

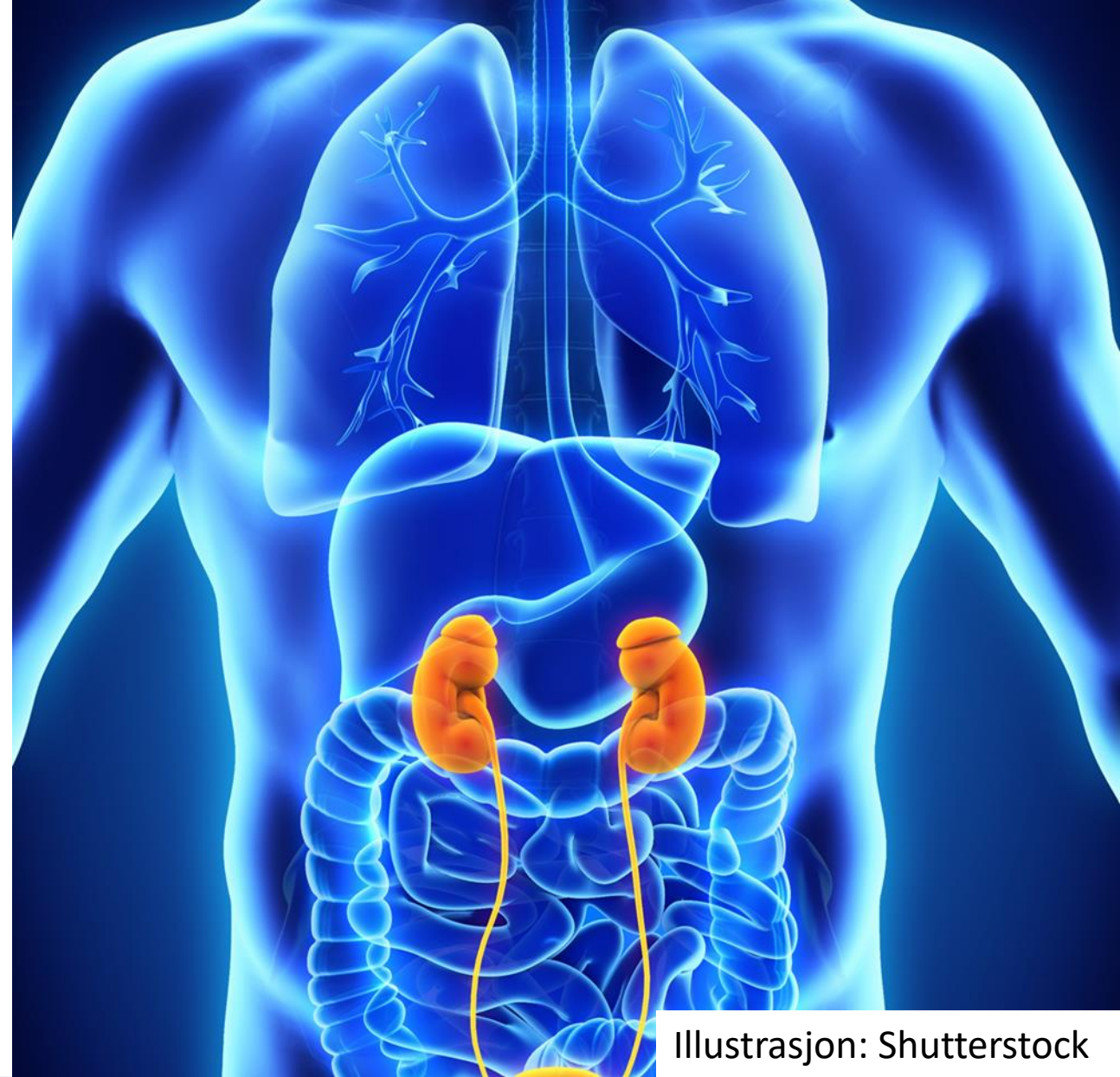
Pasientopplæring etter transplantasjon

Fagdager om organdonasjon og transplantasjon

16 og 17 September 2024

Tone Vidnes – Fagutviklingssykepleier

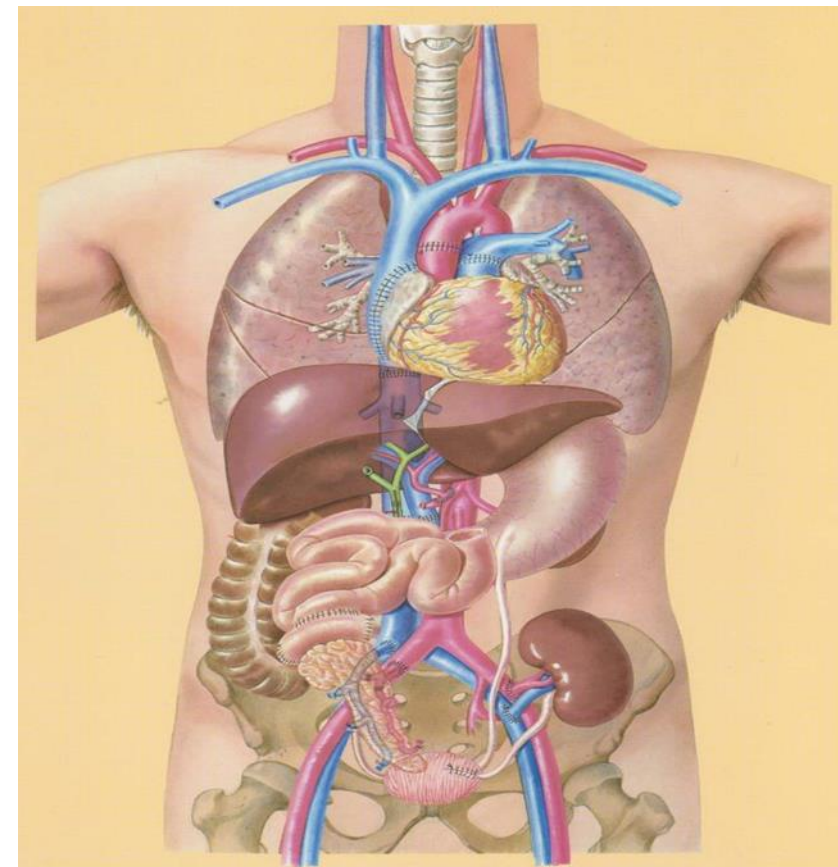
Transplantasjonskirurgisk sengepost



Illustrasjon: Shutterstock

Transplantasjonsvirksomheten

- Ett nasjonalt senter i Norge – to avdelinger thoraxkirurgen og transplantasjonskirurgen
- Transplantasjonstall 2023:
 - 237 nyrer
 - 190 avdød giver
 - 43 levende giver
 - 1 kombinert lever/nyre
 - 2 kombinert nyre/pankreas
 - 1 hjerte/nyre
 - 92 lever
 - 90 single lever
 - 1 Lever/nyre
 - 1 living donor lever
 - 4 pankreas
 - 2 single pankreas
 - 2 Nyre/pankreas
 - 1 øyceller
 - Autologe øyceller



«En generell oppfatning i befolkningen, er at det settes likhetstegn mellom det å bli transplantert og det å bli frisk»

- Forventninger til den transplanterte
- Pasientene har fortsatt en kronisk tilstand
- Hva betyr det egentlig å bli transplantert?
- Transplantasjonen er en fantastisk start, men bare en begynnelse....
- Opplæringen legger grunnlag for videre gevinst av transplantasjonsvirksomheten

