**Problem:** Despite awareness and implementation of infection prevention practices at South Texas Veterans Health Care System (STVHCS), Bone Marrow Transplant Unit (BMTU) patients continue to acquire Methicillin Resistant Staphylococcus Aureus (MRSA). MRSA is life-threatening for immunocompromised patients in BMTU.

**Evidence:** Research indicated that enhanced daily environmental cleaning and disinfection of frequently touched patient care areas reduces the risk of MRSA transmission.

**Strategy:** With coordination from nursing, infection control, BMTU patients, and key personnel, culture swabs were collected from multiple environmental sites in BMTU. Pictures showing growth of MRSA spores on culture media were taken and distributed to BMTU staff and patients. Point-of-care education was provided to BMTU staff and patients to create awareness on the importance of hand hygiene and enhanced environmental cleaning. Patients and family members were informed of the intervention on admission.

**Practice Change:** Implementation of “Take 3 at 3 on BMT” was initiated with interdisciplinary team support. At 3 AM and 3 PM, BMTU staff cleaned three high touch areas or items such as door knobs, computers, and phones with the appropriate cleaning solution and Aepti-wipes. Systems for improved patient family education regarding infection prevention practices were developed.

**Evaluation:** The intervention was presented to nursing leadership and plans were drafted for hospital-wide implementation. Patients and family members continue to perform the program with staff and were empowered to ask BMTU personnel about hand washing.

**Results:** Continuous monitoring was necessary to track improvement of MRSA acquisition rates.

**Recommendations:** Participation and support of the interdisciplinary team was imperative prior to implementation. Assessment of staff perceptions related to non-compliance with infection prevention practices such as hand hygiene need to be discussed prior to program implementation.

**Lessons Learned:** Staff buy-in was needed for program initiation and implementation. Empowering patients and family members to manage their health and environment was a key factor in the program’s continuation and success.

**Bibliography:**
