



## The 65th ASH Annual Meeting Abstracts

**ONLINE PUBLICATION ONLY****901.HEALTH SERVICES AND QUALITY IMPROVEMENT - NON-MALIGNANT CONDITIONS****Implementation and Evaluation of Discharge Planning for Patients Undergoing Umbilical Cord Blood Transplantation**

Lu Huang, MS<sup>1</sup>, Yan Zhu<sup>2</sup>, Yun Wu<sup>2</sup>, Yingying Wang<sup>2</sup>, Kaidi Song<sup>3</sup>, Xiaoyu Zhu<sup>2</sup>, Guiqi Song<sup>2</sup>, Yaohua Wu<sup>4</sup>, Yongliang Zhang<sup>2</sup>

<sup>1</sup>The First Affiliated Hospital of USTC, Division of Life Sciences and Medicine, University of Science and Technology of China, Hefei, China

<sup>2</sup>The First Affiliated Hospital of USTC, Division of Life Sciences and Medicine, University of Science and Technology of China, Hefei, China

<sup>3</sup>The First Affiliated Hospital of University of Science and Technology of China, Hefei, China

<sup>4</sup>School of management, University of Science and Technology of China, Hefei, China

**Purpose** The purpose of this study was to implement discharge planning for patients undergoing umbilical cord blood transplantation (UCBT) and evaluate the effects on length of stay (LOS), hospital readmission, discharge readiness, self-efficacy, and quality of life (QoL).

**Methods** Participants (n =72) were assigned to a control group (CG: received usual care) or an intervention group (IG: received discharge planning from admission to 100 days after UCBT). LOS and the rate of hospital readmission within 30 days after discharge were collected. Discharge readiness was measured by the Readiness for Hospital Discharge Scale, self-efficacy and QoL were assessed at 100 days after UCBT using General Self-Efficacy Scale and FACT-BMT version 4.

**Results** Sixty-six patients completed the study, the IG group showed significantly better discharge readiness ( $p < 0.05$ ), improvement in self-efficacy ( $p < 0.001$ ). Except for social and emotional well-being, all the other dimensions and three total scores of FACT-BMT in the IG were higher than the controls ( $p < 0.05$ ). The LOS was less in the IG ( $50.12 \pm 8.80$  vs.  $53.28 \pm 11.28$ ,  $p = 0.207$ ), the rate of hospital readmission within 30 days after discharge was lower (20.59% vs. 31.25%,  $p = 0.376$ ), however, the differences were not significant.

**Conclusion** This study provided the evidences on the implementation of discharge planning for patients undergoing UCBT, and suggested that nurse-led discharge planning should be incorporated into usual care for successful hospital-to-home transitions.

**Disclosures** No relevant conflicts of interest to declare.

<https://doi.org/10.1182/blood-2023-179626>