

# Transplant First

**Workflow Review & Consultation**  
**July 2021**



# Agenda

- Welcome
- Meeting objectives
- Transplant First overview
- Pre-transplant future workflow review
- Resources to support new workflow
- Work in progress
- Questions & Answers (Q&A)
- Appendix

# Welcome

# Today's Objectives

1. To provide an overview of Transplant First
2. To review solutions developed to address gaps in pre-transplant workflow
3. To obtain feedback and final endorsement of pre-transplant workflows from stakeholders across the province prior to implementation



# Transplant First Phase 1 Overview

**2015:** BCT funding  
pre transplant  
activities

**2018-2020:** Focus on  
culture shift,  
resources, education,  
peer support &  
indicators

**2018:** BCT &  
BCR Launch  
Transplant  
First

**2020:**  
Launch  
Transplant  
First Phase 2

# Transplant First Phase 2: Goal

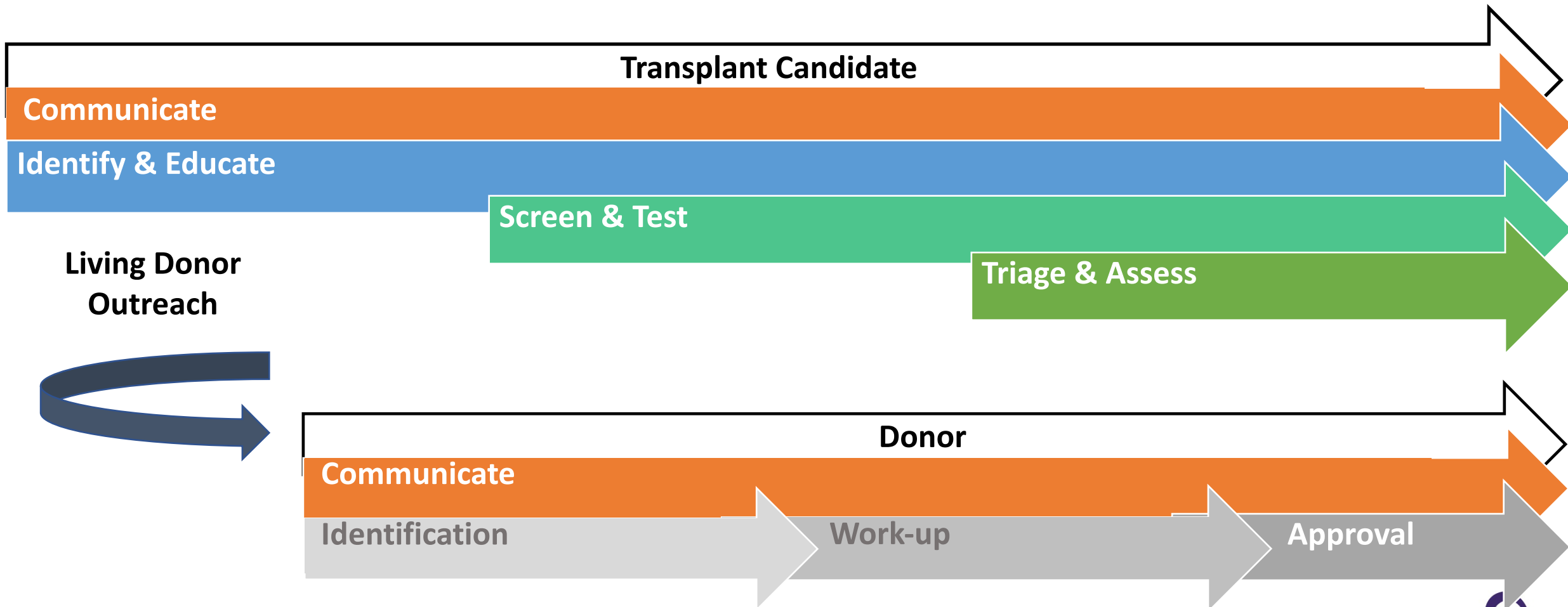
To ***implement and sustain enhanced pre transplant clinical processes*** along with available tools and resources across KCCs, regional transplant clinics and provincial transplant centres

to ***ensure every KCC patient who is a potential kidney transplant candidate is identified, assessed and supported along the path toward transplantation as the treatment of choice, including assistance in finding a living donor*** by August 31, 2022.

