Post Renal Transplant Care: Back to the community

Dr Sandawana William Majoni
On behalf of NT Top End Transplant
Services

OUTLINE

 The challenges of renal transplant patient follow up in the communities

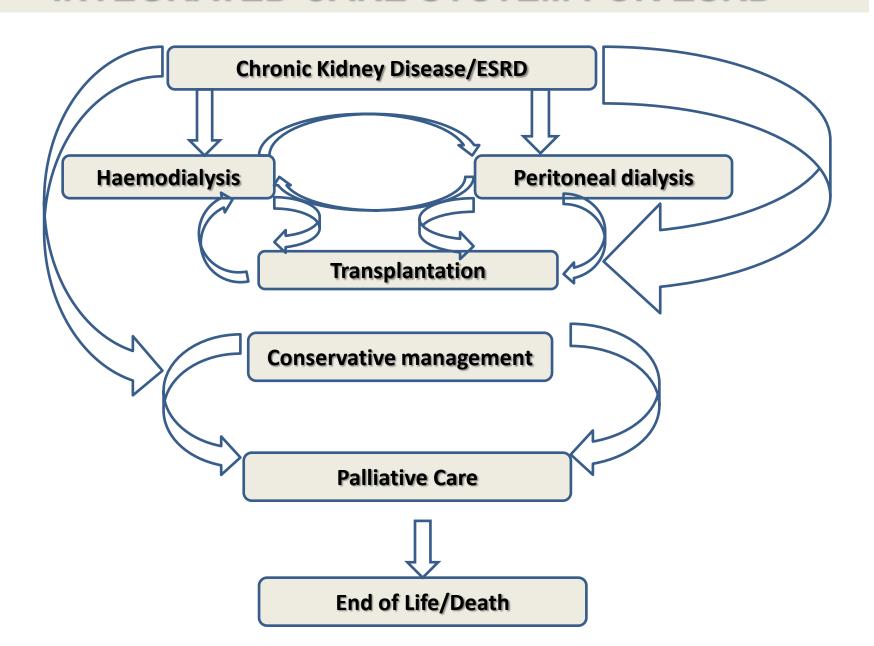
Evolving processes

Anticipated results

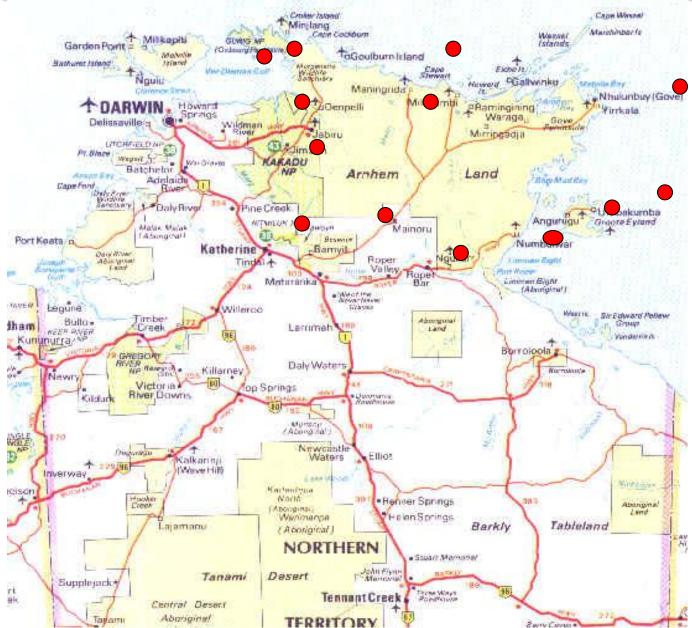
THE CHALLENGES

- Remoteness
- High staff turnover
- Perceptions about renal transplantation as an option for RRT in Indigenous patients
- Social issues
- Managing immunosuppression
- Managing acute problems in transplant patients

