

# *Efficient Abstracting*

*Presented by: Courtney Jagneaux, RHIA, CTR*



**RegistryPartners**

DATA ABSTRACTION / REGISTRY MANAGEMENT / CONSULTING

## Efficient Abstracting Overview

- What adversely affects productivity?
- What tips can be utilized to ensure we are being as efficient as possible?
- How does desk set up affect efficiency?
- How can cases be organized to ensure maximum efficiency?
- How can an EMR set up affect productivity?
- What is the best method for review of physician notes?
- **Small improvements can have a big impact on efficiency!**

## What adversely affects productivity?

Disorganization

Interruptions

Navigation of  
Systems

Lack of  
Concentration

## Desk Setup

### Preparing Electronic Manuals from Standard Setters

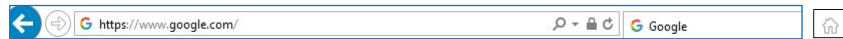
- Are all of the websites located in your favorites for quick connect?

### Easy access for Paper Manuals

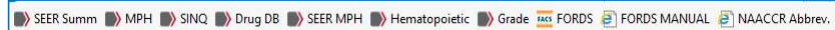
- Use electronic manuals whenever possible: FORDS, MPH, etc.
- Prepare you manuals for efficient use

## Desk Setup: Add to Favorites

### Default Settings



### Standard Setters



### Helpful Abstracting Tools



### Accreditation Programs



## Desk Setup: Paper Manuals

- Are your manuals marked for ease of finding the correct section?
  - Marking AJCC Staging Manual with common primary sites
  - Marking ICD-O for common histology or site codes
- Quick reference guides within easy line of sight?
  - Class of case Definitions
  - Ambiguous terms
  - ICD-10 Allowable Values
  - Chemo>Immuno List



## Desk Setup

---

- Dual Monitors **Highly** recommend
- Printer – Ready to use, ink, paper, connected to PC
- Availability of backup computer (remote abstractors)
  - Blocked internet access during connection
  - Unable to bring up registry software and Electronic Medical Record (EMR) at the same time
- Permissions for external websites

## Office Space: In-House CTR

---

- Is the space quiet?
- Is there comfortable lighting?
- Does your work chair support extended hours of sitting?
- Are there going to be multiple interruptions?
- If in a hospital registry, is your location convenient for physician relationships

## Office Space: Remote CTR

- Set aside a dedicated office space
- Try to work at the same time everyday
  - Set aside a time that is usually quiet or a time when minimal interruptions will occur. Maybe after dinner or early in the morning
- Ask family and friends not to disturb you during the scheduled work hours
- Are there distractions working remotely that could be minimized? Can another family member or daycare help with young children? Is there someone to assist with pets needs?

## Case Organization

- So you have your caselist to be abstracted, now what?
  - Unless instructed by the Manager to complete certain cases first, complete cases of the same site first. For example if all July cases are assigned, group them by site and abstract one site at a time.
- Get familiar with the primary site
  - What are the common symptoms, work up and treatment?
  - What are the common areas for primary tumor spread?
  - What are regional lymph nodes?
  - What are the most common metastatic sites?



## Case Organization

### *Same Sites Continued:*

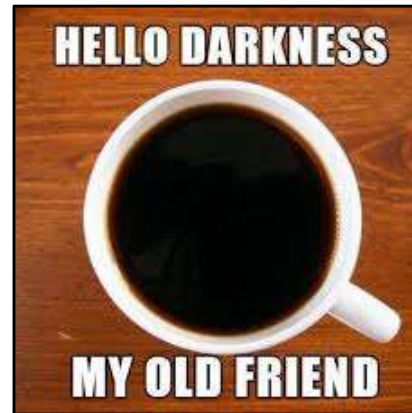
- The treating physicians will likely be the same or a smaller group
- Open the manuals and websites for the site being abstracted
- Bring up any other helpful resources/websites that may help abstract this site:
  - CANSwer Forum
  - SINQ, Q&A from SEER
  - SEER Rx, Antineoplastic Drugs Database
  - North American Association of Central Cancer Registries (NAACCR), Approved Abbreviations

