TRANSPLANT RESOURCE GUIDE

The Transplant Resource Guide (TRG) and the supporting tools provide strategies, concepts and resources to enhance transplant program quality and value in our dynamic environment. The TRG, developed by The Alliance, is a road map incorporating best practices for developing and sustaining high quality, patient-centered excellence in transplantation and collaboration with the donation partners. Included are strategies, change concepts and actions intended to enhance the infrastructure and operations of all transplant programs. In addition, a robust selection of resources, templates, and worksheets are available online at **http://organdonationalliance.org/transplant-resource-guide-tools/.**

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Strategy 1: Institutional Vision and Commitment

Recognize that transplant is unique from other health services. Hospital leadership demonstrates a commitment to making transplantation an institutional priority and to assure adequate organizational resources to develop a successful program.

1.1 Establish transplant as a strategic priority	
1.1.a	Establish single or multi-organ transplant programs as a service that unifies the business, clinical, and research aspects of organ transplantation.
1.1.b	Develop a leadership dyad with physician/surgeon and transplant administrator.
1.1.c	Develop and implement a strategic plan. • *Develop a strategic plan based upon the analysis of yearly specific action plans, goals and objectives to track and report planned activities.*
1.1.d	Identify and commit resources needed to successfully sustain and grow the transplant program. • *Develop accurate reliable metrics to proactively identify and support resource request (e.g., human resources, technology, space).* • *Align resource commitment with the overall contribution of the program to the institution as well as support the requisite effort required to sustain a healthy program, not simply tied to transplant volume.* • *Demonstrate the clinical, economic, and non-monetary benefits of transplant to the overall organization and the community.*
1.1.e	Create a regular forum for open communications, joint decision-making, and the involvement of the multidisciplinary team when setting priorities.
1.1.f	Communicate program updates regularly with senior leadership. • *Develop an at a glance dashboard to review key metrics with senior leadership.* • Clinical outcomes, operational efficiencies, resources allocations, financial performance, etc.

1.2 Commit to a robust plan to recruit, develop, and retain leadership talent	
1.2.a	Recruit, develop, and retain administrative and physician leadership.
1.2.b	Encourage participation in local and national transplant communities, on OPTN committees, and with other professional transplant organizations.
1.2.c	Develop a leadership succession plan.

1.3 Support a pro-donation culture throughout the institution	
1.3.a	Create an open forum for communication among the multi-disciplinary team (hospital and transplant team), e.g. Donor Council, and participate in activities to honor donors, e.g. Donate Life flag raising, Donate Life Month, etc.
1.3.b	Visit of recipients to donor side: • *Engage in activities offered by the local OPO.* • *Consider job-shadowing exchanges with the local OPO.* • *(See Strategy 7 for further ideas.)*

1.4 Gain hospital senior leadership commitment to prioritizing the needs of transplant patients in all operational areas of the hospital (e.g. OR availability, availability of testing, ICU and unit bed availability)	
1.4.a	Secure recognition of and resource commitment from hospital senior leadership that transplant candidates, recipients, and living donors require a wide scope of health care services beyond the transplant or donation event.
1.4.b	Establish a commitment to fulfill the needs of transplant candidates, recipients and living donors by making available a wide spectrum of services through the transplant continuum.
1.4.c	Key hospital departments must support patient care needs through all phases of transplant.

Strategy 2: Dedicated Team

Build a dedicated team by creating a collaborative and rewarding work environment that attracts, retains, and is supported by highly-skilled, dynamic, and committed transplant professionals.

2.1 Organize around and empower a multidisciplinary team of committed professionals who are aligned with the institution's vision of building and growing the transplant program	
2.1.a	Review and revise documents that outline roles and responsibilities of transplant team members to align with program policies, structure, and needs.
2.1.b	Align multi-disciplinary team members with the mission and vision.

2.2. Identify OPTN key positions and develop a succession plan for each key position within the transplant center and in each transplant program

2.3 Recruit, train and retain specialized, transplant-dedicated staff by obtaining institutional level support for dedicated staff	
2.3.a	Recruit and retain highly skilled staff for transplant program. • *Recruit and retain highly skilled and accountable staff (e.g., transplant coordinators, financial coordinators, social workers, pharmacists, dietitians, quality professionals, data coordinator, etc.) who can support the needs of the transplant program.*
2.3.b	Recruit experienced and high performing surgeons and physicians. • *Recruit experienced and high performing surgeons and physicians who have a passion for, commitment to, and focus on improving access to transplantation.*
2.3.c	Secure allocation of a proportion of time for non-exclusive transplant physician and staff. • *Allocate a proportion of non-exclusive transplant team members' time to general transplant or to a particular organ-specific transplant program.*
2.3.d	Provide a comprehensive onboarding curriculum, orientation, and mentorship for new transplant staff.

