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Centers for Disease Control: National Program of Cancer Registries (NPCR)

National Cancer Registrar's Association (NCRA)

## Workload & Time Management Survey of Central Cancer Registries

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# Workload & Time Management Survey of Central Cancer Registries

Survey Due Date: XXXX XX, 200X

This survey requires one (1) week of data collection prior to entering the data online. Please read the recommended steps for completing the survey carefully.

### Recommended Steps for Completing the Survey

#### Preparing to fill out the online survey:

- 1. Review the survey materials contained in the PDF that was linked to the e-mailed survey invitation.
  - a. The PDF contains three (3) documents, including
    - i. Instructions for completing the Work Activities Journal
    - ii. The Work Activities Journal
    - iii. A glossary of words and terms used in the survey
  - b. You can click here to open and print the PDF now.
- 2. As described in its instructions, the Work Activities Journal is intended to be used by your staff/cancer registrars.
- 3. Please print a copy of the PDF file/survey materials for each staff person/cancer registrar.
- Give the survey materials to your staff/cancer registrars; ask that they fill out the Work Activities Journal for one (1) week.
- 5. At the end of the week, collect the Work Activities Journal sheets.
- 6. Total the amount of time per activity across all sheets, keeping in mind that there is no expectation that the totals will be equivalent to a fulltime work day, week, or month.

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 $\bigcirc$  Yes, for some positions

O No, none at all

Section I: Facility and Registry Characteristics
Please answer the following questions pertaining to certain characteristics of the cancer registry where you are employed.
1. In which state is your registry located?
Where is your registry housed? (Choose the one best answer.)
State Health Department
○ Contractor
O University
Other (please specify)
3. Please enter the following <u>reference year(s)</u> for your registry.  * Please note: if you do not have a reference year for a particular entity, leave blank
, leader note. If you do not have a release your for a paraboliar end, never allowed
Year
SEER
NPCR
Other (please specify
Does your registry currently have workload standards in place?
○ Yes, for all positions

## Section II: Caseload Size and Composition

Please answer the following	g questions pertaining	to characteristics of	your registry's caseload.
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\*Please note: For all questions in this section, answers should be based on the calendar year 200X.

- 5. In 200X, what was the total number of source records the registry received from all reporting and casefinding sources?
- 6. In the table below, please specify the <u>number of source records received</u> from each type of reporting/casefinding source in 200X (i.e., the records referenced in Question 5.)
  - 6a. Hospital Registries
  - a1. CoC accredited (exclude VA and DoD)
  - a2. Non-CoC accredited (exclude VA and DoD)
  - a3. VA hospitals
  - a4. DoD hospitals
  - 6b. Data exchange: Records received from other states
  - 6c. Pathology labs
  - 6d. Death certificate only
  - 6e. SEER regional registry(ies)
  - 6f. Other regional registry(ies)
  - 6g. Other sources (specify in the rows below)
  - g1.
  - g2.
  - g3.

Total

7. After consolidation, what was the total number of unique, **reportable** cancer cases received by your registry in 200X?

# reportable cases

- 8. What was the total number of **non-reportable** cancer cases received by your registry in 200X, **regardless of the diagnosis year**?
- 9. Please estimate the overall number of your registry's total <u>source records</u> received in 200X (i.e.,records listed previously in Question 5), through each of the reporting formats/methods listed.
- \* Please note: if you did not receive records through one of the formats/methods listed, enter 0.
  - 9a. Paper abstracts that required data entry
  - 9b. Chart/source documents sent to the CCR office to be abstracted and entered
  - 9c. Central registrar traveled to hospital/facility registry and abstracted records
  - 9d. Electronic records submitted by reporting source in an email attachment
  - 9e. Electronic records submitted by reporting source using an internet website
  - 9f. Electronic records submitted by reporting source on a compact disc
  - 9g. Other format/method
  - 9g-b. Please specify "other" format/method

