# **Objective Key Result 3 | Transplant**

Learning and Action Network (LAN)

January 18, 2024

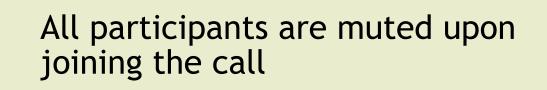
Facilitator: Sara Eve Schaeffer, MBA, MA, RD ESRD National Coordinating Center



## **Meeting Logistics**



### Call is being recorded



We want to hear from you.

Type questions and comments in the "Chat" section, located in the bottom-right hand corner of your screen.



### Meeting materials will be posted to the ESRD NCC website



## Ways to Spread Best Practices from Today's LAN

- Share your approaches and experiences via Chat
- Identify how today's information could be used at your facility
- Apply at least one idea from today's LAN at your facility
- Commit to sharing your learnings and ideas with other colleagues

Learning and Action Networks (LANs) bring people together around a shared idea, opportunity, or challenge to offer and request information and experiences to improve the identified topic of discussion.



## Answer using *Chat* Make sure it's set *To: Everyone*

Have you previously applied best practices from the change packages to improve outcomes?

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	Patients	Professionals	COVID-19	ESRD Network Map		Fistula First Catheter Last
	You are here: # Home 🕨 Pro	ofessionals				
	Change Package	es				
	Depression	Depression				Professionals
	Dialysis Care in Nurs	Dialysis Care in Nursing Homes				Change Packages
						Health Equity Expert Teams
		Fistula First Catheter Last (FFCL)				Learning and Action Network Call Series
	Health Equity					00103
	Home Dialysis					
	Hospitalizations	Hospitalizations			~	
	Patient Experience of	f Care				
	Transplant					



## **Special Guest Presentation –**

### **ESRD Treatment Choices Learning Collaborative (ETCLC)**





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

An overview to the five-year CMS/CMMI/HRSA collaborative focused on increasing deceased kidney transplants, reducing non-transplanted kidneys and increasing the utilization of high-KDPI kidneys.

> Visit us at: etclc.org Follow us on Linked in ETCLC ETCLC1

> > January 18, 2024





- Where We Are

   Background
   Recruitment & Retention
   National AIMs
- Success & Key Strategies
   O QI Teams
   Patient & Donor Family Engagement
- Discussion

# Questions to Run On How Might We . . .

Improve communication between dialysis facilities and kidney transplant programs?

Improve patient education towards transplant?

Improve patient readiness for transplant?

Decrease the national kidney discard rate?

# Where We Are in the CMS ESRD Program

### **ESRD Program Intersections**

#### ESRD Networks (Quality Improvement)

**ESRD** 

Network

Transplant

Coalitions

- Increase Transplant Waitlist
- Depression Screening
- Anemia Management
- Patient Safety
- Behavioral Health
- Complex chronic conditions
- Reduce hospital admissions, readmits, & ER visits
- Improve Nursing Home care in low performing providers
- Patient & Family
   Engagement

Participants: 100% ESRD Facility participation across 18 Networks

Increase Kidneys
 Transplanted

- Health Equity
- Engage OPOS, DH, & Tx Providers
- Engage ESRD facilities, Managing clinicians & Tx Providers

ESRD Network Coordinating Center (NCC)

#### ESRD Treatment Choice Model Test (Incentives)

- Payment Incentives for Home Dialysis and Transplant Wait Lists
- Kidney Disease
   Education Benefit
   Waiver

Participants: 30% Randomly assigned ESRD Facilities

#### **ETCLC**

#### (Collaborative)

- Increase Deceased
   Donor Tx
- Decrease National
   Discard Rate
- Increase
  - Procurement of KDPI Kidneys 60 Patient & Family Engagement
- Participants: 80% of OPOs, Tx Providers plus two (2) Donor Hospitals per OPO

# How the Collaborative Works



## **NATIONAL AIMS**

- 1. Increase the Number of Deceased Donor Kidneys Transplanted
- 2. Decrease Nonuse Rate of KDPI <60 Decrease Nonuse Rate of KDPI >=60
- 3. Increase the Number of KDPI >=60 Kidneys Recovered for Transplant

