Data Matters Training Newsletter

Greetings!

Spring has finally arrived and with it comes changes. Many of you know Jeanne Burkart as the Project Coordinator for the Otsuka studies and for her work on FormsNet. We are happy to announce that Jeanne has accepted an Associate Business Systems Analyst (BSA) position with the CIBMTR IT team in Milwaukee. Jeanne will finish her work on the Otsuka studies but has transitioned her FormsNet responsibilities to Swati Kulkarni.

Marie Matlack
Senior Manager - Data Management

QUICK LINKS

January 2013 Newsletter
February 2013 Newsletter
March 2013 Newsletter
CIBMTR Website
Table - How Forms Come Due

New -
Certificate of Completion of FormsNet3 Training after a short survey and Questionnaire.

What happened to Hot Keys in FormsNet3^{SM}?

Hot Keys were removed for the FormsNet3 release December 2012. Now, you navigate through a form by either using the mouse to place the cursor then click on correct answers, or by pressing the tab key on your keyboard. The system will automatically move the cursor to the next question that must be answered, with the exception of when the question is in a text box. Scrolling to the next question takes more time and you might answer unnecessary questions.

TIP: For larger dropdown lists, you can type in the first letter of what you are looking for so you don't need to scroll through the entire list. For example, if you need to select Turkey as the country, once the cursor is in the dropdown you can type a T and the selector will move down to the countries that start with the letter (T).

What to Expect . . .When Expecting an Audit

The Auditing & Monitoring Team, based in Minneapolis, performs on site quality system and compliance audits of transplant centers. They travel often to review the medical record data reported to the CIBMTR observational database, Stem Cell Therapeutic Outcomes Database (SCTOD), and for clinical trials. Audits generally last 3-4 days. The main goals of the audit program are to: 1) Document the error rate in the database, 2) document the error rate at each transplant center, 3) identify systemic and non-systemic errors, 4) request corrective action to prevent or correct errors, and 5) identify and provide additional training to TCs. Audits are on a four year cycle. Each transplant center becomes eligible for their first audit following the transplant of their twentieth recipient.
Read more: Preparing for Your Center's Audit

Form 2900 - Data Managers Asked . . .

Question: When a patient is discharged to home or hospice, then dies, what should be reported as a cause of death?

When reporting the cause of death, it is important to consult source documentation describing the events leading to the recipient's death. According to the Centers for Disease Control and Prevention, and the National Center for Health Statistics, the "underlying cause of death" is "the disease or injury that initiated the chain of events that led directly or inevitably to death." For example, if an infection leads to heart failure, the infection should be reported as the primary cause of death.

If the recipient dies with evidence of disease, it is not necessarily the *de facto* cause of death. If the recipient has stable or minimal residual disease and dies, disease is likely a contributing (but not primary) cause of death. Recipients who die following relapsed or progressive disease should have "recurrence, persistence, or progression of disease" reported as their primary cause of death.

It is often difficult to retrieve documents regarding death when it occurs outside a hospital setting. Often a recipient is released to hospice or home care when death appears imminent based on events occurring under medical supervision. In these situations, the cause of death may be reported based upon the events leading to hospice admission. For example, if the recipient is discharged to hospice with progressive disease, then "recurrence, persistence, or progression of disease" may be reported as the primary cause of death. As always, documentation surrounding the cause of death is beneficial when completing CIBMTR forms; entering phone notes, e-mails, the opinion of the recipient's transplant physician, and outside notes into the medical record will provide source documentation for data management and CIBMTR auditors to review the circumstances surrounding the recipient's death.

Please keep in touch with CIBMTR Training. We look forward to getting your feedback and comments. Send in general Data Manager questions to CIBMTR Training. You may see your question and its answer in a future "Data Matters" issue.

CIBMTR Training

Thank you to the contributors for this month's newsletter: Marie Matlack, Monique Ammi, Jeanne Burkart and the Fred Hutchinson Cancer Center, Janet Brunner, Deb Christianson, and Matt Petcoff.