A Summary of Interactive Best Practices Workshops Findings and Tools to Guide Registries to Improve Data Reporting and Registry Operations

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Interactive Workshops Designed to Identify Tools and Best Practices to Improve and Support Central Cancer Registries' Operations

Overview and Background

Based on the recommendations for next steps from the first year of the project, *Identifying and Implementing Best Practices for Cancer Registry Operations*, the North American Association of Central Cancer Registries (NAACCR) planned and implemented a series of virtual interactive workshops aimed at identifying best practices and tools to improve and support registry reporting and operations. Although the workshops all focused on different challenges within central registry operations, a common purpose focused on allowing registry staff to share experiences and knowledge around these topics and compare different registry operational approaches to learn which methods were the most effective in diverse settings. Workshops were virtual due to COVID 19 constraints, but they were developed to allow maximum engagement among participants. All National Program of Cancer Registries (NPCR)-supported registry staff were invited to participate in any and all of the workshops.

The purpose of this project was to plan and implement interactive workshops to facilitate discussion around best practices and tools for the following:

1. Developing and monitoring data management reports
2. Establishing strong communications and relationships with hospitals
3. Improving reporting from nonhospital sources
4. Managing best practices around the COVID-19 response

Because of COVID-19 and other time constraints, fully developed and vetted best practices could not be developed within the framework of this project. In NAACCR's experience, the development of best practices guidelines requires extended discussion and negotiation among a broad constituency. Consensus on best practices is often difficult to reach and not attainable within the framework of a brief virtual workshop. Nonetheless, these workshops produced substantial information on current and successful best practices used across NPCR registries. This information is summarized below, and tip sheets are offered containing ideas from registry directors. The summaries provided will serve as an excellent base to further develop these topics in the future.

A top salient benefit of these workshops was allowing the registries to exchange ideas freely on a selected topic. (See Appendix C, Workshop Evaluations.) Registries are always eager to share experiences, explain their approach to problems, and learn from others. In every breakout and workshop session creative ideas were shared, and registry directors heard about methods tried in other environments that might be useful in their own situation. We strongly recommend that the Centers for Disease Control and Prevention (CDC) continue to facilitate such opportunities for exchange of ideas among the registries.

Workshop II: Establishing Communications and Relationships with Hospitals

The second in the series of workshops focused on *Establishing Communication and Relationships with Hospitals.* This workshop was held in two sessions on September 29, 2020, with breakout groups in Session One. The workshop agenda and schedule are outlined in Table 3.

Table 3. Structure of Workshop II

Establishing Communication and Relationships with Hospitals Workshop	
Session One - 9/29/2020	**Session Two - 9/29/2020**
Breakout 1: Feedback to Facilities	Review Summaries of the Breakout Sessions; Review Sample Tools; Recommendations
Breakout 2: Incentives: Pros and Cons	
Breakout 3: Relationship Building	
Breakout 4: Innovations in Communication	

Workshop Objectives

5. Identify and develop tools, strategies, and best practices to improve the quality, completeness, and timeliness of hospital reporting through—

    a. Feedback and Audits

    b. Incentives and Penalties

6. Examine and appraise successful strategies to improve relationships and connections between hospitals and central registries

7. Assess current communication practices among hospitals and central registries and explore innovative approaches and strategies aimed at improving such communications

Each breakout session focused on various components and methods to establish and strengthen communications and relationship building between hospitals and central registries. Session Two of this workshop reconvened all participants to share the summaries and recommendations from each of the breakout sessions. Communication tools were also discussed, as well as any communication barriers encountered.

Workshop II Attendance

Registries in 23 states and Washington, D.C., were represented (Table 4).

Table 4. Registries participating in Workshop II

Alaska	Kentucky	New Jersey	Rhode Island
Arizona	Louisiana	New York	South Carolina
Arkansas	Maryland	North Carolina	Texas
Colorado	Minnesota	North Dakota	Utah
Hawaii	Missouri	Ohio	Vermont
Idaho	Montana	Oregon	Washington, D.C.

