



Updates from the Fall Process Improvement Workshop

Thank you to everyone who attended the Fall Workshop in October 2007. We received a lot of great feedback from all of the participants. I wanted to give everyone an update on the progress the MCR has made on meeting your requests. First, our attorney is reviewing the state law to determine if it would be legal to provide treatment information received from facilities in-state back to the registry hospitals for patients they have diagnosed or treated. If this is legal, we will explore the feasibility of doing this on a regular basis. As soon as we know more, we will provide another update.

If you have not already, you will be receiving information on our new certification process for reporting hospitals. The information provided will detail the criteria for gold or silver certification and will give each of you a chance to review your expected case load and request any changes. The certification process will be implemented with the 2006 data. However, the timeliness piece will not be used for certification until next year for the 2007 data.

The MCR is currently working to update the contact information for all reporting hospitals. Update letters and forms were sent to all of you in December 2007. If you have not yet responded, please do so immediately. Once complete, everyone will

receive a list of hospitals with their main contact and phone number for your reference. In addition, we are soliciting information through this same method on facilities who would like to be contacted first when we identify a case that a physician needs to report. In order to do this, we need to know which facilities and for which physicians the registrar would like to be the main contact.

Currently, everyone should be receiving an email from Deidra Amos each month reminding you to do your monthly submission. If you are not currently receiving this email, please contact Deidra at damos@crr.umsmed.edu. Please send in your submission when you receive this email. This will help you with your timeliness especially related to certification.

The MCR will not be using web software to conduct training. This was too costly. However, we will be offering training through teleconference. This will still provide everyone the opportunity to participate in training without having to leave their office. Lina Duck will notify everyone of the trainings available. If you have a topic you would like addressed, please email Lina at lduck@crr.umsmed.edu.

Lastly, administrators of facilities without a cancer registry will be sent information on the reporting requirements in



February 2008. Additionally, for multiple facilities owned by the same company, this same information will be sent to the parent organization. We hope this will help you get the support needed for cancer registration.

By:
Deidre Rogers, MS, CTR
Director, Mississippi Cancer Registry

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Special point of interest:

- NCRA 34th Annual Educational Conference

Baptist Cancer Services

Pam Barlow, CTR

I wanted to share a few things going on at Hederman Cancer Center.

Orientation Class

I have enjoyed helping with a Patient Orientation Program that started about 2 yrs ago. In 2006, we had over 1000 attendees. As you know in the registry there is not a lot of patient contact except through the follow-up program and this has given the registrar a chance to help with the program and have some patient contact. Baptist Cancer Services provides an "orientation" class for all newly diagnosed patients that will be starting chemotherapy and/or radiation therapy. It gives them a complete overview of cancer treatment, combining treatment information on radiation, chemotherapy, nutrition, support services, cancer registry and other important topics. During the class, each participant received a handbook that contains information from the class, along with a calendar for recording their doctor appointments, website resources, a section for journaling, etc. The handbook is a useful tool for patients to keep all their information in one place and make notes they want to ask their physicians. It also gives the patient a chance to put a name and face on the various support staff. The section of the class the registry helps with is covering some of the terms with the cancer classifications, staging and explaining what the cancer registry is. It has been very gratifying to me. The evaluations from the patients have been very positive. They are allowed to have a family member attend the class with them.

Art Therapy

This series of art workshops is designed to help cancer patients express their feelings and experience themselves as unique and creative individuals. Participants do not have to be artists or have any art experience. The instructor is a licensed art therapist and all supplies are provided. It meets on Wednesday in the Hederman Cancer Center at noon. All the artwork displayed in our 2007 Cancer Program Annual Report was from the class. If you have not seen a copy please go to go to the website **mbhs.org** under Medical Services click on Cancer and the Annual report is in a PDF file there.

Serenity Garden

Baptist Serenity Garden has been added between the Colonnades Medical Office Building and the Hederman Cancer Center (just outside the registry windows). The sights, sounds, and smell of a garden have always provided people with a respite from their troubles and a feeling of serenity and peace, particularly during times of stress. The Baptist Serenity Garden offers a place where patients and family can sit, relax, read or visit while waiting on treatment to begin or just a quiet break away from the hospital environment. The waterfall and beautiful flowers offer patients and family members a chance to be around nature and escape, if only for little while the stress and stimulation of a clinical environment.

For more information go to:
http://www.mbhs.org/med_serv/cancer/2007_cancer_services_ar.pdf

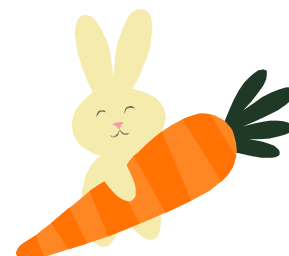


National Cancer Registrars Association
34th Annual Educational Conference

Twin Goals: Education & Advocating for Cancer Registrars

Hilton Minneapolis
April 28-May 1, 2008.

