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Decreasing Clostridium difficile Infection Rates through Enhanced Practice Guidelines
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Topic Significance & Study Purpose/Background/Rationale: Clostridium difficile—associated disease (CDAD) is associated with increased length of stay, cost of care, and significant morbidity and mortality. The adult blood and marrow transplant population is at high risk for infection due to multiple factors. These factors include: prolonged neutropenia, antimicrobial use, conditioning regimens, immunosuppression, and the suppression of gastric acid. Starting in May 2013, our unit saw a sharp increase in our hospital acquired CDAD. Our goal was to decrease the number of hospital acquired CDAD infections on our unit by implementing new practice guidelines.

Methods, Intervention, & Analysis: In June 2013 our unit educator and CNS along with our coordinating council developed new practice guidelines to control the spread of Clostridium difficile. These guidelines were developed to be used in addition to our hospital’s comprehensive infection control policy. The new guidelines included universal gloving for all patient contact, restricting our unit kitchen to staff only, double bagging isolation linens and garbage, bleeding the linen carts after use and bleach wiping high touch-point areas in isolation rooms three times a day. We also put signs outside of each C. difficile room instructing visitors and staff to wash with soap and water. We began bleach wiping high touch-point areas throughout the unit on a daily basis. These guidelines were emailed to staff and also reviewed in monthly staff meetings.

Findings & Interpretation: In the Spring/Summer of 2013, our unit had the highest rates of CDAD in the hospital. Our peak rate was 14.2 per 1000 patient days. Through our new guidelines, we were able to decrease our rate to 2.8 per 1000 patient days.

Discussion & Implications: C. difficile infection prevention is an ongoing process. This summer, our unit saw a small spike in infection rates, and with re-education of last year’s guidelines via email and staff meetings, we’ve seen our rates decrease again.

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Happy Birthday. Again: Educating BMT Nurses and Patients about Infusion of Stem Cells
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Topic Significance & Study Purpose/Background/Rationale: The purpose of this project was to establish a program of competency for bone marrow transplant nurses regarding administration of Stem Cells on Day 0 of transplant hospitalization and to provide education to the patients and families about what to expect during transplant.

In this institution the responsibility of infusion of stem cells historically belonged to the midlevel providers and physicians. The literature does not specify who should administer the stem cells but the FACT (Foundation for the Accreditation of Cellular Therapy) standards state that “There shall be a policy addressing safe administration of cellular therapy products.” This project highlights education of nurses and nursing management during stem cell infusion and patient/caregiver education for monitoring of adverse reactions during and after infusion of stem cells. We realized the importance of training nurses correctly, making them feel comfortable with the procedure and providing patients with the safest stem cell administration possible.

Methods, Intervention, & Analysis: Development of a systematic education program was important to make sure nurses learned the knowledge behind the procedure of stem cell infusion. This included reading and understanding processes from BMT Standard Operating Procedures, preparing premeds, emergency equipment and IV supplies, verifying stem cell products with blood bank staff, performing stem cell infusion, monitoring vital signs and watching for signs of a reaction, and documenting the stem cell infusion.

Findings & Interpretation: We accomplished the development of a Stem Cell Infusion competency and training program, and 27 nurses have been fully trained to administer stem cells to BMT patients. Nine nurses are currently in training to administer stem cells. We developed resource materials to support new nurses in the learning the process, developed RN checklists for stem cell infusion procedure and developed patient education sheets in the UM Clearinghouse that simply explained the procedure of stem cell infusion for patients and families to learn.

Discussion & Implications: Patients feel comfortable when their nurse is involved in the Day 0 stem cell infusion. Patient feedback shows that nurses with confirmed competency, knowledge and skill, and the relationship with their patients and families have proven to be the ideal people to administer stem cells to their patients.

