Achieving equitable access to transplant suitability assessment for Aboriginal patients in the Kimberley

Nick Corsair

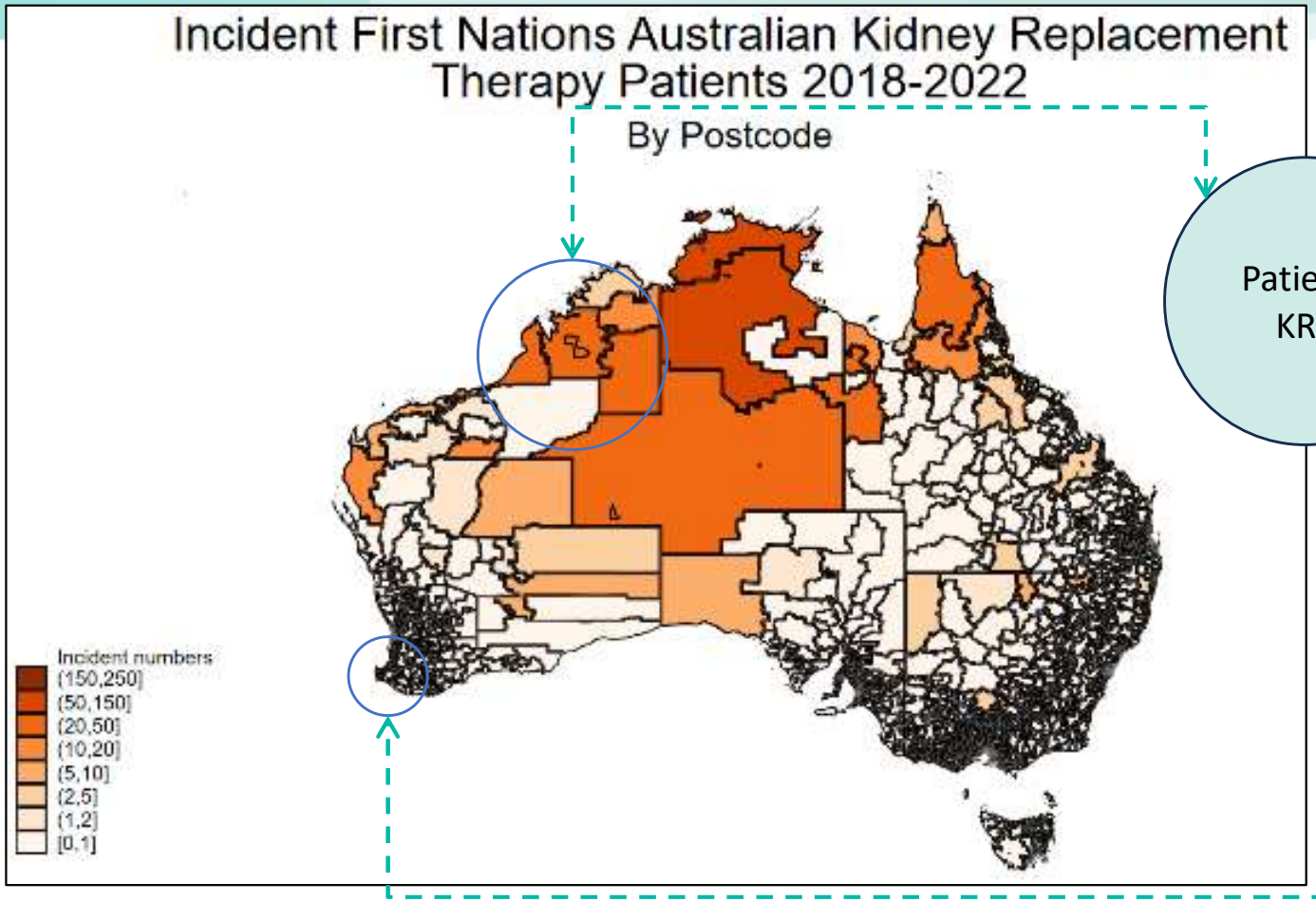
Transplant Coordinator, Kimberley Renal Services (KRS)

