

## FEATURE ARTICLE

# The Cooperative Care Model: An Innovative Approach to Deliver Blood and Marrow Stem Cell Transplant Care

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**B**lood and marrow stem cell transplant (BMSCT) programs are facing challenges that are causing many to evaluate their current care-delivery systems. Competition for contracts, cost efficiencies, and documented quality outcomes have taken priority as programs compete for resources and strive to develop innovative ways to attract patients (Franco, 1998). Programs that want to expand must consider factors including patient satisfaction, family involvement, and heightened educational expectations. These situations must be addressed in the inpatient and outpatient transplant settings.

A team of healthcare professionals from the University of Nebraska Medical Center in Omaha performed a comprehensive assessment of its care-delivery system. Several critical issues emerged as a result of this evaluation. The ability to negotiate transplant contracts was becoming more difficult as payers, such as insurance companies, sought out centers where all types and phases of BMSCT could be performed easily and effectively.

Expertise in BMSCT and a high level of professional care were well established; however, providing an environment that supported comfort and privacy during long-term transplant stays still presented a challenge. According to patient satisfaction surveys, patients and families were pleased with care but less satisfied with accommodations. Lack of

Competition among healthcare institutions, the need to improve outcomes, and the desire to decrease costs have motivated blood and marrow stem cell transplant centers to develop innovative care models. In an effort to meet these challenges, a major midwestern medical center adapted the transplant process to the outpatient setting. This transition created greater educational and care demands for patients and families. To address these demands and provide improved accommodations and amenities for patients and families, the center adopted an innovative model of care, Cooperative Care, for transplant recipients. Cooperative Care embraces patients and families as key members of the healthcare team. A family member serves as a primary caregiver for the patient during the acute inpatient phase of the transplant. Care becomes more personal and individualized, cost is reduced, the rate of rehospitalization potentially is decreased, and patients ultimately become more confident and competent in caring for themselves. The healthcare team shifted its care philosophy to incorporate a care partner, increase patient control and independence, and create greater emphasis on education. Outcomes, including patient satisfaction, have demonstrated success and motivated expansion of this model to other patient populations.

**Key Words:** bone marrow transplantation, stem cell transplantation, family caregivers

amenities concerned patients, families, and the transplant team. At the time of the survey, BMSCT was transitioning rapidly to the outpatient setting, which created greater educational and care demands for patients and families.

## Early Discharge Program

In addressing these issues, the first phase involved developing an early discharge program where follow-up care could be managed safely with care partners in the outpatient setting. Patients who would receive less toxic chemotherapy regimens and routine autologous transplants were selected to participate. The high-dose therapy was administered on an inpatient basis, and patients were discharged prior to immunologic recovery (Meisinger, Sasse, & Schmit-Pokorny, 1996). Many factors emerged as a result of this change, including recruitment of a competent care partner, timely access to healthcare providers and services, emergency support, lodging arrangements, and transportation.

Traditionally, family members of transplant recipients, many of whom accompanied patients, were delegated to a passive care role. These family members, who provided basic care at home, were recruited as formal care partners. In the early discharge program, care partners were asked to participate as more active members of the healthcare team. Care partners assisted patients in taking

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