

## Table of Contents — Abstracts

### The National Kidney Foundation Spring Clinical Meetings May 6 - 10, 2026

#### CASE REPORTS

- SW-01 A Multidisciplinary Approach to Overcoming Needle Phobia in Peritoneal Dialysis: Integrating the Buzzy® B Device, Exposure Therapy, and MD/RN/MSW Support**  
Jeanne Northwood, Elizabeth Holt, Jonathan Segal, Karen Crampton. University of Michigan Health, Ann Arbor, MI, United States

#### CKD/ESRD - OTHER

- SW-02 NEPHROLOGY SOCIAL WORK MEMBERSHIP SURVEY FY26 AND LITERATURE REVIEW ON RETENTION:**  
Elizabeth Jones<sup>1</sup>, Kevin Ceckowski<sup>2</sup>, Jordan Cannon<sup>3</sup>, Dana Clark<sup>3</sup>, Brit Sovic<sup>3</sup>. <sup>1</sup>Walter Reed National Military Medical Center, Bethesda, MD, United States; <sup>2</sup>Private Practice, ARLINGTON, VA, United States; <sup>3</sup>National Kidney Foundation, New York City, NY, United States

#### CKD/ESRD - PREVALENCE, PROGRESSION AND PREPARATION FOR DIALYSIS

- SW-03 Optimizing Suboptimal ESKD Transitions: A Qualitative Study of Patient, Caregiver, and Clinician Perspectives**  
Megan Urbanski<sup>1</sup>, Emma Blythe<sup>1</sup>, Janice Lea<sup>1</sup>, Laura Plantinga<sup>2</sup>, Melisa Meza<sup>1</sup>, Kimberly Jacob Arriola<sup>1</sup>. <sup>1</sup>Emory University, Atlanta, GA, United States; <sup>2</sup>University of California, San Francisco, San Francisco, CA, United States

#### HEALTH DISPARITIES

- SW-04 A Health Equity Project to Improve Transplant Outcomes**  
Gretchen Kosegarten<sup>1</sup>, Linda Ficociello<sup>2</sup>, Ben Asfaw<sup>3</sup>. <sup>1</sup>Fresenius Medical Care, Waltham, MA, United States; <sup>2</sup>Renal Research Institute, Waltham, MA, United States; <sup>3</sup>New England Donor Services, Waltham, MA, United States

#### OTHER

- SW-05 Emotional Exhaustion and Intention to Leave Among Social Workers in Dialysis Settings**  
Joseph Merighi<sup>1</sup>, Teri Browne<sup>2</sup>. <sup>1</sup>University of Minnesota - Twin Cities, St. Paul, MN, United States; <sup>2</sup>University of South Carolina, Columbia, SC, United States

#### TRANSPLANTATION

- SW-06 Patient-centered research design to increase access to kidney transplantation across health systems: The STEPS Study**  
Teri Browne. University of South Carolina, Columbia, SC, United States
- SW-07 The Price of Precision: Financial Insights from a Robotic Nephrectomy Transition**  
Jill Knolle, LSW, MPH, DSW-Student<sup>1,2</sup>, Aiden Tobin<sup>1</sup>, George Rofaiel, MD, FACS<sup>1</sup>. <sup>1</sup>Lehigh Valley Health Network, Transplant Surgery, Allentown, PA, United States; <sup>2</sup>Kutztown University, School of Social Work, Kutztown, PA, United States
- SW-08 Transportation Security during Kidney Transplant Evaluation**  
Jose Aguilar, Bethney Bonilla-Herrera, Ling-Xin (Ling) Chen, Na'amah Razon. University of California, Davis, Sacramento, CA, United States
- SW-09 Exploring Best Practices in Kidney Transplant Candidacy: Survey of Psychosocial Criteria and Interventions**  
Lara Tushla<sup>1</sup>, Katie Newton<sup>2</sup>. <sup>1</sup>Rush University Medical Center, Chicago, IL, United States; <sup>2</sup>Baystate Medical Center, Springfield, MA, United States

### SW-01. A MULTIDISCIPLINARY APPROACH TO OVERCOMING NEEDLE PHOBIA IN PERITONEAL DIALYSIS: INTEGRATING THE BUZZY® B DEVICE, EXPOSURE THERAPY, AND MD/RN/MSW SUPPORT:

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Needle phobia is a common and often underrecognized challenge among patients, impeding treatment adherence and well-being. It is also a significant barrier to self-cannulation for home hemodialysis. Addressing this anxiety is essential for successful dialysis management, transplant candidacy and overall patient quality of life.

