Implementation of a Pre-transplant Pharmacist Evaluation and Education Session for Recipients of Living Donor Renal Transplants

The Problem

Transplant recipients often have multiple comorbidities and complex medication histories prior to transplantation. For this reason, CMS requires the involvement of a pharmacist in the care of transplant recipients in the pre-, peri- and post-transplant setting. Prior to implementation of this service, all medication education was provided in the inpatient setting and pharmacists were not involved in the pre-transplant screening of transplant recipients.

Aim/Goal

- Establish a pre-transplant pharmacist patient visit to perform accurate medication reconciliation, obtain a compliance/medication management history and assist with ordering of peri-operative immunosuppressants.
- Increase the amount of education proved to transplant recipients in the pre-transplant setting.

The Team

- Christin Rogers – Clinical Pharmacy Coordinator – Solid Organ Transplant
- Natalya Asipenko – Clinical Pharmacist II
- The Multidisciplinary Transplant Team

The Interventions

An additional appointment was made for patients to visit the transplant pharmacist in the out-patient clinic on the same day as pre-admission testing and the final visit with the surgeon. At this visit the following activities were performed:

- Thorough medication reconciliation addressing all known comorbidities and use of OTC and herbal medications
- Clarification of mediation allergies and animal exposure to better anticipate potential intolerance to new medications
- Evaluation of prior pain management to better anticipate post-operative pain management
- Assessment of medication compliance and current medication management techniques
- Review of inpatient Transplant Self-Medication Program and Walgreens bedside delivery service
- Comprehensive review of the post-transplant medication regimen including common medications, adverse events and administration concerns.

The Results/Progress to Date

- All living donor transplant recipients since June 2012 have been seen by a pharmacist prior to transplantation
- Pharmacist evaluation and order of peri-operative immunosuppression has led to an improvement in timeliness of orders and a decrease in dosing errors.

Lessons Learned

- Patients are appreciative of the time spent providing education in in a quiet relaxing atmosphere
- Patients often assume that providers know all of their medications, when in fact, OMR is often not often the most up to date source of information
- Pre-transplant screening has provided opportunities to plan for unexpected medication related issues

Next Steps/What Should Happen Next

- Train additional clinical pharmacists to be able to provide clinic coverage.
- Incorporate insurance screening/medication co-payment disclosure into the pre-transplant visit/evaluation.
- Evaluate impact of pre-transplant education on medication errors in the post-transplant setting.

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