Cooperative care is an innovative acute care delivery model used in the care of blood and marrow stem cell transplant (BMSCT) recipients at The Nebraska Medical Center. This delivery model is based on a partnership between BMSCT recipient and care partner dyads and healthcare professionals. A lay care partner, typically a spouse or other family member, stays in a hotel-like suite with the transplant recipient and partners with nurses to provide acute care for the transplant recipient.

Significance and Background

The cooperative care model is designed to provide cost-effective and efficient care for complex patients who otherwise would be in an acute inpatient setting (Grieco, McClure, Komiske, & Menard, 1994; Schmit-Pokorny, Franco, Frappier, & Vyhlidal, 2003). Lay caregivers are responsible for care activities that traditionally are provided by professionals in the acute hospital setting. The preparation and education of lay individuals to assume these responsibilities are key nursing functions (Franco et al., 1996; Schmit-Pokorny et al.) and are paramount to ensure outcome quality. During the process of cooperative care, nurses remain responsible for outcomes and frequently initiate independent actions to manage signs and symptoms and avoid negative consequences.

All care partners require and receive extensive education to prepare them for the caregiving role. The ultimate indicator of the effectiveness of this education is caregiver performance. Because no care partner can be allowed to “fail,” care partners with lower competency require more independent nursing actions to prevent adverse events. No measurement exists to capture the nature and dose (i.e., frequency and intensity) of independent nursing actions used for the BMSCT dyad in cooperative care. This article describes the identification of these actions. Figure 1 illustrates the authors’ conceptualization of the implementation of cooperative care where nurses partner...