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CREATING A CULTURE OF ONGOING LEARNING

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Orientation programs exist for nurses in all clinical areas. For the hematopoietic stem cell transplant (HSCT) specialty, an extensive orientation program has been developed for newer nurses to obtain a wealth of knowledge within the specialty. In the HSCT day hospital, the turnover rate is historically very low. While nurses were oriented upon initial employment, continuing educational opportunities were minimal, as the day hospital is off-site from the academic center. It was evident that employees were unaware and felt unable to attend continuing education due to the staffing challenges.

As transplants are better understood, and utilized in patients with different disease processes and more comorbidities, the acuity becomes higher in the outpatient environment. It is therefore imperative that nurses are prepared to critically care for this more acutely ill patient population through assessment and appropriate interventions. A HSCT nurse education program was developed for the outpatient staff to include opportunities for nurses to obtain specific needed education to maintain competence on current care and issues within HSCT. In developing the program, education style and preference were assessed. The Nurse Manager reviewed courses offered through the health system and determined courses that were relevant for each nurse to take. The Clinical Nurse Specialist provided insight into the long-term vision of the HSCT program. Developing a successful ongoing education program for experienced nurses that engages the nurses is vital to the success of this unique clinic.

Thirty classes were identified as necessary for continued competence. Prior to scheduling staff for continuing education 31% of the classes had been attended within the past 5 years. In advance, scheduling was accommodated to ensure staff was able to attend classes away from work. Since implementation (6 months ago), 42% of the classes has been attended with staff reporting appreciation of the opportunities offered. The staff has expressed a rejuvenated interest in continuing education, and is now exploring further opportunities on their own. This has also translated into staff being more aware, and providing further evidenced-based education to patients and their caregivers. Nurses that are involved, engaged, and take ownership of their education will have a positive effect on their environment and others. Having nurses and leadership involved will help create a culture of ongoing learning.

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INCREASE HCAHPS SCORES IN AUTOLOGOUS STEM CELL TRANSPLANT PATIENTS AT CLEVELAND CLINIC

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The Bone Marrow Transplant (BMT) Program at Cleveland Clinic (CC) prides itself with a 'Patients First' mantra. We have built a multidisciplinary staff to support and educate patients throughout their transplant process. Education binders are mailed to patients after their consult with a transplant physician. This binder contains educational material to assist patients and caregivers throughout the transplant process. The BMT nurse coordinators meet with patients and caregivers many times during the transplant process to educate, review and reinforce the educational material.

Prior to discharge, patients and caregivers have always been educated about post-transplant care, including the use of medications for symptom management. We recently chose to improve the process of medication communication to improve patient safety and satisfaction.

Beginning July 7th, 2011 the following changes were made to our autologous discharge protocol: 1) The BMT PharmD creates and reviews with the patient and family, a 'MedAction' form that includes each discharge medication. The form includes generic and brand names, dose, frequency, and the rationale for each medication. Medications for symptom management, often prescribed 'as needed', are especially important and often the directions can be

confusing for patients. 2) Caregivers obtain discharge medications from the pharmacy to allow the PharmD and the inpatient nurse to 're-review' the actual dispensed medication. These changes will help decrease confusion about new medications and should increase medication communication and compliance. 3) Autologous BMT patients are to be scheduled in the outpatient clinic for labs and possible treatment 2-3 days after discharge in lieu of having labs drawn near home. This gives patients and their nurse an opportunity to assess symptoms, discuss questions and concerns, and to review medications.

Table. Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) Scores for BMT Unit

	2007	2008	2009	2010	July and August 2011	Cleveland Clinic Goal thru 3 rd Quarter 2011
Medication	71%	63%	65%	70%	75%	68%
Communication						
Hospital Environment	55%	47%	60%	64%	67%	NA
Responsiveness	49%	58%	62%	67%	68%	73%
Nurse Communication	86%	79%	82%	81%	79%	81%
Doctor Communication	86%	74%	81%	73%	73%	86%
Discharge	87%	89%	97%	94%	92%	88%
Pain Management	78%	73%	78%	71%	72%	76%
Overall Assessment	79%	64%	86%	80%	79%	80%

As indicated in the table, our HCAHPS scores for medical communication have increased from 70% to 75% since our plan was implemented. The table displays the percentage of respondents who reply "Always" to the question about medical communication in the survey instrument.

We conclude that multidisciplinary process improvements to patient instructions and education improve patient satisfaction as reflected in post-discharge surveys.

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RITUXIMAB AND PPE: TO WEAR OR NOT TO WEAR? THAT IS THE QUESTION

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On the stem cell transplant (SCT) unit of a large comprehensive cancer center, current policy requires staff wear personal protective equipment (PPE) when administering drugs considered hazardous by Centers for Disease Control (CDC) and National Institute for Occupational Safety and Health (NIOSH) guidelines. Rituximab, a monoclonal antibody drug used as part of conditioning regimens for stem cell transplantation, falls under these guidelines. Each dose is administered over 4 to 8 hours and requires extensive monitoring, including frequent vital signs, rate changes, and assessment of the patient. Adorning PPE each time the nurse enters a patient's room becomes both time consuming and costly.

To address this issue, a group of nurses developed an evidenced-based work group to evaluate if the use of PPE was necessary when administering Rituximab. The group consulted the literature, obtained data on the cost of PPE, average infusion times, and identified the average number of times a room was entered during Rituximab administration.

The group found the average length of infusion was 4.8 hours, with 18.5 approaches, and the use of 1.7 chemotherapy/biotherapy gowns. The average cost of PPE per administration is \$75.98, not considering specific isolation restrictions or the need to enter the room more often. Reviewing the literature, CDC and NIOSH guidelines revealed that Rituximab is not considered a hazardous drug and has no adverse health effects through eye, skin, or mucous membrane contact (Genentech, 2011). In fact, the Genentech Company, producer of Rituximab, reports no special first aid measures are required after exposure of the drug except hand washing.