



## ADULT AND PEDIATRIC BLOOD AND MARROW TRANSPLANT PROGRAM

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## **APBMT-COMM-028**

### **PERFORMANCE IMPROVEMENT PLAN AND REPORTING**

#### **1 PURPOSE**

- 1.1 To outline the procedure for identifying unit based performance improvement initiatives in the adult and pediatric blood and marrow transplant (APBMT) and cellular therapy programs.
- 1.2 To describe the process for reporting and evaluating performance improvement data in the clinical programs.

#### **2 INTRODUCTION**

- 2.1 Continual performance improvement initiatives directly benefit patient care by identifying areas for improvement within the organization and unit. Hospital performance improvement (PI) data and unit adverse drug experience (ADE) reporting assist the leadership team in the development of annual goals and objectives for PI reporting.

#### **3 SCOPE AND RESPONSIBILITIES**

- 3.1 Medical Directors, Nurse Manager Operations, Registered Nurses, and leaders within each division in the APBMT programs are responsible for ensuring that the requirements of this procedure are successfully met.

#### **4 MATERIALS**

- 4.1 N/A

#### **5 EQUIPMENT**

- 5.1 N/A

#### **6 DEFINITIONS/ACRONYMS**

- 6.1 ADE Adverse Drug Experience
- 6.2 APBMT Adult and Pediatric Blood and Marrow Transplant
- 6.3 CSU Clinical Service Unit
- 6.4 PI Performance Improvement
- 6.5 QA Quality Assurance

#### **7 SAFETY**

- 7.1 N/A

#### **8 PROCEDURE**

- 8.1 The nurse manager in conjunction with medical and nursing leadership identifies PI initiatives during the budgeting process and throughout the year. The team



evaluates events in the Safety Reporting System (SRS), which includes ADEs reported from the past quarter and fiscal year.

- 8.1.1 Trends in reporting are identified in the Quality Assurance (QA) Meetings and/or in the Clinical Service Unit (CSU) meetings and shared with Oncology Leadership.
- 8.1.2 PI Reporting goals and objectives are identified by leadership.
- 8.2 Hospital PI initiatives are included as needed.
- 8.3 Performance Improvement plans (for example unit specific work plans and unit huddles) are presented to all nursing staff on an ongoing basis in staff meetings. Goals and objectives for monitoring are presented.
  - 8.3.1 Performance Improvement can evolve via multiple avenues. For example:
    - 8.3.1.1 Concerns may develop into performance improvement plans
    - 8.3.1.2 Front line staff are provided real-time escalation chains for concerns (Unit and CSU based huddles as applicable for each program)
    - 8.3.1.3 Concerns can be escalated to senior leadership in real time (tier-based huddles)
- 8.4 The PI representative/Unit Champion for each area completes audits at a minimum of quarterly. This data is transmitted electronically to the nursing leadership and Hospital PI committee. All data is evaluated and trends are identified.
- 8.5 Both the adult program and the pediatric program within APBMT have multidisciplinary unit-based safety committees responsible for routine review of safety data and events. There is a bidirectional flow of information to each corresponding CSU safety committee.
- 8.6 Leadership for hospital quality has established a list of Quality Indicators monitored on a routine basis and are discussed in detail in APBMT-COMM-027 *Adult and Pediatric Blood and Marrow Clinical Quality Management Plan*.
- 8.7 Reporting:
  - 8.7.1 Performance Data is collected and reported to hospital leadership and staff on a monthly basis. This data is archived in the Hospital Performance Services department.

## **9 RELATED DOCUMENTS/FORMS**

- 9.1 APBMT-COMM-027 Adult and Pediatric Blood and Marrow Clinical Quality Management Plan

## **10 REFERENCES**

- 10.1 NA



**11 REVISION HISTORY**

<b>Revision No.</b>	<b>Author</b>	<b>Description of Change(s)</b>
05	S. McCollum	<ul style="list-style-type: none"><li>• Section 1: updated to include cellular therapy</li><li>• Section 8.1.2: updated to remove reference to COD as this position is not active across APBMT</li><li>• Section 8.3: updated to include avenues through which PI can evolve</li><li>• Section 8.7: name of department corrected.</li></ul>



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**Document Release**

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