Recommendations

Central registries may benefit from implementing the following tools and strategies:

Relationship-Building

- Designate a central registry point of contact for each reporting facility to provide one-on-one, personal communication.
- Establish a relationship with the state or regional cancer registrars' association by attending or cohosting events and providing speakers for educational sessions. The central registry should encourage staff to become members of the state or regional association and to participate in its governance and committees. The CCR Education and Training Coordinator may speak or provide training at association events.
- Attend hospital cancer conferences and/or cancer committee meetings.
- Invite hospital registry staff and/or administration to visit the CCR.
- Connect with cancer registry or health-information programs at local colleges and universities. Offer to speak at career events or invite students to spend time at the CCR. Offer cancer registrar training clinical hours for students preparing for the Certified Tumor Registrar (CTR) exam.
- Hold regular meetings with registry staff or administration at large facilities.
- Provide hospital registrars with resources to help them better perform their jobs. Resources may include no-cost training and education, follow-up or treatment information, counts of patients enrolled in institutional review board (IRB)–approved studies, a list of available registry contractors, or letters of support to hospital administration.
- Communicate the results and outcomes of projects and studies that use cancer registry data or to which hospital registrars contributed.

Feedback to Facilities

- Central registries should develop a procedure for providing consistent positive and negative feedback on timeliness, quality, and completeness to reporting facilities. The procedure should address—
    - What information should be shared with the facility
    - How often and in what format feedback is given
    - The point of contact for feedback at each facility
    - Benchmarks or comparisons for quality, completeness, and timeliness measures
    - Recommendations or procedures for facilities to improve areas that do not meet expectations or standards (e.g., improvement plan or action plan)

Incentives

- Publish a list of compliant and/or noncompliant reporting facilities.
- Acknowledge hospitals meeting or exceeding cancer reporting standards with awards, certificates, and recognition.
- Make reports of follow-up or treatment information or counts of patients enrolled in IRB-approved studies available to compliant facilities.

Communications

- Provide monthly or quarterly communications via a newsletter or the state cancer registrars association. Topics may include education, abstracting tips, and central registry news and events.
- Use electronic surveys to obtain feedback and input from hospital registrars.
- Implement encrypted email or other secure data exchange tools to facilitate communication.

The CDC could consider the following recommendations:

- Develop the standardized timeliness, completeness, and quality reports identified in Workshop 1 to facilitate feedback to hospital reporting facilities.
- Develop a toolkit or best practice for engaging reporting facilities on an ongoing basis, based on this workshop, but drilling down further to include the following:
    - Identifying the contact person(s)
    - Relationship building
    - Engagement frequency
    - Engagement content

Summaries of Each Breakout Session

Relationship Building

Participants in this breakout discussed formal and informal strategies they have used to foster and maintain good relationships with reporting facilities to improve the completeness, timeliness, and quality of reporting.

Key Findings

- Fostering and maintaining strong relationships with reporting facilities can have intangible benefits for the central cancer registry and the hospital alike and can ultimately lead to improved reporting.
- Hospital registrars must understand how the central registry operates and what its goals and priorities are. This can help foster an understanding that hospital and central registries are working toward the same end.

- Designating a central registry representative for each hospital can help to build a personal connection.
- CCR staff involvement with state and regional cancer registrars' associations can improve relationships.
- Find opportunities for CCR staff to have face-to-face time with hospital registrars, such as by attending cancer conferences or cancer committee meetings and having regular meetings with staff at large facilities.
- CCRs can provide assistance to hospital registries in the form of the following:
    - Training
    - Providing follow-up/treatment information
    - Publishing a list of available contract registrars
    - Writing letters of support to hospital administration

Feedback to Facilities

This breakout session focused on current practices and strategies for providing feedback to hospital registries regarding compliance with reporting requirements, including completeness, timeliness, and quality.

