

UC San Diego Health

Transplant During COVID-19

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How it started...



...How it's going

2020 Was Supposed to be Our Best Year Yet!

January 15-17th – Internal CMS Mock Audit – Goes great!

January 21st – First confirmed cases in Seattle; UCSD starts setting protocols for patient screening

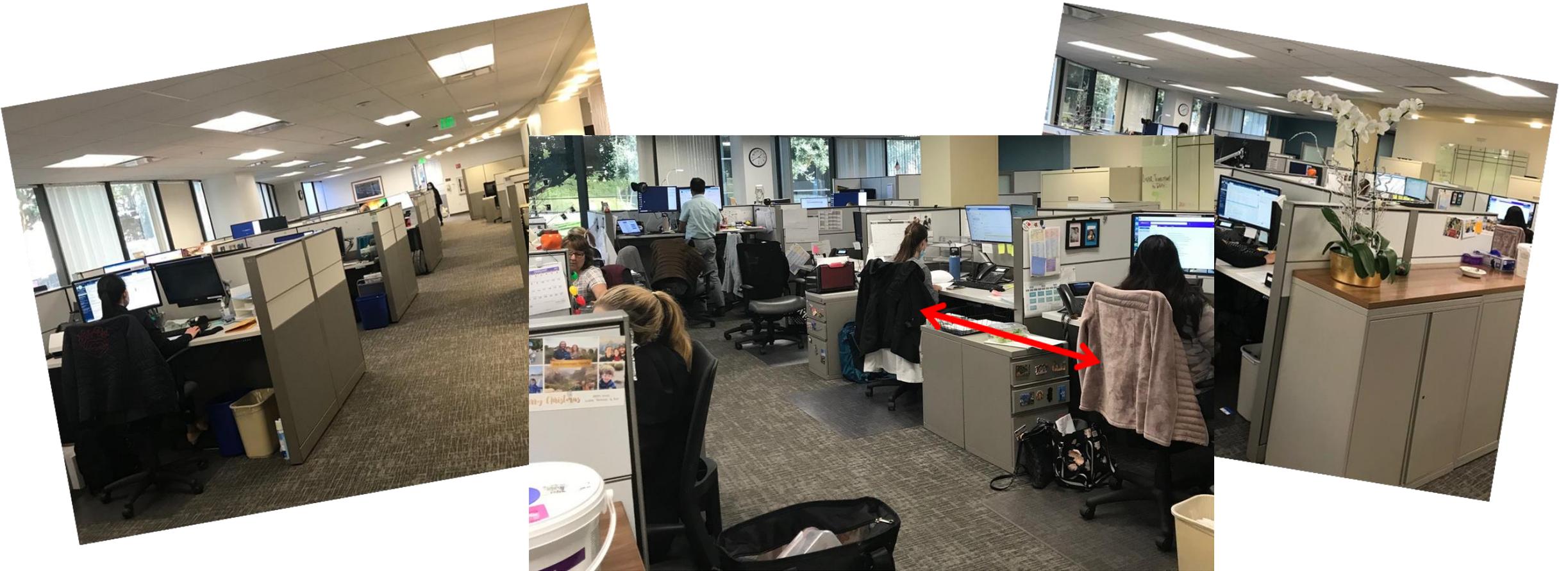
February 5th – UCSD accepts the first COVID+ patients from Wuhan, China

February 14th – San Diego County declares a state of emergency in an effort to receive the necessary resources and funding

February 19th-20th – UNOS Site Survey – Goes great!

March 4th – Gov. Newsome declares a state of emergency following first death

March 12 – Office Remodel to Accommodate Growth



& WHO declares COVID-19 a pandemic...

March 13th – Temporary telecommuting arrangements and time-off provisions are granted to staff

By March 20th

- 90% of staff are WFH with VPN or CPW access
- Worked with Telecomm to reroute all phone lines and the fax line to the main line and e-fax
- Launched a “Zoom” class for transplant education
- Developed an Epic dotphrase to document consent for evaluation obtained over the phone
- Continued evaluations via MCVV (My Chart Video Visit) & Doximity + phone consults where necessary; Telehealth now accounts for >70% of our visits
- Organ specific protocols for maintaining operations and transplanting through the pandemic – including a plan to cohort immunosuppressed patients to wards where infection is less likely to spread.
- Rearranged the clinic space to promote social distancing
- 100% virtual meetings; patient selection, multidisciplinary rounds & QAPI

