CRStar Insights
CRStar Best Practices: A Training Guide for New Users

This document outlines best practices and helpful hints for new CRStar users. For more information, refer to the complete CRStar User Manual found on the CRStar Resource page. A complete video tutorial training series is also available.

Main Menu Best Practices

- The main menu is divided into modules (Dashboards, Abstract Management, Follow-Up Management, etc.) All features and functions related to that module are located within the main header.
- Shortcuts are available for certain functions that are used frequently. These functions are also available under the appropriate module.
- The green bar at the top of the screen indicates the current version of CRStar, the facilities in the system, and the user ID information.
- In a multi-hospital system, changing the hospital from the drop down will affect dashboard view, follow-up letters, state screen display, county codes, and state exports.
- When logging out of CRStar, use the Logout feature vs. closing it from the browser.
- The Help module provides two options: the CRStar Client Portal and the Resource Page.

Preferences: Dashboard Best Practices

- Dashboard reports will not be visible until the system administrator sets them up for the first time.
- Dashboard can be set to all users or system admin only.

Preferences: Edits Best Practices

- Edits should be set up for individual users.
- State edits should be a user's state specific metafiles. If there are no state specific metafiles, set to the standard NAACCR metafiles.
- When an upgrade is loaded with new metafiles, each user should update their edits.

Abstracting Best Practices

- The look up option allows the user to search for a particular patient that already exists in the database. The user can search using several variables. Use the (*) as a wildcard to do partial searches. See the user manual for more information.

- Choose New Patient to enter a case that does not already exist.
- The Quick Follow-Up feature will take the user from the lookup to the Outcomes screen after selecting the appropriate primary.
- Multiple primaries share the patient screen and are listed in the primary grid. To view or modify a primary, choose "select" to move forward
- IMPORTANT!!! The delete button should only be used to delete a primary. To delete the entire record, use the Delete an Abstract feature under Abstract Utilities.
- Always assign an S/A flag.
- Filling in Hospital Code on the Patient Maintenance screen is vital for all cases in both S and A (suspense and abstract).
- When adding a suspense case, the accession # may be left blank and "select" may be chosen to enter the abstract.
- When working with an "abstract case" (S/A flag set to A), an accession number must be added in order to "select" and enter the case.
- If using automated accession numbers, only enter the accession year without the preceding hospital code and tab. The next number will be assigned along with the hospital code.
- Navigate through the abstract using the tab key or mouse, not the enter key.
- Quick Links are located at the top center of every screen.
- The question mark icon on each screen will bring up the help notes for each field. The user may also use F1 to bring up help notes.
- Use GOTO to go to random screens within the abstract (GOTO may be used from all screens within the abstract once a primary is selected – it may not be used on the patient maintenance screen).
- Once the user moves past the patient screen, the tabs at the top of the screen may be used. The user can click exit from within the screen and then choose the tab of the screen they want to go to.
- Each screen may have more than one view and may contain several tabs where other fields are located (blue shaded tabs).
- Users may leave many fields blank vs. coding 0 or 00. The system will export the appropriate code.
- When entering the address, enter zip code first and city and state will auto-fill.
- The (*) is used as a wild card in lookups. *23 searches for anything ending in 23 and 23* searches for anything beginning with 23. *23* searches for anything containing 23.
- Date fields are divided into three fields (month, day, and year). The cursor will auto advance through these. * Caution: Entering the date values too fast without letting the curser advance will cause data validation errors.
- 9s may be used in date fields for unknown dates or partial unknown dates (data and date flag will export appropriately).
- The Text Pad is available on each screen of the abstract, beginning with the diagnosis screen.
- When abstracting an extranodal lymphoma, the user should enter the two-digit site code on the patient screen as 77 and the topography code on the diagnosis screen for the extranodal site. This will categorize the case as a lymphoma in the site tables and display

the lymphoma staging schema. It will display the appropriate surgery codes for the extranodal site.

