

Expert Teams – Transplant

Case-Based Learning & Mentorship

Thursday, October 20, 2022

Facilitator: Julie Moss, ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
 - Please stay on mute unless you are speaking
 - Do not place the call on “hold”
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



Meeting Guidelines



INTRODUCE YOURSELF
BEFORE SPEAKING



KEEP PATIENT-SPECIFIC
INFORMATION
CONFIDENTIAL



BE WILLING TO SHARE
SUCCESSSES AND
DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT
QUESTIONS



RESPECT OTHERS



USE “...AND” STATEMENTS



KEEP TO TIME LIMITS

Introductions

- Meeting Focus – Kidney Transplantation
- Guest Expert – Dawn Francisquini and Mary Cassidy
- Case Study Presenter – Amanda Spencer
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



What are Expert Teams?

- A group made up of individuals from different high performing organizations, each with their own deep experience and knowledge
- Help others learn faster by sharing what worked (and what didn't work) in their organization
- Bring the best possible solutions to the table
- Continually learn and improve



Expert Team Topic Goals

- Increase the number of patients added to the kidney transplant waiting list
- Increase the number of patients receiving a kidney transplant
- Develop education to increase choice of dialysis patients to receive a high KDPI kidney



Questions to Run On



How Might We ...

- Improve communication between transplant centers and dialysis facilities to ensure patient readiness for a kidney transplant?
- Identify and develop unique strategies to continue reduce socioeconomic barriers to kidney transplant?
- Improve patient understanding of what it means to be on the kidney transplant waitlist ?

Presentation by Guest Expert: Ensuring Patients are Transplant Ready

Dawn Francisquini MSN, BS, RN, CCTC

Mary Cassidy RN, CCTC

Stony Brook Medicine



Right System

Philosophy of inclusiveness (patients and staff)

Begins with the leadership and culture

Patient selection and readiness



MANTRA



To Include not Exclude

Patients are “transplant Ready”

There is a patient for every kidney = Education to patients is geared using this philosophy

Open communication and collaboration between transplant center, OPO’s, dialysis centers and nephrologists





Quality Assessment Performance Improvement? <input checked="" type="checkbox"/>		Hospital Priority: Transplant QAPI
Quality Project: Transplant Recipient Selection		Unit/Dept: Transplant
		Project Start Date: 9/1/2018
F	<p>Project Aim: Determining eligibility for kidney transplantation is an intricate process requiring comprehensive testing, medical and psychosocial evaluations from a vast multi-disciplinary team. These patients often have multiple, complex co-morbidities further complicating their evaluation process. The communication of accurate and timely clinical information is crucial to effectively determine whether a patient is an appropriate candidate. In order to improve patient outcomes, the Stony Brook Medicine Kidney Transplant department initiated efforts to increase interdisciplinary collaboration and engagement in the patient selection process and improve the efficacy of the information used to determine a patient's eligibility. Enhance patient selection process by improving interdisciplinary collaboration and obtaining relevant, accurate and timely clinical information the kidney transplant recipient selection process and patient outcomes by enhancing the selection process to include relevant, accurate and timely clinical information improving interdisciplinary collaboration</p>	
O	<p>Project Owners: MaryAnn Almonte MSN RN NP-C, Mary Cassidy RN CCTC, Lisa Etter RN MS CCTC, Amanda Fortuna MPH, Dawn Francisquini MSN RN CCTC, Kathleen Glen LCSW, Eneida Hernandez RN, Karen O'Sullivan LCSW, Donna Zimmermann</p>	
C	<p>Project Significance/Description: Determining whether a patient is a suitable candidate for kidney transplantation is a complicated task. Often, these patients have multiple, complex co-morbidities. The Kidney Transplant department aims to standardize and improve the efficacy of the information presented at recipient selection meetings by creating a tool for coordinators to use.</p>	
U	<p>Metrics: 1-year Graft Survival, 3-year Graft Survival, 1-year Patient Survival, 3-year Patient Survival Number of patients being presented using recipient selection tool, Difference between Patient's proposed status and the team's determination after selection meeting (Active Ready, ineligible, on hold, etc.), Number of completed selection tools, Number of patients determined to be listed, Number of patients who were ineligible, Number of patients who require additional testing, Patients needing to be de-listed due to deterioration of health, completed SW tool, completed Frailty assessments</p>	
S	<p>Goal Description: Our goal is to implement a standardized process for recipient selection that will produce accurate and timely patient information needed for the interdisciplinary team to make an informed decision regarding a patient's eligibility for transplant. Through this new process, we will be more effective and efficient at optimizing patients for surgery and will effectively improve our patient outcomes.</p>	

