

Discussion & Implications: Staff engagement is essential in hospital efforts and evidence-based practices to improve quality of care for optimal patient outcomes. Nursing leadership is instrumental in providing structure, consistency, and specific feedback on progress as well as real time CLABSI rates to the team. CLABSIs are common and can be fatal in the transplant population. Continued surveillance of techniques and practices learned are ongoing and monitored for compliance. Improvements in all aspects of nursing care with meticulous infection control techniques and environmental monitoring is essential for improved patient outcomes and reducing CLABSI rates in a bone marrow transplant population.

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Psychosocial Distress Screening: Application of the Oncology Standard to HCT

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Topic Significance & Study Purpose/Background/Rationale: Maintaining a standardized process for psychosocial distress screening (PDS) for cancer patients is a 2015 standard for Commission on Cancer accredited hospitals. While many patients undergoing hematopoietic cell transplantation (HCT) have a cancer diagnosis, there are distinctions between the HCT process and oncology care, including the significant role of the HCT caregiver and the treatment of non-cancer diseases. These variations require modification of PDS processes to fit the HCT setting. The objective was to develop and implement a phone-based PDS process for patients and caregivers pre-HCT.

Methods, Intervention, & Analysis: An evidence based approach was used to apply an oncology-based PDS standard to HCT. This approach included: 1) review literature on PDS practices for HCT; 2) select and modify a screening tool; 3) develop a pilot program and evaluation plan; and 4) use preliminary results to guide program changes.

Findings & Interpretation: The literature review resulted in 359 abstracts (PubMed, 2009 – 2014); 41 relevant articles were synthesized. From among 16 screening tools, the Distress Thermometer was selected with associated problem lists and referral plans tailored to HCT. An implementation plan for the phone-based PDS pilot was developed. Program objectives were to: 1) design a standard process for PDS in HCT; 2) determine average PD score of pilot participants; and 3) provide participants with appropriate resources and/or referrals to address psychosocial needs. Preliminary results will be presented including: 1) baseline data for developing goals around number of PDS completed and referrals made; 2) mean PD score of pilot participants, 3) perceived helpfulness of PDS (staff); and 4) overall satisfaction with program (staff).

Discussion & Implications: These results will inform the comprehensive formative evaluation plan. Lessons learned from this evidence-based pilot program will provide relevant insight to nurses and social workers adapting this standard to their practice. 1. American College of Surgeons Commission on Cancer. Cancer Program Standards 2012, Version 1.1: Ensuring Patient-Centered Care. Available at: <http://www.facs.org/cancer/coc/programstandards2012.html>. Accessed February 20, 2014. 2. Ransom, S., Jacobsen, P. B., & Booth-Jones, M. (2006). Validation of the Distress

Thermometer with bone marrow transplant patients. *Psycho-Oncology*, 15(7), 604–612.

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The Perceived Value of the Case Manager Role By Blood and Marrow Transplant Patients

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Topic Significance & Study Purpose/Background/Rationale:

Many transplant programs utilize the role of transplant case manager/coordinator/navigator (CM) to coordinate care and services for patients undergoing a blood or marrow transplant. There is minimal literature available to describe the significance of the CM role for Blood and Marrow Transplant (BMT) patients. The purpose of this study was to examine the patient's perception of both importance and performance of selected core competencies by the BMT CM.

Methods, Intervention, & Analysis: Adult patients who had received a transplant were surveyed to determine the importance and performance of five selected core competencies (Oncology Nursing Society *Oncology Nurse Navigator Core Competencies*, 2013). The anonymous survey used a five item Likert scale to assess importance and performance of the core competencies. Demographic questions included: cancer diagnosis, type of transplant, sex, time since transplant, and distance traveled to transplant center. Over a period of 5 weeks, the survey was distributed to patients at check-in for a post-transplant clinic appointment. Eighty surveys were distributed with a 75% return rate. 56 surveys were used for analysis of importance and performance of core competencies.

Findings & Interpretation: Overall, the results were exceedingly positive. The majority of patients perceived the importance of the five competencies as "very important." Patients also indicated that they "strongly agreed" that CMs are consistently performing the five core competencies. No significant differences were found when comparing sex, type of transplant, distance travelled, time since transplant or diagnosis. Numerous positive comments were included by the patients. The high return rate may be interpreted that patients value the role and feel a vested interest in sharing their view regarding the role. Limitations to this study include the small sample size and only one institution is represented.

Discussion & Implications: The role of case manager/coordinator/navigator has been associated with positive outcomes, including increased satisfaction, increased cost effectiveness of care, and improved adherence to treatment regimens. The transplant case manager plays a significant role in the care of the BMT patient. This study suggests that patients find the role of case manager extremely valuable.

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Development and Usage of Algorithms Demonstrate Cost Savings and Increased Efficiency in Peripheral Blood Stem Cell Mobilization and Collection

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