

## 429

**OBTAINING FINANCIAL COVERAGE FOR STEM CELL TRANSPLANTATION: UTILIZING CREATIVE STRATEGIES**

Cruz, E.D., Hinson, P., Shaw, S., Adkison, R., Lewis, M. UT MD Anderson Cancer Center, Houston, Tx.

Stem cell transplantation (SCT) is an innovative treatment of hematological malignancies and offers potential long-term survival. SCT services offered at one of the largest transplant centers in the country include: autologous, allogeneic and cord blood transplant. Frequently, it is a challenge to obtain transplant financial coverage because of the high-cost of treatment and insurance carriers considering the treatment experimental.

The SCT Patient Access Staff, which include RN's and Patient Access Specialists, handle this complex process daily. Strategies employed to assure transplant approval from insurance carriers are: 1) A letter of medical necessity is sent to the insurance company with a clinical dictation from the SCT physician explaining the plan of treatment and outlining the experience and success rate of the treatment, 2) The patients are informed of their treatment so they can actively participate in the approval process with their insurance carriers, 3) A professional working relationship with the insurance Case Manager is established as they are also patient advocates, 4) Patients are encouraged to research and learn about their rights, state laws and to seek available advocacy programs, 5) An appeal is completed for in-network benefits if transplant services are out-of-network. The Patient Access Coordinators work closely with the managed-care office to negotiate the transplant cost between the insurance

company and the institution, 6) The insurance medical director or Case Manager are invited to the SCT program conference in which the latest trends in transplantation are presented.

Very few patients have the financial means to pay for transplant without insurance coverage. The strategies employed enable patient's access to the most innovative treatment for cancer at one of the largest transplant facilities. Patients who are well-informed of their treatment can make proper medical and financial decisions regarding their SCT.

## 430

**A SYNERGISTIC DIALOGUE: CLINICAL NURSES AND ACADEMIC RESEARCHERS IN PARTNERSHIP**

Barnes, Y.J.<sup>1</sup>, Hendricks-Ferguson, V.L.<sup>2</sup>, Oakley, B.<sup>3</sup>, Roll, L.<sup>4</sup>, Stegenga, K.<sup>5</sup>, Haase, J.E.<sup>6</sup>. <sup>1</sup>St. Louis Children's Hospital, St. Louis, MO; <sup>2</sup>Barnes-Jewish College of Nursing, St. Louis, MO; <sup>3</sup>Aflac Cancer Center and Blood Disorders Service, Atlanta, GA; <sup>4</sup>CHRISTUS Santa Rosa Children's Hospital, San Antonio, TX; <sup>5</sup>Children's Mercy Hospital, Kansas City, MO; <sup>6</sup>Indiana University School of Nursing, Indianapolis, IN.

**Background:** Effective academic and clinical partnerships for planning and implementing research are important to conduct research that is relevant, feasible and ultimately translatable into clinical practice. Retention of nurses requires provision of meaningful

*Clinical and Academic Benefits and Challenges of Research Partnerships***Clinical Benefits**

Professional Role Fulfillment	Hospital-wide	Learning Opportunities	Clinical Practice	Networking	Clinical Challenges
<ul style="list-style-type: none"> <li>Increases understanding and meaningfulness of research methods</li> <li>Enhances publication/presentation activities through collaboration</li> <li>Increases valuing of nurses as "players" in RTCs</li> </ul>	<ul style="list-style-type: none"> <li>Supports magnet status</li> <li>Increases understanding re: how grants contribute to FTE's.</li> <li>Clinicians gain insight into financial benefits of grantsmanship.</li> <li>Nurses valued and recognized by grants funded.</li> </ul>	<ul style="list-style-type: none"> <li>Increases understanding of scientific rigor issues.</li> <li>Gain insights into clinical issues in implementing research designs.</li> <li>Research and grantsmanship mentoring.</li> </ul>	<ul style="list-style-type: none"> <li>Gain insights into SCT practices across sites.</li> <li>Discern patterns of phenomena, including patient and family behavior, across sites.</li> <li>Research involvement increases research fast track to EBP</li> </ul>	<ul style="list-style-type: none"> <li>Establish communication networks with nurse clinicians and researchers.</li> <li>Attend and present at research conferences as a way to meet others.</li> <li>Enhance interdisciplinary collaboration opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>Prioritization of work</li> <li>Locating research resources</li> <li>Protected time "to think/plan for dissemination"</li> <li>Incorporating patients variability with clinical course to protocol expectations.</li> <li>Hospital administration is naive on how to handle research funding to manage percent effort "protection of time"</li> <li>Wide variation of IRB expectations</li> </ul>