## **Community At A Glance**

The National Faculty (NF) 12 National experts 3 Patient Representatives

Leadership Coordinating Council (LCC) 25 Organizations supporting the ETCLC

Patient & Donor Family Engagement (PFR) SMEs 25 ESRD patients, Transplant Recipients, & Donor Families 1 PFR per QI Team

25 Quality Improvement Teams 13 Adult Transplant Teams 11 Donation Teams Combined, April 2023 1 Pediatric Team (23 Tx Hosp)

Representing 400+ organizations, inclusive of Transplant Centers (80%) Donor Hospitals & OPOs (93%)

Identify, Plan, Implement, Evaluate, Revise, Retest, Monitor, Share → Repeat Collaborative efforts from the ETCLC community, QI Teams, and each individual organization's initiatives directly impact guidelines and best practices. (Donation and Transplant Change Packages)

## **Quality Improvement (QI) Teams**

### 25 QI Teams

- Donor Hospitals, OPOs, Tx Centers
- PDSA cycles/best practices
- Peer-to-Peer solutions

### Pacing Events

- Webinar-based QI team to peer learning
- Real-time sharing sessions

Change Packages (etclc.org)

- Insights/experiences
- Enhancements: linking team initiatives to AIMS progress

## Patient and Family Representative (PFRs) Participation and Insights

Represented and engage in monthly QI teams - Assist with initiatives PFRs meet every other month - share their lived experiences on ETCLC pacing events

Collaborate quarterly with NCC – how to keep patients active on the waitlist Collaborate quarterly with National Patient & Family Engagement LAN

Bimonthly Meetings -Transplant, Waitlist, Donor Families, Identify patient resources on the benefits of expanded kidney criteria and use of >60 KDPI kidneys



### **Participant Highlights:**

- National Faculty includes three Patient Representatives
- 23 transplant centers are designated as children's hospitals

## **Recruitment and Retention**

Participants	2021 Recruiting Requirement	Retained as of December 2023	Percentage Retained	
National Faculty	6	13	100+%	
LCC Organizations	20	24	100+%	
QI Coaches	25	26	100+%	
OPOs (56)*	46	54	96%	
Transplant Centers (228)*	184	181	80%	
Donor Hospitals (>/= 2 per DSA)	106	119	100+%	
Total	387	418	100+%	

\*70% Retention Requirement. Minimum of 40 OPOs & 160 Transplant Centers 2021 Recruitment Goal of 80% was met or exceeded

# **Current State**

## **The National AIMs**

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The CMS/HRSA Kidney Donation & Transplant Initiative

National Aims Through 9/30/2023

Aim	September 2023	Projected	Target	Status
Aim 1. Increase the Number of Deceased Donor Kidneys Transplanted	22,099	22,997	21,621	
Aim 2A. Decrease Nonuse Rate of KDPI <60	8.9%	9.9%	7.2%	
Aim 2B. Decrease Nonuse Rate of KDPI <u>&gt;</u> 60	49.3%	51.4%	35.0%	
Aim 3. Increase the Number of KDPI <u>&gt;</u> 60 Kidneys Recovered for Transplant	14,330	15,821	12,864	

All counts and rates are based on a 12-month lookback ending in last month of available data.

Projections, based on predictions from LOESS regression models, are compared to targets to determine status by the end of August 2024.

#### ETCLC Successful Improvement in Aim 1 and Aim 3: Target Exceeded

- Increased the number of DCD kidneys transplanted to 22,033 exceeding the target by 3.8 percent.
- Increased the number of KDPI ≥ 60 kidneys recovered for transplant to 14,116 exceeding the target by 16.9 percent.

## **Quality Improvement Initiatives by AIM**



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Progress Reported from March 1, 2022 – October 31, 2023

Quality Improvement Initiatives				
Aim	Number of QI Initiatives	Distribution		
Aim #1. Increase the Number of Deceased Donor Kidneys Transplanted	259	64%		
Aim #2. Decrease Nonuse Rate	126	31%		
Aim #3. Increase the Number of KDPI >=60 Kidneys Recovered for Transplant	20	5%		
Total	405	100%		