Key Findings

- Depending on existing resources and facility caseload, all registries provide feedback to reporting hospitals at least quarterly; many communicate by telephone or email monthly.
- It is important to communicate with the appropriate contact at each facility to have the greatest impact.
- Personal one-on-one communications help build strong relationships and improve reporting.
- Facilities respond well to reminders of approaching deadlines.
- Establishing/maintaining strong working relationship with the state cancer registrars' association helps build collaboration and support for future mutually beneficial activities.
- Common topics during routine communications include the following:
    - Edit Results
    - Data Quality
        - Visual editing—identify coding errors, based on abstract documentation
        - Re-abstracting—identify coding errors, based on a review of the of the abstract codes against the source document (patient medical record)
    - Timeliness/Completeness

        - Monthly submissions—reflects the number of cases submitted for a given month
        - Expected case counts—reflects the expected number of cases submitted each month, based on the annual caseload divided by 12
        - Accession number/shipment receipt verification—issued to confirm the number of cases received per transmit file per month
        - Follow-up when submission deadlines are missed.
- Benchmarks are helpful for facilities to gauge their performance.
- Registries use ad hoc communications for missing values or discrepancies.
- Feedback sometimes needs to be adjusted for contracted staff.
- Registries find it useful to communicate via CCR and/or state association newsletters. Topics include—
    - Education tips
    - Listing compliant reporters
- Other strategies in use by central registries include—
    - Hospital staff perform re-abstracting of their own cases only using text they submitted.
    - Issue report cards for submissions/Data Quality Indicator reports
    - Give awards or recognition to high-performing facilities. Send notice of the award to hospital administration.
    - Conduct quarterly calls with reporting facility registrars.
    - When appropriate and feasible, schedule site visits to reporting facilities every 4–6 weeks to discuss cancer reporting status (timeliness and completeness), clarification of cancer reporting requirements, challenges facing the facility that impact cancer reporting, and opportunities for further collaboration and assistance from the central registry.

Incentives and Penalties

In this breakout session, participants discussed using positive and negative incentives to encourage timely and complete reporting from hospitals.

Key Findings

- Tracking hospital submissions—All registries reported tracking hospital submissions for timeliness either monthly or quarterly.
    - Some participants stated timeliness deadlines had been relaxed or altered because of delays with 2018 reporting and the COVID-19 pandemic.

    - If not on target, contact and request a remediation plan and/or send letters to hospital administration.
    - Send a monthly count and percent complete so hospitals know their status.
        - Hospitals can review counts and identify discrepancies with their records.
        - If they disagree, the hospital can send a case report listing showing submitted cases, which can be useful in identifying cases that were not transmitted.
    - Give some leeway to submit cases later to receive a complete abstract.
- Awards, certificates, or letters—All registries reported using awards, certificates, or letters to recognize hospitals meeting completeness and timeliness standards. Some registries indicated difficulty in continuing this practice because of the loss of staff, 2018 reporting delays, and COVID-19.
    - Awards, certificates, or letters often are handed out at state professional meetings.
    - Use "feel good awards" in light of 2018 reporting delays.
    - Send positive letters to hospital administration when a hospital registry is complete and timely or when the hospital registry successfully passes an audit.
    - Post a list of all hospitals meeting completeness or timeliness standards on the central registry web site or newsletter.
    - Acknowledge and thank hospital registrars for their efforts.
- Central registries can provide hospitals with access to helpful resources, such as—
    - Free coding training
        - Access to NAACCR webinars
        - Access to NCRA group educational webinars
    - Linkage or access to vital records data
    - Treatment and follow-up information if hospital reporting is current.
- Central registries can survey reporters to see what they might want as an incentive for timeliness or completeness (maybe paid registration for a meeting).
- Showcase registry data used for research.
    - Quarterly newsletters or email blasts
        - Highlighting a central registry research project—"Your Data at Work"
        - Sharing NAACCR/NPCR central registry awards
        - Talking about upcoming research projects or the current number of data requests

    - Rapid case ascertainment or patient contact studies
    - Fee for each case identified paid to the hospital registrar and funded by the researcher.
        - Continuing education for hospital registrars funded by the researcher.

