

Barriers to kidney transplantation – ambulatory dialysis clinics’ staff perspective

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Introduction:

Davita, a large dialysis and CKD care provider in Poland, introduced internal transplantation protocol to improve the referral of dialysis patients for kidney transplantation. Every patient is submitted for transplant assessment immediately after starting dialysis program. Transplant protocol is completed when the patient is introduced and waitlisted as „active” or diagnosed with permanent contraindication. Temporary contraindications are systematically evaluated and addressed accordingly. Reminder alerts are activated in the Electronic Health Records system when more than three months elapse with “no-change” transplantation status.

Medical and operational supervision and feedback from clinics revealed existence of systemic challenges in the abovementioned process for nephrologists.

As per Poltransplant data, placing a patients on waiting list takes longer (913 days) than the waiting time of active patient for transplant surgery (430 days) in Poland. Thus, we decided to examine this issue deeper from a perspective of dialysis clinic.

Purpose:

Review of ambulatory clinic nephrologists’ work flow for the evaluation and referral of kidney transplantation candidates to the waiting list.

Material and methods:

Survey data were collected from DaVita clinics (n=64) on solutions to overcome systemic difficulties and ensuring patient access to kidney transplantation.

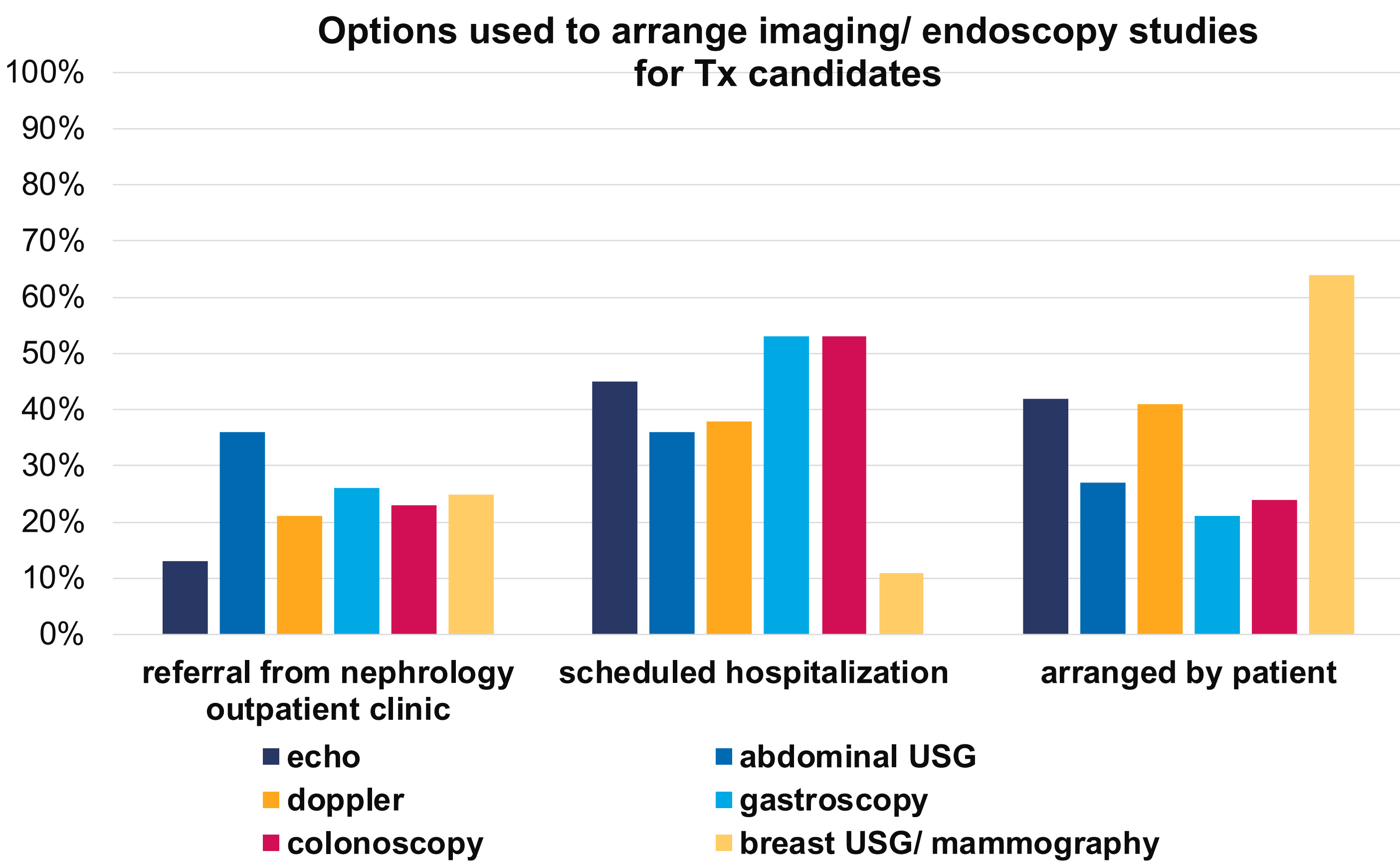
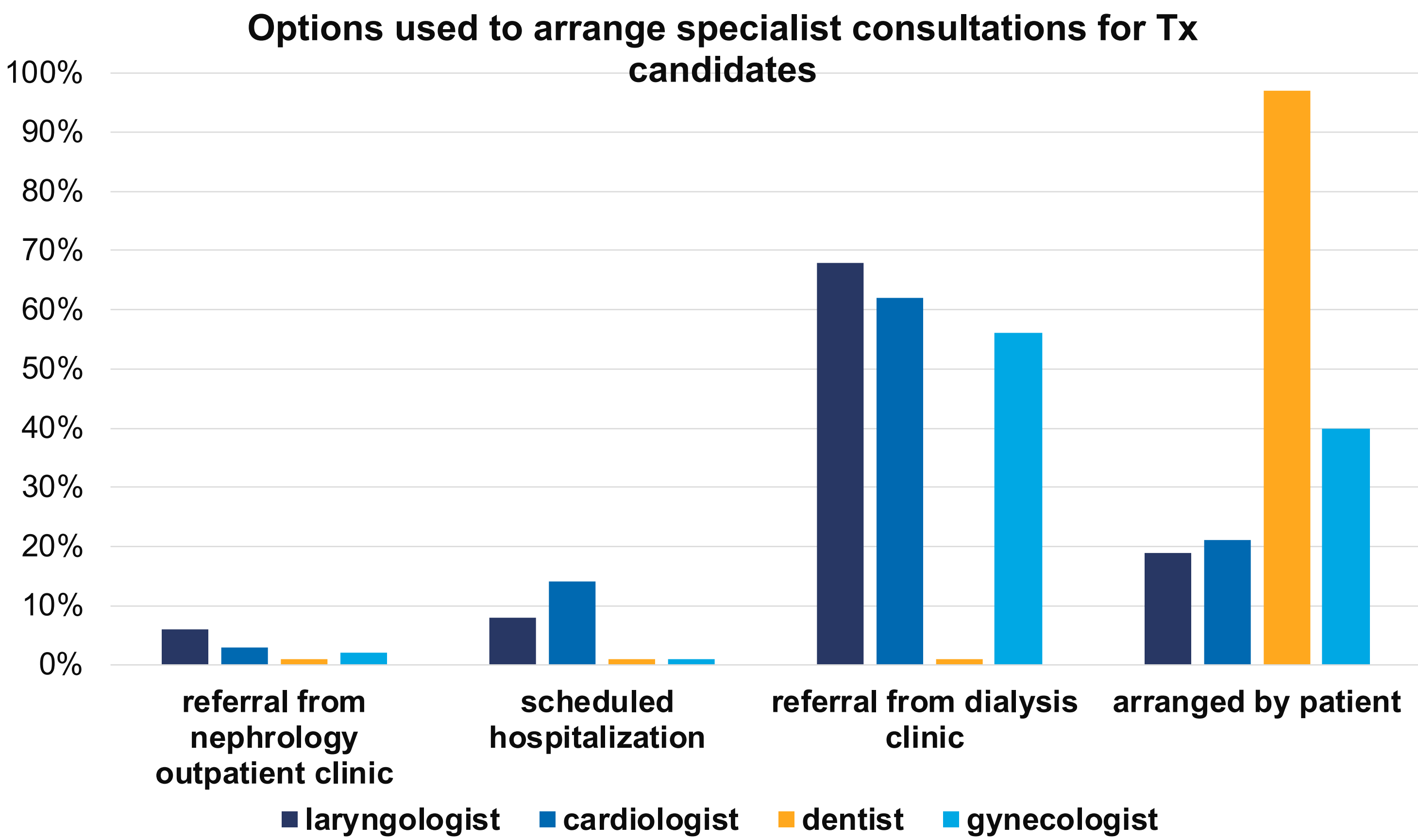
Results