Improving the Kidney Transplant Recipient Selection Process at Stony Brook Medicine

Mary Cassidy, Lisa Etter RN, Amanda Fortuna MPH, Dawn Francisquini RN, Kathleen Glen, Eneida Hernandez RN, Karen O'Sullivan, Donna Zimmerman



Introduction

Determining eligibility for kidney transplantation is an intricate process requiring comprehensive testing, medical and psychosocial evaluations from a vast multi-disciplinary team. These patients often have multiple, complex co-morbidities further complicating their evaluation process. The communication of accurate and timely clinical information is crucial to effectively determine whether a patient is an appropriate candidate. In order to improve patient outcomes, the Stony Brook Medicine Kidney Transplant department initiated efforts to increase interdisciplinary collaboration and engagement in the patient selection process and improve the efficacy of the information used to determine a patient's eligibility.

Aim Statement

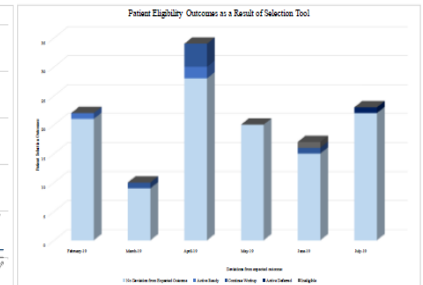
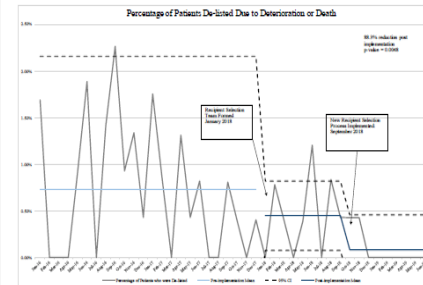
Enhance patient selection process by improving interdisciplinary collaboration and obtaining relevant, accurate and timely clinical information the kidney transplant recipient selection process and patient outcomes by enhancing the selection process to include relevant, accurate and timely clinical information improving interdisciplinary collaboration

Materials

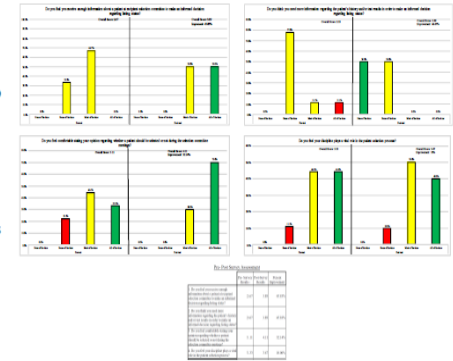
Methods

- Evaluated selection team's perceptions of current process's effectiveness and value of their contribution to final decision regarding patient eligibility prior to and after implementation of selection tool
- Assembled a multidisciplinary team to improve current process for patient selection
- Reviewed 1 year and 3 year outcome data for any potential opportunities for improvement
- Utilized best practices and incorporated required evaluation elements into the development of a comprehensive medical and psychosocial Patient Selection Tool
- Patient evaluation process includes Nurse Practitioner or Physician Assistant review prior to presentation to the multidisciplinary team
- Developed a transplant specific frailty assessment tool
- Trialed evaluation tool at recipient selection meetings
- Instituted a program requirement for all patients to have a completed Patient Selection Tool prior to being presented for selection meeting

Results



- Improved accuracy of relevant clinical information needed for patient assessment
- Enhanced staff engagement in selection process
- Significantly decreased the percentage of patients de-listed due to clinical deterioration or death by 88.3% Repeated measures ANOVA to assess significance (p-value= 0.0048)
- Staff survey results improved overall by 32.08%
- Noteworthy survey improvements were: staff perceptions of the quality of the clinical information necessary to determine a patient's eligibility for transplantation. Improved by 45.8%
- New process accurately tracks the eligibility outcomes of patients who are presented for selection.
- Between February 2019- July 2019: 115 patients were presented for selection. 11 patients were determined to have a different eligibility status than the status that the transplant coordinator initially proposed at Patient Selection meeting



Discussion

- This tool has significantly improved the accuracy and quality of the information presented and discussed at patient selection meetings
 - Incorporating key stake holders in the development of a selection tool was essential to the creation of an effective tool and process
 - Surveying staff for feedback on the selection process and suggestions for improvements fostered staff engagement in the implementation of the new selection process
- Limitations include:
- Small survey population
 - Lack of generalizability as this study was only performed at Stony Brook Medicine