**PREVIOUS** 

Section	III: Staffing and Administration			
Question	ns 10-14: Please answer the followir	ng questions pertainin	g to staffing at	your registry.
10. Whick (Choose	n of the following most closely approxite the single best answer.)	mates the job title of the	e person filling o	out this survey?
C	Registry Director			
	Registry Manager			
C	Registry Supervisor			
C	Principal Investigator			
C	Data Editor			
<b>beginnin</b> registry p	e enter the number of <u>full-time equival</u> <b>g</b> of hte fiscal years indicated in the fo ays a portion of the salary.  ote: Budgeted positions (11a) should i	llowing table. Include p	ositions outside	the registry only if the
		Fiscal Year 20XX	Fiscal Yea	ar 20XX
	a. Number of budgeted FTE ositions			
24.00	(11a = 11b + 11c)			
	b. Number of filled FTE positions			
11	c. Number of vacant FTE positions			
12. Does	your registry currently employ contract	t staff?		
	Yes		No	
	O		0	
			PREVIOUS	CONTINUE

13. On what basis does your registry currently employ contract staff?	
C Temporary C Permanent	
O Both temporary and permanent	
PREVIOUS	CONTINUE

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14. What is the number of permanent FTEs that is currently covered by contract staff?

**PREVIOUS** 

Section IV: Reporting			
Please answer the following question	s about agencies to which y	our registry reports	<b>3.</b>
15. Please tell us if your registry reports	records to each of the agencie	s specified:	
	Yes	No	
CDC/NPCR	O	O	
NCI/SEER	0	$\bigcirc$	
NAACCR	(***)	$\circ$	
Other	O	Ō	
	1940		
15d1. Does your registry report to anoth	er agency/institution that we di	d not mention?	
O Yes			
O No			
		PREVIOUS	CONTINUE

5d2. What is the name of this agency/institution?
5d3. What is the primary format used to report to this agency/institution?
○ Email
○ Web/internet
○ Compact disc

Survey | Qualtrics Survey Software

Other

PREVIOUS

Section V: Registry Procedures
Please answer the following questions pertaining to certain procedures that may be used in your registry.
16. Does your registry staff do rapid case ascertainment?
○ Yes
○ No

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17. How frequently does your registry staff do rapid case ascertainme	nt?	
○ Rarely		
○ Sometimes		
O Often		
18. Does your registry do active follow-up?		
○ Yes		
○ No		
	PREVIOUS	CONTINUE

19. How fre	equently does your registry do active follow up?
0	Rarely
$\bigcirc$	Sometimes
$\bigcirc$	Often
20. How fre	equently does your registry receive death files?
0	Monthly
0	Quarterly
0	Yearly
frequently to year for dea	registries differ in how they manage their death clearance activities. Regardless of when or how hey receive death files, some may designate a specific period of months towards the end of the ath clearance (yearly). Others may do death clearance more frequently throughout the year, a quarterly or monthly basis.
How does y	your registry manage its <u>death clearance</u> activities?
0	Monthly
()	Quarterly
$\circ$	Yearly
22. On whathat apply)	at death certificate items does your registry do follow-back? (Check all
0	Name
$\circ$	Demographics
	Underlying cause of death
$\circ$	Multiple causes of death
$\circ$	ICD-10 codes
0	Other

Other – please specify

Section V	I: Data Management and Automation
Please ar your facil	swer the following questions pertaining to data management software and formats used in ity and registry.
23. What i	type of cancer data software does your registry use for abstracting data? (Choose the one best
0	CDC Abstract Plus and/or Web Plus
0	Commercial cancer registry system vendor
0	State developed or other in-house software
0	Spreadsheet/database software (Examples: Excel, Access)
0	Other - please specify
24. What t	ype of software does your registry use for data management? (Choose the one best answer)
0	SEER*DMS / DMS Central
()	RegistryPlus
$\circ$	Commercial cancer registry system vendor
Ü	State developed or other in-house software
C	Other – please specify
25. What t	ype(s) of software does your registry use for data analysis? (Check all that apply)
$\bigcirc$	SEER*Stat
0	Commercial cancer register system vendor
0	State developed or other in-house software
0	Commercial statistical software package (Examples: SPSS, SAS, STATA)
0	Spreadsheet/database software (Examples: Excel, Access)

26. How do	pes your registry perform record consolidation?
$\bigcirc$	All electronic
0	All manual
$\bigcirc$	Combination of electronic and manual
27. Who is	responsible for your registry's geo-coding?
0	Regular registry staff
0	Contract staff
0	Other – please specify

PREVIOUS

#### Section VII: Staff Activities and Workload

Please fill in the following items pertaining to the activities recorded by your staff/registrar(s) in the **Work Activities Journal**. In parenthesis next to each item in this section is **a row number**. The row numbers refer to the **rows** in the **Work Activities Journal** on which the items are found. All items are found in **column G** of the **Work Activities Journal**.

