

TRANSPLANT NURSING CLINICAL

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A Multi-Disciplinary Approach to Reducing Hospital Acquired C. Difficile in the BMT Patient PopulationCarrie Aurin¹, Andrea Scurria², Dave Krugh²,
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Topic Significance & Study Purpose/Background/Rationale: Patients receiving a Blood and Marrow Transplant (BMT) have an increased likelihood of developing Healthcare-acquired (HA) Clostridium difficile (CD). HA CD increases mortality by 4.5% and length of stay by 2.3 days at a mean cost of 6,000 per day. A multi-disciplinary workgroup was organized to identify opportunities for reducing HA CD using DMAIC principles. Nursing representation on this workgroup was essential to educate patients, families, and other members of the health care team of best practices while maintaining these practices during the implementation and control phase. The purpose of the presentation is to present the resulting data of a multi-disciplinary driven team to reduce HA CD in the BMT Patient Population.

Methods, Intervention, & Analysis: Workgroup members met bi-weekly during the Define and Measure Phase of the project to review current projects, best practices, and current infection rate data, that are calculated based on rate per 10,000 patient days. Initially, the BMT unit piloted use of a sporocidal disinfectant without reduction in HA CD. Emphasis was subsequently placed on hand hygiene compliance, anti-microbial stewardship, reduction in use of proton pump inhibitors, development of an enteric contact isolation procedure, utilization of bleach targeting high-touch surface areas, areas with possible contamination, and full discharge cleaning post discharge along with high touch surface quality audits.

Findings & Interpretation: Utilizing a multi-disciplinary approach towards reducing HA CD, there was a 47% reduction in HA CD in our BMT unit, which has been sustainable over time. In reviewing best practices, the CDC and OSHA have guidelines recommend using bleach as a broad spectrum germicide on pathogens such as CD spores.

Discussion & Implications: BMT patients have multifactorial causes for diarrhea. This multidisciplinary approach successfully reduced the rate of HA CD while expanding practices to the Acute Leukemia Unit and can be used as a model for other BMT Programs.

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Medical Oncology Unit's Road to Competence in Autologous Stem Cell Transplant

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Topic Significance & Study Purpose/Background/Rationale: On a 24 bed Blood and Marrow Transplant Unit (BMTU), there are periods of high patient census that make it difficult for the patient to remain in the BMT unit during the transplant process. During these times, lower acuity patients receiving autologous stem cell transplants may be admitted to the

medical oncology unit to begin chemotherapy or transferred into the unit to complete the last few days of count recovery. In early 2012, the hematology-oncology unit was designated as the overflow for BMT. A plan was implemented in June 2012 to cross-train hematology-oncology nurses to autologous stem cell transplantation.

Methods, Intervention, & Analysis: 1) All hematology-oncology nurses receive classroom education covering basics of autologous stem cell transplantation, BMTU procedures, and skills review. 2) Each nurse is oriented to autologous stem cell transplantation on the BMT unit by an experienced BMT nurse for six-twelve hour days. The experienced BMT nurse follows a specific check-list designed to introduce the orienting nurse to all aspects of caring for an auto transplant patient. 3) Each nurse must pass a basic knowledge exam and is validated in the infusion of autologous stem cells during the course of orientation.

Findings & Interpretation: All the nurses attending the autologous transplantation education have passed a knowledge based electronic test on the topic. Nurses are currently being oriented to autologous stem cell transplantation as census and staffing allow. Each nurse is skills validated in autologous stem cell infusion at the end of orientation.

Discussion & Implications: The project involves cross-training of existing medical oncology nurses to autologous stem cell transplantation. However, the interventions discussed can be applied to cross-training nurses within a facility to care for a secondary patient population.

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Information to Coming BMT Patients - Creating a Web Site

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Topic Significance & Study Purpose/Background/Rationale: As transplant coordinators we have the first contact with all Bone Marrow Transplant (BMT) patients referred to our unit. Our experience is that the patients have a lot of questions concerning transplant. Initial information about BMT is given at a different hospital, by physicians and nurses not specialized in BMT. Purpose To identify what information is given to the patient from diagnosis until being admitted to the transplant unit. What information is needed from patient, doctors and nurses' perspective and how it should be given?

Methods, Intervention, & Analysis: To prepare the participants for an interview, we created a semi structured questionnaire and emailed it to eight doctors and nurses at five referring hematology units in Denmark. All agreed to participate. Seven interviews were carried out over the phone and one in person. Questionnaires were handed out to eight patients who received their transplant during September and October 2012. All agreed to participate. Patients were interviewed in person at the hospital. Two focus group interviews were conducted among nurses in the in- and outpatient BMT-clinic.

Findings & Interpretation: All participants stated that they would like more information about time range from diagnosis to the time of transplant. Neither staff from referring hematology units nor patients had the full view of time from HLA typing is performed to the time of transplant. The patients stated that lack of time frame made them and their family frustrated since there are economic, work related, and social arrangements to take care of before transplant. Their idea was that information could be carried out as a small