KCC Algorithm, Tasks & Timelines

**KCC Algorithm, Tasks & Timelines**

Referred to KCC

Orientation to KCC: KCC goals, team members & logistics (handout, group session &/or individual session)

KCC interdisciplinary team assessment & education about kidney disease.

Goal & treatment plan developed mutually with patient.

Active monitoring, treatment, education & social & psychological intervention.

GFR < 25 mL/min/1.73 m² &/or at risk of rapidly progressing?

- No
  - CKD progressing &/or anticipated to progress?
    - Yes
      - Potential candidate for transplant?
        - Yes
          - Provide initial information about kidney transplants (see attachment #2)
          - GFR < 25 mL/min/1.73 m² &/or at risk of rapidly progressing
          - Blood Typing & Sensitization History
            - Arrange ABO type testing.
            - Determine sensitization history (previous blood transfusion, prior pregnancy or prior organ transplant).
          - Initiate referral in Transplant module (PROMIS). Enter previous blood transfusions or prior pregnancies.
        - No
          - Preferred modality identified?
            - Yes
              - Goal: GFR = 20 mL/min/1.73 m²
            - No
              - Provide Modality Choices education (even if LD identified, back-up plan is required)
              - Revisit discussions re LD outreach plan > Q6mos.

- Yes
  - Provide Modality Choices education (even if LD identified, back-up plan is required)
  - Revisit discussions re LD outreach plan > Q6mos.

- No
  - Options: 1. Discharge to PCP 2. Continue to manage in KCC
  - PD
  - Home HD
  - Community HD
  - In-centre HD

Conservative care

Hemodialysis

PD

Home HD

In-Centre

Community Dialysis

Initiate referral in Transplant module (PROMIS). Enter previous blood transfusions or prior pregnancies.

Living donor identified?

- No
  - Make KCC appointment (preferably in-person) to discuss LD & development of a LD outreach plan. Encourage bringing ≥ 1 family member/friend to appt.
  - Make follow-up KCC appointment to discuss status of LD outreach plan, address barriers & offer support. Encourage bringing ≥ 1 family member/friend to appt.

- Yes
  - LD identified? OR LD considering coming forward? OR Continued desire to explore LD transplant?
    - Yes
      - Refer to Transplant Team
    - No
      - Prepare for transition

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1Referral to KCC - considerations by nephrologist:
1. GFR < 30 mL/min/1.73 m², or
2. GFR 30 – 60 mL/min/1.73 m² &:
   a. Albuminuria (see Appendix 2 for KDIGO prognostic categories based on GFR and albuminuria).
   b. Patients at nutrition risk or with metabolic abnormalities thought secondary to their kidney disease.
   c. Patient has apparent barriers to self-management that require the support of the interdisciplinary team.
3. Any GFR & a condition which includes:
   a. Recurrent nephrolithiasis.
   b. Glomerular disorders (biopsy proven).