- Penalties for non-reporting of cancer data can include:
    - Most participants indicated their law had no “teeth” to compel timely reporting or no case submission deadline in state law.
    - Some states were able to use the disincentive of withholding licensing or certificates of need.
    - Registries expressed hesitation to change reporting laws to include penalties.

Innovations in Communications

This breakout session focused on how central registries are using technological tools to facilitate communication with reporting facilities.

Key Findings

- In addition to telephone calls and email, central registries employ a variety of tools for communicating with reporting facilities.
- Central registries routinely use encryption when exchanging data with facilities and other data sources. Common tools in use by registries include the following:
    - **REDCap**—Research Electronic Data Capture, a web-based application developed at Vanderbilt University in 2004, to capture data for clinical research and create databases and projects. It is compliant with the Health Insurance Portability and Accountability Act, highly secure, and intuitive to use.
    - **Box**—A cloud content management platform that provides file sharing, collaborating, and other tools for working with files that are uploaded to its servers. Box uses Amazon Web Services (AWS).
    - **MOVEit**—A managed file transfer software that encrypts files and uses secure File Transfer Protocols to transfer data with automation, analytics, and failover options.
    - **GoAnywhere**—A managed file transfer software for multiple platforms, protocols, and encryption standards. Costs $1,600 annually.
- Other electronic communication methods included the use of electronic surveys to provide a mechanism for feedback and “finding the pulse” of the hospital constituents, as well as the use of an email marketing application to facilitate the communication distribution:
    - Electronic surveys identified and used
        - Survey Monkey—Costs $75 monthly ($900 annually)

        - Survey Gizmo
    - Constant Contact—Email marketing application. Costs $45 monthly ($540 annually)
        - Can be used to distribute non-confidential information, such as newsletters, announcements, broadcasts, or reporting advisories
        - Use of a portal or inquiry system for all abstracting and coding question to ensure standardized answers, less redundancy, and documented responses with tracking and search functions; fewer interruptions via telephone calls and emails regarding abstracting and coding questions

- Challenges to implementing some of these communication tools include—
    - Resistance to adopting new technology and methods
    - Lack of financial resources for purchasing software licensing
    - Lack of IT support and other roadblocks (i.e., firewalls)
    - Staffing resources to expand communication

Workshop Summary Conclusions: Establishing communications with key contacts at hospital reporting facilities is imperative to successfully maintain and improve cancer reporting. This workshop provided central registries with a forum to discuss various methods employed to effectively communicate with their hospital reporting facilities. The workshop breakout sessions focused on providing feedback to facilities, use incentives, techniques for relationship building, and innovations in communication. Participating registries exchanged communication challenges, tips, and ideas to improve communications with hospital reporting facilities. Several registries shared examples of tools they use for providing feedback to hospital registries (see Appendix F).

Appendix F: Sample Communication Tools Submitted by Registries

1. Please complete this form electronically and save the file
2. Use two forms if more space is needed
3. Email the completed form as an attachment to: wroshala@crgc-cancer.org

Cancer Registry of Greater California
Public Health Institute

Note: Effective June 1, 2019, the CRGC office location is:
1750 Howe Avenue, Suite 550
Sacramento, CA 95825
916-779-0300

Reporting Facility Abstractor Information Form

Facility Name:	
Facility Street Address:	
Contact Name:	
Phone:	
Fax:	
E-Mail:	
Cancer Reporting Software Used:	

Number of Abstractors:

Abstractor Name	Initials*	Indicate whether Employee or Vendor		If a Vendor, provide name of agency or service	CTR Status		If Non-CTR, indicate if CTR eligible		If CTR, please provide CTR #**	If working remotely, enter physical location (i.e. City, State, Country)
		Employee	Vendor		CTR	Non-CTR	Yes	No		

*Include all initials and/or numbers the named abstractor uses in cancer reporting software.

