

End Stage Renal Disease (ESRD) Network Learning and Action Network (LAN) Series: Transplant Quality Improvement Activity

August 21, 2018

Note: <u>Computer speakers or headphones are necessary to listen to streaming audio or get</u> <u>dial-in information from registration confirmation email.</u>

Streaming Audio



- Audio for this event is available via INTERNET STREAMING
 No telephone line is required.
- <u>Computer speakers or headphones are</u> necessary to listen to streaming audio.
- NOTE: A limited number of phone lines are available if you are experiencing poor audio quality – send us a chat message!



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Troubleshooting Echo



- Hear a bad echo on the call?
- Echo is usually caused by multiple connections to a single event.
- Close all but one browser/tab and the echo will clear up.

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Example of Two Connections to Same Event

Note: Computer speakers or headphones are necessary to listen to streaming audio.

Submitting Questions



Type questions in the "Chat with Presenter" section, located in the bottom-left corner of your screen.



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Welcome



Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.

As a participant in today's LAN activity we encourage you to:

- Engage in the chat box. Share your approaches and experiences related to the information being shared and ask questions.
- Apply the information and knowledge being shared to your own facilities and practices to assist patients to be on the transplant waitlist.

Pre-Work Feedback – Question 1



Q1 Does your facility have a working relationship with the transplant center?



ANSWER CHOICES	RESPONSES
YES	515
NO	21
TOTAL	536

Pre-Work Feedback – Question 2



Q2 Does your facility have a list of transplant eligibility requirements for the transplant centers in your area?



ANSWER CHOICES	RESPONSES
YES	474
NO	63
TOTAL	537

Questions to run on...



- What one idea to assist patients to be on the transplant waitlist are you excited to try at your facility?
- What steps will *you* take to implement a new idea to assist patients to be on the transplant waitlist in *your* patient population?
- What actions have *you and your facility* taken to assist patients to be on the transplant waitlist and how can *you* share that to help other patients?

CE Credit Process: Certificate





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New User Link: https://lmc.hshapps.com/register/default.aspx?ID=c29d13f3-8251-4d9a-833d-d44e1a4b2b9f

Existing User Link: https://lmc.hshapps.com/test/adduser.aspx?ID=c29d13f3-8251-4d9a-833d-d44e1a4b2b9f

Submit Feedback

Kidney Transplant Workup

Amy Schurke, RN, BSN, CCTC



SERIOUS MEDICINE. EXTRAORDINARY CARE."

Objectives

- Explain how patient is referred
- Define first initial phone contact with the patient
- Define transplant work up and all which is involved
- Discuss importance of care partner support
- Discuss expectations of the recipient throughout the workup and once listed
- Discuss barriers/hurdles patients may have prior to starting the transplant process



Referral

- Self referral
- Dialysis units
- Nephrologist
- Insurance companies
- Online
- Primary care physicians
- Endocrinologists



First Contact with the Patient

- Nurse coordinator will call each patient to discuss process
 - Will try to contact patient at least 3 times and leave a message if able
- Explain to the patient
 - Pre-transplant packet will be mailed
 - Patient must fill out paperwork on their own or with help from support person
 - Once paperwork filled out send back in envelope provided
 - Care partner must come for evaluation (entire evaluation)
 - Encourage living donors to go online to fill out online referral form



Paperwork Return



- Gather patient's records through eHealth
 - Last year's worth of records from PCP, nephrologist, cards, etc.
 - Last 6 months of labs
 - Last 3-6 months of dialysis monthly report sheets
 - Year of radiology testing or Op notes
 - Biopsy path
- Present patient chart with Transplant Nephrology
 - Determine testing for evaluation if patient candidate
 - If not a candidate, determine reason



Patient Notification

- Once paperwork reviewed with the team, the patient will be notified of outcome
 - Come for evaluation: takes about 2 months to be scheduled from return of paperwork
 - Evaluation takes 2-3 days worth of testing with multidisciplinary team
 - Must bring adult care partner for all testing
 - Not a candidate for transplant
 - Patient notified via phone call and letter with reason as to why they are not a candidate



Eligibility

- No fixed age restrictions
 - Risk vs benefit
 - Functional status
- Nonadherent/noncompliant patients
 - May need to complete contract prior to evaluation
- BMI 35 or above, cut off BMI 40
 - Bariatrics as part of evaluation

