

2021 NPCR LOUISIANA SUCCESS STORY

Louisiana Tumor Registry: Christina Lefante, MPH, CTR; Mei-Chin Hsieh, PhD, CTR; Lauren Maniscalco, MPH; Xiao-Cheng Wu, MD, MPH, CTR

Improving Death Clearance Follow-back and how the COVID-19 Pandemic Validated our Efforts

National Program of Cancer Registries SUCCESS STORY

SUMMARY

Death Clearance (DC) is vital to maintaining a high-quality population-based cancer registry. However, ensuring that no cancers are missed is both resource intensive and time consuming. The Louisiana Tumor Registry (LTR) consistently researches ways to innovate processes in case finding. In 2016, LTR began investigating registry specific uses for the Louisiana State Hospital Inpatient Discharge Data (HIDD), which we first gained access to in 2012. We found that the HIDD was a useful source to identify clinically diagnosed cases and then set out to pilot if the HIDD could assist in DC Follow-back.

CHALLENGE

DC follow-back is the process of verifying the cancer cause of death listed on a death certificate for those whose cancer is not in the LTR Database. A clinical source that diagnosed and/or treated the cancer is required. Many potential cancer cases die in hospice care, nursing facilities, or in their homes; leaving the only follow-back source to be the doctor who signed off on the death certificate. Our registry DC staff spend valuable time chasing false leads, often spending days at local hospice facilities scoring records to locate a diagnosing facility or referring physician from medical records. LTR needed a way to streamline the process of locating someone actively connected to the patient's cancer care.

SOLUTION

The HIDD covers 75% of all hospital inpatient bed utilization in Louisiana. By linking the DC file with the HIDD, LTR was able to locate the hospital admissions directly preceding the patient's death. We provided the DC follow-back staff with the facility name, discharge date, and discharge status for all admissions linked to an individual on the death list. The DC staff could begin their follow-back by reaching out directly to these facilities or through LTR's increased access to electronic medical records.

RESULTS

This innovative practice has improved the efficiency of the DC process as we have maintained success in reaching our DC goals. However, its full potential was not revealed until the onset of the COVID-19 Pandemic lockdown, in March 2020, coincided with LTR's yearly DC processing. LTR staff transitioned to "Work from Home" and many facilities limited access to resources outside of COVID care. LTR was still able to link with the HIDD and circulate the linkage results to DC staff throughout the state. Staff were met with minimal resistance as they could focus the request for data. The 2020 HIDD linkage for death year 2018 found hospital discharge information on 57% of unconfirmed cancer deaths. Staff were able to conduct Death Clearance as usual, reaching LTR's internal deadline of August 2020 and achieving a Death Certificate Only rate of 0.95% for the 2018 diagnosis year.

SUSTAINING SUCCESS

To sustain success, we will continue annual linkages of the HIDD with death certificates.

REGISTRY CONTACT INFORMATION

504-568-5757

<https://sph.lsuhsu.edu/louisiana-tumor-registry/>



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