**The CTR number begins with the last 2 digits of the year the CTR exam was successfully taken.

CRGC
CANCER REGISTRY OF GREATER CALIFORNIA

Completeness of Reportable Cancer Cases for Year 2019

Complete one form for each reporting facility

This is to attest that (Enter the Name of the Reporting Facility and Reporting Facility Number**), has completed submitting reportable cancer cases for year 2019.** Please email the completed form to: wroshala@crgc-cancer.org

_____

Print Name of Person Completing the Form

_____

Position/Title

_____

Date

If complete, confirm the total number of cases submitted for year 2019: _____

If not complete, provide an estimated date for when all 2019 cases will be completed:

_____

1750 HOWE AVENUE • SUITE 550 • SACRAMENTO, CA 95825 916-779-0300 916-779-0264 CRGC-CANCER.ORG

Note from registry: The intent is to have the Registry attest to the fact they are completed with casefinding and abstracting for the specified year and to provide the total number of cases they accessioned for that year. The form asks the Registry to provide current staff, Registry Managers, Hospital CEO and the Cancer Committee chair. The form gives the Registry a chance to tell us about any significant changes in staffing, physicians or program changes that may impact their case counts for the year. Once we receive the report we compare their numbers with what we have in our database. If a hospital has more cases in their registry, we will ask them to resend the full year of cases so we can add the missing cases. The form is then stored as a reference in the hospital file.

Colorado Central Cancer Registry - Hospital Year End Summary

Hospital Affiliation	
Hospital Name	

Please provide a summary of the work completed by your facility for the 2018 reporting period.

Total number of cases first admitted to your facility in 2018 and reported to the CCCR.

Total Number of Cases:	
- Number of Analytic Cases	
- Number of Non-Analytic Cases	

Did you have any changes at your hospital or in your registry in the past year (i.e. number of beds, physician changes, hospital services, registry staffing changes, etc.)

CERTIFICATION:

☐ I hereby certify that all casefinding and abstracting of reportable cancer cases for the year 2018 is complete.

☐ Abstracting for 2018 is not complete, we will contact our Registry Liaison to create a reporting plan.

Registry Manager: _____ Date: _____

Please provide the Current Status of 2019 Cases: _____

Does your hospital report any cases as requested by your Cancer Committee such as high grade intraepithelial neoplasia, Gr III of the colon? Please state which cases you are reporting by Cancer Committee agreement and the year you started collecting these cases:

Please provide your current hospital contact information: (Include name, phone number and email of all applicable individuals)

	Name	Email or Phone
CEO		
Cancer Committee Chair		

Cancer Registry Staff	Name	Phone	Email
Registry Manager			
Registry Supervisor			
Registrars:			

Louisiana Tumor Registry - Facility Data Quality Indicator Report (DQIR)

