

views

Registry Staff Without Borders

BY LINDA M. KENYON, MS, CTR



I was surprised to receive an email from ACCC asking whether I had a certified tumor registrar (CTR) who was working remotely in Africa and whether I would be willing to write about this experience. Honestly, it took a few moments to sink in because the professional relationship between Caroline Chevallier Hackney as part of the registry staff at CHI St. Joseph Health in Bryan, Tex., has just become matter of fact. I had to remind myself of how this all started, two years ago, before she moved to Mozambique in southeast Africa.

Setting the Stage

My name is Linda Kenyon, and I am a CTR in Bryan, Tex. I am also an adjunct professor in the Cancer Data Management program at San Jacinto Community College, a program approved by the National Cancer Registrars Association (NCRA). Most of my students at San Jacinto and most likely many of the CTRs reading this article are abstractors, like myself. I went to the University of Texas at Austin and received a bachelor's degree in sociology and a master's degree in community regional planning, graduating in 1977 with an area of specialty in education and social welfare.

I worked in a variety of social service positions for 21 years, until 2000, when I decided I did not want to be a supervisor anymore. I wanted a new profession. I knew nothing about abstracting when human resources for the State of Arkansas suggested this career path to me. My first interview showed me that the process of data collecting and coding, called cancer abstracting, required intellect, thoroughness, and organizational skills. I was intrigued!

In 2000, I started working at the Arkansas Central Cancer Registry in Little Rock, Ark., and then three years later for Methodist Health in San Antonio, Tex. I started working as a traveling or on-site registrar in 2005. The following year, as a traveling consultant for Himagine Solutions, I arrived at CHI St. Joseph Health and transitioned to a full-time position in early 2008.

Cancer Data Management

In 2014 I had plans to slow down and shift to part-time employment working three days a week. A short while later at the Texas Cancer Registrars Association annual conference, the director of the Cancer Data Management (CDM) program at San Jacinto Community College approached me about an adjunct position to teach abstracting skills. I applied and started teaching in 2015.

The CDM program has a selective admission process, which occurs after every new certificate cycle. Candidates for the program must submit an application, transcript, and position paper on why they want to be a registrar to the program director. My first introduction to Caroline Chevallier Hackney was when I reviewed her candidate application, which revealed education well above the required associate of arts degree and years of experience working in a hospital pathology department as a manager of the lab. She was accepted into the CDM program in fall 2018.

An Advocate for the CDM Program

As the director of the Health Information Management program at San Jacinto Community College, North Campus, in Houston, Tex., Carla Ruffins is not a CTR but

is a strong advocate for San Jacinto Community College's CDM program. There are only six CDM programs approved by NCRA nationally, and Ruffins believes that it is an honor to have one of them in Texas. In her role as Health Information Management director, Ruffins looked to further improve the CDM program by creating an advisory board to make the program's practicum curriculum more robust. Ruffins also wanted the CDM program to work more closely with the hospitals where students would be assigned to for their practicum experience. She worked diligently to find an appropriate hospital placement for each student during their first semester of the program. Caroline Hackney asked whether CHI St. Joseph Health would host her and we accepted. After completing two semesters of the CDM program, Caroline arrived at CHI St. Joseph Health to begin the 160-hour on-site clinical program required of all CTR examination applicants. The required hours include demonstration of all registry-related skills, such as case finding, follow-up, oncology staging and coding, attendance at a hospital-based cancer conference, and a cancer committee meeting of leadership at a local hospital's cancer program.

Now, I will step up on my "soapbox" and urge hospitals nationwide to strongly consider making your facility a practicum location. The CDM program practicums require only 160 hours, not all of which must be completed on the grounds of a hospital. Each hosting facility must plan "in-house" coverage annually to help students meet their practicum requirement, which is only a semester per student. Students who do not complete this requirement cannot sit for the CTR exam.

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Off to Africa

During her final semester of classes prior to the practicum, Caroline's husband received a research grant that required a move to Mozambique. Caroline, determined to see her certificate program through, continued the San Jacinto Community College coursework online while living abroad. With her coursework completed, Caroline returned to the United States for her practicum. She graduated in August 2019 and returned to Africa. She traveled to the United States for the CTR exam in October, passed, and earned her CTR credential. As it happened, at that same time, CHI St. Joseph Health needed a part-time abstractor, and we asked Caroline whether she would consider working remotely from Africa.

