

# Baylor University Medical Center Blood & Marrow Transplant Program Our Quality Journey

Eric W. Presson, MHA, FACHE  
System Director of Oncology  
Director of Blood & Marrow Transplant  
*Baylor Health Care System*

BaylorScott&White  
HEALTH

# Today's Topics

- Baylor Scott & White Health – Our New System
- Baylor North Region BMT Program – Who We Are
- Our Quality Journey
- Our Current Dashboard
- Thoughts for the Future
- Our Lessons Learned

# Baylor Scott & White Health

## Our New System



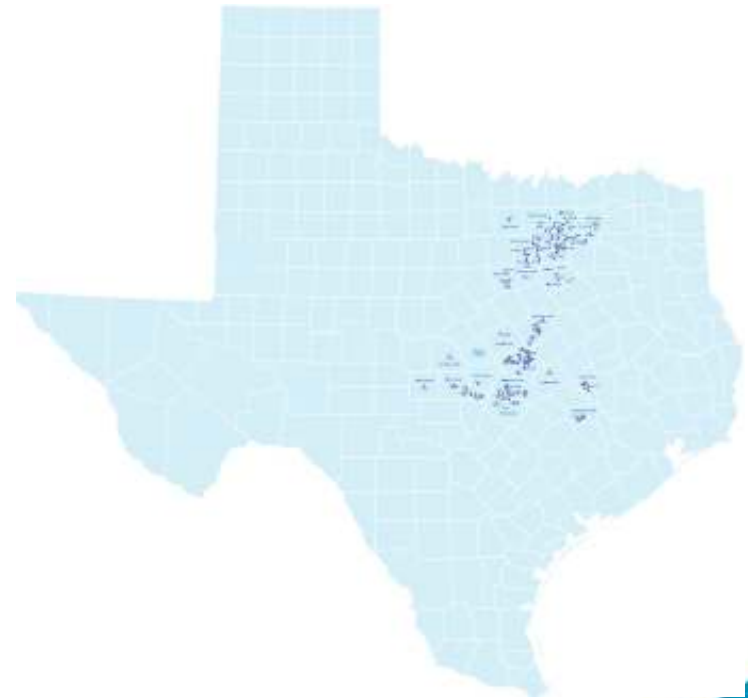
SCOTT & WHITE  
Healthcare

BaylorScott&White  
HEALTH

# Baylor Scott & White Health

## Our New System

- \$8.3 billion in assets
- The new system includes:
  - ❑ 43 hospitals
  - ❑ 500+ patient care sites
  - ❑ 6,000+ affiliated physicians
  - ❑ 34,000 employees
  - ❑ Scott & White Health Plan
  - ❑ Organized in 2 Regions
    - Baylor Health Care System – North Region
    - Scott & White Healthcare – Central Region
- 2 BMT Programs
  - ❑ North Region - Baylor University Medical Center (Dallas, TX)
    - 206 Transplants in 2013 (96 Auto, 110 Allo)
  - ❑ Central Region - Scott & White Memorial Hospital (Temple, TX)
    - Xx Transplants in 2013 (xx Auto)



# Baylor/North Region BMT Program

## Who We Are

- Program initiated in 1983
- Partnership between Baylor University Medical Center & US Oncology/Texas Oncology
  - ❑ Baylor: Inpatient Clinical, Apheresis Collection, Processing, NMDP Transplant Center, Quality Management, Program Administration
  - ❑ US Oncology/Texas Oncology: Outpatient Clinical
- First achieved FACT accreditation in 1998
- 5,000<sup>th</sup> Hematopoietic Stem Cell Transplant in 2013
- 7 Transplant Physicians
- Collaborations/Data Sharing
  - ❑ NMDP – Transplant Center
  - ❑ NIH CTN
  - ❑ Seattle/Stanford MiniTX Consortium
  - ❑ CIBMTR



# Our Quality Journey

- Long history of program FACT accreditation and perceived high quality care – yet minimal program quality reporting metrics
- Difficulty getting internal consensus on key quality reporting metrics
- Difficulty identifying external metrics as well as related benchmarks
- Recent turnover in the Quality Coordinator position resulted in reduced resources to focus on quality reporting and benchmark development
- FACT reaccreditation efforts also diverted resources that might otherwise have been focused on metric development efforts





