

Clinical Guidelines for Telephone Clinics Conducted by the Renal Living Donor Transplant Co-ordinator

CATEGORY:	Procedural Document
CLASSIFICATION:	Clinical
PURPOSE	These guidelines support the Renal Living Donor Transplant Co-ordinator to conduct telephone clinics.
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Controlled Document Lead:	Lead Renal Living Donor Transplant Co-ordinator
Approved By:	Associate Director of Nursing, Division B Matron, Renal Services Clinical Service Lead
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Distribution:	
<ul style="list-style-type: none"> Essential Reading for: 	All Renal Living Donor Transplant Co-ordinators (RLDTC) who currently undertake the practice of conducting telephone appointments in Renal Services and all Renal Live Donor Co-ordinators who wish to expand their practice to include this skill.
<ul style="list-style-type: none"> Information for: 	All renal transplant co-ordinators and clinical staff within Renal Services.

EVIDENCE FOR PRACTICE

These guidelines are intended for Renal Living Donor Transplant Co-ordinators (RLDTC) who undertake an annual assessment review of the live donor by way of a telephone clinic, on behalf of the Renal Transplant Service.

The number of live donor renal transplants has risen consistently over the last 15 years which has had a direct impact on the post transplant patient activity in renal out-patients (BTS 2011). The Trust's Renal Unit has now transplanted over 700 patients with kidneys from living donors. The numbers of donors managed by the RLDTC have therefore risen significantly, with the result that demand for annual follow-up appointments in clinic now exceeds capacity.

The Renal National Service Framework (DOH, 2004) and the Department of Health (2007) suggest that donors should have access to information in a variety of formats appropriate to the individual. Telephone contact is one way to provide a timely and convenient service to donors. This type of contact avoids long hospital out-patient clinic visits and reduces consultant follow-up appointments. It will also reduce waiting times for face to face clinic appointments.

Living kidney donors are offered life-long follow-up comprising of;

- A face to face consultation with the surgeon at six weeks;
- A face to face nurse-led consultation at six months;
- A face to face nurse-led consultation at twelve months post donation;
- A nurse-led annual post donation review by telephone consultation.

On the Friday prior to their annual review, the donor attends an appointment in the out-patients department, to have blood taken for the required investigations.

It is agreed that some patients may have their bloods taken at their general practitioner's (GP's). Upon a donor's request to be reviewed by their GP, the RLDTC will refer the donor by letter, advising the GP of the required tests and offering renal specialist advice if required.

A donor may call and request a face to face consultation, at any time.

CONSENT

Verbal consent must be obtained at the beginning of the telephone appointment, and this must be documented in the donor's medical record. For further information regarding consent and mental capacity please refer to the following documents:

- Department of Health Reference Guide to Consent for Examination or Treatment (2009).
- The Trust policy and procedural document for consent to examination or treatment (current version).
- *Mental Capacity Act (2005)*.

RESPONSIBILITY

1. When the donor attends the out-patient department (OPD) clinic for bloods, they will be asked to confirm that their appointment for their telephone consultation is convenient. If an interpreter is required, this will also be noted and then arranged by the RLTD team.
2. The RLTD must maintain donor confidentiality in line with data protection policies and requirements.
3. The responsibilities of the RLTD in each telephone clinic are as follows:

Annual review:

- Support donor post kidney donation.
 - Review renal function and provide advice regarding renal function within RLTD clinical level of competence.
 - Continue the therapeutic relationship.
 - Provision of psychological support, particularly where the outcome has not been positive.
 - Assessment of general health with regard to impact on kidney function i.e. raised BP, raised weight and refer to GP if necessary.
 - Identify any renal factors that would require medical / surgical / psychological assessment and arrange follow-up as required.
 - Review bloods and investigations; e.g. urine, cholesterol etc.
 - Ensure patient aware of how to contact RLTD, should they have questions or require advice in between annual reviews.
 - Provide health promotion – discuss factors which may affect current or future health of remaining kidney i.e. weight, blood pressure (BP), smoking cessation.
 - Advise patient to see GP where information is required regarding general health issues other than related to kidney function (i.e. weight loss programme, smoking cessation).
4. Every telephone appointment must be documented on the Clinical Portal. Follow up letters must be composed via WinScribe, at the time of the appointment, and sent to the donor's General Practitioner and copied to the patient.

INDICATIONS

The Renal Live Donor Transplant Co-ordinator can conduct a telephone clinic in line with the following indications:

Essential Criteria:

- The donor has access to a telephone
- The donor is able to communicate via telephone

- The donor has given their verbal consent to partake in a telephone clinic

CONTRAINDICATIONS

The Renal Living Donor Transplant Co-ordinator must not perform a telephone clinic appointment in the following circumstances:

1. The donor has capacity but does not give consent for partaking in a telephone clinic
2. Ad hoc emergency patients must not be booked in to the telephone clinic.

