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**Submission Date:**

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**Award Category:**

Clinical, Operations

**Presentation Category:**

Poster Presentation

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**Title:**

Improving Well-Being for Heart Transplant Recipients: Implementation of a Patient Navigator Program

**Primary Author/Credentials/Organization/City/State:**

Nina Winterstein, MSW, LCSW, Health Navigator Foundation, San Francisco, CA

**Problem/Situation:** *Briefly and clearly state the problem/situation to be investigated or described, including the objectives of the research, program, or activity, and how it applies to the principles and methods of organ donation/transplantation.*

For heart transplant recipients and their caretakers, navigating the complexities of organ transplantation is a significant part of the transplant journey. This can include securing temporary housing near a regional transplant center, finding affordable and nutritious meals for a recovering immunocompromised patient, organizing increasingly complex medication regimens, completing necessary paperwork for disability, finding timely and reliable answers to care related questions in the immediate post-transplant period. Despite providers' efforts to treat all patients equitably, healthcare disparity exists, such that some patients experience inherent barriers to optimally navigate their healthcare due to socioeconomic inequities which may lead to worse health outcomes. We envisioned a program to provide equitable access to professional navigation services for all heart transplant patients regardless of their ability to pay. When surveyed at a single center, heart transplant recipients cited managing all their healthcare needs as a primary concern 83% of the time (n=23). To respond to this need, a patient navigator program was created. We aim to show that providing individualized navigator services following discharge from the hospital post heart transplant improves well-being for recipients.

**Methods/Practices/Interventions:** *Describe how the research was performed using rigorous scientific methods, and/or demonstrate that appropriate program planning and evaluation methods were employed.*

All heart transplant recipients were eligible for enrollment and offered navigation service prior to discharge. The program provided individualized interventions for 4-6 weeks following hospital discharge, at no cost to the recipient. Services included: immediate phone, email, or HIPAA compliant text access to a patient navigator team, personal escort to lab draws, tests and procedures, and navigator accompaniment to outpatient appointments. The program also provided: a medication organizer, vital sign and symptom log, meal delivery, local resource guide, caregiver support, translation services, social work support, peer networking, and community resource referrals. All recipients completed a pre and post-enrollment quality of life surveys as well as an exit interview about program services. We utilized a validated quality of life survey to collect descriptive data. (Forsberg, et al., 2012)

**Findings/Solutions/Conclusions:** *Describe the results/outcomes along with relevant data that correlates the problem/situation with findings/solutions/conclusions.*

In this single-center pilot study, 23 heart transplant patients enrolled in the program and completed a pre program survey. 19 recipients completed a post program survey after receiving navigation services. In this study, descriptive statistics pre program were compared with those post program. Pre program, the average quality of life reported was 47/100. 78% of patients reported they could not complete desired activities. Post program, 100% of patients reported their quality of life to be better than expected. 78% believed the program contributed to their success. Post survey analysis revealed 90% of participants would recommend this program to others.

**Implications/Relevance:** *Discuss relevance to the professional practice of other transplant professionals and to the award category selected.*

Results from this pilot study suggest an association of a positive impact of the patient navigator program, particularly in its ability to provide support meeting individual needs, cardiovascular team connection, and immediate access to a team member. Future work with a larger sample size is indicated to more fully assess the program's impact on quality of life. Preliminary data suggest implementation of a patient navigator program improves health and well-being for heart transplant recipients. In the future, we hope to expand our program to help a broader network of patients with critical illnesses

**Primary Author/Co-Authors:** *List first and last name of Primary Author followed by first and last names of other authors. Degrees held by each author should be noted.*

Nina Winterstein, MSW, LCSW, Krista Ramonas, MD, Deborah Franzon, MD

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**References:**

1. Almgren, M. (2018). Uncertainty after heart transplantation. A new perspective on self-efficacy and self management. Lund: Lund University: Faculty of Medicine.
2. Conway, A., Schadewaldt, V., Clark, R., Ski, C., Thompson, D. R., & Doering, L. (2013). The psychological experiences of adult heart transplant recipients: A systematic review and meta-summary of qualitative findings. *Heart & Lung*, 42(6), 449-455.
3. Forsberg, A., Persson, L.O., Nilsson, M., Lennerling, A. (2012). The organ transplant symptom and well-being instrument- psychometric evaluation. *Open Nurs J.* 2012, 6, 30-40.
4. Lamas, D. J., Lakin, J. R., Trindade, A. J., Courtwright, A., & Goldberg, H. (2018). Looking beyond mortality in transplantation outcomes. *New England Journal of Medicine*, 379(20), 1889-1891.
5. Tarabeih, M., Bokek-Cohen, Y. & Azuri, P. (2020). Health-related quality of life of transplant recipients: a comparison between lung, kidney, heart, and liver recipients. *Quality of Life Research*, 29,1631–1639.

**Findings/Charts/Tables:**

Figure 1: Pre and Post Survey Charts