2.3.e	Educate transplant center staff about innovations in transplant.
	• *Educate transplant center staff about innovations in transplant with regular staff meetings, annual retreats, webinars, journal clubs, and other venues.*
2.3.f	Ensure the attendance and participation of transplant staff at regional and national meetings.
	• *Allow staff to attend regional and national meetings to increase staff knowledge. If unable to send staff to transplant meetings, provide more cost-effective means of involvement on a regional and national level through live webinar interaction.*
2.3.g	Provide transplant specific orientation for new staff.
	• *Educate other areas in the hospital that encounter transplant patients such as PACU, ICU, step-down unit, ED, acute care floors, dietary services, etc.*
2.3.h	Implement strategies to engage and retain employees.
	• *Promote opportunities for professional growth and development.*
	• *Conduct regular market analysis of key positions to ensure competitiveness with local and regional transplant programs.*
	• *Explore innovative staffing plans.*
	• *Encourage and support innovative ideas.*
	• *Evaluate staff work-life balance on regular basis.*
2.3.i	Assess staff competency initially and on an ongoing basis.

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Strategy 3: Clinical Operations

Maximize clinical opportunities and outcomes by optimizing transplant operations in all aspects of the care continuum.

3.1 Build and maintain clinical impactful relationships	
3.1.a	Develop and maintain relationships with the referring community. • *Create systems of co-management of transplant candidates and recipients to ensure seamless coordination of care and excellent outcomes.* • *Assess referral physicians' needs and satisfaction on an ongoing basis.*
3.1.b	Educate community providers on indications for transplant and outcomes.
3.1.c	Develop, evaluate, and maintain strategic collaborative relationships with other medical specialists and ancillary services.

3.2 Promote living donation as an option utilizing consensus conference recommendations	
3.2.a	Hire staff with dedicated effort and expertise in living donation (see Strategy 2.3).
3.2.b	Continued reinforcement about the importance of living donation.
3.2.c	Efforts to optimize the donor experience, e.g. limiting cost burden, responsive communication, recognition efforts, etc.
3.2.d	Participate in paired donation programs.

3.3 Optimize the efficiency of candidate evaluations	
3.3.a	Develop processes by which candidate evaluation and wait list management results in a high percentage of candidates in active status and a high percentage ultimately transplanted.
3.3.b	Develop evidence-based evaluation protocols.
3.3.c	Ensure indications and contra-indications are evidence-based.
3.3.d	Evaluate hospital and transplant program resources to align with growth.
3.3.e	Review candidate selection and wait-listing data.

3.3.f	Monitor status of open evaluations.
3.3.g	Develop processes/criteria for evaluation closure and re-evaluation.

3.4 Optimize the efficiency of waitlist management	
3.4.a	Align waitlist management with organ allocation policies and practices to minimize candidate related organ declines.
3.4.b	Develop a center specific strategy for maintaining patient readiness for organ offers.
3.4.c	Reassess patients for the continual candidacy for transplant.
3.4.d	Align patient specific organ acceptance criteria to optimize appropriate matching of candidates with organ donor types (e.g. PHS high risk, high KDPI, Hep C, HIV, etc.). *Create programmatic criteria that define which recipients are eligible and appropriate to receive certain types of organs.* *Develop patient education and consent processes to inform potential recipients about the risks and benefits of the organ(s) they might be receiving.* *Ensure candidate specific listings accurately reflect program criteria and patient preference to avoid unnecessary turndowns.*

3.5 Optimize program specific organ acceptance	
3.5.a	Regularly review center and candidate specific organ acceptance criteria.
3.5.b	Review organ offers on a regular basis and identify opportunities for improvement (refer to Strategy 7.5.a).
3.5.c	Align program specific organ acceptance criteria with regulatory environment with programmatic outcomes.

Strategy 4: Patient Centered Care

Organize care around the diverse needs of patients and their caregivers.

