Form Approved OMB No. 0920-xxxx Expiration Date xx/xx/xxxx

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

National Cancer Registrar's Association (NCRA) Workload & Time Management Survey

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 and understand 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.
- **4.** 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 <u>no expectation</u> that the totals will be equivalent to a fulltime work day, week, or month.

Public reporting burden of this collection of information is estimated to average 4 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-xxxx)

- **7.** Enter the totals into a fresh journal *Work Activities Journal* sheet, for your use in filling out the survey.
- 8. Obtain a copy of your annual report from 200X.

Now you are ready to fill out the online survey:

- **9.** Expect to spend about 1-2 hours filling out the online portion of the survey.
- **10.** Have the following items with you when you sit down to do the survey:
 - a. Your Work Activities Journal totals
 - b. Your annual report from 2006
- **11.** Words and term that are defined in the glossary are hyperlinked on the survey website; click on them to access their definitions.
- **12.** Please try to answer each question.
- **13.** If none of the answer choices is just right for you, please check the **one** answer that fits **best.**
- 14. If you need to log out or close your web browser, click "save and log out." Your answers will be saved. Later, you can return to the survey by logging in with the same password and User ID. Keep in mind that although your data will be saved, you will be returned to the beginning of the survey. It will be useful to note the number of the last question that you answer if you intend to return later to complete the survey.

If you need help with the survey, please contact Vanessa Lindler at The Center for the Health Professions:
(415) 867-1556
vanessa@thecenter.ucsf.edu

 Questions 1 through 4: Please answer the following questions pertaining to certain characteristics of the cancer registry where you are employed.

1	. In wh	nat state is your registry located? D	rop down menu
2	• Whe	re is your registry housed? (Choose	e the one best answer)
		State Health Department Contractor University Other – please specify:	
3 leave		se enter the following <u>reference yea</u> ease note: If you do not have a <u>refe</u> blank.	
	3a. Sl 3b. N 3c. Of	EER PCR ther - Specify :; E	inter year:
4	Does	your registry currently have worklo Yes, for all positions Yes, for some positions No, none at all	ead standards in place?
Section II:	Case	load Size and Composition	
		rough 9: Please answer the followin your registry's caseload.	g questions pertaining to
*Please no calendar y		or all questions in this section, answe	ers should be based on the
5		0X, what was the total number of <u>so</u> ived from all reporting and casefind	
6	each	ble 1, please specify the number of type of reporting/casefinding sourcenced in question 5.)	
		of Source Records in 200X inding Source	Number of Source

	Records
6a. Hospital Registries	
a1. CoC approved (exclude VA and DoD)	
a2. Non-CoC approved (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 provided below)	
•	
g1.	
g2.	
g3.	

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

8.	What was the total number of non-reportable cancer cases received by
	your registry in 200X, regardless of diagnosis year?

Table 2. Records Received in 200X

Format/Method of Receipt	Number of Records
9a. Paper abstracts that required data entry	
9b. Charts/source documents sent to the CCR office to	
be abstracted and entered	

^{9.} In Table 2, please estimate the overall number of your registry's total source records received in 200X (i.e., the records referenced in question 5), through each of the reporting formats/methods listed.

^{*}Please note: If you did not receive records through a specific format/method, enter 0.

Table 2. Continued

Format/Method of Receipt	Number of Records
9c. Central registrar traveled to hospital/facility	
registry and abstracted records.	
9d. Electronic records submitted by reporting source	
in an e-mail 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	
9gb. Please specify this format/method	

Section III: Staffing and Administration

Questions 10 through 14: Please answer the following questions pertaining to staffing at your registry.

Which of the following most closely approximates the job title of the person filling out this survey? Choose the one best answer.
Registry Director
Registry Manager
Registry Supervisor
Principal Investigator
Data Editor

11. Use the following instructions to fill out Table 3.

In columns with dates:

Please enter the number of <u>full-time equivalent (FTE)</u> cancer registry positions in your registry at the **beginning** of the fiscal years indicated in Table 3. Include positions outside the registry **only** if the registry pays a portion of the salary.

*Please note: Budgeted positions (11a) should be the sum of filled (11b) and vacant (11c) positions.

Survey Continues on Next Page

Table 3: Staff Size, Vacancies, and Turnover

Permanent <u>FTE</u> Cancer Registry	Fiscal Year 200X	Fiscal Year 200X
11a. Number of budgeted <u>FTE</u> positions (11a = 11b + 11c)		
11b. Number of filled FTE positions		
11c. Number of vacant <u>FTE</u> positions		

12.	Does your registry currently employ contract staff?				
	Yes No Skip to Question #15				
13.	On what basis does your registry currently employ contract staff?				
	Temporary — Skip to Question #15 Permanent Both temporary and permanent				
14. <u>cont</u>	What is the number of permanent FTEs that is currently covered by ract staff?				
ction IV: Rep	orting				
	15d3: Please answer the following questions about agencies to try might report.				
15. spec	Please tell us if your registry reports records to each of the agencies ified in questions 15a-15d .				
15a. Does your registry report to CDC/NPCR? ☐ Yes ☐ No					
☐ Yes	your registry report to NCI/SEER? Sour registry report to NAACCR?				

