Dialysis Facility Staff Support is Crucial during Transplant Evaluation Process

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Introduction

- Obtaining a kidney transplant is a complex and individualized process for people with end-stage kidney disease (ESKD).[1]
- Completing a transplant evaluation remains difficult. Early and later outcomes in the transplant process (Figure 2) have been extensively examined however, the perspective of referred individuals who did not finish an evaluation remains less understood.[2]

Objective

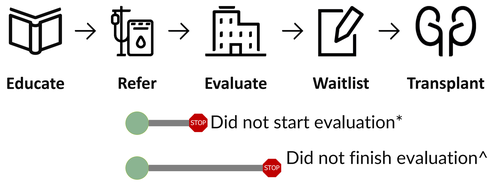
- Examine the experiences of referred individuals who did not complete evaluation to identify opportunities within the dialysis setting for dialysis providers to support transplant evaluation completion.

Methods

Participant Cohort

- We sampled adults (18-75 years) on dialysis who were referred for a transplant but did not start or complete an evaluation.

Figure 1: Transplant Process



*__No participation__ in any evaluation activities (i.e., classes, screenings, medical exams).

^__Participated in one or more__ evaluation activities.

Data collection and analysis

- Audio recorded semi-structured phone interviews (Figure 2) in English and Spanish were conducted with 17 participants May – October 2024 from dialysis facilities in Texas, California, Wisconsin, and North Carolina.
- Verbatim transcripts were inductively analyzed using narrative and thematic techniques.[3,4]

Results

Table 1: Participant Characteristics

Participant Characteristics	
N	17
Age (mean, range)	58 (44 – 70)
Gender	
Female	47%
Male	53%
Race	
Black	24%
White	12%
Hispanic	53%
Multi-racial	6%
Other	16%
Highest Education Completed	
<High School	6%
High School/GED	41%
Some college	53%
Interview Language	
Spanish	24%
Interview length, mins (mean, range)	45 (15-80)
Dialysis Modality	
HHD	6%
ICHD	88%
PD	6%
Years on Dialysis (mean, range)	4.9 (<0.3 -16)
Evaluation Status	
Never started	53%
Did not finish	47%
Referral History	
First-time	53%
Prior	47%
Recruitment Locations	
Texas	53%
California	35%
North Carolina	6%
Wisconsin	6%

Figure 2: Interview Guide Domains

Figure 3. Participant Awareness within Evaluation Process

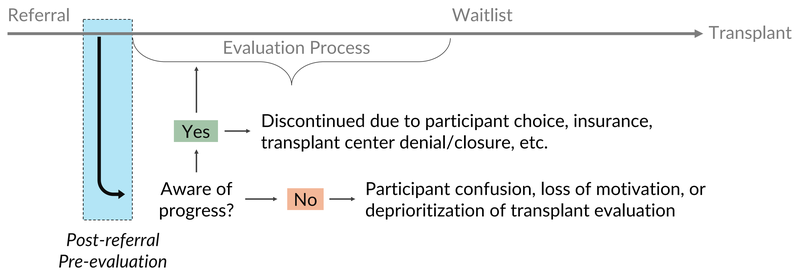


Figure 4. Participant Quotes

Participant Aware with Routine Communication

I didn't really want to go through it again. But I am. [...] then she [social worker] had talked to me about, um, they could find me another clinic or get me another referral. And that's what we're going through, where we're at now. (Female, Hispanic, 58, Did Not Finish)

"...I still want to go through with it. But not right now because I'm dealing with all these other issues". (Female, Hispanic, 52, Did Not Start)

"I'm working full time right now. Um, I don't think I can give you 100%, so I'll put it on the back burner. I'll come back to you guys when I'm ready. (Male, Hispanic, 49, Did Not Finish)

Participant Unaware with Prolonged/Interrupted Communication

"Yes, we're in - to see if they [the transplant center] will call, sometimes I don't know what the process is, right? But right now, that's it. We are waiting to see what will happen." (Male, Hispanic, 64, Did Not Finish)

"I've made a couple of attempts to contact them [transplant center]. I have heard that they have made attempts to contact me, but I have no evidence of that. If they called me, they left no messages." (Male, Black, 65, Did Not Start)

Awareness

- Most participants described their reason for not starting or completing an evaluation.
- Their awareness of this outcome enabled them to consider or act upon next steps in their dialysis or transplant journey.
- Conversely, participants expressed uncertainty when communication with transplant centers was never established post-referral or was interrupted during the evaluation process.

Communication

- The "post-referral pre-evaluation" period emerged as a crucial time for participants to initiate communication with transplant centers.
- Prolonged gaps in communication from transplant centers resulted in diminished participant interest or motivation towards transplantation.
- Guidance from dialysis facilities on post-referral follow-up steps with transplant centers helped participants navigate obstacles and make plans to revisit transplantation.

Conclusions

- Patients require ongoing support to navigate the transplant process.
- Communication from transplant centers is not adequate; patients may benefit from additional communication to coordinate the post-referral transplant process.

References and Acknowledgements

1. Harding JL,, et al. Non-medical barriers in access to early steps of kidney transplantation in the United States - A scoping review. *Transplant Rev (Orlando).* Dec 2021;35(4):100654.
2. Patzer RE, et al. Dialysis facility referral and start of evaluation for kidney transplantation among patients treated with dialysis in the Southeastern United States. *Am J Transplant.* Aug 2020;20(8):2113-2125.
3. Maxwell J, Miller BA. Categorizing and connecting strategies in qualitative data analysis. Handbook of Emergent Methods. New York: Guilford; 2008:461-477.
4. Hasso Plattner Institute of Design at Stanford University. 2024. https://dschool.stanford.edu/resources-collections/browse-all-resources

We extend our sincere appreciation to the teammates in more than 2,000 DaVita clinics who work every day to take care of patients and to ensure the extensive data collection on which our work is based. We specifically acknowledge Kathryn Husarek of DaVita, Inc. for editorial contributions in preparing this poster.

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