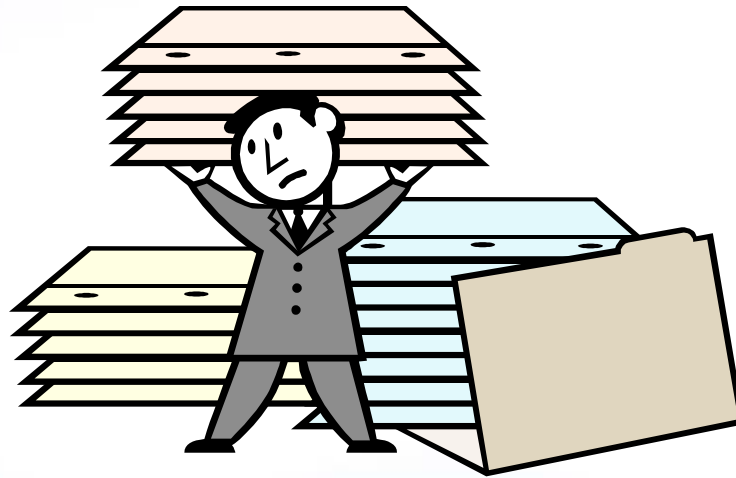


The Care and Handling of Source Records



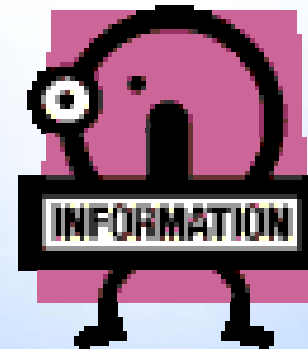
Judy Jacobs Williams, RHIT, CTR

June 7, 2005

What is a Source Record?

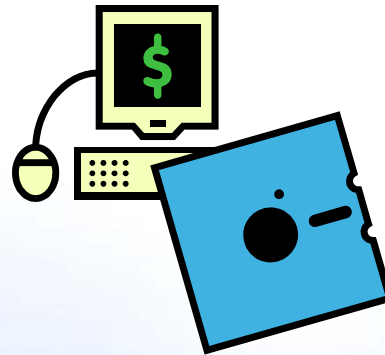
- **Source:** *One, such as a person or **document**, that supplies information.**
- **Record:** *a collection of related items of information (as in a **database**) treated as a unit.**

**Merriam-Webster Online*



What is a Source Record?

Electronic source record: An electronic record created using office automation software from which the recordkeeping copy is derived.*



- *National Archives and Records Administration (NARA)*

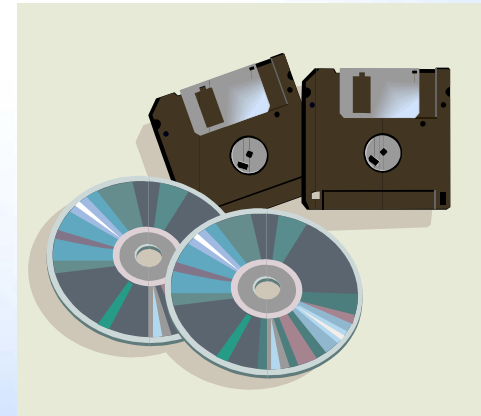
SEER Definition of *Record*

“A group of related data items that a registry wishes to incorporate into their database.

While records frequently arrive in an electronic file, they can also arrive on paper. Information may also be obtained from a fax or from a phone call and tracked as a record. If the media on which the registry receives the information is non-standard to the registry, the data must be copied to the appropriate media. A paper-based registry would want all their ‘records’ in hard-copy, a totally electronic registry would not. Most registries fall somewhere between these two extremes.”*

Source Record Storage

- Paper
- Diskettes
- CD
- Magnetic Tape
- Software programs



What We Want to Avoid!



Method: Source Record Survey

Participating Registries

- Alaska Cancer Registry (ACR)
- Missouri Cancer Registry (MCR)
- Minnesota Cancer Surveillance System (MCSS)
- Pennsylvania Cancer Registry (PCR)

Purpose of Survey

- To query registries on methods of processing source records
- To ascertain if there exists a 'best practice' method
- To encourage sharing of methods for processing source records

Yearly Totals per Registry

Registry	Source Records	Incident Cases
Alaska Cancer Registry	4000	2000
Minnesota Cancer Surveillance System	45,000	26,000
Missouri Cancer Registry	38,000	28-29,000
Pennsylvania Cancer Registry	115,000	78,000

Question 1: How Do You Receive Source Record Files?

- Paper
- Electronic
 - Both – ACR, MCR, MCSS, PCR
 - PCR (95% electronic)
 - MCR (paper abstracts are machine scan-able)
- Other (Microfilm, Tapes) – 0 (Must be Passé!)

Question 2: Types of Source Record Files Received

- **Hospital**
ACR, MCSS, MCR, PCR
- **Path Lab**
ACR, MCSS, MCR (Melanoma Only), PCR
- **Death Certificate**
ACR, MCR, PCR
- **Long-Term Care Centers**
MCR (2002), PCR (DC Follow-Back only)

Question 2: Types of Source Record Files Received

- **Ambulatory and Non-Hospital Facilities**
 - MCR (Breast Care Center, RT Centers)
 - PCR (Radiation Therapy Centers)
- **Physician Offices**
 - ACR, MCR (Melanoma Only),
 - PCR (Path Lab and DC Follow-Back only)
- **Other**
 - ACR (Other State Cancer Registries)
- **Prison Facilities**
 - None

Question 3: How Do You Store Source Record Files Until Needed?

