

Survivorship Care Plans for Hematopoietic Stem Cell Transplant Survivors: A Pilot Process Improvement Project



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Background

Allogeneic hematopoietic stem cell transplant (HSCT) survivors may experience late effects contributing to higher mortality and lower quality of life. Survivorship care plans (SCP) are living documents that provide a roadmap and education for survivorship care. SCPs developed for HSCT survivors have been shown to improve awareness of preventive care and to reduce distress.¹

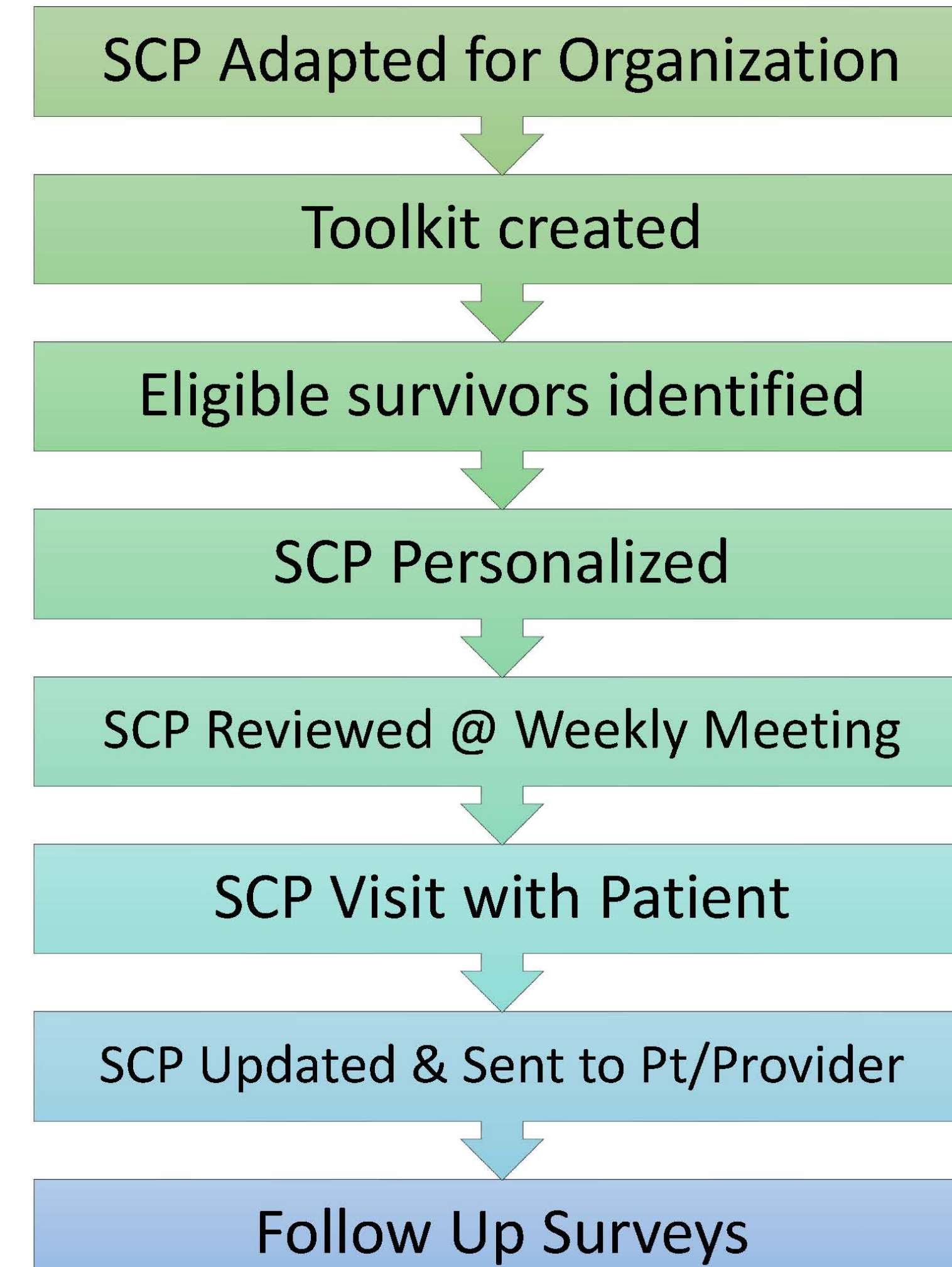
Purpose & Aims

The purpose of this process improvement project was to increase awareness of preventive care recommendations among long-term HSCT survivors in a clinical research hospital by implementing an evidence-based SCP.¹

