

address the following topic areas: Cancer Overview, SCTCT Pathophysiology and Purpose, Transplant Modalities, SCTCT Pharmacology, SCTCT Complications, and the role of PSCs and NAs in ensuring best care for SCTCT patients. The sessions contained content regarding cancer care and stem cell transplant in relation to the role of NAs and PSCs and each concluded with a Jeopardy style review of the presentation content. The sessions were conducted bi-weekly over 2 months and all staff were required to attend.

Evaluation: At the conclusion of the 6-modules an evaluation was conducted with participants to determine if the sessions were useful in increasing ancillary staff knowledge of stem cell transplantation and the importance of their role in providing care to this unique population. Of the 37 evaluations returned, 100% felt the sessions were useful in helping them understand more about cancer, stem cell transplant and the needs of the SCTCT patient population and 100% reported the sessions made them feel valued as an employee.

Discussion: Providing stem cell transplantation based content to ancillary staff members (NAs & PSCs) is an important initiative to ensuring that these staff members are familiar with the treatment concerns and needs of this unique patient population. Formulating curriculum that is role appropriate is an important aspect of delivering material that is understandable and may be incorporated into the daily work processes of ancillary staff members.

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STAFF AUTONOMY AND DECISION MAKING IN LARGE STEM CELL TRANSPLANT CLINIC

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Nurses in the Stem Cell Transplantation Clinic (SCT) and the Apheresis Center of a large cancer center participated in the National Database of Nursing Quality Indicators (NDNQI) RN satisfaction survey. Although scores for Decision-Making, defined as the "opportunity to participate in administrative decision-making" and Autonomy, defined as "freedom in the workplace to make important decisions" were comparable to other institutions, nurse leaders were surprised they were not higher. Because nurses in the clinic work very independently and participate in developing standard operating procedures (SOPs) and meet regularly with the multidisciplinary team, the results were unexpected.

In an effort to gain greater understanding of nurses' perceptions and opinions, quarterly autonomy rounds were established. The intent of the rounds with leaders was to provide a platform to discuss practice and operational issues that were satisfiers and dissatisfiers. Bringing leaders of both areas and staff together was also a venue for resolving issues, refining processes and surfacing other concerns.

Through autonomy rounds, issues such as repeated double and triple booking of appointments, resulting in long waits for the patients, and nurses feeling "caught in the middle", began to surface and could be addressed.

The outcome of this ongoing process has been positive. The Chairman and Medical Directors of both units have asked the nurses to participate with multidisciplinary teams to develop best practices. Nurses will also be involved in tracking variances of SOPs, trending them, providing that feedback to the team, and participating in necessary revisions. Leaders are looking forward to the next NDNQI Nurse Satisfaction survey results as another measure of expected success of the process.

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PREPARING PATIENTS FOR TRANSPLANT IN LARGE STEM CELL TRANSPLANT CLINIC – AN ADMINISTRATIVE FOCUS

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Assuring that patients are well prepared and "ready" for stem cell transplant (SCT) prior to treatment is a key element of the transplant process. Administrative staff can support patients, families and outpatient staff through the transplant experience by providing helpful resources. Using feedback from patient satisfaction surveys, two new resources, the patient passport and the ambulatory exit checklist, were developed and implemented in a large SCT clinic to compliment current patient education manuals. The passport planner was designed as a guide for patients regarding classes and appointments necessary during the SCT preparation process. The planner organizes the pre-transplant steps necessary to prepare the patient for the next phase of treatment. The exit checklist is utilized by the patient at each clinic visit to assure needed steps are completed prior to progressing to subsequent steps of the process. Both tools also serve as guides to staff to assure they have met the needs of the patient, while empowering patients with the information they need to collaborate with staff in managing the process. Post-implementation, leaders continue to follow up to assure these materials are being utilized consistently and that the process remains effective. The transplant process continues to be evaluated through patient satisfaction surveys and staff feedback to sustain improvement.

The stem cell transplant experience can cause uncertainty and anxiety for patients and families. By equipping outpatient staff, patients, and families with a variety of resources to help get "ready" for the transplant experience, anxiety can be better managed. Utilizing tools such as the patient passport, and an exit checklist, staff can promote a sense of preparedness for patients as they enter the new and often "unpredictable" experience of stem cell transplant.

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INTERDISCIPLINARY COLLABORATION BETWEEN SERVICE LINES IMPROVES PATIENT OUTCOMES AT THE UNIVERSITY OF ALABAMA HOSPITAL'S BONE MARROW TRANSPLANT PROGRAM

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The Bone Marrow Transplant (BMT) program at the University of Alabama Hospital (UH) formed a partnership with the Medical Intensive Care Unit (MICU) to answer the call for increasing intensive care unit (ICU) beds while addressing issues of a fluctuating BMT specialty census. The BMT unit rooms were ICU capable and fully prepared for intensive hemodynamic monitoring. Thus the decision was made to make BMT the overflow unit for the MICU service. The collaborative partnership enabled the MICU service to have more effective ICU beds for their patients with less scattered room locations while solving the BMT unit's census fluctuation and addressing the periodic intensive care needs of the BMT patients. Nursing staff on the BMT unit has always been competent to deliver high quality care to their patients regardless of patient acuity but with this change in patient population on the unit, their practice was carried to a higher level as their ICU competencies were maintained. The BMT unit capability for delivering ICU care was enhanced by the attainment of more sophisticated equipment and additional training for the nursing staff. Through this partnership, the medical care of the BMT patients who became critically ill was handled by the MICU service while enabling the BMT patients to remain on the BMT unit with the Oncology Certified Nursing staff trained to care for them. Daily rounding between the BMT and MICU service continued to ensure every aspect of their care was covered. Remaining on the unit also provided the patients with the protective isolation needed during their immunocompromised state. The unit consistently maintains the best patient satisfaction scores in the organization and scores in the 97 percentile in the University Hospital Consortium as measured by Press Ganey Satisfaction Tool. The UAB BMT staff improved outcomes for their BMT patients who became critically ill during their hospitalization for their transplant. A retrospective six year study revealed significant improvements in mortality, number of days requiring mechanical ventilation, and length of hospital stay.