



Indiana University Health

Cellular Therapy TEAM MEETING

3/2024

CTL Metrics

IU Health Cellular Therapy
 550 N University Bld Rm 3453
 Indianapolis, IN 46202 v3.2022

2023 QUALITY INDICATORS DASHBOARD IU Health Cellular Therapy

CLIA # 15D0902829
 CAP # 7195447

Policy Code #	Cellular Therapy Quality Indicator	Threshold	Frequency	Percent / Number per Indicated Frequency											
				Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
3.a	Occurrence Investigation: Assigned/Log/Short Term Action	100% Complete	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
3.b	Occurrence Investigation: Long Term Action Plan	100% Complete	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
3.c	Occurrence Investigation: CAPA Effectiveness	100% Complete	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
16	Equipment PM and Function Checks	100% Compliance	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
22.a	Data Integrity Audits - Electronic Record (June and December)	100% Data Retrieval	SA							100%					100%
22.b	Data Integrity Audits - Instrument Backup (June and December)	100% Data Retrieval	SA							100%					100%
7.b	BCP Scenario Drill (April and October)	100% Performed	SA				100%						100%		
7.a	Business Continuity Plan Audit (January and July)	100% Performed	SA	100%							100%				
2	Product Labeling	0 Products	M	0	0	0	0	0	0	0	0	0	0	0	0
19	CTL Analyzer Quality Control Verification	100% Compliance	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
13	Specimen Submission, Handling, Referral	≤ 2%	M	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
14	Test Systems, Equip, Reagents, Supplies	100% Reviewed	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
17	Calibration and Calibration Verification	100% Reviewed	M	N/A	N/A	100%	100%	100%	N/A	N/A	N/A	100%	N/A	N/A	N/A
20	Comparison of Test Results	100% Complete	M	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
18.a	Sterility Reporting (January)	100% Compliance	M	100%	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
11	Environmental Monitoring	100% Complete	Q			100%			100%			100%			100%
21	Test Formats (January)	100% Complete	A	100%											
4	Personnel Competency (December)	100% Complete	A												100%
6	Agreement Audit (July)	100% Complete	A							100%					

Data Submitted by: _____ Signature: _____ Date: _____

Discussion/Corrective Action/Technical Supervisor Comments: Sterility Reporting for April and May were incorrectly entered as 100%. Results were updated to "n/a" 08/15/2023 -ds

Instructions:

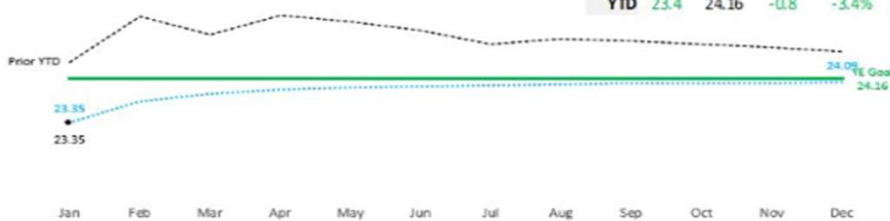
Lab Services Promise Dashboard – January 2024

Improving Quality and Safety

(Red Blood Cell Units / 1K Adj Patient Days)
Metric Owner = J. Isaac



Jan - 2024				
	Actual	Target	Var	% Var
MTD	23.4	24.16	-0.8	-3.4%
YTD	23.4	24.16	-0.8	-3.4%



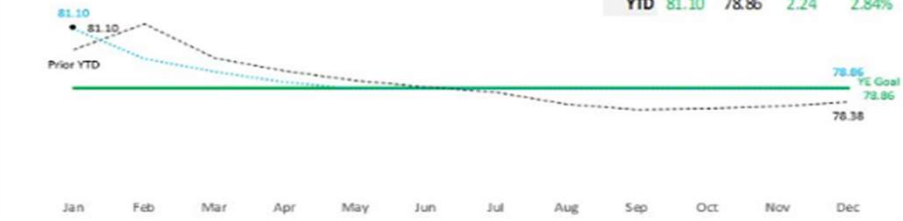
- 2024 Goal is a 2% reduction on 2023 Actuals (24.16)
- Forecast shows path if 24.16 is achieved for all out months

Great Patient Experiences

(Net Promoter Score)
Metric Owner = M. Jordan



Jan - 2024				
	Actual	Target	Var	% Var
MTD	81.10	78.86	2.24	2.84%
YTD	81.10	78.86	2.24	2.84%



