Integrating multiple perspectives in living donor kidney transplantation services

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Te Whare Wānanga
o te Ūpoko o te Ika a Māui
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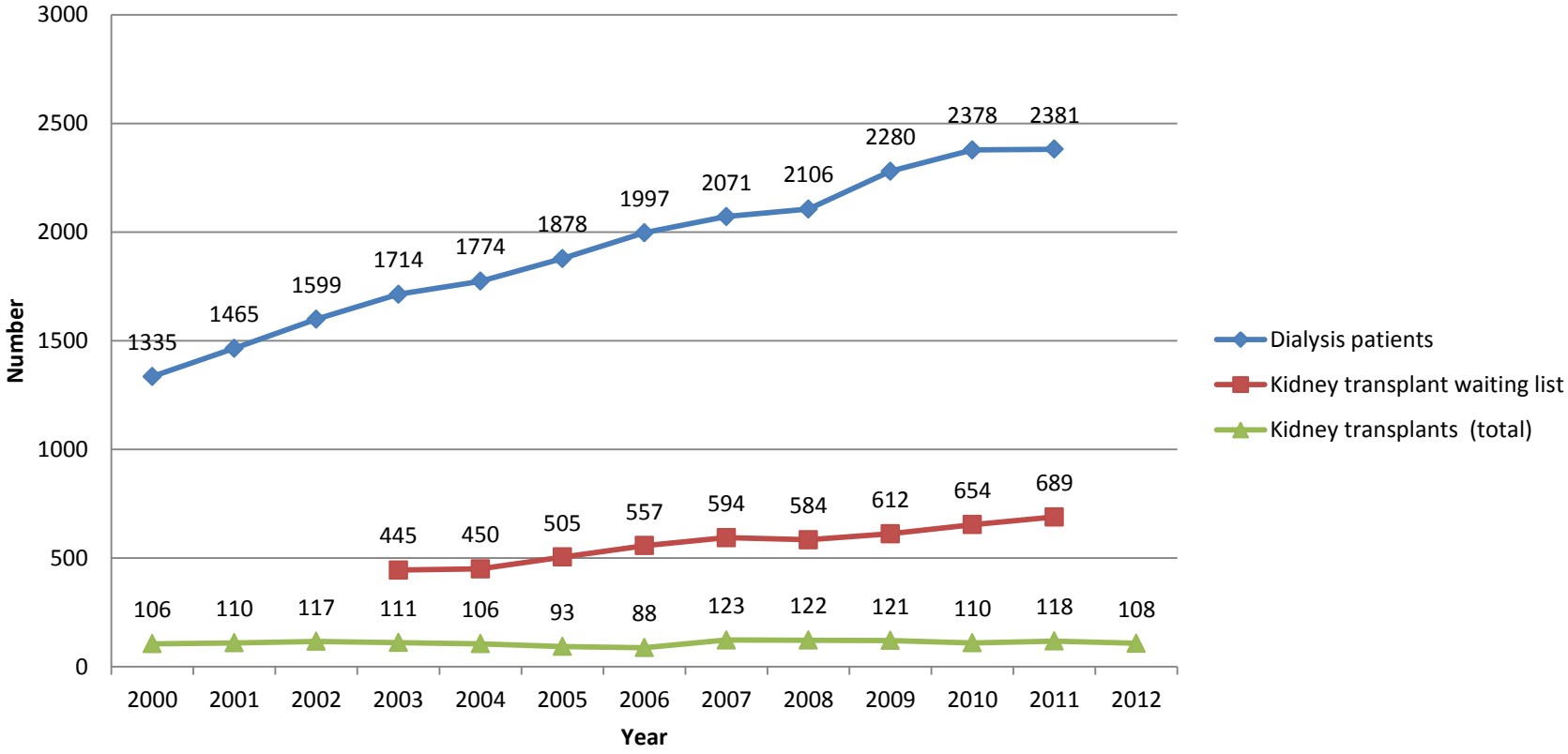
Introduction