- Aim 1:** Adapt and implement an evidence-based SCP in the clinical research setting with allogeneic HSCT survivors at their routine long-term time-point visits over a period of 6 months.
- Aim 2:** Increase patient awareness of recommended preventive care post-transplant over a 6-month period through an evidence-based SCP.
- Aim 3:** Engage stakeholders in evaluative process of SCP utility in the clinical research setting over a 6-month period.

Methods

- Design:** Mixed methods with descriptive statistics
- Framework:** SHIFT-Evidence²
- Setting:** Outpatient clinic of federal clinical research hospital
- Sample Groups:**
- Survivors:** English-speaking adults >6mo post HSCT without severe GVHD or relapsed disease
 - Transplant providers (MD/Advanced Practice [AP])**
 - Home providers (MD/AP)** caring for shared patients in community setting



SCP Personalization Toolkit

Treatment summary

Late effects & screening

Immunization Passport

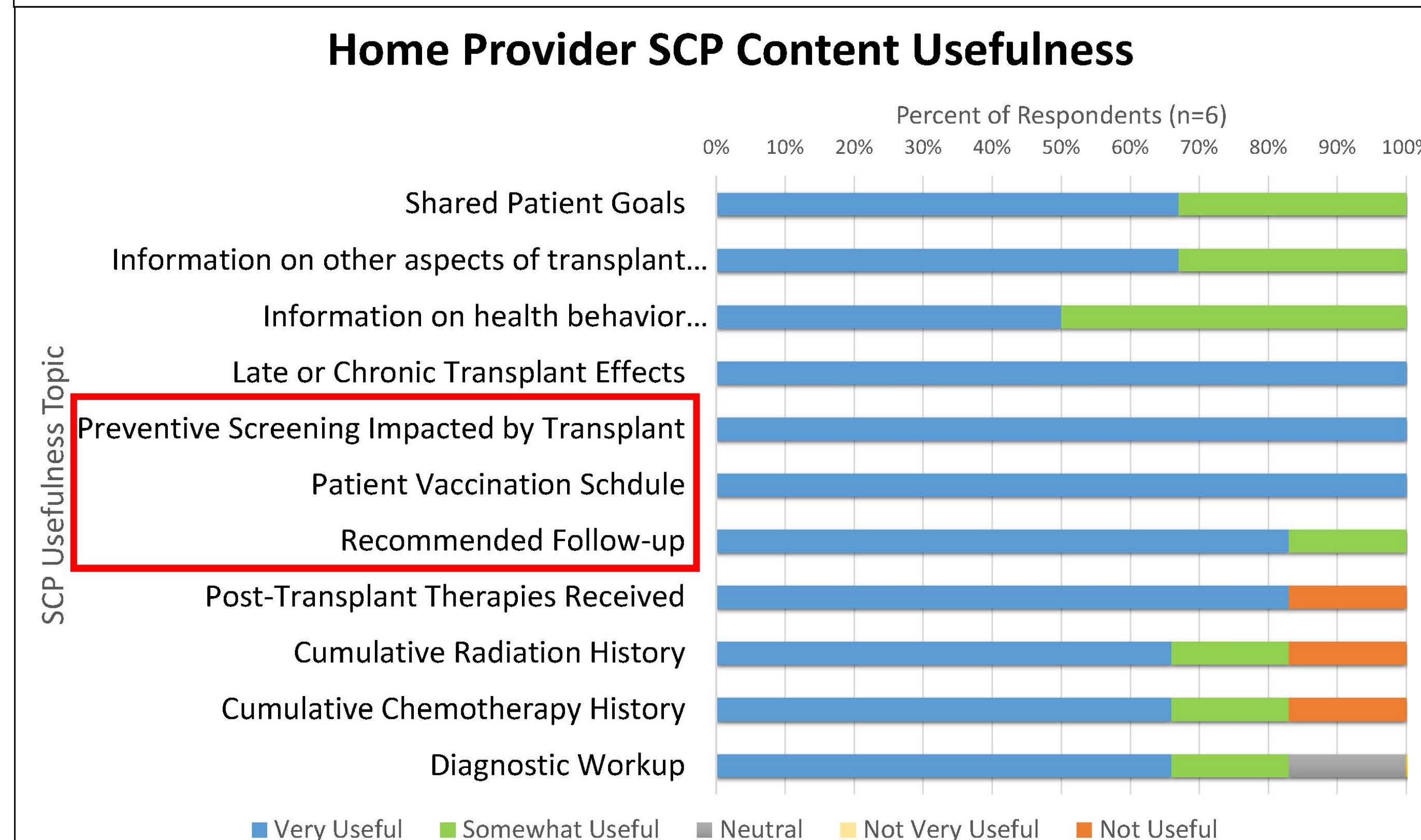
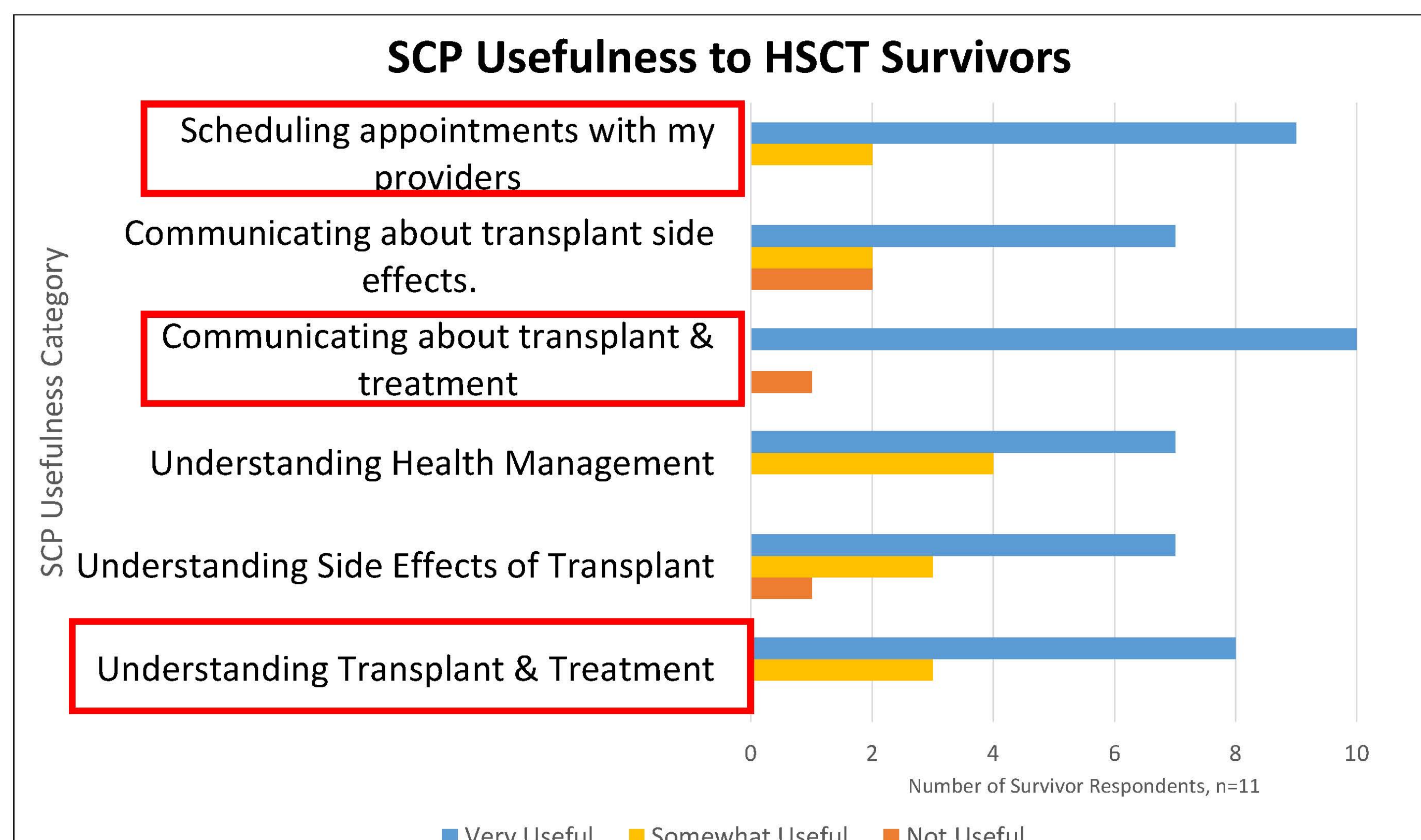
Other Resources