# Transplant First Phase 2: Objectives

1. Validate current pre transplant workflow clinical processes, roles & responsibilities, gaps and variability
2. Develop & implement new streamlined and standardized pre transplant workflow clinical processes, roles/responsibilities and communication
3. Establish clear communication channels between providers and transplant recipients and donors
4. Develop & implement a project evaluation plan and dissemination strategy
5. Create recommendations and enhancements to PROMIS

# Pre-Transplant Future Workflow





## Transplant Candidate

Identify & Educate

Screen & Test

Triage & Assess

**Ensure pre-transplant process is underway and moving forward for all patients**

- All KCC patients with an eGFR<25 and clearly declining will be comprehensively screened to see if they are a candidate to move forward
- Ability to see where people are at throughout the pre-transplant process by all renal teams (KCC, Regional Transplant Clinic, Provincial Transplant Centre)

# Pre-Transplant Milestones

## Transplant Candidate

### Identify & Educate

- Identify patients with eGFR<25
- Assessed for transplant education as per candidacy criteria
- Received transplant education
- Living donor discussion occurred
- Decision to proceed with transplant

### Screen & Test

- Referral initiated
- Living donor outreach plan initiated
- Mandatory screening and testing completed for referral submission
- Referral submitted

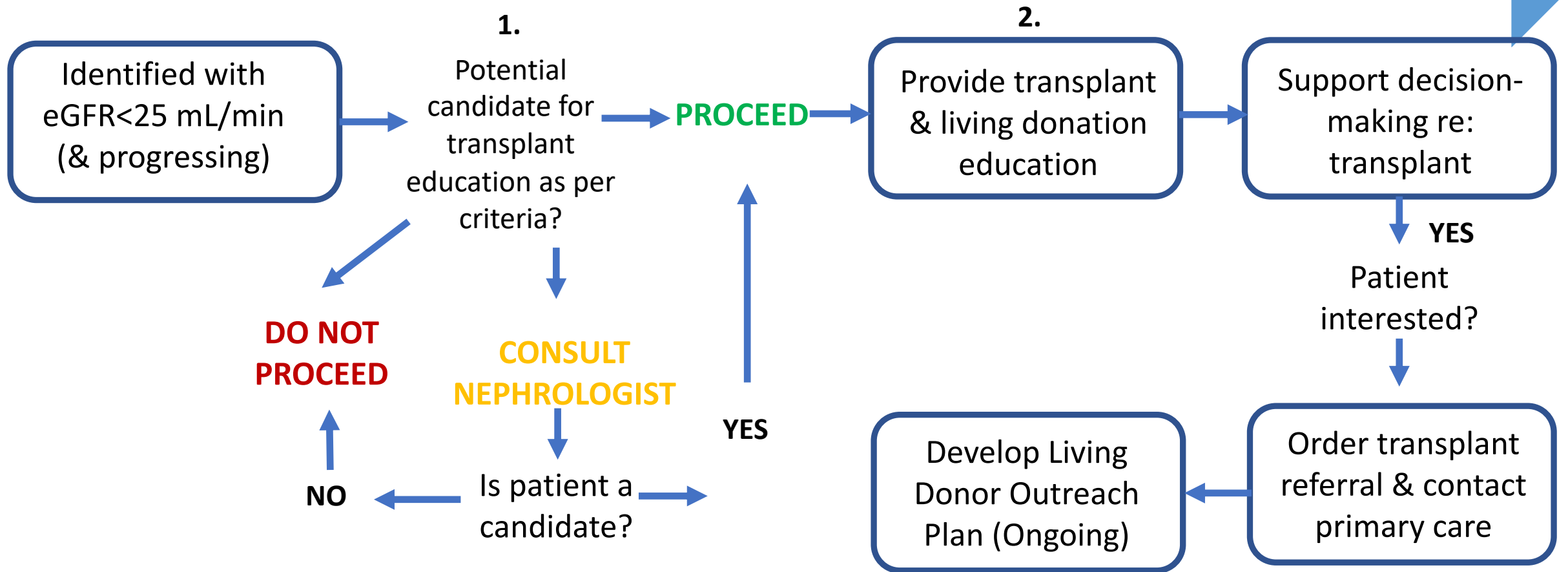
### Triage & Assess

- Referral accepted/not accepted
- Assessment appt booked
- Suitable for transplant
- Potential living donor identified by transplant candidate
- Potential living donor registered
- Planned OR date
- Procedure complete

