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Transplant Patient Empowerment: What To Know Before You Go!

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Organ transplantation is a life-saving yet complicated and rigorous journey for the patients, their families and the healthcare professionals who guide them through this challenging path. An initial obstacle many sick patients encounter is qualifying to be on the transplant waitlist. Even still, a new patient is added to the national transplant waiting list every ten minutes, (<https://optn.transplant.hrsa.gov/>) but an average of 95 transplants take place each day in the U.S. leaving many on the waitlist, often indefinitely. For those who do receive a new organ, a meta-analysis on transplant patient compliancy have shown that 20-50% of patients were non-compliant to either their immunosuppressive therapies or their follow-up appointments or both (Laederach-Hofmann & Bunzel, 2000). Furthermore, another study found that “91% of patients who were noncompliant with both follow-up and medications either rejected the graft or died, compared with 18% of the compliant patients (Laederach-Hofmann & Bunzel, 2000).” Thus, the success of organ transplantation is critical and encompasses major lifestyle changes and strict adherence to new daily regimens for the organ recipient. Transplantation is not without multifarious challenges for these reasons, and the engagement of the patients and their families is necessary to ensure positive outcomes for the patient and their new organ.

The transplant journey starts when the need for the new organ is

identified; however, the educational demands the patient faces shift significantly once they’ve received their organ. When the solid organ transplant population came to JMC 4th floor in 2017, Sarah Raleigh, MSN, RN, CNL identified the need for nursing-centered clinical pathways to guide the nursing staff through all the intricacies of caring for this vulnerable population. The transplant clinical pathways are organized primarily for the post-operative patient in a variety of patient care domains with the supervision of a primary RN. These domains include: glucose control, patient education, consults/discharge, labs & tests, and lines/tubes/diet/meds (Figure 1). The implementation of the clinical pathways accomplished the following: increased the percentage of nurses competent to care for transplant patients; increased compliance to the pathways, which then decreased the rate of gaps in care delivery; and ultimately, the pathways decreased the average length of stay by one day in kidney transplant recipients.

Although this optimized the care of our transplant patients while in-house, nursing care was not the only area identified for improvement. The healthcare team recognized the need to bring the patient and their families even more ‘front and center’ in their care to ensure success. Measures of success for this patient population translate to: (a) improved retention of both transplant-related education and inpatient milestones required to discharge, (b) reduction in length of



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joined UC San Diego Health as a new graduate RN in 2014 after obtaining her Master’s Degree in Science of Nursing from the University of San Diego. Since the grand opening of Jacobs Medical Center in 2016, she has been the Clinical Nurse Leader on Jacobs’ 4th floor PCU. In 2018, she earned her CNIII advancement by implementing a quality improvement project aimed at reducing CLABSI rates. The project was not only successful upon its execution, but the unit continues to benefit from the long-standing outcomes to this day, demonstrated by greater than 550 days without a CLABSI. Additionally, alongside her nurse manager, Laura Vento, MSN, RN, CNL, she has been instrumental in developing a Reflection-in-Action Process (RAP) focused on engaging frontline nursing staff with Nursing Sensitive Indicator-related processes. Working at the bedside and closely with the unit’s leaders, her role includes improving and upholding nursing quality care initiatives, educating and streamlining the use of nurse-centered clinical pathways, and being available as a mentor and resource to the staff.

