

INTRODUCTION

- Patients with end-stage kidney disease (ESKD) face high mortality and morbidity after dialysis initiation.
- Transitional care units (TCU) are increasingly being used to provide psychosocial support, dialysis modality education, and to reduce risks of complications
- Despite apparent benefits, it is unclear whether the TCU model improves patient outcomes.

OBJECTIVES

To assess a multidisciplinary TCU's effect on patient outcomes at six months after dialysis initiation.

METHODS

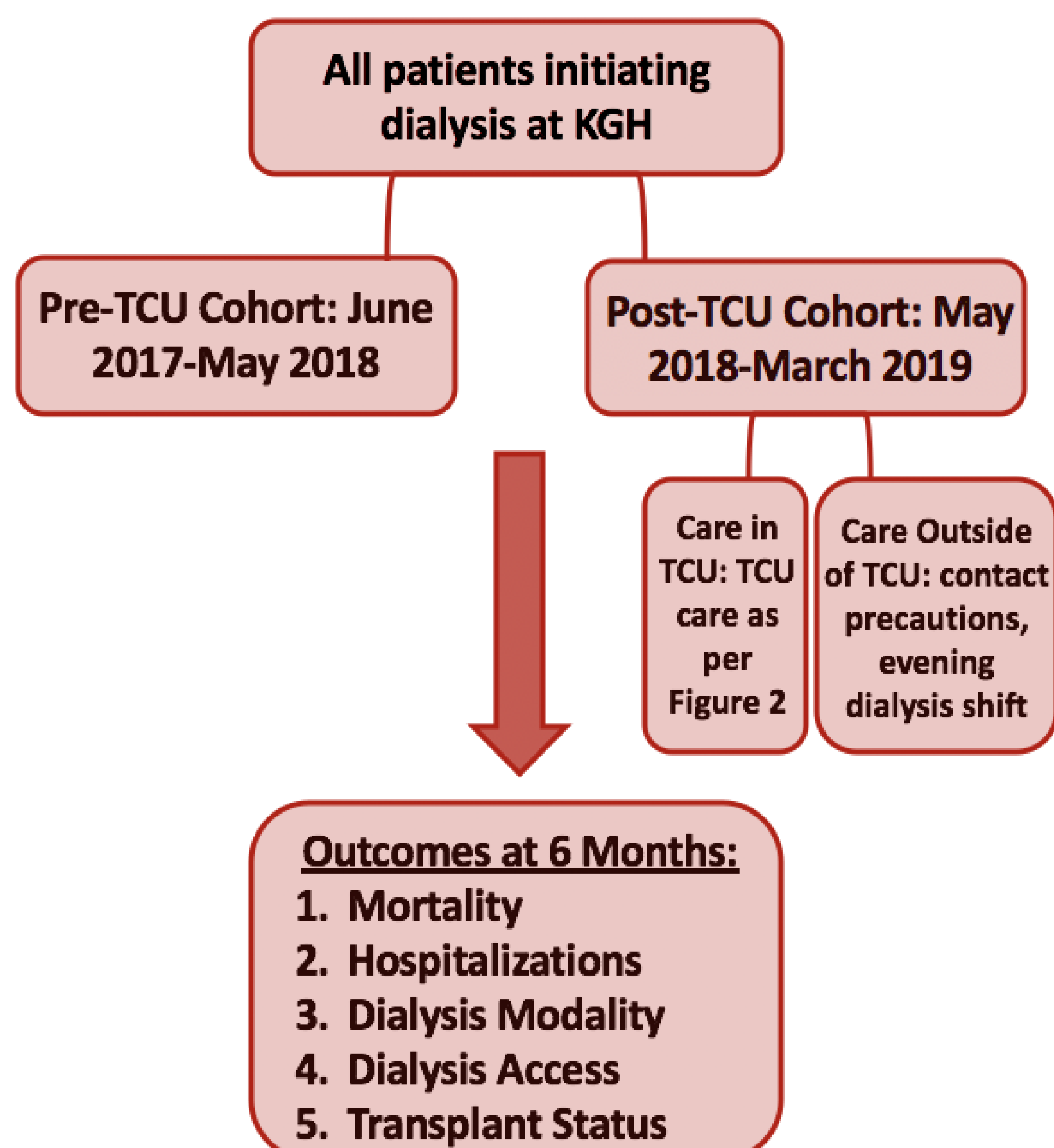


Figure 1. Study Design.

