Transplant Care in the COVID-19 Era: One Center’s Experience

By: Dawn Eck, MSN, ACNP-BC, NEA-BC, MMHC

Transplant Care in the COVID-19 Era: One Center’s Experience

The arrival of COVID-19 into the Southeast necessitated many practice changes for the care of our center’s transplant patients. Some of those changes include how we interface with our patients, the physical location of our staff, and how we approach new transplants.

Communication with Patients

One of our first concerns was communication with our patients. In early March, many of the transplant departments sent letters to both pre- and post-transplant patients, reinforcing the teams’ commitment to their patients’ care, and advised them on social distancing, masking, and hand-washing recommendations. We also let them know that we’d be in touch regarding upcoming appointments, and shared the hospital’s COVID-19 website, and new visitation policies. The letters were sent via our patient portals for those who were enrolled, and physically for those who had not.

Staff Transition to Working from Home

Given physical distancing guidelines, our nursing staff transitioned to working from home in early March. Many of our nursing teams had worked some days each week from home for the past few years, but new challenges arose when working from home in a full-time capacity.

Maintaining an open line of communication was paramount, as information flowed rapidly, requiring immediate process changes. Individual nursing teams employed Zoom and Skype for virtual meetings, at first daily, and more recently tapering to their usual once-weekly schedules. Online resources like Skype, Slack, and Microsoft Teams allow opportunities for secure, in-the-moment discussions among team members. Transplant Leadership also facilitates once-weekly Zoom meetings to share updates, and answer staff questions. To help with morale, and to reduce the stress of uncertain times, staff would often text encouragement to one another, and have theme days for their Zoom meetings.

One of our coordinators also helped to facilitate a Facebook group for transplant coordinators from around the country, to share information as all centers were looking for information on best practices, and information on how to best take care of transplant patients.

Process Changes
New processes for completing patient paperwork, contacting patients, delivering patient education, and obtaining patients’ informed consents had to be established. Incoming faxes were already electronic, and stored on shared drives for easy accessibility. Nursing teams employ Adobe Acrobat for obtaining providers’ signatures on FMLA and disability paperwork for patients. Our coordinators utilize the Doximity app for various functions, including receiving faxes and contacting patients without disclosure of their personal phone numbers.

Patient education is perhaps one of the most important functions of a transplant coordinator. Their preparation of patients and caregivers upon entering the transplant process, and after transplant, is vital to the patients’ success. It was crucial to continue this education, so we transitioned to virtual formats. Programs across our transplant center tackled this challenge in varying formats: some providing a voice over PowerPoint presentation to patients electronically for pre-transplant education, some providing PowerPoint presentations for the patients to follow along, as they met with patients and caregivers via Zoom or other secure formats. Consents for evaluation are now obtained via verbal consent with 2 coordinators witnessing, or the patient turns in a signed copy while completing in-person portions of their evaluation.

Bedside education after a patient’s transplant also proved challenging, especially given that our patients were not allowed visitors. The caregivers’ understanding of instructions is also a key component to the patient’s success. Similar to pre-transplant education, post-transplant coordinators are using virtual classes to deliver education to both the hospitalized patient, and their caregiver at home, simultaneously. Transplant binders, containing the standard written guidelines, are stored on the transplant units and given to patients by their bedside nurses. The patients follow along with the binders as they participate in virtual education classes.

Clinical Services

Providing outpatient care also required new approaches and safety measures. During the beginning of the COVID-19 crisis, clinic appointments were reserved for newer transplant patients and those with active health issues. In order to accurately gauge patients’ current status, coordinators called all scheduled patients for an update on recent health changes. For those that remained on the clinic schedules, institutional guidelines require that the patient and caregiver be contacted once more, 1-2 days prior to their visits, to screen for COVID-related symptoms. Patients and caregiver screening upon entry to our facility began in March, and continues. Some transplant departments also devised new workflows for obtaining bloodwork and routine diagnostic testing, which expands the role of individual clinic support staff, and minimizes patients’ points of contact during their visits.

For those patients who need a clinic visit, but do not require diagnostic testing, telehealth is considered. Our institution had some experience with Telehealth before, but it had not been widely employed prior to COVID-19. Our teams quickly partnered with institutional workgroups to learn about, and implement, a telehealth option for transplant patients. Providers can only conduct telehealth to patients in states where they are licensed. We surveyed our providers regarding pre-existing state licensing, as well as emergency licensing, to provide our scheduling teams guides for telehealth scheduling. Our institution moved quickly to secure emergency licensing for providers in two adjoining states, which helped to expand the number of patients that eligible for Telehealth visits. Our coordinators arrange for local laboratory testing prior to Telehealth visits, to provide a more comprehensive experience. Patients who were ineligible for Telehealth were initially either placed on hold, or scheduled for in-person visits. As
the region recently entered Phase I of re-opening, we no longer place any patients on hold for clinic scheduling.

Telehealth or phone consult services are also utilized for multi-disciplinary consults during the patient evaluation process. Inpatient consultations by many of ancillary service lines are also conducted virtually.

New policies emerge as our institution re-opens all radiology and diagnostic services. Our coordinators have adopted new practices quickly. They now also coordinate asymptomatic testing of transplant patients undergoing certain aerosolizing procedures, prior to their appointments.

**New Transplants**

Our center only briefly paused on transplanting our waitlisted patients. Many aspects had to be considered: the many points of contact when conducting procurements outside of our center, differing COVID-19 policies at each local hospital or surgery center, expedient testing of potential recipients and donors, and interface with outside teams for procurements within our hospital. Our leaders were also in frequent communication with colleagues around the country, to gather information and draw upon the collective experience.

Prioritized COVID-19 PCR testing enabled confirmation of negative results in potential transplant recipients in a timely manner. More recently, rapid testing has become available for expedited results in select cases, where PCR results can’t be completed in time. UNOS worked with organ procurement organizations to quickly implement COVID-19 testing of all donors, and added new fields to allow for reporting in DonorNet. This gave our center more confidence that we could proceed safely with new transplants.

In order to reduce potential exposures to our center’s procurements teams and those from other institutions, we employ local procurement of both thoracic and abdominal organs when possible. We also partnered with our local organ procurement organization to provide this service. Our surgeons and organ preservationists participate in organ procurements for other centers in our hospital, and the surrounding metro area.

**Cross-Training**

Our transplant coordinators are also active in institutional COVID-related initiatives. Some coordinators manned our institution’s COVID-19 hotline evenings and weekends, helping to answer community members’ questions and guide them to assessment sites. Some of our staff also volunteered to cross-train with their inpatient colleagues on various units. All of our nursing teams helped to support a separate high-risk assessment site for transplant and oncology patients. This site is used for further assessment of patients who screen positive for possible COVID-19 symptoms upon presentation at our facility.

**Going Forward**

The number of our post-transplant patients testing positive for COVID-19 thankfully remains less than five at this time. We have transplanted 62 number of patients since March, and continue to actively evaluate and list new patients. We have received positive feedback from patients on their telehealth experiences, and now shift to a hybrid model of both traditional visits and telehealth. Our coordinators
anecdotally share that the transition to home, although initially challenging, has provided significant work-life balance improvements. Out of necessity, we created new practices quickly, and hope to retain many of these for improved patient care, flexibility in the way that we care for patients, and improved staff satisfaction options in the longer term.