Can we ‘Fast Track’ living donor assessment? A Quality Improvement project

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Introduction:

Living kidney donor (LKD) transplantation provides the best outcomes in terms of graft function and survival for patients with end stage kidney disease. Donor assessment is frequently time consuming and can involve multiple hospital visits. Initiatives to implement single day assessment in other parts of the UK have been shown to increase living donor transplantation rates. As part of the KQuIP ‘Transplant First’ project in our region we identified a need to reduce delays in donor assessment in order to try to maximise the availability of pre-emptive transplantation for our patients.

We aimed to create a Fast Track LKD clinic to combine the initial investigations and assessment into two visits.

Methods:

We process-mapped our current LKD assessment pathway and identified any unnecessary steps or delays. Using Plan-Do-Study-Act (PDSA) cycles, we then developed a streamlined protocol over two appointments. The first appointment involves information gathering and preliminary blood and urine tests. The second ‘Fast Track’ clinic appointment was created to include nephrology consultation plus renal ultrasound, chest X-ray, ECG and fasting blood tests on a single day.

All potential donors who proceeded to Nephrology assessment in our unit in 2019 were included in the dataset. From June 2019 onwards, patients were entered into the Fast Track clinic when availability allowed. The number of days from first contact to transplant centre referral was collected and entered into a run chart.

Results:

A total of 28 potential donors proceeded to a Nephrology consultant appointment in our unit in 2019. Nine of these were assessed through the Fast Track clinic, and the remaining 19 were worked up using the pre-existing donor assessment pathway.

The mean number of days from first contact to Nephrology appointment was 78 days in the Fast Track clinic compared with 87 days in the conventional clinic. Total time from first contact to transplant centre referral was significantly shorter in the Fast Track clinic (93 days compared with 158 days).

Further data is being collected prospectively, including wait times for investigations and completion rates to donation.

Discussion:

Following the introduction of a ‘Fast Track’ living donor assessment clinic, we have been able to reduce unnecessary delays in LKD workup and reduce the time from first contact to transplant centre referral. Although other units in the UK have started single day LKD assessment, we felt that this might not provide enough reflection time for our patients and we opted to use two visits to complete the education and
evaluation process. The use of patient experience measures could be helpful to involve donors in future assessment pathway design.

The use of Quality Improvement methodology was helpful in overcoming some of the barriers and challenges encountered during this project. We also benefited from sharing ideas with other units through the KQuIP ‘Transplant First’ project and are working with our two transplant units to streamline the referral process and standardise requirements across the region.

Conclusion:

The introduction of a ‘Fast Track’ clinic in our unit has helped to reduce delays in LKD assessment.