Conclusions

- A multidisciplinary approach is fundamental to improving processes that impact Kidney Transplant patient outcomes
- A continuous effort to re-evaluate current processes and identify opportunities is needed to sustain improved trends
- Monthly review of patient selection outcomes allows team to evaluate process on a continuous basis

Include not exclude

A multidisciplinary approach is fundamental to improving processes that impact Kidney Transplant patient outcomes

- Improve accuracy of relevant clinical information needed for patient assessment
- Develop Selection tool and frailty tool with implementation
- Selection tool Presented at IHI conference and UNOS TMF
- Continuous review of patients as they remain on the waitlist utilizing the same process

“There is a patient for every kidney”

- Identify patients that are on the waitlist (prior to organ offer) that would be acceptable candidates for hard to place kidneys
 - elevated scr, high KDPI
- Upon organ offer only put in those patients that are serious candidates for that particular offer
 - know your patients that are active
- Dashboard filters
- Waitlist alerts – Communication to all “on call” staff
- Sera availability for all waitlisted patients within 60 days. High cPRA patients monthly.
- “Virtual” crossmatches
- Internal Organ offer report (current offers) highlighting DSA and direct involvement with immunology director

MR. RIGHT



Patients are “Transplant Ready”

Consents and education –

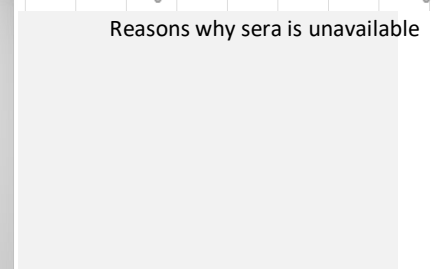
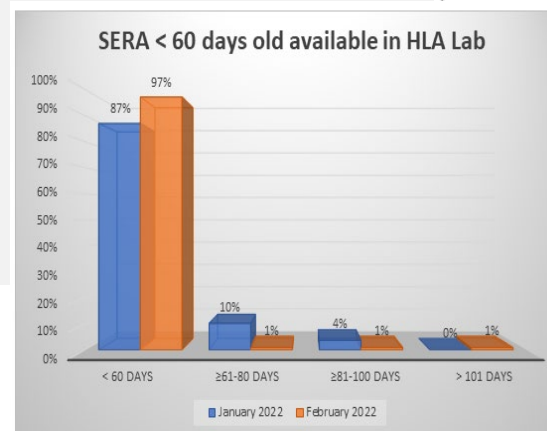
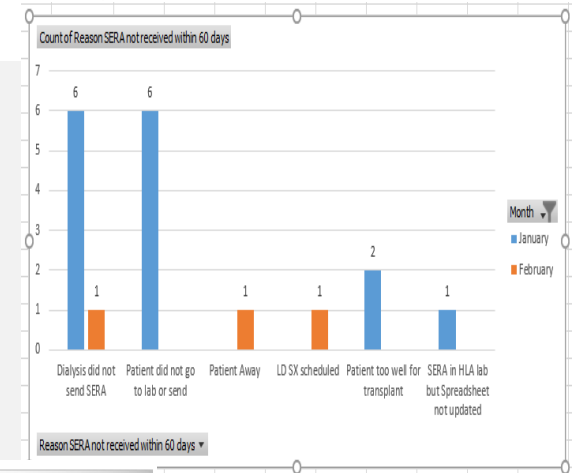
Patients aware of high KDPI, risk criteria etc from the beginning

Ensure sera availability (ongoing quality project)

Close communication with HLA lab, dialysis centers, patients

Protocols for waitlist reassessments

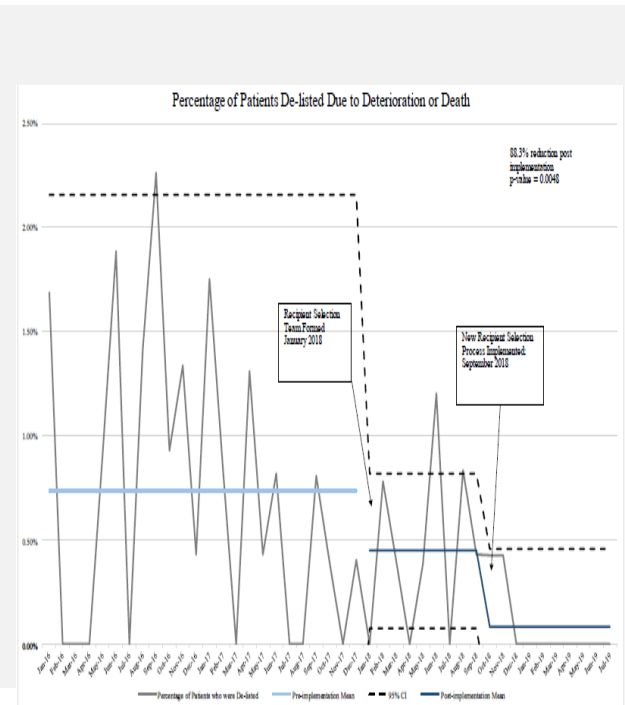
testing, assessments
dialysis center communications
patient communications for update demographics



