

CHANGE PACKAGE

for accelerating organ
transplant program growth

Created by:



OPTN
EXPEDITIOUS
TASK FORCE

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Background

The OPTN Expeditious Task Force, established to address organ placement through allocation efficiencies, set a bold aim to achieve 60,000 successful deceased donor transplants nationwide in 2026 ¹. Achieving this ambitious goal is beneficial to patients in need of a transplant and more than possible with commitment and collaboration from hospital and transplant leaders across the country.

Growth Is Important

While transplantation is growing nationally, it is growing more slowly than donation, resulting in a rising organ non-use rate ². Over 100,000 patients are on the organ transplant waiting list and increasing the number of transplants performed provides more opportunities for those in need ³.

Growth is attainable

Many transplant programs have grown their transplant volumes by 100%, 200%, 300%, or more over the last 5 years (2018-2023) ². These programs have been able to achieve this growth within the framework of the current system. Growth of this magnitude requires strong leadership and dedicated commitment. If all transplant programs grow collectively, the Expeditious Task Force's bold aim of 60K transplants in 2026 is attainable ¹.

Strategies for growth

Learning from programs who have experienced and maintained growth is essential to developing and sharing resources. This change package was created highlighting five key growth strategies and effective practices from successful high growth transplant programs.

Resources

1. [OPTN Task Force Sets Goal of Achieving 60,000 Transplants by 2026](#)
2. [Data | OPTN](#)
3. [Organ Donation Statistics | HRSA](#)

What is a change package?

A change package outlines multi-level strategies to achieve an overarching aim:

Change Strategy:

A broad process to drive growth. Change Strategies have supporting Change Concepts, and each Change Concept has supporting Testable Actions.



Change Concept:

An approach to change. Change concepts consist of specific actionable improvement ideas.



Testable Action:

Implementation of change. Specific, testable, measurable actions that support achievement of a Change Concept.



Strategy 1

Chart an Intentional Growth Journey

Strategy 1 Overview

Charting an intentional growth journey helps an organization set the foundation for growth in transplant. It helps ensure a unified vision is shared by staff at all levels. This Change Strategy is comprised of the following Change Concepts:

- Change Concept 1.1 – Set Leadership Aims
- Change Concept 1.2 – Establish a Collaborative Partnership and Shared Vision with the C-Suite
- Change Concept 1.3 – Cultivate Sustainable Growth
- Change Concept 1.4 – Promote Transplant’s Role and Value in the Institutional Framework

Change Concept 1.1 – Set Leadership Aims

Defining the Change

MOVE FROM: Setting management goals around transplant program growth, based on perceptions of what is possible with expected resources

TO: Setting bold leadership aims where the target is set based on patients’ needs and then determining how to best address those needs

Testable Actions

Testable Action 1.1.1 – Calculate a Bold Aim

Impact	Setting a bold aim for transplant volume, with yearly benchmark goals, facilitates program-wide alignment toward growth.
Implementation	<p>Bold Aims can be set at the transplant program level, transplant hospital level, or for larger organizations with multiple transplant centers, at the institution level. Use data to drive decisions related to setting stretch goals.</p> <p>In 2022, the Mayo Clinic Hospital Florida heart program set their “Bold Forward” goal to achieve 100 heart transplants per year in 5 years after evaluating their average volume and average post-transplant survival levels. They set yearly benchmark goals for volume, referrals, evaluations, and waitlist additions, and pursued volume growth as a strategy to both improve outcomes and help more patients. In 2023, they had already surpassed their 3-year</p>

	<p>volume benchmark goal, and are on track to achieve their Bold Aim of 100 heart transplants ahead of schedule.</p>
<p>Testable Action 1.1.2 – Set growth goals with the intention and mindset of continual growth</p>	
Impact	<p>Organization-wide alignment on the mission of continuously growing transplantation will help meet the needs of patients in the community.</p>
Implementation	<p>Set growth goals where the goals are based on the community’s needs. Identify ways to reduce the number of candidates waiting for an organ.</p> <p>At Intermountain Medical Center, the approach is to keep growing until the waitlist is zero and therefore not set a limit. The mindset is that growth will be finished when there are no longer people waiting.</p>

Change Concept 1.2 – Establish a Collaborative Partnership and Shared Vision with the C-Suite

Defining the Change

MOVE FROM: An “Us vs. Them” relationship between hospital C-suite and transplant center leadership where the focus is convincing the C-suite to trust and invest in the vision

TO: A collaborative partnership with transparency and accountability where C-suite and transplant leadership have a shared vision around growth and the C-Suite is committed in that shared vision

Testable Actions

Testable Action 1.2.1 – Establish a regular cadence of meetings with the C-suite

Impact	Regular meetings with the C-suite help establish a collaborative relationship and shared vision around growth. Regular communication also promotes transparency and the opportunity for timely feedback.
Implementation	<p>Below are examples of cadences and associated meeting topics used by high-growth transplant programs:</p> <p>VCU Health System Authority, VCUMC and University of Utah Medical Center established leadership meetings with C-suites at a cadence of every 2-4 weeks to inform how things are progressing, identify challenges, and express needs from C-Suite.</p> <p>Hackensack University Medical Center implemented a quarterly meeting cadence to give transplant leadership regular access to the C-suite. Transplant leadership uses this as an opportunity to share reviews of data, update progress toward goals, identify opportunities for growth, and discuss resource needs.</p> <p>The UF Health Shands Hospital transplant administration conducts a bi-annual data presentation to their C-suite that includes: metrics to show current state of their transplant programs, metrics to show need for growth and risk (metrics displayed alongside competing state programs’ metrics for benchmarking), and identification of where capacity for growth is needed.</p> <p><i>See Resources section below for metrics examples</i></p>

