National survey of transplant center resources, staff, and structure

What were researchers trying to learn?
Researchers wanted to learn about the resources, staff, and structure of transplant centers in the United States that care for patients who get a blood or marrow transplant (BMT).

The researchers wanted to know:

Resources. What type of resources do centers have for providing care to BMT patients? How many BMT patients could a center take care of at one time? Are BMT patients in their own hospital unit, or do they share a unit with other patients? What outpatient facilities are available for BMT patients?

Staff. How many doctors and nurses work at the center? How many other providers, such as social workers and pharmacists, are involved in the care of BMT patients?

Structure. How are the patient care teams at the center structured? Do pharmacists, dietitians, and trainee doctors also help take care of transplant patients? How is the inpatient (hospital) team structured compared to the outpatient team? How do the centers care for BMT patients who are doing well long-term after transplant?

Researchers sent a survey to 175 medical directors of US transplant centers. About 80% (8 out of 10) completed it.

What did they find?
Most transplant centers partner with a teaching hospital. Most adult and almost all children’s centers are accredited by the Foundation for the Accreditation of Cellular Therapy.

Resources. Most centers have inpatient hospital beds just for BMT patients. The number of beds is different for different centers. Centers that take care of more patients usually have more beds.

- In many adult centers, these beds are in a separate hospital unit. This means BMT patients don’t share a unit with other patients. In some adult centers, the BMT beds are part of a hematology-oncology unit (special unit for patients with cancer or blood diseases).
- Half of the children’s centers have the beds in a separate BMT unit. The others have the BMT beds as part of a hematology-oncology unit.

Staff. Different centers have different numbers of doctors and nurses on staff. Centers that take care of more patients usually have more doctors and nurses. Most centers have advance practice providers (nurse practitioners and/or physician assistants) who care for patients.
Structure. Most centers include advance practice providers and pharmacists on the inpatient care team. More children’s centers than adult centers include trainee doctors on the team. Most centers care for patients who get an allogeneic transplant (cells from another person) for a long time. About half of centers send patients who get an autologous transplant (their own cells) back to their general doctor after they finish their transplant.

Important Point: Different transplant centers have different resources, staff, and structure.

Why is this important?
More patients get a BMT each year. Transplant centers need to plan their resources, staff, and structure to be able to take care of future patients. The information in this survey can help transplant centers leaders plan for the future.

What else should I keep in mind about this study?
The results of research studies are always limited in what they can and can’t tell you. This study only tells about transplant centers at the time the medical directors completed the survey in 2011. Transplant centers might be different now. It also doesn’t say what resources, staff, or structure a transplant center should have.

Questions to ask your doctor
If you are considering a BMT, you may want to ask:
- How many transplants does this center do each year?
- Who will take care of me when I’m in the hospital?
- Do you have a separate hospital unit for transplant patients?
- How long will I see you after my transplant? When will I go back to my general doctor?

Learn more about
- This research study
- Blood and marrow transplant

Source: