

Opportunities for improving the transplant assessment and education process in British Columbiapatient and healthcare provider perspective.

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INTRODUCTION



■ The process towards receiving a kidney transplant is complex, with several steps for patients, and their healthcare providers to navigate in accessing kidney transplantation in British Columbia (BC).

AIM



We explored healthcare provider and potential transplant recipient perceptions and experiences with the current transplant pre transplant process.

To determine where process improvements can be made within the pre-transplant process across BC.

METHOD

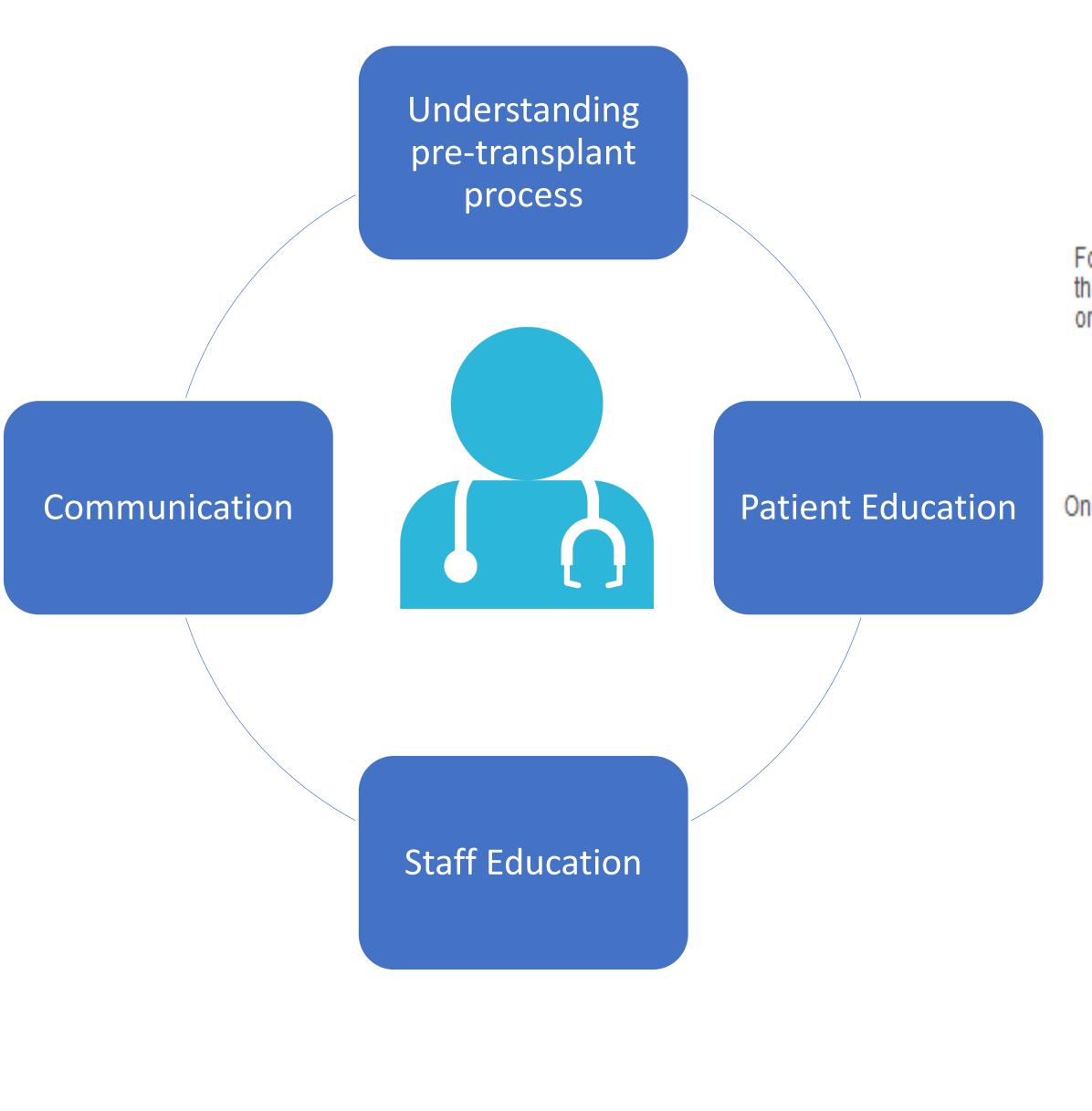
- 2 surveys were developed; healthcare provider and potential transplant recipients.
- Anonymous surveys were sent online and via post.
- Healthcare providers included nephrologists, registered nurses, and coordinators.
- Study setting included kidney care clinics, transplant regional clinics and provincial transplant centers in BC.
- Potential transplant recipients were active KCC patients between >18 and \leq 80 years of age, eGFR < 20ml/min and \geq 1 KCC visit.
- Likert scale was combined into two categories of "yes" and "no" for the analysis.
- Microsoft excel and R software were used to analyze responses.
- All P values were two-sided and statistically significant at the P <0.05 level.