RESULTS

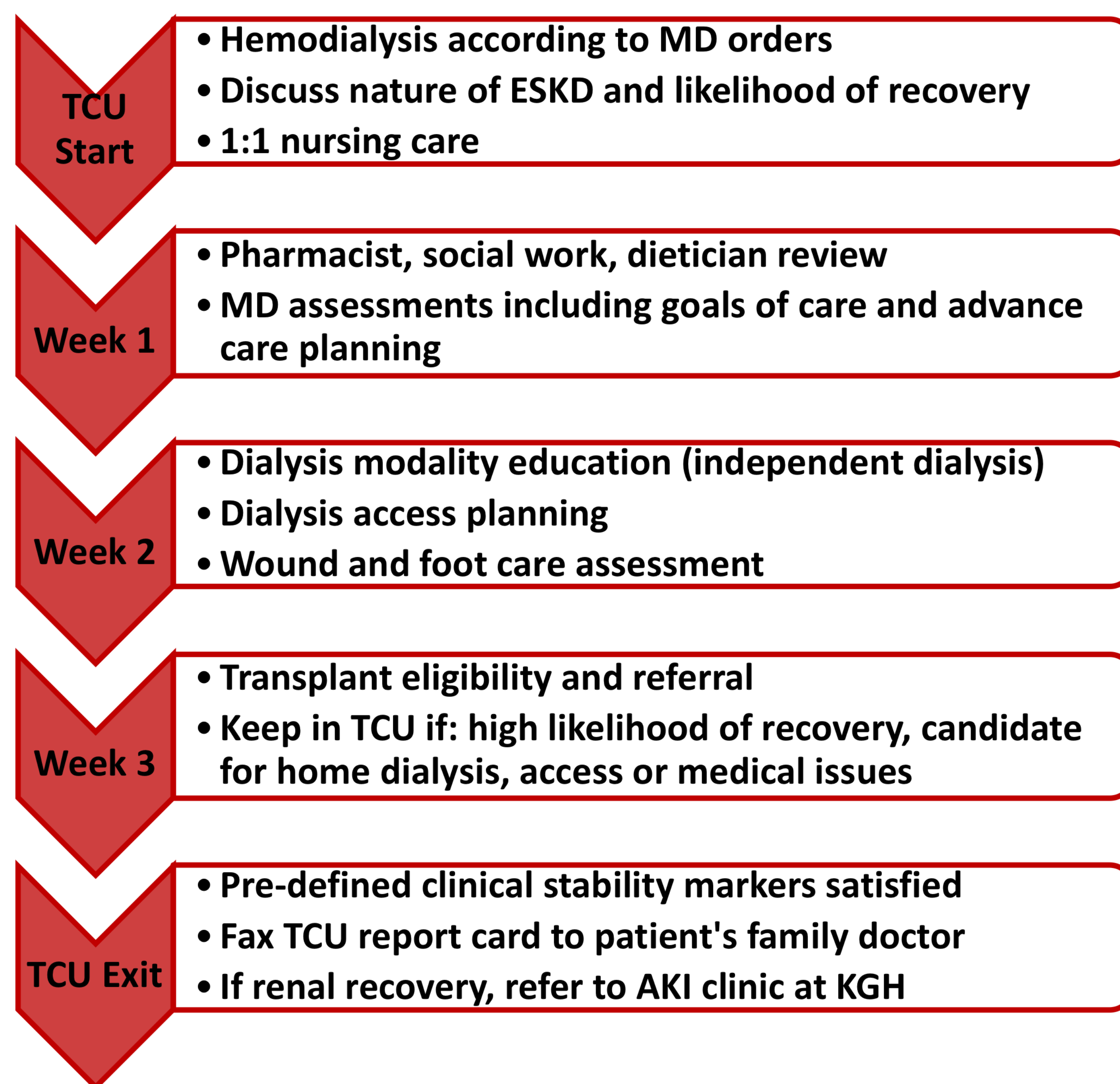


Figure 2. TCU Model. TCU patients completed the program in a median of 35 days (IQR 22).

