


Name of Policy:	Follow-up	 Effective Date: 03/2009 Initial Effective Date: 1/1979
Policy Number:	3364-105-408	
Department:	Health Information Management	
Approving Officer:	Vice President & Executive Director	
Responsible Agent:	Director, Health Information Management	
Scope:	Health Information Management	
<input type="checkbox"/> New policy proposal		<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy		<input type="checkbox"/> Reaffirmation of existing policy

(A) Policy Statement

In order to evaluate outcomes of cancer care, long-term follow-up is an essential function of the Cancer Registry.

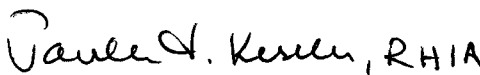

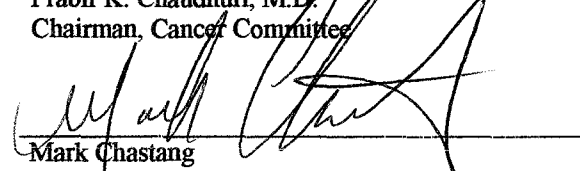
(B) Purpose of Policy

The follow-up data gathered by the Cancer Registry is used to compare with regional, state or national statistics and to be able to calculate survival rates. The information congregated enables the Cancer Registry to record any evidence of recurrent or residual disease, to analyze the quality of survival of patients entered into the Electronic Registry Systems (ERS) database and for overall patient care.

(C) Procedure

1. Follow-up information is obtained at least annually for all living analytic patients included in the ERS database.
2. Abiding by the American College of Surgeons (ACS) Commission on Cancer (CoC) Standard 3.4, an 80% follow-up rate is maintained for all eligible analytic patients from the Cancer Registry's reference date.
3. Abiding by the ACS/CoC Standard 3.5, a 90% follow-up rate is maintained for all eligible analytic patients diagnosed within the last 5 years, or from the cancer registry reference date, whichever is shorter.
4. All reportable cases are followed, except the following:
 - a. Residents of foreign countries
 - b. Cases that are reportable-by-agreement
 - c. Patients whose age exceeds 100 years and who are without contact for more than 12 months
 - d. Patients diagnosed on or after January 1, 2006 and classified as Class of Case 0
5. The Cancer Registry will employ the following methods to obtain completed follow-up information, but is not limited to:
 - a. Letters or phone calls to the physician(s)
 - b. Letters or phone calls to the patient or the patient's next of kin
 - c. Admission or readmission to the University of Toledo Medical Center (UTMC)
 - d. Pathology reports
 - e. Clinic and outpatient visits
 - f. Internet sources
 - g. Death certificate matches
 - h. Review of newspaper obituary columns
 - i. Autopsy reports and in-house death lists
 - j. Reports from the Department of Health and Environment, Bureau of Vital Statistics

6. In the ERS database, a monthly listing is generated of patients who require follow-up.
 - a. The Cancer Registry will then use this list to look up in the UTMC's *Clinical Portal* and *Star Navigator* online services to determine if the patient has been seen in the hospital or clinics within the last 12 months. If the patient has been seen at UTMC, the information is update in the ERS database
 - b. If the patient has not been seen at UTMC within the last 12 months, the Cancer Registry will use the ERS database tool that can generate a formatted letter which is sent to the documented following physician(s) of the patient. These letters are sent with a self-addressed stamped return envelope for the convenience of the inquired physician. See example "A" following this Policy and Procedure in the Cancer Registry's Policy and Procedure manual.
 - c. If the following physician(s) do not return the letters within a month, the Cancer Registry will then generate letters to be sent directly to the patient utilizing the ERS database tool to do so. These letters are sent with a self-addressed stamped return envelope for the convenience of the patient. See example "B" following this Policy and Procedure in the Cancer Registry's Policy and Procedure manual.
 - d. If the patient has not been seen at UTMC within the last 12 months and no letters have been returned with the required follow-up information, other means of contact are then investigated through the following sources:
 - i. Other Cancer Registries
 - ii. Department of Health and Environment, Bureau of Vital Statistics
 - iii. Hospice
 - iv. Nursing homes
 - v. Social Security Administration
 - vi. Local history department at the city library
 - e. Each primary site is followed on an individual basis per topography code and sequence number.

<p>Approved by:</p> <p> Paula F. Kessler, RHIA Director, Health Information Management</p> <p style="text-align: right;">3-30-09 Date</p> <p> Prabir K. Chaudhuri, M.D. Chairman, Cancer Committee</p> <p style="text-align: right;">3-30-09 Date</p> <p> Mark Chastang Vice President & Executive Director</p> <p style="text-align: right;">4/1/09 Date</p> <p><i>Review/Revision Completed By:</i> Health Information Management</p>	<p>Review/Revision Date:</p> <p>9/86 4/87 6/88 8/91 2/94 9/96 1/99 3/02 4/03 8/04 7/05 5/06 11/07 4/08 3/09</p> <p>Next Review Date: 03/1/2010</p>
<p>Policies Superseded by This Policy: 10-408</p>	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.