## Risk factors and impact of delayed graft function post deceased donor kidney transplant: A single-centre experience

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## **ABSTRACT**

Introduction: Delayed graft function (DGF) has higher acute rejection (AR) or higher serum creatinine (Scr) is controversial. Materials and Methods: Data from patients who underwent deceased donor kidney transplant (DDKT) in Hospital Selayang from 1st January 2019 till 31st December 2021 were evaluated retrospectively. Results: In total, 42 patients of DDKT identified. Donors' profile showed mean age and creatinine was 32.9±9 years and 131.1±91.6umol/l respectively, with male 66.7% (n = 28) and 52.4% (n = 22) having AKI on procurement. Recipients' profiles showed females (54.8%, n = 23) with mean age and dialysis vintage was 38.3±8.7 years and 13.9±3.6 years, respectively. Median cold ischaemic time (CIT) was 12.3±3 hours and 38.1% (n = 16) had DGF. Mean time post KT to dialysis was 5.1±9.1 days. One recipient had acute graft loss. Biopsies performed reported 81.8% (n = 9) Acute tubular necrosis (ATN), 9% (n = 1) mix of ATN with AR and AR alone respectively. Mean Scr 3 months post KT was 120.8±47.9umol/l. Adjusted odds (aOR) of DGF were higher with donor AKI (aOR 10.99, 95% CI 1.8-65.3) and when CIT longer by > 1 h (aOR 1.36, 95% CI 1.03-1.81). Factors associated with ATN includes increase of donor age by > 1y (aOR 1.21, 95% CI 1.04-1.39) and presence of DGF (aOR 11.17, 95% CI 1.14-109.9). Conclusion: Donor AKI and DGF leads to inferior graft function but does not correlate with higher risk of AR or graft loss. Accepting such kidneys help expand the limited cadaveric donor pool and reduce waitlist mortality.

Keywords: Delayed graft function, deceased donor kidney transplant, acute rejection

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## Changing mindsets toward hand hygiene compliance in a tertiary hospital through an innovative hand hygiene campaign

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## **ABSTRACT**

Introduction: Hand Hygiene Campaigns (HHC) have been traditionally conducted for years in Hospital Sungai Buloh. However, the compliance among healthcare workers remained the same. We describe an innovative HHC that successfully improved interest and Hand Hygiene (HH) compliance after the COVID-19 pandemic in 2022. Materials and Methods: HH compliance rates in 2019 (pre-COVID) and 2022 (post-COVID) were compared after conducting an innovative and multidisciplinary HHC. Pre-intervention data was harvested from all the clinical departments through direct observation using the WHO HH audit form. Then, a 2-week HHC was conducted which included nomination of HH champions from clinical departments, video and quiz competitions, interactive ward sessions and task-based treasure hunt and race involving advocacy of HH awareness. After the HHC, post-intervention data was collected using the same method. Results: During the pre-COVID 2019, hand hygiene compliance was at an average of 86%. However, it dropped to 71% after the pandemic. Post HHC, the HH compliance has tremendously improved to 79%. Conclusion: HHCs should be goal-centered, strategic and innovative for it to have an impact on hand hygiene compliance.

Keywords: hand hygiene, compliance, mindset, COVID-19