Robert Sibosado

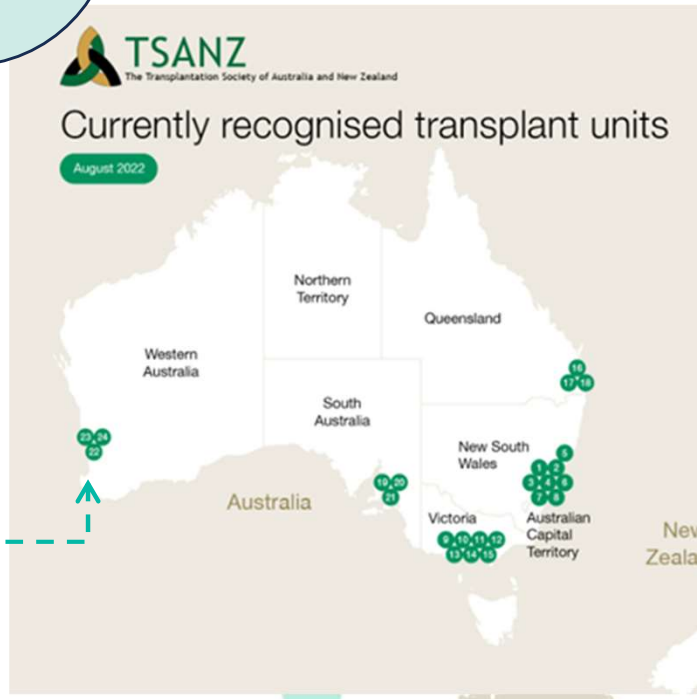
Chronic Kidney Disease Educator, Kimberley Renal Services (KRS)