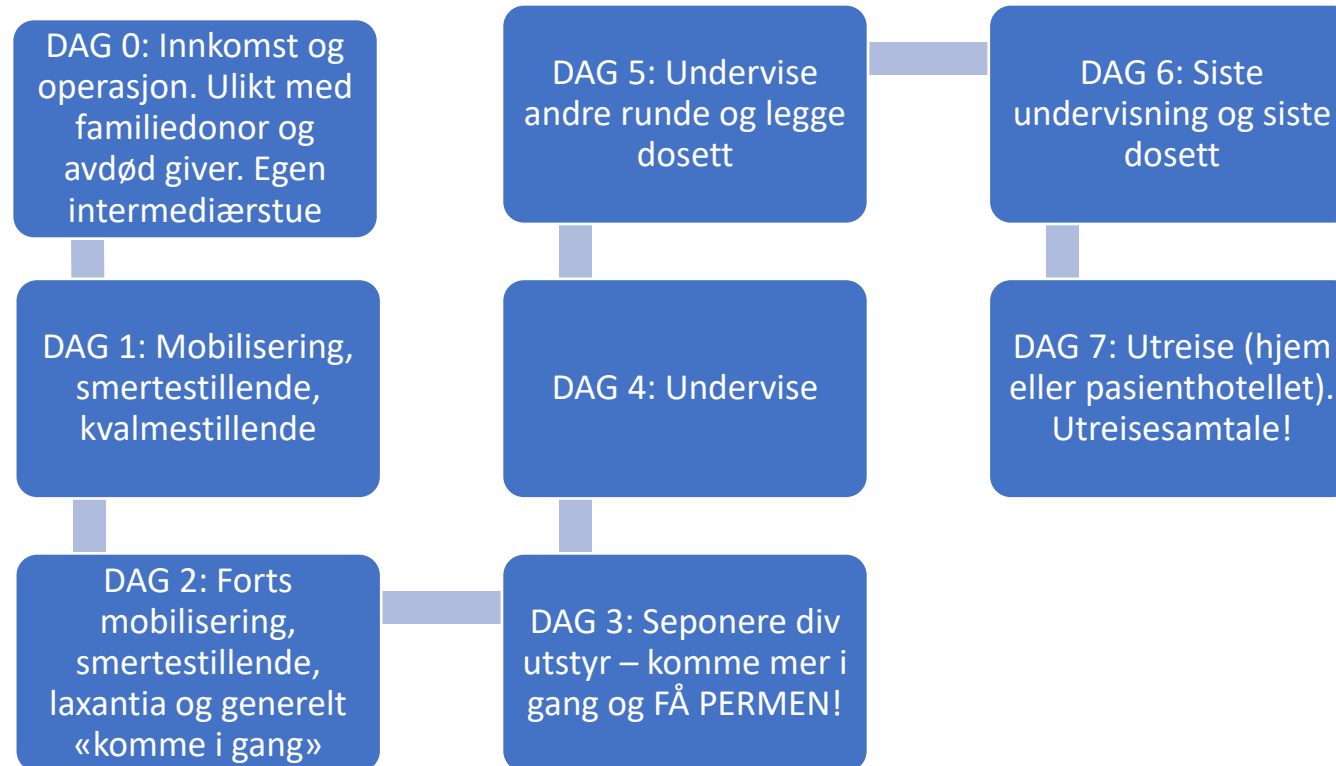
Undervisning - Vår plikt og arbeidsoppgave

- Opplæring av pasienter og pårørende er en av spesialisthelsetjenestens fire hovedoppgaver
- Pasient og pårørende har rett til medvirkning og informasjon
