improved multidisciplinary communication. Information is clearly communicated and with the quiz tool, staff training and comprehension is clearly measured.

522

Improving Communication Barriers from Consult to Evaluation in Hematopoietic Stem Cell Transplant

Gana Elizabeth Locker1, Lisa Huntsinger1, Hannah E. Spencer1, Geoffrey Barkley1, Leann Boyce1, Rebeca Gonzalez2, Amer Beitinjaneh3, Leonid Volodin4, Tamila L. Kindwall-Keller3, Adrienne Banavage2. 1 Stem Cell Transplant, University of Virginia Health System, Charlottesville, VA; 2 University of Virginia Health System, Charlottesville, VA; 3 Hematology Oncology, University of Virginia School of Medicine, Charlottesville, VA; 4 Stem Cell Transplant, University of Virginia, Charlottesville, VA; 5 University of Virginia, Charlottesville, VA

Background: The University of Virginia Health System’s (UVA) mission is to be the safest place in health care for patients and employees. The BE SAFE initiative outlines how to identify problems related to patient and employee safety via the A3 problem solving tool. A3 methodology is a Lean process improvement system that standardizes workflows by removing unnecessary or wasteful practices, thereby increasing efficiency of healthcare delivery. In support of the BE SAFE initiative, we examined our hematopoietic stem cell transplant (HSCT) inpatient consultation process using our electronic medical record (EMR) at UVA. Full implantation of the EMR at UVA occurred in March 2011 using EPIC Hyper-space software.

Methods: A multidisciplinary team including social worker, financial coordinator, quality coordinator, program administrator, physicians and transplant coordinators conducted an audit of all inpatient HSCT consults requested from July 2013 to July 2014 examining the process from initial consult to transplant workup. Algorithms were created in Microsoft Visio to represent our current state and target state for the consultation process. Through the A3 process, we identified

Conclusion: A consistent method of communication distributed to the entire BMT Program has formalized programmatic changes and has placed quality initiatives at the forefront while allowing for improved multidisciplinary communication. Information is clearly communicated and with the quiz tool, staff training and comprehension is clearly measured.

Figure 1. Current state