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). 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).

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.