- Helsepersonell skal gi informasjon til den som har krav på det
- Og så langt som mulig sikre at informasjonen er forstått

Kilde: [Pasient- og pårørendeopplæring](#)

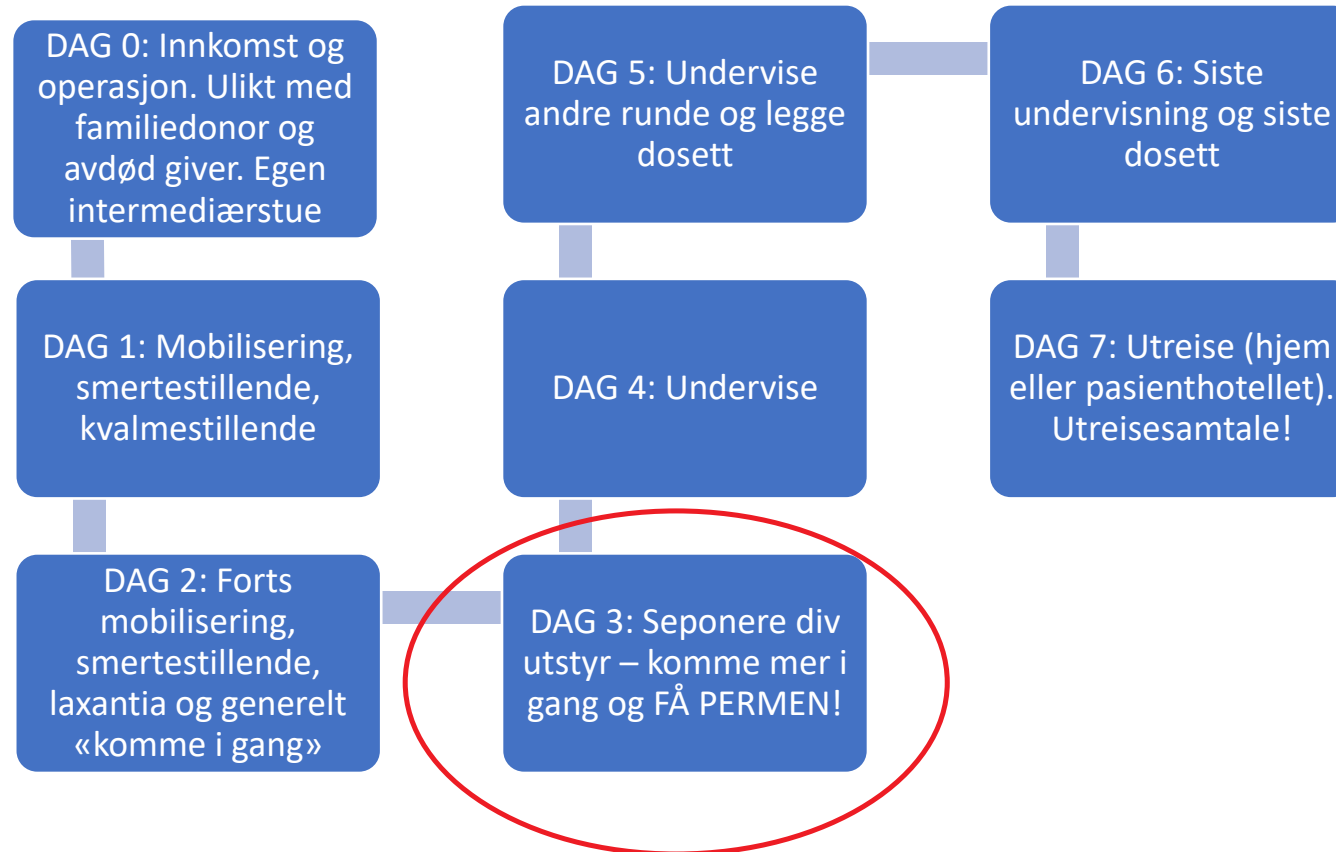
Forventet forløp etter nyretransplantasjon

