

Hospital Resources on the Web

By Kevin Ward, GCCS Deputy Director

The Internet continues to grow at an astounding rate and has become an invaluable resource for both individuals and organizations. It provides an efficient mechanism to allow for the exchange of information between users at any time of the day or night. In an effort to harness this resource for the advancement of our organizations, the Georgia Center for Cancer Statistics recently added a new component to our secured web site specifically designed to aid reporting facilities throughout the State. This component allows access to the following:

- Facility Contact Information – a site for providing the Central Registry with

updated contact information for your facility (i.e. mailing address, telephone numbers, etc). This information helps ensure reports are mailed (or emailed) to the proper location.

- Hospital Downloads -- a site for downloading Abstract Plus, the Mortality Query System, Incidental Update Forms, the Georgia Hospital Edits and Microsoft Snapshot Viewer.
- Monthly Submission Reports – a site for downloading encrypted copies of your monthly submission reports including edit error, duplicate, reject, quality control and other miscellaneous reports.

To access this component from our main page (www.sph.emory.edu/GCCS), click the Hospital Files link located on the lower left-hand side of the screen. A facility-specific password is required to access any of the individual systems. If you are not aware of your facility-specific password, please contact your regional coordinator.

We hope this site will facilitate the exchange of information between the central registry and reporting facilities. If you have any questions or comments regarding enhancements for this site, please email them to gccs@sph.emory.edu.

M. D. Anderson Comes to Georgia

By Cheryl Wheeler, University Hospital

In 2003, University Hospital in Augusta took a giant step forward by becoming the only hospital in Georgia to partner with M. D. Anderson Physicians Network®, to implement the M. D. Anderson Cancer Manager® Program. This full service oncology disease management program is sponsored by one of the nation's

top rated cancer treatments centers, The University of Texas M. D. Anderson Cancer Center in Houston.

To date, 40 physicians and surgeons who practice at University Hospital have been credentialed as participating providers in the M. D. Anderson Physicians Network®. These

provider members have access to M. D. Anderson's clinical care guidelines – more than 100 detailed regimens for the diagnosis and treatment of almost every type and stage of cancer, based on scientific evidence and the collective experience of M. D. Anderson physicians.

GCCR Welcomes a New Member

By Rana Bayakly, GCCR Director

Please join me in welcoming Simple Singh, MD, MPH, to the GCCR. Simple is an epidemiologist for the registry.

Simple was raised in India. She earned her MD from Lviv State Medical University, in Ukraine, and her MPH in epidemiology from Tulane University School of Public Health, New Orleans.

Before accepting this job, Simple worked for two years as the Valdosta Health District Epidemiologist. Her duties

included planning and conducting investigations of diseases and assisting in the design, implementation, and maintenance of a notifiable disease surveillance system in the ten-county health district. She worked on a variety of public health issues such as SARS, West Nile Virus, Immunization, and Bioterrorism.

Simple has many skills. What impressed me the most is her language skill. She speaks at least five languages: English,

Russian, Hindi, Punjabi, and Ukrainian.

When asked what was most exciting about her new job, Simple's response was "fighting cancer, working to eradicate deaths and reduce human suffering, assisting Georgians in controlling and possibly reducing the burden of cancer in Georgia."

When you have a free moment, call Simple at 404-463-8917 or introduce yourself at the GATRA fall meeting.

Special Bulletins

Abstract Rejection Criteria: Due to the implementation of collaborative stage for all cancer cases diagnosed as of 1/1/04, the GCCR revised its rejection criteria. Data must be submitted in NAACCR version 10.1. In addition to the 25 fields the GCCR currently rejects on, the new fields include all of the collaborative stage fields, date of birth, social security number, medical record number, address at diagnosis, county

of residence at diagnosis, postal code at diagnosis, laterality, and text for primary site and histology. If your data are rejected, please resubmit your corrected data to the GCCS within 30 days, using the appropriate naming convention.

SEER training modules are now available for the following sites: cervix and uterus, ovary, testis, and kidney and ureter. These

modules and others may be found at <http://www.training.seer.cancer.gov>.

