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#### **Authors**

Krishun, Nina, BSN, RN

Ta, Stephanie, BSN, RN

Vineyard, Lisa, BSN, RN

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# Preparing patients for Kidney Transplant Admission: A patient-centered education collaboration

By: Nina Krishun, BSN, RN; Stephanie Ta, BSN, RN; Lisa Vineyard BSN, RN, PCCN

Patients listed for kidney transplant are not unlike other transplant patients waiting for “the call” from their registered nurse (RN) transplant coordinator informing them it is time to be admitted to the hospital. One distinction is how long kidney patients may need to wait before being called in for a transplant from a deceased donor. Depending on blood type, patients may wait up to 10 years from the time they started dialysis. At this time, there are over 700 patients on the kidney transplant list at UC San Diego.

Of those approximately 700 patients, the RN coordinator team identifies those that are considered ‘Highly Placed’. Highly Placed is a term used to describe patients who have accrued enough wait time to be competitive for kidney offers. The outpatient team felt strongly that there was a need to develop a formal education class for these Highly Placed patients and their caregivers in order to prepare them for the organ offer and being admitted to the hospital. In order to include important components regarding the inpatient stay and what to expect at discharge, a collaboration was created with the inpatient floor nurses on Jacobs 4FGH. A partnership was set up between 2 RN transplant coordinators and 1 inpatient nurse to develop and implement this class.

## Course Content for Patients and Caregivers

This class, named “Preparing for Kidney Transplant Admission,” creates

a partnership between the inpatient and outpatient teams that support kidney transplantation across the continuum of care. The goals for this course include patient understanding of: 1) how to prepare for kidney transplant admission; 2) the different types of kidney offers; and 3) what to expect during hospital admission, discharge, and outpatient clinic visits after discharge.

Kidney offers can happen any day at any time, so the importance of being prepared for the call is emphasized. The different types of donors are reviewed, which include: standard donors, increased risk donors, Kidney Donor Profile Index (KDPI) >85% donors, and Hepatitis C donors. Kidney transplant patients need to understand the types of organ offers because the patient has the option of whether or not they would consider these different offer types. The Kidney Donor profile index (KDPI) is a score given to cadaveric donors that summarizes the likelihood of graft failure after transplant. Although higher KDPI scores are associated with shorter estimated function, they are still transplantable quality kidneys that have a half-life of about 5.6 years. Patients can choose whether or not to consider offers from this group. The treatment of Hepatitis C has undergone a major transformation. With new drugs that effectively treat the virus, and fewer side effects, UC San Diego Health now offers patients the opportunity to accept Hepatitis C positive donors to decrease their wait times. Patients also have the choice of whether or not to accept a



**Nina Krishun, BSN, RN**

is a Clinical Nurse II, Kidney Transplant Coordinator at UC San Diego Health. She earned her Bachelor of Science in Nursing from the Goldfarb School of Nursing at Barnes Jewish College. She also has a Bachelor of Science degree in Business Administration from the University of California, Riverside. Nina is a member of the UCSD Transplant Council and a member of The Organization for Transplant Professionals (NATCO). She started her nursing career at UC San Diego in Hepatology 8 years ago.



**Stephanie Ta, BSN, RN**

is a Clinical Nurse III, Kidney Transplant Coordinator UC San Diego Health. She earned her Bachelor of Science in Nursing from University of Phoenix. Stephanie is a member of the UCSD Transplant Council and a member of The Organization for Transplant Professionals (NATCO). She has 10 years of experience as a registered nurse.



**Lisa Vineyard BSN, RN, PCCN**

is a Clinical Nurse III at Jacobs Medical Center on the Surgical Oncology Progressive Care Unit. She earned her Bachelor of Science in Nursing at California State University San Marcos. She has been at UC San Diego Health since 2013 where she began as an extern student nurse. She is involved in the UCSD Transplant Council and Unit Based Practice Council as the Fundraising chair. She works on the unit as a floor, resource, charge and preceptor RN.

kidney from this group.

The timeline from the offer call to hospital admission, which is typically between 12 and 24 hours, is also reviewed. There is a specific set of medical questions the RN coordinator on call will ask the patient, such as when their last dialysis was, any insurance changes, and if the patient has an current signs/symptoms of infection. These questions are discussed in detail to emphasize the importance of answering as accurately as possible. As with any transplant, there is always a chance the patient may be sent home due to unforeseen circumstances – either because of a new medical finding by the inpatient team or perhaps the kidney itself has been assessed not to be of transplant quality.

