

Single Abstract Reporting by Network Facilities

In this era of Electronic Medical Records, several reporting facilities are now sharing a single, unified patient medical record, wherein each facility in the network has equal access to all components of the medical record. The question has been raised whether reporting facilities who share a single medical record can report cases in a single abstract for each tumor. The impact of submitting these cases as a single abstract reduces the work effort on the hospital registrar as well as the regional registry/CCR staff, since these cases do not need to be consolidated and will be visually edited once.

The American College of Surgeons' (ACoS) has also designated a special approval category for such facilities, called a Network Cancer Program. According to the ACoS, a Network Cancer Program is an organization which owns multiple facilities providing integrated cancer care and offers comprehensive services. Generally, networks are characterized by a network-wide leadership, standardized registry operations with a uniform data repository, coordinated service locations and practitioners.

Currently in California, there are only two ACoS approved Network Cancer Programs, John Muir Health/John Muir Cancer Institute (John Muir Medical Center- Walnut Creek and John Muir Concord Campus) and Scripps Health/Scripps Cancer Center, San Diego.

There are also many other reporting facilities, not approved as an ACoS Network Cancer Program that share a common medical record among several reporting facilities. These reporting facilities can now choose to report their cancer cases as a CCR-designated Network Reporting Facility. A request form must be submitted to the regional registry, identifying the reporting facilities in the network. Signatures from representatives from all reporting facilities are required. Once approved and designated by the California Cancer Registry as a Network Reporting Facility, a single abstract can be submitted for a patient seen at multiple facilities within the network.

The CCR has established the following guidelines for network reporting facilities submitting a single abstract:

Requesting Network Reporting Facility Status

- A request form must be completed by the reporting facilities within the network, signed by representatives of each reporting facility and submitted to the respective regional registry

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- The regional registry provides the network reporting information to the CCR for inclusion on the list of Facilities Reporting as a Network, posted to the CCR web site

Network Reporting Guidelines

- The first facility to diagnose the case takes responsibility for reporting the case (this includes abstracting and transmitting the case). This includes reporting all work-up and treatment provided at any of the network facilities OR
- One network facility may be designated to report all cases, regardless of which network facility diagnosed the case
- Hospital referred to and from: If treated within the network only, there will be no coding of these fields
- Treatment information: Coding the Treatment Facility Number in the Treatment section by modality is strongly encouraged
- Workup procedures: If the workup was performed within the network, it is not necessary to document which facility performed each procedure
- Follow-up: The responsibility of patient follow-up is on the reporting facility which first diagnosed and reported the case or was designated to report the case

Example 1 (First facility to diagnose will report the cancer case): Patient had a mammogram done at Network Hospital A with a diagnosis of suspicious for breast cancer. Patient received all treatment for breast cancer at Network Hospital B.

This case would be reported and followed by Network Hospital A.

Example 2 (One designated facility to report all network cancer cases): Patient had a positive biopsy at Network Hospital C. Surgery and chemotherapy were performed at Network Hospital D. Radiation therapy was provided at a facility outside the Network, but the treatment information is provided in the Network medical record. Hospital D is the designated reporting facility to report all cancer cases for this network.

This case would be reported and followed by Network Hospital D, as the designated reporting facility for the Network.

Disbanding the Network

- If the reporting facility network disbands and the reporting facilities become separate reporting entities again, all cases reported as a single abstract within the network remain the responsibility of the hospital that reported them
- The network must notify the respective regional registry through submitting the “Reporting Facility Network Disbanding” form and begin reporting and

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transmitting cases separately from a stated date forward (also included on the form)

- This information is forwarded to the central registry and the changes are noted on the list of Network Reporting Facilities posted on the CCR web site
- There shall be no retroactive separation and re-designation of reporting facilities on cases already transmitted to the CCR