

eTable 1. Baseline characteristics of dialysis facilities, comparing the all the dialysis facilities in Georgia, the facilities selected for intervention, and dialysis facilities not selected for randomization

FACILITY CHARACTERSTIC	Dialysis Facilities in Georgia (n=283)	Pool of Dialysis Facilities Randomized for Intervention (n=134)	Remaining Dialysis Facilities in Georgia Not Selected for Randomization (n=149)	p-value
Facility and Patient Characteristics				
# Patients per Facility, Mean, SD	46.0 ± 25.7	46.6 ± 25.5	45.4 ± 26.0	0.57
Number of Staff, Mean, SD	10.0 ± 7.4	10.1 ± 6.5	9.8 ± 8.1	0.48
For Profit, %	0.90	88.7	88.3	0.91
Average Age, Mean, SD	61.4 ± 5.9	61.2 ± 5.7	61.6 ± 6.1	0.76
% White	40.9	33.5	46.8	<0.001
% African American	56.5	65.4	49.0	<0.0001
% Hemodialysis Modality	93.0	94.0	90.1	0.02
% Uninsured	12.2	11.5	12.6	0.51
% Medicaid only	9.1	11.0	8.5	0.01
% Unemployed	67.1	70.9	64.1	0.06
Time on Dialysis (Years), Mean, SD	4.9 ± 1.8	5.0 ± 1.21	4.8 ± 1.1	0.32
% Receiving No Pre-ESRD Nephrology Care	27.3	26.0	28.3	0.28
% not informed of transplant options	2.8	3.1	2.4	0.28
% with Diabetes	59.9	59.9	59.0	0.51
% with Hypertension	89.6	91.4	88.1	0.02
% AV Fistula	13.1	13.8	12.3	0.49
% of Incident Patients with AV Fistula	29.7	28.7	30.5	0.46
Average count of Comorbidities, Mean, SD	3.0 ± 0.8	3.0 ± 0.8	2.9 ± 0.9	0.30
% ESA Prior to Dialysis	17.6	18.0	18.0	0.25
Standardized Mortality Ratio	1.06	1.07	1.05	0.41
Transplant Measures at Baseline				
Standardized Transplant Ratio (2008-2011)	0.56	0.46	0.68	<0.001

eTable 2. Estimates of model parameters from the crude and mixed effects logistic regression models of the RaDIANT community study data.

Effects	Crude model	Model 1	Model 2	Model 3
	Beta (SE)	Beta (SE)	Beta (SE)	Beta (SE)
<i>Fixed effects:</i>				
Intercept	-2.054 (0.082)	-2.12 (0.098)	-2.467 (0.137)	-2.245 (0.265)
Intervention	-0.037 (0.110)**	-0.061 (0.124)*	0.224 (0.181)*	0.205 (0.181)*
Year (2014)	-0.168 (0.119)	-0.177 (0.114)	-0.125 (0.191)	-0.116 (0.191)
Intervention x Year (2014)	0.600 (0.157)**	0.621 (0.150)***	0.237 (0.242)* 0.454	0.241 (0.243)* 0.447
Race (AA)	---	---	(0.129)***	(0.131)***
Race x Year	---	---	-0.061 (0.172)	-0.065 (0.173)
Race x Intervention	---	---	-0.367 (0.172)	-0.351 (0.174)
Race x Intervention x Year	---	---	0.472 (0.237)*	0.462(0.237)*
<i>Random effects:</i>				
facility (intercept)	---	0.253 (0.055)	0.246 (0.054)	0.239 (0.052)

* indicates $P \leq 0.05$, ** indicates $P \leq 0.001$, *** indicates $P \leq 0.0001$. Model 1: adjusts for random facility effect; Model 2: additionally adjusts for race; Model 3: additionally adjusts for number of comorbidities and % diabetes at the facility level.

eTable 3. Components of and Facility Reported Participation in the Multi-level, Multicomponent RaDIANT Intervention

