Early Intervention with HSCT Patients to Improve Access to and Knowledge of Palliative Care

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Background

Strong evidence in the literature from the National Comprehensive Cancer Network comes in the form of the NCCN Practice Guidelines in Oncology for Palliative Care that state patients who have limited treatment options meet the criteria for early consultation with palliative care specialists. NCCN also identifies other patient characteristics that meet criteria for early consultation including patients with the potential for: a) multiple complications that may require ICU admission; b) high distress scores; c) social circumstances common in the HSTG population (e.g. financial, spiritual, social support issues, etc.). The current state for our institution is that there is no current systematic method of providing palliative care to patients undergoing HSCT. Therefore a practice gap exists between our current practice for HSTG patients and the recommended evidenced-based guidelines listed above from NCCN. There are many reasons why hospice/specialist palliative care is not received by all HSCT patients. To our knowledge, there is no published research that identifies HSCT patients' experience of receiving palliative care in an HSCT setting.

Methods

The purpose of this study is to enhance knowledge of palliative care for patients and families and to improve their ability to access palliative care services from the initial admission and beyond. Palliative care is often misunderstood and people do not realize that it can benefit their care starting at diagnosis and continuing throughout the course of illness. Medical-staff equate it with hospice and do not engage those patients in palliative care until the patient is terminal or limit it to pain and symptom-management. Thus knowledge of what palliative care can offer would benefit patients, families, and their medical teams. If patients and families understand what palliative care can provide and how to access it, perhaps they themselves will request this support.

During the course of this study, 45 adult HSCT patients were surveyed, representing 84% of the 54 HSCT patients admitted during the study period. Data collected from patient admission to discharge. This was a survey project with a known population. The research was carried out in an HSCT setting.