course in isolation and 21 of the parents also participated in in-depth semi-structured interviews 100 days post-HSCT. Theoretical analysis - inspired by Max Weber ideal type construction and an interactionistic approach inspired by Arlie Hochschild - was performed.

**Results:** Based on the empirical data and the theoretical approach four ideal types of approaches emerged.

1) Expertise-minded parents base their rationality for care and interactions on medical knowledge. To these parents it is particularly important that the hospital staff and their children obey predetermined standards for the care of the child.

2) Dialogue-minded parents base their rationality for care and interaction on the value of dialogue. It is important for these parents that the hospital staff includes the parent and the child emotions and thoughts into the care of the child.

3) Socially challenged parents base their rationality for care on short time management. It is important for parents that the hospital staff and the child-management-of-care-situations generate the least level of parental stress.

4) Traditionally oriented parents base their rationality for care on how things are normally done in their family/culture. It is important for these parents that the hospital staff and the child include the parent's traditions for how care is performed into the care of the child.

**Conclusion:** The four ideal type constructions of different parental approaches to care provide a new perspective on the complex interactions that occur between parents, child and staff during treatment with HSCT. Understanding the rationality behind the different approaches adopted by parents may help medical staff to understand the parents’ rationality for care of their child and to facilitate communication with the parents in managing the care of their child during HSCT.

**TRANSPLANT NURSING ORAL: CLINICAL**

**109 TRANSITION NURSING: BRIDGE BETWEEN INPATIENT AND OUTPATIENT IN BONE MARROW TRANSPLANT PATIENTS**

Calderwood, M., Roleru, P., Fye, D., Palomer, D. SCCA, Seattle, WA

At the SCCA many bone marrow transplant patients spend much of their treatment as outpatients. Therefore, it is important than they are safe in the outpatient setting. The Transition Nursing at the SCCA coordinates the discharge of bone marrow patients and assures that the patient is safe during the twenty four hours between discharge from inpatient and their outpatient clinic appointment the following day. This is accomplished through patient education using adult learning concepts. The education begins when the patient and caregiver first enters the program through such methods as regularly scheduled classes, one on one education sessions, and standardized discharge guidelines. The transition nurse also coordinates teaching the caregiver to give home infusions in cooperation with the infusion providers. Only when all providers agree that the patient and caregiver are safe in the outpatient setting is the patient discharged. Coordination with the outpatient providers is accomplished with updates for the outpatient nursing team to assure a smooth transition. The patients then receive appointment times for their clinic visit the day following discharge.

The low number of unplanned readmission rates has been one of the results of this program. The readmission rate for bone marrow transplant patients at UWMC was 0 to 1%, and for the general population 1%-5% from July 2008 to March 2011.

Other roles of transition nursing include coordination of the transfer to home providers when exiting the transplant program. The transition nurse updates the home providers regarding continuing home treatments and contacts the providers of continuing home infusions or central line care. Transition nurses also communicate with case managers to provide periodic updates to insurers.

Transition nurses at the SCCA follow both adult and pediatric bone marrow transplant patients throughout their treatment. Through a multidisciplinary approach, the patient safely transitions between all phases of treatment.

**110 REDUCING HOSPITAL ACQUIRED VANCOMYCIN RESISTANT ENTEROCOCCI COLONIZATIONS IN AN INPATIENT STEM CELL TRANSPLANT UNIT**

Culkin, K.M., Beekwitz, M., Talbert, G., Spruill, J., Presler, C. University of Washington Medical Center, Seattle, WA

From September 1 2009, through November 6, 2010, there were twenty-one cases of hospital acquired vancomycin resistant enterococci (HA VRE) in the inpatient stem cell transplant unit (BMTU) at the University of North Carolina Cancer Hospital (NCCH).

We defined HA VRE as colonizations discovered after forty-eight hours of inpatient status, through forty-eight hours after discharge from the hospital.

Stem Cell Transplant patients have compromised immune systems. Sequale from HA VRE colonization include bacteremia, increased hospital stay, and possibly death. VRE requires the patient to be placed on contact isolation precautions which are restrictive and have social and physical consequences. Additional antibiotics are initiated if colonization transitions to infection, which leads to increased length of stay. Our goal is to reduce the number of HA VRE colonizations on the inpatient BMTU.

Our main measure is the number of days between HA cases of VRE in the BMTU. Utilizing the Lean Six Sigma DMAIC model, we gathered data through a focus group, interviews and surveys. Observation tools were created and used to gather data regarding compliance with hand hygiene, gowning and gloving, and room cleaning standards.

After data was analyzed, three potential causes of VRE transmission on BMTU were identified.

The existence of multiple policies relating to contact isolation.

Patients, families and staff were not 100% compliant with hand hygiene, and contact precautions.

Patient room cleaning practices did not meet hospital epidemiology standards.

Education on the new policies was implemented over one week. During this educational event the Green Belt team:

- Met with managers from environmental services (EVS), and dietary to educate members on policy changes.
- Utilized hand washing tutorial using UV gel and light to evaluate hand washing technique.
- Created a poster demonstrating changes in policy.
- Developed new signage for hand hygiene and contact precautions.
- Created cheat sheets for EVS and nursing delineating room cleaning responsibilities.
- Introduced Tru-D UV light used to clean all rooms that had housed VRE colonized patients.

After three months of policy change, gowning and gloving compliance remained unchanged at 84%. Hand hygiene and room cleaning showed increased compliance.

This project is ongoing and data continues to be collected in order to further increase compliance and decrease HA VRE.

**111 USING SKIN ASSESSMENT ROUNDS TO ENHANCE THE CARE OF THE INTEGUMENTARY SYSTEM IN A BMT POPULATION WITHIN AN URBAN ADULT TEACHING HOSPITAL**

Fratt, E.V. University of Washington Medical Center, Seattle, WA

A quality improvement project by staff nurses titled “Skin Rounds” was developed in a hospital BMT unit. This project enhanced staff awareness of skin care and led to early identification...