CTR Without Borders

So, what does it take to set up a registry position for an individual living more than 8,000 miles away? Not much, it turns out. And now—because of COVID-19—many of us have had a crash course on how to set up remote workers on the fly. In our situation, CHI St. Joseph Health was able to put all the necessities in place, including:

- A virtual private network to provide access to the hospital database using her laptop
- Access to the registry software
- Access to ancillary databases
- Benchmarks for workload and productivity
- Access to a secure web email account.

Caroline was provided access to the cancer program's shared drive and a personal folder was created within the drive. This folder allowed me to post lists that she could work from. In return, Caroline built spreadsheets for cases, made a file for each week, and would post these in her personal folder. If she had problems or questions about a case, she would enter them on the shared drive, and I would answer without having to use email. Likewise, I was able to review each case saved on the shared drive and entered my initials when a case was ready for submission.

During Caroline's first year as a remote CTR, I reviewed every abstract and gave constructive and corrective criticism to build her skills. Once a month we had a conversation over the phone to discuss the tricky points of an abstract or to plan strategies for accomplishing a registry caseload. We chose Viber, a free mobile application, to host a secure telephone call. This eliminated any additional costs to the hospital.

Caroline was always an email away. We used spreadsheets to document her progress, productivity, and accuracy. She was also included in the management decisions concerning the hospital's registry workload. For example, when CHI St. Joseph Health acquired a hospital that was not accredited by the Commission on Cancer, Hackney was asked to be the abstractor. This meant that she needed to be trained by the Texas State Central Cancer Registry to complete state software abstracts. From Mozambique, Caroline completed the Texas State Registry training for WebPlus and all of the required user approval paperwork for Texas. After her training was complete, staff at CHI St. Joseph College Station established virtual private network access to the hospital's electronic health record. Caroline now completes CHI St. Joseph College Station's required abstracts by using WebPlus, a free software made available through the National Program of Cancer Registries (NPCR), a division of the Centers for Disease Control and Prevention.

As all CTRs are aware, our license hinges on adequate and appropriate education. CHI St. Joseph Health is one of the regional hubs of Texas Central Registry training for the state. Several area hospitals take advantage of CHI St. Joseph Health for both the North American Association of Central Cancer Registries and NCRA training, which is free thanks to NPCR grants to the Texas Central Cancer Registry. Once recordings of live trainings are complete, I send Caroline a link so that she can access them, keep her skills up to date, and maintain her license while in Africa.

Lessons Learned

Although we likely would not have set out to hire someone living outside the country to work for our registry, this experience has proven to be a good one. Our facility was able to "test drive" a potential new hire during her practicum and could decide whether this individual was a fit for the organization. During this time, we discovered different skills that the potential new hire possessed and were able to use these skills for projects other than abstracting. Hackney had about 20 years of administrative experience, as well as years of computer experience. In 2018 five reference manuals were updated and revised. Caroline was able to translate these changes and edit registry policies and procedures to ensure that the registry was compliant with these manual changes. She also offered to draft our 2019 annual report. While in Mozambique, the College of American Pathologists updated its cancer guidelines, and Caroline was again able to change our templates to reflect the guideline revisions. She created spreadsheets in our shared computer drive to track her weekly productivity, including columns for my feedback and space for her replies. This is a demonstration of Caroline's desire to improve her skill level.

Knowing the potential new hire well made it easier to create plans for good communication and security, both important factors for the accrediting agencies and hospitals. With pre-planning and constant diligence to ensure that all systems are working and secure, it is not difficult to have a remote employee on board. A good manager should provide enough positive feedback so that the employee will be efficient, effective, and happy in his or her role working with you wherever he or she may live. With COVID-19 and other possible pandemics, this type of remote work is likely here to stay.

Linda M. Kenyon, MS, CTR, is cancer data manager at CHI St. Joseph Health in Bryan, Tex., and adjunct professor at San Jacinto Community College, San Jacinto, Houston, Tex.