**Academic Benefits**

Professional Role Fulfillment	Institutional	Learning	Clinical Teaching	Networking	Academic Challenges
<ul style="list-style-type: none"> <li>Bridge academic/practice gap.</li> <li>Valued clinical partnerships/connectedness</li> <li>Enhance clinical relevance of research questions and implementation.</li> </ul>	<ul style="list-style-type: none"> <li>Establish "cooperative group" networks for future studies.</li> <li>Increased interdisciplinary collaboration opportunities</li> </ul>	<ul style="list-style-type: none"> <li>Learn from expert clinicians</li> <li>Learn most up-to-date practices</li> <li>Learn translation factors to consider</li> <li>Ways to integrate research into clinicians' workflow</li> </ul>	<ul style="list-style-type: none"> <li>Involve graduate student research assistants in clinical research at the bedside.</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with faculty and clinicians with similar research interests across sites</li> <li>Opportunities to partner with clinicians within and across sites</li> </ul>	<ul style="list-style-type: none"> <li>Understanding the culture &amp; integration in the transplant unit</li> <li>Up-to-date clinical knowledge is variable</li> <li>Priority of clinical care over the research protocol.</li> <li>Contract negotiation with naive hospital administrators</li> <li>Pressure to complete &amp; disseminate amid the realities of clinical care</li> </ul>

professional growth opportunities that can be integrated into the practice setting. **Aim:** Describe the academic/clinical partnership benefits and challenges in conducting a multi-site behavioral, randomized Phase II clinical trial of a music therapy intervention. **Methods:** The SMART study is complex due to several key features: two culturally different funding sources, 6 participating sites and 8 hospitals; target sample of 175 adolescents/young adults with cancer currently undergoing stem cell transplant, multiple measurement times, on-line remote data entry by participants and study personnel, and a behavioral intervention that includes 6 intervention sessions delivered over 3 weeks for both study arms. To implement and sustain the research project, a multifaceted and strategic approach was used that included frequent communication to support and foster respectful communication among the team members. The team overcame challenges of work demands and priorities, differences in the language and cultures in academia and clinical practice. **Findings:** Despite the complexity of the study, nurses involved across sites in both academic and clinical settings experienced several benefits related to professional role fulfillment, hospital-wide advantages, learning opportunities, clinical practice improvement, and networking (see Table). **Implications:** Academic/clinical partnerships can result in a win-win for healthcare organizations and universities, developing nurse leaders, nursing administrators, and educators. The clinical institutions can benefit from the expertise and mentoring that foster excellence in research, scholarship, and evidence-based nursing care. Nurse scientists in academic settings can benefit from the practical implementation insights and in-depth knowledge of patients that clinicians at the bedside bring to the collaboration.

### 431

#### CLINICALLY RELEVANT SURFACE BACTERIA IN AN OUTPATIENT ONCOLOGY FACILITY

Wilson, D.E.<sup>1</sup>, Romero, K.<sup>1</sup>, Little, K.<sup>2</sup>, Webb, S.C.<sup>2</sup>. <sup>1</sup> Greenville Technical College, Greenville, SC; <sup>2</sup> Cancer Centers of the Carolinas, Greenville, SC.

In this study, surfaces touched frequently by staff and patients were chosen for their potential as sources for nosocomial infection by clinically relevant bacteria at the Cancer Centers of the Carolinas (CCC) in Greenville, SC. The motivation for the project is to limit the known risk of infection for immunocompromised patients and review infection control practices. CCC staff identified high touch surfaces within the busiest facility of the organization. With the assistance from a Greenville Technical College instructor and student, 86 environmental surfaces from both patient and staff-only areas were cultured. Selective media and biochemical tests were used for species identification. In addition, twenty employees, including management, physicians, nurses, and laboratory personnel, volunteered to undergo testing for Methicillin Resistant *Staphylococcus aureus* (MRSA) via nasal swabs.