The GCCR web address has changed. Our website can now be found at <http://health.state.ga.us/programs/gccr/index.asp>. Please make a note of the new address and change any bookmarks you might have.

Welcome Wagon

Please welcome Lori Harris, the new registrar at Redmond Regional Medical Center. Here is a brief history from Lori:

"I started at Floyd Medical Center in 1984 and worked in Medical Records until 1993. While I was at FMC I achieved what they call a "CRT" which meant I was able to perform every job in the department. Then I was called to Redmond

Regional in the same field, now called HIM. I went through about every job in the department when at last I was offered the Cancer Registrar position. I was thrilled. So here I sit today trying to figure everything out.

By the way I am married and have a daughter named Ashley and she graduates this year! YEAH! That's about it."

I'd like to extend a warm welcome to Lori and congratulate her on her new position.

Margaret Padgett, RHIT, CTR
North Regional Coordinator
Dalton

Blue Ribbon Award

Marilyn Richardson, CTR was named the "2004 Registrar of the Year" by IMPAC Medical Systems.

Marilyn made a career change in 2001 and became involved with the Tumor Registry at Tift Regional Medical Center in Tifton. During her second year in the Tumor Registry, she earned her CTR credential.

Within just three years her efforts became a driving force that earned Tift

Regional a full three-year approval from the American College of Surgeons, Commission on Cancer. It was this important factor that earned Marilyn IMPAC's recognition as Registrar of the Year.

I am very proud of Marilyn for all of her hard work, determination, and willingness to do whatever it takes to accomplish her goals. I can always count on Marilyn to do what is required but also

know she goes beyond that in assuring her data is complete and accurate, providing help and support to other registrars, and just being a wonderful friend.

Carol Crosby, CTR
Southwest Regional Coordinator
Albany

HIPAA Corner

Q: Is it allowed under HIPAA to post the names of residents in a long-term care setting on the backs of wheelchairs or on the doors to their rooms?

A: The Office of Civil Rights (OCR), the part of the US Department of Health and Human Services responsible for enforcement of the privacy rule, has already indicated that the disclosure of patient names through posting on the wall next to the respective patient's room may be permitted as an "incidental disclosure" under the rule. OCR has not explicitly addressed whether putting a resident's name on the back of a wheelchair is a similarly permitted "incidental disclosure" under the rule. OCR's analysis of the permissibility of posting a name on the door of a patient's room, however, is equally applicable in this situation and would suggest that putting a name on a wheelchair may be another example of an incidental disclosure. OCR's analysis of the permissibility of putting a name on the patient's door begins by noting that section 164.502(a)(1)(iii) of the privacy rule explicitly permits certain incidental disclosures that occur as a by-product of an otherwise permitted use or disclosure. Further, OCR notes that the disclosure of information to other persons such as visitors that will likely occur due to posting a name on the door would qualify as an incidental disclosure if the posting was done for purposes of treatment (eg, to ensure that patient care is provided to the correct individual) or for healthcare operations (eg, as a service for patients and their families).

These incidental disclosures are permitted, however, only to the extent that the covered entity has implemented the minimum necessary standard and applied reasonable and appropriate safeguards, where appropriate. (Section 164.502(a)(1)(iii) of the medical privacy rule.) Some examples of additional safeguards that would be reasonable to take in these circumstances include: reasonably limiting access to patient care areas, ensuring that the area is supervised, and escorting nonemployees in the area. Each covered entity must evaluate what measures are reasonable and appropriate within its own environment and may tailor measures to the organization's particular circumstances. To the extent that the organization does so to further a treatment or healthcare operations purpose and the minimum necessary and

reasonable safeguards standards are observed, putting a resident's name on the back of a wheelchair would be a permitted incidental disclosure under the rule.

Q: Can a single Authorization permit a covered entity to use or disclose PHI for multiple activities of a specific research study, including the collection and storage of tissues for only that study? Does the option for using a single Authorization differ if a research study also collects and stores PHI as part of a central repository for future research?