180 Organizations have reported on 405 QI Initiatives through October 31, 2023, as of December 4<sup>th</sup>



# 2023-2024 | Focused Projects

#### **Donation Focused Projects**

- Donor Management
- Family Readiness, Honoring First Person Authorization (FPA) & the Right Approach
- Donor Hospital & OPO Relationships
- Maximizing an Interdisciplinary Donor Council (IDC)
- Use of EMR
- Declaration Consistency

#### **Transplant Focused Projects**

- Waitlist Management
- Use of UNOS Organ Offer Filters
- Patient Education
- Near Real Time or After-Action Reviews
- Biopsy Utilization to Rule
- Transplant Center & OPO Relationships



## **PFR Resources**

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#### **Understanding Organ Donation**

Is your loved one registered as an organ donor? Or have they talked about their interest in donating their organs? Having a conversation about their choice for donation is extremely important.

It is also important for you to understand that organ donation from your loved one only happens after they have died or suffered an irreversible injury where there is no opportunity for returning to a meaningful life. This resource will help you discuss the choice for organ donation and honor your loved ones' wish, or choice, to be an organ donor.

#### Discuss The Choice of Donation

 Know your loved ones' wishes and ask if they are a registered organ donor.

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- Support them in registering at RegisterMe.org
- Be clear about organ donation details and minimize "what if" circumstances.
- Discuss what organ donation means to you and your loved one.
- It is more than one conversation.
- As we age, or our life circumstances change, it is important to discuss end-oflife choices, and document them through a living will or the Five Wishes.

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 Speak to your loved ones often about their wishes and choices for end-of-life services.



#### Honoring Your Loved Ones' Wishes

- Listen to and ask guestions of your loved one's care team.
- Accept when your loved one has suffered irreversible damage.
  - What are their wishes in this circumstance?
  - Are they a registered organ donor?
- Partner with the hospital during this difficult time as they contact the local organ donation organization. They will support your loved one's donation.
- Grieve your loss and celebrate the Gift of Life for another.
- Learn from others who have experienced loss and organ donation.

To learn more about types of organ donation, talk to your care team today.

#### **Understanding and Agreeing to Better Than Dialysis**

**Kidneys** 

Better Than Dialysis Kidneys

can be a good option for you if you are older, have other medical conditions in addition to kidney disease, or if you have been on dialysis for several years.



Considering and accepting a Better Than Dialysis kidney can also shorten your time on the transplant waitlist. These kidneys may also be called expanded criteria or high KDPI kidneys.

#### **Expanded Criteria Kidneys**

Expanded criteria kidney donors have the following risk factors:

- Donor age is over 60, or over age 50 with these risk factors:
  - History of high blood pressure,
  - Stroke as the cause of death,
  - Serum creatinine level over 1.5 mg/dL before the kidney is removed (this shows the level of kidney damage).

Accepting one of these kidneys can improve your quality of life while also providing rest from dialysis.

Your transplant center must get your written permission to consider one of these kidneys for you. The kidney may not be perfect but could be a great option for you. These kidneys may require some dialysis after the transplant to "kick start" the function of the kidney, but your transplant team will have a plan for that.

#### High Kidney Donor Profile Index (KDPI)

KDPI is used to provide each kidney with a score to help transplant professionals match the right kidney for you. KDPI scores are based on characteristics of the individual donating the kidney. A high KDPI kidney score may be based on a kidney donor's:

- Age, height, and weight,
- Race/ethnicity,
- History of high blood pression and diabetes.
- Cause of death.
- Serum creatinine level, and
- Presence of hepatitis C.

All or any of these characteristics can help determine how long the kidney will function for you.

Higher KDPI scores are expected to function for a shorter amount of time and every transplant and recipient's experience will vary. These kidneys may be a good option if you do not want to stay on dialysis for a long time.

#### Ask your nephrologist or transplant team about Expanded Criteria and High KDPI kidneys - they are Better Than Dialysis.



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# Discussion

## 

## **ESRD** Networks:

What is working? Transplant Coalitions • Best/emerging practices • Identifying gaps

What is missing?

What is Missing?

**Thank You!** 

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## **Moving from Learning to Action**

Share best practices from this presentation with your colleagues.

Use the ESRD NCC Changes Packages to improve patient outcomes and overall patient experience of care.

Please complete the post-event survey.

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	Hospitalizations				-		
	Patient Experience	of Care			-		
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# Thank you!

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