both day 100 and 1 year. 35 pts had an evaluation and follow up with their transplant SW for psychosocial assessment. 41 pts had a bone density scan completed. All 42 pts completed a screening TSH, vitamin D, lipid panel, HbA1c, Ferritin, and PFTs. 36 saw ophthalmology for a yearly exam. Of the 20 women seen at 1 year, all 20 had mammograms done and 19 had gynecologic exams.

In summary, this review of our NP run BMT survivorship clinic demonstrates feasibility and a high rate of adherence to recommended late effects screening practices for HCT survivors. As the survivorship program continues to grow, further integration of patient-reported outcomes and interventional research on late effects to improve the well-being of long-term survivors is planned.

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Use of Center for International Blood & Marrow Transplant Research (CIBMTR) Special Interim Audit (SIA) to Design a 1:1 Physician Guided Review Process with Data Control Coordinators (DCCs)

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Background: Final Transplant Center-Specific Survival Reports are published annually by CIBMTR to display center’s 1-year expected and actual survival. CIBMTR Data Audits are conducted every 4-years to determine a center’s error rate by evaluating accuracy and completeness of data reported. Insurance contracts and accreditations are directly affect by these reports. Our center aimed to create a process improvement (PI) procedure to ensure highly accurate data was submitted to CIBMTR by incorporating BMT physician reviews with DCCs using a checklist.

Method: Firstly, 100% of data submitted to CIBMTR within the past 5 years (CY 12-17), were internally audited. Internal audit revealed common errors in comorbidity index, Karnofsky Performance Status, and disease stage. Secondly, our center voluntarily requested a CIBMTR SIA to provide objective validation of forms accuracy.

Results: CIBMTR SIA demonstrated an overall passing score, showcasing a marked improvement in comparison to previous audit (Figure 1). The common errors influencing survival outcomes were used to design Pre-Transplant Essential Data (TED) and Post-TED checklists (Figure 2). Physician 1:1 data reviews were conducted bi-monthly to corroborate data and/or to resolve discrepancies with DCCs. Following implementation of pre-TED/post-TED checklist and physician 1:1 reviews our center met CIBMTR’s expected 1-year outcomes survival, fulfilling insurance contract(s), and accreditation(s) requirements (Figure 3).

Conclusion: Internal and external data audits led to the creation of the Pre-TED/Post-TED checklists. Implementation of physician 1:1 reviews positively impacted the data accuracy of CIBMTR data submitted. In conclusion, data accuracy improvements can potentially impact reported survival outcomes.

Figure 1. CIBMTR SIA Results.

Figure 2. Pre-TED/Post-TED.

Figure 3. CIBMTR 1-Year Expected Outcomes Survival Trend.