Testable Action 1.2.2 – Prepare convincing, data-driven presentations to C-suite leaders to request resources necessary for growth	
Impact	Growth in transplant has both upstream and downstream impacts across other service lines. The transplant service line brings in patients and potentially boosts the hospital’s overall reputation. Using data to demonstrate there is need, capacity, and clear benefits to the larger hospital system for growth in transplant is an effective way to secure support from the C-suite and cultivate a shared vision around growth in transplant.
Implementation	<p>Create a business plan with growth targets and resources needed for all phases of perioperative care. Consider direct and indirect staffing needs and work with the finance department to calculate per case contribution margin and Medicare reimbursement numbers.</p> <p>Duke University Hospital and VCU Health System Authority, VCUMC transplant centers use the Situation Background Assessment Recommendation (SBAR) tool to articulate the resource needs in a particular area to the C-suite.</p> <p><i>See Resources section below for examples and resources</i></p>
Testable Action 1.2.3 – Invite C-suite members to transplant-focused meetings and events	
Impact	Active engagement from the C-suite helps to cultivate a deeper understanding of transplant and helps to develop a shared vision regarding growth in transplant.
Implementation	<p>C-suite Engagement Examples:</p> <ul style="list-style-type: none"> • Houston Methodist Hospital includes the hospital CFO in transplant finance meetings • Hackensack University Medical Center invites the hospital CEO to transplant-focused collaboratives • VCU Health System Authority, VCUMC invites hospital C-suite members to quarterly transplant program staff meetings
Testable Action 1.2.4 – Share impactful patient success stories from innovative transplants with the C-suite	

Impact	Sharing impactful patient stories allows the C-suite to take direct ownership in the positive impact on the community from transplant.
Implementation	Children’s Mercy Hospital engages the C-suite as part of care delivery to generate a direct connection to purpose and allow them to share in the wins alongside more front-line team members. There is an emphasis on continuous engagement with the C-suite, rather than only approaching them when asking for resources.
Testable Action 1.2.5 – Invite hospital executives and C-suite members to the operating room to witness donation and life-saving transplants firsthand	
Impact	The C-suite can more easily connect to purpose, cultivate a shared vision around growth in transplant, and develop a deeper understanding of transplant within the hospital.
Implementation	Invite C-suite leaders to be present during an organ recovery or transplant. Establish a regular cadence for visits to the operating room yearly or bi-annually. Encourage the C-suite to share their experiences with the broader hospital system.

Change Concept 1.3 – Cultivate Sustainable Growth

Defining the Change

MOVE FROM: A strategy to invest upfront in required resources for growth to demonstrate rapid progress and return on investment to C-suite leadership

TO: A strategy to invest in the growth plan to be executed iteratively at a sustainable pace that balances fueling the growth while not straining the system

Testable Actions

Testable Action 1.3.1 – Establish regular check-ins to review practices, strategies, and performance

Impact	Meeting at regular intervals with transplant team members such as surgeons, physicians, specialists, transplant coordinators, and transplant administrators ensures no decision is considered permanent and allows for continuous improvement of processes.
Implementation	<p>Intermountain Medical Center uses a monthly cadence to review declined organ offers and discuss outcomes of recent transplants.</p> <p>University of Utah Medical Center uses a quarterly cadence to evaluate processes and identify opportunities for improvement and/or growth.</p>

Testable Action 1.3.2 – Implement a zero-based staffing model

Impact	Using zero-based principles when building and implementing a staffing model optimizes staff output by directing them to high value areas, and ensures operations align with the organization growth strategy and overall mission.
Implementation	<p>Periodically, analyze staffing roles and responsibilities to assess evolving needs, assess productivity, and to identify potential areas of waste (duplication of efforts, time loss, etc.).</p> <p>At NYU Langone Health transplant center, the C-suite requested a zero-based staffing model. Established ratios are used yearly for budgeting to ensure a proactive approach to resource requests.</p> <p><i>See Resources section below for additional resources</i></p>

Testable Action 1.3.3 – Implement quality metrics and outcome-based goals alongside volume and growth metric goals	
Impact	Focusing on quality metrics paves the way for growth by ensuring optimal patient care and meeting payor and CMS standards.
Implementation	Mayo Clinic Hospital Florida set their “Bold Forward” goal to achieve 100 heart transplants per year in 5 years. Alongside volume growth metric goals, they included quality metrics like median time to transplant, graft survival (1 year, 3 year), and average length of stay in their business plan.

Change Concept 1.4 – Emphasize Transplant’s Role and Value in the Institutional Framework

Defining the Change

MOVE FROM: A scenario where a transplant program operates in a silo of the larger hospital system

TO: Demonstrating how valuable the program is within the institution and strengthening successful collaboration with other departments and divisions

Testable Actions

Testable Action 1.4.1 – Conduct enterprise-level grand rounds

Impact	Formalized enterprise-wide grand rounds cultivate an understanding of transplant’s mission, processes, and value across the broader hospital system.
Implementation	<p>Establish a cadence for grand rounds (weekly, bimonthly, etc.) and encourage broad participation by all hospital staff. Consider opportunities to utilize guest speakers and patient impact stories.</p> <p>Duke University Hospital transplant center conducts grand rounds at a cadence of 2-3 times a month to the larger hospital community. Nationally recognized speakers are often invited from around the country. Grand rounds are for all transplant programs and can discuss innovative clinical trials or technological advancements like machine perfusion.</p>

Testable Action 1.4.2 – Share stories about transplant and information about transplant services on the hospital internet page and hospital social media outlets

Impact	Sharing impactful transplant stories broadly reaches a larger audience in the community, ensures visibility, and promotes transplant as one of the hospital’s key functions.
Implementation	The NYU Langone Health transplant team works with the hospital media team at the beginning of each new year. The director of the institute picks specific transplant programs to highlight in the media based on relevance (new programs, innovative practices, outstanding growth etc.). Presenting an organized front to the

	media team helped to support buy-in and give prioritization to transplant within the media.
Testable Action 1.4.3 – Send a monthly newsletter to ambulatory networks that highlights transplant programs	
Impact	Ambulatory networks will gain a better understanding of what the transplant programs offer and how the transplant programs function.
Implementation	NYU Langone Health transplant practice sends out a monthly Faculty Group Practice (FGP) newsletter to entire ambulatory networks. The newsletter highlights patient stories, innovative practices, and key transplant data, and reviews transplant program offerings for each organ group.