The following is a case report of a peritoneal dialysis (PD) patient with severe needle phobia, manifesting as procedural avoidance, heightened anxiety, and compromised self-care. A multidisciplinary intervention was implemented combining:

The Buzzy® B device (using vibration, anesthetic cream and cold for pain distraction) during blood draws A structured exposure therapy protocol by an outside psychologist to gradually reduce needle-related anxiety Independent patient application of anesthetic cream Ongoing emotional support and collaborative care provided by the nephrologist, social worker, and nurses Care provided by 2 nurses at each clinic visit Nurse accompanied patient to outside lab to help patient gain confidence beyond the dialysis clinic

The Buzzy® B device demonstrated immediate reduction in procedural pain and distress. Exposure Therapy helped desensitize needle fears over 10 weekly sessions. The nurses provided clinical support and education to reinforce coping strategies, while the MSW facilitated resilience-building. After 18 months, the patient reported a significant decrease in needle-related anxiety and pain, improved adherence to dialysis procedures, and increased confidence in self-care resulting in transplant listing.

This case highlights the value of a multidisciplinary, comprehensive approach to needle phobia in home dialysis patients. Integrating non-pharmacological pain distraction (Buzzy® B), psychological techniques (exposure therapy), and consistent support from the team can effectively reduce needle anxiety, promote treatment adherence, and improve patient outcomes in the home dialysis clinic.

### SW-02. NEPHROLOGY SOCIAL WORK MEMBERSHIP SURVEY FY26 AND LITERATURE REVIEW ON RETENTION:

Elizabeth Jones<sup>1</sup>, Kevin Ceckowski<sup>2</sup>, Jordan Cannon<sup>3</sup>, Dana Clark<sup>3</sup>, Brit Sovic<sup>3</sup>. <sup>1</sup>Walter Reed National Military Medical Center; <sup>2</sup>Private Practice; <sup>3</sup>National Kidney Foundation

The social work profession was founded in the 19<sup>th</sup> century in England. Here in the United States, nephrology social workers are a specialized academic group that is a practice-based profession meeting the needs of those in the community with kidney failure.

In our brief survey of 84 clinical nephrology social workers (CNSW), we discovered that a majority of CNSW were very satisfied/satisfied with being a member of the National Kidney Foundation (NKF) and that remaining a member was dependent on the continued professional education and development from the NKF. We conducted a brief literature review as to why social workers have an intent to leave the field and found a common thread.

Remaining in this profession was dependent on being respected as a professional, with all social workers abiding by the strict standards of practice. This was coupled with a managerial style that was in concert with those practices. Flawed management meant a lack of administrative support, too large of a caseload, and low salaries which only lead to resignations. Allowing the clinical social worker to be the clinician, not the go to administrative personnel was crucial to retention. Finally, social workers wanted their supervisors to be supporting them 100% of the time, especially with the most serious of cases. As with the nursing profession, symptoms of burnout, anxiety and even depression were not uncommon. Reviewing the articles went hand and hand with our own survey as to why CNSW remained members 5-10 years and that was for the professional networking opportunities as members, allowing for research and development and the access to curated professional materials for their patients.

### SW-03. OPTIMIZING SUBOPTIMAL ESKD TRANSITIONS: A QUALITATIVE STUDY OF PATIENT, CAREGIVER, AND CLINICIAN PERSPECTIVES:

Megan Urbanski<sup>1</sup>, Emma Blythe<sup>1</sup>, Janice Lea<sup>1</sup>, Laura Plantinga<sup>2</sup>, Melisa Meza<sup>1</sup>, Kimberly Jacob Arriola<sup>1</sup>. <sup>1</sup>Emory University; <sup>2</sup>University of California, San Francisco

The transition to end-stage kidney disease (ESKD) is often suboptimal, frequently occurring during an acute hospitalization with inadequate preparation for dialysis. We aimed to characterize the suboptimal ESKD transition experience among patients, caregivers, and clinicians and understand how to better optimize this transition period. Findings will inform a future multilevel, multicomponent intervention.

Semi-structured telephone interviews were conducted (7/25-11/25) with patients from a single center who had a suboptimal ESKD transition in the hospital within the past 12 months, caregivers, and clinicians. A grounded theory approach was used to analyze the data.

