KCC Algorithm, Tasks & Timelines

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[1]**Referral to KCC - considerations by nephrologist:**
1. GFR <30 mL/min/1.73 m^2; or
2. GFR 30 – 60 mL/min/1.73 m^2 &:
   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 the multidisciplinary team.
3. Any GFR & a condition which includes:
   a. Recurrent nephrolithiasisls.
   b. Glomerular disorders (biopsy proven).

Referred to KCC[1]

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 & psycho-emotional intervention.

May occur simultaneously

CKD progressing &/or anticipated to progress?

Yes

Potential candidate for transplant?

- <80 yrs old
- No absolute contraindications (see attachment #1)
- If unclear, discuss with Transplant Team (contact numbers on attachment #1)

No — Yes

GFR ≤25 mL/min/1.73 m^2 &/or at risk of rapidly progressing?

As appropriate to patient, preferred order:
- PD
- Home HD
- Community HD
- In-centre HD

Modality Choices education (individual or group) & selection

Preferred modality identified?
Goal: GFR = 20 mL/min/1.73 m^2

No

Options:
1. Discharge to PCP
2. Continue to manage in KCC

Provide Modality Choices education (even if LD identified, back-up plan is required)

Revisit discussions re LD outreach plan ≥Q6mos.

Yes

Prepare for transition

Conservative care — Hemodialysis — PD

Home HD — In-Centre — Community Dialysis

Provide initial information about kidney transplants (see attachment #2)

No

GFR ≤25 mL/min/1.73 m^2 &/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.

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 or No

LD identified? OR LD considering coming forward? OR Continued desire to explore LD transplant?

Yes

Yes

Refer to Transplant Team
Prepare for transition