Resources	
Testable Action 1.2.1 – Establish a regular cadence of meetings with the C-suite	
Metrics	<p>Example metrics to show current state of transplant programs:</p> <ul style="list-style-type: none"> • SRTR 5-Tier Model Comparison (metrics displayed alongside competing state programs’ metrics for comparison) • 5- Year Transplant Volume Trends (graph of transplant volume per year, show percent growth in last 5 years) <p>Example metrics to show need for growth: (metrics displayed alongside competing state programs’ metrics in graphs for direct comparison)</p> <ul style="list-style-type: none"> • Transplant Offer Acceptance Ratio (include percentage more or less likely to accept compared to other programs) • Transplant Rate (Per 100 Person-Years on the Waiting List) • Median Time to Transplant for Waiting List Candidates • Rates of Patient Mortality After Listing (Rate Per 100 Person-Years) <p>Example metrics to show capacity to grow: (metrics displayed alongside competing state programs’ metrics in graphs for direct comparison)</p>

	<ul style="list-style-type: none"> • Adult Graft Survival (1 month, 1 year, 3 year) • Adult Patient Survival (1 month, 1 year, 3 year) <p>Example metrics to show case for growth and where to grow for greatest impact:</p> <ul style="list-style-type: none"> • Where to grow: Total Number of Transplant Referrals versus Total Number of Transplant Evaluations (show increase in referrals next to decrease in evaluations over last 5 years) • Capacity for growth in market: Total Number of Waitlist Additions in State, Number of Transplants in State (show growth in transplant market size over last 5 years) • Need for program growth: Program Percentage Market Share of Transplants in State, Program Percentage Market Share of Waitlist Additions in State (show shrinking program market share in transplant in state over last 5 years)
Resources	5-Tier Outcome Assessment
<p>Testable Action 1.2.2 – Prepare convincing, data-driven presentations to C-suite leaders to request resources necessary for growth</p>	
Metrics and Examples	<p>Example growth target metrics:</p> <ul style="list-style-type: none"> • Transplants (with yearly growth goals) • Referrals (with yearly growth goals) • Evaluations (with yearly growth goals) • Waitlist additions (with yearly growth goals) <p>Example resource needs: Direct staffing</p> <ul style="list-style-type: none"> • Heart transplant (cardiologists, APP, coordinator, MDT) • Cardiothoracic surgery • Surgical services • CV perfusion • Office of access management <p>Example resource needs: Indirect staffing</p> <ul style="list-style-type: none"> • Critical care • CV Cath lab • Inpatient unit/PT/OT • Cardiopulmonary rehab • Consulting groups (ID, dermatology, pulmonology, nephrology, etc.)

	<p>Example resource needs: Capital requirements</p> <ul style="list-style-type: none"> • Perfusion equipment (DCD pump & cardiopulmonary bypass machine) • ECMO equipment • Beds • OR space • CV Cath lab
Resources	<p>SBAR Tool: Situation-Background-Assessment-Recommendation Institute for Healthcare Improvement</p> <p>SBAR Green Dot Consulting Group</p>
Testable Action 1.3.2 – Implement a zero-based staffing model	
Resources	<p>An approach to zero based organization redesign McKinsey</p> <p>Zero-based productivity—Organization: Using zero-based principles to forge a purpose-built organization</p>

The background of the slide is a photograph of three surgeons in an operating room. They are wearing blue scrubs, white surgical masks, and white bouffant caps. They are focused on a patient, with their hands visible near the bottom of the frame. The lighting is bright and clinical.

Strategy 2

Create a Culture For Growth

Strategy 2 Overview

Creating a culture for growth that is embodied by staff at all levels ensures organization-wide alignment towards growth. This Change Strategy is comprised of the following Change Concepts:

- Change Concept 2.1 – Invest in the Right Leaders
- Change Concept 2.2 – Create a Mission-Aligned Team
- Change Concept 2.3 – Create Team Accountability
- Change Concept 2.4 – Cultivate an Identity for Growth

Change Concept 2.1 – Invest in the Right Leaders	
Defining the Change	
MOVE FROM: Conventional leaders who are content with the status quo and are resistant to change	
TO: Innovative leaders with proven track records of successful, calculated risk-taking and who embrace new practices, procedures, and technologies	
Testable Actions	
Testable Action 2.1.1 – Seek transplant center leaders with a proven track record of implementing successful innovative practices	
Impact	Innovative and growth-minded leaders can spearhead program-wide efforts toward growth in transplant.
Implementation	NYU Langone Health recruited a proven leader to direct the transplant institute with a reputation for pioneering several innovative protocols with demonstrated success at previous institutions, such as the use of HCV-positive organs. This success was able to be quickly replicated at NYU Langone with Hepatitis-C heart transplants.
Testable Action 2.1.2 – State intentions for growth during the hiring process for surgical and medical leadership	

Impact	Stating intentions for growth during the hiring process helps to ensure the transplant team is comprised of growth-minded leaders.
Implementation	Duke University Hospital includes the importance of program growth within job descriptions, highlighting it during the interview process for surgical leadership.