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd



Patients
KRS



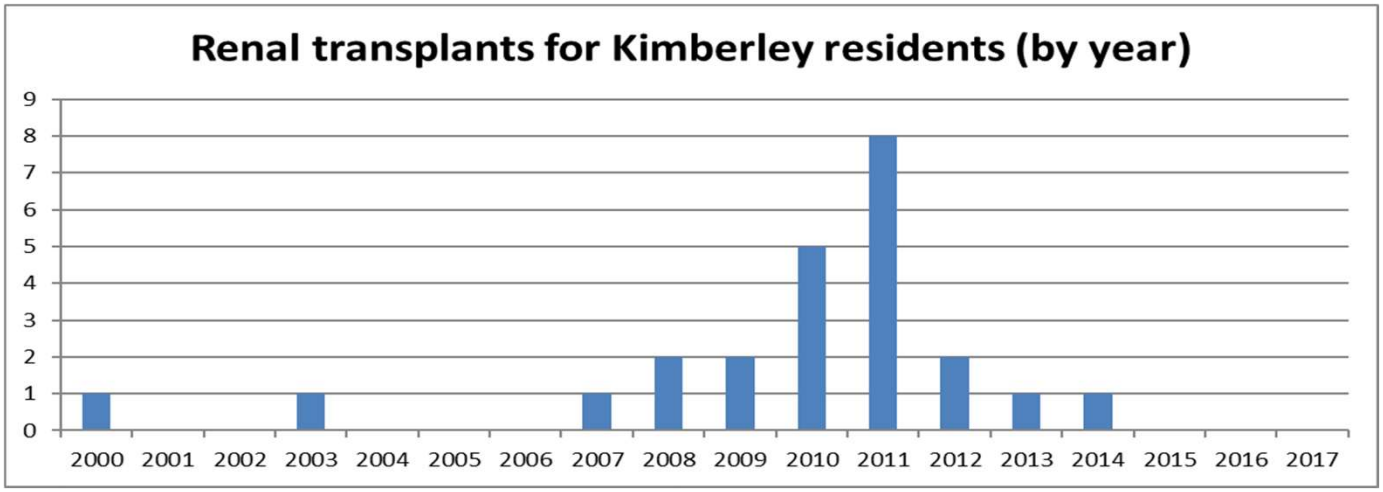
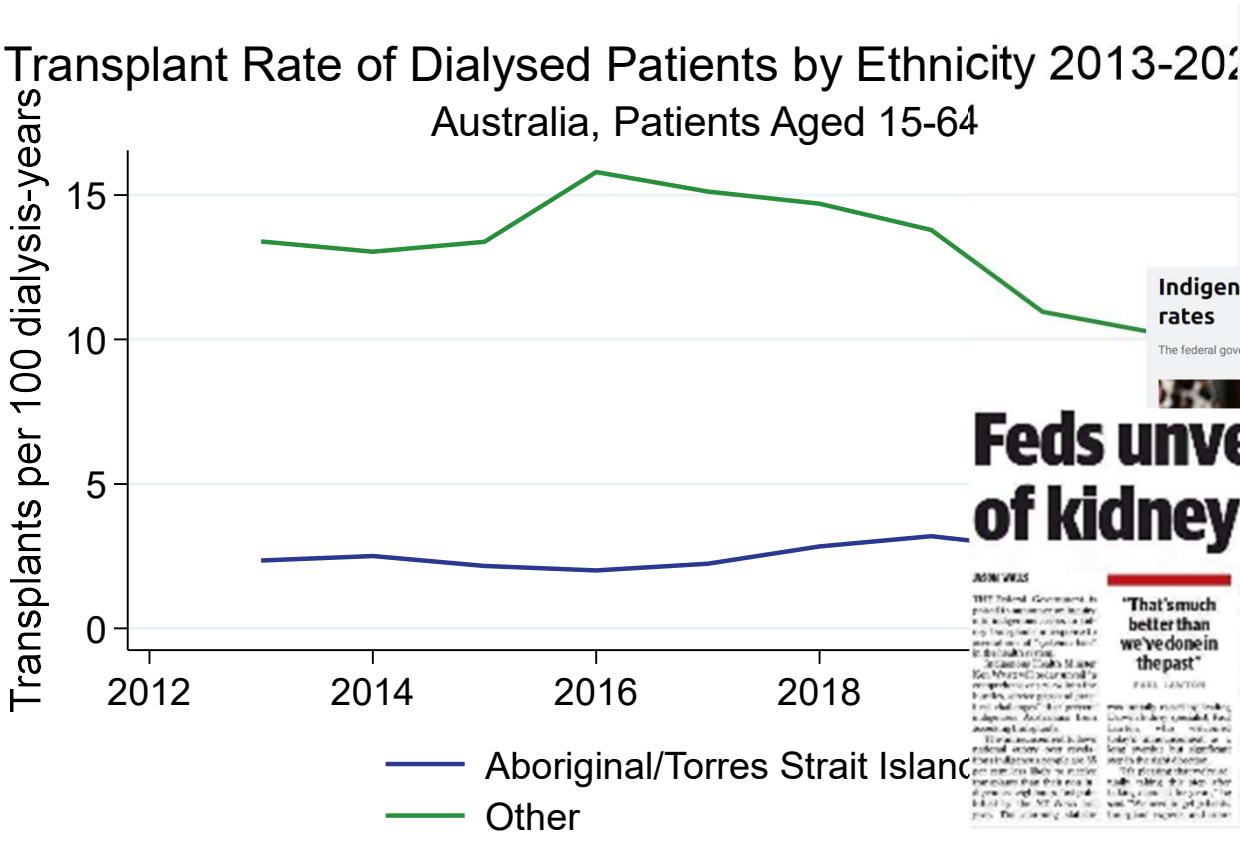