Cases in progress, activated and on hold

# Transplant Candidate

## Identify & Educate (KCCs)



1. Updates to transplant education candidacy criteria & screening
2. Provide transplant education early & separate from dialysis education

## Transplant Candidate

### Identify & Educate (KCCs)

#### 1. Streamline process to identify candidates for transplant education

- Nurse/team initiated rather than nephrologist order
- Simplify data entry
  - Rely on nephrologist's dictations to be able to answer candidacy criteria, NOT the comorbid list. The better the dictations, the more automated the process
  - Pre-populate as many PROMIS fields as possible
  - Collate data to reduce navigating to multiple screens

# 1. Candidacy Criteria for Transplant Education

Do Not Proceed	Consult Nephrologist
<p><b>Do not proceed with transplant education if any of the following apply:</b></p> <p>Age&gt;85 Active non-compliance to therapy Active drug or alcohol addiction Active malignancy (excluding non-melanoma skin cancer) Active infection (e.g. TB) Uncontrolled psychiatric disorder Severe cognitive impairment Severe ischemic heart disease Severe peripheral vascular disease Oxygen dependent respiratory conditions Uncontrolled cirrhosis</p>	<p><b>Consult with nephrologist, if unable to clearly identify contraindications above.</b></p> <p><b>Consult with nephrologist about providing transplant education if any of the following apply:</b></p> <p>Age 70 to 85 eGFR not clearly declining Fluctuating compliance Extensive comorbidities</p>
<b>If no red or yellow criteria apply, proceed with transplant education</b>	

## Transplant Candidate

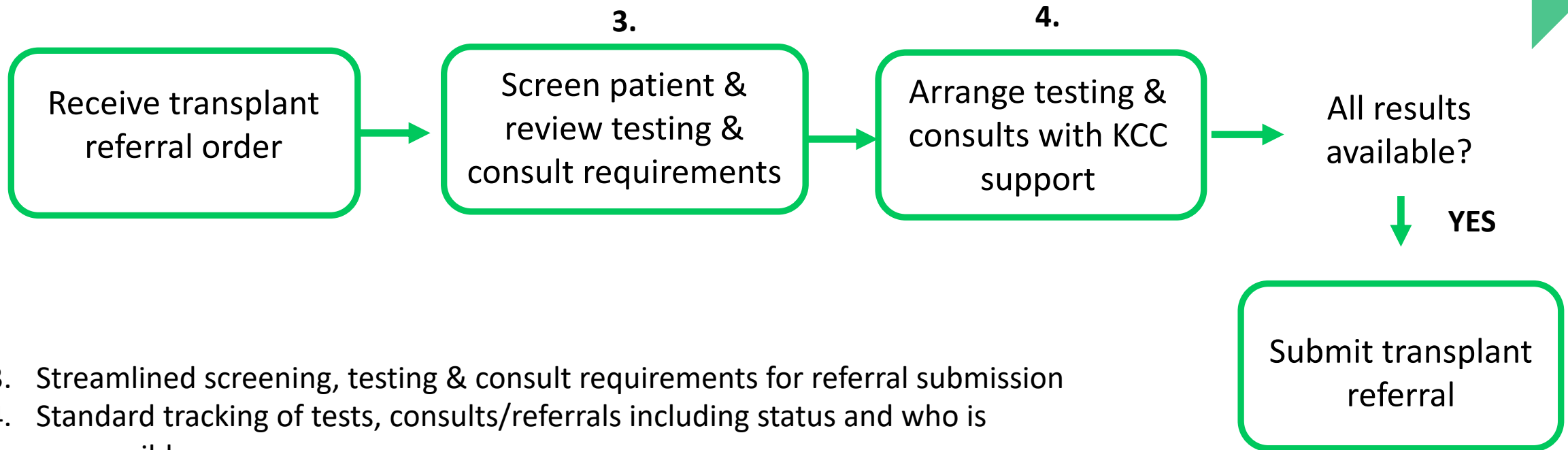
### Identify & Educate (KCCs)

