement 2 pt care improvements	02/10/2011	1+	ONGOING

All standards met x 3 years, (especially 1+ ratings = 8) = Outstanding Achievement Award

The following pages highlight another hospital's schedule for agenda topics by quarter.



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SCHEDULE FOR AGENDA TOPICS BY QUARTER- HOSPITAL 2

TOPIC	STANDARD	DEFINITION	CANCER CARE COMMITTEE MEETINGS				
			JAN	APR	JUL	OCT	
The Joint Commission	1.1	The facility is accredited by The Joint Commission.	X				
Cancer Care Committee	2.1	Review of medical staff bylaws - gives the Cancer Care Committee responsibility and accountability for the cancer program activities.		X			
	2.2	Membership of Cancer Care Committee is multidisciplinary, representing physicians from the diagnostic and treatment specialties and non-physicians from administrative and supportive services.				X	
		Review of membership to include all required members				X	
		Appoint new members as required.				X	
		Set attendance and quorum requirements.				X	
		Review attendance and make changes in membership as needed.	X	X	X	X	
	2.3	Coordinators are appointed for each of the specified areas of cancer program activities (Cancer Conferences, Quality of Cancer Registry Data, Community Outreach, Quality Improvement).				X	
		Define roles and responsibilities of each coordinator.	X				
		Coordinators report to Cancer Care Committee.	X	X	X	X	
	2.4	The Cancer Care Committee meeting schedule and structure is reviewed to fulfill the requirements for the category.				X	
		The frequency of Cancer Care Committee meetings are at least quarterly.				X	
		Sub-committees and meeting frequency are determined.				X	
	Goals	2.5	Annual goals and/or objectives related to cancer care are developed and approved.				X
			Annual goals are assessed whether they are being met.	X	X	X	X



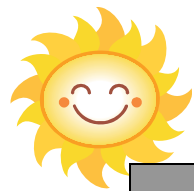
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TOPIC	STANDARD	DEFINITION	CANCER CARE COMMITTEE MEETINGS			
			JAN	APR	JUL	OCT
Cancer Conferences	2.6	The cancer conference frequency and format is reviewed annually.				X
	2.7	The multidisciplinary attendance requirements for cancer conferences are established on an annual basis.				X
	2.8	Verify that 10% of annual (analytic) caseload is presented at cancer conferences.	X	X	X	X
		Verify that more than 75% of cases presented at cancer conferences are prospective cases discussing diagnosis, treatment, stage or recommended follow-up.	X	X	X	X
		Verify that cases selected for discussion include the five major sites.	X	X	X	X
	2.9	Monitors and evaluates the cancer conference frequency, multidisciplinary attendance, total case presentation and prospective case presentation on an annual basis.	X	X	X	X
Cancer Registry Quality of Data	2.10	Establishes and implements a plan to evaluate the quality of cancer registry data and activity at least annually.	X			
		Reports are reviewed during meetings.	X	X	X	X
		Policies and procedures are reviewed and approved.	X			
Outcome Analysis and Annual Report	2.11	Annually, patient outcomes are analyzed and results are disseminated.				X
		Patient outcome analysis, including survival data compared to national standards.				X
		Outcome analysis is presented to Cancer Care Committee.				X
		Annual Report content and publication schedule is determined.			X	
		Annual Report content reviewed.				X



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TOPIC	STANDARD	DEFINITION	CANCER CARE COMMITTEE MEETINGS			
			JAN	APR	JUL	OCT
Cancer Registry Operation	3.1	Case abstracting is supervised by a Certified Tumor Registrar (CTR).	X			
	3.2	Commission on Cancer data standards and coding instructions are used to describe all reportable cases.	X			
	3.3	Abstracting is completed within six months of date of first contact.	X	X	X	X
	3.4	Follow-up rate for eligible, analytic, patients from the cancer registry reference date is at least 80%.	X	X	X	X
	3.5	Follow-up rate for eligible, analytic, patients diagnosed within the last five years is at least 90%.	X	X	X	X
	3.6	Complete data for all analytic cases are submitted to the NCDB in accordance with the annual Call for Data.	X			
	3.7	Annually, cases submitted to the NCDB meet established quality criteria and resubmission deadline specified in the annual Call for Data.	X			
	3.8	The facility participates in special studies as requested by the COC.	X	X	X	X
Radiation Treatments	4.1	Radiation treatment services are available on site or by referral.	X			
Medical Oncology Unit	4.2	A designated inpatient medical oncology unit or a functional equivalent is available on site or by referral to provide specialized care to patients.	X			
Cancer Staging		A process is in place to monitor physician use of AJCC or other appropriate staging, site-specific prognostic indicators and evidence-based national treatment guidelines in treatment planning for cancer patients.	X			
	4.3	Findings of the monitoring are presented at least annually to the Cancer Care Committee and documented in the minutes.	X			
Nursing Care	4.4	Nursing care is provided by nurses with specialized knowledge and skills in oncology. Competency is evaluated annually.	X			
	4.5	An oncology nurse manager provides direction to the inpatient medical oncology unit.	X			