Intervention	Description	Measurement of study activity	Facility Reported Participation at Study End (n=65 facilities)
Required Intervention Activities			
Facility In-Service Orientation to Transplant Project	Focused on increasing referrals for kidney transplantation and reducing disparities, discussing staff's expectations, and preparing staff for potential patient questions	Network 6 emailed a survey to project lead*	100.0%
Dialysis Facility Quality Improvement Plan	A template QI plan and instructions for root cause analysis for low referral and/or racial disparity in referral were distributed to all facilities at start of project	Facilities reviewed and updated at monthly QI meetings and placed in facility project binder; submitted QI plans for review and feedback from Network	89.2%
Formation of Patient and Family Advisory Group for Monthly Meetings	Facilities were required to form an advisory group with members that were representative of the facility's patient population and were encouraged to include transplant recipients and transplant donors	Advisory groups were tracked by monthly surveys by facility project leader	70.8%
Mentor Program	Facilities were required to set up a peer mentor program or utilize an existing mentor program to connect patients and/or families with transplant recipients or patients currently on the deceased donor waiting list	Tracked via monthly survey by ESRD Network 6	67.7%
Educational Webinars for Dialysis Facility Leadership and Staff	ESRD Network 6 and various other Coalition members hosted monthly webinars. Webinars served as a platform for all parties to discuss potential barriers to kidney transplantation, brainstorm ideas to overcome these obstacles, and celebrate successes.	Monthly attendance log completed by project lead	92.3%

Standard Quality Improvement Activities and Monthly Monitoring of Transplant Referral and Evaluation Data	Facilities were required to submit copies of referral logs (overall and by race) and transplant referral forms to ESRD Network 6 monthly to track the number of patients referred for transplant, the patients' status in the transplant process, and their placement on the transplant waitlist; facilities were required to document quality improvement activities in a notebook	Facilities faxed referral log and referral forms to ESRD Network 6 monthly; facilities documented quality improvement activities in a notebook; and ESRD Network 6 emailed facilities a survey link each month to track standard quality improvement activities	92.3%
Patient and Family Education Programs	Facilities were required to schedule patient and family educational sessions at which transplant center coordinators visited the dialysis facility and discussed the benefits and process of kidney transplantation	Tracked via monthly survey by ESRD Network 6	83.1%
Facility-wide Movie Night	Facilities were required to host a movie night for dialysis patients and family. The Coalition provided a copy of the "Living ACTS" DVD to each facility for the showing; Living ACTS is a culturally sensitive patient education DVD targeting African American families that discusses the benefit of living donor transplant and provides patients communication techniques to speak with their social network (i.e. friends and family) ²²	Tracked via monthly survey by ESRD Network 6	80.0%
5 Diamond Patient Safety module on transplantation	The 5 Diamond program is a patient safety program developed by the Mid-Atlantic Renal Coalition that is designed to focus on specific areas in need of improvement and consistency. Staff were required to complete the transplantation education module	Tracked via monthly survey by ESRD Network 6	87.7%
Additional Intervention Activities <i>In addition to the required activities, dialysis facilities had to complete any two of the follow activities</i>			
Kidney	Facilities had the option to develop a	Tracked via	75.4%

Transplantation Bulletin Board	kidney transplant–focused bulletin board using material provided by ESRD Network 6	monthly survey by ESRD Network 6	
Distribution of “A Patient’s Guide to Kidney Transplant”	Facilities handed out “A Patient’s Guide to Kidney Transplant”; this handout discusses the various steps and obstacles a potential transplant candidate may face	Tracked via monthly survey by ESRD Network 6	84.6%
Transplant Education Month	Facilities had the option to develop their own transplant education program; facilities were provided kidney transplantation educational resources that they were encouraged to use, including patient educational pamphlets available through the ESRD Network 6 website ²⁶ and a decision aid detailing the survival benefit of dialysis vs. transplant on the website and mobile app iChoose kidney ²⁵ .	Tracked via monthly survey by ESRD Network 6	56.9%
Transplant Symposium	Facilities had the option to send staff member(s) to a “Trends in Transplant” conference hosted by a Georgia nonprofit that educates healthcare professionals in the recent outreach activities in transplantation	Tracked via monthly survey by ESRD Network 6	64.6%
Kidney Transplant Toolkit	Facilities provided patients with a toolkit consisting of an overview of the transplant process including where to go for transplant evaluation, common questions and answers about the transplant process, potential barriers, and lessons learned from transplant recipients	Tracked via monthly survey by ESRD Network 6	75.4%
All Facilities received a Facility Specific Transplant Referral Performance Feedback Report			
Performance Feedback Reports	Facilities were emailed a performance feedback report detailing their individual facility’s referral for transplantation, including information about the proportion of patients referred for transplant overall and by race, based on data reported from the three GA transplant centers. The feedback report also provided information about average time from ESRD start to referral overall and by race, and	Project leads at each dialysis facility received the feedback reports	100%

	provided concrete next steps for improving transplant access and reducing disparities.		
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*Project lead was a staff member selected by the dialysis facility Medical Director at the start of the study and was the main contact person for ESRD Network 6

