



U<sup>OF</sup> Health

# UofL Health - Jewish Hospital, Trager Transplant Center collaboration with UofL Health – Peace Hospital

---

Presented by Jessica D. Campbell, MS, Ed.S., CPHQ



# About the Presenter



- Personal background
- 21 years in behavioral health hospitals
- Experience-MHT, intake, quality

# About UofL Health-Peace Hospital

- Private, not-for-profit
- Founding in 1951 by the Sisters of Charity of Nazareth
- 261 beds
- Children, adolescents, and adults
- Mental health and substance use
- Specialty program-innovations, geriatric, adolescent female intensive services
- Quality Award Winner- Psychiatric Units and Freestanding Psychiatric Hospitals.



# Objectives

---

- Explore how mission and value can drive system initiatives.
- Provide an overview of a behavioral health and medical collaboration that led to innovative, improved patient care.

# Mission and Values

---

## **Our Mission:**

As an academic health care system, we will transform the health of the communities we serve through compassionate, innovative, patient-centered care

## **Values:**

- Education & Research
- Patient-centered Care
- Quality & Safety
- Diversity & Inclusion
- Compassion
- Stewardship

- 
- Integration into UofL Health System- 2019
  - Strategic Initiatives
  - Continual growth and innovation
  - Intersection of behavioral health and medical needs

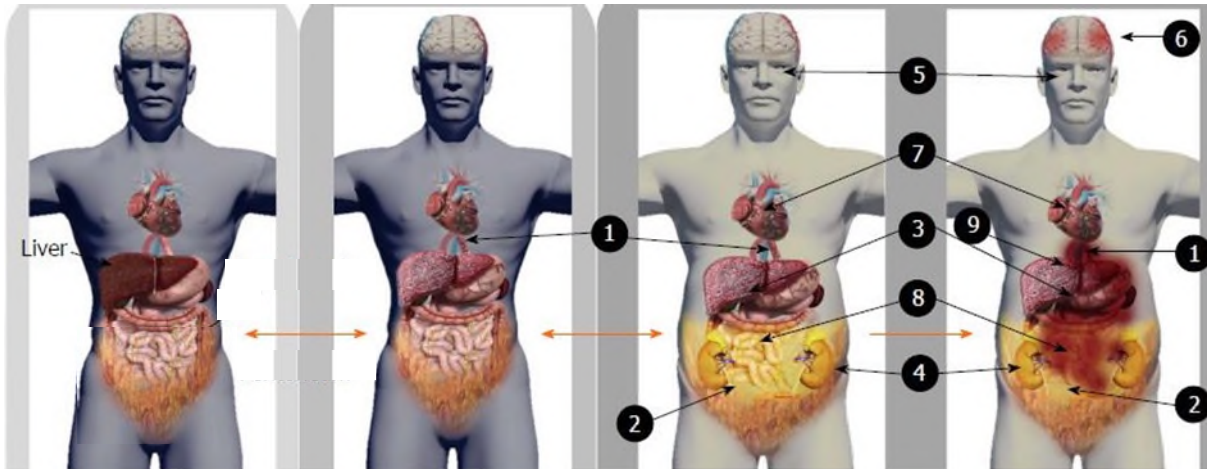
# Background-Trager Transplant Center

---

- Dr. Loretta Jophon work with Alcoholic Associated Hepatitis (AAH) patients requiring liver transplant for 5 years
- Transplant consideration protocol: 6 months period of abstinence before transplant
- Background of the protocol
  - United Network for Organ Sharing (UNOS) board
  - Research indicating patients abstinent for less than 6 months have greater chance of alcohol relapse



