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|  <p>SOUTHWESTERN MEDICAL CENTER</p> <hr/> <p>UNIVERSITY HOSPITALS & CLINICS</p> | <p>UNIVERSITY HOSPITAL – ST PAUL</p> <p>Guideline No: UTSW-08.OLT Created: April 25, 2008 Revised: July 2008</p> |
| <p>Liver Transplant Program</p> | |

SOCIAL WORK EVALUATION

I. Purpose

This section provides an outline of the patient focused evaluation in order to detect obstacles that may impede the patient’s success in negotiating a liver transplant, to plan treatment recommendations, and determine if the psychosocial obstacles are insurmountable and would prevent liver transplantation.

II. Policy

A. Initial Assessment

1. Social Data

- a. Identification of support network, assistance, and use of community resources in assisting with coping process (i.e. counseling, support groups) or financial.
- b. Information regarding the patient's home environment – home, apartment, or homeless.
- c. Assessment of work history (vocational and avocation) and financial status.
- d. Pertinent developmental information – such as learning disabilities, illiteracy, or language barriers. Assessment of the patient's ability to understand current health care issues and needs. Evaluation of the patient's level of commitment to their health and the process of transplantation. Inquiry into the patient's ability/capability to obtain informed consent regarding the transplantation.
- e. Identification of recent or remote stresses.
- f. Inquire into history of compliance with medical regimens and possible reasons for noncompliance.
- g. Adjustment to illness, expectations of transplant, preparation for post-transplant care/self care.
- h. Recent or remote legal history.

2. **Post-Operative Care Plan**

During the initial evaluation the transplant, the social worker will evaluate the patient's post-operative care plan. This evaluation may include, but is not limited to:

- a. care during the first 24-48 hours after discharge
- b. post-transplant transportation to and from the clinic when the patient is not allowed to drive
- c. caregiver/support role post transplant
- d. post-transplant lodging if the patient is to remain near the hospital.

3. **Psychosocial Data**

a. *Relevant Psychiatric History*

- 1) Screen for psychiatric disorders, need for medication, or referral for further evaluation. Evaluation to include history of suicide attempts, homicidal behavior, recent or past psychiatric hospitalizations, or outpatient treatment.
- 2) Assess the patient's ability to follow through with psychiatric treatment, if indicated.
- 3) If the patient suffers from an Axis I diagnosis (a major mental illness according to the DSM IV):
 - a) Refer for psychiatric evaluation for contraindications to transplantation, medication needs, or review of psychiatric medication regimen.
 - b) Inquire into involvement with a community mental health center.
 - c) If the patient appears to be a high risk candidate (psychiatric disorder not well controlled); consider a contract involving compliance with a counselor/case manager in a community mental health center, visits with a Psychiatrist for medication compliance, and other issues specific to the patient's case. Consider compliance for at least two months or longer before presentation at Selection Conference.

b. *Relevant Drug and Alcohol History.*

- 1) Assessment of drug/alcohol dependence vs. abuse (according to DSM IV criteria). Evaluate the patient's 'use' history, treatment (inpatient vs. outpatient) history, and outpatient support (AA, NA). Assess indications for current treatment, or support.

- 2) If the patient is a **moderate** risk candidate for relapse (length of use vs. length of sobriety, but has had treatment) consider the use of a contract including some of the following:
 - a) The patient understands the “no drug and alcohol policy” of the UTSW Liver transplant program.
 - b) Use of random toxicology screens (to be set up by the PCP or Transplant team).
 - c) Participation in support groups for sobriety.
 - d) The patient understands the consequences of noncompliance with the transplant program – withdrawal from the waitlist/program.

- 3) If the patient is a **high** risk candidate for relapse (length of use vs. length of sobriety, lack of insight, no treatment, and multiple history of relapse), consider a contract including some of the following:
 - a) Referral for a drug and alcohol assessment at a certified community treatment center.
 - b) Required compliance with the treatment recommendations of the stated program.
 - c) Participation in random toxicology screens.
 - d) The patient understands the “no drug and alcohol policy” of the UTSW Liver transplant program
 - e) Participation in support groups for sobriety.
 - f) The patient understands the consequences of noncompliance with the transplant program – withdrawal from the waitlist/program.

