Early Intervention With Transplantation Recipients to Improve Access to and Knowledge of Palliative Care

Karen L. Harden, MS, RN, AOCNS®, BMTCN®, and Josette A. Schembri, BSN, RN, OCN®

Background: The literature continues to support that patients undergoing hematopoietic stem cell transplantation (HSCT) receive early consultation with palliative care specialists. Nurses can be leaders in this initiative.

Objectives: This quality improvement project was conducted to determine whether patients undergoing HSCT, who were provided an early consultation with palliative care, would report increased knowledge and increased ability to access palliative services.

Methods: Patients completed a postintervention questionnaire in which the majority of patients reported that they had increased knowledge about palliative care and learned how to access their services.

Findings: Patient comments were positive about the successful intervention of early palliative care. The palliative care team, however, revealed a different view of the situation, showing that patients were often overwhelmed, anxious, and sometimes did not remember the content of their meetings.

Background

Palliative care improves the quality of life of patients and families facing chronic life-threatening illnesses. This is accomplished by using assessment and early identification to prevent suffering and provide relief for physical, psychosocial, and spiritual issues (Bruera & Hui, 2010). Noteworthy benefits of palliative care include symptom management, coping strategies, education for patients about their illness, and increased understanding of the prognosis (Yoong et al., 2013).

Patients, families, and the healthcare team benefit from knowledge of palliative care services. Temel et al. (2010) reported that significant improvements were noted in quality of life and mood when palliative care was initiated early in a population of patients with lung cancer. Patients with lung cancer who were in a palliative care setting tended to have less aggressive care at the end of life. In addition, they had significantly longer survival. A better understanding of palliative care and what it can provide may make patients and families more receptive.

Therefore, the purpose of this quality improvement project was to initiate early palliative care services (prior to initial admission) for patients undergoing hematopoietic stem cell transplantation (HSCT) and to improve access to and knowledge of palliative care from the initial admission throughout the cancer care journey. The intervention occurred in the form of two meetings between a patient (family members were included if present) and a palliative care nurse practitioner. Following the palliative care intervention, patients reported a significant improvement in their knowledge about palliative care. In addition, 92% of patients felt that they had the information needed to access palliative care in the future.

Background

The American College of Surgeons Commission on Cancer (CoC) included palliative care recommendations in the Cancer Program Standards 2012: Ensuring Patient-Centered Care. The new recommendations stated that “the availability of palliative care services is an essential component of cancer care, beginning at the time of diagnosis and being continuously available throughout treatment, surveillance, and, when applicable, during bereavement” (CoC, 2012, p. 70). A 2011