A total of 14 interviews were completed (6 patients, 1 caregiver, and 7 clinicians). Participants characterized the hospitalization period during suboptimal ESKD transitions as a time when patients and their support systems had substantial physical, psychological, and logistical needs for patients and their support systems. The current care approach was perceived as superficial, reactive, and inadequate for addressing these far-reaching needs. However, participants also recognized tremendous potential for improvement. Participants indicated that smoother inpatient ESKD transitions are possible even under non-ideal circumstances through institutional commitment to holistic care, meaningful involvement of social support, prioritization of education that includes a dedicated inpatient ESKD educator, availability of peer support to provide a voice of lived experience, and clinician workflow standardization to enhance care coordination and continuity.

There are actionable factors during suboptimal ESKD transitions that could improve quality of care and patient outcomes during and after this transition. Future research should prioritize evaluating the effectiveness of interventions to address these factors.

#### SW-04. A HEALTH EQUITY PROJECT TO IMPROVE TRANSPLANT OUTCOMES:

Gretchen Kosegarten<sup>1</sup>, Linda Ficociello<sup>2</sup>, Ben Asfaw<sup>3</sup>.  
<sup>1</sup>Fresenius Medical Care; <sup>2</sup>Renal Research Institute; <sup>3</sup>New England Donor Services

Despite efforts to improve equity in kidney transplant in recent years, factors such as lower socioeconomic status continue to impact a person's chances of being referred, waitlisted, and receiving an organ. This unfortunate truth is highlighted in Boston where one dialysis clinic has a significantly lower rate of patients listed for transplant compared with surrounding clinics. People in this community have more barriers to transplant such as lack of social support, health problems, and housing insecurity. A collaboration between the dialysis clinic and a local Organ Procurement Organization, New England Donor Services (NEDS), was developed in an effort to increase awareness of potential transplant opportunity in this community.

The project is a collaboration between the dialysis clinic and NEDS' social equity workgroup. Planning began in June of 2024 and continued until the first event in April 2025. Peer mentors who had received or donated a kidney were identified. Volunteers from NEDS were also recruited to answer questions about the organ donation process. On a quarterly basis, the team of peers and volunteers accompany dialysis social workers to meet with people before, during, or after their dialysis treatments.

Since these events started, the team has made contact with 48 patients. Anecdotally we have seen positive results with the increase in talk about transplant among the patients, follow through with evaluation appointments, and efforts to find living donors. Since April 2025, 2 people have been put on the transplant waitlist, 2 have moved from inactive to active status on the waitlist, 1 person became dual listed, and 1 person received a kidney transplant.

It appears that this type of peer-to-peer intervention which brings education, information, and hope directly to the dialysis clinic has positive implications for transplant outcomes. Those who face a multitude of barriers to transplant have access to support to navigate the complex process of transplant referral and evaluation. As more events occur, there will be additional data to determine the specific impact this project has on access to transplant for people who are impacted by negative drivers of health.

#### SW-05. EMOTIONAL EXHAUSTION AND INTENTION TO LEAVE AMONG SOCIAL WORKERS IN DIALYSIS SETTINGS:

Joseph Merighi<sup>1</sup>, Teri Browne<sup>2</sup>. <sup>1</sup>University of Minnesota - Twin Cities; <sup>2</sup>University of South Carolina

Social workers in dialysis settings assist patients with a range of psychosocial barriers to optimal health outcomes and help them manage the complex aspects of their renal replacement therapy. Experiencing burnout associated with job tasks, as measured by emotional exhaustion, has the potential to influence a social worker's occupational longevity. This study examined the association between emotional exhaustion and a social worker's intention to leave their job in dialysis care.

A cross-sectional research design was used to administer an online survey to nephrology social workers across the United States. Data were obtained from 701 social workers who worked 32-40 hours/week in a dialysis setting. Emotional exhaustion and intention to leave one's job were measured quantitatively in order to test the association between these two constructs.

Approximately one quarter (24.6%) of respondents indicated an intention to leave their position within 12 months. Reasons attributed to this decision included inadequate pay (15.5%), high caseload (12.3%), demanding workload (13.0%), stressful work environment (12.4%), and working outside their scope of practice (10.7%). Respondents who reported an intention to leave their job reported significantly higher emotional exhaustion (22.8) compared to those who did not intend to leave their job (15.4) in the 12-month time frame ( $p < .001$ ,  $N = 644$ ). When comparing

respondents who indicated they would leave their job with those who would not, statistically higher scores ( $p < .001$ ) were reported for all six domains of emotional exhaustion, i.e., feeling emotionally drained, feeling used up at the end of the day, dread getting up in the morning, feeling burned out, feeling frustrated, and working too hard.

