Objectives

- Participants will know how to use the Case Alerts in RQRS within the scope of rapid abstracting.
- How to disseminate the information to the relevant clinical people.
- Gain a better understanding of the importance of rapid abstracting when using the RQRS.
- Understand how to implement new policies and procedures in the Cancer Registry to streamline the process of rapid abstracting.
- The importance of weekly (or more frequent) submissions to the RQRS.

Cancer Registry Abstracting

- Traditional abstracting suits utilizing the RQRS as a Quality Measurement tool similar to the CP3R.
- Traditional abstracting at 6 months following Date of First Contact provides constraints in fully utilizing the RQRS functionality.
- RQRS design promotes clinical checks / reminders.
- Abstracting at 6 months is too late to use the system effectively.
moving to rapid abstracting

- No small undertaking but it can be done!!
- Issues to address:
  - Resources
  - Case Finding
  - All sites or site specific (ie Breast and Colorectal)
  - Resources

resources

- Seek funding for extra resources
  - Promote the advantages of Rapid (Concurrent) Abstracting
    - Using the RQRS system as a Clinical Reminder system
    - Providing real time data for your Cancer Program and Administrators
    - Being compliant with your State Deadlines (well ahead of the curve)
    - Gathering complete treatment information on all your analytic cases
    - Short term funding assistance (maximum 6 months to 1 year)

- Recruit Certified Tumor Registrars
  - Contract staff
  - Temporary staff
  - Experienced vs new CTR’s

think outside the box

- Tap into the resources you currently have
- Cancer Registry Support Specialists
- Utilize less experienced CTR’s to assist you (you teach, they learn)

four phase abstracting
Advantages of Support Specialists

- Increased team cohesiveness by assigning one support specialist to a team of three abstractors.
- Abstractors gain confidence in their support specialist’s data research and data collection.
- Support specialists and abstractors communicate on team cases.
- Team’s may be assigned site specific cases for the purpose of the RQRS.
- Teaching registry staff to abstract, “grow your own CTR’s”
Minimum Case Information Required for RQRS Case Submission

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* The RQRS is designed to identify eligible and acceptable cases for each measure based on a broad set of criteria, including primary site, histology, behavior, stage, class of care, and type of reported surgical therapy.

Rapid Abstracting – Start using the RQRS

Frequent RQRS Submissions is Vital
Date of Diagnosis

- The clock starts ticking at the Date of Diagnosis
- Rapid Abstracting allows you to submit your data to the RQRS 3-4 weeks after Date of Diagnosis
- This will vary on patient journey however using the RQRS system as a clinical reminder system......will drive your program to ensure your patient's are operated on and started on adjuvant therapy in the optimal timeframe.

Weekly RQRS Meetings

- Director of Quality and Safety
- Breast and GI Program Administrators
- Abstracting team (Breast, Colorectal and Lung)
- Cancer Registry Support Specialists
- Health Data Analyst
- Director of Cancer Registry
- Cancer Registry QC and Education Specialist

Case Alert Colors

All cases pending adjuvant therapy are associated with one of five colors. The relationship between the color of the alert and the number of elapsed days is as follows:

- Yellow: Case alert
- Green: Medium alert
- Red: High alert, pending concordance
- Black: Nonrespondent or appeal due to lack of information describing expected adjuvant therapy. These cases are included on the alert screen for 30 days to ensure sufficient opportunity for prospective to receive the data and consider addition of patient's care.
Action Plan from each Weekly Meeting:

• Reach out to the applicable physician
• Reach out to the clinic Nurse or Social Worker
• Reach out to have the patient’s appointment moved up
• Reach out to the outside physician offices
• Ask our physicians / surgeons to reach out to the outside physician

Reach Out!!
Database for Reasons of Non-Concordance

**Opportunities for Improvements**

Policies and Procedures

- The entire workflow in the Cancer Registry necessarily changes with Rapid Abstracting; therefore, Policies and Procedures, as well as Standard Operating Procedures must be revised to reflect the changes.
- A *facility-wide* Rapid Quality Reporting System policy and procedure must be written and approved.

What Does Not Change

- State Reporting timeframes do not change (as a result of Rapid Abstracting) therefore these policies remain as standing.
- NCDB annual call-for-data does not change as a result of your facility switching to Rapid Abstracting.
- Dataset does not change (as a result)
- Utilize the **Suspense Flag** within your software to hold cases back until they are ready for submission to State or NCDB.
- Cases are held back until at least four months from Date of First Contact has passed to ensure all treatment has been gathered.
What Must Change

- Case Finding procedures
- Abstracting procedures (at least two abstracting phases)
- Treatment gathering procedures
- Quality Control procedures
- Close liaison with the relevant physicians and administrators
- New Standard Operating Procedures are written or revised, forwarded for approval to the relevant parties.

- With RQRS, the need for a facility-wide policy and procedure is essential as it is a multi-departmental policy.

Lessons Learned

- Having an “RQRS Abstracting Team” became essential for cohesiveness and data completion.
- Rotation of abstractors each quarter or designated Breast and Colorectal abstractors.
- Designated RQRS Support Specialists has proven to be invaluable.
- Weekly Assignment Sheets made streamlining the process much more manageable.
- Suspense Lists broken down into site-specific areas, and analytic versus non-analytic cases.
- Class 99 utilized when case finding is difficult to ascertain class of case.
- A second review is important at the point when the patient “declares” themselves.

Summary

- The Rapid Quality Reporting System is a facility-wide endeavor and acts as a Clinical Reminder System (a safety net for patient care)
- The story begins in the Cancer Registry but the chapters enfold in the patient clinics and beyond.
- Moving to rapid abstracting to use the system appropriately is an exciting challenge and one that is highly rewarding.