## Case Organization

- What is needed to complete the case?
  - Is this a non analytic case that can be completed without requests for further information?
- Do you have an efficient way of tracking requests for information?
  - UDF for pending information
  - TRAC system
- Are there resources available for outside information?
  - Consider outside user access
  - Encrypted email exchange with other registrars
  - Establish a primary contact at the physician offices and outside facilities

## Case Organization

- Complete the most difficult cases during times of greatest mental acuity.
  - During the morning if it's your best time for thinking?
  - After dark if you're a night owl?
  - After coffee?



## How Do I Start Abstracting?

If working from a case list, check the registry database for the case to ensure it has not already been abstracted

- This may happen especially if the patient has more than one primary

Should you open one system first?

- If loading documents takes time you can view another system first, while waiting for the first system to load

If you start a case and don't finish, make a note about the case and ensure it is completed during the next work day

- Are your hours flexible to allow a case to be completed?

## Registry System

- Do you use your registry software to it's fullest potential?
- Is your registry abstract layout customizable?
  - Remove redundant fields
  - Color coding
  - Convenient organization
- Are there keyboard shortcuts that will reference text boxes or help when filling in coded fields?

Soc Sec Nbr:	- -
Name Prefix:	
Last:	
First:	
Middle:	
Maiden:	
Name Suffix:	
Alias:	
Phone Nbr:	( ) -
Phone Nbr 2:	( ) -

## Registry System

Staging: AJCC	
Text, Xrays/Scans	
TNM, Edition	SEVENTH EDITION (2010+) [07]
TNM, Clin, T Code	
TNM, Clin, N Code	
TNM, Clin, M Code	
TNM, Clin, Stage Group	
TNM, Clin, Descriptor	
TNM, Clin, Staged By	NOT STAGED [00]
TNM, Clin, Source	NOT STAGED [0]
TNM, Path, T Code	
TNM, Path, N Code	
TNM, Path, M Code	
TNM, Path, Stage Group	
TNM, Path, Descriptor	
TNM, Path, Staged By	NOT STAGED [00]
TNM, Path, Source	NOT STAGED [0]
TNM Basis	

Staging: Tumor Data	
Text, Xrays/Scans	
Summary Stage (2000)	
Tumor Size, Clinical	
Tumor Size, Pathological	
Tumor Size, Summary	
Regional Nodes Positive	
Regional Nodes Examined	
Lymph-Vascular Invasion	
Mets at DX, Bone	
Mets at DX, Brain	
Mets at DX, Distant Lymph Nodes	
Mets at DX, Liver	
Mets at DX, Lung	
Mets at DX, Other	
CS Site Factor-1	
CS Site Factor-2	
CS Site Factor-3	
CS Site Factor-4	

## Registry System

- Abstract directly into the registry software
  - Consider paper, only during downtimes
- Complete the text first, then move to coding
  - This allows time to review all notes and make corrections to the text and decreases the need to correct coding as new information is read
- Follow the instructions for each field
  - Eliminates time spent editing the case in the long run
- If unfamiliar with the software, ask the Manager for an example case to follow during abstraction.



## EMR System

- Is the search criteria customizable?
  - Can you eliminate key strokes by re-ordering search fields?

## EMR System

- Is there more than one system?
- What is housed in each system?
- Is there overlap of information that can be skipped if the first system has been reviewed?
- If so, is there a priority for using these?
  - *Ex:* Use hospital Electronic Medical Record System (EMR) first then check the radiation oncology system

## EMR System

- Determine if the EMR is setup by visit or by service type
- **If by visit:**
  - Begin reviewing the first visit around the time of diagnosis. Check for physician notes, pathology and/or radiology first.
  - If an older visit would contain the first work up, move to that visit to minimize skipping around the text.