# Stages and Complications of Liver Disease

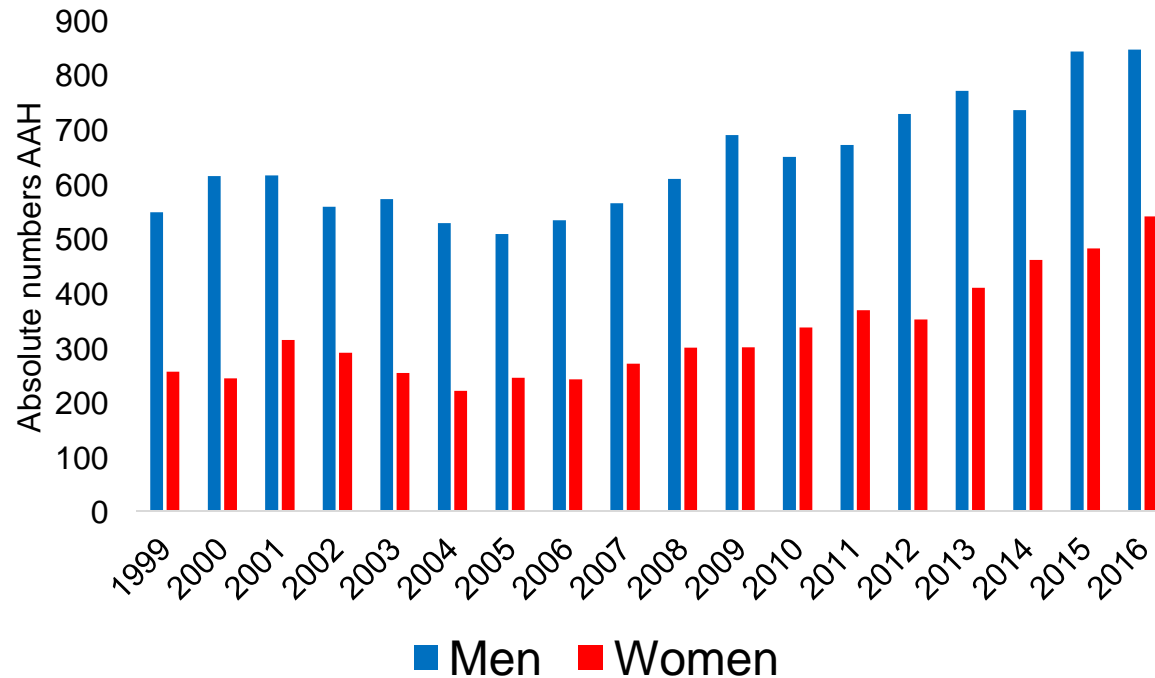


## Complications

1. Varices
2. Ascites
3. Enlarged spleen
4. Kidney damage
5. Yellow eyes, jaundice
6. Encephalopathy (PSE)
7. Heart problems
8. Infected ascites (SBP)
9. Liver cancer (hepatocellular carcinoma)

Class	Pre-cirrhosis	Compensated Cirrhosis		Decompensated Cirrhosis	Decompensated Cirrhosis
Stage	Stage 0	Stage 1	Stage 2	Stage 3	Stage 4
Risk of dying in a year	<1%	1%	4%	20%	60%
External Signs	None	None	Muscle Loss, often feeling cold	Moderate Ascites Confusion Swelling in legs Jaundice	Stage 3 signs Large Ascites Bleeding varices
Internal Signs	Mild scar in liver	Severe scar in liver	Varices	Salt Imbalance Kidney Problems	Infected ascites Liver cancer

# Absolute numbers AAH mortality



*CDC mortality data, March 2019*

# How do specialists do in assessing alcohol?

Hepatologists underestimate drinking and overestimate abstinence

Drinking status (N, %)	Hepatologist	AUDIT-C	Addiction specialist
Abstinent	110 (78.1)	89 (63.1)	83 (58.9)
Drinker	31 (21.9)	52 (36.8)	58 (41.1)
Occasional	22 (15.6)	33 (23.4)	33 (23.4)
Regular	7 (4.9)	16 (11.3)	15 (10.6)
Excessive	2 (1.4)	3 (2.1)	10 (7.1)
Total (abstinent + drinker)	141	141	141

# Barriers to 6 Month Sobriety with AAH Patients

---

- Severity of medical conditions
- Programs require regular and active attendance
- Personal events impacts sobriety
- Perceived personal responsibility for disease as a prioritization criteria- example lung cancer
- Research available that contradicts

