

reported no benefit in clinical outcomes, and in fact some reports of detrimental effect, the majority of responding transplant centers continue its use. Furthermore, timing for initiating GCSF varied from D0 to D+12 in those centers.

**Table 1**

| Institution # | Cords    | RIC/nonmyeloablative BM/PBSC | Myeloablative BM/PBSC  |
|---------------|----------|------------------------------|------------------------|
| 1             | D+1      | Not used                     | Not used               |
| 2             | D+1      | D+7                          | D+7                    |
| 3             | D+7      | D+7                          | D+7                    |
| 4             | D+1      | Not used                     | Not used               |
| 5             | D+1      | Prn MD/clinical status       | Prn MD/clinical status |
| 6             | D+5      | D+5                          | D+12                   |
| 7             | Not used | Not used                     | Not used               |
| 8             | D0       | D+5                          | D0                     |

In the current environment of reducing healthcare costs, these findings suggest the need for reevaluation of its use.

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### A Multidisciplinary Intervention Fosters Dissemination and Rapid Implementation of Evidence Based Medicine

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Research regarding the promotion of evidence based medicine (EBM) suggests that a common barrier to the transition from knowledge acquisition to implementation may be a lack of acceptance from other members of the multidisciplinary healthcare team. A needs assessment conducted on our Pediatric Blood and Marrow Transplantation (PBMT) unit suggested that a journal club would be an effective method to promote EBM. A multidisciplinary journal club (MJC) was introduced to: (i) promote new, valid and relevant evidence into the clinical pipeline; (ii) reduce barriers to implementation of new innovations associated with lack of multidisciplinary collaboration; (iii) foster multidisciplinary communication; (iv) generate new ideas for research; (v) promote EBM. Each month, 3 presenters discussed articles related to their individual scope of practice, related to PBMT. Articles were screened for relevance, innovation and validity by members of a MJC committee. Attendees/presenters included PBMT team members and members of healthcare teams which frequently interact with PBMT. A group discussion followed each presentation with regard to relevance, applicability and implementation of innovations presented. A survey was conducted after 7 consecutive MJCs to determine its impact. Characteristics of attendees (n=53) and presenters (n=19) are shown in Table 1. 100% of PBMT physicians, hospitalists, social workers, nurse practitioners and child life specialists and 50% PBMT nurses attended more than one MJC. Results of the impact survey demonstrated that 90% of respondents (n=21) "thought the articles presented were relevant to their clinical practice." 67% reported that they gained new insights by attending MJC and could identify specific ways to apply concepts discussed. At least six innovations were implemented (changes in practice [n=3] and multidisciplinary research proposals [n=3]) over seven months, as

**Table 1**  
Characteristics of MJC attendees/presenters

| Multi-disciplinary team member       | Past Attendees (n=53) | Past Presenters (n=19) | Upcoming presenters (n=15) | EBM innovations implemented (n=3) | Innovative research proposed (n=3) |
|--------------------------------------|-----------------------|------------------------|----------------------------|-----------------------------------|------------------------------------|
| Blood Bank                           |                       |                        | 1                          |                                   |                                    |
| Chaplain                             |                       |                        | 1                          |                                   |                                    |
| Dietitian                            |                       | 0                      | 1                          |                                   |                                    |
| PBMT Attending Physician             | 4                     | 1                      | 1                          | 1 <sup>^</sup> #                  | 1                                  |
| PBMT Hospitalist                     | 4                     | 1                      | 2                          |                                   |                                    |
| PBMT Child-Life Specialist           | 1                     | 0                      | 1                          |                                   |                                    |
| PBMT Nurse Practitioner              | 31                    | 7                      | 5                          | 1 <sup>^</sup>                    |                                    |
| PBMT Pharmacist                      | 4                     | 4                      | 1                          | 1 <sup>^</sup>                    | 1+                                 |
| PBMT Social Worker                   | 1                     | 1                      |                            | 1#                                |                                    |
| Pediatric Hematology-Oncology Fellow | 2                     | 2                      |                            |                                   | 1                                  |
| Palliative Care Psychologist         | 3                     | 1                      | 1                          |                                   | 1 <sup>^</sup>                     |
|                                      | 2                     | 1                      |                            |                                   | 1 <sup>^</sup>                     |
|                                      | 1                     | 0                      | 1                          |                                   |                                    |

+<sup>^</sup># indicates collaboration

a direct result of articles presented at MJC (Table 1). Most successfully implemented innovations involved collaboration between multidisciplinary team members. Promotion of EBM can be achieved by a multidisciplinary approach. A MJC allows for rapid implementation of innovation by promoting more simultaneous acceptance from all members of the multidisciplinary healthcare team.

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### Moving Practice Forward: Standardization of Infusion Times for Hematopoietic Cells Utilizing an IV Pump

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**Significance:** BMT recipients have a 12F central venous catheter (CVC) placed prior to transplant to accommodate hydration, medications, and blood testing. This catheter is also required to ensure rapid infusion of hematopoietic cell products via gravity. Variation of cell product infusion time exists during gravity infusions related to patient symptoms, patency of the CVC, rate at which the nurse infuses the product, types of cells infused. Standardizing the cell product infusion time utilizing an IV pump eliminates variation and provides both the nurse and patient with a better experience.

**Purpose:** The main purpose was to determine if hematopoietic cells infused via IV infusion pump over a set period of time provided patients with less symptoms than gravity infusions and nurses with a more efficient way of delivering cells.

**Interventions:** Practices of hematopoietic cell infusions at other transplant centers were assessed. Cell viability of cryopreserved cell products after utilizing an IV pump for infusion was determined. Samples of frozen products were infused via IV infusion pump to determine cell viability post infusion. A new procedure was written to infuse