A: A single Authorization can cover uses and disclosures of PHI for multiple activities of a specific research study, including the collection and storage of tissues for that study. In addition, where two different research studies are involved, such as where a research study collects information for the study itself and also collects and stores PHI in a central repository for future research, the Privacy Rule generally would permit them to be combined into a single, compound Authorization form. However, a compound Authorization is not allowed where the provision of research-related treatment, payment, or eligibility for benefits is conditioned on only one of the Authorizations, and not the other. See section 164.508(b)(3)(iii) of the Privacy Rule. For example, a covered entity that conducts an interventional clinical trial that also involves collecting tissues and associated PHI for storage in a central repository for future research would not be permitted to obtain a compound Authorization for both research purposes if research-related treatment is conditioned upon signing the Authorization for the clinical trial. Any compound Authorization must clearly specify the different research studies covered by the Authorization so the individual is adequately informed.

HIPAA Regulation information and updates may be found on the following websites: Georgia Division of Public Health at www.ph.dhr.state.ga.us/phil; NAACCR at www.naacr.org; US Department of Health and Human Services at www.hhs.gov; and ACoS at www.facs.org/dept/cancer/coc/. Please keep yourself updated on the latest HIPAA regulations.

FAQ's

Q: When is it OK to estimate the date of treatment?

A: When exact date of treatment is not stated, use all information in the medical record to estimate the date. For example, if the physician states patient completed chemo last spring, you can estimate that treatment started about 2 months prior to spring. Avoid using 9's for month, day or year, and document in the text that dates are estimated and what information you used to derive your date. See Section IV Pg 37 of the Policy & Procedure Manual.

Q: How do you name the files for data submissions to GCCR?

A: There are several different naming conventions for the data you submit to GCCR, depending on the source of the cases. For example, for your regular monthly submission you are required to name the file with your hospital number, the month of submission, the year of submission, underscore, 1 (or 2, 3, etc. if you have more than one file you are submitting), HOS.txt. It should look like this: 380945Sep04_1HOS.txt. The edit report should be named exactly the same except with .rpt as the final extension. For data identified as being reportable from other sources such as

matches (death clearance, hospital discharge, etc.), you must name the file with the extension that best describes the source of that data. For example: 380945Sep04_1DCO.txt for cases identified from the death clearance match.

Important!!: For cases that have been rejected and are being resubmitted, match the naming convention with the file that was rejected and submit separate from any other file. For example: 380945Sep04_1HOS.txt had one abstract rejected. Resubmit this one abstract as 380945Sep04_1HOSR.txt. This allows the registry to match the case with the rejected abstract as it is resubmitted. See Section II Pg 4 of the Policy & Procedure Manual.

Q: What is the "hospital/facility ID number" and where can I find it?

A: The hospital/facility ID number is a 6-digit number assigned to each reporting facility by the Georgia Center for Cancer Statistics and is used for identification purposes. This number can be found on reports and correspondence from GCCS and usually precedes the facility name. If you do not know your ID number, you should contact your regional coordinator.

Mark Your Calendars...

The Commission on Cancer's Survey Savvy Workshop

*An Essential Workshop for Cancer Programs
Committed to Providing High Quality Care
October 25-26, 2004
Chicago, Illinois*

Midwest Institute for Central Registry Operations

Sponsored by NPCR and NAACCR
March 8-11, 2005
Oak Brook, Illinois

NCRA's 31st Annual Educational Conference

April 10-13, 2005
Sheraton New Orleans
New Orleans, Louisiana

GCCR Spring Training

April 27-29, 2005
Crowne Plaza Atlanta Perimeter NW
Atlanta, Georgia

Georgia Comprehensive Cancer Registry
Georgia Department of Human Resources
2 Peachtree St NW 14th Floor
Atlanta, GA 30303-3142

Thank You Note from the Georgia Comprehensive Cancer Registry

GCCR thanks the following hospitals for submitting cancer data at least two months out of three (June, July, and August 2004).