- Team contact info
- Protocol templates
- Fertility information
- NCCN guidelines
- COG guidelines
- Anthracycline calculator

Results

"...it helps you create a step-by-step plan for how to live your life after transplant..."

Survivor Participants N=11 (65% of SCP Recipients)	
Recipient Sex	
Male	8 (73%)
Age at Transplant (Median: 26)	
11-20y	1 (9%)
21-30y	5 (45%)
31-40y	1 (9%)
41-50y	1 (9%)
51-60y	3 (27%)
Recipient Race	
Non-Hispanic White	7 (64%)
Hispanic	2 (18%)
Black/African American	2 (18%)
Citizenship Status	
US Citizen	8 (73%)
Insurance Status	
Uninsured	2 (18%)
Transplant Indication	
Hematologic	4
Malignancies	(36%)
Primary	7
Immunodeficiency	(64%)
Transplant Followup Timepoint	
6 months	1 (9%)
1 year	6 (55%)
2 -4 years	4 (36%)



Outcomes

- Aim 1** ✓ 23 Eligible → 17 SCPs completed → 11 patients (65%) completed followup phone survey
- Aim 2** ✓ 64% (n=7) survivors reported progress on goals (ex. Immunizations, f/u appts, physical activity)
 - ✓ Survivors (74%, n=8) → preferred to receive earlier
- Aim 3** ✓ Transplant Physicians (100%, n=3) → SCP content complete & accurate. Increased value to visit despite additional time required.
 - ✓ Home Physicians (100%, n=6) → SCP improved care

Conclusions

SCP implementation was feasible, useful, and added value for patients and providers.

- Adaptations:** Medications, shared goal setting, information for patients with inherited genetic disorders.
- Facilitators:** Engaged MD/APPs/RNs.
- Limitations:** Time to complete SCP; delivery of updated SCP to patient and home provider. COVID-19 limited responses.
- Most Useful:** Late effects education, immunization passport, consolidation of information.

Implications

A survivorship care plan is a living document reflecting the shared care of a person on the HSCT journey. As mentioned by survivors in this project, the SCP should be introduced earlier in the process to establish survivorship, not just survival, as the true goal of care.

What Comes Next?

- AP's complete SCPs
- Nursing informatics integration with EMR
- Expand to more teams
- Translate into Spanish
- Adapt for earlier implementation

References

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- Reed J. E., Howe, C., Doyle, C., & Bell, D. (2019). Successful Healthcare Improvements From Translating Evidence in complex systems (SHIFT-Evidence): Simple rules to guide practice and research. *International Journal for Quality in Health Care: Journal of the International Society for Quality in Health Care*, 31(3), 238-244. <https://doi.org/10.1093/itqhc/mzy160>

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