ACR	E-files stored in directory on Network Hardcopy records to "In Box"
MCR	Scan Paper Records E-files loaded immediately upon receipt Stored in two tables – Pristine & Suspense
MCSS	E-files loaded into database upon receipt (daily) Paper records locked in file as received until processed
PCR	Edited files of 8,000 – 10, 000 awaiting import Stored in SQL database prior to consolidation

Question 4: Do You Make Corrections to Source Records?

ACR	Yes
MCR	Yes Only to stored record in suspense database
MCSS	Yes For incorrect information only Changes logged into transaction table
PCR	Yes During visual editing process, linkage or consolidation

Question 5: Do You Document Changes to Source Records?

ACR	Yes In the State/Requestor Items field
MCR	Yes In lower case with registrar's name and date
MCSS	Yes Log changes into a transaction table
PCR	Yes Edit changes logged in tracking database Log changes to source records in SQL database Documented in source record

Question 6: Do You Inform Reporting Facility of Changes to Record?

- Yes

MCR (major changes only)

- No

ACR

MCSS

PCR



Question 7: Do You Keep a File of Pristine Records?

- Yes
 - ACR (3copies)
 - MCR (Abstract table in database)
- No
 - PCR
 - MCSS (can reverse transaction to retrieve pristine record if needed)

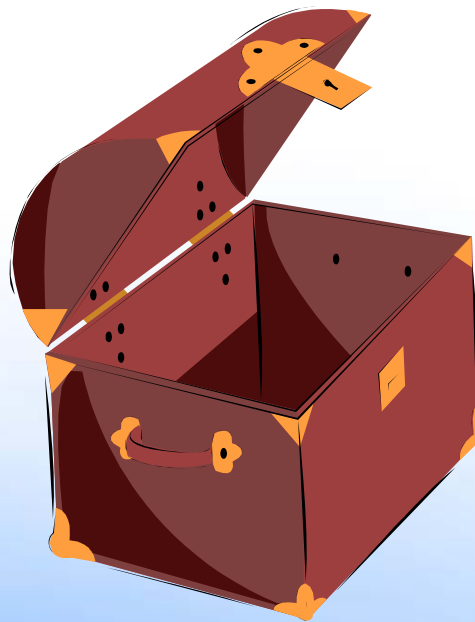


Question 8: Are You Limited to Number of Source Records Stored?

- No

ACR (delete duplicate source records)

MCR, MCSS, PCR



Question 9: Do You Reject Files That Fail Edits?

- Yes

MCR (only for excessive errors, incorrect format, or numerous duplicates)

- No

ACR (corrected by central registry),

MCSS (sends inquiry to reporting facility)

PCR (corrected by central registry)

Question 10: If you reject, Is There a Threshold For Rejection?

- N/A Don't Reject

ACR

MCSS

PCR

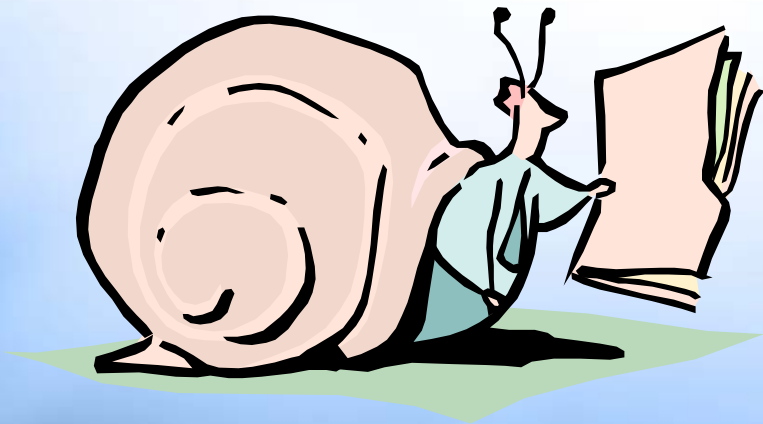
- No

MCR (decided on facility-by-facility basis)



Question 11: Do You Have an Established Time Frame for Return of Files If Rejected?

- MCR – has tracking system for ensuring rejected files are returned
 - Facility completeness tracked on monthly basis and facility contacted for non-compliance in resubmitting the file
 - No established time period for return



Summary

- Registries use a combination of methods to process source records
- There is no one 'best practice' process
- The methods used depend on the size of the registry – generally, the larger the registry, the more automated the process

Suggestions to Streamline Source Record Processing

- Create a Flow Chart
- Establish Guidelines
- Create a Process
- Document the Process
- Educate Staff
- Educate Reporting Facilities

The Last Word

Efficient source record processing will:

- Save Time
- Save Money
- Streamline Matching and Consolidation Process
- Create Better Relations with Reporting Facilities



Useful References

1. *NAACCR Standards for Cancer Registries Volume III: Standards for Completeness, Quality, Analysis and Management of Data*
 - 5.5. Process Standards; 5.5.2. Inputs
 - Appendix J: Inventory of Best Practices Assurance of Confidentiality and Security
2. *NAACCR Procedure Guidelines for Cancer Registries Series IV Cancer Case Ascertainment, February 2002*
 - Guidelines for Data Acceptance/Rejection; page 23