



Travel Grant Report Form

Name and origin of applicants

Hildigunnur Friðjónsdóttir, Transplant coordinator,

Landspítali University Hospital, Reykjavík Iceland

Purpose granted

The purpose was to visit the University Hospital in Nottingham UK, to observe and learn from the clinical nurses working there. I especially focused on the following:

- Education for kidney transplant recipients and living donors
 - Evaluation of living kidney donors
 - Registration of patient data and filing systems
 - Support and follow up for transplant patients.
 - Support and follow up for children with kidney transplant.
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Amount granted

10 000 DKK

Time and place of visit

Place of visit: University Hospital in Nottingham

Time of visit: 17th – 20th of March 2015

Program:

Tues 17 March.

Anne Theakstone Nurse Practitioner, at Renal Out Patients Reception

Wed 18 March.

Karen Stopper, Nurse Practitioner, Live Donor Coordinator

Patient Information Session with Kate Taylor, Nurse Practitioner and Karen Stopper

Thurs 19 March.

All day with the Paediatric transplant team at Queens Medical Centre.

Kim Hardy, Nurse Practitioner. Dr Martin Christian and Claire Hardy, Play-specialist

Fri 20 March.

Karen Stopper at Renal Out Patients Reception

Morning - transplant follow up clinic

Afternoon - live donor clinic.

Report

More than 1.700 people have been transplanted at Nottingham City Hospital since the first transplant was performed on February 4, 1974.

Education of kidney transplant recipients and living donors.

There are three nurses working at the Transplant Outpatient Clinic and they meet all living donors and recipients before and after the transplant. They are Nurse Practitioners and organize and plan all visits and tests for both living donors and recipients. They are also responsible for the waiting list and are alternately on call for a kidney offered for a transplant, from a deceased donor.

Once a month, nurses organize training session for prospective donors, recipients and their relatives. These meetings are held in the late afternoon at the Outpatient Clinic and take 2-3 hours each time. Two kidney recipients started these meetings several years ago and this has proved to be very successful. First there is a video-show, then one of the nurses talked about transplantation and finally and perhaps most importantly, participants discuss in groups, exchange views and get more information from people with experience (donors/recipients/relatives). The nurses do not take part in these groups, but are on the site if needed.

Evaluation of living kidney donors

The nurses plan all visits and all tests for recipients and potential donors and also the meeting with the nephrologists, the surgeon and either a priest or a psychologist. They use among other things health questionnaires to evaluate the client's health. Non-direct living kidney donation is permitted in Nottingham since the last four years and paired exchange since the last 7 years. If a recipient has a living donor he confirmed that he knows, they have to proof their relations. Of course, no information about prospective donor's health or opinions is given to the recipient or vice versa.

Registration of patient data and filing systems

Nurses and doctors handwrite all information about the patient into medical record and sometimes they also make a note in a computer. The University Hospital is planning to computerize all data later this year.

Support and follow up transplant patients.

Few days after the operation the living donor is discharged from the hospital and the nurse calls him/her up few days later to assess the recovery. If everything is ok, then he/she will meet the surgeon within 6 week post-op, then after 12 weeks, then 6 months, then one year and after that annually. The living donor doesn't pay for the visits and neither do the recipients. The recipient doesn't pay for his/hers medications after the transplant. The recipient receive blood pressure

monitor and written instructions about live-style after transplant (especially instruction about the medication) when discharged from the hospital after the operation. The recipient meets a doctor monthly during the first 3 month after transplant. Nurses take care of monitoring the recipients on regular basis and only refer a patient to a doctor if something goes wrong. The patient meets a nurse 3 times a week for the first 4 weeks. The nurses update prescription for all medication and decide to give antibiotics if needed. The patients get all their results from blood tests to their mobile phone and know how to respond to those figures.

Support and follow up for children with kidney transplant.

About 8 – 10 children get a transplanted kidney every year and around half of them get a kidney from a living donor. Nurse and play-specialist from the Children´s Hospital at Queens Medical Centre visit all children with kidney disease while they are waiting for transplant to inform and educate both the child and its parents. The play-specialist has created and equipped cards and dolls that helps children to learn about the disease and the kidney transplant. This part of the treatment is very interesting and looks to be helpful. Children move to the adult outpatient clinic when they are 18 years old, but the preparation for this transfer begins when they are about 14 years old. The nurses from the University Hospital come and visit the children and their parents to get to know them because this transference is often very difficult for both the children and their parents as well.

Evaluation

I learned a lot during this visit. We here in Iceland are not at this level of nursing education: Nurse Practitioner and it was very informative to see how that basically worked. Educational program for both donors and recipients before transplant and all the follow up process was very professional. Working environment was not in new buildings, but the working area seems to be comfortable and all of the staff has pleasant attitude. Educational material for children was very interesting and the organizing of training and instruction for children before and after the transplant was excellent and very informative. It is my hope that this visit will bring to us new ideas that we can adopt in our practice in Iceland order to improve our patient´s care and well being. I will thank Anne Theakstone for organising my visit and also I thank all the great nurses I meet. I thank Scandiatransplant very much for the Travel Sponsorship Grant - that made this visit possible.
