Cleveland Clinic
Taussig Cancer Institute

NEW

Five Innovations in BMT Clinical Research

Status quo processes that go unchallenged remain inefficient and costly.

< 1%

1.7%
< 1%

NEW

Status quo processes that go unchallenged remain inefficient and costly.

1.7%

Five Innovations in BMT Clinical Research
< 1%

NEW

Status quo processes that go unchallenged remain inefficient and costly.

1.7%

Critical Field Error Rate - 2012

Five Innovations in BMT Clinical Research

- Data Reliability
- Staffing
- Workflow
- Communication
- Technology
4.2%
Critical Field Error Rate - 2008
NEW

Status quo processes that go unchallenged remain inefficient and costly.
Five Innovations in BMT Clinical Research

- Data Reliability
- Staffing
- Workflow
- Communication
- Technology
1.7%

Critical Field Error Rate - 2012
Technology

- Advanced CDRM for protection
- Data encryption with CDRM
- Embedded CDRM in terminals
- Enhanced security measures
- Improved data sharing
- Enhanced collaboration with S200s
Technology

ANGIS

- Automatic CIBMTR form completion.
  - Data populates into CIBMTR form directly from our internal database.
- 2900 form implemented.
  - Mapping every CIBMTR form.
- Reducing data entry errors.
  - Single point of data entry for DC’s.
Technology

- Converting traditionally paper processes into electronic data files.
  - Quality checks for CIBMTR forms in PDF format.
  - Increased security.
Technology

• Rethinking data storage.
  • Scanning documents into our electronic medical record.
• Outside records.
• Source documentation for audits.
Communication
Communication

• Transparency
  • Encourage information sharing.
  • Establish “living” standardized internal data collection forms.
  • Updated in real time.
Communication

- Targeting processes including:
  - Lost to Follow-up.
  - CIBMTR research consent.
  - Comorbidities.
  - Infections.
Lost to Follow Up Worksheet

UPIN# _______ Form # _______ Visit # _______ Date Processed: _______

Patient Name __________________________ CCF#

Coordinator completing follow up __________________________

☐ Check SSN Index website Date checked: __________________________

☐ EPIC: Date of last entry __________________________

☐ BMT File: Date of last entry/notes in file: __________________________

☐ Referring Dr. __________________________
   Phone: __________________________ FAX: __________________________
   Spoke with: __________________________

   Info. Requested Date __________________________

☐ PCP: __________________________
   Phone: __________________________ FAX: __________________________
   Spoke with: __________________________

   Info. Requested Date __________________________

☐ Follow Up Letter Mailed Date __________________________

   Address Mailed To: __________________________

   __________________________

   __________________________

   __________________________

NOTES:

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Workflow
Workflow

Continuous Improvement

• Identifying both low cost and efficient solutions to workflow barriers.
• Redefining the DC’s role.
Reduce Errors and Past Due Reports via Monthly Audits Using CRID Numbers

Cornman, S., MHHS; Workman, J., Cross S., CCRP; Sabo, J., MA; Stoudemire, T.; Rodela, T.; Tench, S., CCRP; Yurch, M.; Kalaycio, M., MD.
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<th>LATE</th>
<th>Notes</th>
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Staffing

- Developing a strong pool of talented candidates through active recruitment and training programs.
- Fostering a culture of open and clear communication, allowing team members to express their ideas and concerns.
- Empowering employees to make decisions and take responsibility for their work.
- Building strong relationships with clients to ensure their satisfaction and trust in the organization.
Staffing

- Placement of DC’s with previous research experience.
- Conducting peer interviews to gauge personality fit with the current research team.
Staffing

• Developing a strong pool of internal candidates through continued DC training and retention.
• Improving quarterly audits by selecting the best people.
Data Reliability

- Preventing errors with a multi-level checks and balances procedure for DC feedback.

- Developing internal training manuals with mutually exclusive and exhaustive categories to eliminate disagreements in data coding and entry.
Data Reliability

• Future reliability testing to streamline DC training and increase validity. An intercoder reliability above 80% will be considered acceptable (Hayes & Krippendorf, 2007).
< 1%
Cleveland Clinic
Every life deserves world class care.