B. Alcohol and/or Drug Dependence

1. Substance Abuse Policy

The University of Texas Southwestern Transplant Program requires that all patients accepted for liver transplantation agree to abstain completely from using alcohol and illicit substances. Illicit substances include cannabis (marijuana), cocaine, opiates, amphetamines, hallucinogenics and any other controlled substance. All patients are also asked to abstain from the use of prescribed narcotics and benzodiazapines unless specifically approved by the Transplant Committee. The patient will need to notify the Transplant Center regarding exceptions (i.e. narcotic use for surgery other than the liver transplant).

Use of alcohol or drugs in any form is improper under this policy. Patients must be certain that they do not ingest cough medicines, over-the-counter medications, or “alcohol free” beer, all of which contain small amounts of alcohol. Patients are also expected to refrain from the use of herbal and/or naturopathic remedies because of the possible adverse interactions with prescribed medications.

If any patient awaiting a liver transplant on the UTSW list is found to have consumed alcohol or used an illicit or controlled substance, the patient’s name will be removed from the transplant list. A positive toxicology screen for alcohol or prohibited substances in the blood or urine of a patient is considered to be absolute evidence that the patient has violated the alcohol and substance abuse policy. A conviction for alcohol and drug related offenses would similarly be considered a violation of this policy.

When requested, patients considered or accepted for liver transplantation must agree to undergo random urine or blood screens for alcohol, illicit, and prohibited substances. Refusal to undergo such a test will be treated the same as a positive test. As a result, the patient’s name will be removed from the transplant list. This policy, regarding the use of alcohol, illicit, and prohibited substances, pertains to the University of Texas Southwestern’s Transplant Program.

The patient must acknowledge that it is his/her responsibility to obtain/maintain a living environment that supports and espouses complete abstinence.

The patient must acknowledge that he/she has read the policy, asked questions (if needed), and understands the meaning of the policy. The patient also must acknowledge that he/she agrees to sign and follow the policy.

2. Opioid Use and Transplantation

Active long-term opioid use (greater than six months duration) in combination with End-Stage Liver Disease represents a significant hurdle for the patient wishing to achieve a better quality of life following a liver transplant. Several recent studies suggest that these patients may have a higher risk of recidivism as compared to the alcoholic population and may demonstrate behaviors that can be counterproductive to the goal of a successful transplant process. There is also evidence to point to specific alterations in their brain chemistry and the neuroendocrine axis related to chronic opiate use.

Based upon a thorough review of the current transplant literature, input from substance abuse specialists, and our own past experience, the University of Texas Southwestern Transplant Committee has implemented the following guidelines, in addition to our standard pre-transplant evaluation.

It is our intent to best serve this patient population and maximize their chances for a successful outcome by requiring the following expectations of any patient identified as having active opioid use (< six months):

- a. The patient will be asked to undergo a formal psychiatric evaluation in addition to the standard psychosocial evaluation conducted by social work.
- b. The patient will sign the UTSW Policy on Substance Abuse and Transplantation requiring complete abstinence from using alcohol, tobacco, and illicit substances.
- c. The patient will provide *Consent(s) to Obtain Information* to obtain all records of previous medical care, mental health providers, and/or drug treatment programs.

With regard to the treatment with opioids for the management of chronic pain, an additional requirement includes that the patient shall be evaluated by a pain management physician and psychiatrist/psychologist and have a specific pre and post-transplant care plan in place, with the goal to taper narcotic use after transplant, if at all possible.

Alternatively, if the use of narcotics is for the treatment of opiate addiction and the medication is prescribed as an opiate substitution, the following requirements will be maintained:

- a. The patient shall be in the continuing care of a state-certified drug methadone treatment center.
- b. The patient will demonstrate treatment stability over a period of at least two years before a formal transplant evaluation. Stability will be defined by evidence of total compliance with the treatment program's attendance expectations, and absolute abstinence from all illicit substances (including marijuana) throughout the course of treatment as documented by regular and random toxicology testing conducted by the treatment center and/or the University of Texas Transplant Program.

