ETCLC
ESRD Treatment Choices Learning Collaborative
The CMS/HRSA Kidney Donation & Transplant Initiative

Consultancy Report

QI Team Meetings | October 2023

Transplant/OPO Topics:

Transplant Center and OPO Relationships - Managing the Change Process and Preemptive calls regarding "Better than Dialysis" Kidneys

Transplant Challenge	Transplant Solutions
MANAGING THE CHANGE PROCESS	
Managing Declines: ***How do we reduce the number of declines after the Transplant Center has accepted the kidney?***	• Analyze Transplant Center decline patterns and discuss how the OPO can assist in reviewing and educating staff.
	• Check with UNOS to determine what information they collect regarding transplant program declines.
	• OPOs and Transplant Centers can collaborate and develop acceptable standards for declining offers and work with UNOS and others to collect data on transplant center patient decline patterns that could result in Policy.
	• Share the findings and video of the recent Physician Roundtable with Transplant Center physicians. *https://etclc.healthcarecommunities.org/resources/archived-meetings/#45-87-wpfd-october-18-2023-acceptance-practices-60-kdpi-kidneys*
Post-Transplant Care: ***How do we ensure that patients are ready for the post-transplant phase of care?***	• Allow the Dialysis Facility SW access to the transplant center's EMR (e.g., EPIC) to stay up to date with their patient's appts, change in status etc.
	• Offer occasional in-person "Lunch n Learns," and provide electronic platform to support distribution of education materials for dialysis centers.
Planning with Physicians: ***We want to convene our nephrologist and surgeons together to finalize plans, but are having difficulty convening them as a group, what structure are others using to obtain approval from physicians?***	• Identify and deploy a physician champion on the team to communicate with staff and speak with individual physicians one on one without convening the group. Get comfortable moving ahead with initiatives without unanimous approval.
	• Hold weekly operations meetings with both medical and administrative leadership and bring forth proposed process improvement initiatives for discussion/acceptance.
WAITLIST MANAGEMENT	
Consent for Hep C Kidneys: ***How are Transplant Centers educating their large waitlist on obtaining consent for Hep C positive organs?***	• Educate patients during the evaluation process on the following: Benefits of Hep C+ donor kidneys; Financing options; Living kidney donor resources; and to ensure that the education understandable, make sure it is culturally sensitive and provided in other languages (e.g., Spanish).
Patient Readiness: ***How do we help patients understand their costs associated with transplant?***	• Seek opportunities for acquiring supplemental financial assistance from sources such as community charity care, medication assistance plans, catastrophic injury funds, hospital fundraising efforts, and faith-based organizations.

Transplant Challenge	Transplant Solutions
Waitlist Services: ***There appears to be efforts promoting business to provide services in helping move patients from evaluation to the waitlist. Our experience is companies are not yet sophisticated in the area of transplant.*** ***How do we establish relationships with these companies at this time?***	• Increase communication with dialysis facilities regarding patient updates via fax, phone communication to include transplant coordinators and dialysis Social Workers and utilize an electronic platform.
	• Provide a patient navigator to assist patients through the process when they begin the evaluation and connect with Regional Social Workers to make time with the transplant coordinators to review patient updates.
	• Allow the dialysis facilities access to the transplant program's electronic medical record platform.
	• Review UNOS staffing survey and ensure you have the appropriate volume of staff to manage the work.
TRANSPLANT CENTER AND OPO RELATIONSHIPS	
Getting on the "Aggressive List": ***How do we get our Transplant Center recognized by the OPOs as "aggressive" and increase our offers?***	• Formally present the program's acceptance criteria and other capabilities (ability to pump, outcome information on from hard-to-place kidneys) to OPOs, dialysis facilities, and other transplant programs in your local DSA (250NM radius).
	• Compile and share data regarding outcomes from less-than-ideal organs that have been transplanted. Show that the Transplant Center can produce good outcomes from these kidneys.
Increasing Organ Offers ***How are Transplant Centers building relationships outside of their areas to increase the number of organs offers?***	• Integrate a Physician Champion on the Team to meet with the OPO on a regular basis to review organ offer data.
	• Focus QI efforts on organs that should have been transplanted and why they were not transplanted, also review organ offer data and distribute feedback to the team and OPO.
Use of Kidney Pumps: ***What do you do when you are offered a kidney, and it needs to be on the pump, but the OPO does not have the capacity to put it on pump, especially on high sequence?***	• Obtain buy-In from transplant center and OPO Leadership to purchase an adequate number of pumps and discuss utilization protocols for donor imports and exports.
	• Work with OPOs to have the hospital provide pumps, if the OPO is unable to.
Preemptive Calls regarding "Better-than-Dialysis" kidneys: ***How do we better use pre-recovery time to expedite placement of hard-to-place kidneys, particularly on the weekend?***	• Begin conversations with the transplant center as close to cross clamp as possible. Educate patients regarding potential dialysis (i.e., DGR) needs post-transplant.
	• Create a "competitive environment" for kidney placement by engaging centers that want to grow their transplant program. Use the "substitute teacher" model to create a large demand for a specific kidney.
	• Create a Hot List of patients who are ready for transplant and look at entire list beyond the match run for patients that would consider the high KDPI kidney and are ready.
	• Encourage Transplant Centers to identify ready patients, particularly their older population as time for cross-clamp approaches.