4.1 Remove any barriers that prevent patient access to transplant programs	
4.1.a	Initial contact with program should provide the patient with appointment options.
4.1.b	Manage evaluation processes and access to appointments in a manner that expedites the patient's request and is of convenience to them (see Strategy 3.3).
4.1.c	Identify and address cultural, geographic, or communication barriers.
4.1.d	Discuss finance/insurance issues early in the evaluation process. (refer to Strategy 5.4.a)
4.1.e	Include the voices of the patients and the caregivers in transplant program planning and evaluation procedures. • *Individualized care with respect to patient's integrity and self-determination* • *Caregivers* • *Caregivers provide valuable insights and information* • *Partnership is key to care and best possible outcomes*

4.2 Develop a comprehensive plan that addresses the multidisciplinary scope of patient needs throughout all phases of transplant	
4.2.a	Develop a comprehensive plan that addresses the multidisciplinary scope of patient needs throughout all phases of transplant. This comprehensive plan would be specific to the expertise of the transplant center system, in addition to addressing the specific needs and requests of the patients and referring physicians.
4.2.b	Develop end-stage disease care programs (e.g., advanced heart failure, VAD, digestive disease center) to feed transplant services as part of end-stage disease care.

4.3 Empower patients and families to be involved in patient care	
4.3.a	Involve patients and families in shared decision-making processes. • *Understand and respect each family's unique needs and preferences.*
4.3.b	Ensure the informed consent meets the patient's and/or their legal decision maker's needs: • *Ensure the informed consent is addressed as a process, and not simply as another from that needs to be filled out.* • *Provide ample opportunities for the patient and the caregivers to ask questions.* • *Ensure consent forms and education materials are written at a 5-6 grade level and in "non-medical" language.* • *Understand and respect each family's unique needs and preferences.*
4.3.c	Empower patients and caregivers in self-care.
4.3.d	Involve patients and/or authorized representatives in discussions regarding test results and provide written information as needed.
4.3.e	Meet the patient and their caregiver's educational needs. • *Provide patients and caregiver with recommendations and education for health maintenance and improvement.* • *Provide the appropriate education and training to caregivers.* • *Have readily available a variety of educational tools in their primary language.*
4.3.f	Facilitate support activities (e.g., support groups that address the needs of patients and caregivers)

Strategy 5: Financial Intelligence

Achieve transplant program financial strength through a detailed understanding of program finances, sound financial management, and excellent payer relations.

5.1 Track and understand program finances, performance, volume, and reimbursement mechanisms	
5.1.a	Develop and implement a strategy to identify the most efficient processes to ensure stable program costs. *Utilize resources such as benchmarking with UNOS staffing survey and industry standards.* *Regular review of patient management, protocols, including diagnostic and consultation, to align with evidence-based practices.*
5.1.b	Establish a mechanism to allocate and track costs per organ and phase of transplant in accordance with regulatory guidelines including living donor costs. *Optimize charge capture.* *Establish separate cost centers to track each organ.*
5.1.c	Optimize Medicare cost-reimbursement in accordance with regulatory guidelines including living donor services. *Ensure the cost report is accurately represented as program revenue.* *Regularly meet with cost report staff.* *Educate the staff and physicians on the importance of time studies to support cost reporting.*
5.1.d	Understand and leverage the downstream impact of transplant services both within the department, within the hospital and in the outside community. *Identify and flag all transplant patients to account for downstream revenue (contribution).*
5.1.e	Develop bi-directional collaboration between business and clinical aspects of the transplant program to optimize financial health and prevent silos. *Conduct transplant program finance reviews.* *Conduct transplant program finance meetings to include members of the transplant team and special billing and contracting to review problems and to develop strategies that optimize the financial performance of the program despite challenges.* *Build relationships between teams to ensure open information sharing and open lines of communication.*

	• *Integrate expertise in transplant financial management in all phases of transplant; including patient financial counseling, accounts payable, billing and accounts receivable, contracting, and program cost reporting.*
5.1.f	Monitor and adapt to changes in Federal and State funding programs. Utilize data models to assess impact and effects of changes to programs. • *Work with Decision Support to identify cases and review reimbursement vs. expected reimbursement to identify gaps.*

5.2 Negotiate payer contracts with awareness of program strategy, finances, and strengths	
5.2.a	Integrate expert financial manager within the transplant team to lead with the transplant contracting manager/director. • *Have a dedicated financial coordinator for the transplant program.* • *Work collaboratively with the transplant contracting manager/director.* • *Highly recommend separate contract language for the transplant program.* • *Be aware of and seek access to centers of excellence networks.*

5.2.b	Make sure clinical and administrative representatives from transplant are actively involved in the contracting process.
	• *Establish routine meetings with contracting and transplant program to ensure updates to contracts include new innovations or treatments. Ensure that each agreement meets the needs of the program and the target patient set. (Consider that one size does not always fit all for agreements.)*
	  • Transplant program actively involved in negotiation process.
	  • Meet with contracting manager prior to contract renewals to review and make suggested updates per program.