94% of nephrologists use their personal/ professional contacts to schedule a routine hospitalization for all necessary tests and examinations.

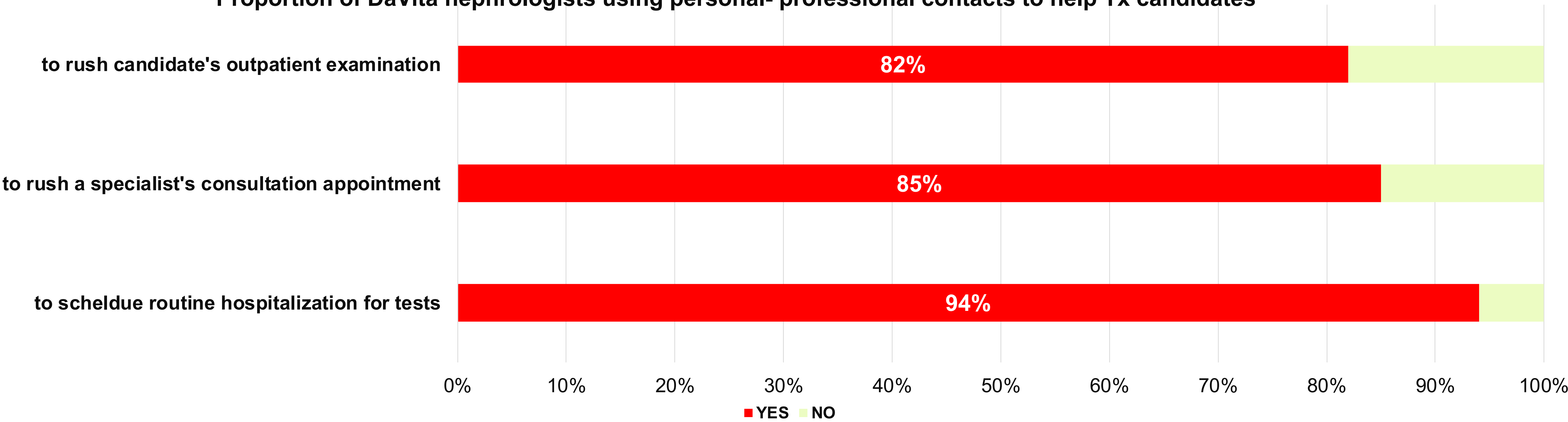
85% of nephrologists use their personal/ professional contacts to rush a specialist's consultation appointment.

82% of nephrologists use private/ professional contacts to rush candidate’s outpatient examination.

Candidates have the longest wait times for cardiology consultation appointments, echosonography and endoscopic exams (3-6 months).



Proportion of DaVita nephrologists using personal- professional contacts to help Tx candidates



Conclusions:

Current process of referral a dialysis patient to the waiting list is mostly maintained with personal involvement of clinics’ medical staff. Kidney transplant waiting list could contain more active patients in Poland if the pathway for candidates was better systemically organized, implemented and executed.

The delay in evaluation of transplant candidates ultimately may affect the outcomes after kidney transplantation.