Implementing Remote Patient Education + Consent for Evaluation

Referral Received, Intake Complete

- Welcome packet sent which includes general info about UCSD + transplant, SRTR stats letter

Benefits Verified; Authorization Requested + Received

Patient Scheduled for Education + Consults to Follow

- Includes schedule of appointments, instructions on how to join Zoom + MVV, education summary + slides in worksheet format

Patient Attends Zoom Education

- Initially facilitated live 3x a week, now recorded – LVN runs + TC joins the last 30 minutes to address questions. Three options to join: by web, by app or by phone

TC calls 1:1 to follow up, confirms consent for evaluation

- Documents consent using dotphrase; patient proceeds with consults and eval the following week



Yes, it's true - consent for *some procedures* **must** be evidenced by a patient's signature in writing but transplant evaluation is not one of them...at least in the state of California

Programs are required to educate patients and document in the EMR that they agree to proceed but there is no requirement that be a consent form signed and dated by the patient.

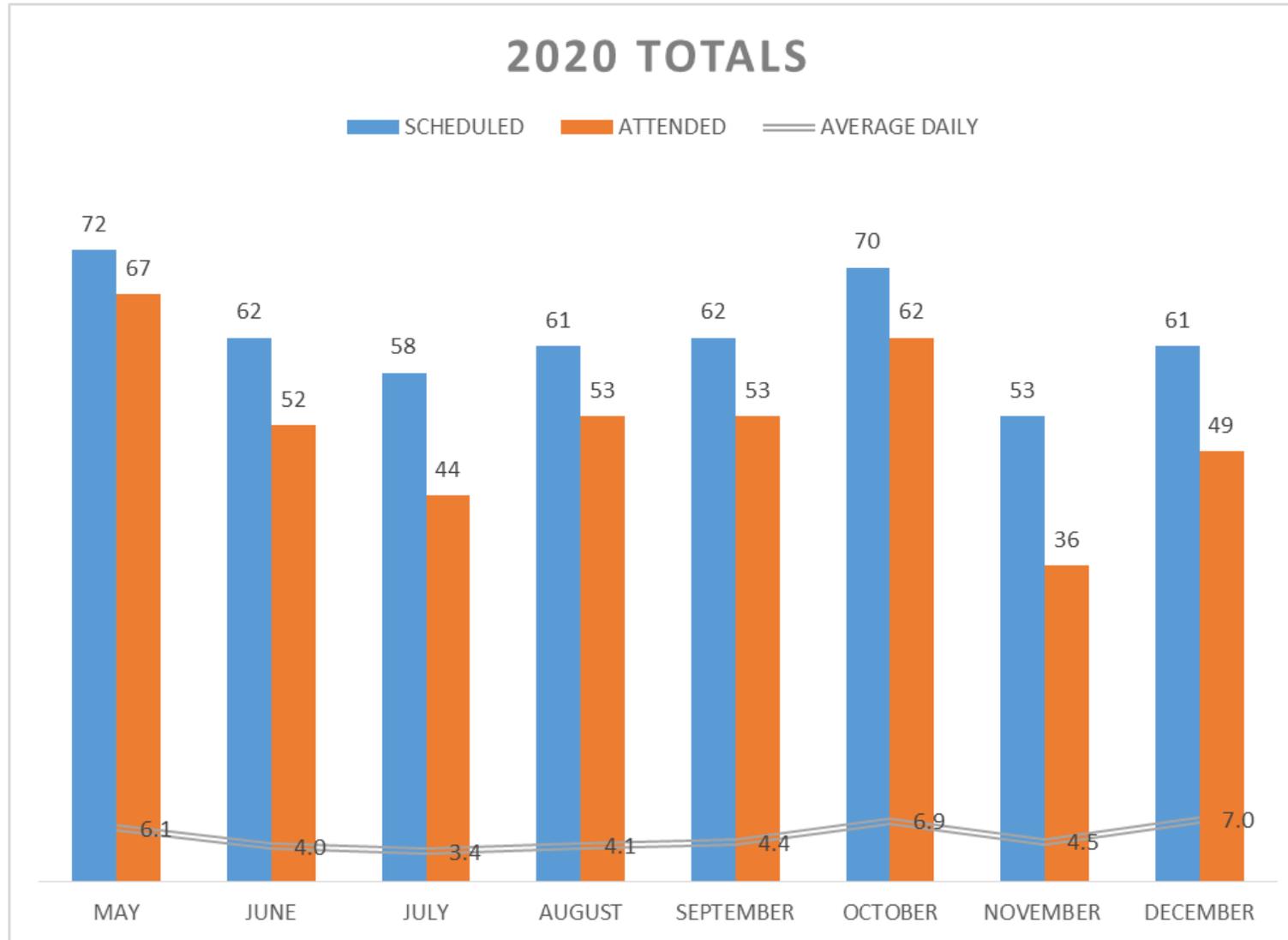
In fact, the only times a written patient signature is required are:

