Background:
With the advent of the unprecedented 2010 data changes work effort, central cancer registry resources were stretched well beyond their limits. Central registries were faced with data changes challenges the likes of which had never been experienced before. How was all this going to be accomplished given our dwindling resources? Here is our central registry experience in facing the challenge.

Objective:
Now that the “recovery” period has begun, we can stand back and take a look at the 2010 data changes journey and determine what went well, what didn’t and what we need (beyond more resources and fewer changes at one time) to improve efficiencies in our own data changes processes. Methods: The 2010 data changes effort provided us an opportunity to implement new and innovative ideas and improve upon existing resources. Project managing the entire effort and maintaining good communication was a key element. Individuals were encouraged to think outside the box and come up with ideas and solutions for the many challenges we faced.

Results:
• Project Management
  › Monthly meetings with involvement of various departments
  › Frequent internal/inter-unit and Inter-region meetings
  › Frequent communications between meetings
  › Updates on Monthly Regional Registry Teleconferences
  › Reviewed risks, assumptions and timelines on a regular basis and discussion of consequences/dependencies of ongoing delays beyond our control

• Implemented a Data Changes Alert System for Registrars
  › 16 Data Alerts distributed to registrars statewide using Constant Contact
  › Data alerts were also posted to the CCR website

• Implemented a Monthly Notification Systems for Registrars
  › New CCR Inquiry System coding and abstracting questions and answers
  › New SEER SINQ questions and answers

• Standards Documents Improvements
  › Implemented a better system of tracking and summarizing edit changes (Volume III – Data Dictionary)
  › Streamlined documentation in our coding and abstracting standards document by providing more links to additional resources (CCR Volume I)
  › Developed a simple tool to identify which CSv2 SSF’s were required in California (found in CCR Volume I, Appendix Y)

• Statewide Data Management System (Eureka)
  › Advantageous due to immediate/frequent interaction
  › Hospital Software Vendor (CNET)
  › Representation on the NAACCR Edits Workgroup
  › Registrars provided input in software modifications

• Coordinated Training Efforts
  › 5 designated CSv2 Trainers Statewide
  › Phased in approach
  › 11 training sessions held with a total of 300 registrars trained
  › Frequently Asked Questions documented developed and posted on the CCR website

• Staged implementation of Data Changes – Hospital and Central Registry Software
  › Frequent communications between the software teams

• Plan for completing older cases prior to the 2010 conversion
  › Frequent communication with hospital registrars and regional registries

• Testing, testing, testing
  › Participation by regional registry staff

Conclusions:
Although the 2010 data changes were extremely labor intensive, it forced us to examine our own data changes processes. Staff members were encouraged to develop new and innovative ways to improve our data changes approach. Efficiencies were identified and implemented. Despite the challenges faced, these actions lead to a successful implementation of 2010 data changes. Change does indeed present challenges and opportunities for improvement.