

**NCRA / CDC-NPCR Workload & Time Management Survey
 Work Activities Journal**

	A	B	C	D	E	F	G
1	Weekly Activities						
2	Job Activities	Day 1	Day 2	Day 3	Day 4	Day 5	Weekly Total
3		<i>hh:mm</i>	<i>hh:mm</i>	<i>hh:mm</i>	<i>hh:mm</i>	<i>hh:mm</i>	<i>hh:mm</i>
4	Casefinding:						
5	Manual						
6	Electronic						
7	Abstracting:						
8	Abstracting at hospital / facility						
9	Abstracting at central registry						
10	Follow Up:						
11	Active follow-up						
12	Passive follow-up						
13	Quality Assurance:						
14	Visual editing						
15	Manual case consolidation						
16	Electronic case consolidation						
17	Resolving EDIT reports						
18	Resolving other quality control issues						

Public reporting burden of this collection of information is estimated to average 2 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0920-0706)

19	A	B	C	D	E	F	G
20	Monthly Activities						
21	Audits:						<i>hh:mm</i>
22	Casefinding audits						
23	Re-abstracting audits						
24	Database Management:						<i>hh:mm</i>
25	Database management						
26	Yearly Activities						
27	Training/Development:						<i>hh:mm</i>
28	Central registry staff						
29	Reporting facility staff						
30	Travel:						<i>hh:mm</i>
31	For registry operations (e.g., facility site visits for technical assistance, one-on-one training, software support, etc.)						
32	For education/workshops/conferences						
33	Death Clearance:						<i>hh:mm</i>
34	Death clearance matching						
35	Death clearance follow back						
	A	B	C	D	E	F	G

NCRA / NPCR Workload & Time Management Survey: *Glossary of Survey Words and Terms*

<p>Abstracting</p>	<p>Abstracting refers to all activities required to summarize and transfer data describing a cancer from the medical record to an abstract form for initial reporting of a case. EXCLUDED here are Death Certificate Only cases.</p>
<p>Accession</p>	<p>It is to enter a case into a registry and assign it an identification code. The code is a unique number assigned to the patient by the registrar, indicating the year in which the patient was first seen at the reporting institution and the sequential order in which the patient was identified by the registry or abstracted into the database.</p>
<p>Analytic Cases</p>	<p>Classes 0-2, or analytic cases, include cases diagnosed at the accessioning facility and/or by administration at the accessioning facility of any of the first course treatments after the registry's reference date.</p>
<p>Case</p>	<p>An occurrence of a primary cancer. A patient with two primary cancers represents two cases. Case consolidation combines data from multiple sources pertaining to the same person or case into a single record containing the most complete information from all sources; also called record linkage; commonly a function of a central registry.</p>
<p>Case Consolidation: Electronic and Manual</p>	<p><u>Electronic case consolidation</u> refers to the matching/linking of records from separate sources/databases using identification codes and common data items to properly match cases. It may also be called <u>record linkage</u>. <u>Manual case consolidation</u> refers to use of visual review to match cases and reconcile discrepancies between sources.</p>

Audits: Casefinding and Re-abstracting	<p>All activities associated with evaluating the completeness and quality of data reported to the central registry, including for the purpose of quality assurance. <u>Case finding audits</u> are done to ensure that reporting facilities are detecting and reporting all cancer cases that meet the criteria to be included in the central cancer registry database. <u>Re-abstracting audits</u> are done to ensure that the abstracts submitted by reporting facilities meet a pre-determined level of completeness and accuracy.</p>
Casefinding (Case Ascertainment)	<p>Casefinding, or case ascertainment, refers to all activities required to identify a tumor eligible to be included in the registry database and determine if it is reportable or non-reportable. EXCLUDED here are death clearance follow-back activities. <u>Manual casefinding</u> refers to a manual search of a casefinding source or sources. <u>Electronic casefinding</u> refers to an electronic search of a casefinding source or sources.</p>
Contract Staff	<p>Staff that are hired on a contractual basis, either as independent contractors or through a third-party agency. Contract staff may fill budgeted positions, but they do not receive benefits through the registry. They may be salaried or hourly employees.</p>
Data Analysis	<p>Analyzing collected cancer data and converting it into information about treatment, survival and other factors affecting cancer patients. May include performing statistical analysis on collected data to provide interpreted information on cancer for a particular population.</p>
Database Management	<p>Managing datasets for regular and special studies. This includes designing and running quality control reports on the data.</p>
Death Clearance	<p>Death clearance is defined as the process of identifying registered deaths in a population against reported cancers in a population.</p>

Death Clearance Matching	Refers to the matching of persons in the central cancer registry database to reported deaths in the population for the ascertainment of vital status.
Facility Staff	In this survey, facility staff refers to staff at hospitals and other institutions or organizations that report cancer data to the state central registry.
Follow-Back	Reviewing a patient's medical history to ascertain if a tumor reported first by a death certificate was ever diagnosed at any other source while the patient was alive.
Follow-up: Active and Passive	Follow-up refers to long-term surveillance of a patient to update vital status data on an annual basis. <u>Active follow-up</u> focuses on individual cases and involves one-to-one contact rather than database linkages. <u>Passive follow-up</u> relies on electronic data linkage to update vital status.
Full-Time Equivalent (FTE)	Staff hours that are equivalent to a full-time employee's hours (i.e. 36+ hours per week). An FTE position may be filled by one full-time employee, or multiple part-time employees.
Geo-Coding	Coding records to reflect the geographic location of the patient.
Quality Assurance	Quality assurance includes all activities associated with planning, performance, and reporting on local quality control and quality improvement activities. Includes creating quality assurance plan document, conducting initial abstracting process, performing re-abstracting audits, etc.
Rapid Case Ascertainment	A special casefinding procedure which provides early or preliminary reporting of certain types of cases in order to get notification of eligible study subjects to researchers.
Reference Year	The starting year established for a registry. The date from which all new cases must be collected by the registry.

Reporting	Reporting refers to submission of cancer data to various organizations (Primarily SEER, CDC/NPCR, CoC/NCDB, NAACCR, State Central or Regional Registry) to meet federal and state cancer data requirements and assist in research activities.
Resolving EDIT reports	Time spent to resolve errors discovered through EDIT reports. Includes working with reporting facilities to correct errors and correcting them at the central registry.
Resolving other quality control issues	Time spent to resolve errors found through QC processes (not EDIT reports). Includes working with reporting facilities to correct errors and correcting them at the central registry.
Source Record	An input record for the central registry; i.e., an individual report on a tumor sent from a reporting facility to the central registry and stored in electronic format. This record may be from a hospital, pathology laboratory, clinic, other central registry, death certificate, etc. The source record represents the original report received by the central registry by any source; it is not received in a consolidated form and may or may not be retained by the registry in its original form.
Training / Development	Training / Development includes attending courses or presentations, either internally or at other locations such as an educational institution, or professional meeting for the purpose of learning new material or reviewing old material to enhance job skills. Central staff training/development refers to training received by central staff persons. Facilities' training/development refers to training done by central staff and received by staff at hospitals or other facilities that report to your registry.