The class also emphasizes the valuable role that the transplant patient’s caregiver will play, including assisting with activities of daily living (ADL), transportation to appointments and lab draws, as well as recognizing urgent symptoms post-transplant and who to call for help or if other questions arise. There is also an inpatient pharmacy class for both the patient and caregiver to review medications. Navigating the admission process which includes where to park, where to present for admission, what to bring for the hospital stay is also reviewed. During the class, patients are encouraged to ask detailed questions; often, one line of questioning opens up other topics, so it is not unusual for the RN coordinator to field questions ranging from post-

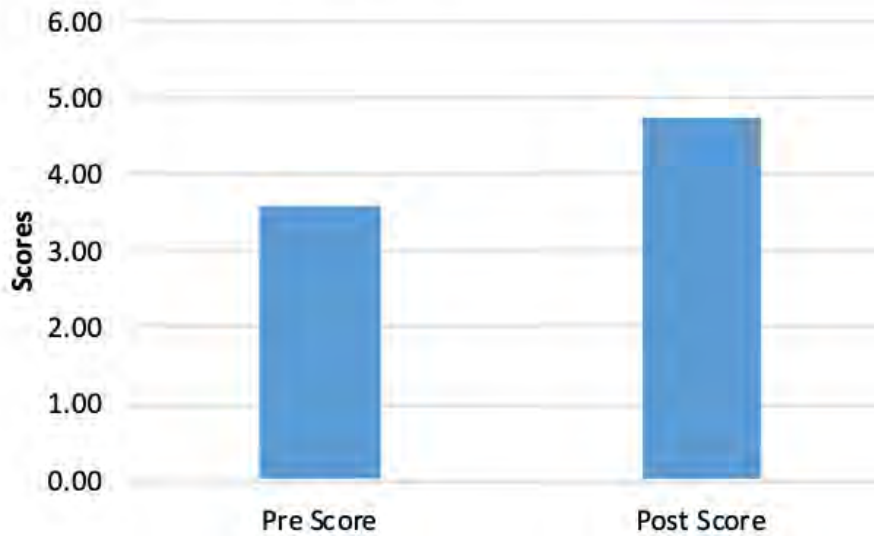
transplant medications to what the process is to work up a potential living donor. This valuable exchange of information can sometimes lead to patients connecting with one another, forming a sense of community in a setting that is unique and outside of an outpatient clinic or inpatient setting.

Finally, a unique part of the class is the tour of the 4th floor inpatient unit, an empty patient room and the family lounge to better prepare the patient and caregiver and orient them to the facility in advance. The class itself is held at the SDG & E room in the Thornton Pavilion of the Jacobs Medical Center. It is strategically scheduled on a Sunday to accommodate patient’s dialysis schedule which is routinely either Monday/Wednesday/Friday or Tuesday/Thursday/Saturday. Surveys given at the end of the class showed very positive feedback and suggestions for providing the class in a different language; all of which are in consideration and several suggestions were implemented.

### Patient-Centered Steps Taken to Address the Need

RN Coordinators conducted a survey of patients who were recently transplanted to assess how they felt about their level of preparedness for the offer, their level of understanding of the different types of kidney offers, and if they understood the importance of the support person role during the hospital stay and once patients are discharged. The survey utilized two types of

## I feel confident on the education received about the kidney transplant process



questions: statements regarding aspects of receiving a kidney offer and being admitted to the hospital in which a patient would use a Likert scale to provide their level of agreement/disagreement with the statement and open ended questions so that patients could provide any additional information regarding what information would have helped better prepare them for the kidney offer and hospital admission.

The inpatient nurse surveyed patients during their last day of admission to evaluate how well education was received and if they felt prepared prior to their admission. From these results, an emphasis was made on what patients could expect each day, what they could expect to be attached to (i.e. lines/drains/monitors), and glucometer usage. Many patients were under the assumption that they would be in the hospital for at least a week when, in reality, many patients are discharged within three to five days.

### Results of the Class

The most important takeaway from the implementation of this class is that the data shows that patients who attend the class feel more prepared. This class has helped to support both the outpatient and inpatient departments' efforts to increase the education and awareness level of the transplant process and the decisions patients can make regarding the types of kidney offers they want to consider. Currently the class is funded by the kidney transplant department with nurses utilizing work time to teach the classes. From our pre/post-test offered during our class, we saw a 22% increase in confidence.

### Patients' Perspectives

Patients reported "even though I was at an all-time stress on my way to the hospital, I knew where to go from your class;" another stated "it was a great class and I learned a lot." All of these positive statements showed a need to continue this course for future kidney transplant

recipients. As a result of the feedback we have increased the frequency of the class and are now offering it in Spanish.

This class has shown how important it is to offer comprehensive education to our patients. To date, over one-third of patients who have attended this class have already been transplanted! Our partnership has taught us the importance of close collaboration between the inpatient and outpatient world. We work together on a similar goal: to provide excellent patient care to ensure the best possible outcomes.