

Practice Note: Promoting Kidney Transplant in the Dialysis Setting

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Helping patients get kidney transplants is an important task for dialysis social workers. I began working as a dialysis social worker less than three years ago, and in that time was successful in helping 13 of my patients get a kidney transplant, and 15 other patients get listed for a transplant. This practice note examines how I accomplished these outcomes and provides readers with some suggestions to help dialysis patients get kidney transplants.

Importantly, my best practices are based on a team approach—one person alone cannot successfully improve kidney transplant rates in a unit. A patient has to have the desire for transplant, a transplant champion has to make a referral that is supported by the patient's nephrologist, and the patient's clinical team has to educate and encourage patients to help them successfully receive a transplant.

Being new to dialysis allowed me to approach kidney transplantation as one might approach the first day of school—get the basics by asking those with experience. I spoke with patients and professionals in the transplant community about the trials and tribulations related to getting a transplant. I then sought experts in the community to come to my dialysis clinic to offer their expertise in the form of “lobby days.” In my transplant community, those experts are from local transplant centers and the Georgia Transplant Foundation. The representatives from these organizations set up in our lobby and met patients as they left treatment or entered the clinic for dialysis.

These professional connections allowed me to form partnerships, obtain materials, and create a fun and colorful bulletin board to break down the transplant process in an easy-to-understand format (**Image 1**). I also created a resource table in the lobby set out materials from the transplant centers, Georgia Transplant Foundation, the National Kidney Foundation, and my ESRD Network (**Image 2**). By walking the path of learning with my patients, I was able to establish a process that works for me, my dialysis care team, and most importantly, my patients.

Image 1. Transplant bulletin board in the lobby of the dialysis center

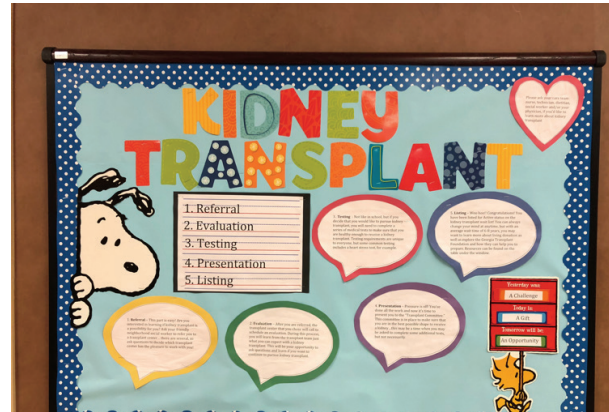


Image 2. Transplant resource table in the lobby



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Once a patient receives this education about transplantation and makes a decision about getting a transplant and which transplant center they would like to work with, I set to work helping them get listed. My process begins with completing a referral form, gathering the needed information, and sending it to a transplant center. I then notify patients that the referral has been sent and that they should be expecting a call to schedule the evaluation. From this point, it can take several weeks to several months for a patient to be evaluated for transplant. During this time, I make an effort to be encouraging, ask questions about the patient's perceptions of the process, and offer assistance with the coordination of scheduling and attending requested testing.

Many times, the patient may get discouraged by the "hoop jumping" that the transplant center is making them do in order to be listed for transplant. This is an important time to offer assistance, provide education and encouragement, and demonstrate how easy follow-up can be by doing so yourself. So many times, misunderstandings and miscommunication can delay a patient being listed, so if follow-up is a part of the

process, then delays can be minimized. If all goes well, the patient is then listed for kidney transplant. In my community, the average wait time for a deceased donor is 6–8 years. Once the patient is listed, I then begin a conversation with them and provide education on living donors, and also explore listing them at other transplant centers outside of our community. For example, the University of Alabama at Birmingham is three hours from our clinic and pulls from a different organ donor pool than Georgia. These next steps may or may not be productive for the listed dialysis patient, but they are important next actions in the process.

Not only does it take a village to get a patient a kidney transplant, a successful one also lifts up the entire group. Nothing can provide greater encouragement than to see a patient receive a transplant. It is like watching a metamorphosis to see a person who is dependent on dialysis to survive no longer need such treatment because they were able to get a new start with a transplant. I can honestly say that the transplant process that I have worked to develop with my team is what sustained me in a challenging career as a dialysis social worker.