

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

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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

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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

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Objective/Purpose: Pediatric bone marrow transplant and immune compromised patients are at high risk of