

Supporting equitable access to kidney transplant in remote Western Australia using continuous quality improvement: summary of a project

Background

End-stage kidney disease (ESKD) is a serious medical problem where a person needs dialysis or transplant for their life and wellbeing. For people in the Kimberley, this may mean moving away from their community and family. In the Kimberley region, as in the rest of the country, Aboriginal and Torres Strait Islander patients experience more ESKD, but also more delays in workup that impact on access to a kidney transplant. As a result, the percentage of Aboriginal people with kidney failure who receive a transplant is very low relative to the number receiving dialysis. The journey to a successful kidney transplant is long: all patients should start with an initial *transplant suitability assessment* that guides specific investigations and activities to improve the chances of transplant.

Aims:

We aimed to:

- 1.) Design and implement a *continuous quality improvement (CQI)* approach to *transplant suitability assessment* (a way to make sure the quality of services is monitored and improved over time)
- 2.) Provide transplant suitability assessments for all patients of the service
- 3.) Describe what *temporary contraindications to renal transplantation* (reasons a transplant must be postponed) should be the focus of health service improvements
- 4.) Explore participant experiences with the suitability assessment process and:
- 5.) Use our findings to inform pre-and post-transplant model of care development within Kimberley Renal Services

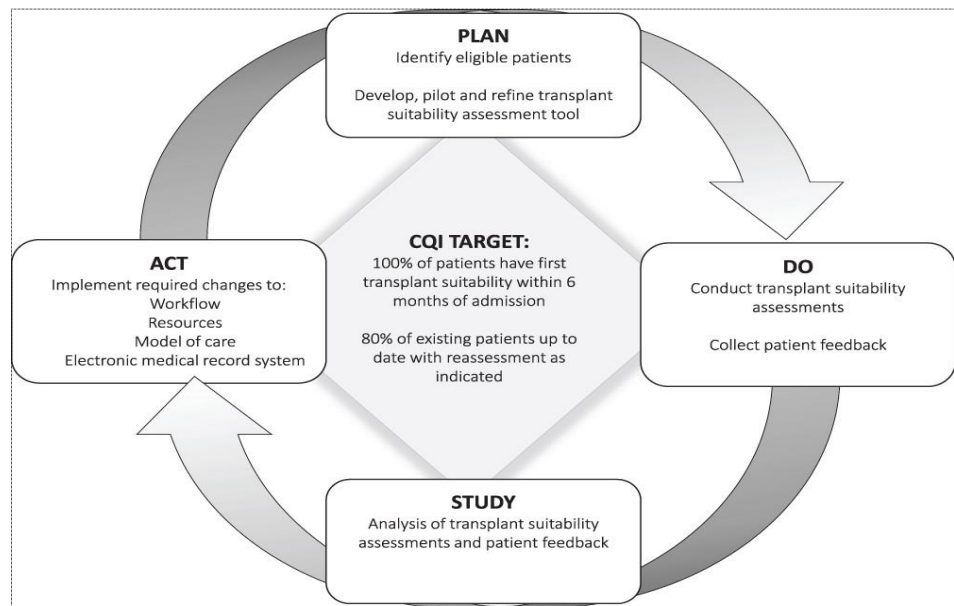


Figure 1: CQI framework for transplant suitability assessment

How did we do it?

For each patient who gave consent we reviewed their file, made a summary of their medical, social and treatment history, and completed a transplant suitability assessment with their treating nephrologist. We gave each patient the opportunity to give feedback with a short interview.

What did we find?

- Twenty patients (30%) had no contraindications and were cleared for transplant workup. On average they had spent 2.9 years on dialysis by the time of this assessment.
- Forty-two (64%) had temporary contraindications to transplant workup:
 - The most common were smoking (23 people, 53%), treatment adherence (17 people, 37%) and need to lose weight (11 people, 24%).
- Four (6%) had *permanent contraindications* (reasons a transplant would never be safe).
- Patients told us they wanted more information on the transplant process, and interviewers noted the importance of providing information in an appropriate way. Patients wanted more support to improve their health and chances of future transplantation

In summary: Most of our patients were either suitable for transplant workup or could improve their suitability with help improving their health risk factors. People want more support to achieve these changes.

What happens now?

To help improve our services now and over time, we plan to:

- Improve our electronic medical record system so it can better track and report on patient suitability and workup for kidney transplant
- Review KRS pre- and post- transplant model of care to enhance:
 - Regional presence (East and West Kimberley)
 - Greater inclusion of Aboriginal health and support professionals
 - Peer education and inclusion of patients with lived experience

Where can I find out more?

Full results from this study are available online: https://academic.oup.com/intqhc/advance-article/doi/10.1093/intqhc/mzae120/7978858?utm_source=authortollfreelink&utm_campaign=intqhc&utm_medium=email&guestAccessKey=c1735c28-6662-4230-a093-f12c33e214d2

To know more, contact Emma Griffiths (emmag@kamsc.org.au) or Nicholas Corsair (krstransplant@kamsc.org.au) at Kimberley Renal Services.

Research team: Emma Griffiths^{1,3}, Felicity Stewart¹, Nick Corsair¹, James Stacey^{1*}, Khalil Patankar,² Sarah Cox¹, Joshua Bowring¹, Kristan Teasdale³, Iann Lee³

1. Kimberley Renal Services, 2. Royal Perth Hospital, 3. The Rural Clinical School of Western Australia

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