Unmerge Cases

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We have had some questions about how the Unmerge Cases option works. This option is only available in the Windows version of Rocky Mountain and only available to Central registries. To get to this option select the following from the Main Menu:

Modifications -> Central Office -> Unmerge Cases

It will then ask for a password. Use the usual password for special commands. You will then be prompted for a CTR number and sequence. Enter this and click [Find]. You will then see a list of all the hospitals or facilities associated with that case. In addition you will see an entry entitled “No Facilities”. Sometimes you will see the words “(No Abstract)” next to a facilities number. This means there is no pristine abstract available for this facility. If you see “No Abstract” next to “No Facilities” it means there is no next abstract available for this case at all.

When you click [Break Out] a new record will be created for each of the facilities where there is a check mark under the column labeled “Make”. The CTR number and sequence number for that new case will be printed to the right of the facility. Only that facilities information will be available on the new case. Also the new case will have that facilities pristine abstract as the consolidated record. This is unless “(No Abstract)” is next to the facility, in which case the original consolidated record will be used. If you wish to create a record with no facility information, click the box next to “No Facilities”.

Normally, the original record is not modified at all. However, for your convenience, if you click the box under “Del” the indicated facility will be Unlinked from the original record. You may also delete the original record by checking the box next to “Delete original record”.

The new cases will have sequence numbers in the 90’s. The hospital information may then be added to other cases by doing a delete merge on the appropriate case.

Kim Best

NAACCR Version 10 / FORDS System Workshops for Hospitals

For the conversion next year we are proposing having regional workshops. The workshops have not been set up yet and we will need to have enough people in attendance to make it feasible.

One of the workshops will be in conjunction with the NCRA meeting in Pittsburgh. The Western regional one will be in Salt Lake City and the Midwest one at a location to be determined. We will be sending info out to all the hospitals to find out if there is enough interest to hold any or all of the workshops. For tentative planning the workshops will be 1 ½ days long and will cost $75 per participant. Please let Nicole know if you think your hospitals will be interested.
Making a Shortcut Icon for RMCDS Windows

Putting a shortcut icon to RMCDS windows version on your desktop.
First, you must know where RMCDS is installed on your hard drive. This is displayed underneath the picture of the mountains. It is underneath today’s date field. An example of this would be: n:\rmcds\programs.
To create the icon, double click the My Computer icon on your desktop. For this example you would find the n: drive and double click it. Inside the n: drive would be a folder called rmcds. Double click on the rmcds folder to find a folder called programs. Double click on the programs folder and search for a program called w_menuup.exe. Single click on w_menuup.exe and highlight it. Right click and go down to the create shortcut option. This will create a new icon and put it at the end of all your other programs in the folder. You can then click on the new short cut and drag it out to the other icons. You can rename the icon by single clicking on it to highlight it. Now use the right click to go down to the rename field. This will highlight the name area so you can type in a new name for your icon. Now you should have a new icon for RMCDS on your desktop. Mark Hunzeker

HELP!
The FORDS coding system is required starting with 2003 cases. The dos version of RMCDS will not be updated to support the FORDS system. Users will have to use the windows version of RMCDS to code 2003 cases. Many users are not yet familiar with the windows version. Don’t fret, HELP is available. In the main menu of Rocky Mountain you will see a pull down menu called Help. This menu gives you three options. Registry Help opens a help system designed by Registry Plus. RMCDS has obtained permission to include this in our programs. The Registry Help contains the NAACCR Data Dictionary, Roads Manual and SEER Manual. The RMCDS Help is designed to show users how to use the different functionality in the Rocky Mountain programs. Many useful instructions are included, complete with step-by-step guides and graphics. The Help system has been designed to make using the programs easier. Topics continue to be added and revised. The Help system is updated to the latest version every time you run an RMCDS revision. The topics will soon be on the RMCDS web site too. If there are any special topic requests that users would like to see included in the help system, please email those requests to david.fawcett@mcc.utah.edu
Happy Holidays!

Holiday Schedule
RMCD will be closed on the following days:
Christmas Eve, December 24th 12:00 pm MST
Staff will be in periodically.
Martin Luther King Jr. Day/
Civil Rights Day, January 20th, 2003. A complete schedule of RMCDS closure days will be included with the Winter 2003 News Letter.
If you need more information regarding this schedule contact Nicole or Laura.

Thank You
Thank you to all participants of the Rocky Mountain annual meeting in September. Thank you for your continual support and interest.
A Look at Race Coding

In preparing for the NPCR submission due at the end of January, it has been brought to my attention that coding of multiple sequence cases that span multiple years may not be coded correctly. According to NAACCR and SEER if a new primary is supposed to use a newer race coding system and the code for it does not agree with the older race code, the older case is to be coded using the newer scheme. Here is an example. If a case is diagnosed in 1992 and the race is “Thai”, it should be coded as 96 (Other Asian, including Asian, NOS and Oriental, NOS) because in 1992 there was not a code for “Thai”. If a new primary is diagnosed in 1996, it should be coded 14 “Thai” because 14 was an available code in 1996 (Code 14 was added in 1994). When this occurs you have to go back to the 1992 case and code it to the 14 code. Generally this is not much of a problem since there are very few cases that end up in this kind of a situation. There is a similar situation that occurs with the race 2-5 codes. This time there are a significant number of cases involved. Race 2-5 were added in 2000. Cases Diagnosed before 2000 were only coded to the Race 1 field and cases Diagnosed 2000+ were coded to the Race 1-5 fields. Therefore if you have one primary diagnosed before 2000 it is just coded in the Race 1 field. If a second primary is diagnosed after 2000 the race is to be coded in the Race 1-5 fields and the cases diagnosed before 2000 should be recoded to include the Race fields 1-5. This may not have been done in the past and there may be many cases that might come out as an error (in running the standalone Inter Record error checks from NPCR).

We have written a routine that will synchronize cases when this occurs and will make the pre-2000 case the same as the post-2000 sequence. (It will make sure that the race is not changed from a valid race code to an unknown race code in the Race 1 field.) This utility will be on the FTP site and included with any FTP update after Monday December 9, 2002. To run the utility, go to a DOS prompt or a COMMAND prompt and type in: C_FXRACE.EXE

For SEER users there is one unclear situation. If the second primary is a reportable by agreement case (Sequence AA, BB, CC, . . .) The sequence of the first primary does not change from 00. The SEER edits are looking at sequence number and date of diagnosis to determine this kind of multi-sequence situation. SEER does not accept cases with sequence AA, BB, etc. and therefore may consider the sequence 00 coded incorrectly if race is coded to the race codes of Sequence AA, BB, etc. My recommendation is to NOT recode the race of the 1st primary if the sequence number stays 00. If you have any questions regarding the situation with race coding, please contact me.

Larry