some exposure, (3) competent. Out of the 22 staff nurses, knowledge gaps were identified and a plan was constructed. The plan includes staff meetings which would contain an educational component on the transplant patient; lectures from pharmacy, the unit’s educator and assistant manager; Staff participation in “eat and learn” 5 minute didactic sessions; identification of DRGs and co-morbidities specific to the unit; and educational material to be made available on HopeBoard, the institution's version of Blackboard.

Discussion: Augmenting the knowledge and training of the staff decreases anxiety in caring for a new patient population while promoting enhanced patient care with early detection. Implementation of this plan is set to occur in October. There are many competing priorities but improved patient care and outcomes remains the main goal.

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Enhancing Nursing Practice and the Patient Experience in the BMT Program Using the Principles of Patient- and Family-Centered Care
Amy E. Patterson 1, Nancy W. Newman 2, Debbie Phillips 3, Rebecca Ray 4, Theresa Papa-Rodriguez 4, Patrick Simpkins 4, David SprouseMedEdD 4, Nastasia Ardalan 4, 1 Nursing Professional Development, Moffitt Cancer Center, Tampa, FL; 2 Patient and Family Services, Moffitt Cancer Center, Tampa, FL; 3 Patient and Family Advisory Program, Moffitt Cancer Center, Tampa, FL; 4 BMT, Moffitt Cancer Center, Tampa, FL.

Background: On the inpatient BMT unit, team members recognized a rise in dissatisfaction amongst patients, families, and staff, an increase in nursing burnout, and turnover rates. It was hypothesized that some of these stressors were related to a traditional hierarchical, hospital-focused model of care delivery and provided an opportunity to advance the practice of Patient- and Family Centered-Care (PFCC) utilizing its core concepts of dignity and respect, information sharing, participation, and collaboration.

Intervention: The BMT Patient Experience Committee, an interdisciplinary committee consisting of physicians, nurses, case managers, social workers, directors, pastoral care, and patient/ family advisors was formed. The purpose of the committee was to further advance the practice of PFCC through enhanced collaboration among the interdisciplinary team members, patients and families, a more in-depth understanding of patient/family needs, and the opportunity to be innovative in the delivery of BMT care. In addition, all nursing staff received education on the PFCC model of care.

A PFCC Hospital Self-Assessment Inventory was completed and data from multiple sources was assessed. From the initial assessment, key areas were identified and the following subcommittees were formed; Caregiver, End of Life, and Nursing/Staff Enhancement.

Outcomes: The subcommittees completed several projects. To enhance participation in care, caregiver guidelines were developed and mounted in each inpatient room and a caregiver guide is in development. To promote dignity and respect, a comfort care order set was developed and an Advanced Care Planning initiative is in process. Nurses completed an educational needs assessment and are receiving training based on areas identified. Interventions to provide stress management strategies for nurses are in development. Measurable outcomes were realized since the organization of the BMT Patient Experience Committee including patient satisfaction and nurse turnover rates. The committee and workgroups continue to meet on an ongoing basis to maintain efforts and begin new initiatives.

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Early Identification of HCT Patient Discharge Needs
Jennifer Peterson. City of Hope, Pasadena, CA and Lisa Huntsinger, TBD

Background: Patients who receive stem cell transplants in order to treat life threatening diseases deal with a variety of stressors throughout their treatment course. These stressors can cause additional mental anguish as patients receive their treatment and transplant. Early identification of these stressors may enable interventions in order to decrease and relieve stress caused by a variety of home and life issues.

Purpose: On a 36 bed HCT unit it was determined there were a variety of issues that resulted in additional stress during the inpatient stay. These issues were determined to be one of the causes of delayed discharge from the hospital following transplant. An intervention was developed to identify issues that resulted in additional stress upon the patient’s admission to the hospital for stem cell transplant.

Intervention: A survey was developed in order to obtain information from the patient regarding issues that may cause distress during their hospitalization and potentially delay their discharge. This survey is administered via tablet device to each patient admitted for stem cell transplant on the day following admission. The questions inquire if there are any concerns the patient has in the following areas: financial, home life, communication with the healthcare team, physical restrictions, anxiety, fatigue and psychosocial concerns. When the patient identifies a need/concern in any of the areas, a consult is automatically generated and sent to the appropriate discipline. This consult alerts the discipline that the patient is inpatient and in need of assistance. The consulting service is able to assess the needs of the patient and intervene early on in the patient’s admission in order to formulate an action plan.

Evaluation: Upon completion of the pilot on this unit, the collected data will be evaluated for the effectiveness of early identification of HCT patient needs and the impact on discharge. This will assist the healthcare team in identifying patient needs and addressing them throughout the patient’s hospitalization.

Discussion: Undergoing stem cell transplant is a stressful experience for both the patient and their families. With early identification of needs, support can be provided to decrease added stress through this life saving treatment.

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The Ticking Clock, Time to First Antibiotic in a Highly Complex Pediatric Bone Marrow Transplant Ambulatory Setting
Jennifer Marie Ponasle 1, Erin Lynn Sandfoss 2, Anna Louise Pfankuch 3, Kathleen Marie Demmel 4, Laura Flesch 5, Shawna Kristine Kirkendall 6, 1 Division of Bone Marrow Transplantation, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH; 2 Hematology/Oncology Clinic, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; 3 Hem/Onc Clinic, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; 4 Cancer and Blood Diseases Institute, Cincinnati Children’s Hospital, Cincinnati, OH; 5 Bone Marrow Transplantation and Immunology, Cincinnati Children's Hospital Medical Center, Cincinnati, OH; 6 Hem/Onc Clinic, Cincinnati Children’s Hospital Medical Center, Cincinnati, OH.