Kidney Transplant RN Clinical Pathway

Indicators	POD 0 (day of surgery)	POD 1	POD 2	POD 3/DC
Glucose Control	Pt with DM should be on insulin gtt -q1 or 2h bg checks Q6h if on no insulin <input type="checkbox"/> Met <input type="checkbox"/> Not met	EMMI titles: DM II Carb counting <input type="checkbox"/> Met <input type="checkbox"/> Not met	Glucometer delivered / training EMMI : Checking BG Injecting Insulin If gtt receives insulin within 24h of dc; likely to need at home <input type="checkbox"/> Met <input type="checkbox"/> Not met	Glucometer self-check and insulin admin as indicated <input type="checkbox"/> Met <input type="checkbox"/> Not met
Patient Education	Explain need for frequent lab draws <input type="checkbox"/> Met <input type="checkbox"/> Not met Explain PCA/pain control regimen Notify of expectations: -Urine output -OOB Day 1 -S/E of prednisone and anti-rejection medications -Class time if applicable Add transplant patient education title in Epic	Ensure patient has received transplant bag - review content - Ensure pillow present - Introduce daily logbook - Explain medications as administered (ie timing of food/ taccq) Ambulate Standing weight daily	Education on: (education tab) <input type="checkbox"/> Infection prevention <input type="checkbox"/> Ensure understanding of timely med admin- lab schedule <input type="checkbox"/> Rejection s/s <input type="checkbox"/> Wound Assessment & physical restrictions <input type="checkbox"/> Clinic/lab schedule <input type="checkbox"/> Med Admin Complete teach back questions with patient and caregiver <input type="checkbox"/> Met <input type="checkbox"/> Not met	Review AVS-pt. knows lab/clinic appointments Resolve any remaining items on careplan and pt. education tab, add discharge smart phrase Check all medications at bedside against updated med action plan- RN must check off each medication Review call list: coordinator/on-call MD numbers <input type="checkbox"/> Met <input type="checkbox"/> Not met
Consults/ Discharge Checklist	Determine caregiver availability- inform of class schedule & expectations - Post Recovery Checklist in room <input type="checkbox"/> Met <input type="checkbox"/> Not met	Involve caregiver in EMMI teaching; get them to class! M 1300/ Tu 0900/F 1000 G-conference room - case management needs (including out gtt dialysis) - PT/OT - Call Pharmacy for Thymo prior to pre-med administration <input type="checkbox"/> Met <input type="checkbox"/> Not met	Determine plan for dc- home with family/ bannister - Ensure caregiver is aware gtt is leaving tomorrow and is available for teaching and ride home - CM including DME needs and outpt dialysis - Call Pharmacy! Thymo ASAP <input type="checkbox"/> Met <input type="checkbox"/> Not met	Determine plan for med pickup- Kaiser gtt ? Nutrition final recs Endocrine final recs Pharmacy Med Action Plan <input type="checkbox"/> Met <input type="checkbox"/> Not met
Labs & Tests	if K is >5 contact provider & nephrology <input type="checkbox"/> CBC/BMP/Mag/ Phos <input type="checkbox"/> TK <input type="checkbox"/> Met <input type="checkbox"/> Not met	CBC BMP Mag/ Phos TK <input type="checkbox"/> Met <input type="checkbox"/> Not met	CBC BMP Mag/ Phos TK <input type="checkbox"/> Met <input type="checkbox"/> Not met	CBC BMP Mag/ Phos TK <input type="checkbox"/> Met <input type="checkbox"/> Not met
Lines / Tubes / Diet/Meds	Foley – ensure draining Diet – clears IVF replacement PCA Dilaudid <input type="checkbox"/> Met <input type="checkbox"/> Not met	Foley in place Diet – clears and advance per team IVF – off when taking PC Oral pain meds Start Heparin sub Q <input type="checkbox"/> Met <input type="checkbox"/> Not met	Foley (if LR, remove POD 2 with a provider order) keep if DDKT Diet - advance as tolerated <input type="checkbox"/> Met <input type="checkbox"/> Not met	Foley out first thing in am (must be ordered by provider Foley) <input type="checkbox"/> Met <input type="checkbox"/> Not met

- DO NOT THROW THIS PAPER AWAY! When completed leave in Laura's inbox
- If POD goal not met, please indicate reason why

Discharge RN : _____
Date completed: _____

stay and readmissions, and ultimately prepare the patient to safely and independently care for themselves and their organ upon discharge and for the remainder of their lives.

As with many patient populations, transplant patients endure information overload. This information includes: who from the interdisciplinary team they need to see; what the post-operative milestones are; healthcare items to be received and how to use them; a detailed “Pharmacy Class” to be conducted by the transplant pharmacist, and a visit from the outpatient transplant coordinators who will teach them in detail about the transition of the patient’s

care into the outpatient domain. These teaching topics need to be effectively taught within three post-op days, which is the typical length of stay for a kidney recipient. The learning needs of this population lend to the patients feeling particularly overwhelmed as they are simultaneously trying to recover from recent surgery.