Change Concept 2.2 – Create a Mission-Aligned Team

Defining the Change

MOVE FROM: A team motivated by a reinforcement-based approach

TO: An intrinsically motivated team that lives and breathes the mission of saving as many lives as possible

Testable Actions

Testable Action 2.2.1 – Hire self-motivated people who are passionate and dedicated to saving lives

Impact	Hiring self-motivated and mission-driven staff ensures that the team is comprised of personnel capable and ready to embody a culture that puts the mission first.
Implementation	Intermountain Medical Center and NYU Langone Health transplant centers emphasize hiring intrinsically motivated people who are aligned around the mission of saving lives, diminishing the need for a reward-based environment.

Testable Action 2.2.2 – Locate all transplant programs and their respective multi-functional teams in the same physical space within the hospital

Impact	Ensuring all transplant staff members work in the same physical location increases the opportunity for peer-to-peer interaction and engagement within the transplant team to foster camaraderie and shared pride.
Implementation	Intermountain Medical Center made an intentional decision to locate all transplant team members' facility spaces within the same area of the hospital building. This resulted in frequent interactions between surgeons, nephrologists, and other transplant staff which built culture, community, and camaraderie.

Testable Action 2.2.3 – Provide annual data reports of transplant program performance and progress towards established metrics to transplant center staff

Impact	Maintaining transparency with data reporting ensures the entire team understands key performance metrics and how their roles contribute to that performance. This creates an environment where ownership of transplant center success is shared across the team.
Implementation	At Hackensack University Medical Center, annual data report metrics are provided to the team, which include organ offer acceptance behavior, SRTR data, process improvement outcomes, and quality outcomes.
Testable Action 2.2.4 – Establish a set of core values and consistently promote them to program staff	
Impact	Establishing and projecting a set of core values to program staff builds and cultivates a culture for growth from within the organization.
Implementation	The Cleveland Clinic Foundation adopted teamwork, quality, and integrity as core values. The transplant team incorporates the core values in day-to-day activities and embraces a leadership over management mentality.

Change Concept 2.3 – Cultivate Team Accountability

Defining the Change

MOVE FROM: A team with members unaware of their individual contribution and their team’s performance towards growth metrics

TO: A team aligned around transplant growth where team members take an active role in developing performance metrics and proactively seek to improve and innovate from within

Testable Actions

Testable Action 2.3.1 – Give immediate, measurable feedback on team performance and track it over time

Impact	Immediate, actionable feedback promotes team members’ awareness of their team’s current performance, generates pride in excellence, and motivates improvement.
Implementation	Hackensack University Medical Center sends a “snapshot” report at the beginning of each work week with performance data from different functional areas of the transplant program. The report focuses on team performance, rather than on individual performance.

Testable Action 2.3.2 – Allow each team member to contribute to creating performance metrics

Impact	Giving team members input on performance metrics drives ownership within all team members, cultivates self-accountability, and encourages intrinsically motivated progress.
Implementation	At Hackensack University Medical Center, each team member contributes to creating the metrics for the transplant program weekly performance reports.

Change Concept 2.4 – Cultivate an Identity for Growth

Defining the Change

MOVE FROM: A hospital that performs transplants as one of its many patient services

TO: A transplant hospital where transplant is part of the hospital’s core identity

Testable Actions

Testable Action 2.4.1 – Share internal communications from hospital leadership that highlight and celebrate transplant as one of the core hospital businesses

Impact	Direct recognition from leadership builds pride both in the transplant service line and in the larger hospital institution.
Implementation	At Hackensack University Medical Center, the CEO speaks to new staff monthly to highlight and celebrate the institution’s top national rankings in transplant, along with the success of other hospital specialties. This highlights transplant’s value and inspires continued excellence within the transplant practice.

Testable Action 2.4.2 – Reiterate intentions for transplant center growth to hospital staff

Impact	Projecting the organization-wide goal for growth in transplant to hospital staff demonstrates prioritization of transplant as a key hospital function.
Implementation	Duke University Hospital emphasizes growth metrics such as data on the number of referrals, evaluations, waitlisted candidates and transplants to date, as well as quality metrics like median time from referral to evaluation, time from evaluation start to evaluation finish, time on the waitlist, and waitlist mortality.



Strategy 3
Find a Way to
Say Yes

Strategy 3 Overview

One of the most direct ways to grow in transplant is to accept more organs. Finding a way to say yes and broadening the boundaries of transplant center offer acceptance practices allow for more organs to be used, more patients to be helped, and more lives saved. This Change Strategy is comprised of the following Change Concepts:

- Change Concept 3.1 – Balance Risk with Reward
- Change Concept 3.2 – Empower Staff to Innovate
- Change Concept 3.3 – Streamline Offer Review Process
- Change Concept 3.4 – Increase Transplant Options for Patients