Visits by date

Time Frame	Visits	View
7 Years	Inpatient	Outpatient
10 Years	Outpatient	All
	By Diagnosis	
	By Type	
	All	

## EMR System

- **If by Service type:**
  - Review pathology first
    - text any pertinent pathology while making notes regarding tumor extension, lymph nodes and metastatic disease
  - Secondly review radiology
    - again complete the text with pertinent findings from the radiology
  - Review the operative reports
    - text for type of operation, findings during the procedure, and/or any scopes that were performed

## EMR System

- **If by Service type continued:**
  - Review Medical and/or Radiation Oncology notes
    - Text any pertinent findings regarding treatment or staging
  - Review any History and Physicals, Discharge Summaries, etc. for further information
  - Review lab findings for tumor markers and/or other lab work pertinent to the cancer
    - Ex: LDH for melanoma, PSA for prostate

## Physician Notes

- The first part of the physician note typically includes:
  - Presentation of the patient
  - Demographics
  - Social information
- If this is the first consultation:
  - Review the physical exam
  - Records pertinent information only
    - Primary site, lymph nodes, any metastatic nodules/areas
    - i.e.. Documentation of DRE and findings of DRE for Prostate cases.



## Physician Notes

- The last part of the note usually contains staging and impression as well as treatment plan information.

**\*\*Note:** Many follow up notes are cut and pasted with only small details added. Check the first part of the note for any new symptoms/complaints. Then move to the end of the note to see if the impression or treatment plan has changed. There is no need to re-read the entire note if most of the information was contained in the first consultation.

## Text – How Much is Too Much or Too Little?

- Could the case be re-abstracted from the text?
- Record findings pertinent to the cancer only. The fact that there are degenerative changes in the spine is probably not pertinent to a colon cancer case.
- Every negative finding doesn't have to be documented. If a Chest CT states no evident of adenopathy or metastatic disease in chest, we do not need to list all of the sites the CT reviewed
- Use NAACCR Abbreviation. Memorize the common ones
  - Ex: Adenocarcinoma: Adenoca
  - Ex: Carcinoma: CA
  - Ex: Axillary: AX

## Think While Reading and Texting

Think about the patient story while reading

Take mental or physical notes about presentation, tumor extension, treatment plan and stage

Think about how the stage will be assigned

How will the treatment be coded?

## QC Questions

- Refrain from interrupting your co-workers
  - Can you answer your own question?
    - Use SINQ (SEER Inquiry System)
    - CAnswer Forum
    - Coding Manuals
  - Would an email be more effective?
    - Do not place Protected Health Information (PHI) in the subject line of an encrypted email. Be specific on your question and what you need them to review



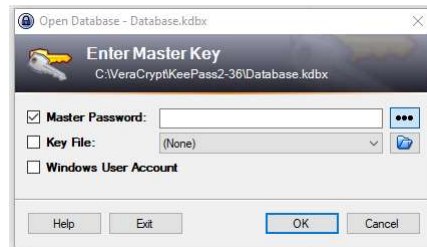
## Patient Health Information

- Dispose of any handwritten PHI notes by shredding physical information
- Save any Word document with PHI information on an encrypted area or server
  - Routinely review these files for deletion



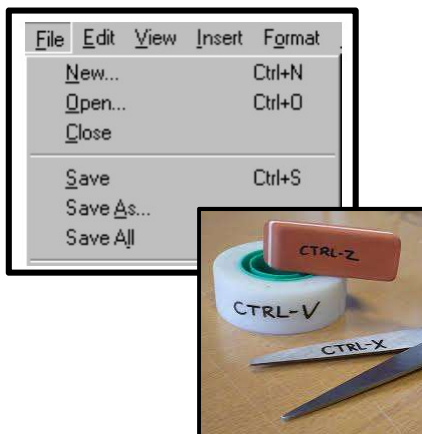
## Passwords

- Does your facility require multiple passwords that frequently expire?