5.2.c	Monitor and adapt to shifts in payer mix and methodology by creating an active Contracts List with modeling. • *Diversify payer mix.* • *Monitor payer mix.* • *Monitor policies and coverage changes.*
5.2.d	Leverage program strengths (e.g., quality outcomes, ability to take on tough cases, transparent pricing, only transplant center in region) and involve transplant when negotiating payer contracts. • *Emphasize program strengths.* • *Educate payers.* • *Complete annual standardized RFI and any other payer – specific surveys.*

5.3 Develop and maintain constructive, mutually beneficial payer relationships	
5.3.a	Establish a culture that portrays relationships with payers as a partnership. Building these relationships will help to ensure more timely and accurate reimbursements. *Play fair.* *Provide predictable pricing.* *Communicate openly on a regular basis.*
5.3.b	Ensure payers are aware of new programs, new advances, and practices on the financial side of the transplant program (e.g., Health Plan site visit). *Clinical staff provide contracting manager with new clinical practices in real time.* *Clinical staff participate in site visits to discuss new practices and innovations.*
5.3.c	Take advantage of opportunities for clinical staff to provide policy development, peer review, and educational opportunities to payers. *Invite payers to transplant symposiums.* *Invite payers to webinars.*

5.4 Provide educational guidance and counseling to assist patients	
5.4.a	Provide educational guidance and counseling to assist patients in handling the financial matters related to transplant and offer assistance with financing their transplant services within the scope of practice.
5.4.a	Help patients identify ways to fill gaps in their insurance coverage. *Identifying solutions where switching health plans is appropriate and feasible.* *Assist patient in securing coverage when they do not have any.* *Assist in securing additional coverage.* *Assist in referrals to Medicare/Medicaid.*

5.4.b	Actively follow changes in regulatory programs to better plan and educate patients. • *Review current Federal and State programs for changes.* • *Meet with contracting manager to review any changes in transplant contracts.* • *Consider membership of the Transplant Financial Coordinators Association and Listserv to receive updated educational materials and hear changes in policies.*
5.4.c	Act as a liaison between patients and the hospital billing department in billing matters. • *Assist patients with billing issues and concerns.* • *Ensure patient has access to any qualifying charity care for co-pays and out of pocket expenses.*
5.4.d	Ensure your financial coordinators have adequate educational opportunities as with clinical staff. • *Financial coordinator is a critical member of the transplant team.* • *Provide educational training annually.*
5.4.e	Ensure patient has appropriate authorizations and maximum coverage for care. • *Approvals in place for all services.* • *Ensure patients is at the transplant facility contracted with their payer.* • *Ensure the hospital and physicians get adequate and appropriate reimbursement.* • *Ensure post-transplant care is covered including transplant medications.* • *Assist with Letters of Agreement as needed.*

Strategy 6: Quality Assessment Performance Improvement

Develop a data driven and proactive approach to quality improvement to meet the complex and highly regulated expectations of the solid organ transplantation field.

6.1 Understand the essential steps in developing a "quality" Transplant QAPI Program	
6.1.a	Establish a Quality Council to oversee the transplant program's QAPI activities. • *Identify the council's mission and vision, purpose, and priorities and document in a QAPI Plan (see 6.2 for specifics)* • *Include a broad representation of transplant program issues relevant for the disciplines represented in the multidisciplinary team (nursing, peri-operative, social services, etc.)* • *Include process and outcome measures for each phase of transplantation or donation.*
6.1.b	Recruit Quality Council members that will be actively engaged and help drive QAPI initiatives. • *Members should include the medical directors, surgical directors, and administrative representatives of the transplant programs.* • *Include representatives of the multidisciplinary team, including social work, nutrition and pharmacy.* • *Additional members should also include anyone involved in the care of transplant patients in any area of the hospital.*
6.1.c	Align with hospital leadership and hospital quality for ongoing support of QAPI activities. • *To hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement).* • *Include hospital leadership (e.g. CEO, COO, CFO, CMO, medical school dean) in the routine reviews of transplant metrics. Develop a monthly, "at a glance" dashboard (i.e., a simple view into the data and a year-end report that includes comprehensive metrics on clinical outcomes, operational efficiency, and patient satisfaction.* • *Align Transplant QAPI activities with the hospital's quality priorities* • *Establish bi-directional communication between transplant QAPI, hospital QAPI, and hospital leadership* • *Consider reporting quality metrics to the Department of Medicine and Surgery since transplantation is a combination of both and the program can be integrated with their QAPI projects.*

