

## Introducing a tool to implement Transplant First: Identifying barriers to transplant listing, measuring for improvement, and lessons learned from a pilot centre.

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The Transplant First project is a quality improvement (QI) project supported by KQUIP (Kidney Quality Improvement Partnership) to address inequalities in access to transplantation. We have developed a data collection tool (supported by the Renal Registry) for use by regions and units involved the project, with the ultimate intention to make it available to all units. The tool allows units to track their pre-emptive transplant listing and pre-emptive transplant rates. Units can also track the number of patients starting dialysis without completing transplant workup, thereby facilitating measurement for improvement and given units "real time" data as they work to improve access to transplant listing.

In order to identify barriers to transplant listing information is collected at two different time points in the patient journey- at the point of transplant listing, and at the start of dialysis. If a patient was listed post dialysis or if they started dialysis whilst still in transplant workup then further questions are asked. Choices are limited to drop down categories and for some categories further free text comment is required. Units can use this information to target areas for QI and identify patterns and barriers in their own unit.

The table shows an example of an entry for transplant listed patients in one quarter. An example chart from the tool showing reasons why patients have not been pre-emptively transplant listed over time is shown in the figure.

As an illustration the data from one unit over the 2 year period Q4 2016-Q3 2018 is described further below. This unit had already done QI work in transplant listing and the rate of late referral for transplant assessment was low and pre-emptive listing high.

For patients who started dialysis (in a planned fashion) but who had not completed transplant workup, despite being potentially fit, the reasons were:- multiple DNAs (5), complexity (8), and system delays (5). For patients who were transplant listed after starting dialysis the reasons were complexity (6), system delays (1), DNAs (1), and late referral (2). It was notable that the late referrals were due to failure to predict rapid decline.

Taking all the complex patients, the single most common unavoidable reason was waiting for a nephrectomy. The commonest avoidable reason was waiting for other specialty opinions (including the Israel Penn registry). In terms of system delays there were random practical problems such as losing letters, but also systematic problems such as protracted decision making between transplant centres and multiple specialties.

This information can be used to target areas for change and QI. For example looking at how we communicate with other specialties, exploring causes of DNAs, introducing IT systems for predicting date of dialysis start etc. It can also be used to facilitate honest discussion and feedback to members of the team when delays occur.

The Transplant First data collection tool is now being rolled out as regions adopt the project. We hope to make it available to all units as a valuable tool in the mission to improve access to transplantation.