Psychosocial Readiness Assessment for Heart Transplant Candidates

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Findings

• 57 patients were assessed during the 12-week period.
• The primary aim of feasibility was achieved with 93% of visits performed with freedom from rescheduling or patient no-show to the scheduled visit.
• 7.9% of team members reported the readiness assessments were feasible to complete.
• 24.30% of patients required follow-up from a transplant Social Worker with
• 9.47% of Social Work referrals were due to elevated mental health questionnaire scores alone.

Conclusions & Future Directions

• Addressing non-medical and mental health needs in waitlisted heart transplant candidates allows transplant programs to maintain candidates with necessary resources.
• Readiness assessments are feasible in practice and may serve to reduce untoward outcomes in the post-transplant phase by providing targeted care prior to the time of transplant.
• More research is needed in all solid organ transplant programs (i.e., lung, kidney, etc.) to study the intervention at specific waitlist time periods (i.e., 6-12-months post-listing) and compare data to transplant evaluation phase assessments to understand trends of waitlist candidate needs across organ programs.

Key References


Background

Psychosocial evaluation for heart transplant suitability has long been required by the Centers for Medicare and Medicaid Services as a condition for participation for transplant programs in the United States. There is no regulation regarding follow-up psychosocial care and assessment of patients waitlisted for transplantation. Heart transplant candidates require a thorough initial evaluation of multiple psychosocial factors and are at risk of negative outcomes with mental health problems and/or unstable socioeconomic resources.

Aims

• Evaluate the feasibility of psychosocial readiness assessments for waitlisted adult heart transplant candidates
• Evaluate stability of 4 socioeconomic domains
• Identify mental health care needs

Methods

• Descriptive surveillance design
• Rescheduled readiness visits and no-show rates were tracked
• A post-implementation period Qualtrics® survey administered to measure team member perceptions of feasibility
• Stability of socioeconomic elements assessed via yes/no questions:
  • Caregiver support
  • Housing
  • Transportation
  • Insurance coverage status
• The General Anxiety Disorder-7 questionnaire (GAD-7) was used to assess candidates’ mental health care needs while awaiting transplantation.
• Long-term goal: Ongoing psychosocial readiness becomes part of the CMS conditions of participation for transplant programs in the Federal Register.

Results

Table 1. Baseline characteristics of heart transplant candidate participants

<table>
<thead>
<tr>
<th>Demographic characteristics</th>
<th>(N = 57)</th>
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<tbody>
<tr>
<td>Age, mean (SD)</td>
<td>51.72 (12.2)</td>
</tr>
<tr>
<td>Sex, n (%)</td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>50 (87.7)</td>
</tr>
<tr>
<td>Female</td>
<td>7 (12.3)</td>
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<tr>
<td>UNOS waitlist status</td>
<td></td>
</tr>
<tr>
<td>Status 3</td>
<td>5 (8.8)</td>
</tr>
<tr>
<td>Status 4</td>
<td>47 (82.5)</td>
</tr>
<tr>
<td>Status 5</td>
<td>5 (8.8)</td>
</tr>
<tr>
<td>Waitlist time in days, mean</td>
<td>694.77</td>
</tr>
<tr>
<td>Blood group</td>
<td></td>
</tr>
<tr>
<td>Blood group A</td>
<td>16 (28.1)</td>
</tr>
<tr>
<td>Blood group B</td>
<td>6 (10.5)</td>
</tr>
<tr>
<td>Blood group O</td>
<td>35 (61.4)</td>
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</tbody>
</table>

Sustainability

• Implemented as standard of care for waitlisted transplant candidates beginning at month 4 post-listing and continuing every 4 months as identified by team members completing assessments.
• Continue utilization of GAD-7 and PHQ-8 to best assess candidates’ mental health care needs while awaiting transplantation.
• Long-term goal: Ongoing psychosocial readiness becomes part of the CMS conditions of participation for transplant programs in the Federal Register.

Acknowledgments and patient

Choi Herbert and her family for their previous gift of life.

Basic transplant candidates enrolled through applying a waitlist.

Collaborative partners include (Methodist Mens, MD, VA-TCU, Westside Women, MDW, LCMH, and St. Joseph’s, MN) RN.

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References