

# Implementing a Remote Work Program for Cancer Registrars



**H**ealthcare technology is ever-changing and—in a COVID-19 world—remote work options are now a necessity. Yet many cancer registries are still rooted in the physical spaces they occupy in clinics. Remote work options are a positive selling point for organizations in a competitive job market when it comes to attracting experienced certified tumor registrars (CTRs). The work of cancer registrars is conducive to remote work programs because much of their work is electronic and can be accessed virtually if the right systems and technology are in place.

### **Cancer Registry Work Today**

The cancer registry work landscape looks very different from when I started in 2007. At that time many of us were still abstracting from paper medical records. A few of us had partial electronic sources for data, and sometimes the dictated notes, imaging results, and lab results were in a format that could be navigated electronically. Our casefinding sources were pages of small print reports from our coding or billing software or pathology reports off the printer. Now, we have file extracts that we can import into our cancer registry software that will flag patients who already exist for review and even add follow-up data. We have pathology reports that are put into a folder or even extracted for import into our software. With the innovation of electronic health records (EHRs) and the ability for many of these processes to be completed without a single printed page, if you are not already doing so due to COVID-19, now is the time to allow cancer registry staff to work remotely—either a few days a week or full time—depending on the needs of the facility.

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### **Remote Work Program at Kettering Health Network**

When I started at Kettering Health Network in the spring of 2018 as the manager of the cancer registry, the organization already had a remote work program in place. Since 2014, eligible staff, once they obtained their CTR credential, were permitted to work from home two days per week. The team staggered days so that one day a week everyone was in the office and avoided having days when no CTR was in the office. On remote workdays, CTRs only abstracted and had to meet a productivity benchmark. When working in the office, CTRs worked on tasks that were still heavily reliant on paper, such as follow-up, physician quality assurance, or casefinding activities.

CTRs are expected to work during their regular hours on the days they work remotely, creating a culture that remote work is still work taking place during “office hours”—the office just happens to be a home office. Though there is a set schedule for days when CTRs are in the office or remote, the program allows the manager flexibility if there is a time when a CTR is otherwise unable to come into the office—winter weather is a good example in Ohio—and yet able to perform work remotely. The same applies to CTR work hours; if there is an issue or staff needs to flex some hours, they arrange this in advance with their manager.

When it comes down to it, a remote work program relies heavily on two key factors: the policy to guide the program and technical requirements from the health system’s information technology (IT) team. A clear, standardized policy that is developed with input from staff, human resources, and payroll helps ensure that all know what is expected of them. Additionally, as our remote work program was getting started, early engagement with IT was important because there were many ways to “work remotely” but ultimately the solution that works for this department is what our IT team is able and willing to support long term.

### **Developing and Implementing the Remote Work Program**

The CTR remote work policy consisted of several key sections:

- Qualifications for program participation
- Staff expectations in the remote setting
- Payroll considerations
- Productivity and quality standards.

When building the framework for the remote work program, the manager at the time reached out to other hospitals who had staff working remotely to see how their programs functioned. It was important for staff that this program was voluntary and no one would be forced to participate. Rather, participation was a benefit for those who had earned their CTR. Expectations were outlined in the policy that included:

- Suggestions for defining remote workspaces and creating focused work environments.
- The mandate that CTRs could not be a primary caregiver while they were working from their home office.
- A requirement and process for notifying the manager when there was a disruption to their workday. Specifically, CTRs were to notify the manager and report to the office to complete their day.
- Completion of remote worklogs.
- Eligibility criteria that had to be met and maintained for CTRs to continue in the program, including maintenance of their CTR credential, no formal discipline in the past six months, demonstration of ability to maintain their productivity and quality level, and factors in their most recent performance evaluation.

Payroll and human resources collaborated with the manager to include guidance for worker’s compensation potential, pay status

from a home office that might not be in the same municipality as the primary work site for tax withholding, and shift differential eligibility. After the remote work program was implemented, changes were made over time to these policies, but these core items have remained the same to this day.

To set the CTR team up for success, requirements are standardized for office and remote work. Staff are required to have a computer, dual monitors, a modem and/or router that is password protected, high-speed Internet, and a phone with the ability to leave messages. Second monitors are provided to those who need one, with the understanding that it will be returned if they leave the organization. However, CTRs are responsible for obtaining and/or using their own home computers. No network software applications are downloaded onto their home computer. Utilizing a virtual private network to gain access to the hospital’s network and then logging directly into their office workstations in a virtual environment means that CTRs have access and the capability to run all of the software needed with minimal effort. Cancer registry software, an EHR, and shared network drives ensure that CTRs can see their abstracting lists, have access to the same resources—no matter where they are working—and communicate with one another via an instant messaging system. (Be aware that not all cancer registrars are as comfortable with technology outside of the EHR or cancer registry software, so it may take some training and patience as everyone gets set up.)

### **Staff Reflections**

When developing the remote work program, it was helpful for CTRs to have a productivity standard in place and a goal to meet while working remotely. But be flexible. When our CTRs realized that the established goal was not realistic, as abstracting requirements changed and our network became more complex, the manager met with the team and they agreed on a new goal. CTRs reported that having this expectation and the ability to provide feedback was one of the top reasons they felt comfortable working remotely, because some were afraid their productivity would go down. The shared goal and the knowledge that the manager validates work logs and productivity data help keep everyone on task. Using abstracting initially as the primary goal of the remote work program set clear expectations about what tasks CTRs were to work on. For a team that always worked with paper in the office and with their teammates a desk away, it served as a tangible measure of the program’s success. In fact, the manager at the time said that they found staff more productive at home when it came to abstract work because there were fewer distractions.