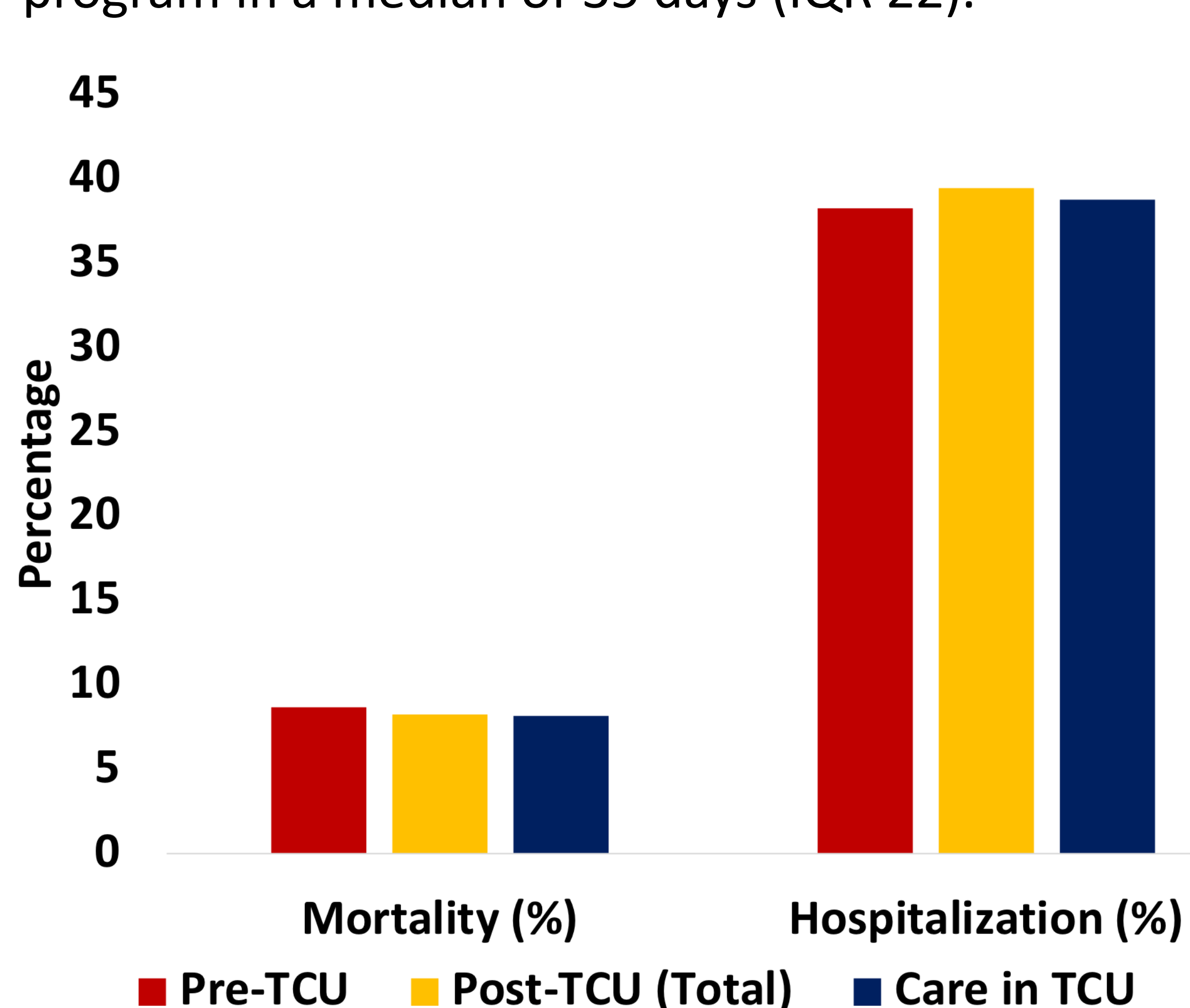


Figure 3. Mortality and hospitalization at 6 months after dialysis initiation. No mortality or hospitalization differences between pre-TCU and TCU cohorts were observed.

	Pre-TCU Patients (n=115)	Post-TCU Patients	
		Care in TCU (n=49)	Care Outside of TCU (n=60)
Age, mean	64	66	67
Male Sex, %	71 (61)	25 (51)	36 (60)
Primary Cause of ESKD, %			
Diabetes	64 (55)	23 (47)	16 (27)
Glomerulonephritis	9 (7)	9 (18)	12 (20)
Renovascular	10 (8)	2 (4)	6 (10)
Polycystic kidneys	2 (2)	2 (4)	1 (2)
Other	25 (21)	12 (24)	21 (35)
Unknown	5 (4)	1 (2)	4 (7)
Comorbidities, %			
Diabetes	73 (64)	26 (53)	33 (55)
Hypertension	91 (79)	43 (88)	40 (66)
Myocardial infarction	22 (14)	9 (18)	5 (8)
Stroke	9 (8)	5 (10)	7 (12)
Heart failure	30 (26)	13 (27)	11 (18)
Pre-Dialysis Nephrology Care, %	84 (73)	32 (65)	38 (63)

Table 1. Patient Characteristics.

