HISTORICALLY

Detroit became a SEER Registry in 1973

We abstracted cases at all area hospitals in Wayne, Oakland and Macomb counties in southeastern Michigan

We also contracted with a few hospitals to do their registry work. A form of income for the Registry. ($20.00 a case we were making big money)
HISTORICALLY

Paper abstracts from all hospitals in the area. (no submission hospitals)

Abstractors (30 years ago) were in the office one day a week, then changed to every other week then changed to once a month.

Batched our editing and consolidation work with a linking process every two weeks. The information “linked” together to form the patient’s tumor case

Editors received printed copies of documents to edit, easy to return to abstractors when there were questions.

Fewer variables were collected, easier to make decisions in the field
HISTORICALLY

Editors asked abstractors questions weekly, then bi-weekly, communication was strained with the once a month. – could take up to 2 months to get the answer from an abstractor.

Editors now remote into the data base, work at home.

Now Collaborative Stage, more variables, SSF’s to worry about, need to talk through the information on some difficult cases.

These changes reduced the FACE time between abstractors and editors.
THE OLD WAY

Chief

2 Managers
- 1 Manager over the Abstractors
- 1 Manager over the Editors and Follow Up

3 Departments
- Abstracting Department
- Editing Department
- Follow Up Department

- Quality Control Specialist = added 2000
LIFE WAS GOOD

For many years

This was the Detroit structure.......  

.... For over 40 years
CONTRACT HOSPITAL – ACOS

As time went on.....
Large contract facility
ACOS
CP3R
6 month abstracting requirements
TNM Staging
CS stage
TEAM FOR THE ACOS CONTRACT HOSPITAL

Developed a Team
Consisted of 5 abstractors
2 editors
Quarterly meetings

Results: editors editing specific abstractors work so that issues and concerns could be addressed immediately, quarterly meetings meant communication, this went on for a number of years
JUST LIKE ALL OTHER REGISTRIES

We faced:

SEER Data Management System helped to streamline various tasks.

More job duties could be done electronically

Budget cuts  Retirements
Staff leaving for other facilities  Promotions
NEEDED TO THINK OUTSIDE THE BOX

If the Contract hospital team was working

Could we develop teams with the rest of the 25 people

We would have to work together – communicate

Oh, no
WORKING TOGETHER

Took several meetings
Can’t just put people together

Electronic Medical record
Firewalls into hospital systems
Hospital cooperation varies among the different facilities

Staff personalities need to go together
WORKING TOGETHER

Started with abstractors

  Looked at the various Health Systems:
  Metropolitan Detroit has 4 large systems, each comprised of multiple hospitals.

Built teams around the various health systems, because of the permissions that abstracting staff already had for those hospitals.
NOW TO ADD EDITORS

Added editors to the teams

Needed to look at how many cases came from each facility or hospital grouping.

Questions like do we go to the facility or is it a submission facility where they submit their abstracted information to us

How many cases a month/year do we get

Wanted equal amounts of work for the staff
## LOOKING AT THE NUMBERS

### SAMPLE OF HOSPITAL TOTALS FOR 2012

<table>
<thead>
<tr>
<th>Hospital</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hosp A</td>
<td>2460</td>
</tr>
<tr>
<td>Hosp B</td>
<td>758</td>
</tr>
<tr>
<td>Hosp C</td>
<td>79</td>
</tr>
<tr>
<td>Hosp D</td>
<td>3301</td>
</tr>
<tr>
<td>Hosp E</td>
<td>602</td>
</tr>
<tr>
<td>Hosp F</td>
<td>5483</td>
</tr>
</tbody>
</table>

31 Hospitals to work with and divide among the groups

Didn’t look at the modified records or counts,

Hadn’t yet decided what to do with RT facilities and Labs

Total of 129,600 records a year to consolidate
WORKING TOGETHER

Reviewed teams and added hospitals to the teams rearranged some of the facilities due to volume.

Some hospitals don’t belong to the specific health systems.

Didn’t want to miss facilities then no editing would get done.
WORKING TOGETHER

Pondering whether this new approach would work

Another meeting

    just to make sure

–The old way was in place for over 40 years

And what do we call the teams? Didn’t want anything that showed preference to a specific team, like team 1, 2, 3 or A, B, C
TEAM NAMES

Pink, Blue, Red, Purple
HOW DO WE ANNOUNCE CHANGE

The “Big Day”

Needed to carefully announce the new structure
some people don’t handle change very well

(40 years of prior hierarchical system– had to be careful)
Traditionally have a 2 day workshop during the NCRA week

In April 2014
Teams were introduced on Friday of the 2 day workshop.
Video of Assistant Directors Working Together – SEER 40th Anniversary Skit
Discussion of what we were going to do and the teams were announced
THE ANNOUNCEMENT

Showed the breakdown of the hospitals
Case counts
Which abstractors made up which team
Which editors made up each team
TEAM MAKE UP

One team has 3 abstractors and 2 editors, 2 submission facilities, medium hospital, and 3 smaller hospitals.

One team has 5 abstractors and 2 editors, 3 submission hospitals, 1 large hospital, 3 smaller hospitals that we abstract at.

One team has 5 abstractors 2 editors, 1 extremely large facility, 1 small facility.

One team has 2 abstractors and 4 editors, 2 extremely large submission facilities, 2 medium sized facilities.
FUN AND GAMES

Had team building exercises

Each team stood in circle: threw a beach ball with 8 questions tapped to the ball. Answer the question so that the team mates could learn something about the team member.

Each team stood in circle: Threw a ball of yarn creating a web, then someone was told to drop their handful of yarn, showing how the web would fall apart if the team lost it’s support

Each team received a piece of paper with a sentence, “One day when I was walking”, or “One day when I woke up,” needed to write a story with the opening line
FUN AND GAMES

Spaghetti noodles (dry) and Mini Marshmallows – build a tower, could it stand on its own?

Bag with Props: 8 – 10 items were put into bags, these items were unrelated, needed to tell a story, do a skit using the props. (One group said they would take an “F” for this part, – however, they came up with a skit, because we wouldn’t let them not work it out – teamwork)
FUN AND GAMES

This morning of the workshop showed the staff they could have fun under the new structure got to know the members on the team showed the staff they could work together

Now the computer system had to be programmed .....
The SEER*Database Management System (DMS) has programming that will send the tasks to specific individuals.

This had to be programmed
Facility X editors AA and BB get alpha letters A-K, L-Z
Make sure program is working
Now Abstractors and Editors are working together
Editors are editing only their team mates

Same mistake over and over — editor alerts abstractor of this immediately phone call email, or Review Record Task

Before various editors would see the issue, but not know that it was always happening because they received a small amount of cases from each abstractor.

Monthly team meetings - meeting with only team members, questions can be asked, feed back to editors and abstractors Assistant Directors at all Team meetings, to provide support, listen to concerns and develop stronger teams.
MONTHLY MEETING

2nd Wednesday of the month 2 teams meet
3rd Wednesday of the month 2 teams meet

Seems like a lot of meetings, but the Assistant Directors can be at all of the meetings each month to hear the concerns and support the staff.
ONE YEAR LATER

It is WORKING

Better communication between the editors and abstractors. Phone calls, emails, Review Data Tasks are sent from editors to abstractors for immediate answers about a specific case.

Review Data Tasks was created in August when an Editor asked at a Team meeting if there was a way to communicate immediately and not wait 2 months for the information.

Editors and Abstractors work one on one with specific issues.

Editors are learning the challenges that Abstractors face at the various hospitals, helps to understand why a specific lab report was not documented, (Hospital just doesn’t do it.)
ONE YEAR LATER

One team has voiced an electronic medical record issue and how to find specific information on the hospital medical record. We have set a day and time to go over the electronic medical record with the entire team so that they can all be on the same page.

Just recently a hospital called and needed Breast Cancer Data. The Doctor doing the study told the hospital, you can get this data from your cancer registry. (Which they don’t have a Registry) so they called us for help. An Abstractor abstracted the cases, and 2 editors edited the cases that were in the workflow and were newly completed. Team work!!!!!
FUTURE

Continue with monthly meetings

Promote communication between the team members

Future Training of the SEER Summary Stage 2000 and TNM Staging can be done with each small team to provide more one on one training – use the NCRA Cancer Case studies a site a month with discussion at each team meeting. – starting in July.
Who knew that Communication was good?
CONTACT INFORMATION

Nancy L. Lozon, BS, CTR
Assistant Director of MDCSS
Wayne State University School of Medicine
Barbara Ann Karmanos Cancer Institute
4100 John R
Mail Code MM04EP
Detroit, Mi 48201-1379
lozonn@karmanos.org
office: 313 578-4221
fax: 313 578-4306

Fawn D Vigneau, JD, MPH
Co-Director Epidemiology Research Core
Assistant Director of MDCSS
Wayne State University School of Medicine
Barbara Ann Karmanos Cancer Institute
4100 John R
Mail Code MM04EP
Detroit, Mi 48201-1379
vigneauf@med.wayne.edu
Office: 313 578-4231
Fax: 313 578-4306