- When using the physician and hospital lookups, if a facility or physician does not exist, the user may add it at that time.
- Nonanalytic default tab will default some values to unknown.
- The staging screens are based on diagnosis date. (2017 and prior staging and 2018 forward requirements).
- Coding the grade fields first will further filter the TNM values.
- On the treatment summary screen, enter the fields in the left section and save prior to visiting individual screens.
- When adding individual treatments (surgery, radiation, chemo, etc.) you must choose "save" before exiting back to the summary page.
- On any multivalued section, use the + or X key to add or delete rows.
- The radiation fields that are required for the export are located in the top section and not on the individual rows. These can be color coded for easy reference.
- If you are in a state with a state screen, check with your system admin about those requirements.
- The CPM, BPM and RMP screens are not required by a standard setter. Check with your system admin to see if this information is collected.
- 75 User Defined Fields are available on one screen with several others located on each screen. Check with your system admin to see if they are collected.
- If incorrect abstractor initials are recorded on the case admin screen, the user may change the case back to an "S" for suspense – this will allow the initials on the case admin screen to be modified. (Ensure the case is changed back to an A after the correction is made.)
- Abstractor's initials will auto fill only if the login email address has been entered in the registrar's initials entry for that registrar in system management.
- Coding system and Overrides are only coded if the user receives an edit stating a code is incorrect.
- Edits can be run on the case admin screen once a case is complete and/or on any screen of the abstract.
- Changing the state report flag on either the patient or the case admin screen will update the code on the corresponding screen.
- The Clinical and Research screens are not required and may be hidden for individual users. Please check with your System Admin.
- Fields on the retired screen are only applicable if the user is abstracting an older case when these fields were required.

Follow-Up Best Practices

- When entering a begin and end date for a follow-up list, any range of dates may be used, up to one full year.
- If leaving letter type blank, the letters will be based on the method coded in the abstract.
- Leaving FU Doc NBR blank will generate a letter to all physicians listed on the outcome

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screen
- Automatic populations can be created for custom reports or generating mailing labels, using mail merge, etc.
- Unless the user checks the box to update the date letter sent, it will remain blank on the outcomes screen.
- Enhanced follow-up allows the system to resend letters previously sent but not answered. Refer to the user manual for more info.
- On demand letters can be generated on one or more patients or populations.
- When running the LTF calculation, the user can select a population of lost cases, where custom reports or follow-up letters can be generated.

Reporting

- Population names may be changed in select a population. If the user selects a population titled "2019 cases" and then adds more criteria and changes the population name to "2019 cases analytic" both population names will be saved.
- When looking up a field in reports, you may start typing the name of the field in the description (not the field #). For example, start typing "class" and you will find the class field in the display to choose.
- Choosing "analytic cases only" when selecting a population selects all cases class 00-22.
- Selecting "complete case only" when selecting a population selects cases with a state report flag equal to Y, T, or C.
- Do not use *wildcards when selecting by date fields.
- Do not enter punctuation in the Select a Population names.
- Populations in the select a population can be deleted one at a time. However, multiple populations can be deleted using Reporting utilities and clear selected populations.
- Sub populations can be selected from existing populations. See the user manual for more information.
- In a multi-hospital system, populations can be selected for an individual, group or all facilities. See the user manual for more information.
- A treatment combination graph must be run on a population prior to using item number 43 (treatment combinations) in ad hoc reports.
- Ad hoc reports (list pop, report for a file and cross tabs) are saved after created.

General

- CRStar is a web-based application and will function like other web pages from within a browser.
- Google Chrome is the preferred browser.
- Clear the cache and browsing history in the browser on a frequent basis or when slowness occurs.
- If a CRStar session has been idle for a while, using F5 will refresh the session and prompt the user to sign back in if the session has ended.
- At the beginning of each year, the accession numbers for that year will need to be

initialized for them to auto fill.

- County codes can be set to auto fill when the zip is entered. Please refer to the user manual for instructions.
- Color coding may be set. Please refer to the user manual for instructions.
- User defined fields can be customized to name the field, and add codes, descriptions and help notes. Please refer to the user manual for instructions.
- Screens of the abstract or in other modules may be hidden if not used. Please refer to the user manual for instructions.
- Custom forms are available if the user would like to create their own form. Please refer to the user manual for instructions.
- Follow-Up letters can be customized, or the user can create new letters. Please refer to the user manual for instructions.

System Administrator Best Practices

- It is highly encouraged that the System Administrators carefully read this portion of the user manual for detailed instructions on user maintenance and security and other administrative type features.
- It is the responsibility of the System Admin to set up new users and delete users no longer at the facility.
- It is the responsibility of the System Admin to set new users up for the CRStar Client Portal.
- It is imperative that System Admins delete/deactivate any user from the Client Portal that is no longer employed by the facility. This is how CRStar by Health Catalyst maintains records of our client contacts.
- If there are major staff changes at the facility, the System Admin should contact the CRStar Client Advocate Specialist and request a client update form.
- It is important that the System Admin instruct employees to follow HIPAA guidelines and not send any PHI to any CRStar staff member during routine support. If in doubt about how to share information, please ask the CRStar Client Advocate Specialist.

Support Available at www.mycrstar.com

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