## 2. Provide transplant education early and over time

- Separate from dialysis education
- Leverage BCT and BCR resources to provide to patients ahead of scheduled visits so visits are individualized
- Provide ongoing support for living donor outreach to address any emotional barriers along the way

## Transplant Candidate

### Screen & Test (Regional Transplant Clinics or KCC at VGH/SPH)



- 3. Streamlined screening, testing & consult requirements for referral submission
- 4. Standard tracking of tests, consults/referrals including status and who is responsible

## Transplant Candidate

### Screen & Test (Regional Transplant Clinics)\*

### 3. Streamline screening and testing criteria to ensure clarity on requirements

- Standardize and harmonize processes across both Provincial Transplant Centres (VGH/SPH)
- All screening and testing to be completed prior to referral submission by regional transplant clinics or \*KCCs at VGH/SPH
- Standard requisition to ensure all requirements are met
- Local wait times to be considered to determine timing of ordering tests



# 3. Labs results complete for Referral Submission

- Standard one-time requisition for mandatory blood work

- Blood group/Rh
- CBC, Sodium (Na), Potassium (K), Bicarb (CO<sub>2</sub>), Chloride (Cl), Total Bilirubin, Alkaline Phosphatase, eGFR, Creatinine, serum
- Virology: (Pre-populated from PROMIS currently)
  - HIV (patient informed – Yes: \_\_\_\_\_ RN initial)
  - HIV antigen antibody combination
  - HIV 1/0/2 AB
  - Epstein Barr Virus IGG
  - Hepatitis C Antibody
  - HT Lymph Virus I/II (HTLV I/II)
  - Cytomegalovirus IGG (CMV serology)
  - Rubella IGG
  - Mumps IGG
  - Measels Antibody IGG
  - Varicella Zoster Virus IGG
  - Rapid Plasma Reagin (Syphilis)
  - Hepatitis B Surface Antigen
  - Hepatitis B Surface Antibody
  - Hepatitis B Core Antibody
  - Treponema Pall AB EIA

### 3. Tests results complete for Referral Submission

More **clarity** around cardiac and malignancy testing

Standard requisition for required testing

Workaround for specific patient scenarios/exceptions

Test Name	Conditions when test required
Chest x-ray ( <b>within 6 months</b> )	All patients
EKG ( <b>within 6 months</b> )	All patients
TB screen ( <b>IGRA preferred where available</b> )	All patients
<b>SPEP (one time)</b>	<b>All patients &gt;50</b>
<b>FIT (valid 2 years)</b>	FIT test if age >50. If FIT positive, refer for colonoscopy per BCCA guidelines <link>
Mammogram (valid 2 years)	Females ages 50-74 as per BC Cancer's Breast Screening Program <link>
PAP smear (valid 3 years)	<b>Females ages 25-69 as per the BC Cancer's Cervical Cancer Screening Program &lt;link&gt;</b>
Echocardiogram (within 1 year)	<b>All patients except &lt; 40</b>
<b>One screening cardiac test. Any of Stress echocardiogram, MIBI or Treadmill or coronary angiography</b>	<b>All diabetics OR patients &gt; 50 OR any cardiac symptoms OR history of cardiac disease</b>