Weekly Activities (begins with Casefinding, on row 4 of the Work Activities Journal)

28a. Manual <u>casefinding</u> (row 5)

28b. Electronic casefinding (row 6)

28c. Abstracting at hospital/facility (row 8)

28d. Abstracting at central registry (row 9)

28e. Active follow-up (row 11)

28f. Passive follow-up (row 12)

28g. Visual Editing (row 14)

28h. Manual <u>case</u> <u>consolidation</u> (row 15)

28i. Electronic <u>case</u> <u>consolidation</u> (row 16)

28k. Resolving EDIT reports (row 17)

28j. Resolving other quality control issues (row 18)

Monthly Activities (begins with Audits, on row 21 of the Work Activities Journal)

29a. Casefinding <u>audits</u> (row 22)

29b. Re-abstracting audits (row 23)

29c. <u>Database</u> management (row 25)

Yearly Activities (begins with Training/Development, on row 27 of the Work Activities Journal)

30a. Training/development of central registry staff (row 28)

30b. Training/development of reporting facility staff (row 29)

30c. Travel for registry operations (row 31)

30d. Travel for education/workshops/conferences (row 32)

30e. <u>Death clearance matching</u> (row 34)

30f. <u>Death clearance follow back</u> (row 35)

PREVIOUS

Please answer the following questions about your current perspective regarding workload at your cancer registry.

- 31. What are your greatest concerns regarding the staffing of your registry? Please indicate the level of concern you have for each of the following items, using this scale:
- 1. Not concerned
- 2. Slightly concerned
- 3. Moderately concerned
- 4. Definitely concerned
- 5. Strongly concerned
- 6. Extremely concerned
  - 31a. Funding additional positions
  - 31b. Compensating staff well enough to retain them
  - 31c. Finding qualified staff
  - 31d. Funds for education and training
  - 31e. Finding adequate work space for staff
- 32. Thinking about your staff overall, what are your greatest concerns about them? Please indicate the level of concern you have for each of the following items, using this scale:
- 1. Not concerned
- 2. Slightly concerned
- 3. Definitely concerned
- 4. Moderately concerned
- 5. Strongly concerned
- 6. Extremely concerned
  - 32a. Adequate knowledge/skill to carry out assigned tasks
  - 32b. Learning changes to coding requirements
  - 32c. Learning changes to reporting requirements
  - 32d. Motivation
  - 32e. Work ethic
  - 32f. Accuracy of their work
  - 32g. Speed of their work
- 33.To what degree does your staff need additional training/continuing education in the following topics? Please indicate the degree of your staff's need for training/continuing education in each of these topic areas, using this scale:
- 1. Not concerned
- 2. Slightly concerned

O Yes O No

3. Definitely concerned 4. Moderately concerned 5. Strongly concerned 6. Extremely concerned 33a. Collaborative Staging 33b. Software training 33c. Medical terminology 33d. Multiple primary/histology coding 33e. Anatomy and physiology 33f. SEER requirements 33g. NPCR and/or state requirements 33h. NCDB/CoC requirements 33i. General registry operations 34. To what degree does your staff need the following items to do a better job? Please indicate the degree to which your staff needs each of these items, using this scale: 1. Not concerned 2. Slightly concerned 3. Definitely concerned 4. Moderately concerned 5. Strongly concerned 6. Extremely concerned 34a. Computer hardware 34b. Computer software 34c. Work space 34d. Supervisory support 34e. Administrative support 34f. Another FTE registrar

35. Are there other things we did not mention that your staff needs to do a better job?

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36. Please enter up to 3 things that your staff needs to do a better job.		
37. Are there things that you need to do a better job?		
O Yes		
O No		
38. Please enter up to 3 things that you need to do a better job.		
39. Please provide any additional comments here o write the question text		
Thank you for participating in our survey. We appreciate your input on workload and Registries. Your survey responses will be used to develop workload and staffing sta central registries, which can be used to improve working conditions forcancer regist	indards for	ntral Cancer
An electronic copy of the executive summary of our report will be emailed to you when the report has been completed.		
	PREVIOUS	CONTINUE

We thank you for your time spent taking this survey. Your response has been recorded.