Change Concept 3.1 – Balance Risk with Reward	
Defining the Change	
<p>MOVE FROM: Letting the fear of poor outcomes prohibit growth</p> <p>TO: An understanding that programs with broader offer acceptance practices are able to maintain favorable patient outcomes</p>	
Testable Actions	
Testable Action 3.1.1 – Embrace new technologies	
Impact	Embracing new technologies pushes the boundaries of what is possible in transplant and can result in more organs used and more lives saved.
Implementation	<p>The Cleveland Clinic Foundation saw an opportunity to innovate and improve the transplant experience for patients with minimally invasive surgeries and became one of the first centers to do laparoscopic donor nephrectomies for kidney transplants.</p> <p>The NYU Langone Health heart transplant program read about DCD and Hepatitis-C positive heart transplants in other areas of the country, and then they became the first transplant program in their region to start performing such transplants, as well as multi-organ transplants.</p> <p>University of California San Diego Medical Center participated in early clinical trials for new organ preservation technologies used in</p>

	treating end-stage liver failure, which contributed to the strong growth of their liver program.
Testable Action 3.1.2 – Review outcomes and evaluate risks with transplant quality assurance and performance improvement (QAPI) staff	
Impact	Monitoring and adjusting acceptance practices and outcomes in a systematic manner allows for calculated decision making and facilitates proactive course corrections.
Implementation	<p>The Cleveland Clinic Foundation created an early warning system across all organs to make sure data submissions are accurate with regard to risk factors. They are notified of unexpected outcomes and can course correct in advance of being flagged by outcome monitoring metrics.</p> <p>University of Utah Medical Center conducts regular meetings with their QAPI staff to review outcomes and assess risks, re-evaluate the rationale behind decisions made, and identify areas for future improvement.</p>
Testable Action 3.1.3 – Hold routine transplant team meetings to discuss center-wide issues	
Impact	Routine meetings to address transplant center-wide issues give a platform for team-driven problem solving and innovation and cultivate accountability and buy-in from staff members.
Implementation	The Cleveland Clinic Foundation conducts regular transplant council meetings to discuss large issues within their transplant center. The discussions are positive and solution-oriented, and often involve sharing of performance across organ acceptance metrics for each program for comparison.

Change Concept 3.2 – Empower Staff to Innovate

Defining the Change

MOVE FROM: Dismissing staff needs and concerns about potential repercussions of failed growth initiatives

TO: Allowing staff members to innovate and providing opportunities to test new ideas

Testable Actions

Testable Action 3.2.1 – Educate staff on the performance metrics and the impact of offer acceptance practices

Impact	Educating transplant staff and ensuring they understand the performance metrics helps ensure there is program-wide synergy on organ acceptance and enables all staff members to know where there are opportunities to accept more organs.
Implementation	The Cleveland Clinic Foundation found that educating their transplant staff on risk-adjusted versus unadjusted risk allowed them to more readily accept more medically complex organs and maintain high levels of performance across their performance metrics.

Testable Action 3.2.2 – Create subject matter consortiums to share expertise and foster continuing education

Impact	Providing a platform for subject matter experts to share expertise and serve as a resource for continual staff education can improve staff competencies and promote awareness of current trends. Additionally, maintaining an all-teach, all-learn, all-share environment builds team unity and a connection to the larger mission.
Implementation	The Cleveland Clinic Foundation set up “alliance groups” within specific subject matters such as nursing, organ perfusion and preservation, and each individual organ. They also bring in international experts to share their knowledge in different areas.

Testable Action 3.2.3 – Remove barriers that prevent staff from being innovative

Impact	Evaluate opportunities to change practices to provide time and space for staff to pursue and develop impactful initiatives.
Implementation	Intermountain Medical Center's liver program decided to use a third-party contractor to help with perfusion, freeing up time for staff to focus on other initiatives. Program leadership proceeded with this endeavor prior to having data to show it would be a success, measuring the impact along the way.

Change Concept 3.3 – Streamline Offer Review Process

Defining the Change

MOVE FROM: A static process for listing candidates and reviewing organ offers with broad criteria

TO: Efficient offer review in alignment with program and candidate-specific attributes

Testable Actions

Testable Action 3.3.1 – Establish and maintain effective waitlist management practices

Impact	Effective waitlist management can improve efficiency during organ offer reviews and contribute to better quality matching between donors and potential recipients.
Implementation	Hackensack University Medical Center implemented a waitlist management program inclusive of categorizing patients with different donor acceptance criteria. When a patient is listed, Hackensack determines specific criteria acceptable for that patient (i.e. clinical factors, psychosocial risks) and can generate a list at a moment's notice for specific organ offers.

Testable Action 3.3.2 – Utilize offer filters

Impact	Using offer filters helps ensure that time is not wasted reviewing offers that a transplant program would not likely accept.
Implementation	Hackensack University Medical Center's use of offer filters has improved their efficiency and allowed them to transplant at a higher rate.

Change Concept 3.4 – Increase transplant options for patients

Defining the Change

MOVE FROM: Waiting for the perfect organ for a patient

TO: Providing opportunities for patients through maximizing transplantable organs

Testable Actions

Testable Action 3.4.1 – Track and compare transplant center organ acceptance rates

Impact	Tracking and comparing transplant center organ acceptance rates using data analytics can illuminate opportunities to push boundaries and accept more organs.
Implementation	<p>The UF Health Shands Hospital transplant administration tracks and benchmarks their offer acceptance ratios alongside other growth and quality metrics for each organ against all other transplant programs in their state. They present this data to their C-suite bi-annually to show the current state of their program and present opportunities for improvement.</p> <p><i>See Strategy 1: Resources: Change Concept 1.2.1 for additional metrics</i></p> <p>Hackensack University Medical Center consults cumulative sum (CUSUM) charts through the Scientific Registry of Transplant Recipients (SRTR) and organ offer reports and to track their organ acceptance rates. They continually benchmark their program against others to find opportunities for improvement.</p>

Testable Action 3.4.2 – Ensure all surgeons and physicians review offers and make decisions consistently and in alignment with center organ acceptance policies

Impact	Ensuring all transplant program’s offer acceptance decision-makers are in alignment facilitates program-wide consistency in the offer review and acceptance process.
Implementation	Hackensack University Medical Center trains all surgeons and nephrologists in their kidney program to utilize their <i>Three Nos</i>