Patients are “Transplant Ready”

Waitlist “Rapid Fire”

- Reduce time patients spend deferred and ensure if they are active they are truly ready
- Identify barriers to transplant as patients wait on the list and propose change in care plan
- Identify patients who are no longer transplant candidates/need reevaluation
- Allows for team review of high cPRA patients, patients with highest wait times, patient hospitalizations
- Reduce unnecessary workload, cost of unnecessary testing, and inconvenience to the patients
- The results of this project improved accuracy of relevant clinical information needed for patient assessment/reassessment, and significantly decreased the percentage of patients de-listed due to clinical deterioration or death by 88.3%.



Conclusion/Wrap up

Create a culture of inclusion among staff and patients

Do not look for ways to rule a patient out, rather identify the barrier and look ways to overcome it to include the patient

Know your waitlist!

Education and communication is key

Philosophy = There is a right kidney for every patient. What is good for one may not be good for another. This does not mean it is not good!



Q&A and Discussion



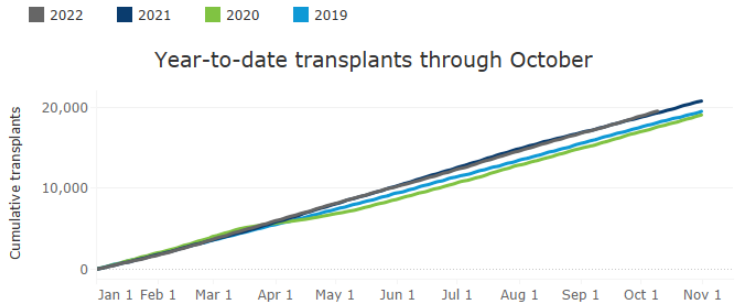
Case Study Presentation & Discussion

Improvement in Patient Referrals to Transplant: A case study

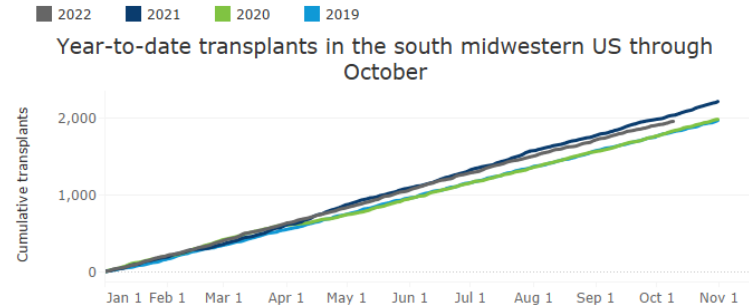
Amanda Spencer, LMSW
DaVita Dialysis
Region 5 Texas