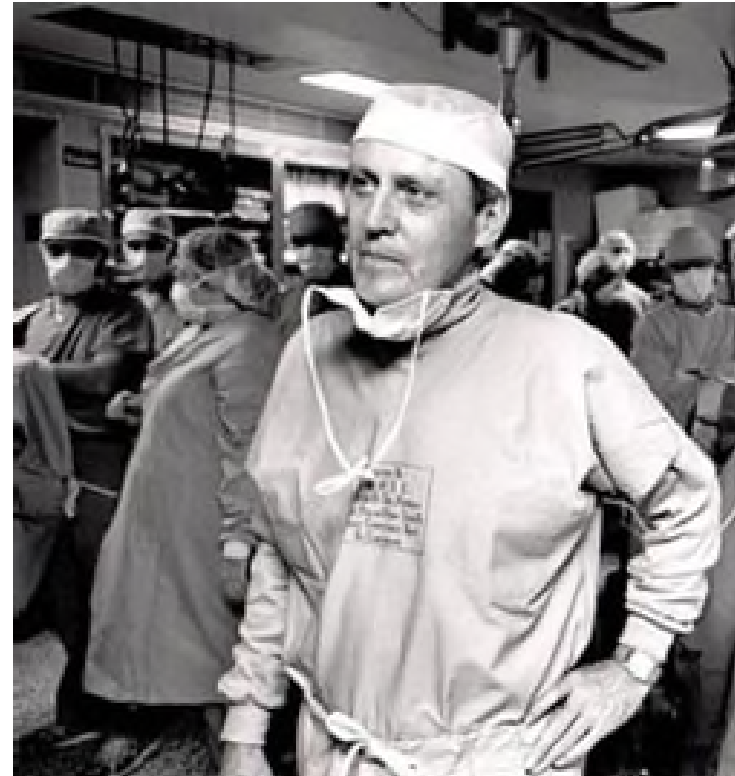
***Orthotopic Liver Transplantation for Alcoholic Cirrhosis***

Thomas E. Starzl, MD, PhD; David Van Thiel, MD; Andreas G. Tzakis, MD; et al Shunzaburo watsuki, MD; Satoru Todo, MD; J. Wallis Marsh, MD; Babu Koneru, MD; Sandee Staschak, RN; Andrei Stieber, MD; Robert D. Gordon, MD

JAMA. 1988;260(17):2542-2544

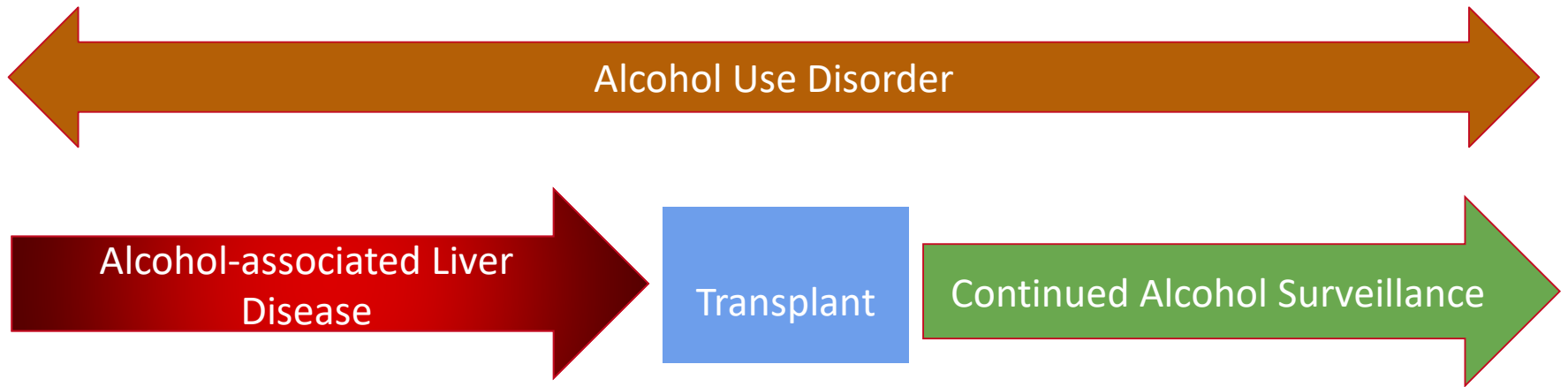
- 666 patients, 41 (6.2%) with alcohol cirrhosis.
- 30 of 41 (73%) lived >6 months – one resumed drinking.