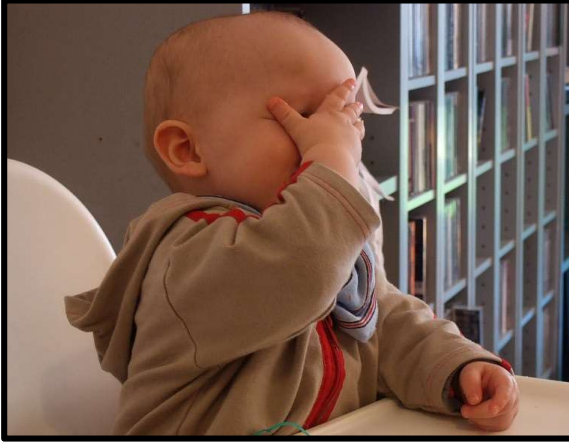
## Hot Keys

- Hot Keys, or Keyboard Shortcuts



Shortcut Keys	Description
Ctrl+A	Select all text
Ctrl+C	Copy
Ctrl+V	Paste
Ctrl+X	Cut
Ctrl+Z	Undo Last Action
Ctrl+Y	Redo Last Action
Ctrl+B	Change selected text to BOLD
Ctrl+U	<u>Underline</u> selected text

## Hot Keys



Shortcut Keys	Description
Ctrl+Shift+T	Re-Opens last Web Page
Windows+L	Log Off Windows/Lock Screen
Ctrl+Alt+Delete	Task Manager

## Hot Keys

Shortcut Keys	Description
Alt+Tab	Switch between open programs
F1	Universal Help in almost every Windows program
F2	Rename a selected file
F5	Refresh the current program window
F7	New folder
Ctrl+N	Create a new, blank document in Microsoft Word
Ctrl+S	Save
Ctrl+F	Find

## Hot Keys

Noël  
Chloë  
Chloé  
El Niña

Shortcut Keys	Description
Alt+0224	à
Alt+130	é
Alt+0232	è
Alt+0235	ë
Alt+0228	ä
Alt+0242	ò
Alt+0252	ü
Alt+0246	ö
Alt+0241	ñ

## Personal Accountability- Registrars

Does your department have productivity standards?

Are you a “Chatty Cathy” in the office?

Are you working on personal things during working hours?

Are you accountable to your department?

## Departmental Accountability- Managers

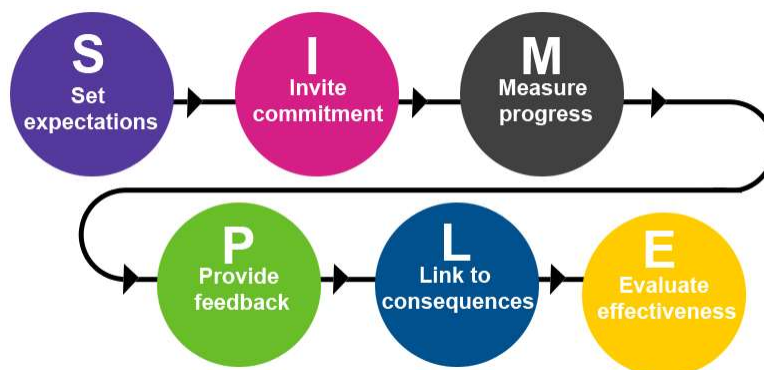
Are the productivity goals clear and realistic?

Are departmental statics shared with employees?

Do you allow input from the registry team?

Do you celebrate accomplishments?

## Accountability



## Conclusion

- Get organized
- Eliminate distractions
- Create an efficient desk setup
- Organize cases by site
- Select the best time to work
- Plan an efficient EMR review
- Know your abstracting software
- Be conservative in texting
- Save time where you can
- Be accountable



*Questions?*



# ***Thank You***

**Courtney Jagneaux, RHIA, CTR**  
*Project Manager*

courtneyjagneaux@registrypartners.com  
(336) 684-0418

[www.registrypartners.com](http://www.registrypartners.com)