Transplant Outcomes on a National and State Level

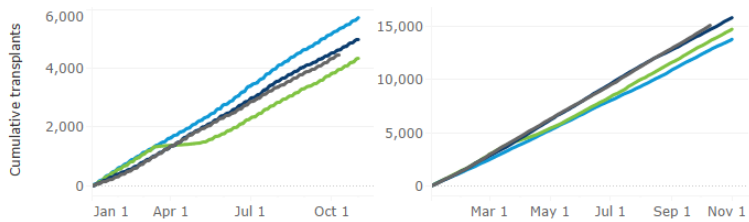
US Transplants 2022



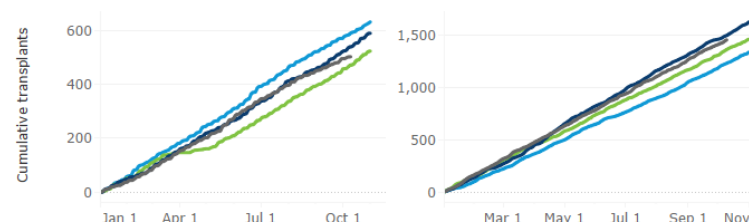
Midwestern US Transplants 2022



Living donor kidney transplants Deceased donor kidney transplants



Living donor kidney transplants Deceased donor kidney transplants



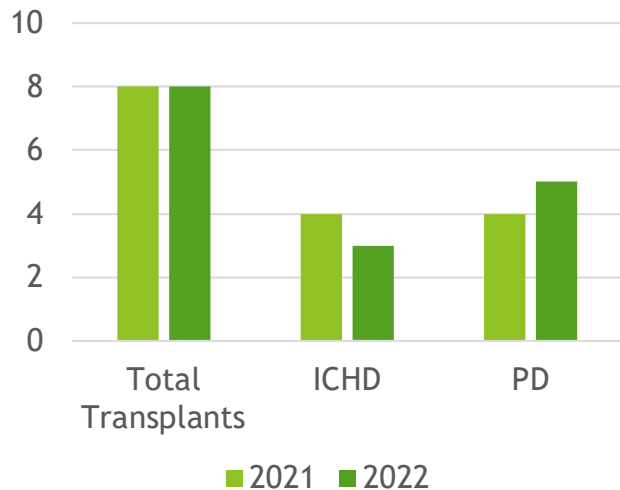
Transplant hospitals have 24 hours to report a transplant to the OPTN. This data reflects a two day lag.
 Pancreas islets and VCA transplants omitted.
 Based on OPTN data as of 10/11/2022 03:05. Data subject to change based on future data submission or correction.

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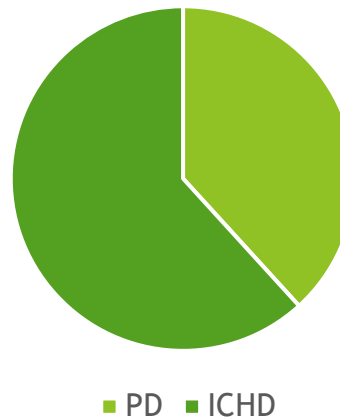
Texarkana Regional Dialysis

- ❑ 5 new referrals for the month of September
- ❑ 8 patients added to the waitlist in 2022
- ❑ 29 patients are currently in workup

Clinic Transplants



Current Active Patients



The Referral Process Encompasses More Than an Application

- ▶ The referral process:
 - ▶ Education on transplant
 - ▶ Identifying transplant barriers
 - ▶ Addressing patient needs
 - ▶ Completing Patient referral
 - ▶ Post-referral follow-up
- ▶ Transplant education starts before the patient begins dialysis.
- ▶ Education is multifaceted and encompasses all multidisciplinary teams.
- ▶ Education is tailored to the patients learning style and cognitive abilities.
- ▶ Teammate Education:
 - ▶ Education on transplant center requirements.

Appropriate Transplant Referrals are Preceded and Followed by Strategies to Address Modifiable Barriers

- ▶ Identify and Address Modifiable Transplant Barriers:
 - ▶ Active wounds
 - ▶ Transportation
 - ▶ Lack of supports
 - ▶ BMI
 - ▶ Tobacco use
 - ▶ Inadequate finances/Medicare part D
- ▶ Once barriers have been addressed then assist patient with transplant referral.

Streamlining Referrals and Continuous Pre-Transplant Follow-up Expedites the Transplant Process

- ▶ Adequately inform patients of the Transplant Evaluation process.
 - ▶ Encourage a referral to one transplant center initially.
 - ▶ Once active send additional referrals.
- ▶ Ensure transplant applications are easily accessible.
- ▶ Have a system in place to track patient transplant progress.
- ▶ Provide assistance with scheduling appropriate testing.
- ▶ Provide patients with reminders of pre-transplant appointments and testing.
 - ▶ Facilitate open communication with transplant centers.
- ▶ Keep a list of active transplant patients and provide to teammates.
 - ▶ Assists with ensuring labs are sent to transplant centers monthly.



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Q&A and Discussion



Knowledge Into Action

Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?

Recap & Next Steps

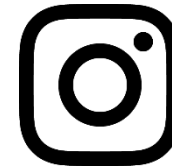
- Additional pathways for learning
 - Sharing Best Practices to a greater community
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting – Thursday, January 19, 2023
- Visit the ESRD NCC website to find materials and share
- Expert Team
<https://esrdncc.org/en/professionals/expert-teams/>



Social Media



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National Coordinating Center (NCC)



Expert Teams – Case-Based Learning & Mentorship

Thank You

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