	Yes No	
15d1. mentio		your registry report to another agency/institution that we did not
_ _	Yes No	Skip to Question #16
15d2.	What	is the name of this agency/institution?
15d3.	What	is the primary format used to report to this agency/institution?
_ _ _ _	Cor	nail b/Internet mpact disc ner
Section V.	Regi	stry Procedures
		rrough 22: Please answer the following questions tain procedures that may be used in your registry.
16	5.	Does your registry staff do rapid case ascertainment?
		Yes No Skip to Question #18
17	7.	How frequently does your registry staff do <u>rapid case ascertainment</u> ?
		Rarely Sometimes Often
18	3.	Does your registry do active follow-up?
		Yes

		No Skip to Question #20
19.		How frequently does your registry do active follow up?
		Rarely Sometimes Often
20.		How frequently does your registry receive death files?
		Monthly Quarterly Yearly
s y	ome ear	Central registries differ in how they manage their <u>death clearance</u> ities. Regardless of when or how frequently they receive death files, a may designate a specific period of months towards the end of the for death clearance (yearly). Others may do death clearance more uently throughout the year, perhaps on a quarterly or monthly basis
Н	ow c	loes your registry manage its death clearance activities?
		Monthly Quarterly Yearly
22. (Che	On what death certificate items does your registry do follow-back?
		Name Demographics Underlying cause of death Multiple causes of death ICD-10 codes Other

Section VI. Data Management and Automation

Questions 23 through 27: Please answer the following questions pertaining to data management software and formats used in your

23. abst	What type of cancer data software does your registry use for racting data? (Choose the one best answer)
	CDC Abstract Plus and/or Web Plus Commercial cancer registry system vendor State developed or other in-house software Spreadsheet/database software (Examples: Excel, Access) Other – please specify:
24. (Cho	What type of software does your registry use for <u>data management?</u>
	SEER*DMS / DMS Central RegistryPlus Commercial cancer registry system vendor State developed or other in-house software Other - please specify:
25. (Che	What type(s) of software does your registry use for <u>data analysis</u> ? ck all that apply)
□ □ □ STA	SEER*Stat Commercial cancer register system vendor State developed or other in-house software Commercial statistical software package (Examples: SPSS, SAS, TA) Spreadsheet/database software (Examples: Excel, Access) Other – please specify:
26.	How does your registry perform record consolidation?
	All electronic All manual Combination of electronic and manual
27.	Who is responsible for your registry's geo-coding?
	Regular registry staff Contract staff Other – please specify:

Section VII: Staff Activities and Workload

Questions 28 through 30: 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 v	with Cas	efinding,	on r	ow 4	of the	Work	Activiti	es
<u>Journa</u>	<u>()</u>	_								

28a. Manual <u>casefinding:</u>	(row 5)	
28b. Electronic <u>casefinding:</u>	(row 6)	
28c. Abstracting at hospital/facility:	(row 8)	
28d. Abstracting at central registry:	(row 9)	
28e. Active follow-up:	(row 11)	
28f. Passive <u>follow-up:</u>	(row 12)	
28g. Visual editing:	(row 14)	
28h. Manual <u>case consolidation:</u>	(row 15)	
28i. Electronic case consolidation:	(row 16)	
28k. Resolving EDIT reports:	(row 17)	
28j. Resolving other quality control issues:	(row 1	8)
29a. Casefinding <u>audits:</u>29b. Re-abstracting <u>audits:</u>29c. <u>Database management:</u>	(row 23) (row 25)	
Yearly Activities (begins with Training/Developm	nent, on row 27	of the Work
Activities Journal) 30a. Training/development of central registry staff: 28)		(row
30b. Training/development of reporting <u>facility staf</u> 29)	<u>f:</u>	(row
30c. Travel for registry operations:		(row 31)
30d. Travel for education/workshops/conferences: _ 32)		(row
30e. <u>Death clearance matching:</u>		(row 34)

30f. Death clearance follow b	pack:	(row 35)
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Section VIII: Your Opinions About Cancer Registry Workload

Questions 31 through 39: Please answer the following questions about your current perspective regarding workload at your cancer registry.

- **31.** What are <u>your</u> 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. No need
 - 2. Slight need
 - 3. Moderate need
 - 4. Definite need
 - **5.** Strong need
 - **6.** Extreme need

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. No need
 - 2. Slight need
 - 3. Moderate need
 - **4.** Definite need
 - **5.** Strong need
 - 6. Extreme need

Computer hardware
Computer software
Work space
Supervisory support
Administrative support
Another FTE registrar

Survey Continues on Next Page ___

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

		Yes No Skip to Question #37
36.	Pleas	e enter up to 3 things that your staff needs to do a better job.
36a.		
36b.		
36c		
37.	Are th	nere things that <u>you</u> need to do a better job? Yes No Skip to Question #39
38.	Pleas	e enter up to 3 things that you need to do a better job.
38a.		
38b.		
38c.		

Thank you for pa	rticipating in c	our survey. We	e appreciate yo	ur

Thank you for participating in our survey. We appreciate your input on workload and job activities in Central Cancer Registries. Your survey responses will be used to develop workload and staffing standards for central registries, which can be used to improve working conditions for cancer registrars.

An electronic copy of the executive summary of our report will be e-mailed to you when the report has been completed.