

2020 NPCR VERMONT CANCER REGISTRY SUCCESS STORY

STORY TOPIC: COVID-19-Related Impacts

STORY CATEGORY: Public Health Impact

STORY TITLE: COVID-19-Related Impacts on Vermont Hospital Cancer Registries

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SUMMARY

The Vermont Cancer Registry (VCR) fielded a brief online survey in early June 2020 to learn more about the Coronavirus (COVID-19)-related impacts experienced by hospital cancer registrars. We compared results to a National Cancer Registrars Association (NCRA) study fielded at a similar time. A notable difference is that case finding and abstracting activities were more likely to be put on hold in VT compared to the US.

CHALLENGE

On March 13, 2020, the Governor enacted an executive order declaring a State of Emergency in Vermont in response to the COVID-19 pandemic and ordering initial mitigation provisions to slow the spread of the virus. (State of Vermont, Office of Governor Phil Scott, *Executive Orders*, <https://governor.vermont.gov/content/declaration-state-emergency-response-covid-19-and-national-guard-call-out-eo-01-20>.)

The mission of the Vermont Department of Health (VDH) is to protect and promote the best health for all Vermonters. In the event of a public health emergency, each employee may be called upon to participate in the response. (VDH Intranet, *Emergency Preparedness Training*.)

Three of four VCR staff members were called upon to participate in the Department's COVID-19 response. Subsequently, our capacity to complete cancer registry activities was greatly reduced. We, therefore, wanted to learn more about the COVID-19-related impacts experienced by hospital cancer registrars in our state.

SOLUTION

A brief online survey was fielded in early June 2020. Twenty-one individuals, representing 15 facilities were invited to participate. When possible, these results were compared to national survey conducted by the National Cancer Registrars Association (NCRA).

RESULTS

Vermont

Of 21 individuals invited to take the survey, 10 responded (48% response rate). Their results are summarized in Table 1 and Figure 1.

Table 1. Summary of yes/no survey responses.

Question	Yes (%)	No (%)
Are you currently working on casefinding?	90	10
Are you currently working on abstracting?	70	30
Have your hours been affected?	0	100*
Are you working remotely?	100	0
If you are working remotely, are you experiencing any issues working from home?	0	100†

*One respondent reported that overtime and a hiring freeze had been instituted at their facility.

†One respondent noted working remotely was “a little slower.” More comments related to working remotely are in the qualitative results.

Hospitals were asked to estimate their completeness in reporting cancer cases diagnosed in 2018 and 2019. The estimated 2018 completeness was 100% (range 99-100); 2019 was 68% (range 25-100).

Participants were asked if VCR could do anything help them and were invited to share any concerns or suggestions. Themes are summarized in Figure 1.

Figure 1. Summary of open-ended comments.



National

In May 2020, NCRA distributed an online survey to understand COVID-19 related impacts to hospital-based cancer registrars and registries. (*NCRA's Report on the 2020 COVID-19 Survey*, <https://www.ncra-usa.org/Portals/68/PDFs/Advocacy/NCRA%20COVID-19%20report%20final.pdf>.)

The most commonly cited change in work was that personnel who normally worked in the cancer registry were now working from home (67%).

Lead registrars in large caseload hospitals observed a stoppage or freezing of personnel actions at a higher rate than those in medium or small caseload facilities. Among those reporting that their registry had been impacted in this way, an average of 87% of personnel had been affected by a stoppage or freezing of personnel actions, and an average of 85% had lost overtime.

Lead registrars did not see a change in abstracting cases, regardless of caseload size or region. Casefinding activities were consistent, regardless of caseload size or region, with most respondents reporting no change.

Most respondents (86%) said that the registry had completed all abstracting and State-mandated submissions for 2018 diagnoses. However, confidence in meeting the deadline for 2019 diagnoses was much lower. More than one-third (35%) of respondents were not confident they would meet the State-mandated submission deadline for 2019 diagnoses. Respondents in registries with large caseloads were more likely to lack confidence they would meet this deadline than those at hospitals with medium or small caseloads.

VT/US Comparison

Due to design limitations, results from the two surveys cannot be directly compared, yet similar themes emerge. For example, both surveys find that hospital cancer registrars are now generally working from home. Likewise, in both VT and US, hospital cancer registries are experiencing staffing impacts due to the COVID-19 pandemic. Concerns over completeness in 2019 case ascertainment are shared in VT and the US. Of notable difference is that case finding abstracting activities were more likely to be put on hold in VT compared to the US.

These findings have some limitations and should be interpreted with caution. Hospitals who are less complete in reporting, are experiencing more significant impacts due to COVID-19, or both, are less likely to be represented in the VT survey findings. Therefore, the results may not be generalizable to all VT hospitals and may show less of an impact than being experienced across the state.

SUSTAINING SUCCESS

VCR is using the information gained through this survey to inform future reporting deadlines and to plan for resources, as available, to assist hospital cancer registries in mitigating the effects of the COVID-19 pandemic. VCR will also educate the Health Department leadership and CDC about accommodations needed for the cancer registry community to improve registry operations following COVID-19-related impacts.

REGISTRY CONTACT INFORMATION

(802) 863-7644 | <https://www.healthvermont.gov/health-statistics-vital-records/registries/cancer>