Surfaces on which clinically relevant species were most frequently found were computer keyboards, phones, bathrooms, tables and counter tops, and door edges above the knobs. Other areas of interest included remote controls, patient beds, backs of chairs, and a refrigerator handle. The cultures revealed common environmental and body flora which have potential pathologic significance in an oncology setting. Isolated species of interest included *Staphylococcus epidermidis*, *Staphylococcus aureus*, *Staphylococcus saprophyticus*, *Enterobacter agglomerans*, *Enterococcus* species (group D strep), and *Acinetobacter* species. It was noted that no *Escherichia coli* was found on any of the sampled surfaces. In the volunteer employee MRSA test, no employees tested positive. Since the completion of the study, staff awareness at all levels has increased and new protocols are being implemented to improve infection control.

### 432

#### USING PEER PRESENTATIONS TO MEET THE EDUCATION NEEDS OF BLOOD & MARROW TRANSPLANT NURSES: INCREASING KNOWLEDGE AND PROMOTING RETENTION

Sullivan, L.M. Froedtert Hospital/Medical College of Wisconsin, Milwaukee, WI.

**Rationale:** In informal conversation, a common concern expressed by nurses leaving our Blood & Marrow Transplant (BMT) unit included feeling overwhelmed by the amount of information required to practice safely. Given the nursing shortage and highly specialized nature of BMT nursing, it is vital that a BMT unit retain knowledgeable nursing staff.

**Purpose:** This poster will describe how the BMT nursing staff at Froedtert Hospital assessed learning needs, presented education opportunities, and evaluated outcomes in order to increase knowledge and retention. **Interventions:** Early in 2006, our educator assessed education needs of our BMT nurses with a written survey. Staff indicated topics that interested them most: specific disease processes (leukemia, lymphoma, and multiple myeloma), the differences between autologous, allogeneic and non-meloablative transplants, and oncologic emergencies. They also reported that live presentations were a preferred method of receiving the information. Our BMT Development Council, the arm of shared governance at Froedtert responsible for education, set up classes on the chosen topics. Experienced BMT nurses, and some less experienced nurses with support, chose a topic and presented a one hour-long class with Microsoft PowerPoint® slide shows and handouts. Our educator obtained approval for contact hours for attendees. **Evaluation:** Attendees at each class filled out an evaluation form. A five point Likert-type scale (5 = Strongly Agree, 4 = Agree, 3 = Slightly Agree, 2 = Disagree, 1 = Strongly Disagree) was used to rate the perceived increase in knowledge, the expertise of the presenter, and the appropriateness of the teaching strategies. Average ratings in these areas for all presentations were 4.6, 4.5 and 4.6 respectively. When the series of seven classes was complete, a follow-up survey on the overall effectiveness of the presentations was done. The same Likert-type scale was used to rate the effectiveness of the teaching strategies (4.3), perceived increase in knowledge (4.3), positive impact on patient care (4.2), support for peers presenting (4.3), and promoting retention (4.5). In the past year, we have had no resignations where lack of confidence in their level of knowledge was a reported factor in the decision to resign. **Implications:** When implemented with ongoing nursing input, peer presentations resulted in a strong feeling by nursing staff that their knowledge increased and retention was improved.

### 433

#### FROM THE GROUND UP: BUILDING A PATIENT AND FAMILY SUPPORT PROGRAM FOR THE UNIVERSITY OF NORTH CAROLINA HOSPITALS' BONE MARROW AND STEM CELL TRANSPLANT PROGRAM

Talbert, G., Covington, D., Hinshaw, B., O'Dell, P., Sharf, S., Kivette, K. University of North Carolina Hospitals, Chapel Hill, NC.

The University of North Carolina Hospitals' Bone Marrow and Stem Cell Transplant Program was established in 1992. In the years since, hundreds of patients have undergone transplants at UNC. The average length of the inpatient stay for BMT patients is twenty six days. For the majority of those days the patient is confined to his or her hospital room. This isolation takes a huge toll on the patient as well as on their caregivers. UNC's BMT unit has many wonderful resources for patients, including Nurse Coordinators, a Social Worker, a Recreational Therapist, a Chaplin, many talented bedside nurses and other BMT team members.

Nursing, along with other key services, identified the need for more focused patient and family support. In an effort to jumpstart a program to provide this support, the Nurse Manager contacted the Leukemia and Lymphoma Society for their input and guidance. An initial group began to meet biweekly to brainstorm as to how to best get the additional needed support for patients and their caregivers. This group consisted of representatives from the following groups: inpatient nursing, recreational therapy, social work, nurse coordinators and the Leukemia and Lymphoma Society. From this meager beginning a strong Patient and Family Support Program has emerged. This program has been embraced by all of the members of the inpatient care team and continues to expand the resources that it is able to offer patients and their caregivers.