XXX MEDICAL CENTER

Year Reported - 3rd/4th Qtr 2018 & 1st/2nd Qtr 2019

	Benchmark**	2019 Qtr3	2019 Qtr4	2020 Qtr1	2020 Qtr2	Total
Cases						
Total Cases		763	353	436	338	1890
% Analytic Cases		76.9%	83.9%	92.9%	97.3%	85.6%
% Non-Analytic Cases		23.1%	16.1%	7.1%	2.7%	14.4%
Not Reported to LTR within 6 months*	<10.0%	0.0%	0.0%	0.00%	3.0%	3.0%
Demographics**						
Sex Unknown (9 or blank)	<1.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Race Unknown (98,99, or blank)	<2.0%	1.0%	1.0%	0.2%	0.6%	0.7%
Ethnicity Unknown (9 or blank)	<3.0%	1.4%	1.7%	0.2%	1.2%	1.1%
Birth Date Unknown (99/99/9999)	<1.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Marital Status Unknown (9 or blank)	<10.0%	6.1%	1.7%	3.0%	2.4%	3.8%
Addr at Dx - PO Box	<5.0%	2.2%	0.3%	0.2%	0.0%	0.9%
Addr at Dx Street Unknown	<2.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Addr at Dx City Unknown	<2.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Addr at Dx Zipcode Unknown (99999 or blank)	<2.0%	0.0%	0.0%	0.0%	0.0%	0.0%
County at Dx Unknown (999 or blank)	<1.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Tumor Characteristics**						
Other/Ill-Defined Sites (C76.x)	<2.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Unknown Primary Site (C80.9)	<2.5%	0.9%	1.7%	0.0%	1.1%	0.9%
Laterality (codes 3, 9, blank)	<5.0%	1.2%	0.0%	1.8%	0.0%	0.9%
Morphology Non-specific (8000-8005)	<2.5%	0.2%	0.0%	1.6%	1.2%	0.7%
Dx Method Unknown (9 or blank)	<1.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Primary Payer Unknown (99 or blank)	<5.0%	0.2%	0.3%	0.5%	0.0%	0.2%
Clin & Path Stage Group Unknown (99 or blank)	<10.0%	6.9%	4.4%	7.7%	9.1%	7.1%
Summary Stage 2018 -Unknown (9 or blank)	<10.0%	2.9%	4.2%	2.7%	2.8%	3.1%
EOD--Primary Tumor-Unknown (999 or blank)	<8.0%	4.7%	3.8%	3.5%	1.8%	3.6%
EOD--Regional Nodes-Unknown (999 or blank)	<6.0%	2.3%	2.4%	1.5%	1.5%	2.0%
EOD--Mets-Unknown (99 or blank)	<1.0%	0.0%	0.3%	0.0%	0.0%	0.1%
Prostate Pathological Extension-Unknown (999 or blank	<10.0%	0.0%	0.0%	1.5%	0.0%	0.4%

DQI	Benchmark	Award Certificate Gold	Sliver	Bronze
Cases				
Total Cases				
% Analytic Cases				
% Non-Analytic Cases				
Not Reported to LTR within 6 months*	<10.0%	<10.0%	<15.0%	<20.0%
Demographics**		Met all 10	Met 9 at least	Met 8 at least
Sex Unknown (9 or blank)	<1.0%			
Race Unknown (98,99, or blank)	<2.0%			
Ethnicity Unknown (9 or blank)	<3.0%			
Birth Date Unknown (99/99/9999)	<1.0%			
Marital Status Unknown (9 or blank)	<10.0%			
Addr at Dx - PO Box	<5.0%			
Addr at Dx Street Unknown	<2.0%			
Addr at Dx City Unknown	<2.0%			
Addr at Dx Zipcode Unknown (99999 or blank)	<2.0%			
County at Dx Unknown (999 or blank)	<1.0%			
Tumor Characteristics**		Met all 12	Met 10 at leas	Met 9 at least
Other/Ill-Defined Sites (C76x)	<2.5%			
Unknown Primary Site (C80.9)	<2.5%			
Laterality (codes 3, 9, blank)	<5.0%			
Morphology Non-specific (8000-8005)	<2.5%			
Dx Method Unknown (9 or blank)	<1.5%			
Primary Payer Unknown (99 or blank)	<5.0%			
Clin & Path Stage Group Unknown (99 or blank)	<10.0%			
SEER Summary Stage 2000 Unknown (99 or blank)	<6.0%			
EOD--Primary Tumor-Unknown (999 or blank)	<8.0%			
EOD--Regional Nodes-Unknown (999 or blank)	<6.0%			
EOD--Mets-Unknown (99 or blank)	<1.0%			
Prostate Pathological Extension-Unknown (999 or bl	<10.0%			
Variables not scored***				
Tumor Size Summary-Unknown (999 or blank)				
Tumor Size Clinical-Unknown (999 or blank)				
Tumor Size Pathologic-Unknown (999 or blank)				

* Timeliness is a comparison of the the date of first contact/date of admission and date the case was received by central registry.
A one month grace period is given for those cases awaiting complete treatment information. Only cases dx'd 2018+ are considered for Timeliness.

