

Transplant/OPO Team Topics:

Patient Education – Ensuring All Patients on the Waitlist are “Transplant Ready.”

Transplant Challenges	Transplant Solutions
<p><u>Keeping Waitlisted Patients Engaged:</u></p> <p><i>How do we keep patients who have been on the waitlist for years engaged?</i></p>	<ul style="list-style-type: none"> • Send periodically newsletters with important reminders and contact information. • Mail magnets or bookmarks that include important contact details and reasons to communicate with the transplant center (hospitalizations, travel, change of address, etc.). • Create a “buddy/mentor” system that pairs a person on waitlist with transplant recipient. Incorporate feedback and follow-up from “buddy” with Transplant Team. University of Cincinnati has created a website for their region: https://transplantcommunity.org/transplant-peer-support • Use social media platforms including, Facebook, TikTok, YouTube to provide patients easy-to-access information from their phones when they are ready. • Educate dialysis staff on waitlist process. Use monthly blood testing as an opportunity to educate patients and reinforce the waitlist process. • Invest in a HIPAA compliant text messaging capability to send periodic updates, reminder links to the patient’s cell phones. • Create a transplant support group dinner as an incentive to get people to attend educational meetings. • Conduct quarterly in-person meetings for all pre-transplant patients to come on-site and learn more about the transplant process. • Distribute education invites through social media as well as personal invitations. • Create a “hot list” based on allocation points, PRA, etc., utilizing OPTN reports for likely offers. Keep these people in a separate caseload, segregated by blood type. This helps keep the patients who are most likely to get offers “Transplant Ready.” • Contact patients three (3) months in advance of their annual work up due date. • At first contact, make sure the Transplant Center phone number is in the patient’s cell phone so that they will recognize and answers when the center calls.
<p><u>Delayed Graft Function (DGF):</u> Improving patient management.</p>	<ul style="list-style-type: none"> • Create a DGF pathway in collaboration with select local providers. • Refer local patients back to their home dialysis center. Encourage dialysis center to not give up the chair immediately post-transplant.

Transplant Challenges	Transplant Solutions
<p><i>As use of hard-to-place kidneys increases, we are experiencing higher DGF resulting in longer lengths of stay. How can we better manage these patients?</i> <i>When facilities do not have the dialysis capability to manage these patients and support them clinically.</i></p>	<ul style="list-style-type: none"> • Use transplant center lab network for blood draws to monitor results. • Set up an arrangement with your local dialysis center and a mini hotel to assist patients traveling more than 50 miles away from the Transplant Center. (Credit: UPenn) • Establish check-in calls with patients, ask them to forward a picture of the site.
<p><u>High-KDPI Kidney Acceptance:</u> <i>How do we improve a patients' understanding and acceptance of high KDPI kidneys?</i></p>	<ul style="list-style-type: none"> • Share patient stories and metrics about the outcomes related to high-KDPI kidneys. • Create and post user-friendly infographics on the benefits of high-KDPI kidneys at dialysis centers. • Educate dialysis centers staff on benefits of using higher-KDPI kidneys. • Incorporate messaging on the use of higher KDPI kidneys on distributed material (brochures, magnets, bookmarks etc.) • Create a specialized support group comprised of higher KDPI recipients. Use the group to educate waitlist members on benefits of accepting higher KDPI kidneys.
<p><u>Pre- and Post-Transplant Diet:</u> <i>How do we help patients navigate the dietary restrictions, particularly acknowledging that available resources may only cover typical western foods and leave out cultural foods? (Patient Suggestion)</i></p>	<ul style="list-style-type: none"> • Collect information from transplant center patients on appropriate culturally sensitive recipes that meet dietary requirements. • Reach out and invite local and national celebrity chefs to share or create recipes that meet dietary requirements. • This website helps patients understand the potassium content for different styles of food: https://www.kidneycommunitykitchen.ca/wp-content/uploads/2021/06/Potassium-Content-in-Cultural-Foods.pdf

Donor/OPO Team Topics:

Hospital and OPO Roles in Supporting Organ Authorizations.

Donor Challenge	Donor Solutions
<p><u>Timely Referrals:</u></p> <p><i>How do we improve the timeliness of getting family care specialists onsite?</i></p>	<ul style="list-style-type: none"> • Train hospital nurses to have the necessary information before they make the call to the OPO. Then the OPO will have the pertinent details to determine when and how fast to proceed. Having the right person on the hospital side and on the OPO referral intake side improves timeliness. • Start “soft” consults. Intake staff introduces themselves to the family as the support staff/family support specialists. They state they are there to support the family at this time and gather questions from the family of where they are at with understanding the prognosis, understanding what the care teams have shared, and being mindful of when to bring up donation (e.g., if one family member doesn't grasp the patient's situation, they will do targeted education to them). • Establish relationships with families early. Have more informal conversations with families to get an idea of where they are with the grieving process without discussing donation. (e.g., a donor family advocate may speak with a family for 5 days straight and builds a strong relationship, which led to the family choosing to move forward with donation.) • Partner with hospital staff who are trained as family support. Let some of those individuals be that first contact with families. • Implement a Family Readiness Assessment Tool (FRAT). https://www.organdonationalliance.org/wp-content/uploads/2023/05/FS-26-FRAT.pdf
<p><u>Donor Conversation Rate:</u></p> <p><i>How can we increase our donor conversation rate?</i></p>	<ul style="list-style-type: none"> • Utilize “auto referrals”. The OPO coordinator on-site actively rounds and is attuned to hospital staff. The OPO developed trigger cards specific to respiratory therapists that have helped increase referrals. Finding and developing a relationship with a donor champion can help increase the conversion rate. • Define and analyze “untimely” referrals to determine what caused the delay and develop solutions for overcoming them. • OPOs can establish a more visible presence on hospital campus and to staff.

Donor Challenge	Donor Solutions
<p><u>Physician/Attending Reluctance:</u></p> <p><i>How do we collaborative and effectively navigate instances where the attending physician has hesitance regarding donor management because they don't believe a patient to have organ donation potential (e.g., patients with multiple co-morbidities or organ failure)?</i></p> <p>As an OPO it is our prerogative to make the final decision regarding potential donation viability/pursuing a donor.</p>	<ul style="list-style-type: none"> • Develop “badge-backers” that contain trigger and contact information for the OPO. • Designate an individual to serve or act as an arbitrator. This person can facilitate a conversation between the attending and OPO. • Educate the physician staff and secure leadership support for First Person Authorization (FPA). • Work to include the physician in the process and appropriate conversations with the family. • Use the RUM report to provide hard evidence that there is a chance that the organ will be utilized. Use data to make the case for donation to the physician. • Coordinate a call or meeting between the OPO CMO and the attending physician so they can explain doctor-to-doctor the importance of FPA and why the OPO is moving forward. <ul style="list-style-type: none"> • In the moment, if the physician is struggling with moving forward with donor management, involve the OPO medical director to allow for a physician-to-physician conversation. • Share case studies with similar patients and associated outcomes. In real-time, try to discern what the physician is concerned about. <ul style="list-style-type: none"> • Is it the donor-family? • Is it the safety of the transplant recipient? • Try to couch it in terms that it may not be the perfect kidney, but it's the perfect kidney for the recipient. • Stress that the donation team is not here to do any harm to this family, but to act on the donation potential that exists. • Create a “decision tree” to address these situations, where you can pre-determine courses of action. • Invite the OPO to participate in critical care committees.

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