Another unexpected benefit of having the flexibility to work remotely was letting staff work when they otherwise might not be able to make it into the office. For example, if they did not feel well enough to work in the office, they would sometimes reach out to the manager to see if they could work from home that day and come in later in the week instead.

By its very nature, a cancer registry workflow allows more managerial flexibility and oversight because the work does not require in-office work or direct patient contact. With remote

work becoming more prevalent—and now mandatory in some regions due to the ongoing public health emergency—this flexibility is amplified even more, because managers can track progress and know that the work is being done correctly without needing to interface daily in an office.

There is often a perception that working remotely is not for everyone, especially when staff has worked in a facility for a long time. It is important to gain buy-in early in the process and communicate often as the remote work program moves forward. Our CTRs shared that it was important to stay motivated to work and not be distracted by household tasks, such as dirty laundry, neighbors, or other unplanned disruptions to the workday. CTRs were concerned that these might overtake the duties they needed to complete the work. In my experience, and for context, in the office you might be distracted by someone walking by and asking a question, chatting in the break room about weekend plans, or talking on the phone. In other words, both settings have distractions that staff must manage—they are just different.

### **Cancer Registry Remote Work Today and Beyond**

When I came onboard in 2018 with Kettering Health Network, I had just come from working remotely for more than six years from my home office. Outsourcing and consulting cancer registry companies use their remote work programs to attract CTR candidates, so I was excited to see that this organization had already started offering this as a benefit for their staff. With a CTR shortage as our workforce starts to reach retirement, it is something that more organizations can leverage to help retain seasoned CTRs and attract new CTRs to the field.

Key to the success of all cancer registries is the importance of the “junk in, junk out” rule. In other words, high-quality data is the pillar of a good cancer registry database. So, when building your remote work program, quality and productivity are vital. One of the changes we made was to increase the frequency of quality assurance reviews. This helped create a feedback loop in real time, instead of the old process, which called for a single review annually. I meet with CTRs to review cases and answer any questions they might have. Sometimes we take questions from these reviews to our team meetings to make sure we are on the same page. In addition to quality reviews, I provide CTRs with individualized monthly reports from the cancer registry software that show how many cases they are doing per week, because we shifted our productivity goal to a weekly number instead of a daily number. This report accomplished two things: It helped improve our overall team productivity and it decreased CTR anxiety. CTRs can see how many cases they are doing and how that fits into the total cases the team did each month—CTRs see only their numbers and the team’s total number of cases. This report also improved the types of conversations we have regarding productivity. We still talk about down weeks, but more often we talk about the weeks they were over goal and how that offsets a week that might be lower. Seeing the big picture puts this into perspective for management and staff.


Another shift made we made was to expand the types of work that could be done at home. Initially CTRs were abstracting only,

but now they do casefinding, follow-up work, committee or conference activities, or other tasks for which a more focused, remote work environment is appropriate. Most of this work is now paperless and this additional flexibility has helped CTRs plan their time more efficiently. CTRs have certain tasks they are responsible for each month as part of the overall departmental workflow, so they can plan their own week knowing when things are due as a part of that big picture. It has also opened the possibility that in the future we can allow more days at home for individuals who would want that as an option or perk.

### **Remote Work and COVID-19**

Looking back at the program we have here at Kettering Health Network and the impact the COVID-19 pandemic had here in Ohio in March 2021, I’m grateful we already had these policies in place. We were ordered to send all staff home to work if possible, so it made it easy to get the items in place to send our last person home. It was still a shock to some people to be at home all the time, so for the first few months we scheduled online lunch time, so everyone could connect with each other as they would in the office—no agenda and no work talk. We also increased our staff meetings to make sure all of us were on the same page as the situation evolved. I’m very proud of the team for leaning into the challenges so far.

### **Remote Work as a Viable Option in a Cancer Registry**

As we strive to grow our profession in a time of shortage and enter the age of more widely accepted telecommuting and remote work, it is not a surprise that there is so much interest in setting up remote work options for cancer registry staff. One of the first questions many applicants ask me when filling a position at our organization is whether we offer the option to work from home—either part-time or full-time. It is a constant conversation starter on professional association discussion pages. My observation is that remote work is now expected as part of the normal operations of the cancer registry. With this shift also comes the expectation that cancer registrars be able to troubleshoot some low-level technical difficulties, such as how to reboot their modem and/or router, and some understanding at a high level about how they are connecting into the network, so they can determine whether they need to reboot their remote session or reboot both their remote session and their own personal computer. CTRs must stretch their comfort with technology outside of EHRs and cancer registry software to feel more confident working remotely. If a robust IT system is put in place to instruct CTRs on the ins and outs of remote work technology and a solid foundation is put in place for staff expectations, benchmarks, and human resources concerns, working from home is now a viable—if not preferred or mandatory—method of cancer registry work. Healthcare is an evolving field, and our systems and work options must mirror this. 

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