TRANSPLANT PROJECT MAY - OCTOBER 2025

The following interventions have been successfully implemented in Midwest Kidney Network dialysis facilities to increase the number of patients added to the transplant waitlist and increase the number of patients receiving a kidney transplant. Best practices are identified through both data analysis and feedback from cohort facilities participating in the project.

Do you have a best practice to share? Please let us know by sending your best practice to candace.kohls@midwestkidneynetwork.org

BEST PRACTICES

1. **Transplant peer mentors:** Utilize patient mentors to speak with patients when modality choices are first reviewed. Facilities in cohort groups reported positive patient feedback with this as it facilitates an increased comfort level for patients making modality choice decisions.
2. **Transplant champions for waitlist navigation:** This best practice was discussed in TA calls, in group cohort discussions, and in the advisory group. Through sharing different perspectives on the role of a transplant champion and best processes for implementation, facilities were able to adapt this concept and make it their own. Utilizing the transplant champion role has been implemented in facilities in a variety of forms and is a successful ongoing practice.
3. **The team approach:** Staff education on the kidney transplantation process was also found to be essential, so the project promoted a multidisciplinary approach to patient education and conversation. Staff see patients regularly and touch base to answer basic questions, look at next step needs, and help patients to get the answers they may need, working with the transplant navigator to prevent any missed steps during the evaluation process. Share facility goals and progress with all staff via e-mail, team huddles, and staff education boards to engage the team approach.
4. **Nephrologist participation:** Engage nephrology providers to participate in-person in the transplant centers' patient review meetings for current patient status and progress. Facilities report this has successfully potentiated dialogue regarding support and next steps for facility specific patients. Several providers are currently participating in in-person meeting and if geography is an issue, utilizing Zoom calls. While some providers have not yet incorporated this intervention concept, it is a project best practice and is being shared and spread with transplant centers and dialysis facilities in the Network area.
5. **QAPI:** Include monthly tracking and patient specific case review in Quality Assurance & Performance Improvement (QAPI) meetings. This practice incorporates the multidisciplinary team in discussions related to patient challenges, progress and next steps for waitlisting and staying active on the waitlist. Share facility goals and progress with all staff via e-mail, team huddles, and staff education boards.

6. **Address BMI:** Make ongoing referrals for patients with high BMI to weight reduction programs, medication therapy, or surgical options as appropriate to support BMI requirements for kidney transplantation.
7. **Shared medical records:** Utilizing a shared electronic medical record is considered a best practice as it becomes available to your provider. A shared record simplifies and enhances communication with the transplant center for continuity of care. The Network communication with both transplant centers and dialysis provider discussion around this topic shows progress toward increasing ability for dialysis to have limited read-only access to transplant centers records.
8. **EQRS:** Utilization of the Dialysis Facility Transplant Waitlist report in EQRS for support. The Network provided an in-service and Tip Sheet for utilizing the waitlist report for dialysis facilities. This tool allows facilities to look at the patient waitlist status in EQRS and cross reference the data with what they have in their tracking system. Comparing EQRS information, transplant reports, and dialysis perspective and input, cohort facilities worked together with transplant centers and patients to resolve barriers to get the patients actively listed again.
9. **Transplant readiness process and form:** Facilities report using a Transplant Readiness Form successfully that allowed them to capture medication changes, insurance concerns, and hospitalizations that could impact position on waitlist.
10. **Patient-specific challenges:** Tracking and current data review focuses on individual patient barriers as they proceed through the waitlist process. Determining strategies for mitigation depending on identified barriers, utilizing resources from project identified best practices or from the Transplant Change Package. The Transplant Change package includes best demonstrated practices for multiple challenges and has been provided to all facilities in the NW11 region.

RESOURCES -PLEASE CHECK OUT THE MKN WEBSITE FOR ABOVE MENTIONED BEST PRACTICE TIPS AND OTHER ADDITIONAL RESOURCES

https://www.midwestkidneynetwork.org/quality-improvement-projects/transplant

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