## Transplant Candidate

Screen & Test (Regional Transplant Clinics)\*

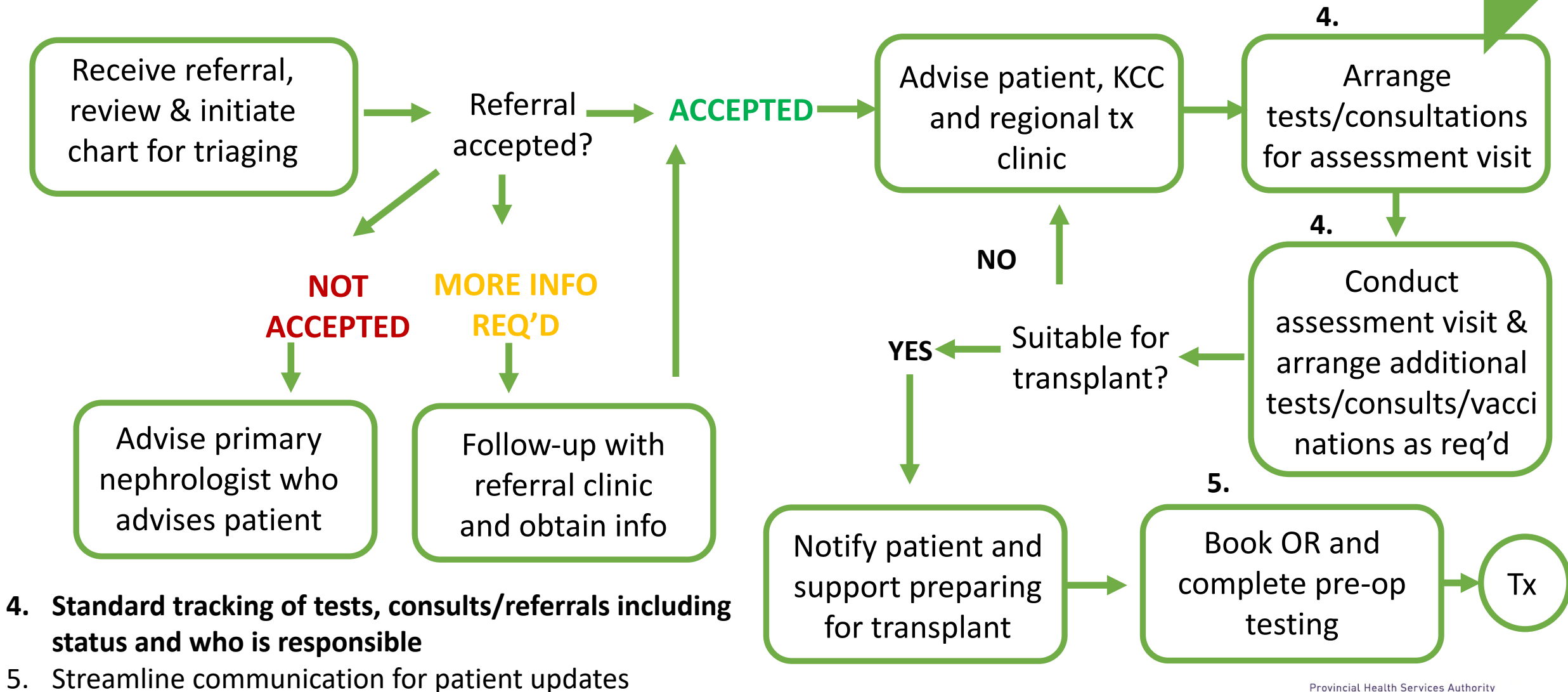
Triage & Assess (Provincial Transplant Centres)

### 4. Track individual patients are moving along the pre-transplant process

- Detailed patient level information with a consolidated view, single and shared source of truth
  - Track testing, consults/referrals including status, dates and who is responsible
  - Includes tracking of information shared with patient and GP
- Accessible by all renal teams (KCCs, Regional transplant clinics, Provincial transplant Centres)
- Pre-populate as much data as possible and where manual data entry is necessary collate to reduce navigating to multiple screens

# Transplant Candidate

## Triage & Assess (Provincial Transplant Centres)



## Transplant Candidate

### Communicate

#### 5. Streamline communication for patient updates

- Targeted list of LDKT patients
  - In KCC approaching a decision about dialysis preparation
  - In Provincial Transplant Centre for key events

# Resources to Support New Workflow

- Standardized kidney transplant referral order form
- Transplant and Living Donation Resource Information Sheet
  - Develop a webpage to consolidate all resources
- Primary Care Provider Information Sheet
- Patient Info Sheets
- Implementation worksheet for renal teams

# Work in Progress

- ☐ Develop options to support living donor outreach process
- ☐ Streamline donor identification and assessment process
- ☐ Gather and finalize PROMIS requirements to support new workflow
- ☐ Finalize evaluation plan
- ☐ Establish an implementation working group

Q & A



*Thank  
You*

# Activities & Timelines

Project Milestones	Targeted Completion
Transplant First Phase 2 steering committee established	Complete
Project Charter and work plan approved	Complete
Current clinical workflow processes validated	Complete
Gaps and variability of workflow processes identified and documented	Complete
Evaluation framework and plan finalized	July, 2021
New clinical workflow processes documented and finalized	July, 2021
Implementation plan (includes education)	August, 2021
PROMIS updates	September, 2021
Indicator Report developed and reported	March 2022
Sustainment action plan developed	March 2022
Manuscripts published	September 2022