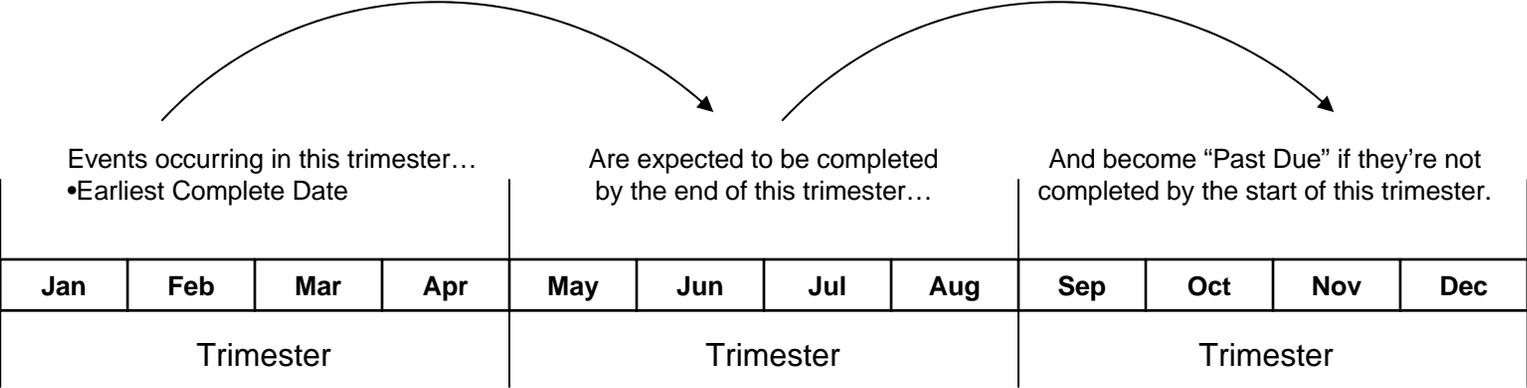


CPI Goal: 90% of Forms Completed for Each Trimester



Year 1	Earliest Complete Date: January 1 to April 30, Year 1	Form should be error free by August 31	Past Due on September 1, Year 1
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Year 1		Earliest Complete Date: May 1 to August 31, Year 1	Form should be error free by December 31
Year 2	Past Due on January 1, Year 2		

Year 1			Earliest Complete Date: September 1 to December 31, Year 1
Year 2	Form should be error free by April 30	Past Due on May 1, Year 2	

CPI Due Process

Probationary Periods

- **Good Standing** – less than 90% of forms past due
- **1st Warning** – 90% complete not met for 1 trimester
- **Probation Warning** – 90% complete not met for 2 consecutive trimesters
- **Probation** – 90% complete not met for 3 consecutive trimesters
- **Suspension** – more than 3 trimesters of non-compliance, access to NMDP donors may be restricted

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
Year 1	Earliest Complete Date: January 1 to April 30, Year 1								Due By September 1, Year 1 1st Warning			
Year 2	Probation Warning				Probation				Suspension			

Timely Forms Submission Best Practices

Continuous Process Improvement (CPI)

- Handout-CPI
- Earliest Complete Date (ECD) vs. Due Date
- CPI Good Standing vs. Caught up to “Real Time”
 - Good Standing- less than 90% of forms from Previous Trimesters “Past Due”
 - Real Time- all forms completed by Due Date
 - Cleaner data because reports are closer to standard reporting periods
 - Easier to spot mistakes
 - From time to time, the wrong forms WILL come due. With all of the automatic processes in place, it’s impossible to avoid them entirely. By keeping on top of your list, you can spot these quickly and we can remove/correct them.
 - Less stress!
- Work with Mark Reitz or Sharon Meiers to establish a center specific plan for managing backlog

Time Management Strategies

Catching up

- Focus on shortest/easiest forms first, especially for Training
 - Not so overwhelming for new staff
 - Motivation of crossing things off the list
 - Common Errors
- Multiple forms for the same patient have a larger impact
 - If the patient is deceased, not all of them may need to be completed
 - Once you have the chart, you can complete all of the reports for the patient at once
 - Watch your contact dates
 - Watch ECD- if the patient is 11 months out, start the 1 year as well

Keeping on Track

- Set small goals so you know when you are getting behind
 - Weekly
 - Forms per week per person for larger staff
- Don’t send the chart back (if possible) until all errors are resolved
 - Errors can happen at multiple times
- Handout: Tips from Network

TIPS FROM THE NETWORK

We asked a few CRP's in the network to tell us how they stay organized. Here are some of the practices that they have. Some may work for you and some may not. All of these are also based on paper submission. If your center chooses to submit forms electronically, you may need to adapt these as well.

- Put patient's name on a calendar (electronic or paper) for the dates when each report is due. Choose the time point that works best for your team
 - When the infusion is scheduled or when the patient is admitted
 - When the monthly report comes out
 - When the CPI trimester begins
 - Alternatively, keep a file for each patient and for each month and keep the patient's file in the month that the next form comes due
- When the calendar reminder pops up, complete everything that you can and then make note of what you still need and check for it regularly.
 - For instance, when an infusion is scheduled, complete as much as you already know on the Baseline form.
 - This will help to get forms submitted with contact dates closest to the standard reporting periods (100day, 6month, annual)
- Pick a day each week to work on Forms. Minimize distractions on that day.
- For NMDP patients, "Search Forms" will not show up in Forms Net. They are part of a different CPI Phase (I). When you are setting up your calendar or files for a patient, print out a form 22 and complete the key fields and then give to the search coordinators. Print 180/183/184 or mark it on your calendar. These have a narrow window of completion time, so timely submission is vital.
- Long Term Follow-up: A few times a year, print a list of survivors for who you don't have a recent date of contact. Check local systems for more recent contact, then SSDI (<http://ssdi.genealogy.rootsweb.com/cgi-bin/ssdi.cgi>). Try a Search Request.
- Keep up on occurrences with your inpatients and watch for readmits. Print or note what you can so that you don't have to go looking for it when it comes time to do the form.
- Play with the tools that are provided and if they do not work for you, make your own tracking system. A few hours of organizing can save significant time.
- Keep a list in a visible area and mark off forms when they are complete. Watching the list dwindle and looking at what you've already accomplished can help to motivate you.
- Paper submission: Have someone else on the team review your forms for mistakes (check boxes missed, values left blank) before you submit them. If you do not have the resources for that, wait a few days and then scan the form again yourself. Forms Net should do this check for you if you are entering the data electronically, but you may still want to review the data to make sure it was keyed correctly before you submit the form.
- Sort by what works for you.
 - Generate lists by form type (Baselines, 100days, etc) and work on them that way
- Don't hesitate to call or email your liaison.