Hospitals Reported Three Months Out of Three		
Athens Regional Medical Center	Habersham County Medical Ctr	Rabun County Memorial Hospital
Atlanta Medical Center	Hamilton Medical Center	Redmond Regional Medical Ctr
Bacon County Health System	Henry Medical Center	Rockdale Hospital
Berrien County Hospital	Houston Medical Center	Satilla Regional Medical Center
Brooks County Hospital	Hutcheson Medical Center	Screven County Hospital
Burke County Hospital	Irwin County Hospital	SE Georgia Health Sys – B'wick
Calhoun Memorial Hospital	Jeff Davis Hospital	SE Georgia Health Sys – Camden
Candler County Hospital	Jefferson County Hospital	Smith Northview Hospital
Candler Health System	Jenkins County Hospital	South Fulton Medical Center
Cartersville Medical Center	John D. Archbold Memorial Hosp	South Georgia Medical Center
Chatuge Regional Hospital	Kindred Hospital	Southern Regional Medical Center
Children's Healthcare of Atlanta	Liberty Regional Medical Center	Southwest Hospital and Med Ctr
Cobb Memorial Hospital	Macon Northside Hospital	St Joseph's Hospital – Atlanta
Coliseum Health System	McDuffie Regional Medical Center	St Joseph's Hospital – Augusta
Colquitt Regional Medical Center	Medical College of Georgia	St Joseph's Candler Health Sys
DeKalb Medical Center	Memorial Health Univ Med Ctr	St Mary's Healthcare System
Doctor's Hospital Augusta	Memorial Hospital and Manor	Stephens County Hospital
Doctor's Hospital Columbus	Memorial Hospital of Adel	Stewart Webster Hospital
Dorminy Medical Center	Miller County Hospital	Sumter Regional Hospital
Early Memorial Hospital	Mitchell County Hospital	SW Georgia Regional Med Ctr
East Georgia Regional Med Ctr	Monroe County Hospital	Tanner Health System
Emory Crawford W Long Hospital	Mountainside Medical Center	The Medical Center
Emory Dunwoody Medical Center	Murray Medical Center	Tift General Hospital
Emory Eastside Medical Center	NE Georgia Medical Center	Union General Hospital
Emory Northlake Reg Med Ctr	Newnan Hospital	University Hospital
Emory University Hospital	Newton General Hospital	Upton Regional Medical Center
Evans Memorial Hospital	North Fulton Regional Hospital	VA Medical Center – Atlanta
Fairview Park Hospital	Northside Hospital – Cherokee	VA Medical Center – Dublin
Fannin Regional Hospital	Northside Hospital Cancer Center	Walton Medical Center
Fayette Community Hospital	Oconee Regional Medical Center	Washington County Reg Med Ctr
Flint River Community Hospital	Peach Regional Medical Center	Wayne Memorial Hospital
Floyd Medical Center	Perry Hospital	Wellstar Health System
Georgia Baptist Meriwether Hosp	Phoebe Putney Memorial Hospital	West Georgia Health System
Gordon Hospital	Phoebe Worth Medical Center	Wheeler County Hospital
Grady General Hospital	Piedmont Hospital	Wills Memorial Hospital
Grady Health System	Polk Medical Center	
Hospitals Reported Two Months Out of Three		
Appling Health Care System	Effingham County Hospital	Morgan Memorial Hospital
Central State Hospital Med Surg	Emory Adventist Hospital	Palmyra Medical Center
Charlton Memorial Hospital	Gwinnett Health System	Select Specialty Hospital
Clinch Memorial Hospital	Hart County Hospital	Spalding Regional Hospital
Coffee Regional Medical Center	Jasper Memorial Hospital	St Francis Hospital
Crisp Regional Hospital	Louis Smith Memorial Hospital	Sylvan Grove Hospital
Decatur Medical Center	Meadows Regional Med Center	Wesley Woods Geriatric Hospital
Dodge County Hospital	Medical Center of Central Georgia	Wildwood Lifestyle Center & Hosp

New CTRs

The following candidates successfully passed the CTR Exam in March 2004 and formally became Certified Tumor Registrars:

- Rebecca M. Buchanan – Albany, GA
- Lori L. Williams – Chickamauga, GA
- Tanya M. Williamson – Thomaston, GA

Congratulations to you all!