



A University Health System & UT Health Science Center Partnership | San Antonio

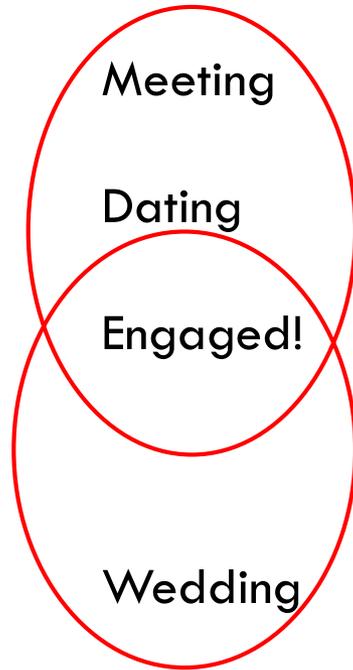
KIDNEY TRANSPLANT PROCESSES

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& Barriers

Pre-Marital Counselor

Wedding Coordinator



Meeting

Dating

Engaged!

Wedding

Life



Referral

Evaluation

Listing

Transplant

Life

Dialysis Center

Transplant Center

Despite the Optimism, the Statistics Aren't Great

*“75% of Marriages End
in Divorce”*

I want a
marriage more
beautiful than
my wedding.

*“The Average Kidney
Lasts 7 Years”*

I Want a Kidney
Transplant to Last for a
Lifetime

The Evaluation: A Foundation of a Successful Marriage

**Evaluation (Dating) focuses on
“Everything Other than Your Kidneys”**

Identify, Remove or Reduce Barriers:

Infectious & Cancer Screenings

Cardiac Evaluations

**Psychosocial Strengths &
Weaknesses**

Substance Abuse

Adherence

Support Networks

Preparedness/Teaching



The Dialysis Center is an Ideal Pre Marital Counselor



A. Chavez, MD: El Paso, Texas

- Time with Patient
- Sustained Disease Management
- Routine Access to Caregiver(s)
- Multigenerational care

- Provider/Patient Relationship
 - Advocate for Living Donation

Detect, Minimize or Prevent Barriers to Transplant

Clinical

Cardiac Ready

Cancer Screenings

Peripheral Health

Vision

Hearing

Dentition

Feet/Limbs

Disease

Diabetes

HTN

Psychosocial

Coping/Counseling

Substance Abuse

**Frank & Open Dialogue
on Adherence**

Caregiver Support

**Insurance & Financial
Coaching**

Engagement & Education

**Treatment Plans Aligned with
Personal & Realistic Goals**

Elderly

Frail

ESRD Eligible Only

Education & Re-Education

Ease of Access

Better Tools

Independence

Caregiver Education

Clinical

Promotion of Readiness= ACTIVE on the List

Cardiac Ready

Cancer Screenings

Peripheral Health

Vision

Hearing

Dentition

Feet/Limbs

Disease

Diabetes

HTN

1. **Ask to participate in selection committee meetings**
2. **Ensure complete pre-transplant 'packet' and waitlist management goals are delivered and digested by dialysis unit/nephrologist**
3. **Simple, clear schedule of future testing & screenings in custom format, in same location of record, of dialysis unit choice**
 - 8/2017- EKG & DSE * Vaccinations
 - 8/2018- EKG & DSE, MAMMO *Vaccinations
 - 8/2019- COLO, EKG & DSE, MAMMO *Vaccinations
4. **HgBA1C & HTN Management Goals 'as if post transplant'**
5. **Peripheral Health Management is a challenge but increased focus and management as a 'transplant goal'**

**** As they age on dialysis, their stamina must increase to remain transplantable****

Psychosocial

Readiness

Coping/Counseling

Substance Abuse

Frank & Open Dialogue
on Adherence

Caregiver Support

Insurance & Financial
Coaching

1. **Understand/Explore Mental Health Benefits Initially & Annually (Transplant Financial Coordinator Can Assist)**
 - a. **And use them**
2. **Substance Abuse: have a baseline established and plan identified**
 - a. **at transplant, although at the onset of ESRD would be ideal, obtain and deploy**
3. **Objective, ongoing and transparent adherence documentation**
 - a. **Consider a monthly 'self rating' scale**
4. **Initiate Caregiver and backup caregiver support strategies**
5. **Engage TFC in long term insurance and financial goal setting**