- To transfer of waiting time from one center to another
- For kidney patients who wish to be listed to receive offers for kidney with a KDPI <85%
- For living donor and recipient pairs who wish to participate in the paired donor exchange program.

Obtaining informed consent is an ongoing communication process, not a signature on a paper form.

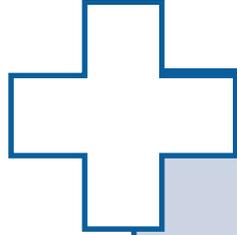
A signed consent form does not the patient read the form or understood it.

So, how is it going?



83% overall attendance: 83.2% for English and 82.4% for Spanish

Telehealth vs. In person Evaluations

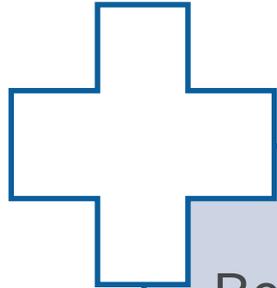


Able to schedule telehealth visit more quickly and conveniently for the patient
Decreased exposure risk for patient and staff
Conservation of PPE
Decreased time and travel expenses for patients (+ Center saved money not validating parking!)

Frequent technology challenges.
Unable to sign on to MCVV or Doximity
Team consults fragmented
Harder to assess frailty
Often caregivers not present
Challenging to schedule transplant work up. Unable to send to lab after evaluation.
Unable to get signatures for high KDPI consent, wait time transfer or consent for paired ex-change.
Social worker and dietician evaluations scheduled at a later date. Sometimes missed. Longer time for evaluation.

***Similar issues for waitlist management & re-evaluation testing**

Virtual Selection



Relatively easy platform to use – screen sharing is a great feature!

More people able to attend and in a timely fashion. Doesn't matter if you are at a different work site. No need to drive to clinic.

Able to schedule quickly and conveniently for Ad Hoc

Active participation has been just as good if not better

Some people still don't know how to use the mute button.

Not all enter their participant ID making it more challenging to take attendance.

***All password protected to prevent Zoom Bombers**

Coordinating Transplants



- Screening the donor & potential recipients – policies and protocols evolved as our knowledge base grew
- Smart phrases developed and up-dated to obtain explicit consent from potential recipients to proceed with transplant during COVID. Smart phrases edited to screen for the growing number of symptoms for COVID.
- Shipping challenges for kidneys. Fewer flight options to bring in kidneys in a timely fashion.
- During the surge: Required to confirm all necessary resources available prior to accepting an organ for transplant. Became more selective with potential recipients with the goal to get them in, transplanted and discharged quickly and safely.

Impact of COVID Post Transplant

CHALLENGES:

- Limited and sometime no visitors during transplant admission – especially during the surge. This made discharge education more difficult - Joint effort via Zoom with floor RN
- Testing - Increased utilization of more outside labs resulted in delays for test results
- Patients contracts COVID: adjust immunosuppression & initiated daily symptom checks. Found some were hesitant to request for care, fear of ER and/or admission.
- ER precautions and admissions minimized for potential afterhours complications due to risk of exposure

CHANGE WE KEEP MOVING FORWARD:

- Telemedicine appointments- fewer in person follow ups after transplant. Less travel, less stressful and more convenient for the patient.



Operational Opportunities & Challenges

Opportunity to Demonstrate Institutional Value

One of the first service lines to fully operationalize telehealth (despite the challenges mentioned)

Overall patient workflows and operational activity not negatively impacted

Able to continue bringing in big dollars and show the impact of transplant on related services (ex: less work up testing completed by other services = less money for those services)

Received multiple institution-wide recognitions

Continued Fight for Resources

Debate over whether or not transplant is considered essential or elective surgery

Only had to cancel 2 transplants – but have had to turn down several due to lack of resources

Subject to daily resource assessments for a period of time

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