

## Working Smart & Efficiently in NJSCR

- Data Quality
- E-Path
- Death Clearance

## Data Quality

- Overall Efficiencies
  - CTR mandated requirement in hospitals
  - Central registry staff are CTRs
  - Edits sorted by HCF & Primary Site
  - Duplicates run monthly
  - SEER edits run on staff records resolved by GENEDITS
  - Bi-monthly Town Hall Meetings
  - Quality Control Committee

## E-Path in NJ Hospitals

- AIM installed in several large hospitals
  - Facilitates rapid case ascertainment for special studies
  - Facilitates case-finding audits
  - Pathology report can be linked to abstract
  - Installation underway at several HCF with history of delinquent reporting

## Manual Review -vs.- E-Path Review

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| <ul style="list-style-type: none"><li>• Total Number of reports at facility 24,021</li><li>• 2,500 report per/day x 1 person</li><li>• 20 days to review reports and complete audit</li><li>• Travel to hospitals, lack of work space, HIPPA issues</li></ul> | <ul style="list-style-type: none"><li>• Total Number E-Path reports 7,324,</li><li>• 1 FTE review 300 report per/day (includes modification to case)</li><li>• 1 FTE 5days to review, edit flag and created a follow-back report.</li><li>• No travel, no HIPPA issues</li></ul> |
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## E-Path/Private Path Labs

- Dianon Labs utilizing AIM
- Plans underway to install AIM with CBL Labs & Genzyme
- Negotiations, planning, testing, implementation lengthy process can take up to 1-2 years to get project off the ground

## “Old” PP E-Path vs. AIM

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| <ul style="list-style-type: none"><li>• Cases in flat file<ul style="list-style-type: none"><li>– Thousands non-reportable cases, requiring CTR review &amp; modification</li><li>– Records matching cases in main data base required manual review</li><li>– 1 FTE 10 weeks to import data into RMCDS, modify record etc.</li></ul></li><li>• Follow-back to Physicians<ul style="list-style-type: none"><li>– FTE 4 weeks</li></ul></li></ul> | <ul style="list-style-type: none"><li>• Cases transmitted using HL7 using standard path report<ul style="list-style-type: none"><li>– Cases screened &gt;95% reportable requiring CTR review &amp; modification</li><li>– Records electronically matched.</li><li>– 1 FTE 5 weeks to review data imported, modify record etc.</li></ul></li><li>• Follow-back to physicians<ul style="list-style-type: none"><li>– FTE 1 week</li></ul></li></ul> |
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## Death Clearance in NJ

- Usually start with 1,500 potential DCO's
- Goal: Reduce to <1.5% DCO
- Moving towards fully electronic death certificate
- Tracking Data Base in Access
- Physician Data Base in Access

## DC Efficiencies

- CTR reviews all potential death certificate cases and eliminates non-reportables
- Tracking Data Bases
- Well Organized
- Improved Reporting at Hospitals
  - Hospitals are given 30 days to report cases and they do comply
  - Hospital info is now available electronically on death certificate

## More DC Efficiencies

- DC's requiring follow-back from physicians/nursing homes are grouped in same packet
- For "no response requests" 2<sup>nd</sup> request sent within 4 weeks
  - Letter is labeled 2<sup>nd</sup> request and date original request was sent
- For those requiring 3<sup>rd</sup> request- cancer reporting regs are included in the request, and a follow-up phone call is made to the office in 2 weeks to discuss cancer reporting obligations

## DC Labor Force in NJ

- Labor intensive for 4 months
  - 1 FTE clerical/administrative for 3 months
  - 1/2 CTR for 2.5 months
- Ongoing reconciliation throughout the year but minimal work
- Anticipate efficiencies will improve once we have full access to the electronic death certificate