Image credit: Incident map:
ANZDAATA 2023 annual report



2023 ANZDATA Annual Report, Figure 7.5.1

Unacceptable kidney transplant rate for Indigenous Australians

Published 15 December 2017

AMA President Dr Michael Gannon has called for urgent attention in addressing the gap between Indigenous and non-Indigenous Australians accessing kidney transplants.

Indigenous kidney health: Expert panel to discuss low transplant rates

The federal government has launched an inquiry into the low kidney transplant rates for Indigenous patients.

Feds unveil review of kidney process

"That's much better than we've done in the past"

"Country heals you." Renal patients want treatment at home.

from Menzies School of Health

National review to investigate low Indigenous kidney transplant rates

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

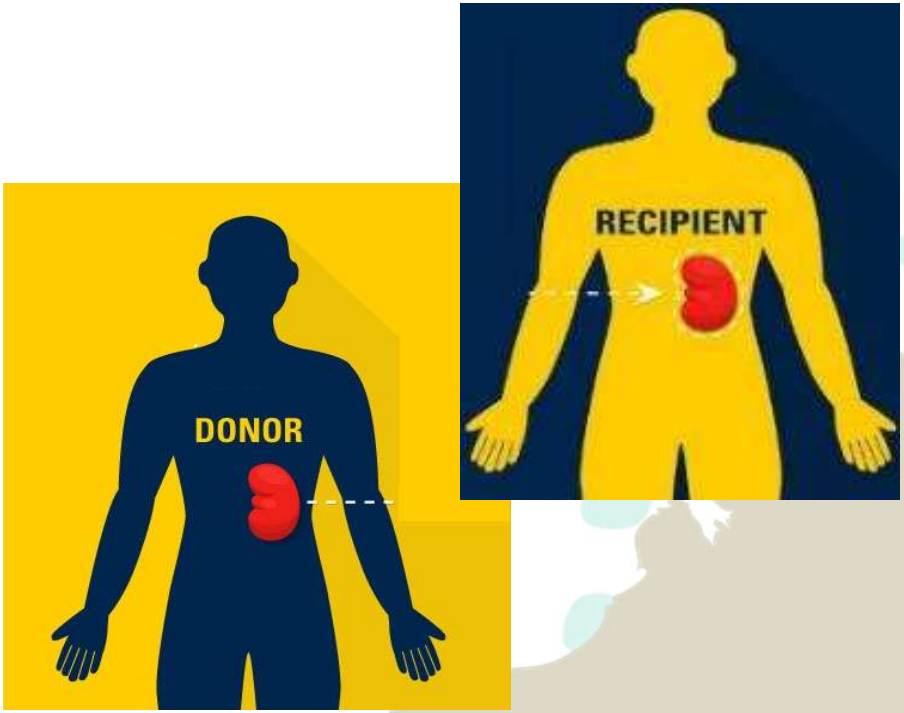
NIKTT

NATIONAL INDIGENOUS KIDNEY TRANSPLANTATION TASKFORCE

TRANSPLANT Vs DIALYSIS

- Release pressure on dialysis service
- Financial benefit - $40,00 per year for transplant (after the first year) compared to $120,000 per year for rurally located in-center dialysis

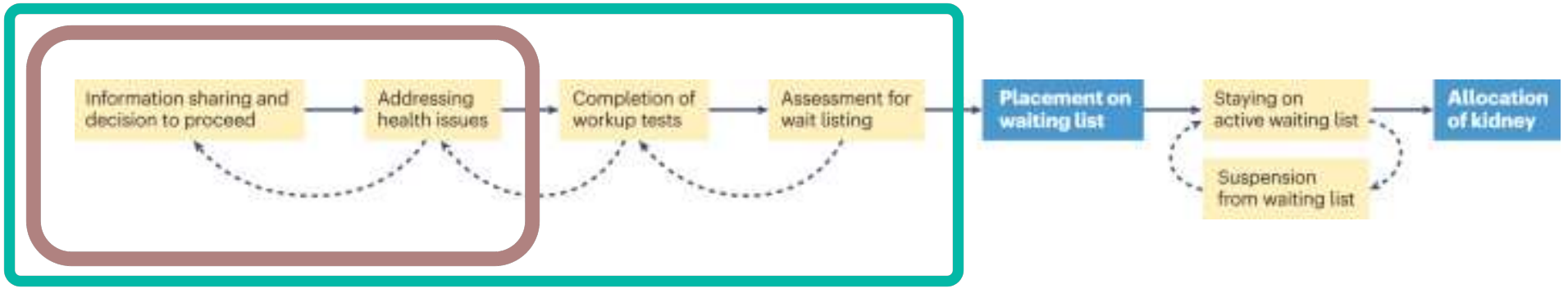
- Greater life expectancy
- Better quality of life
- Time with family
- Travel/go back to community
- Return to employment
- Pursue pregnancy



Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

TRANSPLANT SUITABILITY PROJECT: RATIONALE AND AIMS



- 1.) To design and implement a CQI approach to transplant suitability assessment
- 2.) To provide transplant suitability assessments for all patients of the service
- 3.) To identify the barriers to renal transplantation that should be the focus of health service improvements:
- 4.) To explore participant experiences with the process and:
- 5.) To use the results to develop our pre- and post-transplant model of care

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

Image credit: McDonald, S.P., Cundale, K., Owen, K.J. et al. Equitable access to kidney transplants for Aboriginal and Torres Strait Islander people in Australia. Nat Rev Nephrol 19, 751–752 (2023). https://doi.org/10.1038/s41581-023-00780-3