(uten komplikasjoner)

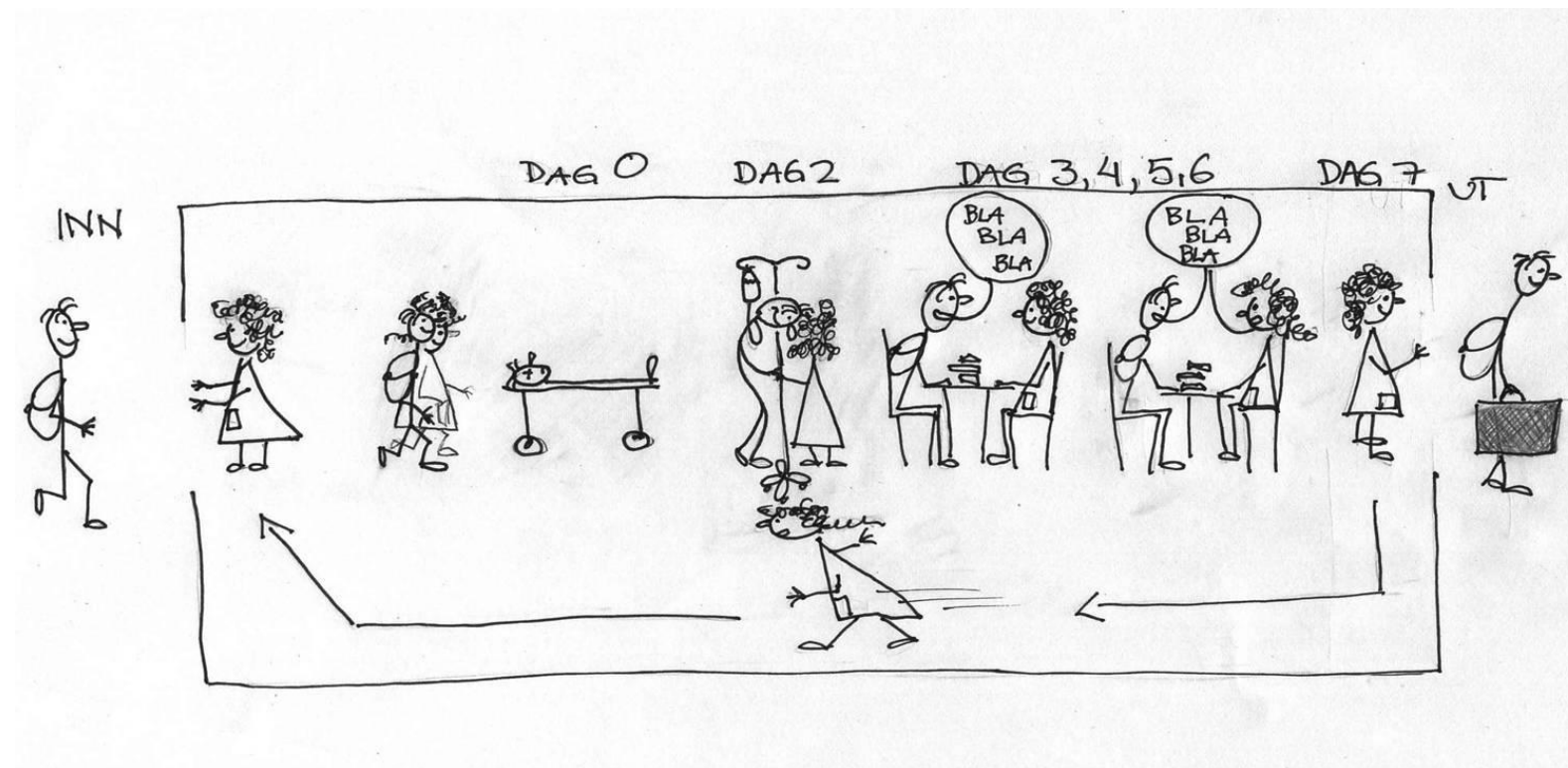


Forventet forløp etter nyretransplantasjon

(uten komplikasjoner)



Beskrevet på en annen måte



Hvordan skal vi kunne fylle slike krav?

- Nyansatte får 6 måneder opplæring/oppfølgingstid
- Pasientundervisning først etter 3 mnd
- Veiledningsdag med undervisningssykepleier først
- Siste 10 år følges opplæringen gjennom hele oppholdet
- Egen behandlingsplan i DIPS Arena som går på tvers av samarbeidspartnere

Innholdet i pasientopplæringen

Skriftlig informasjon

- Immundempende medisiner
- Medisintider
- Avstøtningstegn
- Forebygging av bivirkninger
- Kostveiledning
- Infeksjoner, vaksiner, immunforsvar, hudbeskyttelse, reiseliv, alkohol, røyk/snus, samliv og seksualitet, helsekost, sosiale medier, nettvett.....

Praktiske øvelser

- Føring av dagbok
 - Temperatur
 - Drikke
 - Diurese
 - Vekt
- Dosett

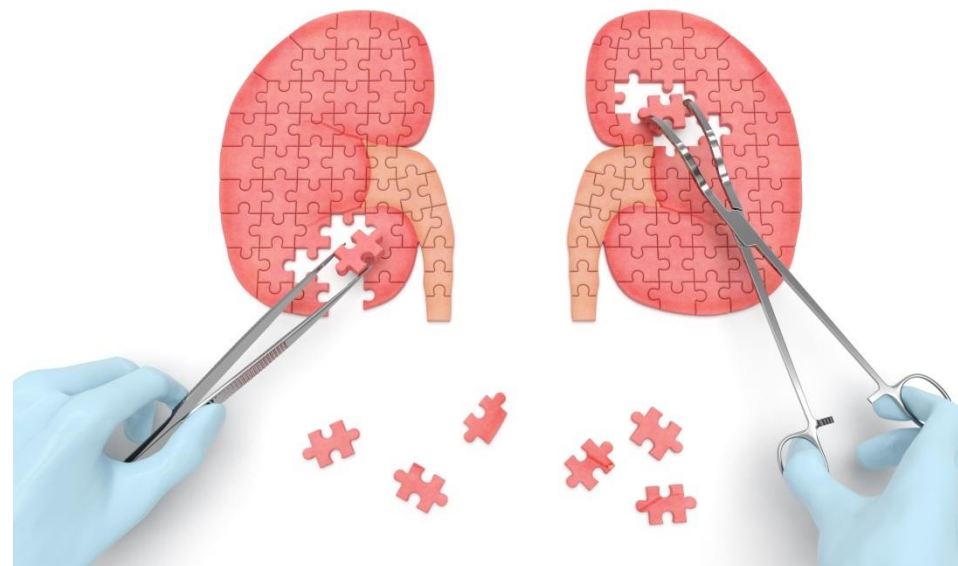
Veien videre



- Skriftlig informasjon
- Organspesifikk
- Kortversjon
 - Oversatt til ni språk (pdf på OUS nettsider)
- Omfattende og grundig
- Stor revidering 2015
- Nå, kontinuerlig behovsrevidering
- Til odell og eie
- På nett på OUS nettsider
- Video fra KEF
- Ønske om flere videoer

Pasientens ulike behov

- Store ulikheter i forhold til egen kapasitet
 - Dårlig etterlevelse etter tidligere transplantasjon?
 - Lang tid i dialyse før transplantasjon?
 - Kan alt?
 - Gått nyreskole?
 - Alder



Hvordan undervise?