Findings point to the potential adverse influence emotional exhaustion can have on occupational longevity. Efforts to support and retain the workforce of nephrology social workers must address ways to reduce job-related burdens and promote a healthy work environment. Future research is needed to develop individual-level and systemic interventions that can support social workers in dialysis settings.

#### SW-06. PATIENT-CENTERED RESEARCH DESIGN TO INCREASE ACCESS TO KIDNEY TRANSPLANTATION ACROSS HEALTH SYSTEMS: THE STEPS STUDY:

Teri Browne<sup>1</sup>. <sup>1</sup>University of South Carolina

System Interventions to Achieve Early and Equitable Transplants (STEPS) is a randomized comparative effectiveness trial that examined the impact of a patient-centered health system interdisciplinary intervention on kidney transplant evaluation rates. We aimed to involve people with kidney disease, family members, professional and community stakeholders in all stages of the research process.

Eight study co-investigators were people with lived experience of kidney disease and kidney failure, and two are family members of people with lived experience of kidney disease and kidney failure (including one living donor). We recruited eleven kidney disease professional stakeholders as team members and twelve community member stakeholders from each of the three study sites as research team membe.

Before the start of the study, investigators met with the patient and family co-investigators to get their ideas for this project and co-create research questions and study outcomes. This project used a continuous feedback loop to and from all our stakeholder groups and patient and family co-investigators to inform all aspects of the research. Patients and family members met with study interventionists about how the intervention was progressing, including success stories and barriers. In turn, the interventionists listened to patients and family members about their lived experiences and suggestions to address intervention barriers.

People with kidney disease, family members, professional and community stakeholders were involved in every stage of this research, resulting in a study that reflected the priorities and lived experiences of these team members and providing an exemplar of patient-centered kidney disease research. Engaging patients, family members, local community

organizations and kidney disease professionals enhance the creation and delivery of interventions to help improve kidney transplant access. Results from this study may help hospitals and health systems when considering ways to help people with kidney failure receive an early kidney transplant.

#### SW-07. THE PRICE OF PRECISION: FINANCIAL INSIGHTS FROM A ROBOTIC NEPHRECTOMY TRANSITION:

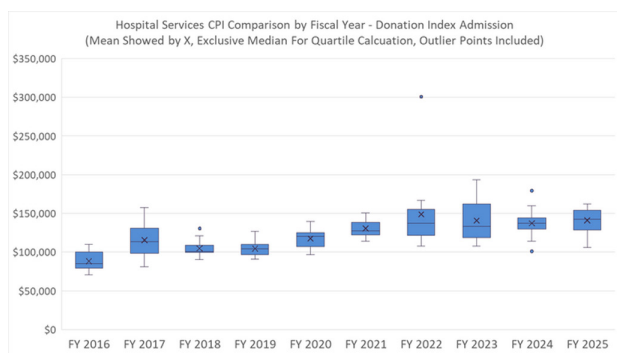
Jill Knolle, LSW, MPH, DSW-Student<sup>1,2</sup>, Aiden Tobin<sup>1</sup>, George Rofaiel, MD, FACS<sup>1</sup>. <sup>1</sup>Lehigh Valley Health Network, Transplant Surgery; <sup>2</sup>Kutztown University, School of Social Work

Robotic donor nephrectomy (RDN) offers greater visualization and precision compared to laparoscopic (LDN); concern on cost has been a barrier to adoption.

This is a retrospective analysis of donor nephrectomies from FY16-25 (137 LDN, 81 RDN). Demographics, outcomes and satisfaction were reviewed along with costs adjusted to the 2025 Hospital Consumer Price Index.

RDNs were older (LDN  $46 \pm 12$ , RDN  $49 \pm 13$ ,  $p = 0.04$ ) and had higher BMI (LDN  $27 \pm 4$ , RDN  $29 \pm 5$ ,  $p = 0.01$ ). Right kidney donations increased (LDNs 1%, RDNs 28%). EBL in mL was lower (LDN  $58 \pm 83$ , RDN  $44 \pm 40$ ,  $p < 0.01$ ). Median LOS in days was lower (LDN 3, RDN 1); 95% of RDNs had same-day discharge. 30-day readmission was higher but not significant (LDN 2.2%, RDN 4.9%, incidence rate ratio  $p = 0.09$ ). There was higher cost (LDN  $\$114,731 \pm \$27,033$ , RDN  $\$138,788 \pm \$14,953$ ,  $p < 0.01$ ). Average cost per case increased annually, but this stabilized in FY25 (Graph 1). 55 satisfaction surveys were received, 51% participation. An overall satisfaction score was calculated from the 8 likert-scale questions, the median score for LDN (n 18) was 37.5 (IQR 5) and for RDN (n 37) was 37 (IQR 6.75). A Mann-Whitney U test resulted in no significant difference in satisfaction between the groups ( $z = -0.436$ ,  $p = 0.662$ ).