INTEGRATED CARE SYSTEM FOR ESRD



TRANSPLANT PATIENT LOCATION



PATHWAY TO TRANSPLANT

ENGAGEMENT WITH RENAL SERVICES

TRANSPLANT EDUCATION BY TRANSPLANT COORDINATORS

TRANSPLANT SUITABILITY ASSESSMENT



Dental / Psychosocial / Women's health check

INTERESTED IN TRANSPLANT
Clinical Assessed as
Not suitable
Suitable

REFER / TREAT

REVIEW WORKUP CLINIC



ASSESSED AS NOT SUITABLE Dr will explain and document reason

REVIEW & EDUCATION BY DOCTOR IN CLINIC

NOT INTERESTED Review yearly

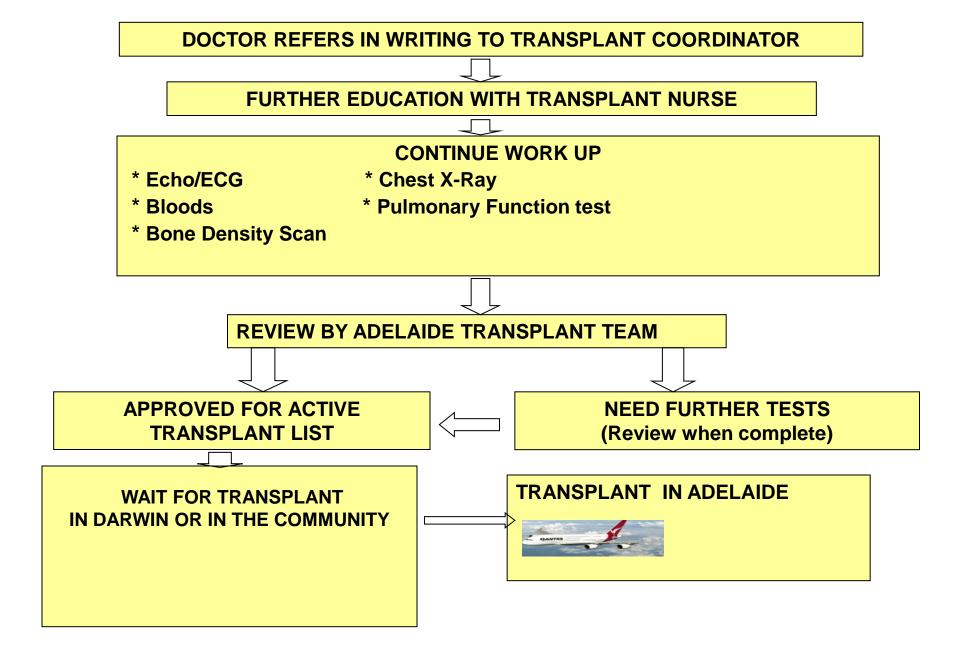
DR INITIATE WORK-UP

- •BMI <30
- · Cardiac stress test
- Virology Screen
- · Mantoux Test

If any of these abnormal refer/treat

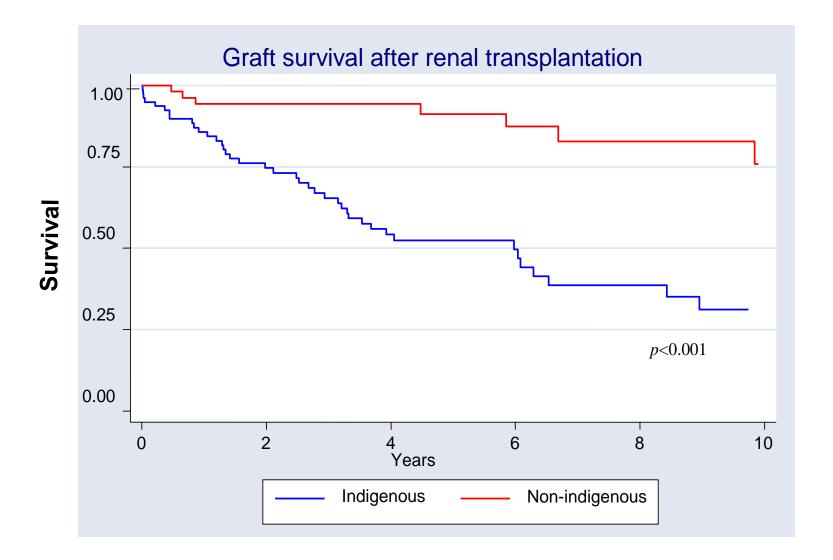
ASSESSED AS SUITABLE (no obvious medical problems)