TRANSPLANT SUITABILITY PROJECT: METHODS

PLAN
Identify eligible patients

Develop, pilot and refine transplant suitability assessment tool

DO
Conduct transplant suitability assessments

Collect patient feedback

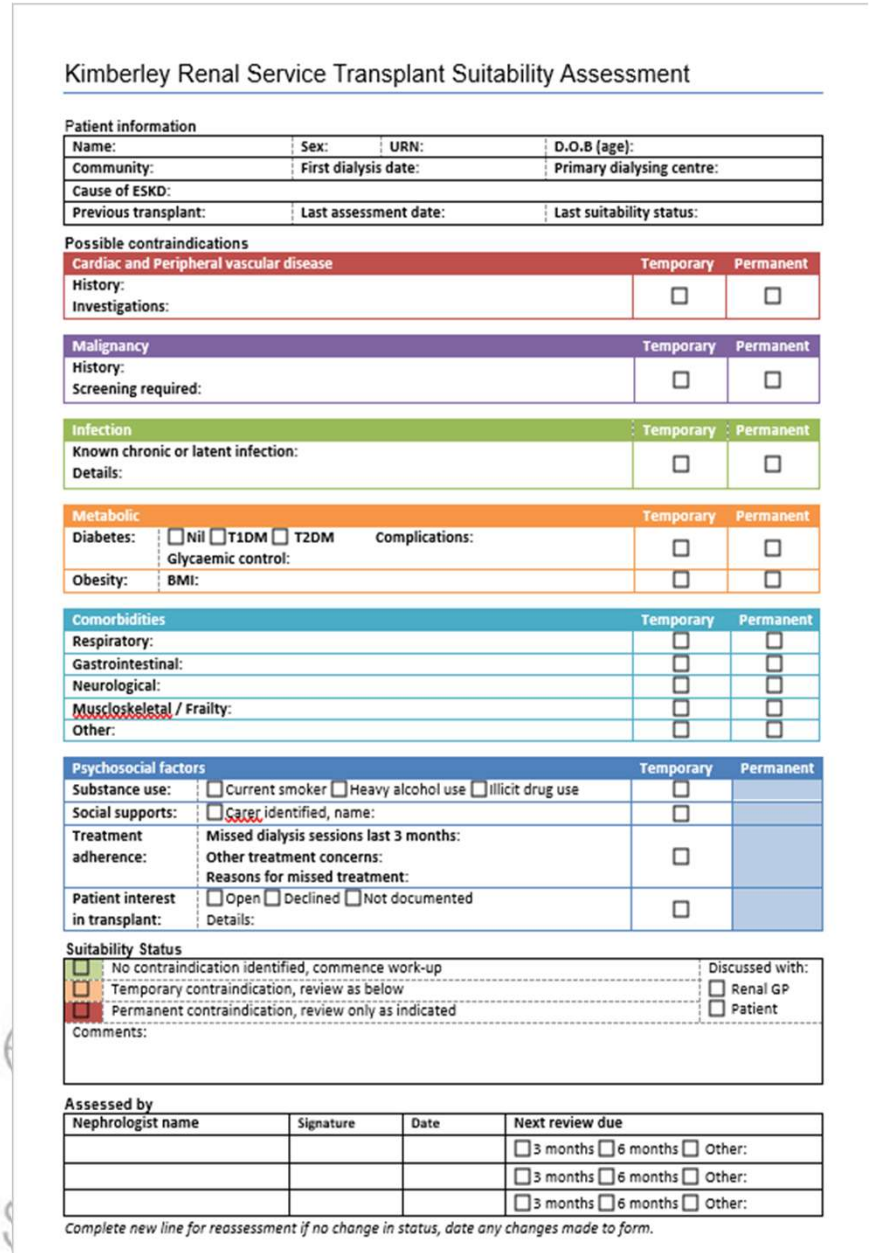
STUDY
Analysis of transplant suitability assessments and patient feedback

ACT
Implement required changes to:
Workflow
Resources
Model of care
Electronic medical record system

CQI TARGET:
100% of patients have first transplant suitability within 6 months of admission

80% of existing patients up to date with reassessment as indicated

SUITABILITY ASSESSMENT TOOL



Kimberley Renal Service Transplant Suitability Assessment

Patient information

Name:	Sex:	URN:	D.O.B (age):
Community:	First dialysis date:		Primary dialysing centre:
Cause of ESKD:			
Previous transplant:	Last assessment date:		Last suitability status:

Possible contraindications

Cardiac and Peripheral vascular disease	Temporary	Permanent
History: Investigations:	☐	☐

Malignancy	Temporary	Permanent
History: Screening required:	☐	☐

Infection	Temporary	Permanent
Known chronic or latent infection: Details:	☐	☐

Metabolic		Temporary	Permanent
Diabetes:	☐ Nil ☐ T1DM ☐ T2DM Complications: Glycaemic control:	☐	☐
Obesity:	BMI:	☐	☐

Comorbidities	Temporary	Permanent
Respiratory:	☐	☐
Gastrointestinal:	☐	☐
Neurological:	☐	☐
Musculoskeletal / Frailty:	☐	☐
Other:	☐	☐

Psychosocial factors		Temporary	Permanent
Substance use:	☐ Current smoker ☐ Heavy alcohol use ☐ Illicit drug use	☐	
Social supports:	☐ Carer identified, name:	☐	
Treatment adherence:	Missed dialysis sessions last 3 months: Other treatment concerns: Reasons for missed treatment:	☐	
Patient interest in transplant:	☐ Open ☐ Declined ☐ Not documented Details:	☐	

Suitability Status

☐	No contraindication identified, commence work-up	Discussed with:
☐	Temporary contraindication, review as below	☐ Renal GP
☐	Permanent contraindication, review only as indicated	☐ Patient

Comments:

Assessed by

Nephrologist name	Signature	Date	Next review due
			☐ 3 months ☐ 6 months ☐ Other:
			☐ 3 months ☐ 6 months ☐ Other:
			☐ 3 months ☐ 6 months ☐ Other:

Complete new line for reassessment if no change in status, date any changes made to form.