	<p><i>Strategy</i> when reviewing offers. The three questions to address are:</p> <ol style="list-style-type: none"> 1. Was the renal function abnormal at baseline in the donor before death? 2. Is there any evidence of chronic kidney disease (history, proteinuria, biopsy evidence, radiologic, etc.)? 3. If there is donor acute kidney injury, are there extreme circumstances to reduce organ recovery (age, DIC, prolonged cold ischemic time, prolonged warm ischemic time for DCD, prolonged anuria or dialysis etc.)? <p>If all three answers are no, Hackensack accepts the offer and transplants the organ. There is a notable absence of age, KDPI, donor location, and status of whether the organ was pumped.</p>
<p>Testable Action 3.4.3 – Identify patients who are potential candidates for medically complex organs</p>	
<p>Impact</p>	<p>Intentionally identifying patients who are potential candidates for medically complex organs can increase organ acceptance and diminish instances of organ non-use.</p>
<p>Implementation</p>	<p>Hackensack University Medical Center’s kidney program has broad listing criteria, including expanded ages, providing transplant opportunities for patients who may be good candidates for higher KDPI and HCV positive kidneys.</p>



Strategy 4
**Expand and Enhance
Patient Access**

Strategy 4 Overview

Broadening access for potential patients and enhancing engagements with candidates drives transplant growth. Increasing outreach and improving the evaluation process contribute positively to the patient experience.

- Change Concept 4.1 – Increase Accessibility for Patients
- Change Concept 4.2 – Increase Patient Outreach
- Change Concept 4.3 – Increase Consent for Medically Complex Kidneys

Change Concept 4.1 – Increase Accessibility for Patients	
Defining the Change	
<p>MOVE FROM: Patients confined to the boundaries of the immediate surrounding area</p> <p>TO: A diverse, constantly expanding patient demographic that broadens geographic borders and spans socioeconomic statuses to ensure all patients are given an opportunity for transplant</p>	
Testable Actions	
Testable Action 4.1.1 – Establish satellite clinics	
Impact	<p>Satellite clinics improve accessibility for patients in the evaluation phase of transplant. Outreach and mobile clinics allow patients to be evaluated without needing to travel back and forth to the transplant center. This improves potential patient access and accelerates the process for patients to be added to the waitlist, which contributes to the growth of candidate population.</p> <p>Satellite clinics also improve accessibility for patients in the post-transplant phase, allowing for easier post-transplant check-ups with smaller travel distances for patients.</p>
Implementation	<p>Intermountain Medical Center established outreach clinics where patients are evaluated for transplant expeditiously, improving accessibility for more geographically isolated patients.</p>

	Intermountain also runs mobile clinics in rural outreach locations with travelling doctors and nurses.
Testable Action 4.1.2 – Implement virtual consults	
Impact	By conducting certain aspects of the transplant evaluation virtually, the need for in-person visits is minimized, improving access to services for patients and reducing travel for transplant team members.
Implementation	Intermountain Medical Center conducts several components of the transplant evaluation virtually, such as nutrition and social work consults.
Testable Action 4.1.3 – Allow patients or caregivers to self-refer for a transplant evaluation	
Impact	Accepting patients for transplant evaluation appointments directly, in addition to accepting them from referrals, removes a barrier to patients getting on the waitlist and speeds up the evaluation process.
Implementation	The intake process at Hackensack University Medical Center is streamlined and allows the team to make appointments for transplant evaluations without needing a provider referral.
Testable Action 4.1.4 – Enhance transplant program websites with patient stories and an engaging, user-friendly design	
Impact	Tailoring the program’s public facing website to be user-friendly helps boost patient engagement and provides additional access to services.
Implementation	The University of Utah Medical Center lung transplant program spotlights patient stories on their website with photos, videos, captions, and inspirational quotes. <i>See Resources section below</i>
Testable Action 4.1.5 – Schedule all work-up appointments during the initial evaluation visit	

Impact	Scheduling these appointments for patients during the initial visit removes barriers for evaluations that can take months to complete. This can also lead to patients being added to the waitlist in a more expeditious manner.
Implementation	NYU Langone Health blocks time for transplant evaluation appointments, such as colonoscopies, mammograms, EKGs and CT scans. Patients can be seen in two weeks for appointments that may otherwise take months. The scheduling process is built into the evaluation, and patients leave with all follow-up appointments planned.
Testable Action 4.1.6 – Hire staff that are representative of the local patient population	
Impact	As patient populations can be very diverse, having transplant staff members that are representative of the local patient population can make patients feel valued and improve their transplant experience.
Implementation	NYU Langone Health hires Spanish-speaking transplant personnel to staff an entire Latino liver clinic to accommodate the significant Spanish speaking demographic within their patient population.

Change Concept 4.2 – Increase and Improve Patient Outreach

Defining the Change

MOVE FROM: A passive approach toward referred patients

TO: A proactive approach that ensures patients locally and nationally are aware of the benefits of receiving an organ transplant

Testable Actions

Testable Action 4.2.1 – Provide patient-focused transplant educational materials to community providers and dialysis centers

Impact	Educating patients at dialysis centers can reach underserved populations and address socioeconomic barriers that may prevent many patients from obtaining information about transplantation. Understanding these disadvantages and challenges of the local population allows for more effective outreach.
Implementation	<p>Intermountain Medical Center provides patient-centric transplant educational materials to dialysis centers in order to reach rural areas with limited resources.</p> <p>NYU Langone Health creates pamphlets for patients that promote transplant, provide education on the benefits of transplant, and include direct contact information for the transplant programs. The transplant team hand-delivers these pamphlets to referring providers for use in waiting rooms and this also serves to build rapport between transplant staff and community providers.</p> <p>University of Utah Medical Center enlisted their media department to develop educational outreach pamphlets for potential transplant patients, explaining what transplant is, walking through the transplant process from a patient perspective, and explaining expected outcomes for patients. They distributed the pamphlets to community providers and physicians, and now receive referrals from new providers.</p>

