# 2020 NPCR WYOMING CANCER REGISTRY SUCCESS STORY

STORY TOPIC/FOCI: Registry Operations

STORY TITLE: Seamless Continuity and High Standards Sustained While Shifting Virtually During COVID-19.

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# **SUMMARY**

The Wyoming Cancer Surveillance Program (WCSP) was transitioning to teleworking starting the second quarter of 2109 when the COVID-19 pandemic abruptly sent staff of the WCSP home in March of 2019. Within the first two weeks of telework within the WCSP, a virtual program was implemented to allow the program to have seamless continuity not only within the program but more importantly with its outside entities i.e., health care institutions, physician offices or state registries. This seamless continuity was instrumental in maintaining and meeting the high standards set forth by the National Program of Central Cancer Registries (NPCR).

# **CHALLENGE**

The COVID-19 pandemic was uncharted waters to the WCSP program. The WCSP program was transitioning to teleworking a maximum of three days a week. The program had not prepared to telework full time. The challenge was to create and implement a full-time teleworking procedures and policies to ensure that the WCSP program maintained and met the standard set forth by NPCR. The other challenge was to ensure that interaction between the WCSP and its internal and external partners continued seamlessly.

### **SOLUTION**

The WCSP is unique in the fact that the program does all the abstraction of cancer cases for the State of Wyoming except for two hospitals which abstract their own cases. The abstraction staff has electronic access to many of the hospitals and cancer centers within the state, but the WCSP also receives cases in paper form. When the program was mandated to work from home, the program had to maneuver around manual processes (processing paper, filing, mailing) into electronic processes.

The solution was to create a virtual program: Aspects of the virtual program are the following:

- Creation of a "virtual suspense file." Cases received in paper format are scanned into a virtual suspense file so anyone working within the WCSP has access to the case. Cases can be located by either patient's name or date of diagnosis. Cases received electronically are copied into the virtual suspense file.
- The WCSP performs follow-up on all Wyoming residents. Prior to the COVID-19 pandemic, the WCSP was mailing out letters to physician, hospitals, and other health care facilities to

gain follow-up information. During the pandemic, the WCSP changed to secure email in reaching out to above mentioned entities for follow-up.

The WCSP during the pandemic has been allowed back into the office on a limited basis. When the staff is in the office it is mainly to pick up mail and scan paperwork into the virtual suspense file. Currently the program is working from home ninety percent (90%).

# **RESULTS**

With the implementation of policy and procedures to telework from home which has been implemented for the past six months (April through September 2020); the WCSP staff has been able to maintain, the timeliness, quality and completeness of cancer cases abstracted, as well as continue to meet standards/requirement described by NPCR. The WCSP was successful in receive incoming cases from in-state and out of state reporters no matter the format of the WCSP operation. The WCSP will always have a successful relationship with our reporting entities to achieve high quality data and completeness.

# SUSTAINING SUCCESS

Based on the results of the last six months, the WCSP is poised to continue teleworking full time. The WCSP will continue working with those entities/customers who are still striving to deliver cases to the WCSP electronically. Another aspect to sustaining success (teleworking full time) within the program is to have a "personal connection" amongst the staff. The "personal connection" can be accomplished by in-person meetings or video communication during the pandemic.

#### REGISTRY CONTACT INFORMATION

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https://health.wyo.gov/publichealth/chronic-disease-and-maternal-child-health-epidemiology-unit/cancer-surveillance/