To simplify the surge of information provided to our transplant patients about their inpatient goals, Kimmie Gross, NP, envisioned a visual chart that mirrors the nursing clinical pathways but would instead target and involve the patients and their identified caregivers in promoting discharge-

readiness. The overall objective was to empower patients to take a more active role in their discharge process. Common areas of confusion for the patients were addressed in the chart design and content; for example, the pharmacy class schedule and an anticipated date of discharge section were both included. The chart is named “What to Know Before You Go!” (Figure 2).

The utilization of the chart is multitudinous, mirroring the various aspects of each transplant patient’s care. The process starts as the nurse prepares the room for admission by hanging the chart directly in front of the bed where it is continuously available to the patient and families.

WHAT TO KNOW BEFORE YOU GO!

Name/Nickname:
Caregiver Name:
Language:

PLEASE CHECK OFF AS YOU COMPLETE:

Who You Need to See and Chat With:

- Pharmacist
- Dietician
- Social Work
- Case Management

Milestones:

- Walking around Hallway
- Passing Gas
- Pain managed
- Foley catheter removed
- Ring the bell!!!!

Things That Need to Be Given To You:

- Transplant Bag on Post-Operative Day #1
(bag to *stay with patient* until discharge)
- Glucometer on Post-Operative Day #2

Teaching:

- Pharmacy Teaching
- How to Use Blood Pressure Cuff
- How to Use Glucometer
- How to Navigate Log Book
- EMMI Videos

EXPECTED DISCHARGE DATE: _____

Pharmacy Classes on Monday @1pm, Thursday @9am, Friday @10am

**Caregiver and patient expected to attend a pharmacy class*

The nurse helps the patient check off each accomplishment as they occur throughout their inpatient stay while discussing the remaining goals with the patient. Additionally, as the transplant team rounds each morning, they update the “Expected Discharge Date” section on the chart to clarify and set realistic expectations for the remaining items to be completed. The chart not only serves as a visual cue to organize information for patients, but also as an effective communication tool that enables the patients to refer back to for reinforcement.

As one of the Clinical Nurse Leaders on JMC 4FGH, I conduct daily transplant rounds on the floor. A part of these rounds is spent evaluating the use of the “Know Before You Go!” chart process and outcomes. Recent observations include patients and caregivers speaking to the chart’s components independently and often without prompting. This is a direct indicator that the chart is supporting the patient’s role in being more engaged and responsible for their care.

Furthermore, patients, caregivers and nurses describe the chart as an “effective” and “convenient” tool to support appropriate plan of care expectations and in reducing the feeling of being overwhelmed by all of the new information essential to keeping them safe beyond hospitalization.

Another manifestation of the chart’s functions is as an effective communication tool between patients and the healthcare team. As the multidisciplinary staff continuously update the chart, ambiguity relating to the patient’s plan of care status is minimized. For example, confusion regarding expected discharge date is now an anomaly. Moreover, average length of stay (aLOS) data reflects these recent observations. A third of the way through fiscal year 2020, aLOS for our kidney and liver transplant recipients combined is down to 4.3 days from 5.6 days in FY2019! Lastly, and although subjective at this point, we’ve observed an absence of education-related readmissions, which in conjunction with decreased

aLOS, strongly suggests improved discharge readiness.

When patient education weighs as heavily as it does for a fresh organ transplant recipient, this more standardized and engaging approach to patients and families has proven to be successful for our JMC 4th floor transplant patients.

REFERENCES:

Organ Procurement and Transplantation Network. U.S. Department of Health & Human Services, 2019. (<https://optn.transplant.hrsa.gov/>). Accessed 11 Nov. 2019.

Laederach-Hofmann, K & Bunzel, B. (2000). “Noncompliance in organ transplant recipients: a literature review”, *General Hospital Psychiatry*, (22) 6: 412-424. doi: [https://doi.org/10.1016/S0163-8343\(00\)00098-0](https://doi.org/10.1016/S0163-8343(00)00098-0).