

Transitions of Care: A Hematopoietic Stem Cell Transplantation Nursing Education Project Across the Trajectory

Brenda Thomson, RN, BSN, PHN, MSN, Gerry Gorospe, RN, BSN, PHN, MSN, Liz Cooke, RN, MN, ANP, AOCN®, PMHNP-BC, Pam Giesie, RN, MSN, CNOR, and Shirley Johnson, RN, MS, MBA



© monkeybusinessimages/iStock/Thinkstock

Background: Hematopoietic stem cell transplantation (HCT) is a complicated treatment modality used to address hematologic malignancies and other disorders. The complex care of patients undergoing HCT places them at high risk for poor outcomes during times of transition. Education is a critical component of preparing patients and caregivers to move through the many phases of the HCT treatment trajectory (i.e., preadmission, preparative regimens, inpatient admission, discharge, outpatient management, survivorship).

Objectives: The purpose of this article is to provide a useful systematic approach to the standardization of patient teaching methods across various professional nursing roles in the HCT trajectory (i.e., nurse coordinator, midlevel staff, case manager, inpatient nurse, day hospital nurse) in an effort to improve outcomes related to patient transitions.

Methods: A performance improvement project based on physician and health services researcher Avedis Donabedian's conceptual framework was implemented at a National Cancer Institute–designated comprehensive cancer center in the western United States, with the intention of enhancing nurses' knowledge and standardizing the education of patients undergoing HCT and their caregivers from pretransplantation to survivorship.

Findings: Donabedian's framework was a helpful model in enacting changes focused on transitions in care for the population of patients undergoing transplantation. For this population, implementing and sustaining coordinated care across multiple nursing roles in a treatment trajectory is complex. However, early possible indicators of success (e.g., decreased length of stay, lower readmission rates) were promising outcomes.

Brenda Thomson, RN, BSN, PHN, MSN, is the director of case management and village operations, Gerry Gorospe, RN, BSN, PHN, MSN, and Liz Cooke, RN, MN, ANP, AOCN®, PMHNP-BC, are clinical nurse managers in the Department of Hematology and Hematopoietic Cell Transplantation, Pam Giesie, RN, MSN, CNOR, is an associate chief nursing officer, and Shirley Johnson, RN, MS, MBA, is the chief nursing and patient services officer, all at City of Hope National Medical Center in Duarte, CA. The authors take full responsibility for the content of the article. The authors did not receive honoraria for this work. The content of this article has been reviewed by independent peer reviewers to ensure that it is balanced, objective, and free from commercial bias. No financial relationships relevant to the content of this article have been disclosed by the authors, planners, independent peer reviewers, or editorial staff. Thomson can be reached at brthomson@coh.org, with copy to editor at CJONEditor@ons.org. (Submitted June 2014. Revision submitted November 2014. Accepted for publication November 21, 2014.)

Key words: hematopoietic stem cell transplantation; transitions; education; performance improvement

Digital Object Identifier: 10.1188/15.CJON.E74-E79

Used to treat hematologic malignancies and other disorders, hematopoietic stem cell transplantation (HCT) is an intensive and life-threatening process. Nurses play a unique role, having the opportunity to step into this process and address the educational needs of patients and caregivers at each transition and treatment phase on the trajectory of transplantation care (Brant & Wickham, 2013). Knowledgeable nurses will be able to address these needs while also understanding various physical, psychosocial, caregiver, survivorship, and literacy

issues and providing education at the appropriate readiness, informational, and developmental levels for patients and caregivers (Cohen, Jenkins, Holston, & Carlson, 2013; Khera et al., 2011; Syrjala et al., 2011). Although some studies have discussed the educational needs of patients undergoing HCT, few have explored the complete needs of patients across the entire trajectory of transplantation care, including the preadmission, admission, outpatient, survivorship, and palliative care dimensions (Brown, 2010; Cooke, Chung, & Grant, 2011; Cooke, Gemmill, & Grant, 2008, 2011).