

# KANSAS

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## “When to,” not “How to,” When it Comes to Death Clearance

### NATIONAL PROGRAM OF CANCER REGISTRIES SUCCESS STORY

**SUMMARY:** Death clearance is an important, yet challenging, process for central cancer registries. In many instances health care providers were not responsive to death clearance requests using a factual reason (patient deceased). At times a death may even be an excuse not to provide additional information to the registries. Medical records pertaining to the deceased have traditionally been archived or sent for storage. Accessing death certificates file on a monthly basis has not only eliminated fees for acquiring death certificates, it has also reduced staff time to process death clearance, remains current on vital status of most patients, and improves death certificate only cases.

**CHALLENGE:** Death clearance is a long and tedious process due to various reasons. At the end a high percentage of cases are classified as death certificate only (DCO) cases. Challenges have a lot to do with the timing when a death clearance is deployed. Annual death clearance that has been done by several registries faced many of the challenges such as medical records of the deceased having been archived, sent for storage, certifying physicians having been transferred and/or not currently practicing medicine just to name a few. Cancer Registries ended up with the response from referring clinics that the said patients have been “deceased.” At the same time, cancer registries continued to struggle with staffing costs and meeting timelines for data certification while receiving the already known data point “deceased.”

**SOLUTION:** In the past two decades, the Kansas Cancer Registry (KCR) continued to modify death clearance protocol. Our protocol started with an annual linkage (around 2000) to performing the linkage dated back to 1.5 years after the close of a diagnosis year. The 1.5-year delay allowed many cases to be reported to KCR. During 2007 – 2012, KCR was able to extract a partial death record directly from the Vital Statistics. Starting in 2012, KCR started linkage with vital records on a monthly basis. The monthly linkage not only fulfilled the function of death clearance in a much efficient manner, it also helped reporting facilities with their active follow-up and case finding.

**RESULTS:** The monthly linkage provides current and quality death data for calculation of survivorship for patients with cancers. It also helps American College of Surgeons’ approved programs in performing active follow-up and improves the collaborative relationship between KCR and hospital tumor registries. The death certificate only cases started at around 8% at the first linkage. After following back to the reporting facilities, the DCO rate reduced to 4 – 4.5%. With the monthly linkage the death clearance process started with a DCO rate of 3%. Currently, the death clearance process results in an additional reduction of 0.5% to 0.9% in the DCO rate.

**SUSTAINING SUCCESS:** Death clearance via a routine monthly linkage has shown to be successful in reducing and subsequently maintaining a low level of DCO. KCR envisions this process to be sustainable in that this effort is not only benefiting KCR operation, it also assists reporting facilities with their active follow-up and to some degree, case finding effort.

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