- Exclusion criteria
 - Psychosocial instability

 Compliance, care
 partner support, etc.
 - Severe, uncorrectable Cardiovascular or Pulmonary disease
 - Active malignancy
 - Severe psychiatric impairment
 - Active alcohol, narcotic, or illicit drug use
 - Active systemic infection



Purpose of Evaluation

- Patient perspective:
 - Become an informed consumer
- Transplant team perspective:
 - Assess anticipated risk/benefit
- Allocation of scarce resource





Evaluation



- Letter with date and times of evaluation is sent to patient in the mail
 - They are required to bring this evaluation schedule with them when they come
 - Must follow schedule exactly
- First day is the longest
 - We tell patients they can be in our clinic until 5 pm
 - Care partner to remain present during all appointments
 - If patient comfortable with this





Evaluation

Day 1

- Lab work with HLA typing
- CXR
- EKG
- Education via PowerPoint presentation
- Review consents with nurse coordinator
- Pharmacy financial counselor
- Financial counselor
- H&P by APP
- Transplant surgeon
- Transplant Nephrology
- Social Work
- Dietician

Day 2

- Other radiology testing: CT, US, PFTs, etc.
- Psychology
- 2nd day labs for HLA testing
- Heart testing
- Echocardiogram
- Stress test
- Cardiology consult
- As needed testing
- Psychiatry
- Urology consult
- Vascular studies
- Bariatrics consult
- Endocrine consult
- Transplant Infectious Disease



Care Partner Role

- Education on role of care partner
 Unbinding contract signed
- Present during all appointments
 - Hearing all information
 - Asking questions
 - Be support/advocate for patient
- Some patients may need more than one care partner identified
 - Social Work and team to decide this





Patient Responsibility



- Things patients and work on while waiting for evaluation
 - Colonoscopy
 - All age 50 and above or if recommended by local physicians
 - Pap smear/pelvic exam
 Must be within year
 - Mammogram
 - Must be within year
 - Dental clearance

- CHECKLIST
- Compliance/adherence to medical regimen
 - $_{\odot}$ Call dialysis units to check compliance



Patient Responsibility

- Patient needs to fill out paperwork
 - Dialysis staff can assist
 - Really should be patient or their care partner filling out paperwork
- Be an active role in their care as well as evaluation
- Shows engagement in the transplant process



Barriers/Hurdles

- Packet of information can be overwhelming
 - Not sure how to fill out included paperwork
 - May not know all their medical history
 - Not ready for transplant
- Scared they are not a candidate
- No reliable care partner
- No reliable transportation





Communication

- Two-way street between the dialysis unit and transplant team
 - Safety for the patient
 - Honest about their compliance
- Keep us in the loop of changes either medical/health status or insurance
 - Remind patient to call the transplant center with these patients
- Interpreters
 - Available for most languages
- Honesty
 - Sometimes the patient may tell conflicting stories between our team members



Listing

- All testing must be completed
- Team accepts patient as candidate:
 - Team decision is made in Patient Selection Conference (PSC)
 - Team consists of: Transplant Nephrologist, Transplant Surgeon, Transplant Coordinators, Psychologist, Social Work, Nutritionist, Financial Coordinators, and Pharmacy Financial Coordinators
- Listed on the National Transplant Waiting list
 - Managed by United Network of Organ Sharing (UNOS)
 - List is driven by dialysis time, blood type, and time on the list
 - Letter sent in the mail once the patient is officially listed



Barriers to Listing

- Evaluation testing not completed
 - Some patients hold off on getting colonoscopy and dental clearance completed until last
 - Patient may not know what testing they need to complete



Multiple Listing

- Evaluations at multiple centers
 - Testing from other centers may be used
- One center may say they are not a candidate but another may accept them as a candidate
- Can be listed at multiple centers



Living Donors

- How you can help:
 - Encourage patients to explore the option of living donors
 - Remind them of the benefits of having a living donor
 - Shorter wait
 - Better quality kidney
 - Living donor kidneys last longer





Questions?





SERIOUS MEDICINE. EXTRAORDINARY CARE."

Join Us in October!

Register for the October 16, 2018 Transplant QIA LAN!

Speaker:

David Klassen, MD The United Network for Organ Sharing (UNOS)

Presentation Objectives:

- Provide overview of the Organ Procurement and Transplantation Network (OPTN) and allocation of deceased donor kidneys.
- Outline living donor kidney transplantation options.
- Identify general criteria for kidney candidate evaluation and acceptance.
- Share informational resources available from UNOS.

Registration Link:

https://cc.readytalk.com/r/yn0x8crp4uiw&eom





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