REDUCTION OF CENTRAL LINE ASSOCIATED BLOODSTREAM INFECTIONS IN THE BMT POPULATION
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Purpose: Decrease central line associated bloodstream infections (CLABSI) in the adult blood and marrow transplant/hematology/oncology unit utilizing comprehensive unit based safety program (CUSP).

Problem/Background: Increased incidence of CLABSI within inpatient BMT unit. CLABSI contributes to prolonged length of stay, increased costs, co-morbidity, and mortality.

Identification of Need: Elimination of CLABSI and/or to reduce rate as low as feasible for identified patient population. CLABSI rate annually in estimated 84,000-204,000 preventable infections, 10,000-25,000 preventable deaths and $1.7 – 2.1 billion avoidable costs.

Planning the Improvement Project: Multidisciplinary group formed to identify deficits and interventions needed for improvement. Participation began December 2011 in national CUSP and CLABSI reduction program through Kansas Healthcare Collaborative program. Nursing staff, hospital and unit leadership, infection prevention and BMT physician attended the conference. Multidisciplinary team was instrumental in developing strategies to reduce CLABSI rates. Data was collected and reported monthly. Quality improvement opportunities identified and implemented.

Implementation: Monthly CLABSI meetings established. Education and training issues identified and implemented. Deficits were evaluated and action plans initiated. Infection prevention nurses presented all BMT CLABSI for review and roundtable discussion. Investigation tool executed after prompt notification of CLABSI. Letter to staff caring for patient sent for further examination and identification of potential deficits possibly leading to CLABSI. Various education topics were presented to staff, patients and families consistent with enforcing infection prevention practices and proper line maintenance.

Evaluation/Outcomes: During fiscal year 2010, BMT/Heme/Onc unit combined had 29 CLBSI identified with 20 among the BMT patient population, resulting in an overall 2.02 CLABSI rate per 1000 patient days. During fiscal year 2011, BMT/Heme/Onc unit combined had 15 CLBSI identified with 9 among the BMT patient population, resulting in a 1.01 CLABSI rate per 1000 patient days. There was a 50 percent reduction in CLABSI from FY10 to FY11.

Implications: Methods to decrease incidence of CLABSI in BMT patients were identified and successfully implemented through the use best practices and increased awareness developed by a multidisciplinary team to identify all opportunities for improvement.

EXPANDING BEYOND OUR BORDERS: CREATION OF A BONE MARROW TRANSPLANT OVERFLOW UNIT
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Significance & Background: In 2010 the Adult Bone Marrow Transplant (BMT) Program at this NCI-designated Comprehensive Cancer Center had outgrown the inpatient unit bed capacity. As a result, scheduled admissions for transplant were being postponed and planned expansion to increase the number of yearly transplants were compromised due to lack of bed availability.

Purpose: The purpose of creating a Transplant Overflow Unit was to increase transplant bed availability and avoid postponing any scheduled BMT admission. This initiative required the identification of an Overflow Unit location, collaboration with the BMT team, training and support for the staff of the BMT Overflow Unit ensuring a seamless transition of care delivery.

Interventions: A location was identified that could accommodate BMT patient overflow. A specialized BMT specific educational program was developed and implemented along with the creation of a BMT Support RN role on both units. The BMT Support RN functions as a facilitator collaborating with the transplant team to identify appropriate patient transfers and acts as a resource to staff RN caring for these complex BMT patients. Patients were also educated on how they would move from the Transplant Unit to the Overflow Unit.

Evaluation: Following the implementation of the Overflow Unit it was not necessary to postpone any BMT patient scheduled for admission due to lack of bed availability. Fifty BMT patients were transferred from the BMT Unit to the Overflow Unit from August 2010 through May 2011 thereby ensuring bed availability for scheduled transplant admissions.

Discussion: We believe the creation of the BMT Overflow Unit allows the opportunity to continue to expand our Transplant Program while we explore alternative methods of care delivery allowing us to further expand beyond our borders.

STANDARDIZING A MULTIDISCIPLINARY APPROACH TO THE CARE OF PATIENTS WITH GRADE IV SKIN GRAFT VERSUS HOST DISEASE

Stage IV skin GVHD, which involves bullae formation and subsequent desmization of the skin, occurs rarely but presents unique challenges for both the patient and the clinicians treating it. Patients are at risk for infection, pain, anxiety, deconditioning and...