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TOPIC	STANDARD	DEFINITION	CANCER CARE COMMITTEE MEETINGS			
			JAN	APR	JUL	OCT
Patient Management & CAP Protocols		The guidelines for patient management and treatment currently required by the COC are followed (includes CAP Protocol and synoptic format).	X	X	X	X
	4.6	Reviews quality of patient care using CoC quality reporting tools appropriate to patients that are treated by the facility at least annually.			X	
Rehabilitation Services	4.7	Annual review of rehabilitation services provided on site or by referral.	X			
Research	5.1	Information about clinical trials is provided to patients through a formal mechanism.	X	X	X	X
	5.2	At least 2% of analytic patients are accrued to clinical trials. Note: For commendation, 4% of analytic patients must be accrued to clinical trials.	X	X	X	X
Supportive Services	6.1	Supportive services are provided on site or coordinated with local agencies and facilities.	X			
Prevention or early detection programs	6.2	Three prevention or early detection programs are planned on-site or coordinated with other facilities or local agencies. Note: Three are required for commendation status.	X			
		Report outcomes of prevention or early detection programs to Cancer Care Committee.	X	X	X	X
	6.3	Community Outreach activities are monitored at least annually and findings are documented.	X	X	X	X
Cancer-Related Education Program	7.1	Other than cancer conferences, 2 cancer-related educational activities planned & offered annually for physicians, nurses & other allied health professionals. Note: one of these activities relates to use of AJCC stage & evidence-based national treatment guidelines in planning treatment for cancer patients.				X
	7.2	Other than cancer conferences, all members of the cancer registry staff participate in a local, state, regional or national cancer-related educational activity each year.				X



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TOPIC	STANDARD	DEFINITION	CANCER CARE COMMITTEE MEETINGS			
			JAN	APR	JUL	OCT
Studies measuring quality & outcome	8.1	Determine two studies to be conducted, including one utilizing registry data with outcome analysis.				X
		Develop criteria for studies to be studied.				X
		Present summary of results to Cancer Care Committee.				X
		Recommendations for action are made by Cancer Care Committee based on study results.				X
		Follow-up done to monitor the actions implemented, if appropriate.	X	X	X	X
Quality Improvement	8.2	Annually, document at least 2 improvements made to Cancer Program that directly affect cancer patient care.				X
		Annually, determine improvements to be made and include in annual goals.				X
		Follow-up review to assure improvements are being implemented.	X	X	X	X

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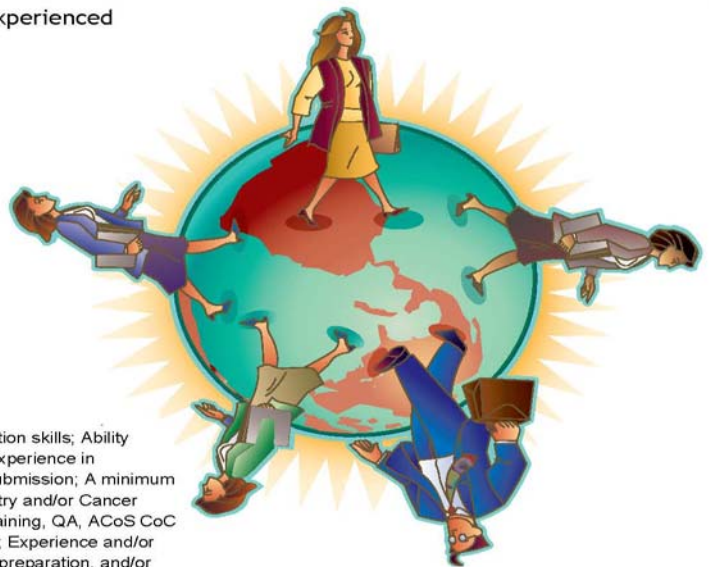
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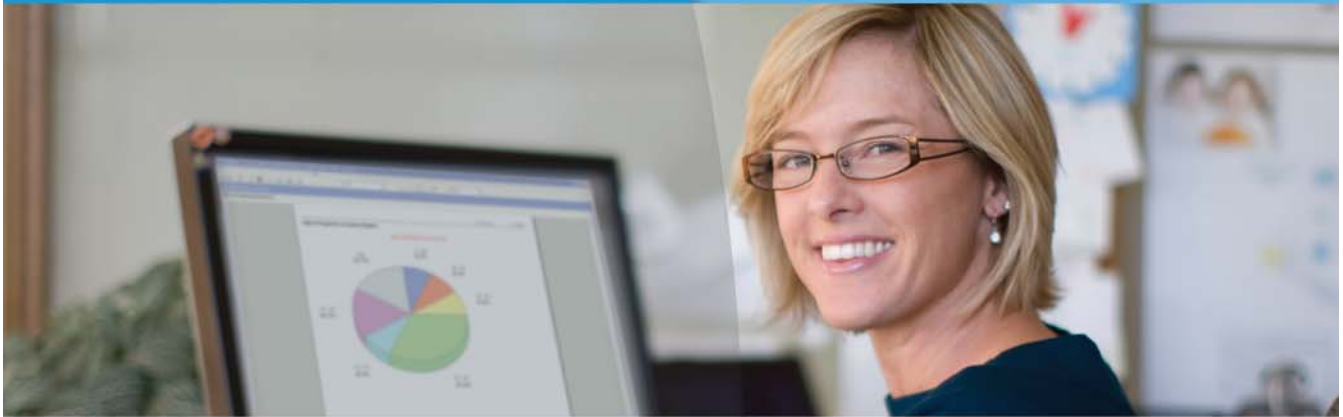
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