<http://www.ncra-usa.org/conference/index.htm>





REMINDER

Mississippi Cancer Registrars Association's Annual Meeting will be March 6-7, 2008 at NMMC-Tupelo.

For more information contact Sandra Oliver, 662-377-3053 or Sandra.Oliver@nmhs.net.



MCRA would like all members to donate an item that represents Mississippi to include in the 2008 NCRA basket. If you are attending the Spring Meeting, please bring your item.

Please contact Sandra Oliver at 662-377-3053 or Sandra.Oliver@nmhs.net



Welcome

Denetra Turner
 UMMC-Cancer Research & Registry
 And
 Carla Triplett, RHIT, CTR
 Mississippi Cancer Registry

How the MCR Determines the Estimated Annual Caseload for Hospitals

Each facility receives a quarterly report detailing their completeness compared to an estimated annual caseload. In addition, completeness for the purposes of our new certification process will also be based on an estimated annual caseload. Some have questioned how we arrive at this estimate. The estimated caseload is based on your last year of complete data unless you send in information telling us why your estimated caseload should be higher or lower for a given year or your facility is audited for that year and the estimated caseload is determined to be incorrect. The other reason your estimated caseload will be adjusted is if you go over 100% completeness for a year. That signifies that your estimate was too low, and it will be changed to the actual number of cases submitted re-

sulting in 100% completeness.

Keep in mind an estimate is a best educated guess as to how many cases you should reasonably have for a given year. It is not meant to be exact because even you do not know the exact number until you do thorough case finding and abstract your cases. We need this number to be able to monitor our case ascertainment and identify any problems. Since this estimate is not exact, our certification contains a margin of error to account for this. To be gold certified, you need to have submitted at least 95% of your estimated caseload and for silver certification, you need to have submitted at least 90% of your estimated caseload.

If your completeness is at least 90%, then the MCR deems you complete for that year. Other than the situation where a facility turns in more than the estimated number of cases and has their estimate changed to the actual number of cases submitted as discussed above, it would be very difficult for a facility to be exactly 100% complete since an estimate is an arbitrary number. If you or your administrator have any questions, please contact our office.

Written by:

Deirdre Rogers, MS, CTR
 Director, Mississippi Cancer Registry

Announcements

- **Central Mississippi Medical Center** received 3 years approval with three commendations from the American College of Surgeons Cancer Program Survey that was held November 2007.
- The **University of MS Medical Center** Cancer Program was surveyed by the American College of Surgeons on November 14, 2007. They were given a three year approval with commendations. That is the highest rating that can be obtained. Thanks to everyone, especially the UMMC Cancer Registry employees, for their work in helping us exceed the standards!

Debra W. Christie, MBA, RHIA, CTR, CCRP, Director



- **Kathy Causey** is a proud new mom of three! She and her husband David adopted Johnny (9), Jade (6) and Jewel (5) in November 2007. The children were placed with the Causeys two days after the Survey.
- Baby News from BMH-North MS: **April and Brandon Burns** are the proud parents of a new baby girl, Lillie Grace Burns. She was born February 7, 2008 at 1:20 a.m. weighing 8lbs. 9 oz, 21 inches long.
- In March 2008, **Julie Smith-Vaniz** is expecting her first granddaughter.



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CTR Exam will take place
March 1-15, 2008.

We're on the Web!
<http://mcr.umc.edu>

Good Luck!



Pitfalls in Coding Race

Some errors in coding race have been noted recently. The main error is registrars coding 98 (Other Race) for Hispanic patients. Hispanic is not a race, but an ethnicity. Hispanics can be of any race, though they traditionally are not Native American or Filipino. That is why we have both a race field and a field for Spanish/Hispanic origin. Please make every effort to determine the actual race of the patient and code that in the race field. Then code their ethnicity in the Spanish/Hispanic origin field. If the only information you have is that the patient is Hispanic, code their race to white. If you know the country of birth or nationality but do not know the race, you can use the following document to determine the best code for the patient's race:

http://www.seer.cancer.gov/manuals/2007/SPCSM_2007_AppendixD.pdf. This document is not only useful for determining race of Hispanic patients, but also other patients where you know the nationality or place of birth. Some states in the U.S. are also included in this document because of their demographics. Only use this document to determine race in cases where you do not have a race code in the medical record. If you have a race documented in the medical record, that race should be coded.

Written by: Deirdre Rogers, MS, CTR, Director, Mississippi Cancer Registry