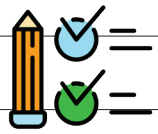
Navigating the Complexity of Tracking Transplant Contract Metrics

EXECUTIVE SUMMARY

CMS Conditions of Participation require transplant centers to monitor and evaluate the performance of all contracted services that may impact patient outcomes, regulatory compliance, and transplant program operations. Programs are increasingly expected, especially during CMS surveys, to demonstrate ongoing monitoring and reporting. These expectations highlight the need to standardize definitions, contract expectations, documentation, and quality monitoring frameworks.

POTENTIAL BARRIERS TO SUCCESS

- Difficult to demonstrate true performance improvement.
- Contracts are rarely terminated, even in the face ofwith poor performance.
- Quality metrics are often missing from contracts.
- Centers often must request metrics rather than receivefrequently must request metrics instead of receiving them proactively.
- Reporting practices inconsistent—unclear placement in QAPI structures.
- Tension between regulatory requirements and value-added monitoring.



ACTION

TOPIC	ACTIONS / CONSIDERATION
Identification of Contracted Services	• Develop a clear definition of which contracted services meaningfully impact transplant outcomes. • Focus on general categories, not vendor-specific names. • Establish a process and template for documenting, storing, and managing: • Service lists • Contracts and renewal dates • Quality metrics • Risk assessments and indicators for requiring quality improvement • Consider use of platforms such as: • Contract management systems, or • Quality dashboards to centralize information. • Identify cadence for review (e.g. operations meeting)

TOPIC	ACTIONS / CONSIDERATION
Recommended Contract Practices	• Ideal practice: Transplant program and quality participation in all phases of contract negotiations and ongoing review. • Include clear, appropriate quality metrics in every contract; alternatively reference and subsequently develop a quality plan that can evolve • Example language: Vendor will provide the Purchaser the reports and supporting information reasonably necessary to monitor service performance and confirm compliance with this Agreement, in the format and cadence requested by Purchaser. Vendor will work with Purchaser to improve performance and, if services do not meet contract requirements, will investigate promptly and provide corrective actions and progress updates until the issue is resolved. • Where vendors cannot provide data: • Develop internal metrics the center can reliably track and routinely report back to the vendor in an effort to improve involvement and understanding of service impact • Standardize expectations for: • Quarterly/annual review • Documentation in quality meeting minutes • Escalation or performance improvement when metrics fall short • Active participation of vendors in RCAs/Case Review in the event of adverse or unexpected events.
Living Donor Contract Considerations	• Ensure center-to-center agreements reflect shared quality expectations. • Develop partnership-driven review processes between recipient and donor hospitals. • Include metrics related to donor safety, communication timeliness, and sample handling.
Experience With Surveyors	• Centers report that CMS surveyors increasingly request: • Contracts • Dashboards showing contract metrics • Minutes demonstrating the metrics were reviewed at a system level • Evidence of follow-up when performance issues arise • Simple yes/no compliance tracking is often acceptable as long as documentation is structured and consistent.
Questions for Centers to Consider	• Which services meaningfully influence patient outcomes or regulatory compliance? • Do we have quality metrics in the contract? If not, what internal metrics can we use? • How are we storing contracts and metrics? • Are results regularly reviewed and escalated through QAPI? • Are we relying on vendor data or generating our own? • Do contracted services align with CMS expectations for performance monitoring?

ONLINE VERSION