**“ ...as if the liver transplantation itself had been the ultimate sobering experience.”**



# Transplant and AlcHep: Treat **Both** AUD and ALD

---



# Protocol Development

---

**The psychosocial evaluation completed by Peace Hospital integrates:**

- the Diagnostic and Statistical Manual of Mental Disorders (DSM)
- Fifth Edition Substance Use Disorder diagnostic criteria
- American Society of Addiction Medicine (ASAM) criteria
- Relevant scales and indexes:
  - Substance Problem Scale
  - Substance Frequency Scale
  - Current Withdrawal Scale
  - Treatment Resistance Index
  - Treatment Motivation Index
  - Personal Motivation Scale
  - Interpersonal Motivation Scale
  - Problem Orientation Scale
  - Self-Efficacy Scale
  - Reasons for Quitting Scale

# Protocol

---

## Step 1:

The patient is identified by the transplant center with initial criterion as described below:

- Decompensated AAH (as confirmed by hospital records, outside referrals).
- Presences of cirrhosis is not an exclusion
- No absolute age limits
- Not intubated
- Absence of severe medical comorbidities.

## Step 2:

Patient is referred for psychosocial evaluation with a licensed therapist at Peace Hospital. Peace uses integrated tool to assess and utilizes motivational interviewing upon initial and follow-up contact with the patient.



# Protocol

---

## Step 3:

Evaluation completed within 48 hours.  
Evaluation is completed at the hospital, at the Peace Adult Outpatient Center if they are ambulatory, or via telehealth when appropriate.

## **Peace provides recommendations:**

- Regarding readiness to change, areas of focus
- Recommended level of care to transplant center
- Treatment recommendation and options presented to the patient, along with licensed therapist's contact information

## Step 4:

If the patient receives the transplant, patient can receive intensive outpatient services or connected to resources.

# Outcomes

---

- 16 recommendations (5 deceased)
- 11 patients
  - 3 received transplants and doing well
  - 4 actively engaged in treatment and improving (may or may not need a transplant)
  - 1 unable to have transplant due to post-transplant support needs
  - Only 3 of 11 (27%) continue to drink and not follow recommendations

\*outcomes at the time of the award submission 2022

# Case Review

---

*The Trager Transplant Center's 1000<sup>th</sup> liver transplant was a 33-year-old who presented at another hospital with malaise, jaundice, and failing kidneys. The patient had a very poor prognosis with a 90-day mortality of 93%. The patient had escalated alcohol use related to COVID 19 stressors. The patient was diagnosed with COVID 19 which further decompensated his liver and he was admitted to the hospital. Prior to hospitalization, the patient had attempted to decrease alcohol consumption at home on his own. The patient continued to drink in efforts to avoid seizures and had managed to reduce alcohol use from 1.5 L of liquor to 6 beers. Prior to the COVID 19 related admission the patient had no knowledge of his liver damage. Upon that admission the patient was diagnosed with severe AAH and was deemed not to be a transplant candidate at another hospital due to the recent alcohol use. The patient was discharged home with hospice care. The patient's family reached out to the Trager Transplant Center, and they were advised to come to the emergency department. The patient was admitted, completed the new protocol, and received a transplant within two weeks. When evaluated by Peace Hospital, the patient was identified as high motivation to participate in substance use rehabilitation. In the three months post-transplant, the patient has been active in substance use rehabilitation online and continues treatment services in person now.*

# Case Review

---

Dr. Jophlin wrote to the licensed social worker at Peace Hospital,

***“He would have been just a memory for his wife and never known by his son if it wasn’t for you. Together, our team and his donor saved his life, and he now has a second chance. Thank you so much.”***

# Credits

---

- Dr. Loretta Jophin
- Michael Gosser, LCSW, LCADC