- Utgangspunkt i behandlingsplan
- Skriftlig informasjon
- Pasienten leser på egenhånd
- Individuelle samtaler (alltid)
 - Tolk?
 - Ønsker de ha med pårørende?
- Tilpasset undervisning med skjermet tid og rom

Utfordringer for pasienten

- Nyoperert
- Forventninger til transplantasjonen
- Ny livssituasjon, mange endringer
- Behov for støtte fra pårørende/helsepersonell
- Ny rolle
- Mye informasjon på kort tid

Utfordringer for sykepleier

- Mye informasjon som skal gis på kort tid
- Krav til effektivitet og individuelle behov hos pasienten. Hvordan prioritere?
- Når er pasienten «utlært»? Stort ansvar for aktuell sykepleier
- Behov for mer opplæring
 - Kapasitet i posten/ekstra liggedøgn
- Flerkulturelle pasienter
 - Behov for tolk?
 - Hvordan kvalitetssikre undervisningen ved bruk av tolk?
 - Skriftlig informasjon på morsmålet?
 - Ulik sykdomsforståelse
 - Har sykepleier nok kompetanse om aktuell kultur?

Utfordringer for sykepleier

- Mye informasjon og leges på kort tid
- Krav til medisinsk etterlevelse
- Behov for prioriterte oppgaver
- Når er pasienter i behov? Stort ansvar for aktuelle sykepleier
- Behov for mer opplæring
 - Kapasitet i posten/ekstra liggedøgn

- Flerkulturelle pasienter
 - Behov for tolk?
 - Hvordan kvalitetssikre undervisningen ved bruk av tolk?
 - Skriftlig informasjon på morsmålet?
 - Ulik sykdomsforståelse
 - Har sykepleier nok kompetanse om aktuelle kultur?

Utfordringer med medisinsk etterlevelse 'Adherence'

ORIGINAL ARTICLE

Evaluation of tools for annual capture of adherence to immunosuppressive medications after renal transplantation – a single-centre open prospective trial

Marte Theie Gustavsen^{1,2}, Karsten Midtvedt¹, Kjersti Lønning^{1,3}, Thea Jacobsen², Anna Varberg Reisaeter^{1,4}, Sabina De Geest^{5,6}, Marit Helen Andersen^{1,7}, Anders Hartmann^{1,3} & Anders Åsberg^{1,2,4}

SUMMARY
Annual assessment of adherence would strengthen long-term outcome assessments from registry data. The objective of this study was to evaluate tools suitable for annual routine capture of adherence data in renal transplant recipients. A single-centre open prospective trial included 295 renal transplant recipients on tacrolimus. Two-thirds of the patients were included 4 weeks post-transplant, randomized 1:1 to intensive or single-point adherence assessment in the early phase and 1-year post-transplant. One-third were included 1-year post-transplant during a cross-sectional investigation. Adherence was assessed using multiple methods: The "Basel Assessment of Adherence to Immunosuppressive Medication Scale" (BAASIS[®]) questionnaire was used to assess self-reported adherence. The treating clinician scored patient's adherence and tacrolimus trough-concentration variability was calculated. In the analyses, the data from the different tools were dichotomized (adherent/nonadherent). The BAASIS[®] overall response rate was over 80%. Intensive BAASIS[®] assessment early after transplantation increased the chance of capturing a nonadherence event, but did not influence the 1-year adherence prevalence. The adherence tools generally captured different populations. Combining the tools, the nonadherence prevalence at 1 year was 38%. The different tools identified to a large degree different patients as nonadherent. Combining these tools is feasible for annual capture of adherence status.

Key words
adherence, Basel Assessment of Adherence to Immunosuppressive Medication Scale, clinician's score, tacrolimus variability

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- Av 403 pasienter som ble nyretransplantert 2014-2016
- 295 nyretransplanterte inkludert – ulike grupper og ulik målemetode for adherence
- 1 år 38% non-adherence prevalence

Utfordringer for sykepleier

- Mye informasjon skal gis på kort tid
- Krav om høy medisinsk etterlevelse
- Når er pasienten i størst ansvar for å følge sykepleier
- Behov for mer opplæring
 - Kapasitet i posten/ekstra liggedøgn

Medisinsk
etterlevelse

- Flerkulturell kompetanse
 - Behov for opplæring
 - Hvordan håndtere ulike syn på sykdom og helse?
 - Skriftlige og muntlige kommunikasjon?
 - Ulik syn på sykdom og helse?
 - Har sykepleier kompetanse om aktuelle kulturer?

Helsekompetanse

Health literacy / Helsekompetanse

Strategier på flere nivåer – WHO – HOD - OUS





Hvorfor er helsekompetanse så viktig?