6.1.d	Implement written policies, protocols, and procedures that direct staff how to meet regulatory requirements, including, but not limited to:
	• *Adverse Event Policy*
	• *ABO verification Policy*
	• *Transplant and living donor patient management protocols/policies for all phases of care*
	• *Patient Notification Requirements*
6.1.e	Ensure all data entered into the UNet® system, including DonorNet® and TIEDI® are complete and accurate, e.g., data entered on the Transplant Candidate Registration (TCR), Transplant Recipient Registration (TRR), and the Transplant Recipient Follow up forms. Consider utilizing importing data from EMR to complete forms.
6.1.f	Educate the multidisciplinary team regarding the QAPI mission, purpose, and priorities, and engage them in activities that will involve them in continuous improvement activities.

6.2 Develop, implement, and maintain a written comprehensive, data-driven QAPI program to monitor the performance of all transplantation services	
6.2.a	CMS has identified 5 key aspects of a comprehensive QAPI program that transplant programs should document in their QAPI plan and implement in practice to help drive improvements in quality of care.
6.2.b	Aspect 1: Design and Scope. Provide an overview of your QAPI program's mission and vision, purpose, and focus.
	• *Identify framework to evaluate systems that is comprehensive, covering all aspects of the donation/transplantation process throughout all phases of care.*
	• *Describe how your QAPI program will address key issues such as establishing goals, identify objective process and outcomes metrics, and prioritize performance improvement and patient safety concerns.*
	• *Describe the reporting structure and bi-directional feedback and communication with hospital Quality*
	• *Address key federal requirements of the OPTN and CMS.*
	• *Meeting frequency expectations.*
	• *Include monitoring and evaluation of contracted services (OPO, HLA lab, etc.).*

6.2.c	Aspect 2: Governance and Leadership. Transplant and hospital leadership must be actively engaged in QAPI efforts. • *Document how oversight is provided to ensure the QAPI program is implemented, ongoing, comprehensive, and effective.* • *Identify who will lead Transplant QAPI and delineate specific roles and responsibilities for its members. Include support staff from hospital quality, inpatient units, OR, and other ancillary or specialty services.* • *Identify who will ensure adequate resources are provided to support the QAPI program, to include staff time, equipment, and training.*
6.2.d	Aspect 3: Feedback, Data Systems and Monitoring. • *Identify data sources to analyze performance and identify potential areas of risk (i.e. EMR, patient satisfaction surveys, hospital quality data).* • *Include a wide range of care processes and outcomes metrics across all phases of care.* • *Make use of the best available evidence to compare your program against.* • *Describe how performance improvement opportunities will be identified and prioritized.* • *Incorporate input from patients and staff.*
6.2.e	Aspect 4: Performance Improvements (PI). Describe how your program will identify and prioritize PI projects. • *Determine how you will assemble teams to work on specific projects and identify key stakeholders that can identify the opportunity, analyze potential solutions, and implement change that are sustainable.* • *Identify the approach or methodology your QAPI program will use. This should be in alignment with hospital PI.* • *Discuss your process for documenting and communicating your progress and lessons learned during and throughout the phases of the PI project, and how this will be disseminated to the multidisciplinary team.*
6.2.f	Aspect 5: Systematic Analysis and Action. Describe the QAPI program's systematic approach to identify the following: • *Process for identification, reporting, and categorization of adverse events or near misses.* • *Overview of the thorough analysis process that includes a comprehensive look across all systems to address all factors that contribute to an event.* • *Disclosure of adverse events.* • *Corrective actions taken to prevent similar events.*
6.2.g	The Transplant QAPI plan should include the 5 Aspects noted above, and be in alignment with Hospital Quality activities, processes, and policy.