C. Smoking

The transplant team strongly encourages all potential transplant recipients to stop smoking. Smoking cessation guidance will be provided to all pre-transplant patients who are working toward smoking cessation. The risks of continuing to smoke include, but are not limited to, potential clotting of the artery feeding the liver, lung disease (emphysema), or increased risk of lung cancer or other cancers.

D. Decisions Regarding Listing

A complete assessment is based on the compilation of information gathered in the evaluation. A psychological-sociological perspective (person within the environment) is used in order to formulate recommendations, treatment planning, or contracts.

1. If the patient has no risk factors, they will be deemed adequate for transplantation.

2. If the patient has some risk factors and could benefit from treatment planning, a contract may be used.
3. If the patient has been assessed as a high risk candidate a contract will be used with specific treatment planning. If the patient is unable to adhere to the stated contract he/she will not be viewed as an appropriate candidate for transplantation.
 - a. If the patient has been assessed as a high risk candidate for drug and alcohol issues, a contract was used, and the patient relapsed with either illicit drugs, or alcohol he/she will be asked to enter into either inpatient or outpatient treatment before they may be reassessed (at least 6 months) for liver transplantation.
 - b. If the patient has a relapse regarding psychiatric issues, their placement in the program will be put on hold until the outstanding issues are resolved.

E. Psychiatric Referrals

All patients in the evaluation phase and, as needed, will have a psychosocial evaluation by the transplant social worker. Should the need for additional psychiatric or psychological assessment arise, a consultation can be scheduled. Common indications for referral to psychiatry/psychology include, but are not limited to:

1. History or ongoing psychiatric symptoms (depression, anxiety, poor coping);
2. Personality features that impact engagement with the treatment team (i.e., anger management, antisocial history, etc.);
3. Substance use;
4. Poor treatment adherence or difficulties with the treatment team.;
5. Cognitive function questions (i.e., dementia, other head trauma, mental retardation, etc.); and
6. Other psychosocial problems (e.g., domestic violence, other family problems) anticipated to impact the post-transplant outcome.

F. Emergency Evaluation for Liver Transplantation

When a patient's evaluation is deemed an "emergency" it usually means that the patient will more than likely not survive more than 24 hours, will not survive longer than one week, or could potentially experience rapid hepatic decompensation because of the specific disease process (as in the case of Wilson's disease or acute liver failure).

An emergency social work assessment for liver transplantation always begins with an initiation from a consulting Hepatologist. The consulting physician on service will relay the information to the Transplant Nurse Coordinator to start the process. Once the Nurse Coordinator is contacted it is their job to contact all of the members included in the

evaluation; Social Work as one of the key players. **For urgent social work evaluations on the weekend, the liver transplant social worker will be consulted, and arrangements will be made for the social worker to assess the patient and/or family promptly.**

The Social Work Evaluation is viewed as a crucial aspect of a patient's candidacy for liver transplant. In an emergency, however, the evaluation is limited by the scope of the situation, the severity of illness, and time frame. Before a patient can be cleared for transplantation a Social Work evaluation must have been completed. For the sake of continuity and depending on the urgency, it is recommended that the Social Worker contact the consulting physician to provide recommendations following the evaluation. The following information is a basic sketch of pertinent information for the evaluation: (If the patient is in a coma or unable to speak, refer to an alternative decision making source; this can be family members or a Durable Power of Attorney).