Engagement & Education

Promotion of Readiness

Treatment Plans Aligned with Personal & Realistic Goals

Elderly

ESRD Eligible Only

Education & Re-Education

Ease of Access

Better Tools

Independence

Caregiver Education

- 1. When the “Treatment Plan” includes transplant:**
 - a. Elderly – Pull adult children into education and caregiving understanding**
 - b. Encourage living donation- increasingly the only option**
 - c. ESRD Eligible only- advocate for vocational rehabilitation participation**
- 2. Request Annual Patient Education Class/Transplant 101 for Dialysis/Nephrology Staff**
 - a. Arrange/Offer a Corresponding Class**
- 3. Ensure Transplant Education is accessible and in a variety of formats**

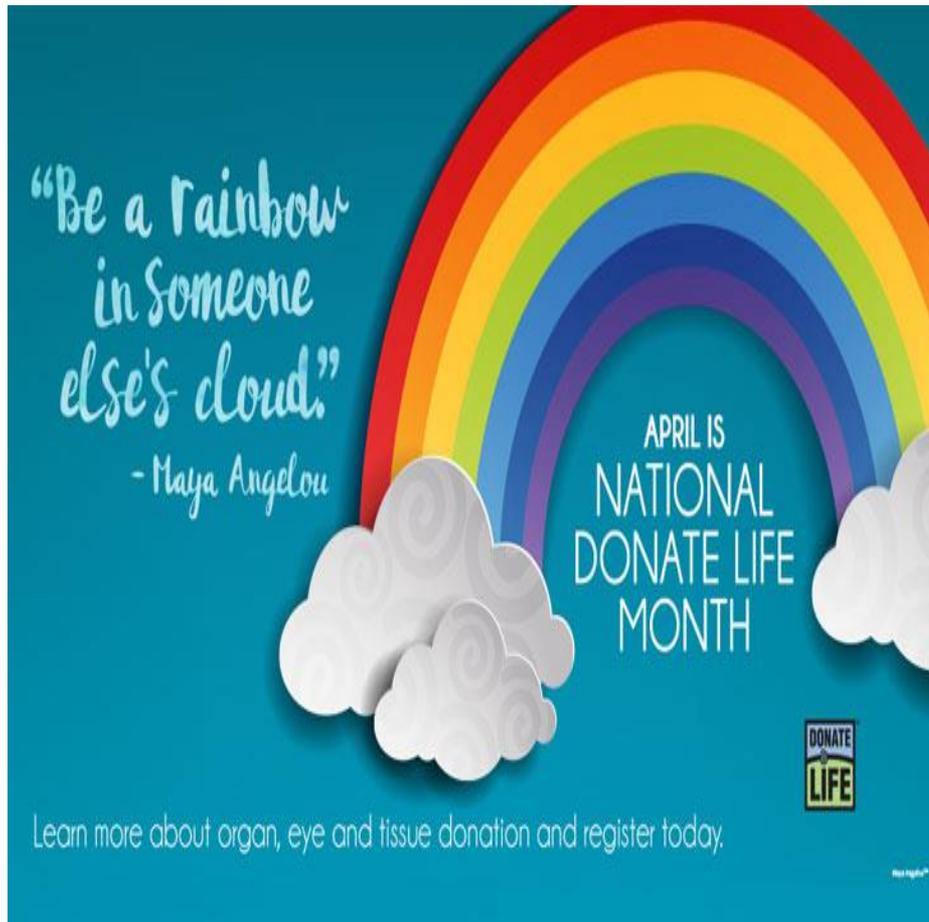
Communication Between the Wedding Planner & Pre-Marital Counselor

1. Consider establishing an “Internal Call” practice among nephrology practice (who knows (or how to) the patient when a kidney is donated)
2. Can you? Design ‘tabs’ or areas in EMR for transplant information/status
3. Can we? Develop Joint Metrics for Transplant & Dialysis QAPI (referral to listing, % status 7, %LD)
4. Can They? Customize the Patient Report from Transplant Center to meet your practice preferences

Communication Between the Wedding Planner & Pre-Marital Counselor

5. Help Us: Keep Routine Health Maintenance Schedule
6. Help You: Keep/Provide a Clear, Updated List of Who is on the List & Status in Patient Conference Areas
7. You Can! Request/Provide Micro-Case Study – M&M for:
(declined patients, declined organs, deaths onlist, failures post transplant)
8. Together Lets: Read only access? Drop Box? Shared folders with clinical information?

The Donor Shortage?



Registerme.org

56% have registered their wishes & this is Climbing

Living Donation, Living Donation, Living Donation

Educate Yourself & Encourage Others

Empower Caregivers to be Donor Champions



Let's Collaborate to Defy
the Statistics