- Who I am
- Outline
  - Context of renal transplantation in New Zealand
  - Specific examples in practice where things look different to patients and providers
  - Solving complex problems in health

Context: Numbers of people with end-stage renal failure are increasing but transplant numbers haven't kept up with demand

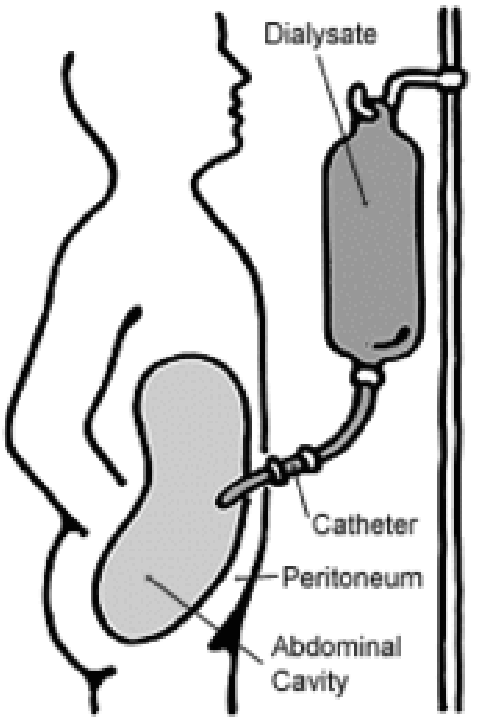
Figure 2: Number of dialysis patients, people on the kidney transplant waiting list, and number transplanted in NZ, 2000-2012



How things look different for patients and providers (1)

- Language and terminology:

"We talk about 'putting the bag in' and patients will say, 'but what happens to the plastic?" (pre-dialysis nurse)



How things look different for patients and providers (2)

- Fragmentation of services:

- *"Once you start dialysis you get a whole new team…I've had three different specialists…as soon as you start dialysing, the transplant tends to drop off the radar." (patient)*

How things look different for patients and providers (3)

- What's been said and what's been heard:
- *"Unless there are obvious contra-indications or they are too unwell, I will always talk about live donation as they are approaching dialysis and I stress that every time." (renal physician)*
- But more than one fifth of patients on the waiting list could not recall anyone discussing LDKT with them.
- *"No, not specifically. I have had a general discussion with the transplant coordinator and they put on a mini-seminar about different options and explained things like the anti-rejection drugs you'd be on" (patient)*

Solving a complex problem – how you frame the problem

- Previous advice about how to increase rates of living donor kidney transplantation included:
  - Increase surgical capacity
  - Increase transplant coordinator numbers
  - Access to diagnostic tests for potential donors
  - Pricing model to incentivise transplanting DHBs
  - Reimburse donors for lost income

Patient journey to living donor kidney transplantation

1. Transplantation is an option

Stage 1:
Patient is referred for transplant assessment (dialysis/pre-dialysis)
Patient completes evaluation
Patient meets clinical and psychosocial criteria

2. LDKT is offered and patient decides to pursue/accept

Stage 2:
Patient is told about LDKT
Patient decides to pursue LDKT and accept offers from donors

3. Someone is willing to be a donor

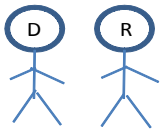
Stage 3:
Someone offers to donate e.g. family or friend
Patient accepts the offer
Donor goes forward for work-up