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

SUITABILITY ASSESSMENT RESULTS

Already waitlisted
n = 1

Eligible patients
n = 142

Already had contraindications
n = 19

Eligible but not assessed:
Total n = 76

Consent provided and assessment completed
n = 66

No identified contraindications
n = 21

Temporary contraindications
n = 42

Permanent Contraindications
n = 4

Individuals with contraindications n = 46
Smoking 23/46
Treatment adherence 17/46
Body mass index 11/46

Waitlisted at 12 months
n = 8

Waitlisted at 12 months
n = 1

Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

QUALITATIVE RESULTS

"Waiting 9 years to hear, I didn't know that I wasn't on the waitlist automatically"

People wanted more information

"They need to let us know how it works. We need to know…how it work and go about"

Always waiting or forgotten

"At this time .. The hardest thing for me to do is quit smoking"

Knowing what, but not how to make changes

Qualitative Results

- Culturally inclusive information needs to be delivered
- Aboriginal staff involvement at all points in the Tx process
- Navigating health Systems
- Regular contact

"[Renal Tx are] life-changing…and pts need the information in a way they understand… in points form, real bold letters…break it down real simple"
Aboriginal Care Coordinator

"Pts need to hear things more than once" Patient Care Assistant

If an appointment is missed...
"[They] have to wait, then the appt gets moved, then pts have family commitments and so it's not always the pts fault"

Patient Care Assistant

"Just checking in, everyone wants to be checked in on"

Patient Care Assistant

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

CULTURAL SAFETY: IMPLEMENTING INTO PRACTICE

Critical reflection

Engage in a discourse

Minimise power imbalance

Decolonisation

Do not diminish, demean, disempower

Kimberley Renal Services

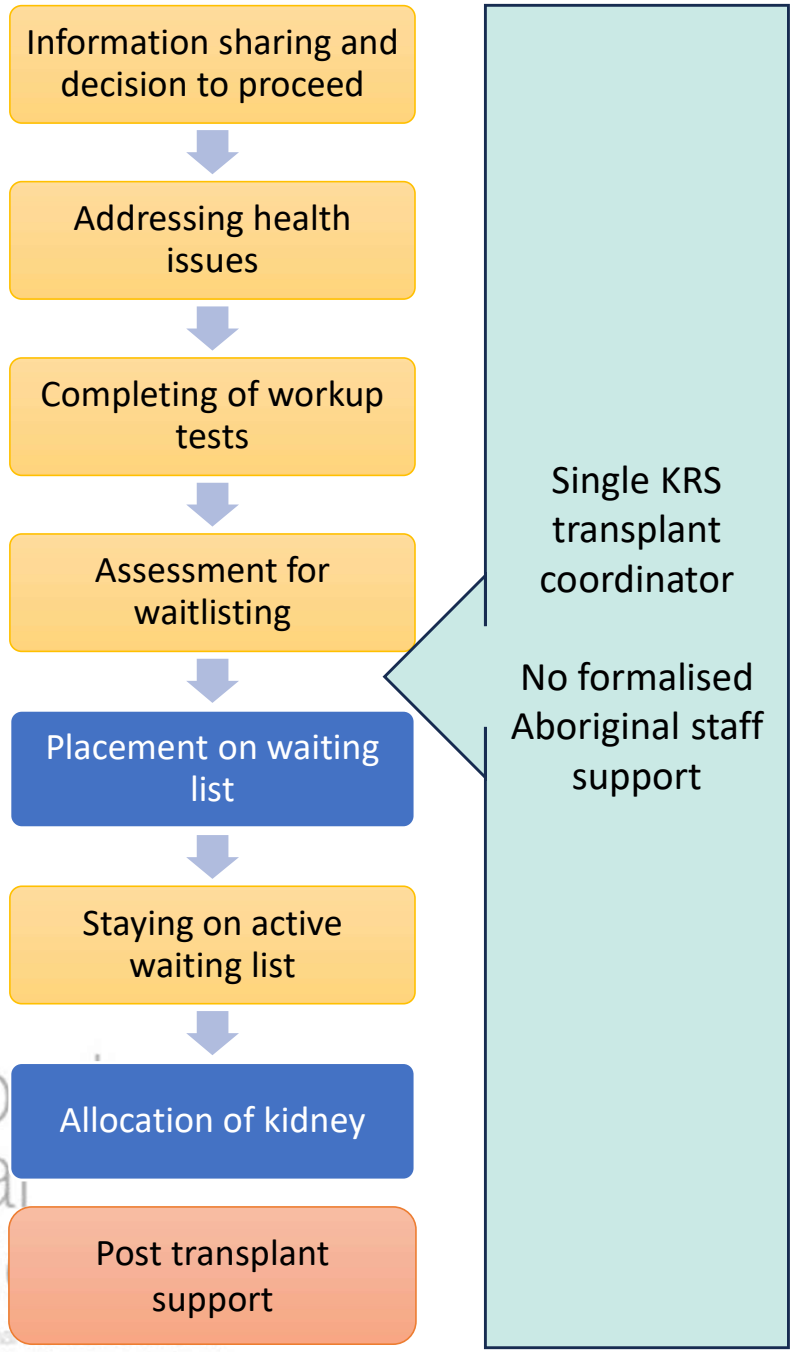
A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