LIMITATIONS TO PRACTICE

1. The RLDTTC will seek medical advice when:
 - The donor has pain that would appear to be related to the kidney donation i.e. possible hernia
 - The Renal Living Donor Transplant Co-ordinator has any other concerns about the patient.
2. If the donor describes symptoms that may signify an urgent medical problem e.g. cardiac event, the RLDTTC must advise the donor to contact the emergency services immediately.
3. If the donor fails to attend for assessment, a new appointment will be offered on three occasions.
4. If the RLDTTC is unable to contact the donor by telephone following assessment, the RLDTTC will write to the GP with the patient's results, and a copy of this letter will be sent to the donor.

CRITERIA FOR COMPETENCE

1. RLDTTCs must have completed role competencies prior to carrying out telephone clinics.
2. RLDTTCs who conduct telephone clinics must follow the following Trust policies:
 - Information Governance Policy (current version)
 - Policy and procedural document for consent to examination or treatment (current version).
3. RLDTTCs undertaking telephone clinics must have undertaken and be up to date on their mandatory information governance training.

4. In accordance with codes of professional practice, the RLDTC has a responsibility to recognise, and to work within, the limits of their competence. In addition, the RLDTC has responsibility to practice within the boundaries of the current evidence based practice and in line with up to date Trust and national policies and procedural documents. Evidence of continuing professional development and maintenance of skill level and will be required and confirmed on an annual basis at the personal development review by the practitioner's line manager.
5. RLDTCs new to the Trust, who have been performing the skill elsewhere, must read and understand these guidelines before undertaking telephone clinics. Evidence of appropriate education and competence must be provided and checked by the registered nurse's line manager before undertaking this practice at the Trust.

A list of RLDTCs who undertake telephone clinics must be kept by the line manager.

GUIDELINES AND SKILLS AUDIT

The Renal Living Donor Transplant Coordinators will lead the audit of these guidelines with support from the Practice Development Team and Professional Development Nurses. The audit will be undertaken in accordance with the review date and will include:

- Adherence to the guidelines.
- Any untoward incidents or complaints
- The number of renal transplant coordinators competent to undertake telephone clinics.

Patient satisfaction data will be collected as an ongoing process, reviewed and reported quarterly.

Audit data is also required by the UK Transplant Living Donor Registry; relevant data is collated by the RLDTCs and sent to the Living Donor Registry at 1, 2 and 5 years post donation.

All audits must be logged with the Risk and Compliance Unit.

CLINICAL INCIDENT REPORTING AND MANAGEMENT

Any untoward incidents and near misses must be dealt with by the appropriate management team. An incident form must be completed and in addition the Risk Management Team must be notified by telephone of any Serious Incidents Requiring Investigation (SIRI).

REFERENCES

British Transplantation Society and Renal Association (2011) **United Kingdom Guidelines for Living Donor Kidney Transplantation** available from http://www.bts.org.uk/MBR/Clinical/Guidelines/Current/Member/Clinical/Current_Guidelines.aspx?hkey=a1eb37c5-3824-4836-b0b2-ad118479e53c [accessed 22.08.13].

Mental Capacity Act 2005, <http://www.opsi.gov.uk/acts/acts2005/20050009.htm> [accessed 22.08.13]

University Hospitals Birmingham NHS Foundation Trust (2008) **Policy for consent to examination or treatment**, University Hospitals Birmingham NHS foundation Trust.

Department of Health (2004) *The National Service Framework for Renal Services Part 1: Dialysis and Transplantation*. HMSO. London.

Department of Health (2009) *Reference Guide to Consent for Examination or Treatment* 2nd Ed. HMSO. London

Department of Health (2007) *Keeping Patients Informed about Treatment and Care*. HMSO. London

Nursing and Midwifery Council (2008) *The Code: Standards of conduct, performance and ethics for nurses and midwives*. NMC, London.

GUIDELINES SUBMISSION DETAILS

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Renal Living Donor Transplant Coordinator led telephone advice for renal live donors

Affix Patient Label
Name
Reg No
Date of Birth

Date:/...../.....

Time:

Date of donation:/...../.....

To whom;

Donor identification questions confirmed (please tick):

Full name ☐ Date of birth ☐ Address ☐ Name of GP ☐

Donor provided verbal consent for telephone consultation ☐

Interpreter present for consultation ☐

If information is to be provided to the donor's carer please document:

Donor provided consent for the telephone follow up appointment to be dealt with by their carer (please tick) ☐

Name of carer:

Address:

Telephone contact details:

Information given:

Blood Results
Urine Results.....
Blood Pressure.....
Weight / BMI

Affix Patient Label

Name

Reg No

Date of Birth

Advice given to donor/carers including health promotion
.....
.....
.....
.....

Follow up arrangements.

☐ Annual Telephone clinic
☐ Other: Details
.....

Donor / Carer verbally confirmed that they were satisfied with the outcome of the telephone consultation: **Yes/No**

Donor / Carer verbally confirmed that they understand what the next plan of action is: **Yes/No**

Comments:

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Name (Print): Signature:

Audit (commence July 2013 for 2 years so that a proportion of donors can be audited on at least 2 occasions)

- How helpful did you find this telephone follow-up service, on a scale of 1 to 5:
- 1. Very helpful
 - 2. Moderately helpful
 - 3. Neither helpful nor unhelpful
 - 4. Unhelpful
 - 5. Very unhelpful

This proforma must be scanned into the Clinical Portal