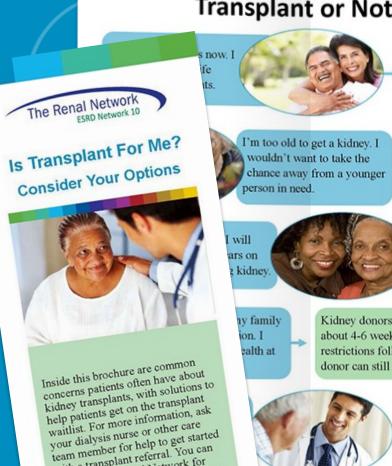
# **Increasing Transplant Referral** With a Focus on Women

## Interventions

## **Is Transplant for Me?**



#### **Transplant or Not? Know Your Options**

You may live longer if you have a transplant. The 2015 USRDS Annual Report lists "survival or life expectancy for end-stage renal patients for five years after starting treatment this way:

- 4 out of 10 will survive on dialysis 7 out of 10 will survive with a deceased donor kidney transplant
- 8 out of 10 will survive with a living donor kidney transplant

There is a new kidney allocation system, called KDPI, that matches older people with older kidneys or kidneys from donors who may have had some health problems. These kidneys still last 7-10 years and the wait time may be shorter.

There are other options! Living donors or accepting a kidney with a higher KDPI score can reduce your wait time for a kidney. Time on dialysis counts toward your waitlist time!

Kidney donors are able to return to their regular activities about 4-6 weeks after surgery. There are no dietary restrictions following donation, and a female kidney donor can still become pregnant following donation.



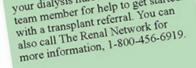
You don't have to be a "match" to your living donor. Many transplant centers do paired donation where your donor can give a kidney to someone they match, and you can receive a kidney from someone else's donor who matches vou.

### **Readiness for Change**

### **STAGES OF CHANGE**

• **Definition:** Not considering taking actions in the next 6 months to pursue living donation Pre-**Orientation:** Behavior change is not a priority; Undervalue Pros & overvalue Cons of LDKT; Not confident; Doesn't want to talk about contemplation it, feels hopeless, will look uncomfortable, ignore, or resist education • Tailoring Approach: Plant the seed; Provide gentle support to honor where the person is • Recommended Small LDKT Steps: Generally talk about the possibility of LDKT: Provide education for future use • Definition: Considering taking actions in the next 6 months to pursue living donation • Orientation: "On the fence" with equal value seen in Pros and Cons of LDKT; Can stay in this stage indefinitely; No urgency to change **Contemplation** • Tailoring Approach: Shift ambivalence; Help patients think about Pros and what is important to them - does LDKT fit with their goals? • Recommended Small LDKT Steps: Learn more about LDKT; Provide educational materials to share with others about LDKT • Definition: Preparing to take actions in the next 30 days to pursue living donation • Orientation: Pros to LDKT outweigh Cons; Thinking through/problem-solving how to get started; More confident **Preparation** • Tailoring Approach: Help patients develop a LDKT plan & take the first step • Recommended Small LDKT Steps: Plan how to get the word out; Allow others to tell people the patient is willing to pursue LDKT; Share the patient's need for a living donor with a large community • Definition: Taking actions to pursue living donation

• Orientation: Taking actions but could give- up if problems arise or no donor is found



The Renal Network

Problem-solve common barriers; Celebrate progress Recommended Small LDKT Steps: Accept someone's offer to donate; Ask a potential donor directly to be tested; Provide support for persistence needed to succeed

Adapted from Explore Transplant by Dr. Amy Waterman under CMS contracts HHSM-500-2016-00010C. To file a grievanc

Action