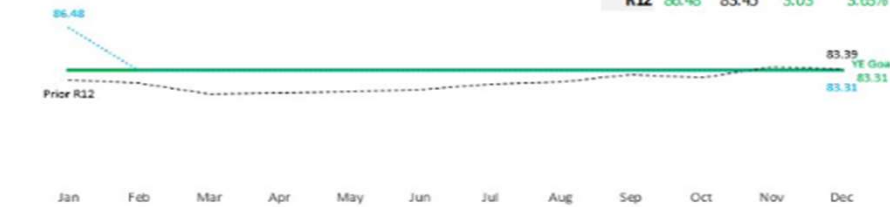
- Forecasting at Target for all out months
- Continued MTD Improvement (4 consecutive months of MTD increase)

Great Team Member Experiences

(Rolling 12 mo Retention %)
Metric Owner = M. Sobolowski



Jan - 2024				
	Actual	Target	Var	% Var
YTD	99.05	98.62	0.43	0.44%
R12	86.48	83.45	3.03	3.63%



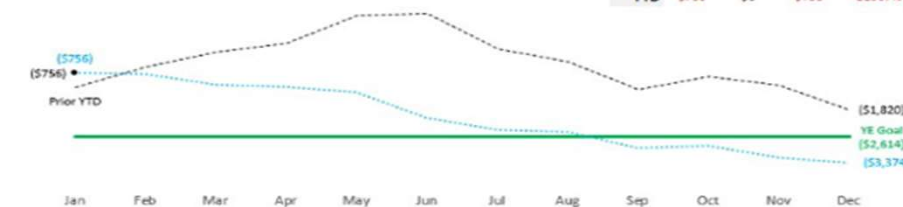
- Goal not yet known for Retention, currently showing Sept Actuals + 0.3%
- New Goal will be net of involuntary departures. Will need to recalculate historic trend.
- TM Engagement = 3.80 in 2023. Goal is 3.95 in 2024

Funding Our Vision

(Operating Income in \$ Thousands)
Metric Owner = C. Day



Jan - 2024				
	Actual	Target	Var	% Var
MTD	-\$756	\$3	-\$759	-22007%
YTD	-\$756	\$3	-\$759	-22007%

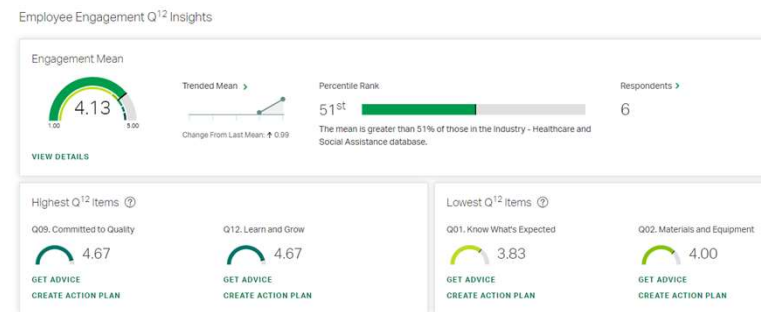


- Jan miss from High December Beckman Invoices (\$463K), Contract Labor Overage (\$200K), Donor Lab Delay (\$155K)
- Forecast shows path if rest of year is at budget



Gallup Team Member Engagement

- Overall a good survey for 2023.
 - Remember you own these results as well
- The question I would like to focus on is Q001
 - “I know what is expected of me”
 - What gaps are we missing?
 - Suggestions on why this is a concern and what we can do to improve?
- The other question I want to address is Q007 “At work, my opinion seems to count”
 - I will be creating a pre-meeting to get team member input prior to my operational meetings so that your perspective can be presented.
 - Suggestions on why this is a concern and what we can do to improve?



Housekeeping Items

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- 2024 goals are due by 3/29.
- Check through your requested time off versus what is in UKG Pro to make sure nothing was lost in the transition.
 - Other areas are reporting missing PTO approvals.
 - I cannot see what was approved previously to compare to the new system.
- Aseptic Technique Surveillance is due by Friday.



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Staffing Updates

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- Rebecca , Timesha, Peaches, and Briana are new Apheresis nurses who will be starting in the upcoming month.
- Chandler's position is open.
- Looking into how we want to fill the Study Coordinator's position that Melissa is vacating.