- Personer med lav helsekompetanse og sosial isolasjon er i risiko for tidlig død
- Flere sykehusinnleggelser og reinnleggelser
- Går glipp av dialysebehandling
- Større bruk av akutttilbud som legevakt
- Dårligere helse og høyere dødelighet
- Dårligere medisinsk etterlevelse
- Økte kostnader for helsevesenet
- Sosiale ulikheter



Miller-Matero, Bryce et al. 2016
Smith et al 2017
Taylor, Fraser et al. 2017

Helsekompetanse hos nyretransplanterte

Research

Identifying Core Variables Associated With Health Literacy in Kidney Transplant Recipients

Kari Gire Dahl, RN, MA^{1,2}, Marit Helen Andersen, RN, PhD^{1,2}, Kristin Hjorthaug Urstad, RN, PhD³, Ragnhild S. Falk, PhD⁴, Eivind Engebretsen, PhD¹, and Astrid Klopstad Wahl, RN, PhD^{1,2}

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RESEARCH ARTICLE

The trigger-information-response model: Exploring health literacy during the first six months following a kidney transplantation

Kari Gire Dahl^{1,2}, Marit Helen Andersen^{1,2}, Kristin Hjorthaug Urstad³, Ragnhild S. Falk⁴, Eivind Engebretsen¹, and Astrid Klopstad Wahl^{1,2}

Abstract
Background: A kidney transplant recipient's health literacy (HL) is important for understanding and supporting their health care. Identifying strengths and weaknesses in HL can improve health care. The following a kidney transplant recipients answered the Health Literacy Questionnaire (HLQ) used to investigate variables associated with HL. Scores in "appraisal of health information" were lower than in "understanding and supporting health care" and "perceived self-efficacy, trust in health care providers".
Conclusions: The HLQ can be used to identify vulnerable areas in HL in kidney transplant recipients.

Keywords
health literacy, the health literacy questionnaire, kidney transplantation

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Changes in Health Literacy during the first year following a kidney transplantation: Using the Health Literacy Questionnaire

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Keywords:
Health literacy
The Health Literacy Questionnaire
Kidney transplantation
Kidney transplant recipients
Prospective design

ABSTRACT

Objectives: The study aimed to identify changes in health literacy (HL) and associated variables during the first year following a kidney transplantation.

Methods: A total of 196 transplant recipients were included in a prospective follow-up study. The patients answered the Health Literacy Questionnaire (HLQ) at 5 days, 8 weeks, 6 and 12 months following the kidney transplantation. Mixed linear models were used to analyze changes in HL and backward elimination was used to identify variables associated with HL.

Results: Two main patterns of change were identified: a) HL increased during the first 8 weeks of close follow-up and b) in several domains, the positive increase from 5 days to 8 weeks flattened out from 5 days to 6 and 12 months. Self-efficacy, transplant-related knowledge, and general health were core variables associated with HL.

Conclusions: Overall, HL increased during the 8 weeks of close follow-up following the kidney transplantation, while 6 months seem to be a more vulnerable phase. Furthermore, low self-efficacy, less knowledge, and low self-perceived health may represent vulnerable characteristics in patients.

Practical implications: Future kidney transplant care should take into account patients' access to and appraisal of health information and social support, and draw attention to potentially vulnerable groups.

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Effectiveness of a health communication intervention on health literacy in the first year following kidney transplantation – A randomized controlled study

Tone Karine Vidnes^{a,1,2,*}, Astrid K. Wahl^{a,b}, Marie H. Larsen^c, Käthe Birgitte Meyer^a, Eivind Engebretsen^d, Åsmund Hermansen^e, Kristin H. Urstad^{f,g}, Kari G. Dahl^a, Christine R. Borge^{b,h}, Marit Helen Andersen^{a,b}

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ARTICLE INFO

Keywords:
Kidney transplantation
Health communication intervention
Health literacy
Medication adherence
Knowledge translation
Motivational interview

ABSTRACT

Objective: This study aimed to evaluate the effect of a new health communication intervention focusing on knowledge management skills on health literacy and medication adherence during the first year following kidney transplantation.

