

those patients who were held pending the CD34 results. However, it was observed that the lab receipt time for these patients was equivalent to our baseline. Using the HPC parameter and a cutoff of 30, mobilization was adequately predicted 86.4% of the time. For Table 1 n=66.

**Table 1**

	HPC > 30	HPC < 30
CD34+ > 10	56.1%	6.1%
CD34+ < 5	7.6%	30.3%

**Conclusion:** Based on these findings, it was determined that this approach for evaluating patient readiness for collection provides an opportunity to reduce time from arrival in the donor room to start of collection. However, further adjustments in communication and scheduling the delivery of the product to the processing laboratory is required to take advantage of the earlier availability of the product. Upon further investigation, the earlier arrival of products coincided with times that had been historically underutilized and had been repurposed for lab meetings and other tasks. This approach does provide an opportunity to reduce downtime in the overall process and better control utilization of resources.

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### Improving Patient Satisfaction in the Outpatient BMT Clinic Setting

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Patient satisfaction is an overall goal for every clinical area, and many hospitals utilize a standardized survey tool to obtain data on how each specific inpatient or outpatient area of the hospital is performing. The satisfaction of our patients in the outpatient setting has been a primary focus of the UNC Bone Marrow & Stem Cell Transplant Program. With larger patient volumes, improving patient satisfaction scores remains a priority.

During the first quarter of 2011, our Press Ganey Patient Satisfaction Scores – the measurement tool utilized by our facility – was in the 78<sup>th</sup> percentile (for large health care systems nationally). Realizing the frequency with which BMT patients must spend time in the clinic setting, patient satisfaction is crucial. At the close of Fiscal Year 2012, our BMT Clinic ascended to the 95<sup>th</sup> percentile and was the top rated clinic of all 84 outpatient clinics in our hospital system.

Creating an afternoon Clinic Huddle to review patients for the following day was an integral part of improving patient satisfaction. This huddle includes any team member who has a patient scheduled to be seen the next day. By meeting each afternoon, communication within the team improved substantially. Nurses had less confusion about labs requested, APPs were clear which orders needed to be written and nurse coordinators reviewed any patient issues with the group. Multidisciplinary updates provide an entire picture of the patient. These huddles augmented team communication to the point where add-on lab draws decreased substantially over the first year.

A separate phlebotomy area was established and patients arrive at least thirty minutes prior to their appointment to

have labs drawn. This enables results to be in hand by the time the provider sees the patient which expedites their ability to create a plan of care while the patient remains in the clinic.

Rounding occurred more frequently once patients were in the exam room. Listening to the voice of the patient helped to identify areas for improvement such as modifying pre-transplant education or waiting room niceties.

Continuing to improve patient satisfaction is a vital programmatic initiative as the number of patients we care for in the outpatient setting continues to grow exponentially as our transplant numbers increase annually. The flexibility of this Program's team to embrace new practices in order to benefit our patients' outpatient experience is a process change worth sharing.

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### Establishing a Post-Hematopoietic Stem Cell Transplant Immunization Clinic: A Single Institution Experience

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**Background:** Antibody titers from vaccinations administered prior to hematopoietic stem cell transplant (HSCT) for vaccine-preventable diseases (e.g., tetanus, polio) decline 2-5 years after both allogeneic and autologous HSCT. The lack of protective titers to vaccine preventable diseases poses a threat to the immunosuppressed patient population. At Memorial Sloan-Kettering Cancer Center, data indicate that among those eligible to receive vaccination post HSCT, many were not timely immunized or did not receive full recommended series. An immunization clinic for this population was established to increase access, provide timely vaccination administration, and decrease risk to vaccine preventable disease for this population.

**Population:** Patients with leukemia, lymphoma or plasma cell disorders at minimum of 9 months post allogeneic or autologous HSCT, referred by a primary practitioner.

**Project Description:** To establish a centralized clinic led by an advanced practice nurse dedicated to the immunization of the HSCT population. The approach consisted of a multi-phase implementation: implementation of standardized treatment guidelines, creation of patient and staff education materials, and the creation and implementation of computer-based data collection systems.

**Conclusion:** Preliminary results of this project demonstrate that the establishment of a centralized immunization clinic increases access to care, improves patient education, and promotes use of standardized guidelines at this institution. This clinic served over 179 HSCT patients, cataloguing 363 unique visits, within its first 12 months of inception. This presentation will include data related to the feasibility of establishing a vaccination clinic as an effective intervention for purposes of increasing access and standardizing evidence-based patient care. Data presented will include the barriers to clinic implementation, rate of vaccination since clinic inception, and the development of a documentation system for data capture related to post HSCT immunization practices. Increasing access and providing comprehensive immunization treatment plans for this patient population may reduce risk to vaccine preventable diseases.