Evaluation of Preoperative Anemia and Transfusion Requirements in Adult Liver Transplant Recipients

Parissa M.N. Moghimi
Erika A. Aldag
Rachel Pedersen
Ajay Sahajpal
Jacob N. Clendenon
Vikraman Gunabushanam
Mehraboon S. Irani
David J. Kramer

Follow this and additional works at: https://aah.org/jpcrr

Part of the Critical Care Commons, Digestive System Diseases Commons, Fluids and Secretions Commons, and the Hepatology Commons

Recommended Citation

Published quarterly by Midwest-based health system Advocate Aurora Health and indexed in PubMed Central, the Journal of Patient-Centered Research and Reviews (JPCRR) is an open access, peer-reviewed medical journal focused on disseminating scholarly works devoted to improving patient-centered care practices, health outcomes, and the patient experience.
WISE-Family Medicine: A Statewide Faculty Development Collaborative

Deborah Simpson, Kjersti Knox, Anne Getzin, John R. Brill, Melissa M. Stiles, Jeffrey A. Morzinski

Departments of Academic Affairs and Family Medicine, Aurora UW Medical Group; Department of Family Medicine and Community Health, University of Wisconsin School of Medicine and Public Health; Department of Family and Community Medicine, Medical College of Wisconsin

Background: In many states, family medicine residencies and medical schools compete clinically for patients, educationally for trainees and, more recently, for community preceptors (CPs). As Wisconsin’s medical schools and health care systems have expanded their geographic footprints, our CPs now teach trainees from competing institutions. Yet residency and medical student accrediting bodies require faculty and preceptor development.

Purpose: To evaluate the impact of a statewide collaborative of family medicine educators on meeting faculty development needs of our CPs and collaborative members.

Methods: Faculty development leaders representing the three largest family medicine residency training sponsors in the state created the Wisconsin Institute of Scholars & Educators (WISE-FM). This statewide collaborative of family medicine educators is comprised of 3 to 4 representatives per sponsor — both junior and senior educators to further support their development as faculty — committed to developing common preceptor clinical teaching tools. Through online discussions and half-day WISE-FM meetings, WISE-FM participants identified preceptor development needs and designed highly regarded clinical teacher infographics for these priority topics. These tools are available for use statewide, providing CPs with a consistent teaching approach. To determine infographic value, a brief (< 5 items) parallel form survey was distributed to and voluntarily completed by: 1) CPs who received the infographics, and 2) WISE-FM participants. Item results on a 5-point Likert scale (5 = strongly agree, 1 = strongly disagree) were analyzed using descriptive statistics.

Results: Forty-two CP infographics recipients and the 11 WISE-FM participants completed the evaluations. Results revealed that faculty development infographics were a time-efficient (CP: 4.1, WISE-FM: 4.2) and effective way (CP: 4.0, WISE-FM: 4.2) to enrich skills as clinical teachers. Both groups intend to or have incorporated the infographics into their own teaching (CP: 4.2, WISE-FM: 4.2). WISE-FM respondents strongly agreed (4.6) that the overall “returns” from participating were worth their investments (time, effort).

Conclusion: The WISE-FM provides a statewide faculty development model that can be adopted by others to meet accreditation requirements for CP teaching skill development through shared authoring of CP development resources while concurrently advancing the development of WISE-FM participants.

Evaluation of Preoperative Anemia and Transfusion Requirements in Adult Liver Transplant Recipients

Parissa M.N. Moghimi, Erika A. Aldag, Rachel Pedersen, Ajay Sahajpal, Jacob N. Clendenon, Vikraman Gunabushanam, Mehraboon S. Irani, David J. Kramer

Departments of Pharmacy, Abdominal Transplant, Transfusion Services and Critical Care Medicine, Aurora Health Care

Background: Liver transplantation is often associated with massive blood loss due to surgical complexity and the hemostatic abnormalities of end-stage liver disease. Blood transfusions have been associated with increased risk of infection, multiorgan dysfunction, graft loss and mortality.