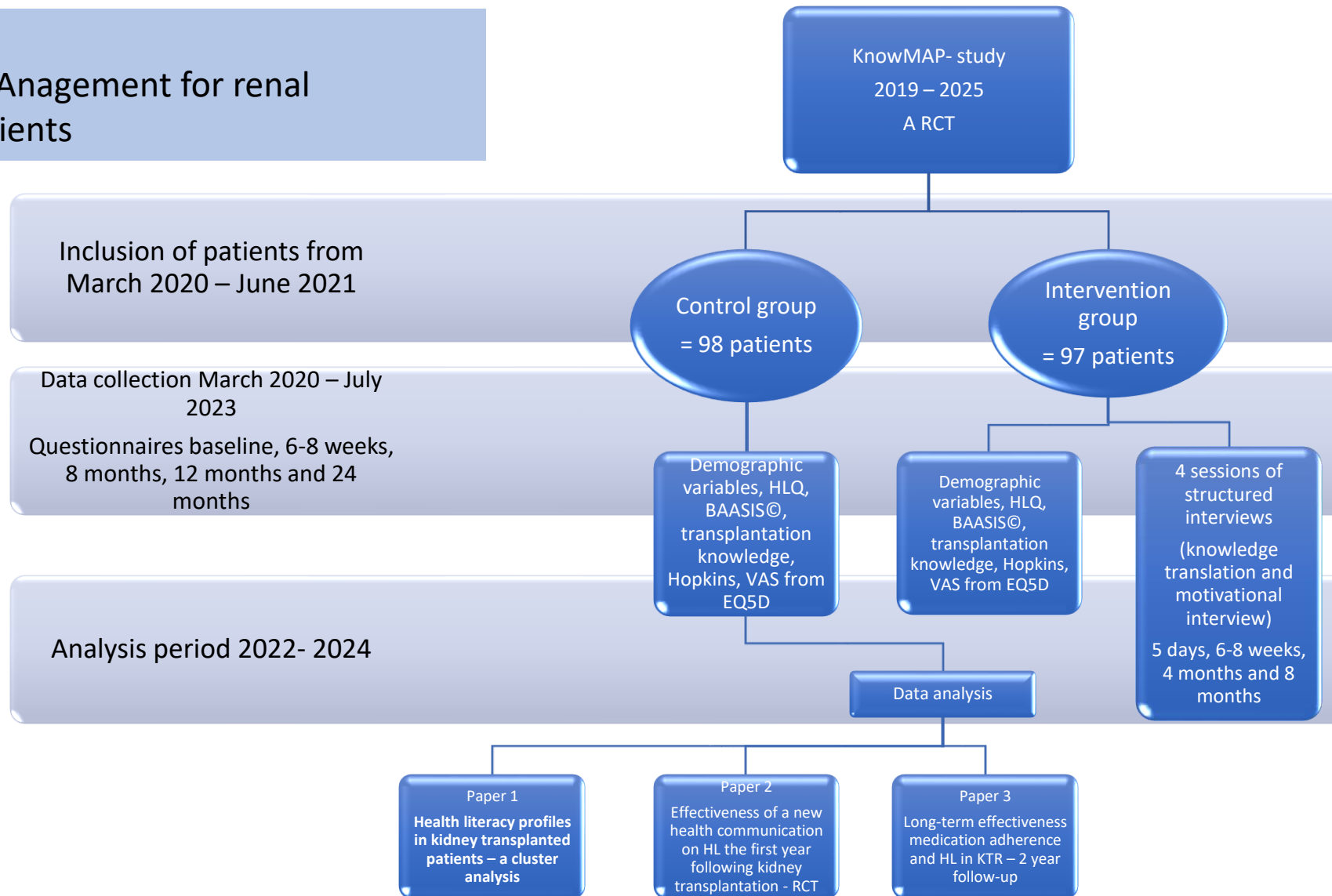
Methods: We randomized 195 patients during 2020–2021, to either intervention- or control group. Questionnaires were completed at baseline and at 12 months post-transplantation with a 12-month response rate of 84%. Health literacy was measured by the multidimensional Health Literacy Questionnaire (HLQ) instrument. Medication adherence was measured by the self-reported questionnaire (BAASISD).

Results: Results showed that the intervention group had a significant increase in 2 HLQ domains compared to the control group capturing the "ability to appraise health information" Domain 5, (p-value = 0.002) and the "ability to navigate the healthcare system" Domain 7, (p-value <0.04). The effect sizes of SRM were 0.49 (Domain 5) and 0.33 (Domain 7). Medication adherence was comparable in the groups at any measure points.

Conclusions: This study contributes to important knowledge about how a health communication intervention focusing on knowledge translation using motivational interviewing techniques positively strengthens health literacy in kidney transplant recipients.

Practical implications: Current patient education practice may benefit from focusing on knowledge translation in combination with motivational interview technique.

KnowMAP – Knowledge Management for renal transplant Patients



Hvor går vi videre?
Ny helsekompetanse studie pågår

IMMIHEALTH studien:

Utviklingen av en helsekompetanse-
intervensjon for nyretransplanterte
pasienter med innvandrerbakgrunn



Kari Gire Dahl

Takk for oppmerksomheten!

Spørsmål?

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