PATHWAY TO TRANSPLANT



EVOLVING PROCESSES

- Education Programme through RRT
- Database to capture every event in detail
- Rigorous psychosocial assessments pre-listing
- Remote clinic reviews
 - Transplant check lists
- Renal outreach educational programmes
- Central Australian Rural Practitioners Association (CARPA)
 Manual
 - guidelines
 - Clinic guidelines
- Patients education programmes
- Telehealth



Rogers et al 2006

24/10/2013 NT- RACP

RETURN TO DARWIN

- Initially return to Darwin for up to 6 months
- Attend regular RDH
 - blood test monitoring
 - medical and nursing review
 - Immunosuppression & medication review stabilisation
- Routine biopsy 4-6 months,1 yr post transplant
- Referral to multidisciplinary team; Dietician, Social worker/Aboriginal Liaison Officer, Pharmacist

RETURN TO COMMUNITY

- Clinic handover re: ongoing care needs
- Weekly review (BP,WGT,TEMP,U/A,SKIN CHECK) and
 - collection of medications (Fax to Transplant Office 89228429)
- Bloods and immunosuppression level as per Tx Dr.
- Transplant Clinic r/v as per Tx Dr.
- Annually-
 - bone density scan
 - dermatology review

 - eye reviewdental review
 - Well women's/men's check up
 - Fluvax / Pneumovax PRN
 - Faecal FOB (Colonoscopy as required)

REMOTE CLINIC REVIEW CHECKLIST

ROYAL DARWIN HOSPITAL

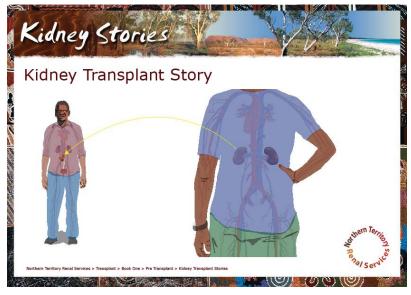
Department of Renal Medicine

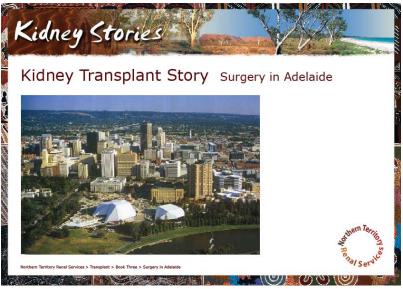
Transplant Outpatient Record

FAX TO RENAL TRANSPLANT OFFICE 8922 8429

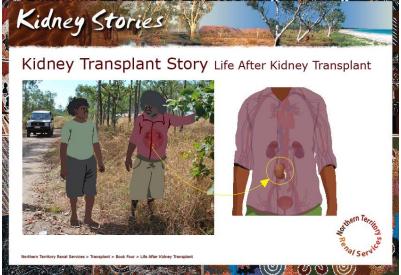
Date								
Weight								
Temperature								
Blood Pressure								
BGL								
U/A								
Meds given								
Pathology attended (Date)								
Questions to ask your patient								
Any nausea, vomiting or diarrhoea?								
Any cough or flu like symptoms?								
Any fevers?								
Any changes in urine production?								
Any pain over transplant site?								
Any side effects from medications?								
Any skin sores?								
Any other concerns?								
Name H.R.N DOB.		Tra Hei		Addressbhone.				

EDUCATIONAL RESOURCES









CONTACT DETAILS

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- Narissa Andrew RN
 Tel:89228272
- Email: <u>RenalTransplantNurse.THS@nt.gov.au</u>

- Renal Outpatient Registrar
 Tel: via RDH switchboard 89228888
- Dr. W. Majoni Renal Consultant
 Tel: via RDH switchboard 89228888

ANTICIPATED OUTCOMES

- Established seamless communication lines between primary care and transplant services
- Increase patient awareness and confidence to report any problems on time
- Initiate treatment in the communities to avoid delays if any problems arise
- Embrace transplantation as part of the integrated care system for managing end stage renal disease
- Monitor progress and outcomes
- Improve outcomes.

THANK YOU!! QUESTIONS??

"Reports that say that something hasn't happened are always interesting to me, because as we know, there are known knowns; there are things we know we know. We also know there are known unknowns; that is to say we know there are some things we do not know. But there are also unknown unknowns -- the ones we don't know we don't know."

US Defence Secretary Donald Rumsfeld (2001 to 2006) Memorable Quotes