Reference: Arnold-Ujvari M, Rix E, Kelly J. The emergence of cultural safety within kidney care for Indigenous Peoples in Australia. Nurs Inq. 2024 Jul;31(3):e12626. doi: 10.1111/nin.12626. Epub 2024 Mar 12. PMID: 38476033.

Research SUMMARY

- CQI approach achieved a substantial increase in the proportion of patients assessed
- Systematic approach identified where improvements can be made, both individually and as a service
- Most contraindications we identified were potentially modifiable
- Patients wanted:
  - More information
  - More support
- Interviewers noted the importance of appropriate information delivery
- Where to next?

CURRENT MODEL OF CARE



- **Before RRT**: pre-dialysis education + / - transplant coordinator
- **Commencing RRT:** transfer to Perth
- **In Perth**: + / - transplant education
- **Return to Kimberley:** education, assessment and workup
- **Post-transplant:** transplant coordinator, SMO = plus remote nephrology support

CQI MODEL OF CARE DEVELOPMENT

Implement required changes to: Electronic medical record system and workflow

- Information sharing and decision to proceed
- Addressing health issues
- Completing of workup tests
- Assessment for waitlisting
- Placement on waiting list
- Staying on active waiting list
- Allocation of kidney
- Post transplant support

Single KRS transplant coordinator

No formalised Aboriginal staff support

East and West Kimberley care coordinators (provide leave relief, reduce travel)

- Peer education resource development
- Aboriginal transplant educator
- Outreach clinics Timely investigation and review
- Primary care guidelines

Kimb Renal Servi

A wholly owned subsidiary of Kimberley Aborigin

United Nephrology Initiatives Towards Improving Indigenous Australian Kidney Transplant Outcomes

- Kimberley Renal Service
- Purple House
- Midwest Regional CKD Team
- Derbarl Yerrigan Health Service
- Sir Charles Garnier Hospital
- Royal Perth Hospital
- Fiona Stanley Hospital

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

LOCAL COORDINATION

Services

- KRS
- Local AMS
- Local GP
- WACHS Clinics
- Regional Hospitals
- Metro Hospitals
- PATS