6.3 Implement data-driven, continual quality improvement	
6.3.a	Transplant QAPI must include <u>objective</u> measures to evaluate the performance of transplant activities and outcomes.
6.3.b	Include a minimum of one process measure and one outcome measure for each phase of transplantation and/or living donation • *Identify measures that are clinically relevant and evaluate processes that impact patient outcomes.* • *Create a process or rationale for choosing specific measures, with a goal of improving processes or outcomes.*
6.3.c	Identify benchmarks where available or establish internal goals to measure performance. • *Consider participation in national or international organ-specific registries that support quality initiatives. Examples include Studies in Pediatric Liver Transplantation (SPLIT), North American Pediatric Renal Trials and Collaborative Studies (NAPRTCS).* • *If no national benchmark is available, use this opportunity to discuss with the experts on the team an internal goal that is realistic and document the reasoning and rationale for the set goal.*
6.3.d	When necessary aggregated data should be broken down into subsets to allow comparison of performance within the program.
6.3.e	Develop a mechanism for ensuring data reliability. This is crucial since data must be accurate and reliable for a successful QAPI program.

6.4 Identify performance improvement activities and take actions using a planned systematic approach	
6.4.a	Use a planned systematic approach to identify, understand, and make changes that result in program performance improvements and track performance to ensure improvements are sustained (CMS, X101).
6.4.b	Develop a process for identifying PI activities that will improve care or services (i.e. high risk, high volume (or low volume), and/or problem prone). Opportunities for PI may come from: • *Undesired trends in objective measures.* • *Adverse event or near miss.* • *Staff or patient recommendations.* • *Policy or protocol review.*

6.4.c	PI activities are ongoing, creating a continuous cycle of review and improvement: • *Document PI activities utilizing a defined PI model or methodology identified in your QAPI plan (PDSA, FMEA, DMAIC).* • *Establish goals for the PI project.* • *Monitor actions to evaluate to ensure improvements are sustainable.* • *Communicate bi-directional reporting of these activities with staff and hospital leadership to promote a culture of continuous learning and improvement.*
6.4.d	Identify benchmarks where available or establish internal goals to measure performance. • *Consider participation in national or international organ-specific registries that support quality initiatives. Examples include Studies in Pediatric Liver Transplantation (SPLIT), North American Pediatric Renal Trials and Collaborative Studies (NAPRTCS).* • *If no national benchmark is available, use this opportunity to discuss with the experts on the team an internal goal that is realistic and document the reasoning and rationale for the set goal.*
6.4.e	Involve staff in PI and allow them to participate and weigh in on activities in which they are directly involved.

6.5 Establish and implement written policies to identify report, analyze, and address transplant-related adverse events	
6.5.a	Conduct a "Thorough Analysis" (CMS X103) on every adverse event using defined steps that include: • *A description of key facts.* • *Identification of similar events that have occurred in the past.* • *Identification and analysis of processes or systems that may have contributed to event.* • *Develop action plan to prevent future occurrences.*
6.5.b	Outline the steps, methods, and tools that will be used to identify and address events. • *Identify how adverse events are reported.* • *Stratify the different levels of severity and risk.* • *Identify when it's necessary to conduct a Root Cause Analysis.*
6.5.c	Adopt a transplant adverse events policy, that includes the above elements, as well as what is written in your QAPI plan, and clearly defines what a thorough analysis will be for a given type of adverse event.

6.5.d	Continually educate multidisciplinary team on the process of responding to an adverse event or near miss and support a non-punitive approach to reporting and review of events.

6.6 Routinely utilize regulatory and professional resources to strengthen and drive your QAPI efforts	
6.6.a	**QAPI Resources.** The resources listed below should help guide your QAPI to your transplant team's approach to practice, protocols, and processes across the continuum of care. Regulatory Resources to have on hand: • _CMS Survey Guide and Interpretations_ is Medicare's interpretation of the 13 Conditions of Participation that programs must abide by. • _CMS Conditions of Participation Requirements_. • _OPTN Policies and Bylaws_. • _OPTN Evaluation Guide_ assists programs with understanding operation compliance of OPTN policies. • _OPTN Policy Notices_ are helpful because unlike CMS, OPTN policies are revised a couple times annually, so it is important to keep updated on those that may impact your program. • _Reference the CMS-UNOS crosswalk._
6.6.b	Keep updated on the latest details regarding policy updates, educational resources, and other transplant news at UNOS Transplant Pro.

