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 result annually in estimated 84,000-204,000 preventable infections, 10,000-25,000 preventable deaths and $1.7 – 21.4 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 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.

Intervention: The Hematology nurse educator collaborated with the HCT manager to provide a learning opportunity. The Concerns About Dying tool was distributed to registered nurses prior to the education session. A power point presentation was utilized and presented and included information on signs/symptoms of dying along with information on caring for dying patients and their families. The researcher used Concerns About Dying tool from The End of Life Nursing Education Consortium (ELNEC) Core training course and The Silver Hour by Dr. Marilyn Smith-Stoner. Different methods for determining how to provide support and care for the patient and family were included.

Evaluation: Upon completion of the presentation, all questions were answered and the Concerns About Dying tool was distributed again to those who participated in completing the pre-intervention tool. An evaluation was distributed to the participating staff members on the usefulness of the session. Results will be analyzed to determine if education on end of life care improves the comfort of HCT nurses in caring for dying patients.

Discussion: As nurses, this profession assists patients throughout their care continuum. As the patient population gets older and acuity levels rise, it is important to provide education to the nurses and promote the comfort level for those caring for dying patients and their families.

EXPANDING BEYOND OUR BORDERS: CREATION OF A BONE MARROW TRANSPLANT OVERFLOW UNIT
Wallace, M.H., Choo, K., Grant–Nacarino, P. Memorial Sloan Kettering Cancer Center, New York, NY

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.

INCREASING HCT NURSES COMFORT IN PROVIDING END OF LIFE CARE
Peterson, J. City of Hope

Background: With death being a natural part of the lifespan, nurses need to be prepared to care for dying patients and their families. Nurses who are new to the profession are not sufficiently prepared with skills, experience and knowledge to care for dying patients due to the fact that very little end of life education is provided in nursing schools and hospital orientation. The survival rate for patients who have undergone hematopoietic stem cell transplant (HCT) has doubled in the past 40 years but relapsed disease with progression to end of life care occurs in 30-50% of these patients. Education on end of life may assist in increasing practicing nurses’ comfort in providing care to the dying and their families.

Purpose: On a 36 bed HCT unit at a small NCI-designated medical center, a inconsistencies in knowledge and comfort level were identified by the staff caring for dying patients and their families. A 90 minute educational session was designed to provide information in the hopes of increasing the staffs’ comfort level with this population.

Concerns

Purpose: To increase comfort of nurses in providing end of life care.

Implementation: 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.

Planning the Improvement Project: 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.

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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 desquamation 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...
other significant complications. Considerations when treating Grade IV skin GVHD include pain control, sedation options, necessary wound care products, and support of the patient, family, and staff.

In the past, the approach to the care of these patients was inconsistent and the necessary dressing changes often performed at the bedside. With the presentation of a new patient with stage IV skin GVHD and the recognition of her complicated care, a multidisciplinary team including transplant physicians and nurse practitioners, clinical nurse specialists, transplant nurses, physical therapists and the wound care nurse practitioner, developed and implemented a standard operating procedure (SOP) for the care of children with stage IV GVHD. The SOP outlines the process to be followed and the supplies necessary to treat the skin GVHD. The dressing changes for these patients are now performed under sedation or anesthesia with collaboration among the appropriate clinicians. Providing adequate sedation and pain control for these patients allows for more comprehensive and efficient care.

The new process enables the team to provide other interventions, such as central line care and physical therapy, without causing additional anxiety or pain to the patient. In addition, the SOP includes a self-care plan for the team performing the dressing changes, as the care can be mentally and emotionally exhausting. The goal is to provide the safest care to the patient while addressing multiple needs, both clinical and emotional. Two patients with Grade IV skin GVHD have been treated with the new SOP. The collaboration between the numerous disciplines has impacted the success and consistency of this new process.

Conclusion: Nursing documentation is pivotal in the BMT population. It has value to all members of the BMT team, thus it is crucial to have comprehensive and user-friendly nursing documentation.

504 IMPROVING COMMUNICATION IN THE ADULT HEMATOPOIETIC STEM CELL TRANSPLANT DAY HOSPITAL SETTING: WHAT ARE THE BENEFITS OF UTILIZING AN ELECTRONIC KARDEX?

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Care of the hematopoietic stem cell transplant (HSCT) patient takes place in multiple settings. A less traditional “day hospital” that allows patients to stay in local housing instead of the hospital provides a unique environment at our institution. Maintaining effective communication in the HSCT day hospital is a daily challenge. In our traditional inpatient setting it is common practice for nurses to sit together at the change of shift and give or receive a formal report on their patient including current issues and significant past medical history. With the high numbers of patients that are seen, between daily patients and return patients, receiving a formal report of pertinent patient information is difficult and essentially nonexistent in the day hospital. This scenario sets nursing staff up for errors and compromises patient safety as there is no opportunity for clinic nurses to sit together to communicate essential patient information.

In an attempt to improve communication between nursing staff, an electronic kardex was developed for the HSCT day hospital. The focus is to create a highly accessible communication tool that is user-friendly and easy to update on a daily basis. The kardex was designed with input from staff and is directly linked to the patient program database.

Using this kardex as a communication tool in the day hospital will likely decrease nursing errors, improve the quality of patient care and, increase efficiency in the day hospital. A survey for staff was developed to evaluate effectiveness and staff satisfaction of the electronic kardex.

505 IMPROVING SAFETY BY STANDARDIZING ADULT BONE MARROW TRANSPLANT TELEPHONE TRIAGE

Matthews, A., Hunt, H. Duke University Health System, Durham, NC

Telephone triage occurs in multiple settings either in the emergency room department or the clinical setting. With Adult Bone Marrow Transplant transitioning more and more to the outpatient setting, well-trained triage nurses are crucial. Due to the complexity of adult bone marrow transplant patients, standardization of triage is the best way to ensure their safety. We are developing and enhancing existing guidelines for triage to accommodate bone marrow transplant patients. This resource will guide charge nurses in the decision making process for whether or not bone marrow clinic patients should be treated inpatient, continue to their clinic appointment the next day, or be emergently admitted through the emergency department. A pre-survey of charge nurses was utilized to determine the most difficult patient issues to triage as well as auditing the most common types of after hour clinic calls. A post-survey will determine the impact on improvement in patient safety and on any issues identified in the pre-survey.

506 ESSENTIAL EDUCATIONAL ELEMENTS TO ENHANCE HCT PATIENT CENTERED CARE: A 3-PRONGED EDUCATIONAL APPROACH

Munaretto, M., Peterson, J., Scott, M., Cooke, L. City of Hope

Purpose: To discuss the recreation of a formalized house wide comprehensive educational plan for a Hematopoietic Cell Transplantation Program. The restructuring consisted of education changes for caregivers and patients, and nurse education.

Background: Patients undergoing life-altering events require comprehensive information and support. A great need for a more structured education program for patients and families undergoing stem cell transplantation was identified. Prior to this intervention, patients