** DQI measures for Demographics and Tumor Characteristics are only calculated on Analytic Cases (Class of Case 00,10,11, 12,13,14,20,21,22)
Exception - Morphology and Staging indicators exclude Class of Case 00.

*** Data items related to the tumor size were not scored for now. We are waiting for SEER to release a list of cancer sites that are required to code tumor size.

Note: Benchmarks for Demographics and tumor characteristics are based on SEER, NPCR, and NAACCR with modification when average unknown percentage in LTR is much lower than the benchmark of SEER, NPCR, or NAACCR. For the data items (Ethnicity, Marital status, Address PO Box, diagnosis confirmation, and primary payer) that are not in the SEER, NPCR, or NAACCR data quality report, the average of unknown percentage based on previous two years cases combined is use

Tips to Build Strong Relationships with Hospital Registries

Fostering and maintaining strong relationships with reporting facilities can have intangible benefits for the central cancer registry and the hospital alike and can ultimately lead to improved reporting.

Develop procedures for providing consistent, ongoing feedback, both positive and constructive, to reporting facilities on their data completeness, timeliness, and quality. The procedure should address the following:

- Information to be shared with each facility
- Frequency and format of feedback
- The point of contact for feedback at each facility
- Benchmarks or comparisons for quality, completeness, and timeliness measures
- Recommendations or procedures for facilities to improve areas that do not meet expectations or standards (e.g., improvement plan or action plan)

Engage with hospital registrars by participating in the state or regional cancer registrars' association.

Provide hospital registrars with access to no-cost training and education opportunities, such as the NAACCR Webinar Series.

Acknowledge hospitals meeting or exceeding reporting standards with awards, certificates, and/or recognition. Notify senior-level hospital administration and announce awards in a newsletter or on the website.

Offer CoC-accredited cancer programs reports of patient follow-up, treatment information, or counts of patients enrolled in IRB-approved studies to help them meet their accreditation standards.

When appropriate and feasible, schedule site visits to reporting facilities to discuss reporting status, clarify reporting requirements, learn about challenges, and explore opportunities for further collaboration and assistance.

- Poorly performing facilities or registries with high staff turnover or new registrars are a great opportunity for site visits.
- If possible, request to attend a cancer committee or performance improvement committee meeting to present on how cancer registry data are used.

Tips to Improve Communication with Hospital Registries

Effective two-way communication with hospital registries can help build strong relationships and improve reporting.

Develop a plan to communicate with hospital registrars on a regular basis.

- It may help to designate a single point of contact or liaison at the central registry for each facility to develop one-on-one personal connections.

Maintain an up-to-date list of key contacts at hospital registries, including on-site contacts for facilities with contracted staff.

Provide monthly or quarterly communications via a newsletter or the state cancer registrars association. Topics may include education, abstracting tips, central registry news and events, and approaching deadlines.

Hold quarterly or biannual town hall–style meetings with hospital registrars to cover important topics of interest and give registrars an opportunity to ask questions and share ideas among themselves.

Use electronic surveys to get feedback and input from hospital registrars.

Implement encrypted email or other secure data exchange tools to facilitate communication.

Implement use of a portal or inquiry system for all abstracting and coding questions to ensure standardized answers, less redundancy, and documented responses with tracking and search functions.

These tip sheets are not meant to lay out a specific methodology, but rather, are meant to serve as a starting point for more in-depth discussions, development of tools, and the establishment of new processes or practices within individual registries as appropriate.