Testable Action 4.2.2 – Advertise transplant program strengths and unique offerings	
Impact	Advertising transplant program strengths is especially important for programs with unique transplant offerings, so that patients are able to find the care they need.
Implementation	As one of the first programs in New York to perform Hepatitis C and DCD heart transplants, NYU Langone Health advertised these accomplishments on television and highlighted their transplant services in pamphlets.
Testable Action 4.2.3 – Encourage dual listing	
Impact	Dual listing, or being on the waitlist at multiple transplant centers, increases the opportunity for patients to receive offers.
Implementation	Hackensack University Medical Center transplant coordinators encourage patients with time-sensitive needs to dual list at other centers and provide recommendations for other centers for listing.

Change Concept 4.3 – Increase the Consent Rate for Medically Complex Kidneys

Defining the Change

MOVE FROM: A transplant evaluation process that does not include options to accept a high KDPI or HCV positive kidney

TO: A transplant evaluation process that includes the discussion of the meaning and potential benefits of accepting a high KDPI or HCV positive kidney

Testable Actions

Testable Action 4.3.1 – Build in explanations of the meaning of and benefits of receiving medically complex kidneys into pre-transplant patient education materials

Impact	Consenting to receive a high KDPI or HCV positive kidney can drastically reduce time-to-transplant for patients. Including this education and discussion into the transplant evaluation process ensures candidates are aware of the benefits of these kidneys and therefore can better determine if they would be suitable.
Implementation	Hackensack University Medical Center incorporates an educational video as the first part of their transplant evaluation process. The video explains the process of transplant, and explains the meaning, implication, and potential benefits of accepting high KDPI and HCV kidneys and how this decreases time-to-transplant.

Testable Action 4.3.2 – Equip transplant staff with effective tools to communicate the potential benefits of medically complex kidneys

Impact	The concepts of receiving medically complex kidneys, such as higher KDPI or HCV positive kidneys, can be difficult for patients to understand. As such, it is helpful for transplant staff to have various tools to explain the potential benefits in a relatable manner.
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Implementation	<p>Hackensack University Medical Center’s surgeons and nephrologists have provided the “used car versus new car” analogy in the evaluation process to explain the potential benefits of being transplanted sooner with a high KDPI kidney (buying a used car in 2 months may be more practical than saving up for 2 years for a new car).</p> <p>Hackensack has also shared a real-life example of a transplant professional’s experience accepting an HCV+ organ for themselves in order to receive a transplant sooner.</p>
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Resources	
Testable Action 4.1.4 – Embellish transplant program websites with patient stories and an engaging, user-friendly design	
Resources	<p>University of Utah Health Lung Transplant website: https://healthcare.utah.edu/transplant/lung</p>



Strategy 5
Create Growth
Capacity through
Community
Partnerships

Strategy 5 Overview

Partnering with other groups in the transplant community, such as referring providers, OPOs and third-party organizations helps create capacity for transplant growth. This Change Strategy is comprised of the following Change Concepts:

- Change Concept 5.1 – Establish Relationships with Referring Providers
- Change Concept 5.2 – Establish Relationships with OPOs
- Change Concept 5.3 – Establish Relationships with Third-Party Vendors
- Change Concept 5.4 – Establish Partnerships with Local Housing Options

Change Concept 5.1 – Establish Relationships with Referring Providers

Defining the Change

MOVE FROM: A passive approach that assumes community providers are already aware of transplant center offerings and will refer patients accordingly

TO: Being proactive about establishing relationships with community providers and sharing transplant center services to facilitate ease of patient referrals

Testable Actions

Testable Action 5.1.1 – Conduct outreach with referring providers

Impact	Conducting outreach can help ensure that providers are aware of transplant-specific services and can more easily link patients to the care they need.
Implementation	The NYU Langone Health transplant team has a dedicated team of doctors who focus on outreach. The team visits offices of potential providers, introducing themselves and their transplant center, explaining their unique offerings, and giving their contact information. They also offer information pamphlets about their transplant center for patients for referring providers to have in their waiting rooms.

Testable Action 5.1.2 – Create a referral feedback loop

Impact	Referring providers often have multiple transplant centers where they can refer patients for services. Creating a referral feedback loop where patient success stories are shared back to the referring provider can create a more trusting partnership and demonstrates the benefit of maintaining relationships.
Implementation	University of Utah Medical Center facilitates ongoing communication with their referring providers. Their surgical director gives community providers his direct phone number and personally contacts them to provide patient updates as they go through surgery and recovery and enjoy life beyond transplant. Additionally, they encourage transplant patients to reach out to referring doctors post-transplant to let them know how their recovery is progressing and to thank them for referring them to the University of Utah.
Testable Action 5.1.3 – Serve as a transplant resource and share expertise with fellow medical institutions and colleagues	
Impact	Providing expertise to other hospitals by offering clinical consultations and surgical services fosters relationships and spreads awareness of program capabilities and expertise.
Implementation	Duke University Hospital heart transplant surgeons partner with medical providers and facilities within the region to perform complex heart surgeries at those hospitals. Their willingness to perform surgeries in other locations has improved Duke’s relationships with referring providers and has helped develop and spread their reputation for taking on challenging cases and highly specialized heart transplants.