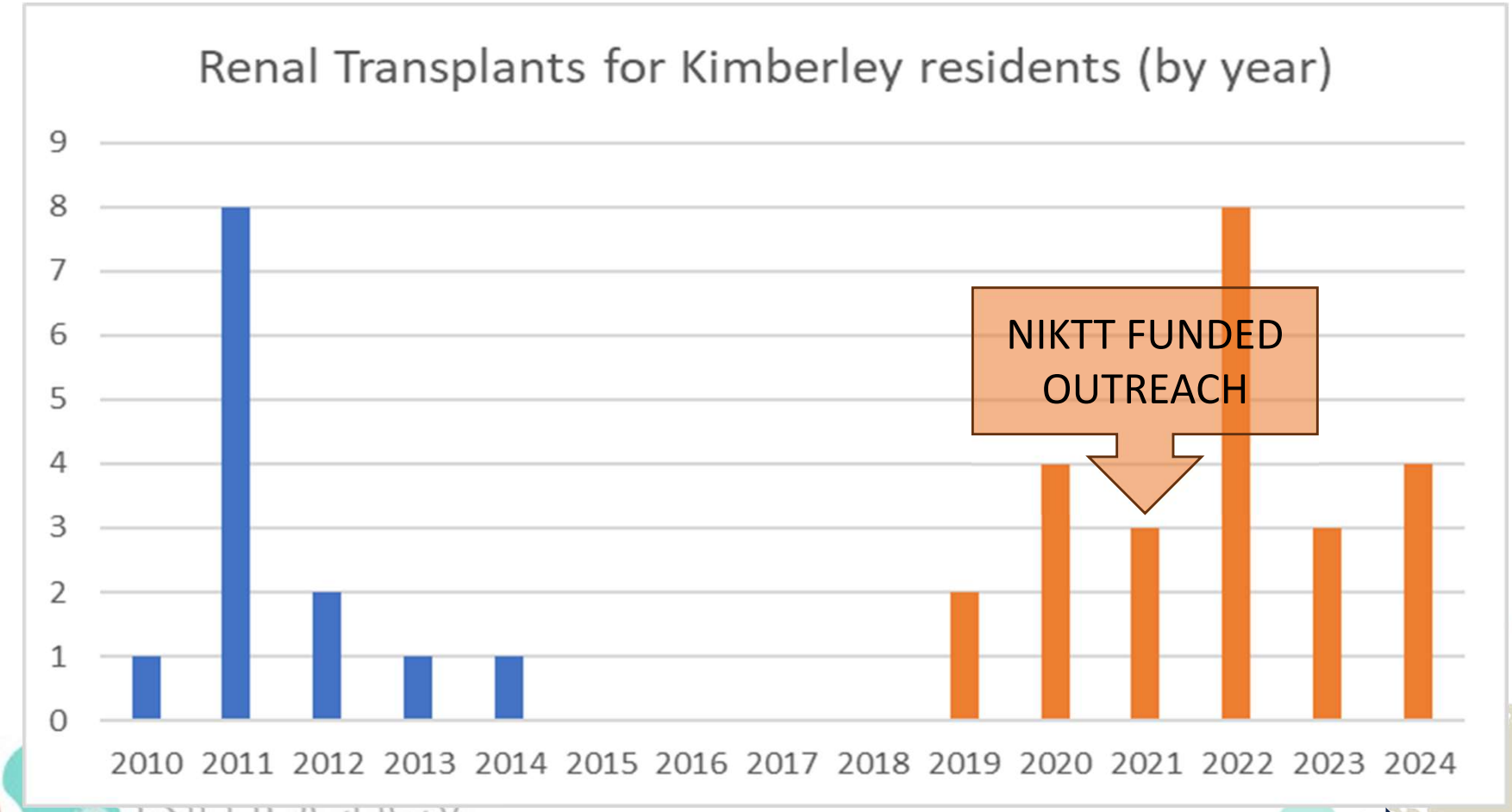
Case Study

- Patient identified as suitable for transplant based in Nookanbah
- Initial bloods requested via local WACHS clinic
- Coordinator organized local referrals for CT scan, stress echo, dental check & health screens with services in Broome within a 3-day period.
- PATS application processed
- Coordinator transported patient between appointments in Broome
- Coordinator delivered one to one education with the patient whilst in Broome
- Coordinator arranged SCGH clinic appointment for surgical/nephrology review & arranged PATS for trip
- On commencement of dialysis, coordinator arranged ongoing pathology and entry onto the renal transplant waitlist
- On offer of transplant, coordinator arranged flights & facilitated patient from the Kimberley.

Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

PROGRESS MADE



Kimberley Renal Services

A wholly owned subsidiary of Kimberley Aboriginal Medical Services Ltd

IN CONCLUSION...

Project team: Emma Griffiths[1,3], Felicity Stewart[1], Nick Corsair[1], James Stacey[1*], Khalil Patankar,[2] Sarah Cox[1], Joshua Bowring[1], Kristan Teasdale[3], Iann Lee[3]

With thanks to: David Atkinson[1], Julia Marley, Johan Rosman, Cohen Dean, Sarah Coombes, the supporting health services (Kimberley Aboriginal Medical Services, Broome Aboriginal Medical Services, Derby Aboriginal Health Service, Yura Yungi Aboriginal Medical Services, Ord Valley Aboriginal Health Service) and all the participants

1 Kimberley Aboriginal Medical Services 2. Royal Perth Hospital 3. The Rural Clinical School of Western Australia