

**DUKE****DOCUMENT NUMBER:** COMM-QA-039 JA7**DOCUMENT TITLE:**

APBMT Chemotherapy and Treatment Plan Audit JA7

DOCUMENT NOTES:**Document Information****Revision:** 03**Vault:** COMM-QA-rel**Status:** Release**Document Type:** COMM-QA**Date Information****Creation Date:** 20 Dec 2019**Release Date:** 09 Mar 2020**Effective Date:** 09 Mar 2020**Expiration Date:****Control Information****Author:** BS76**Owner:** AKB8**Previous Number:** COMM-QA-039 JA7 Rev 02 **Change Number:** COMM-CCR-138

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APBMT Chemotherapy and Treatment Plan Audit
(CONFIDENTIAL)

Date(s) of Audit:

Program(s) Audited:

Timeframe for Audit:

SECTION I.

The Adult and Pediatric Blood and Marrow Transplant (APBMT) Chemotherapy and Treatment Plan Audit should be conducted by the QSU and/or Subject Matter Experts (SMEs). A qualified representative from Quality Systems Unit (QSU) will serve as the lead auditor and verify that the appropriate resolution to any discrepancies are remediated. Select 20 files (10 from each half of the year) from the adult patient transplant files and 20 files (10 from each half of the year) from the pediatric transplant patient files for the timeframe described above and review the following criteria (questions 1-3) in Section III. If the program has less than 20 total files, review all files for the specified timeframe.

The Auditors/SME will complete the fields located in below table.

MRNs included in Audit	
First half of the year	Second half of the year

SECTION II.

The Auditor/SME and the Lead Auditor will sign indicating that the discrepancies listed in Section III are accurate. Once signed, the report will be distributed to the audited department's representative for completion of Section III, if applicable.

Auditor/SME's Signature:		Date:
Lead Auditor's Signature:		Date:

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SECTION III.

The Auditor/SME will complete the check boxes for each question, and complete the Description fields of each question if discrepancies are found. The audited department's representative will complete the Person Responsible, Estimated Completion Date, and Response fields and return the form to QSU. The Lead Auditor will then complete the Response Approved fields as appropriate.

1. Correct dosing weight per hospital policy: Was the chemotherapy dose prescribed within the chemotherapy treatment plan based off the correct weight and within the 10% rule per the age specific <i>DUH Safe Prescribing of Chemotherapy</i> policy? If no, describe the discrepancy in the description box below.		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Description:			
<i>Below completed by the audited department's representative</i>			
Person Responsible:		Estimated Completion Date:	
Response:			
<i>Below completed by the Lead Auditor</i>			
Response Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No Initials/Date:			

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<p>2. Correct medication against the written order and physician plan: Was the intended <u>prescribed chemotherapy medication</u>, dose, route, frequency, and infusion duration administered to the patient?</p> <ul style="list-style-type: none"> For pediatrics, check the medication administration record (administered dose) against the chemotherapy roadmap (intended dose) and the treatment plan order (actual order), including the presence of the appropriate number of authorizing signatures in accordance with <i>The DUH Safe Prescribing of Chemotherapy in Pediatrics</i> policy. For adults, check the medication administration record (administered dose) against the provider progress note (intended dose) and the treatment plan order (actual order). <p>If no, describe the discrepancy in the description box below.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
<p>Description:</p>			
<i>Below completed by the audited department's representative</i>			
<p>Person Responsible:</p>		<p>Estimated Completion Date:</p>	
<p>Response:</p>			
<i>Below completed by the Lead Auditor</i>			
<p>Response Approved? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials/Date:</p>			

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<p>3. Correct medication order (prescription) and protocol verification: <input type="checkbox"/> N/A</p> <p>NOTE: Question #3 may or may not apply to your patient selection as not all chemotherapy medications carry guidelines for dosing adjustments. Check N/A above if this question is deemed not applicable to your entire patient sample.</p> <p>For patients with treatment plans that contain recommendations and/or guidelines for <u>dosing adjustment</u> in the comment section of the chemotherapy order: Was the intended adjusted dose, route, frequency, and duration ordered and subsequently administered to the patient?</p> <ul style="list-style-type: none"> For pediatrics, check the medication administration record (administered dose) against the chemotherapy roadmap (intended dose) and treatment plan order (actual order). For adults, check the medication administration record (administer dose) against the provider progress note (intended dose) and the treatment plan order (actual order). <p>If no, describe the discrepancy in the description box below.</p>	<input type="checkbox"/> YES	<input type="checkbox"/> NO
<p>Description:</p>		
<p><i>Below completed by the audited department's representative</i></p>		
<p>Person Responsible:</p>		<p>Estimated Completion Date:</p>
<p>Response:</p>		
<p><i>Below completed by the Lead Auditor</i></p>		
<p>Response Approved?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Initials/Date:</p>		

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SECTION IV.

By signing below, all follow-up items have been resolved, verified, and the audit is now closed.

Auditor/SME's Signature: _____ **Date:** _____

Lead Auditor's Signature: _____ **Date:** _____

**Department Director's or
Designee's Signature:** _____ **Date:** _____

QSU Director's Signature: _____ **Date:** _____

Signature Manifest**Document Number:** COMM-QA-039 JA7**Revision:** 03**Title:** APBMT Chemotherapy and Treatment Plan Audit JA7**Effective Date:** 09 Mar 2020

All dates and times are in Eastern Time.

COMM-QA-039 JA7 APBMT Chemotherapy and Treatment Plan Audit**Author**

Name/Signature	Title	Date	Meaning/Reason
Bing Shen (BS76)		07 Feb 2020, 11:48:25 AM	Approved

Medical Director

Name/Signature	Title	Date	Meaning/Reason
Joanne Kurtzberg (KURTZ001)		07 Feb 2020, 02:47:29 PM	Approved

Quality

Name/Signature	Title	Date	Meaning/Reason
Richard Bryant (RB232)		07 Feb 2020, 03:04:52 PM	Approved

Document Release

Name/Signature	Title	Date	Meaning/Reason
Sandy Mulligan (MULLI026)		24 Feb 2020, 03:41:20 PM	Approved