Change Concept 5.2 – Establish Relationships with OPOs

Defining the Change

MOVE FROM: Establishing and maintaining a relationship with only one local OPO

TO: More broadly collaborating with multiple OPOs across the country to familiarize them with transplant program acceptance practices and willingness to evaluate medically complex organ offers

Testable Actions

Testable Action 5.2.1 – Educate OPOs about transplant center-specific offer acceptance processes

Impact	Educating OPOs on transplant center offer acceptance philosophy and practices is important because there is so much variability between different programs. In the complex organ allocation process, understanding a transplant program’s offer acceptance practices can improve timeliness and efficiency of organ allocation.
Implementation	Duke University Hospital has weekly calls with an OPO outside their local region with whom they work frequently to educate on center-specific offer acceptance practices. Duke uses center acceptance analytics reports to identify which OPOs they work with most for each organ.

Testable Action 5.2.2 – Meet with OPOs to review declined offers

Impact	Reviewing declined offers with OPOs, especially those that were transplanted at another transplant center with successful outcomes, gives insight into opportunities to improve offer acceptance practices.
Implementation	Intermountain Medical Center reviews all organ declines monthly for missed opportunities. Additionally, they collaborate with their local OPO on a quarterly basis to review cases where organs they declined were successfully transplanted elsewhere.

	VCU Health System Authority, VCUMC has participated in retreats with OPOs and other transplant hospitals to review declines and discuss opportunities to broaden acceptance practices through organ preservation strategies and technology.
Testable Action 5.2.3 – Conduct meetings between transplant center leadership and OPO leadership	
Impact	Maintaining open lines of communication between transplant center leadership and OPO leadership helps foster alignment and ensures expectations and needs are continually addressed.
Implementation	The director of transplant programs at VCU Health System Authority, VCUMC schedules formal and informal meetings with their local OPO leadership to strengthen relationships.
Testable Action 5.2.4 – Provide OPO allocation specialists direct and easy access to transplant center decision makers for organ offers throughout organ allocation	
Impact	Direct and easy access to a decision-maker at a transplant center is very valuable for OPOs in the allocation process to place organs efficiently and in a timely manner.
Implementation	NYU Langone Health uses a healthcare scheduling platform to share the on-call surgeons' schedules with OPOs. This allows the OPO staff to contact the on-call surgeon directly when an organ needs to be placed quickly.

Change Concept 5.3 – Establish Relationships with Third-Party Vendors

Defining the Change

MOVE FROM: An environment where third-party staff members do not have a strong understanding of transplant center-specific standards and practices

TO: Building trusting relationships with third-party vendors who are well-informed of transplant center expectations

Testable Actions

Testable Action 5.3.1 – Establish a direct line of communication between third-party organ offer acceptance staff and transplant program administration leadership

Impact	Providing third-party vendor staff direct access to key personnel within the transplant program during the offer review and acceptance process facilitates a stronger connection with decision makers.
Implementation	The director of transplant operations at NYU Langone Health provides her direct phone number to NYU Langone’s third-party staff and encourages them to call her at any time throughout the organ offer acceptance process, including outside of normal business hours.

Testable Action 5.3.2 – Train third-party organ offer acceptance staff on transplant center-specific policies and offer acceptance practices

Impact	Training third-party organ offer acceptance staff on transplant center-specific policies and offer acceptance practices diminishes the likelihood of organs being declined that a surgeon at the transplant center may have accepted.
Implementation	VCU Health System Authority, VCUMC works with a vendor to receive and review organ offers. These team members are assigned exclusively to support VCU and are educated on VCU’s organ offer acceptance practices as well as attend

	<p>multidisciplinary transplant team meetings. In addition, they are required to complete VCU's training, orientation, and HIPAA process.</p>
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Change Concept 5.4 – Establish Partnerships with Local Housing Options

Defining the Change

MOVE FROM: A lack of availability and affordability for evaluation and post-transplant recovery accommodations

TO: Ensuring transplant patients have reliable access to affordable and comfortable accommodation for evaluations and post-transplant recovery

Testable Actions

Testable Action 5.4.1 – Partner with local hotels to ensure year-round availability for transplant patients

Impact	Hotel accommodations are one form of housing for post-transplant recovery for patients. Hotel partnerships can help establish a transplant block within the hotel for year-round availability for transplant patients and can also lead to cheaper rates for patients.
Implementation	<p>Duke University Hospital has a mutually beneficial partnership with a local hotel that ensures 12 rooms are set aside for transplant patients year-round. Patients and families have access to hotel amenities (such as laundry, dining facilities, etc.) which eases their stay post-transplant. Additionally, hotel staff are invested in the recovery of the transplant recipients and are accommodating to their specific needs, providing a more favorable experience for the patients. Patients frequently share positive reviews and feedback to hotel management. Duke transplant leadership meets with hotel leadership once a year to maintain the partnership.</p> <p>Hackensack University Medical Center offers discounted rates and shuttle service at two local hotel options to facilitate affordability for transplant patients for their post-transplant recovery.</p>

Testable Action 5.4.2 – Partner with hospitality houses to ensure affordable nightly stays and year-round availability for transplant patients

Impact	Partnerships with hospitality houses can ensure year-round availability and are known to be very affordable for transplant patients, which helps lower the financial barriers to transplant for many patients.
Implementation	VCU Health System Authority, VCUMC has a partnership with a local hospitality house that provides very affordable housing for VCU transplant patients during evaluation and post-transplant recovery. Rooms for transplant patients are specifically equipped and isolated for recovery. Other benefits for patients include access to a community kitchen, additional capacity for caretakers, and the option for payment packages to cover nightly fees for financially eligible patients based on donations.

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- The Cleveland Clinic Foundation , Kidney Program
- Houston Methodist Hospital, Liver Program
- UT Southwestern Medical Center, Kidney Program
- Intermountain Medical Center, Liver Program
- University of California San Diego Medical Center, Liver Program
- University of Utah Medical Center, Lung Program
- VCU Health System Authority, VCUMC, Liver Program