

# Innovative Practice: Compliance contracts for Transplant

Anne Suhr, RD, CD  
DSI, Inc  
Indianapolis, IN  
[asuhr@dsi-corp.com](mailto:asuhr@dsi-corp.com)

# 3 OVERALL CONTRIBUTORS TO TRANSPLANT

- Compliance
- Motivation
- Education

# COMPLIANCE

- The act of agreeing to a request or regime
- The act of conforming or yielding
- Cooperation or obedience

<http://www.dictionary.com>

# MOTIVATION

- A stimulus or influence
- Something that provides inducement
- An incentive

<http://www.dictionary.com>

# EDUCATION

- The act of acquiring knowledge
- Developing the powers of reasoning and judgment
- The act of acquiring skills

<http://www.dictionary.com>

# THE OUT PATIENT CLINIC

## A DIETITIAN'S ROLE

- Assisting Social Services in the evaluation of a candidate for transplant
- Evaluate the possible barriers that the pt may have with transplant guidelines
- Initiate interventions even prior to any transplant referrals, if appropriate
- Follow progress on these goals while pt continues on dialysis

# BARRIERS: OBESITY

- Increase risks of delayed graft function
- Wound complications, ventral hernias, deep vein thrombosis
- Increased risk of premature death
- Additional weight gain after transplant

Jindal,R,Zawwada,E,Obesity & Kidney Transplantation.[www.avera.org/pdf/obesity](http://www.avera.org/pdf/obesity)  
Kent,PS,Issues of Obesity in Kidney Transplant,JRenal Nutrition:17:107-113,Mar  
2007

# AVAILABLE OPTIONS FOR TREATMENT IN OBESITY

- LOCAL PROGRAMS -Weight Watchers
  1. Flexible program
  2. In center dietitian can work with pt to adjust program to the renal diet
  3. Work outside the renal diet in moderation to achieve goal
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# AVAILABLE OPTIONS FOR TREATMENT IN OBESITY

## Exchange List for Weight Management

1. Instructs patient in portion control
2. Flexible food options
3. Keep diet with at least 25 % of calories as protein
4. Food diary

# AVAILABLE OPTIONS FOR TREATMENT IN OBESITY

Other Programs:

Jenny Craig, Nutrisystem, Etc.

1. Give patient limits on Na, K<sup>+</sup>, PO<sub>4</sub>
2. Expensive
3. Food diary

# BARRIERS: UNDERWEIGHT

- Transplant complications
- Graft loss
- Relapse of possible eating disorder
- Further malnutrition

# AVAILABLE OPTIONS FOR TREATMENT IN LOW WEIGHT

- Thorough nutritional assessment
- Evaluation of all barriers: GI issues, Dental, Financial, Social etc
- Nutritional supplementation: Self purchased, HHC provided, Samples
- IDPN, Tube Feedings

# BARRIERS: DIABETES / A1c

- Increased risk of vascular events
- Decreased rate of survival
- Continued risks for new kidney
- Hyperglycemia w/ Immunosuppressants

Cosio FG, et al, 2008/amJ Transplant 8(3)-593

# AVAILABLE OPTIONS FOR TREATMENT IN A1c

## Diabetic Programs

1. OP hospital programs
2. Diabetologist
3. Do follow up review to verify patient comprehension
4. Check A1c's quarterly and fax to transplant

# AVAILABLE OPTIONS FOR TREATMENT IN PO<sub>4</sub> & K<sup>+</sup>

1. Routine reviews and counseling
2. Food diary
3. Bi weekly levels
4. Fax lab data to transplant once a month

# BENEFITS OF CONTRACT PROGRAM FOR THE IN-CENTER PATIENT

- Better communication between transplant dietitian and in-center dietitian
- Increase follow up
- Improved motivation
- Improved compliance
- Improved education

# AFTER ACHIEVING GOALS

- Follow up continues: monitor weights and labs as before
- Continue to send data to transplant
- Contact transplant if patient backslides

Monitor trends

Evaluate causes

# CASE STUDY # 1

59 y/o SWF admitted to OP unit on 8/25/06  
F/T employee as a PC analyst in a local  
hospital

Dx: ESRD, DM II x 20 years, Anxiety

Hx: Gastric Bypass, CABG with  
subsequent infection and open wound on  
the chest wall with wound vac

# CASE STUDY #1

## EMPERICAL DATA 8/06

Albumin – 2.8

Ht: 163cm (64")

PO<sub>4</sub> – 3.0

Wt- 88kg (194#)

A1c – 6.5

BMI - 32

K<sup>+</sup> - 4.0

IDWG – 1-2kg

# CASE STUDY #1

- GOALS FOR PATIENT FOR TRANSPLANT
- Wound healing – IP w/ Sternum Osteomyelitis and subsequent surgery

Wound healed 11/06

# CASE STUDY #1

- Weight Loss & A1c - Goals
  - Goal weight for 30BMI = 80kg (176#)
  - Weight loss of 18# required
  - A1c Trended up to 8.1 – Goal of <8.0
- Treatment
  - Compliance Contract
  - OP Diabetic Classes at local hospital
  - Follow up by In- Center dietitian with education in CHO counting, weight monitoring and communication with transplant on progress

# CASE STUDY #1

- OUTCOMES

Wt = 80kg

A1c = 6.3%

Alb = 3.8

BMI = 30

12/14/07 - Patient put on transplant list

12/19/07 – Patient received transplant

# CASE STUDY #2

- 35 y/o SAAF admitted to OP unit on 1/17/07

Dx: Renal Insufficiency, DM I x 19 years, Retinopathy, Neuropathy

Hx: Single mom with an 11 y/o daughter,  
Hx of obesity > 300#  
Hx of poor adherence to diet

# CASE STUDY #2

## Empirical Data:

Albumin – 2.4

PO<sub>4</sub> – 4.3

A1c – 5.7

K<sup>+</sup> - 4.2

Ht – 175cm ( 69”)

Wt – 92.4kg (203#)

BMI - 30

IDWG's – 2-4kg

# CASE STUDY #2

PO4 and A1c Goals:

A1c increased - 10.7– goal is 8.0

PO4 increased to 10.2 – goal is 6.0

Treatment:

Referred to OP diabetic training

In-Center dietitian counseled patient on PO4

Assessment and changes in PO4 binders

# CASE STUDY #2

## Current Outcomes

Albumin – 3.9

PO4 – 5.4

A1c – 7.6

Wt – 90

BMI – 29

Continue working with pt on PO4

# CONCLUSION

- The connection between the in center dietitian and the transplant dietitian in this process is what makes transplant qualification successful
- Out patient dialysis patients benefit from a team approach