Objective/Purpose: Pediatric bone marrow transplant and immune compromised patients are at high risk of
infection due to neutropenia and need prompt administration of antibiotics. Therefore, early intervention with antibiotic administration is thought to decrease patient mortality. To ensure early intervention, the reduction of the amount of time between patient arrival to the outpatient clinic and administration of antibiotics within 60 minutes for all patients who are known or suspected to be neutropenic or immune-compromised is considered to be critical.

**Methods:** A Plan, Do, Study, Act model adopted by a multi-disciplinary Hematology/Oncology ambulatory team was utilized to develop and implement a process ensuring antibiotic administration within 60 minutes of arrival. Identification of key drivers, believed to be essential to the success of the process, directed the development of interventions. The interventions focused on team communication and awareness, staff and family education, utilization of timers, and patient pre-registration.

**Results:** The baseline amount of time from patient arrival to administration of antibiotic was 125 minutes. Over a four month period this time was reduced to less than 60 minutes. These results have been sustained at <90% over the last 15 months.

**Conclusion:** Expedient antibiotic administration is vital in the pediatric bone marrow transplant and immune compromised patient population. Further review is being conducted to determine what impact antibiotic administration within one hour has on overall patient outcomes. Having a process in place for early recognition and treatment are key to implementing best practice. Continuing to evaluate the process and examining failures and applying lessons learned are also drivers to sustaining compliance.

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**Transitioning Nurse-to-Nurse Report to the Bedside**

Jessica E. Pott 1, Katy Gudritz 2, Carol Kristo 2, Cheryl Eckert 4, Lea Chansard 5, Jill Gibbons 6, 1 Adult Bone Marrow Transplant, University of Michigan Health System, Ann Arbor, MI; 2 Nursing 7West, University of Michigan Health System, Ann Arbor, MI; 3 Nursing 7 West, University of Michigan Health Systems, Ann Arbor, MI; 4 University Of Michigan Health System; 5 University of Michigan Health System; 6 University of Michigan, Ann Arbor, MI

**Purpose:** Increase patient and family participation in care by inviting them to be a part of the nurse-to-nurse report process.

**Background:** Patient and Family Centered Care principles are incorporated into nursing care at C.S. Mott Children's Hospital in the University of Michigan Health System. The new Children's Hospital opened in December of 2011. The Adult Bone Marrow Transplant unit moved to join the children's Bone Marrow Transplant program and clinic. Current practices in the children's hospital involve family participation in report, but the adult units are just starting to hear about Patient and Family Centered Care Principles. The Adult Bone Marrow Transplant unit was the first adult unit to adopt these practices.

**Method:** We created a nurse-to-nurse report model based on current literature showing the benefits of this method. The idea was introduced to the staff with a series of short PowerPoint presentations to familiarize them with concept and rationale. We identified staff “Superusers” to promote staff buy-in and compliance. Education materials were developed for patients and families, and gave them a chance to opt in or out of the process. PFCC committee members and unit leadership were on hand during the transition period for reinforcement.

**Results:** Results will be measured through decrease in communication related incident reports, higher patient satisfaction reports through discharge surveys, higher staff satisfaction through employee engagement results and decrease in patient falls. The results of this study can be used throughout the health system and other health systems to guide nurses as they incorporate patient and family centered care.

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**525**

**Development of Nurse Educator Role to Improve Nurse Education and Promote Nurse Retention**

Rebecca Ray. Moffitt Cancer Center, Tampa, FL

**Background:** It requires vast amounts of education and clinical skills to be a successful BMT nurse. With the expansion of the BMT program, the inpatient BMT unit has experienced rapid growth requiring an increase of nursing staff by 30% in 2012.

**Intervention:** To help improve the education level of all RN staff, on-board new nursing staff, and improve retention, the facility leadership created a BMT Nursing Education Specialist role. The Education Specialist serves as a role model, consultant, change agent and facilitator in assessing learning needs and in planning, implementing, and evaluating educational activities for new hires as well as current staff. Many new education programs were implemented by the Education Specialist. The BMT Clinical Curriculum was created to educate on the complex treatments and nursing care required for this patient population. The new hire orientation program was revised. All new hires are given custom orientation binders that include unit checklists, annual and unit specific competencies, a resource manual, and an individualized orientation map created specifically for their experience and skill level. All new hires meet weekly with the Education Specialist to evaluate progress and develop goals for the remainder of orientation. In addition, the Education Specialist works diligently to promote education for current nursing staff. Unit specific continuing education bulletin boards, Hot Topic newsletters, a unit specific competency fair, monthly staff skill improvement lab, and one-on-one individualized education is provided.

**Outcome:** Twenty eight RN’s have been hired in 2012 with ten open positions remaining. New hire RN’s report that their custom orientation, one on one support from the BMT Educator, and educational programs helped with the transition into the complex BMT unit. The Education Specialist has been able to bridge the gap for a multitude of RN’s with varying experience levels to be successful BMT RN’s.

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**Bridging the Silos: Utilizing the Lean Model Rapid Improvement Event to Improve the Mobilization Process**

Chris Rimkus 1, Jason Parmentier 2, Karyn Gordon 3, Kelly Mckibben 4, Steven Newlon 5, 1 Washington University-