4. Potential donor is suitable

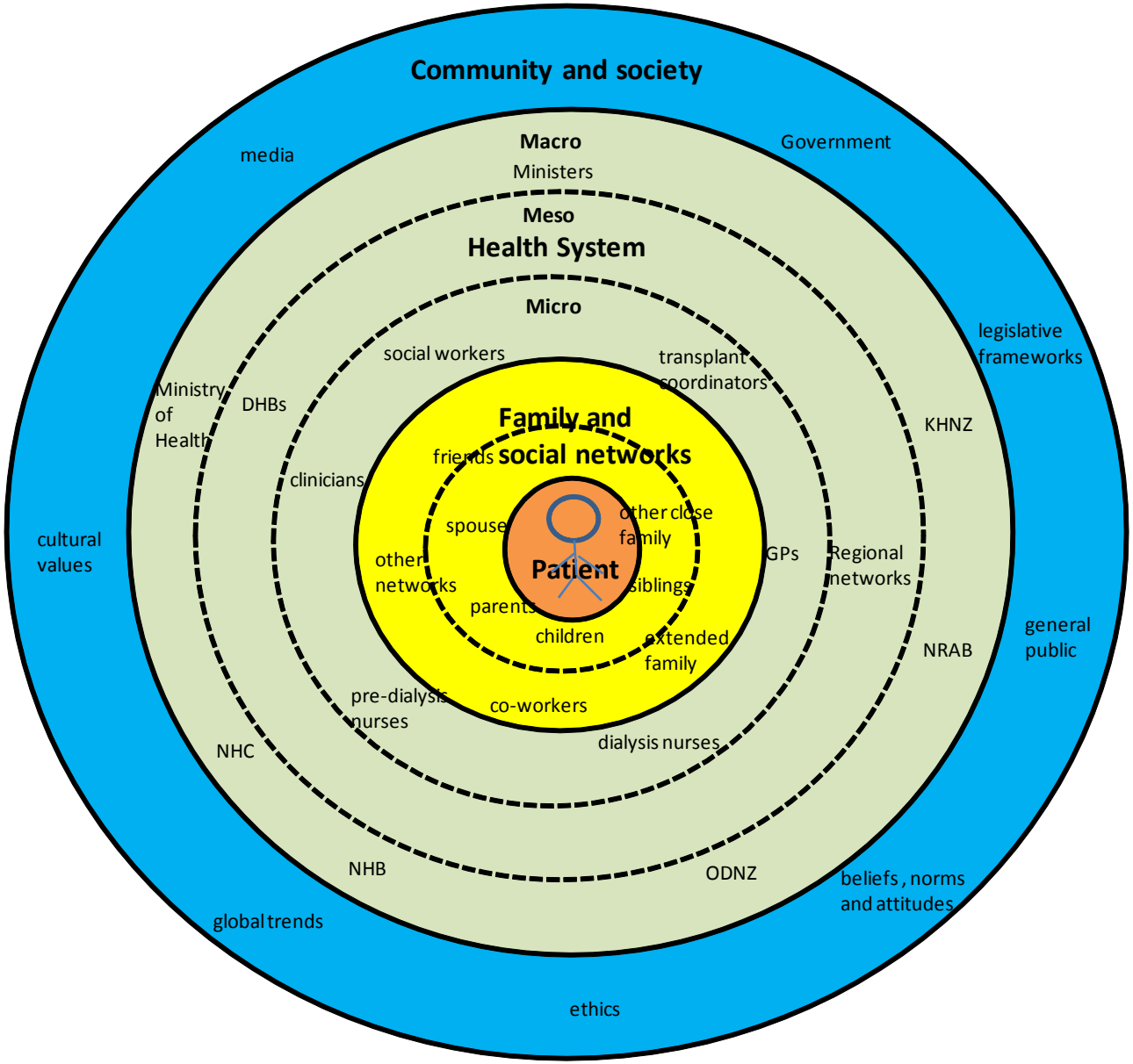
Stage 4:
Donor and recipient are compatible
Donors meets clinical and psychosocial criteria
Donor completes work-up and decides to continue

5. Receive transplant

Stage 5:
Patient is still healthy, donor still willing
Final compatibility test
Have the transplant



ongoing follow-up for recipient and donor



A social-ecological model for living donor kidney transplantation in NZ

Thank you.

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