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Early Intervention with HSCT Patients to Improve Access to and Knowledge of Palliative Care
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Topic Significance & Study Purpose/Background/Rationale: Our purpose was to formally initiate palliative care services early (prior to admission) for Hematopoietic Stem Cell Transplant (HSCT) patients thereby improving access and knowledge for patients and their families throughout all hospitalizations. Physicians, nurses and patients/families struggle regarding issues related to palliative care. Statistics indicate that some HSCT patients have only a 15-45% survival rate at five years; therefore, could use the extra support. A practice gap existed between our practice for HSCT patients regarding palliative care and the recommended evidenced-based guidelines from the National Comprehensive Cancer Network (NCCN). The characteristics from NCCN that qualify patients for palliative care are indicative of many patients who are hospitalized for transplant.

Methods, Intervention, & Analysis: The palliative care team facilitated two meetings for the patients. Meeting #1 was outpatient prior to admission with a focus on information. Meeting #2 was inpatient approximately eight days post stem cell transplant with a focus on individualizing the plan of care for the patient. Interventions provided by palliative care included: Advanced Care Navigation – “preparedness planning” and consistent supportive communication. Discussion topics included: patient values and hopes, what is meaningful to them, collaboration about goals of care, and anticipatory guidance. A patient questionnaire was completed by the patient after the completion of meeting #2. An exit interview with the palliative care team at the
conclusion of the study was used to gather reflections which are included in the results.

**Findings & Interpretation:** Data collection occurred over a period of 17 months, with a total of 25 patients to complete the study. 92% of the patients felt they had the information needed to access palliative care. 84% of the patients reported an increase in knowledge about palliative care.

**Discussion & Implications:** Data indicates that there was an increased knowledge and understanding of palliative care, and an improved ability to access palliative care. Although the benefit of early palliative care is clear in the literature, anecdotal results reveal it is difficult to know when the patients will be emotionally and intellectually most ready to learn.

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**Providing a Safety Net for Bone Marrow Transplant (BMT) Survivors: Nurses and Telephone Triage**

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**Topic Significance & Study Purpose/Background/Rationale:** Long term follow-up (LTFU) of patients transplanted in an NCI-designated Cancer Center is a key ingredient for improving ongoing quality of life and overall survival. The telephone triage consult service at the Seattle Cancer Care Alliance answers the BMT-related questions of post-transplant survivors and their local providers after discharge from the Center. LTFU Telephone Triage is staffed Monday-Friday by registered nurses (RNs) who manage approximately 80 calls per week from a population of over 5,600 transplant survivors. This successful service demands expertise in the recognition of signs and symptoms of late acute and chronic Graft-versus-Host Disease (GVHD), infection, and other complications of transplantation. This department is an essential link in providing optimal post-transplant care in the survivor’s local community.

**Objectives:** Symptoms of transplant complications are caught early and appropriately treated to promote quality long term survival.

Collaboration between telephone triage team, survivors, family, and local providers improves quality of post-transplant care.

Meaningful research can be done to improve LTFU patient outcomes.

**Methods, Intervention, & Analysis:** Essential elements for a successful LTFU RN Telephone Triage service are: establishing and maintaining an organized service; teaching survivors how to access the service during their departure education; ensuring an accessible service; staffing with a dedicated, multidisciplinary team including support staff, transplant-experienced RNs, attending physicians with post-transplant expertise, and other specialty consultants; holding thrice weekly rounds for reviewing cases and formulating clinical recommendations; developing tools used to streamline patient monitoring such as the LTFU flow sheet, LTFU charts, RN Sign-outs, Center-specific LTFU clinical practice guidelines; cultivating positive working relationships with local medical providers; and utilizing sophisticated electronic systems.

**Findings & Interpretation:** Continued access to LTFU experts is critical in assisting survivors and their local practitioners in managing care. Telephone triage serves as a safety net for these survivors with complex and unique needs after transplant.

**Discussion & Implications:** Patient satisfaction for the LTFU service is high and meaningful research continues to improve outcomes as we identify new areas for intervention from this population. The ultimate metric of success of the telephone triage team work is seen in the exceptional 1-yr and 5-yr survival outcomes at the Seattle Cancer Care Alliance.