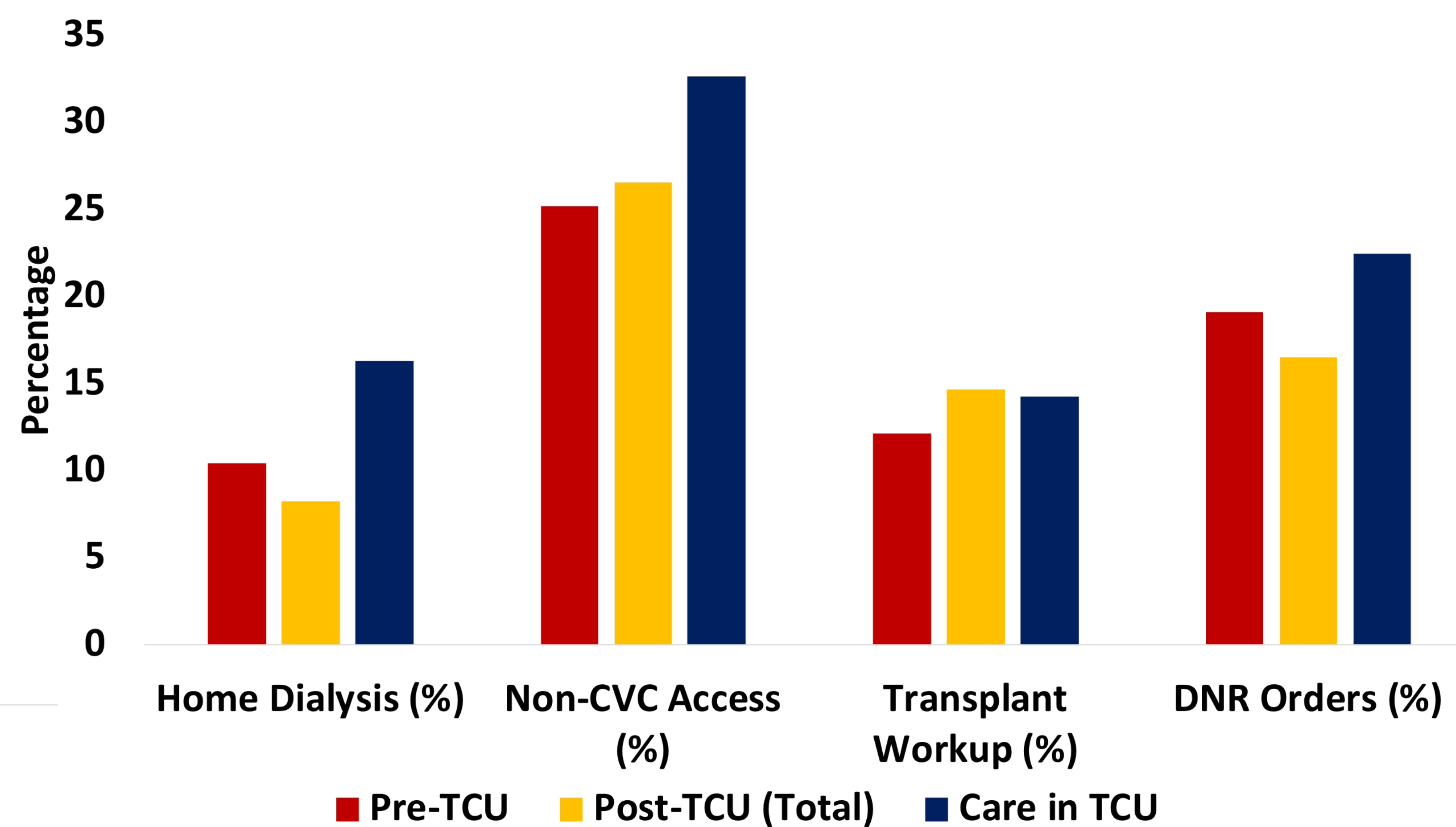


Figure 4. Patient outcomes at 6 months after dialysis initiation. TCU patients were more likely to choose home dialysis, non-CVC access, undergo transplant workup, and choose DNR orders compared to pre-TCU patients. Results were not statistically significant due to small sample size.

CONCLUSION

- The TCU model has promise to help incident dialysis patients with dialysis decision-making, such as home dialysis and non-CVC access.
- At this time, it is unclear whether TCUs improve mortality and hospitalization numbers.
- Limitations of this study include small sample sizes and selection bias.
- Future work is warranted in larger, prospective controlled trials.
- Ultimately, the multidisciplinary framework of a TCU can potentially benefit the incident dialysis population.

CONTACT INFO

Sasha Zarnke
MD Candidate, Class of 2021
szarnke@qmed.ca