1. **Presenting problem/Identifying Information** – Patient identification: such as race, ethnicity, sex, and marital status.
2. **Social Data:**
 - a. Identification of support network, assistance, and use of community resources in assisting with coping process (i.e. counseling, support groups).
 - b. Information regarding the patient's home environment – home, apartment, or homeless.
 - c. Assessment of work history (vocational and avocation) and financial status.
 - d. Pertinent developmental information, such as learning disabilities, illiteracy, or language barriers.
 - e. Assessment of the patient's ability to understand current health care issues and needs. Evaluation of the patient's level of commitment to their health and the process of transplantation. Inquiry into the patient's ability/capability to obtain informed consent regarding the transplantation.
 - f. Identification of recent or remote stresses.
 - g. Inquire into history of compliance with medical regimes and possible reasons for noncompliance. Does the family believe that the patient would comply with the medical regime?
 - h. Adjustment to illness, expectations of transplant, preparation for post-transplant care/self care.
 - i. Recent or remote legal history.

- j. Education: Patient's level of knowledge regarding the surgery, Family's understanding.

3. **Psychosocial Data**

a. *Relevant Psychiatric History*

- 1) Screen for psychiatric disorders, need for medication, or referral for further evaluation. Evaluation to include history of suicide attempts, homicidal behavior, recent or past psychiatric hospitalizations, or outpatient treatment. Assess the patient's ability to follow through with psychiatric treatment, if indicated.
- 2) If the patient has recently overdosed (reason for liver failure) a psychiatric consultation is necessary to clear suicidality, lethality, ability to consent to the surgery (if the patient is currently suicidal are they able to give consent), and competency.
- 3) If the patient suffers from an Axis 1 diagnosis (a major mental illness according to the DSM IV):
 - a) Obtain psychiatric consultation to assess for contraindications to liver transplantation, medication needs, or review of psychiatric medication regimen.
 - b) Inquire into involvement with a community mental health center.
 - c) If the patient appears to be a high risk candidate (disorder not well controlled); consider a contract involving compliance with a counselor/case manager in a community mental health center, visits with a Psychiatrist for medication compliance, and other issues specific to the patient's case.

This contract can be used for the post-transplant phase, and can be designated as a recommendation by the Social Worker originally involved in the case, but to be created by the regular Social Worker on the transplant service.

b. *Relevant Drug and Alcohol History.*

- 1) In order to be an appropriate candidate for liver transplant the patient must have abstained from alcohol and illicit drug use for at least 6 months (this is usually a screen out factor for candidacy).
- 2) Assessment of drug/alcohol dependence vs. abuse (according to DSM IV criteria) Evaluate 'use' history, treatment (inpatient vs. outpatient) history, and support (AA, NA). Assess indications for treatment or support during the post-transplant phase.

3) If the patient is deemed a 'risk' candidate for relapse a contract will be considered--to be noted by the Social Worker and follow-up by the Social Worker on the transplant service.

c. *Assessment and Plan.* A complete assessment is based on the compilation of information gathered in the evaluation. A psychological-sociological perspective (person within the environment) is used in order to formulate recommendations, treatment planning, or contracts.

1) If the patient has no risk factors, they will be deemed adequate for liver transplantation

2) If the patient has some risk factors and could benefit from treatment planning, a contract may be recommended. Follow-up will be completed by the Social Worker on the Transplant Service

3) If the patient has been assessed as a high risk candidate and an inappropriate candidate for transplantation it should be noted in the patient record and relayed to the primary physician of the emergency evaluation

G. Living Related Donor Assessment

This section will be developed when the center begins doing living related donor transplantation.

H. Housing/Travel Distance

Donor organs must be placed into the recipients within a certain time frame (depending on the organ) for the transplant to be successful. This requires that the recipient must be able to reach the transplant center in a reasonable amount of time (depending on the donor organ). To maximize donor organ survival, if the recipient is unable to travel to the transplant center within the specified time frame the organ may be offered to a different recipient.

III. Procedure/Intervention(s) – N/A

IV. Documentation (Documents & Forms)

- A. Substance Abuse Agreement – Appendix A
- B. Behavioral Expectations Agreement – Appendix B
- C. Substance Abuse Treatment Documentation – Appendix C
- D. Caregiver Agreement – Appendix D

V. Other Related Policies/Procedure – N/A

VI. References – N/A