### BMT DASHBOARD FY 14

PILLAR	METRIC	GOAL	Contact		Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	Totals		
<b>PEOPLE</b>	Employee Satisfaction Survey Results	TBD	Deanna B		NA	NA	NA	NA	NA	NA									
<b>SERVICE EXCELLENCE</b>	Listening HCAHPS	HCAHPS Listening at or above 80%ile	Patrick A	5C	67%	67%	67%	88%	88%	TBD									
	Listening HCAHPS	HCAHPS Listening at or above 80%ile	Kim H	6MT	100%	100%	100%	100%	100%	TBD									
	Listening HCAHPS	HCAHPS Listening at or above 80%ile	Patrick A	5C	0%	100%	100%	100%	100%	TBD									
<b>GROWTH/FINANCIAL</b>	Transplant Volume		Dave K	BM	21	8	10	20	22	18							99		
				TOT	1	3	7	3	5	2								21	
				Total	22	11	17	23	27	20	0	0	0	0	0	0	120		
	Case Mix Index	TBD	Carl M		6.2948	4.72213	4.9306	4.6875	5.8931	5.2039									
<b>QUALITY</b>	Total BMT's Performed					22	11	17	22	27	20	0	0	0	0	0	0	119	
	Duration of Daily Care (Auto MM)	17 days	Deanna B	TOTAL	5	5	8	2	6	6								32	
				Over 17 Days	1	1	2	1	3	2									10
				% Over	20%	20%	25%	50%	50%	33%									
	Duration of Daily Care (Auto non-MM)	20 days	Deanna B	TOTAL	3	1	1	3	4	2									14
				Over 20 Days	2	0	1	2	1	1									7
				% Over	66.7%	0%	100%	67%	25%	50%									
	Duration of Daily Care (Allo Related)	3-4 weeks	Deanna B	TOTAL	7	3	3	7	5	2									27
				Over 28 Days	0	0	0	4	1	1									6
				% Over	0.0%	0%	0%	57%	20%	50%									
	Duration of Daily Care (Allo Unrelated)	4-5 weeks	Deanna B	TOTAL	7	2	5	10	12	10									46
				Over 35 Days	0	0	1	1	0	0									2
				% Over	0.0%	0.0%	20%	10%	0%	0%									
	Engraftments					13	4	17	21	13	11							79	
	Successful Engraftment within 28 days	Dave K	≤ 28 days	12	4	15	21	12	10									74	
% ≤ 28 days			92.3%	100%	88%	100%	92%	91%										94%	
Successful Engraftment over 28 days	Dave K	> 28 days	0	0	0	0	0	0									0		
		%	0.0%	0%	0%	0%	0%	0%										0%	
Engraftment Failure	Dave K	Failure	1	0	2	0	0	1									4		
		%	7.7%	0%	12%	0%	0%	9%										5%	
BMT's Performed					22	11	17	22	27	20							119		
Expired within 100 Days	Dave K	< 100	1	0	1	3	0	3									8		
		% < 100	5%	0%	6%	14%	0%	15%										7%	
Survived 100 Days, Expired within 1 Year	Dave K	< 365	0	0	0	0	0	0									0		
		% < 365	0%	0%	0%	0%	0%	0%										0%	
Percentage of Patients meeting 100% selection criteria	TBD	TBD		TBD	TBD	TBD	TBD	TBD	TBD	TBD									
Number of Patients participating in IRB approved trial			Grace T		0	2	1	4	1	4							12		

# Thoughts for the Future

- Our goal is to take the dashboard to our monthly Quality Council meetings for review and performance improvement targeting
- Additional metrics of interest to our team
  - ❑ Immunology Lab Turnaround Time
  - ❑ Length of Stay
  - ❑ Readmissions
  - ❑ Survival
    - ❑ Auto and Allo
    - ❑ 100 day and 1 year
  - ❑ Staging Compliance
  - ❑ Adherence to Standards
  - ❑ Financial Process Throughput Monitors
- ❑ Developments from the ASBMT Quality Subcommittee?





# Lessons Learned

- Network, Network, Network
- If you feel like you don't have all of the answers – you're not alone
- There are currently no right answers in terms of BMT quality metrics – only options
- More metric monitoring (by government agencies and payors) is coming – so be watching and be ready
- Look for opportunities to get involved in BMT committees and activities to learn and share