RESULTS

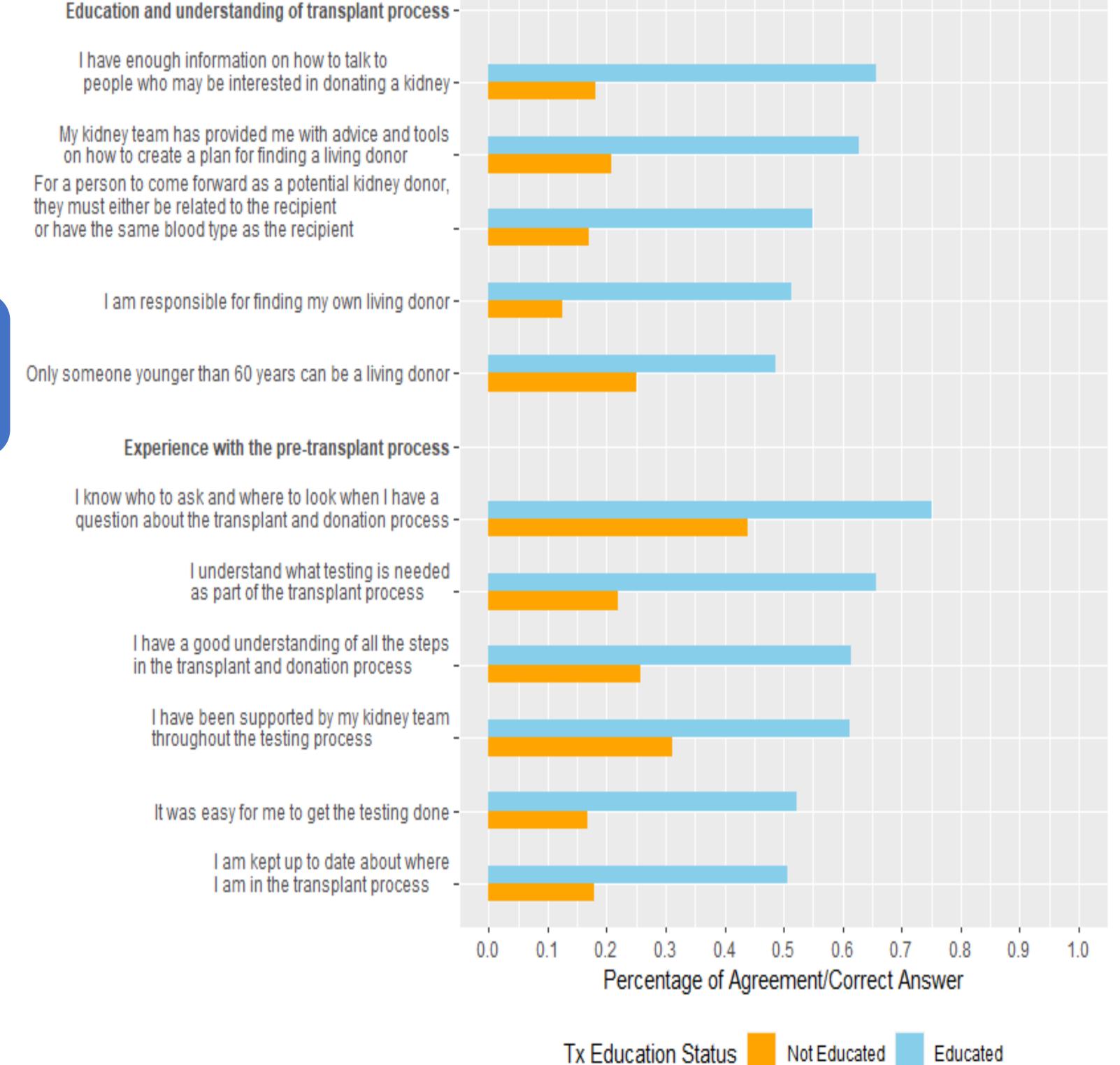
Participant Characteristics

Patients		Healthcare Staff	
Gender		Experience in clinic (years)	
Men	85	≤ 5	49
Women	50	6 to 10	20
Gender diverse	1	11 to 15	10
Age (years)		>15	20
<35	3	Role	
35-50	9	Nephrologist	13
51-75	79	Nurse	33
>75	43	Donor Coordinator	2
Race and Ethnicity		Recipient Coordinator	3
Black	1	Unit Coordinator	14
East Asian	12	Social Worker	12
Southeast Asian	10	Dietician	11
Indigenous	2	Pharmacist	1
Latino	1	Clinic Setting	
Middle Eastern	2	Kidney care clinic	71
South Asian	6	Regional transplant clinic	28
White	107	Provincial transplant centre	15
Multiracial	4	Other	6





Patient responses



CONCLUSIONS

We have identified elements that serve as an opportunity for improvement. Strategies should prioritize communication between stakeholders, healthcare staff training on transplant processes and timely transplant education for patients. Future projects should focus on streamlining the current pre-transplant process and quality improvement programs on transplant education.

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CONTACT INFORMATION

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