RDN cases were more complex; concerns on cost, LOS, EBL or readmissions were not found. All cases transitioned to robotics used the same enhanced recovery protocol from anesthesia and surgery. Cost of donor nephrectomy increased annually but stabilized after implementation of RDN. Living donors safely discharge same-day and survey results showed that donors were equally satisfied with care. This offers a chance for other centers to understand the impact of cost, outcomes and satisfaction through a single center study.



### SW-08. TRANSPORTATION SECURITY DURING KIDNEY TRANSPLANT EVALUATION:

Jose Aguilar<sup>1</sup>, Bethney Bonilla-Herrera<sup>1</sup>, Ling-Xin (Ling) Chen<sup>1</sup>, Na'amah Razon<sup>1</sup>. <sup>1</sup>University of California, Davis

Kidney transplantation is the optimal type of kidney replacement therapy for eligible people living with end-stage kidney disease. Transportation insecurity is a known barrier to kidney transplantation. However, there is a paucity of research on how kidney transplant teams evaluate and address transportation insecurity. We conducted a national survey of transplant providers to identify how transportation security is evaluated during transplant eligibility decisions and assess providers' perceptions regarding the impact of transportation access in kidney transplantation.

National survey to diverse transplant provider associations (Society of Transplant Social Workers and the American Society of Transplantation- Kidney and Pancreas Community of Practice). Descriptive analysis of 21 closed-ended items and thematic analysis of free text.

Results from 72 respondents representing all 11 OPTN regions. Providers felt the most reliable modes of transportation were: family members, patients driving themselves, and paid caregivers. Social workers reported 3 main concerns regarding transportation security: reliable access to transplant center on day of surgery; ability to reach the center in case of complications; and access to pharmacy. Most respondents communicated with dialysis centers to assess treatment adherence and transportation. Among patients missing dialysis due to unreliable transportation, 50% of respondents viewed patients as "somewhat likely" to be non-adherent, and 15% viewed them as "extremely likely" to be non-adherent. When asked how likely such patients were to be added to the transplant waitlist, 55% of respondents rated them as "somewhat unlikely," and 15% as "extremely unlikely" to be listed.

Findings from a national survey of kidney transplant providers highlight why transportation is routinely assessed during kidney transplant evaluations and underscore the influence of provider perceptions on eligibility decisions.

These results can contribute to developing more consistent and equitable transportation-related screening practices and novel transportation solutions. Rather than transportation being a potential exclusion criterion, these findings provide an opportunity to support patients' broader transportation needs across the transplant process.

### SW-09. EXPLORING BEST PRACTICES IN KIDNEY TRANSPLANT CANDIDACY: SURVEY OF PSYCHOSOCIAL CRITERIA AND INTERVENTIONS:

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Research related to best practices in the psychosocial assessment of adult, solid organ transplant candidacy and related interventions, as identified by Transplant Social Workers (TSWs), is limited. This study aimed to identify TSW consensus regarding essential psychosocial criteria and effective interventions. The data presented represents the perspectives of TSWs with direct experience assessing and supporting kidney transplant candidates.

A cross-sectional survey was sent twice to all contacts of the Society for Transplant Social Workers (STSW), posted on related listserves and forums. The survey examined practices with transplant candidates across seven domains critical to candidacy: support, substance use, mental health, health literacy, financial vulnerability, adherence, and discharge planning. A total of 221 responses were received, 135 (61%) from TSWs with experience with kidney transplant candidates.

Responses came from a diverse group of transplant social work experts across a broad range of programs. Most (92%) affirmed that consensus-based guidelines would enhance their practice, and 87% indicated their program would view such guidelines as a credible tool for informing candidacy decisions. Top risk factors included lack of caregiver support, un/under treated mental health conditions, non-adherence, un/under treated substance use and financial stress. Common interventions included ongoing education, resource advocacy, engagement with caregivers and mental health intervention.

This study represents the first large-scale survey of transplant social workers (TSWs) focused on psychosocial concerns in adult solid organ transplantation. There was notable consistency in the psychosocial risk factors reported and the interventions used, with several concerns, such as lack of caregiver support, which closely aligned with targeted responses like engaging the caregivers. Next steps include a detailed analysis of the results, cross-referencing findings with existing research, and developing a consensus statement on psychosocial criteria and interventions.