Strategy 7: Transplant Hospital Relationships with Donation Partners

Establish relationships with donation partners (e.g., OPO, Eye Bank, Tissue Bank, State Registries), and other organizations involved with donation within the DSA that reflect a collaborative, cohesive culture to support organ and tissue donation as a joint strategic priority.

7.1 Create a relationship between hospitals and donation partners where collaboration and cooperation are made a priority	
7.1.a	Participate in regular meetings between senior hospital administration, transplant administration, and senior donation partner leadership. • *Participate in at least one yearly meeting between senior hospital administration (e.g. CEO, COO), transplant administration, and senior donation partner leadership. Address strategic plans of hospitals related to donation and transplantation.* • *Chief Medical Officer (CMO) or equivalent of the donation partner should have access and meet with the CMO of the donation hospital. If there are MD issues on the donation hospital side, then CMO to CMO communication might be the first way to deal with the problem/issue.*
7.1.b	Participate in regular meetings between transplant administration and donation partner operations managers.
7.1.c	Ensure transplant participation as members of the hospital Organ Donor Council. • *As members of the hospital Organ Donor Council obtain donation data including organ, tissue and eye referrals and donations to disseminate throughout the transplant program.*
7.1.d	Ensure that current contracts between the hospital and the donation partners are up-to-date and reflective of actual practice, reviewed by the legal department, and signed.
7.1.e	Provide a comprehensive onboarding curriculum, orientation, and mentorship for new transplant staff. • *Have transplant staff visit the OPO, to see its operation and to gain some degree of understanding as to the purview of the OPO, how organs are allocated, and some of the difficult logistical issues faced by OPOs in performing their mission.*

7.2 Be responsible for results and share transplant outcome information with donation partners for the purpose of performance improvement	
7.2.a	Provide selected dashboard information to donation partners (e.g., year-end report with volumes, patient data, and graft survival data). Obtain quarterly and year-end reports from donation partners with referral data, number of donors, conversion rates and Organs Transplanted Per Donor (OTPD) / Observed : Expected (O:E).
7.2.b	Consider donation partners as appropriate in donation/transplant related PI projects.

7.3 Ensure donation partner staff are provided with tools for success	
7.3.a	Provide needed tools/access to allow donation partners to best perform their role: • *Provide hospital ID badges that allow access to closed areas (e.g. ICU, OR).* • *Provide on-site and remote access to electronic medical records.* • *Provide office space, computer, and telephone for the donation partners as needed.*
7.3.b	Transplant program will provide orientation and ongoing education to OPO staff about transplantation. • *Have donation partners visit the transplant program, to understand how candidates are evaluated and selected for transplantation and to have an understanding of transplant success.*

7.4 Transplant hospital will facilitate the identification of a donation champion to serve as liaison between the donation partners and the hospital

7.5 Cultivate an open relationship and dialogue between transplant surgeons/physicians and donation partner medical directors	
7.5.a	Hold routine organ turn-down conferences/review calls. • *Invite donation partners to attend transplant center "organ turn-down" conferences/review calls, so that donation partner can understand why a particular organ was not used. Ideally, these conferences/review calls should be held recent to the organ offer.*

7.5.b	Establish organ acceptance criteria
	• *Establish an open, real-time dialogue between transplant centers and OPOs to discuss difficult to place organs in order to increase organ utilization and offer a greater opportunity for transplanting patients.*
	   • Includes OPOs offering an organ as an open offer sooner to decrease the amount of cold ischemia time and
	   • allow the organ to be utilized as well as transplant centers declining or accepting organ offers in a timely manner.
	   • Includes transplant centers communicating with OPOs if they are an aggressive center and would be willing to accept marginal organs/open offers.

7.5.c	Use appropriate organ refusal codes when declining an organ offer so donation partner can accurately assess why an organ was not utilized.
7.5.d	Conduct periodic review analysis of the organ offers such as ROO report on UNET, report to learn outcomes and identify opportunity for process improvement and for optimization of organ utilization.

7.6 Transplant program works with their donation partner to assist in providing post-donation support for every family who consents to organ and/or tissue donation	
7.6.a	Encourage and facilitate transplant-donor family communication.
7.6.b	Respond timely to OPO's request of recipient outcomes.
7.6.c	Encourage transplant recipients to acknowledge the gift of life.