

Psychosocial Readiness Assessment for Heart Transplant Candidates

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Background

Psychosocial evaluation for heart transplant suitability has long been required by the Centers for Medicare and Medicaid Services as a condition of participation for transplant programs in the United States. There is no regulation regarding follow-up psychosocial care and re-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.

Purpose

Evidence based quality improvement project developed and implemented to evaluate the effects of psychosocial readiness assessments for waitlisted United Network for Organ Sharing status 3, 4, and 5 adult heart transplant candidates in the outpatient setting, addressing basic socioeconomic needs and mental wellness in preparation for transplantation.

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^{RM} 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 anxiety.
- Depression was evaluated using the Patient Health Questionnaire-8 (PHQ-8) screening form.

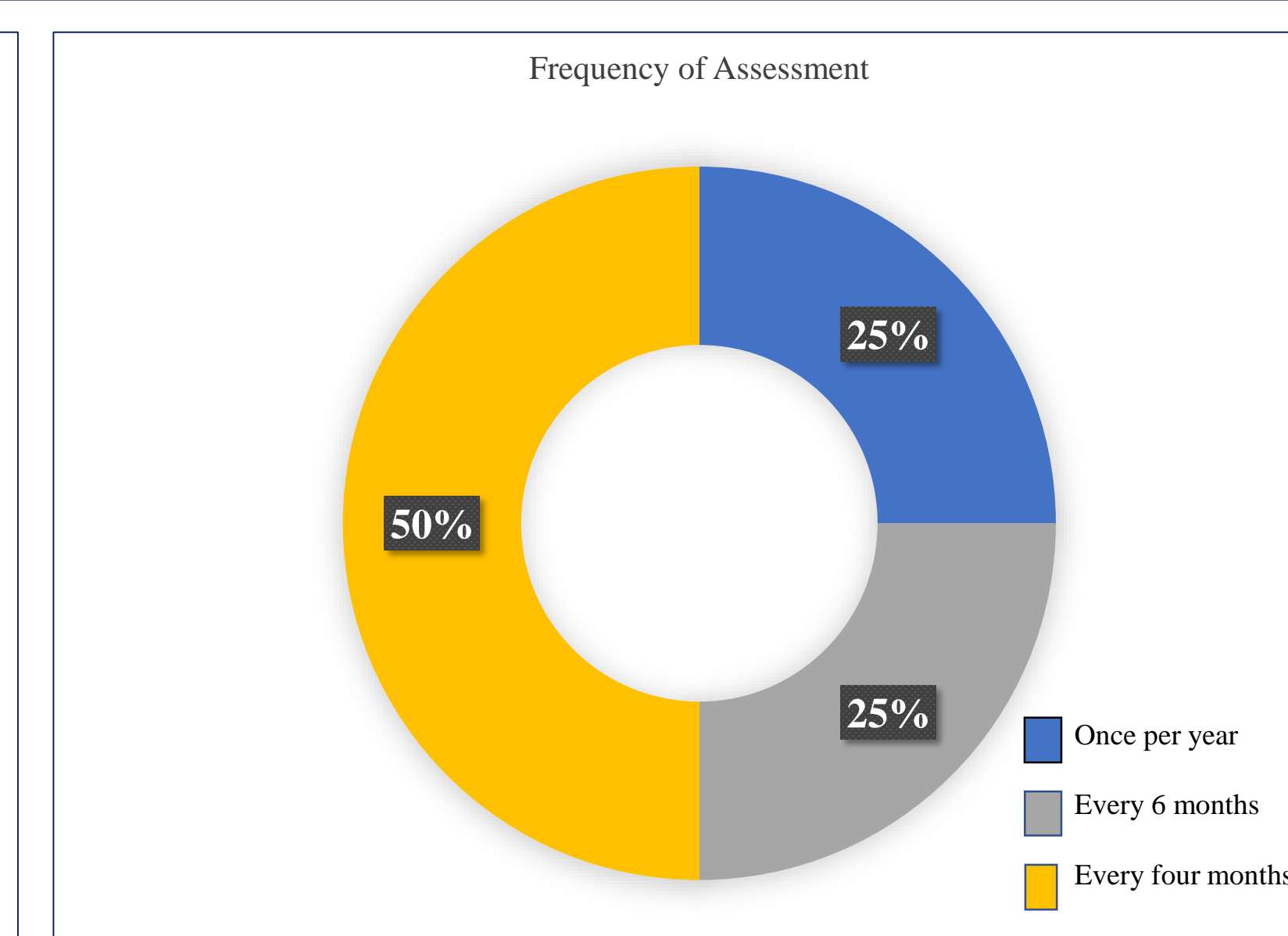
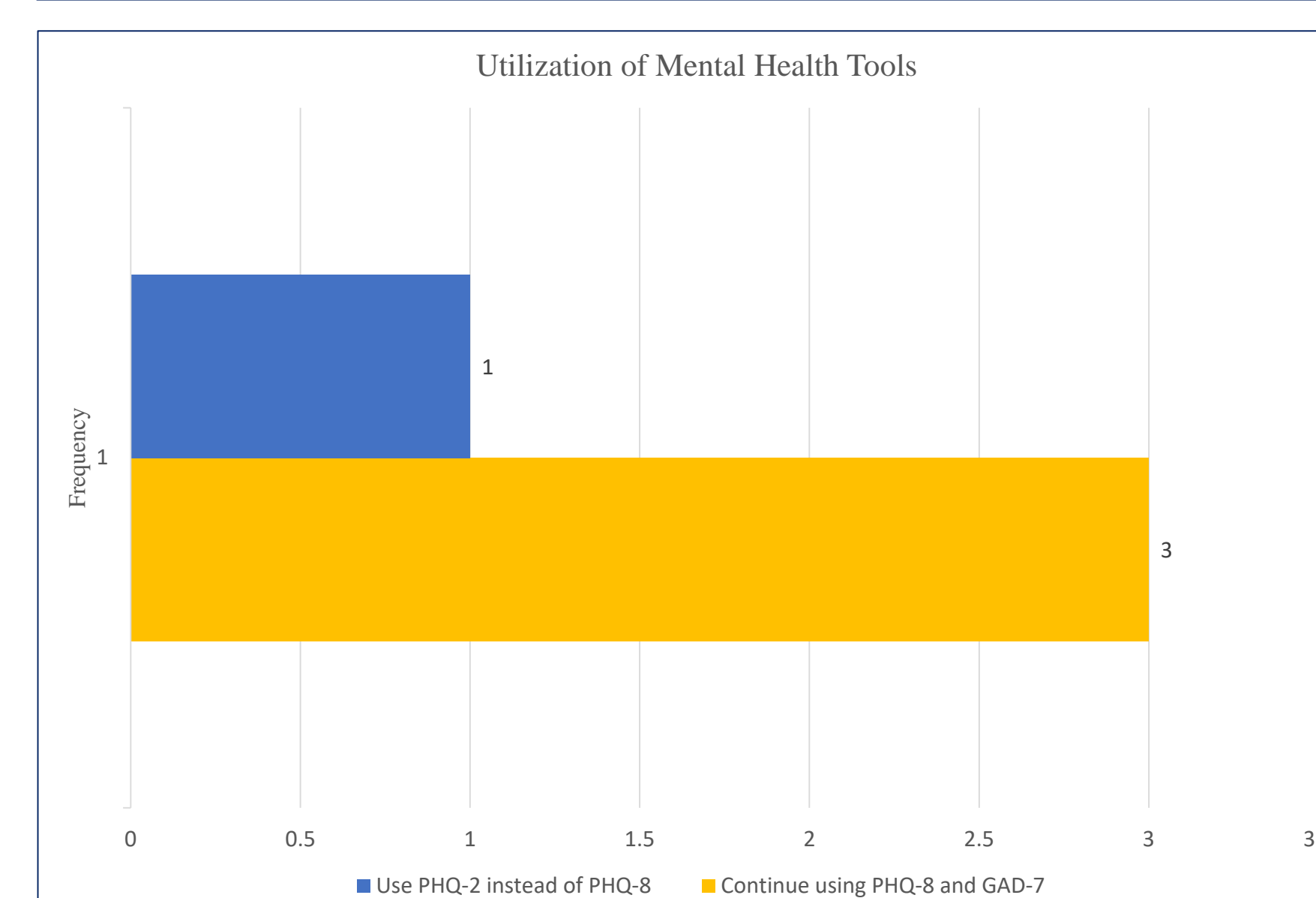
Results

