

Improving Reporting Timeliness Compliance in Oklahoma

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SUMMARY

The Oklahoma Central Cancer Registry (OCCR) has struggled with Oklahoma facilities reporting timely data. In addition to generating quarterly compliance reports and adjusting registry communication strategies, OCCR implemented remediation plans for facilities that were chronically delinquent in reporting cases.

CHALLENGES

- Many Oklahoma reporting facilities have been behind on reporting cancer cases to OCCR due to high staff turnover rates, insufficient resources, competing priorities, and lack of understanding of cancer case reporting mandates.
- Facility administrators may not understand the steps required to comply with reporting requirements.

SOLUTIONS

- OCCR emailed quarterly compliance reports to facility supervisors and mailed letters to facility administrators informing them of their compliance status for the current and previous reporting years.
- OCCR implemented a remediation plan for chronically delinquent facilities to catch them up on reporting and maintain compliance. OCCR staff met with facility administrators and supervisors to discuss expectations for the remediation plan and set final reporting deadlines.
- Remediation plans required facilities to report cases to OCCR twice a month instead of monthly. All cases completed in that period must be reported on the 15th and 30th of each month.
- The OCCR program director and data manager reviewed file submissions the day after the deadlines. They contacted facilities that did not submit a file.
- When facilities maintained compliance for 3 consecutive months, they were released from the bimonthly reporting requirement.

RESULTS

- OCCR's compliance efforts resulted in 20,997 cases being reported for preliminary 2023 data at annual data submission, compared to 19,662 cases reported to NPCR for 2022 preliminary data, demonstrating a 7% increase.
- In July 2024, 46% of facilities were fully compliant for 2022 and 2023 reporting, with 36% facilities compliant for only 2022 and 5% compliant for only 2023. For first quarter (Q1) 2024, 39% were fully compliant for 2023 and Q1 2024, with 33% compliant for only 2023 and 12% compliant for only Q1 2024.
- During the remediation plan piloting phase in summer 2023, one hospital and one ambulatory surgery center were placed on remediation plans.
- The hospital immediately acquired contract services to start reporting within 3 months of the start of the plan and were caught up on reporting within 6 months.
- The ambulatory surgery center trained a part-time employee to report their cases. As of December 2024, the center was still working to catch up on the backlog that was left from previous staff vacancies.
- As of December 2024, 12 facilities are on remediation plans.

CONCLUDING REMARKS

- Sending quarterly compliance communication to facility supervisors and administrators increased the overall number of cases that OCCR reported for preliminary 2023.
- Remediation plans improve communication with facilities and provide an opportunity for facility leaders and OCCR to monitor reporting more closely.