Improving Transitions of Care With an Advanced Practice Nurse: A Pilot Study

Martha Tan-Fu Hsueh, DNP, RN-BC, and Kathleen Shannon Dorcy, RN, PhD

Gaps in complex oncology care coordination between inpatient and outpatient settings can result in treatment and monitoring delays and omissions, which can negatively affect patient outcomes. Gaps also exist for patients facing complex treatment modalities and collaborations between multiple care teams working at geographically distant sites. A pilot advanced practice nurse care coordinator (APNCC) role to coordinate these complex care transitions and implement processes for safer and more efficient care has shown promise.

At a Glance
- Treatment and monitoring delays can negatively affect patient outcomes.
- The APNCC can minimize transition gaps, improve patient safety, and increase the quality of care delivery through effectiveness and efficiency.
- The APNCC pilot program reduced patient length of stay and infection rates.

Methods

The aim of the pilot study was to reduce length of stay (LOS), lower readmission rates, and decrease delays and misses in treatment during transitions from inpatient to outpatient care. The pilot was initiated with three resident physician teams who care for about 50% of all inpatients with cancer in the hospital.

The advanced practice nurse care coordinator (APNCC) is a non-rotating member of the interprofessional team. When a patient is admitted to the hospital, the APNCC performs a comprehensive clinical, functional, social, and insurance assessment via chart audit to propose the best disposition plan. Throughout the stay, the APNCC coordinates and collaborates with other interprofessional staff to promote the most efficient transitions. The APNCC reassesses needs on a daily basis, adjusts the care plan accordingly, and communicates with team members to prepare the patient for the target discharge date and disposition.

During the pilot study, standardized communication mechanisms were developed between inpatient and outpatient teams to promote timely dialogue concerning patients’ evolving needs. Standardized practice guides, computer-generated orders, and extensive referral lists also were developed. Standardized practice guides, developed by the APNCC, included a central line management guide, male/female fertility preservation guides, and a home infusion order guide to ensure efficient and effective care transitions. A computerized physician order entry (CPOE) system...