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MEETING ABSTRACTS

The 45th Annual Meeting of the European Society for Blood and Marrow Transplantation: Data Management Group – Poster Session

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a smooth transition to macro: A training plan by the british society of blood and marrow transplantation data registry (BSBMTDR) for centre data managers (DMS)

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Background: The BSBMTDR is tasked with training its 52 member centres and their DMs in using MACRO, the new EBMT Registry system, before the 'go live' date in 2019. MACRO will be the biggest change to data management and reporting of the Registry system since 2005.

Methods: The BSBMTDR investigated various MACRO training delivery methods, which involved gathering accurate costings and compiling a detailed comparison table highlighting the advantages and disadvantages of each option.

The composition of BSBMT member centres was further analysed to see how training should be structured and effectively delivered. The following areas were examined and charted: Centre type -numbers of autologous only and combination HSCT centres-, Data management procedure -numbers of centres entering their own data versus centres submitting through BSBMTDR-, DM structure -numbers of DMs per centre/team-, Centre size -number of HSCT procedures performed yearly and Location: geographical centre locations

Using this information the BSBMTDR created a strategic training plan with the following conditions met: Set goals and priorities, focussed delivery plan, focussed resources and costings, established agreement on what the training outcome should be, MACRO competency evaluated, training success monitored and assessed and ability to improve training delivery and outcomes based on feedback.

Results: In-house training of small groups (maximum 10 DMs with 3 trainers) was considered the best method to effectively deliver MACRO training based on costings, depth of training and long-term data entry benefits.

In-house training would save the BSBMT Registry over £3000 compared to a one-off venue hire.

To effectively roll out training to BSBMT member centres and DMs before the 'go-live' date a pyramid approach will be used. In the 1st phase of training one nominated DM from each centre will be trained and they will then train additional users within their centre with BSBMTDR support. In the 1st phase 50-60 DMs will be trained and access to MACRO will be authorised after passing a competency test.

Training smaller groups will take longer to complete than a one-off mass training session. However, it will provide better one-to-one training and accommodate all learning abilities. Thus giving better long-term data entry benefits and reducing future refresher sessions.

Conclusions: MACRO is the biggest change to data management and reporting of the Registry system since 2005. In-house training in small groups was considered the best approach to take for both costs to the BSBMTDR and long term data entry benefits. MACRO training will be an ongoing process and the BSBMTDR expects most of its

centres to be successfully managing their own data entry by the end of 2019. In future the BSBMTDR hopes to utilise online training platforms and e-learning modules to make training more streamlined and straightforward.

Disclosure: Nothing to declare

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virology surveillance database for post HSCT recipients: Developing a safe and sustainable approach to large volume results documentation and management

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Background: As one of the largest UK transplant centres, we perform over 200 Haematopoietic Stem Cell Transplants (HSCT) per annum. Our case mix is typically split 50:50 between Allogeneic and Autologous procedures around a fifth of which are for Auto-immune conditions. Both Allogeneic and Autologous Auto-immune recipients are at significant risk of viral infection and/or reactivation and require weekly surveillance to enable prompt detection of viral activity and appropriate and timely intervention.

Efficient and consistent documentation in conjunction with communication of viral surveillance results is critical for efficient treatment delivery and optimal patient care. Previously, viral results were logged in a paper diary, with no standardised method of recording results, responsibility for subsequent actions such as initiation/cessation of treatment or arrangements for further screening.

Methods: We developed a database for post HSCT virology results to facilitate their systematic documentation and communication. The virology team call the data managers with batches of results to record on the database. Following each update, the latest results are immediately sent out to the post-transplant team via a group email list. The clinicians involved record any subsequent actions for each entry on the database and sign off with their initials to signify that each has been addressed. The database enables all involved clinicians to track all patient results, whether single or multiple simultaneous viral reactivations, treatment initiation, duration and responses, or subsequent reactivations and is used to record results for both inpatients and outpatients, providing a detailed viral register for every patient.

Results: Table 1 charts the volume of virology results received per month over a 6-month period. The large number of results that require acknowledgement and action emphasises the need for a systematic approach of digital recording and reporting.

Conclusions: Viral infections and reactivations are a significant cause of morbidity and mortality for HSCT recipients. We have addressed the issue of large volume result management by implementing a systematic approach to improve the reliability of result recording and communication. The creation of the digital database has also facilitated prompt detection and a reliable viral history tracking system for the post-transplant team which directly impacts on patient management and outcomes.

Month	Number of Results
Jan 18	127
Feb 18	130
Mar 18	161
Apr 18	213
May 18	218
Jun 18	150
Total	999

[P757 Table] 1. Virology Results January-June 2018]

Disclosure: Nothing to declare

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Ambiguities in data reporting - multiple answer option for causes of death as hinderance for data analysis

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Background: When preparing data for analysis missing items, wrong codes or ambiguities in data reporting often cause substantial workload. The fields for reporting death causes after hematopoietic cell transplantation (HCT) leave room for multiple ways of reporting. The question is if reporting of death causes could be more ‘streamlined'.

Methods: We used queries on 2901 allogeneic first HCT and 2991 autologous first HCT without a later allogeneic HCT performed between 2000 and 2017 and investigated the reporting of death causes in 1722 cases (death within 3 years after HCT) in the Austrian Registry.

Results: Apart from missing follow-up reports, the biggest problem seems to be the multiple answer possibilities

that are not clearly differentiated and hierarchically structured. First, one has to choose from the main causes, disease related, transplant related, secondary disease related, ´other reason´, and not transplant related. Then, there are 18 named subcategories ranging from GvHD, infection (global and subdivided in bacterial, viral etc. infections) to multiple organ failure. In addition, one can use one of the free text fields, transplant related cause or non- transplant related cause. A look into the free text fields shows that a lot of these cases should be reported in the given subcategories (e.g. infection, bacterial sepsis) and we observed several cases where the death cause is categorized within the coded area and written in the free text field.

Conclusions: We think the categories for coding death causes need to be defined more accurately, the hierarchy of main death causes and subcategories has to be marked clearly and the use of free text fields must be reduced to those cases that cannot be coded otherwise. The EBMT / Working Parties should give clear definitions in regard to the death cause reports, and individuals in charge of data reporting should receive training and adequate instructions. The goal is to improve reporting of this crucial field of outcome to allow analysis of these data.

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