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New BMT forms

BLOOD and BONE MARROW STEM CELL TRANSPLANT and IMMUNE CELL THERAPY PROGRAM
 JOINT ADULT AND PEDIATRIC
Donor FDA Eligibility Determination
 F-CL-2.06-1, (Version 03.11.24)

Recipient Name: _____ Prep Regimen Start Date: _____
 Recipient MRN: _____ Recip Wt: _____ kg

Related Donor (RD) Unrelated Donor (URD)

Name: _____ Name: _____
 MRN: _____ NMDP GRID: _____
 DOB: _____ DOB: _____

Donor Sex: M F Donor Wt: _____ kg

Infectious Disease Testing	<input type="checkbox"/> Eligible	<input type="checkbox"/> Incomplete*	<input type="checkbox"/> Ineligible*
Donor HHQ	<input checked="" type="checkbox"/> Eligible	<input type="checkbox"/> Incomplete*	<input type="checkbox"/> Ineligible*

FDA Eligibility: Eligible Incomplete* Ineligible* but acceptable
 * Complete for RD: Related Donor Release of Information
 * Complete for RD or URD: Ineligible / Incomplete Product Release (includes confirmatory IDM tests and Urgent Medical Need)
 * Complete for RD or URD: Recipient Consent To Receive Ineligible / Incomplete Product

RD eligibility determined by: IU Health Blood and Bone Marrow Stem Cell Transplant and IEC Program 550 N. University Blvd., UH 5630, Indianapolis, IN 46202

URD eligibility determined by: Care Management, National Marrow Donor Program, 3001 Broadway St., N.E., Suite 100, Minneapolis, MN 55413

TRANSPLANT COORDINATOR: _____ DONOR PHYSICIAN: _____
 Signature: _____ Signature: _____
 Date: _____ Date: _____

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 BLOOD and BONE MARROW STEM CELL TRANSPLANT and IMMUNE CELL THERAPY PROGRAM
 JOINT ADULT AND PEDIATRIC
DONOR EVALUATION CHECKLIST
Non-Mobilized Collection (HPC-M, DLI, Cord)
 F-CL-2.04-7b, (Version 03.11.24)

Related Donor (RD)
 Name: _____
 MRN: _____
 DOB: _____
 Unrelated Donor (URD)

Recipient Name: _____ Prep Regimen Start Date: _____
 Recipient MRN: _____ Recip Wt: _____ kg Cell Source: _____
 Collection Date: _____ NMDP GRID: _____
 Sex: M F Donor Wt: _____ kg

Hematology	Chemistry	Other Labs	Other Infection Testing	Infectious Disease Testing
WBC	K/mm3	Sodium	Phosphorus	
Hgb	g/dL	Potassium	Magnesium	HBsAg
Hct	%	Chloride	Hgb 5%	HBsAb
Platelets	K/mm3	CO2	HSV PCR	Anti-HBc
ANC	K/mm3	BUN	EBV PCR	Anti-HCV
Neutrophils	K/mm3	Creatinine	CMV PCR	Anti-HTLV I/II
Bands	K/mm3	Glucose	Toxo IgG	HIV-1 NAT
Lymphocytes	K/mm3	Calcium	Varicella IgG	HCV NAT
Monocytes	K/mm3	Alk Phos	CMV IgG	Anti-HIV 1,2
Eosinophils	K/mm3	ALT	CMV IgM	STS
Sickle Cell	AST			WNV NAT
Blood Type:	Total Billi	Coagulation		Chagas
ABO/Rh	Total Protein	PT		HBV NAT
Pregnancy	Albumin	PTT		Anti-CMV
Serum preg	LDH	INR		
			Negative = Ab not detected; Positive = Ab detected	

Date	Test	Results / Instructions
	EKG	
	CXR	
	Repeat CBC	Days between CBC and 1st day collection: _____ If > 30 days, CBC will need to be repeated.
	Repeat Pregnancy Test	Within 7 days prior to either the start of the recipient's prep regimen, or day of BM harvest, whichever comes first.
	Contraception Advised	
	Consents signed	Cord Information Sheet
	Other: hi	Blood consent
	Meds/Supplements advised	Iron (OTC) Pain Meds (script given) Other: _____



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Values Acknowledgments: Purpose, Excellence, Compassion, Team

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Thanks to Jennifer and Steven for stepping up to take care of the CD4CAR.

Thanks to Emma and Hillary for taking care of the EXCEL trial (twice!)

Thanks to Brody for not allowing a drink in the laboratory.



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Questions???



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