Downloaded on 07 21 2019. Single-user license only. Copyright 2019 by the Oncology Nursing Society. For permission to post online, reprint, adapt, or reuse, please email pubpermissions@ons.org

Transitional Care

Methods and processes for transitioning older adults with cancer in a postacute setting

Michelle L. Jackson, MSN, NP-BC

BACKGROUND: The concept of transitional care and the methods and processes to efficiently and effectively transition patients between a variety of care settings remains a continuous healthcare goal. Despite the numerous transitional care models that have been developed and implemented in a myriad of healthcare settings, increasing healthcare costs and substandard patient outcomes persist.

OBJECTIVES: This article will examine the topic of older adults with cancer when transitioned to a skilled nursing setting and the challenges they may face along the care continuum. In addition, it will look at the continuity of care between the hospital and skilled nursing facility, as well as explore some of the clinical difficulties experienced by older adult patients with cancer in the postacute care setting.

METHODS: Keyword searches were conducted in a selected literature review of CINAHL®, Ovid, PubMed, and Google Scholar databases.

FINDINGS: Successful transitional care models are built around effective communication and often include an interprofessional team approach and/or a nurse navigator to aid in the effective execution of medical treatment and patient care plans.

KEYWORDS
transitional care; care coordination; older adults; skilled nursing facility

DIGITAL OBJECT IDENTIFIER
10.1188/18.CJON.S2.37-41

A RECENTLY RETIRED 68-YEAR-OLD DIVORCED WOMAN NAMED J.S. presented to the emergency department after two days of experiencing diffuse abdominal pain and a decrease in appetite. J.S. has a past medical history of hypertension, hyperlipidemia, hypothyroidism, and gastroesophageal reflux disease. A computed tomography scan of the abdomen was performed in the emergency department and revealed cholelithiasis, wall thickening, and fluid around the gallbladder. J.S. was taken to the operating room to undergo a laparoscopic cholecystectomy and lymph node biopsy. The pathology report showed an approximately 1 cm well-differentiated gallbladder adenocarcinoma with involvement of two nearby lymph nodes. J.S. was given a diagnosis of stage IIIB gallbladder cancer.

After an uncomplicated surgical course and five-day hospital length of stay, it was determined by the hospital medical team that J.S. was medically stable and physically independent in all areas of her care and would, therefore, be appropriately discharged from the hospital directly to her home where she lives independently. At the time of her discharge, J.S. was given appointment dates and times to follow up with her primary care provider, as well as an oncologist whom she would now establish care with to begin chemotherapy treatment for her diagnosis of gallbladder cancer. J.S. met with the oncologist within one week of the hospital discharge and was given a six-month systemic chemotherapy treatment to be administered via IV, once a week for three continuous weeks, followed by a three-week recovery period.

J.S. believed that her first week of chemotherapy went well and she only experienced some generalized weakness without any other complaints or concerns. However, after the second week's treatment, J.S. began experiencing extreme fatigue and developed a fever along with severe diarrhea, nausea, and vomiting. J.S. was transported to the emergency department and ultimately required a three-day hospital stay for severe dehydration and bacteremia from sepsis secondary to urinary tract infection. While in the hospital, J.S. was ordered a 14-day course of IV antibiotics; she also received IV hydration and total parenteral nutrition because she was now experiencing symptoms of anorexia. Although the treatments received during this hospitalization significantly improved the side effects J.S. was experiencing from the chemotherapy and infection, she remained weak and still required 11 additional days of IV antibiotics as well as cautious advancement of an oral diet. Based on current Medicare guidelines and the necessity of her medical needs, J.S. met the criteria to transfer from the hospital to a skilled nursing