Transplant Challenge	Transplant Solutions
	• Suggest that Transplant Centers consider older candidates, 70-74 years of age. Educate the Transplant Center to have alternative patients ready at the time of the offer.
Re-Allocate a Kidney: ***How do we work with Transplant Centers to help the OPO reallocate a kidney that has been accepted and delivered to the Transplant Center? Centers often struggle with re-packaging.***	• Review Transplant Center Process for declining a kidney after visualization and the need to move to the next center.
	• Ensure a workflow process is in place to document the procedures once the decision is made to not use the kidney. Make certain packaging is retained until the kidney is transplanted.
Equitable Care in a Diverse Population: ***How do Transplant Centers provide equitable care and effective patient education in a diverse patient population with low health literacy, and different cultural attitudes pertaining to receiving health care?***	• Create a video for donor families, translate materials into Spanish, explore the use of Artificial Intelligence applications to translate into different languages (validate the translation with native speaking individuals).
	• The Missouri Kidney Program developed a Transplant-Ready Workbook and are translating it into Spanish. It is intended to be supportive of challenges in health literacy and contains a lot of symbols and graphics. In the workbook we talk about DCD kidneys and choices they have to make. The workbook is available at: *https://mokp.org/education/patient-education* The National Kidney Foundation is trying to focus more about transplant and early-stage CKD and has translated their material to eight different languages.
	• Provide culturally specific education material. Provide multi-lingual speakers when engaging specific communities and leverage multi-lingual providers to provide education where possible.

Donor/OPO Topics:

Donor Hospital and OPO Relationships – Making the Right Approach, FPA Opposition, Improving the timing of Referrals, OR, ED and Staff Education and Check-ins

Donor Challenge	Donor Solutions
MAKING THE RIGHT APPROACH	
Approaching Families for Consent: ***What has been your standard process for approaching/discussion with families for potential consent – what is your timing/process?***	• A signal to approach is if the family is discussing funeral homes and End-of-Life (check with the hospital staff). Also, it is possible to include the family as part of the brain death exam, especially the Apnea test. Their participation helps them understand the condition is not a coma.
	• One approach is to wait until after the second and final test and use huddles to monitor where the family is.
FPA OPPOSITION	
FPA Resistance: ***How do we overcome First Person Authorization resistance and when to push back to increase the number of organs available for transplant?***	• Meet with key hospital leadership (CEO, COO, Risk Management, Medical Directors) to build support and co-develop an escalation plan. Incorporate the plan into new employee orientation.
	• Change the donation narrative from saving someone else's life to giving the grieving family an opportunity to make something positive out of a bad/tragic situation.
	• Create an escalation algorithm (plan) that identifies the people to huddle and address the challenge at hand and develop a solution. The plan should stress the desire to show respect for the family and develop success stories to highlight how it works to inspire others.
	• Increase relationship building with hospital leadership, have others (outside the OPO) request hospital leadership buy-in to organ donation as a priority. An example is using the OPO Attorney to brief Hospital Counsel (in partnership with the local hospital association) on First Person Authorization.
	• Develop and refine the presumptive language aspect of FPA and embed it into the culture of the OPO and Donor Hospitals.
	• Engage the "after-care" department to explore FPA resistance and perform an after-action review to better address the situation and better support the family. Follow-up to highlight how reluctant families viewed their experience in retrospect.
	• Be aware of the potential for a violent response from the family. Develop a safety plan for uncomfortable family situations. Consider involving security to prevent family's reaction if they do not agree with FPA.
	• For those situations where the OPO representative is not the best person to approach, utilize a patient relations coordinator that does not represent the OPO. Ensure that a limited number of staff are in the family's presence, so the family is not overwhelmed.

Donor Challenge	Donor Solutions
IMPROVING TIMING	
Extending DCD Declaration Time: ***We are considering changing the DCD declaration time from 90 minutes to 120 minutes based on new research, has anyone made this change?***	• Consider involving other available clinicians to help expedite the process; utilize PACU as a usable space. • A good first step is to discuss the opportunity of using additional staff from either the Hospital or OPO to support the efforts necessary to extend the DCD declaration time with the OPO CFO to determine the implications on revenue/cost for each party.
	• Discuss with transplant centers what their preferred maximum declaration time is.
	• Present data on the frequency a kidney was not recovered after 90 minutes. Include evidence that the impact on the kidney is minimal.
	• Encourage expanding waiting time from 90 minutes to 120 minutes and make the case that these organs can be utilized.
Extending Warm Ischemic Time (WIT) policy for DCD: ***What is the maximum acceptable WIT for pediatric donor recovery at your pediatric organization/hospital?*** ***What is the maximum acceptable WIT for a pediatric donor organ for one of your pediatric candidates?*** ***Where else can organizations find data on WIT acceptance threshold in DCD?***	• Survey physicians and transplant centers to identify champions that will discuss challenges and breakthroughs and help establish best practices.
DONOR HOSPITAL AND OPO RELATIONSHIPS	
Access to EMR: ***How are Donor Hospitals providing access to the EMR so that they can process orders after declaration of brain death? Hospital Counsels have indicated the OPO cannot have access to the EMR (in Wisconsin).***	• Provide Hospital Counsel the CMS Letter stating that OPO's are allowed to review donor patient information.
	• Assign OPO point-person to approach Information System management (and/or system liaison) and review the CMS letter and request authorization to access appropriate order templates. Emphasize the compliance with hospital security and privacy policies will be followed.
	• Create talking points about the OPO role, CMS requirements and the case for EMR access. Include examples of other institutions granting access to OPOs.

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