SUBJECT: Tumor Registry Patient Follow-up

SEE ALSO:

INFORMATION
The purpose of this procedure is to inform Tumor Registrars about following-up patients according to American College of Surgeon (ACOS) requirements. It is a requirement of all ACOS accredited institutions that analytical cancer cases accessioned and abstracted into the Registry be followed. Therefore, University of Kentucky Hospital, Chandler Medical Center will perform at a minimum a systematic, yearly follow-up of all analytical cases. The only cases that are exempt from follow-up are carcinoma in situ of the cervix and prostate and foreign resident cases. ACOS requires a 90% follow-up rate on all eligible patients in the registry database. ACOS requires 80% on all eligible living patients in the registry database.

PROCEDURE:
A. Create a follow-up patient list:
1. Go to the CPDMS Main Menu.
2. Go to records and enter.
3. Go to follow-up and enter.
4. Go to control list and enter.
5. Go to date of last contact and enter.
6. Report reference date is the date you are requesting the list.
7. Follow-up interval is 12 months.
8. Fill in the following information such as registry reference year is 1991.
9. Fill in case class codes to report 0, 1, 2 for reportable patients.
10. Fill in yes for report only your hospital and yes for direct output to printer file and then enter twice.
11. Now you have a follow-up patient list for abstracting.

B. How to use the patient follow-up list:
1. In the main frame hospital PROD program, run the medical record number.
2. If the last date the patient entered the hospital is later than the last date of contact in CPDMS, change the last date of contact.
3. Next, run the social security number through the Social Security Death Index.
4. If the patient has expired, update the patient in CPDMS as well as the survival status.
5. If the patients cannot be found by Main Frame or Social Security Death Index you can do one of the following:
   a. print a patient follow-up letter and send to the patient.
   b. contact the patient’s contact person, doctor or the hospital nearest to his/her home.
   c. telephone the patient.

   *When calling the patient, it is necessary to state your name, facility, and the purpose for calling.*

Approved: _________________________________  Authorized: ______________________________
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