

## Concurrent Abstracting and RCRS Submissions

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## Disclosures

- Nothing to Disclose

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## Sanford Health

- 4 CoC Accredited Facilities
  - 2 Academic Comprehensive
  - 2 Comprehensive Community
- 4 NAPBC Accredited Facilities
- 3 Small Facilities
- Analytic Volume Approximately 8,700 cases
- Sanford Cancer Registry Team
  - 1 Director, HIM, Cancer Registry
  - 2 Managers, Cancer Registrars – ODS-C
  - 19 Cancer Registrars – ODS-C
  - 3 Cancer Registry Support Specialists



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### Sanford's Journey: Converting from RQRS to RCRS

- 9/17/2009 - RQRS reporting began (Pilot program)
  - Focus on completing **breast, colon** and **rectum** primaries more timely
  - At the expense of other primary site abstracting timeliness.
- 1/1/2011 – Implemented RQRS workflows for all cancer sites
  - Intent: to get all cases abstracted more timely
  - Added 4 registrars to our team.
  - One Cancer Registrar designated for breast abstraction
- 9/28/2020 – NCDB activates RCRS system (Pilot program)
  - Submitting **all primary sites** every other week

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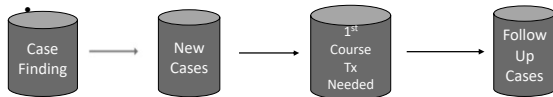
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### Concurrent Abstracting

Defining concurrent abstracting for Sanford registry

- Redesigning electronic work flows to “bucket” our cases
- Case Finding performed daily using electronic processes
  - Basic information imported weekly into registry software
- Current push on new cases
  - Breast cases initiated within 60-75 days
  - All other cases initiated within 120-150 days



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### OWNERSHIP of Your RCRS Data

**Alerts Report**

This report provides an overview as well as detailed information regarding cases with outstanding alerts and the associated edit errors.  
Note: report displays data available for the latest 3 years.

**Case Log Report**

This report allows users to view a filtered list of cases, along with case-level edits.  
Note: report displays data available for the latest 6 years.

**Quality Measures Report**

This report provides details for all quality measures.  
Note: report displays data available for the latest 6 years.

**Comparisons Report**

This report allows users to view different performance rates for quality measures and compare the rates from the users' program to the users' program category to all CoC programs.  
Note: report displays data available for the latest 6 years.

**Completeness Report**

The purpose of this report is to give CoC accredited programs information about required data items for which they may not be providing all of the information that is available in the patient record.

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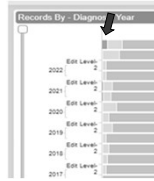
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### Submission Details Report

- Review each report for any rejected cases
- Update cases to clear edits
  - Resubmit cases to RCRS
- If a case is rejected due to previous de-activation, review abstracting software to identify if appropriate for upload
  - Submit Re-activation request, if appropriate




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### Alerts Report



- Run before each submission to identify cases with alerts
- Review EMR for treatment updates
- Update abstract prior to submission to RCRS
- Communicate impending treatment timelines with care team as appropriate

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### Case Log Report

- Run 2019-2023, with and without errors/all sites
  - Export to excel
  - Review to identify duplicate cases
    - (example: accession numbers with seq. 00, 01 and 02)
  - Submit De-activation request as needed
- Run 2019-2023, with errors/all sites
  - Review cases to clear edits
  - Re-submit to RCRS




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### Quality Measures Report

- Review report for each quality measure
  - Denominator Volume accurate?
  - Can incomplete cases be updated?
  - Review Non-Concordant cases for completeness and accuracy
- Present Quality Measures to Cancer Committee and leadership
  - Including the quality measure criteria
  - Review non-concordant cases for barriers to care or other opportunities

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### Completeness Report

- Review Completeness Report
  - Review data items with score over benchmark
    - (CoC 5 year rolling average)
  - Quality review cases that fall outside compliance
- Review Cohort Completeness
  - Compare to abstracting software reports to verify volumes by primary site
  - Investigate any large variables
    - Are variables explainable? Addition or Loss of a surgeon? New service lines added?




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### Key Takeaways

- Continually evaluate registry operations and workflows towards a concurrent / RCRS work model
- Taking ownership in RCRS data is crucial to data quality
- Leverage your data to improve outcomes by assuring quality and completeness

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**Thank you!**

Special thanks to Jamie Husher and Rebecca Renfrew, Sanford Cancer Registry leadership team, for their collaboration in this presentation.

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