Table 1. Baseline characteristics of heart transplant candidate participants

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

Sustainability

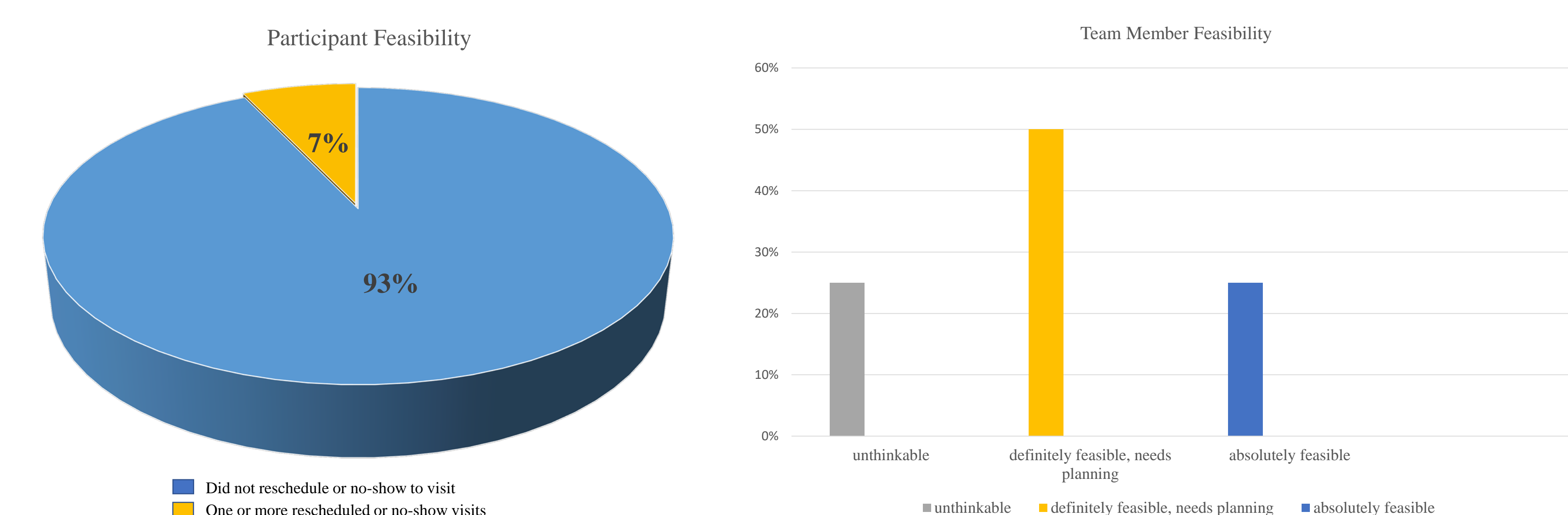
- Implemented as standard of care for waitlisted transplant candidates beginning at month 4 post-listing and continuing every 4 months as identified by team members completing assessments.
- Continue utilization of GAD-7 and PHQ-8 to best assess candidates' mental health care needs while awaiting transplantation.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



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- Mentor Kenneth Dion, PhD, RN

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.
- 75% of team members reported the readiness assessments were feasible to complete.
- 24.56% of patients required follow-up from a transplant Social Worker with
- 94.74% 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 patients 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.

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