COMPREHENSIVE SICKLE CELL CLINIC IN DRIVING EXCEPTIONAL OUTCOMES

Cynthia Leonard MSN, RN, Froedtert & Medical College of Wisconsin, Milwaukee, WI
414-805-2233
cleonard@froedtert.com

Background: SCD is an inherited blood disorder that affects an estimated 90,000 to 100,000 persons in the United States. A mutation in the β-globin gene results in abnormal hemoglobin within red blood cells. Under conditions of low oxygen, the abnormal hemoglobin forms an insoluble gel causing red blood cells to assume a sickle shape. These sickle shaped red blood cells interact with other cells occluding small blood vessels and giving rise to pain and organ damage. The pain in patients with SCD is severe, recurrent and unpredictable. Due to the episodic and chaotic nature of pain in patients with SCD along with complex co-morbid conditions, a disproportionate amount of care for this patient population is provided in emergency departments and inpatient units. The Adult Sickle Cell Clinic at F & MCW has developed a comprehensive, multidisciplinary approach to address the physical, mental, and social needs of patients living with SCD.

Purpose: Management of adults with sickle cell disease (SCD) offers many challenges and rewards. A team-based approach with targeted care planning and medication management is a hallmark of holistic care for the sickle cell population. The purpose of this poster will explain the current and future state of how implementation of evidenced based practices has allowed adults with SCD to more successfully manage their disease in the outpatient setting. Additionally, a description will be provided of the role of the nurse coordinator as part of a multidisciplinary team in care coordination and health maintenance for patients living with SCD.

Outcomes, Methodology and Design: In 2010, F&MCW established an Adult Sickle Cell Clinic. A team approach allows us to provide the most effective and coordinated care possible. Our team consists of a Medical Director, two midlevel providers, nurse coordinator, two infusion nurses, two medical assistant, social worker, and a case manager. To date, this coordinated care model has reduced 30 day hospital readmissions, inpatient and ED admissions. The comprehensive approach includes expert SCD management, access to additional specialty care, urgent care, acute and chronic pain management, transfusion support, disease education, as well as social and psychological support. This model of care has evolved into the platform for a center of excellence for holistic care management of persons living with this chronic disease.

Findings and Recommendations for Practice: Intensive and comprehensive management in a specialized clinic is the best way to achieve optimal outcomes for patients with SCD. The nurse coordination is key to a comprehensive clinic. Coordination of the multitude of services provided in the clinic (pain, blood, social services) is exceptionally challenging. The nurse coordinator must oversee many aspects of care to ensure that the best care is delivered. Additionally, the nurse coordinator is a patient advocate and coach that often exceptionally in the life of patients struggling with a difficult disease. Individualized plans of care are created to support the ongoing management of the sickle cell population. Health maintenance, self-management, health education, medication management, spiritual and psychological support are at the center of clinical outcomes. The Sickle Cell Team delivers culturally competent, individualized, cost effective expert care in a clinic that role models Froedtert’s core and PRIDE values.