CER CORE ACTIVITY
DATA COLLECTION TRACKING SYSTEM

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Data Collection Tracking

- Rhode Island Cancer Registry Background
- Data collection design
- Auditors
- First steps
- Tracking system
- Findings
- Future plans
Background

- Rhode Island Department of Health contracts the Hospital Association of Rhode Island to maintain the official statewide cancer incidence database.
- CIS has no dedicated IT support
- CIS uses the RMCDS cancer registry operating system
- CIS relies heavily on the tools available in the Microsoft suite of products
Data Collection Design

- The CER Core Activity project involves data items specific to this project that have never been collected by NPCR, SEER or CoC nor have they been included in the Standard NAACCR Data Dictionary or in FORDS.

- In Rhode Island the decision was made to use trained auditors to identify cases, collect the required data items and perform follow up. On average there are 1,370 breast, 601 colon and 17 CML cases diagnosed in Rhode Island yearly. To date CER auditors have abstracted a total of 1,220 total cases for diagnosis year 2011.
Training Auditors

- CER Core Activity auditors were selected from the RICR Internship Training Program
- Auditors were trained to conduct case finding, collection of CER standard and non-standard data items using 2009 cancer cases.
- Auditors were trained to use remote data collection tools
- Auditors also developed close relationships with hospital staff
- Auditor will transition into trainers at non-hospital sites
Data Collection in Practice

- Cases enrolled in the project were identified through a review of case reports submitted to the Rhode Island Cancer Registry, hospital cancer registry suspense files, case finding material and record review.
- An enrollment sheet was filled out for each reportable CER case from each reporting facility. Non-reportable case were documented as reviewed but not reportable.
- Cases were reviewed multiple times to ensure complete treatment data collection – each visit generated an addition report.
Time to Retool

- The use of paper reports to document record review caused a data entry backlog that resulted in duplication and delayed transition to an electronic data collection system.
- The decision was made to concentrate on creating an electronic data collection and tracking system that eliminated all paper documents that were not essential.
Data Collection and Tracking System

- The system we created allows us to collect data remotely utilizing a subsystem in RMCDS. This is linked to an ASCII database that contains all standard and non-standard data items.
- The tracking system includes management columns that provide for monitoring production, timeliness and completeness of data collection.
- Eliminated duplication of effort.
Findings to Date

• Existing data collection tools lack the degree of specificity available in data collected by CER Core Activity auditors

• Treatment information can be difficult to find and requires the review of multiple source documents to capture a complete picture of the treatment provided

• Collection of detailed treatment information can take as long to complete as the standard cancer registry abstract

• Collection of detailed treatment information requires CER auditors to review source documents multiple times to document changes in treatment
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Questions

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