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Discharge Needs of Allogeneic Transplantation Recipients

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Hematopoietic cell transplantation (HCT) recipients are one of the most complex patient populations to teach at the time of discharge. The purpose of this article is to discuss the qualitative themes that emerged at the time of discharge for 141 transplantation recipients who were enrolled in an advanced practice nurse (APN) intervention study. The APN intervention consisted of six teaching sessions, and the qualitative data for this article involved the first session at the time of discharge. Content analysis was conducted on the patient-initiated narrative content and structured into three groups: content scheduled to be covered at Session 1, content scheduled to be covered at a later session, and content that was not part of the scripted intervention. All topics were organized into the quality-of-life framework (physical, psychological, social, and spiritual or survivorship). Most of the patient-initiated topics, which were not part of the scripted intervention, were psychosocial in nature. Nurses need to be aware of the complex teaching needs that encompass not only physical issues but also psychosocial issues at discharge. That teaching awareness needs to be coupled with flexibility, competence, and comfort with challenging psychosocial issues.

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The National Marrow Donor Program ([NMDP], 2012) reported that about 25,000 allogeneic hematopoietic cell transplantations (HCTs) (e.g., bone marrow, peripheral blood stem cell, cord blood) are performed annually worldwide. This fast-growing specialty is considered a standard of care for many hematologic cancers. HCT recipients are perhaps the most complex population among patients with cancer because of the number of complications, increased mortality, long trajectory of rehabilitation, immune function complexity, and patient and procedure intensity. The first weeks and months after transplantation may be filled with unexpected readmissions and setbacks from factors such as graft-versus-host disease, infection, relapse, and gastrointestinal complications (Cooke, Gemmill, Kravits, & Grant, 2009).

When HCT recipients approach the time of discharge, distress may actually increase (McQuellon et al., 1998). The informational needs for the patient and caregiver can be overwhelming as they both struggle to learn about infections, infection precautions, eating again, rehabilitation needs, and signs and symptoms to immediately report to the healthcare team. Although patients look forward to leaving the hospital, the care remains very complex and informational needs are high at the

time of discharge. Readmission rates of 51% have been reported with the HCT population, but adequate educational preparation at the time of discharge may have the potential to affect the number of readmissions and subsequent readmissions' length of stay (Grant, Cooke, Bhatia, & Forman, 2005). Transplantation units are trying various models of care delivery to lower costs and improve outcomes (Schmit-Pokorny, Franco, Frappier, & Vyhldal, 2003).

Hospital stays have become shorter, diseases have become more chronic, technology has advanced, and hospitalized patients are more acutely ill with chronic conditions and complex needs (Foust, 2007). Interest has grown in refining discharge teaching for acute patients to decrease unscheduled readmissions and preventable complications. However, that interest to decrease admissions coupled with the shortened length of stay because of economic factors heightens the importance of adequate discharge teaching (Jacobs, 2000). Research has shown that patients' knowledge and information at discharge can be minimal and, in many informational areas of need, patients felt they were not given essential specifics (Holloway, 1996). HCT recipients remain one of the most fragile populations to prepare for discharge and present a challenge for the nurse to be information ready. The purpose