Purpose: To determine for liver transplantation whether correlation exists between preoperative anemia and transfusion requirements, length of stay or incidence of postoperative infection.

Methods: A retrospective review of liver transplantations from Jan. 1, 2012, to June 30, 2015, was conducted. Packed red blood cell (PRBC), fresh frozen plasma (FFP), platelet and cryoprecipitate units were collected preoperatively, intraoperatively and within the first 48 hours postoperatively. Cox proportional hazards model was used to model the outcome of infection. Linear regression was used to model the outcomes of postoperative length of stay and blood use.

Results: Of the 112 patients, mean age was 56 years, mean Model for End-Stage Liver Disease score was 27 and mean preoperative hemoglobin was 10.5 g/dL. Lower preoperative hemoglobin was significantly associated with increased preoperative PRBC, platelet and cryoprecipitate use (P<0.04) as well as increased intraoperative PRBC, FFP, platelet and cryoprecipitate use (P<0.0001). Preoperative PRBC, FFP, and platelets as well as intraoperative PRBCs were associated with longer length of stay (P<0.045). Each g/dL decrease in preoperative hemoglobin was associated with a 26% increased risk of infection in univariate models (hazard ratio [HR]: 1.26, P=0.01). Longer length of stay and higher preoperative cryoprecipitate, intraoperative FFP and postoperative FFP also were associated with increased risk of infection. More units of preoperative cryoprecipitate (HR: 1.07, P<0.01), fewer units of postoperative cryoprecipitate (HR: 0.19, P<0.01) and more units of postoperative FFP (HR: 1.75, P<0.01) were associated with infection in multivariable stepwise selection.

Conclusion: Lower preoperative hemoglobin was associated with increased preoperative and intraoperative transfusion...
Evaluation of Patient Opinions and Experiences With Electronic Cigarettes at a Family Medicine Residency Clinic

Ima D. Tanner, Breana C. Cummens, Jessica J.F. Kram, Dennis J. Baumgardner

Department of Family Medicine, Aurora Health Care; Department of Family Medicine, Aurora UW Medical Group; Center for Urban Population Health

Background: Since 2003, electronic cigarettes (e-cigs) have grown in popularity. E-cigs are often marketed as a safer, healthier alternative to smoking traditional cigarettes or as an aid for smoking cessation. However, the risks and benefits of e-cig use, as well as the beliefs that influence use or avoidance, are poorly understood.

Purpose: To assess our patient population’s perception or beliefs as they relate to e-cig use.

Methods: A 13-question survey regarding nicotine and e-cig use was distributed to English-speaking adult patients at Aurora St. Luke’s Family Practice Clinic from August 2015 to January 2016. Questions assessed patient demographics and smoking history as well as knowledge and opinions of e-cigs. Descriptive statistics were used to describe patient characteristics. Associations between patient characteristics and beliefs were analyzed using chi-squared tests and Fisher’s exact test, as appropriate. Significance was associated with P<0.05.

Results: Across respondents (N=100), patients were more likely to be female (60%) and of age 45–54 years. Patients either had heard about e-cigs through advertisements (48.9%) or by word of mouth (36.9%). Many believed that e-cigs could help others quit smoking (47.6%) and were a healthier smoking option over regular tobacco (47.5%). Only 21.7% of patients had ever tried e-cigs. Age, sex and race/ethnicity were not associated with trying e-cigs. Those who identified as ever-smokers were more likely to have tried e-cigs than former or never smokers (P=0.017). Smoking status was not associated with education and race/ethnicity. Views regarding cost and whether e-cigs could help others quit smoking (47.6%) were a good choice for cessation also were not associated with smoking status.

Conclusion: Smoking status significantly affects whether a patient has tried e-cigs, with current smokers being most likely to have tried them. Demographic characteristics were not associated with use or opinions of e-cigs. Future studies should be done to assess use and attitudes in other clinic settings as well as use within our adolescent patient populations.