

# Pacing Events: Right Systems

Supporting the End Stage Renal Disease Treatment Choices  
Learning Collaborative (ETCLC)

*One-hour, bi-weekly, dynamic events representative of the “Voice of the QI Teams,”  
focused on how to achieve the AIMS at a QI Team-level  
5/18/2022*

- Attendees are muted upon entry
  - Please use the chat feature to communicate with panelist and colleagues
  - ***During the post-event breakout session, notify the panelist if you would like your line unmuted to ask your question.***
- Participate in polls and chat questions
- Practice chat, please select everyone and tell us what organization you are from
- Use the chat feature to present insights and ask questions about the presentation. We will respond to all questions at the conclusion of the presentation.
- Commit to listening, learning, and participating in today's event
- Complete the post-event evaluation
- This event is being recorded

# CMS Opening Remarks

- Welcome
- Questions to Run On
- Presentation: Indiana Donor Network - *Pushing Boundaries*
- Requests and Offers
- Closing Thoughts
- Discussion Breakout

How might I use the information I learn in today's presentation in my organization?

How might my organization push boundaries to increase kidney donation and utilization?

How might we improve our processes and resources throughout the community to increase kidney donation, recovery, and transplant?

# Indiana Donor Network

Sherry Quire, RN, MBA, BSN | Director, Organ Services

Jeff Hare | Manager, In House Organ Recovery and Perfusion Operations

# ETCLC Pacing Event



Indiana Donor Network coordinates organ donation in 85 of Indiana's 92 counties. Other organ recovery organizations serve Clark, Dearborn, Floyd, Harrison, Lake, Ohio and Scott counties. The Centers for Medicare and Medicaid Services (CMS) determines service areas based on population and hospital referral patterns to ensure the most efficient distribution of organs.

With headquarters in Indianapolis, Indiana Donor Network has offices and/or staff located throughout Indiana, including Indianapolis, Fort Wayne, South Bend and Evansville.

### Indiana Transplant Hospitals

**Indiana University Health** (IU Health Methodist Hospital, IU Health University Hospital and Riley Hospital for Children at IU Health) provides heart, intestinal, kidney, liver, lung, multivisceral and pancreas transplants.

**Lutheran Health Network** provides heart transplants.

**Ascension St. Vincent** provides heart, kidney and pancreas transplants.





# PUSHING THE BOUNDARIES

## IMPACT AT A GLANCE

IN 2021, WE SAVED AND HEALED MORE LIVES THAN EVER BEFORE.

**949** organs transplanted.

**1,357** tissue and cornea donors.

**276** organ donors.

**461** organs recovered at our on-site facility.

**16,041** tissues recovered.

**2,345** donor family members served.

# PUSHING THE BOUNDARIES

To get to 949 organs transplanted, a 10% increase from 2020, our team had to innovate at a level we'd never seen before.

We revolutionized our approach to donation after cardiac death by:

- Increasing our staff's on-site presence at donor hospitals and leveraging our new team of in-house surgical recovery specialists to provide education and assistance to donor hospital surgical staff during recovery.
- Improving the way we communicate with the patients' physicians.
- Increasing our maximum age for potential donors.
- Expanding the evaluation of potential donation-after-cardiac-death donors beyond just neurological injuries to also include trauma, hemodynamics and respiratory issues.

These advancements led to a **54% increase** in donation-after-cardiac-death donors.

Some of the additional ways we're pushing the boundaries to save more lives include:

We invested in additional training, including in the areas of intubation, bronchoscopy, cardiac echocardiogram and oscillation lung expansion therapy devices.



We piloted an electronic organ donation referral system at Parkview Health, **increasing timely referral rates by 18%**. We plan to expand this program in 2022.

We implemented an advanced GPS tracking system for donated kidneys, providing transplant centers with real-time information on the status of the lifesaving organs we transport to them.



# PUSHING THE BOUNDARIES

## INDIANA DONOR NETWORK ORGAN AND TISSUE RECOVERY CENTER

- ▶ 109 on-site organ donors.
- ▶ 461 organs transplanted from our on-site facility.

Indiana Donor Network is among only a few organ procurement organizations in the U.S. that have on-site recovery capabilities.

In 2021, we expanded our Organ and Tissue Recovery Center to include:

Five-bed intensive care unit built specifically to support organ donor patients.

CT scanner with ability to do computed tomography angiography.

Capability to perform lung bronchoscopies and cardiac echocardiograms.

Cardiac catheterization lab.

These innovations enable Indiana Donor Network to better facilitate organ and tissue recovery at our facility, as opposed to a hospital operating room. Doing so leads to more lives saved, a better experience for the donor's family, an improved process for our hospital partners and reduced healthcare costs.

# PUSHING THE BOUNDARIES

## A FOCUS ON KIDNEY TRANSPLANTATION

Indiana Donor Network's kidney perfusion program is a game-changer for those waiting on a lifesaving kidney transplant.

**More than 83% of those waiting on a lifesaving organ transplant are waiting on a kidney.** That's why our team developed new ways to increase successful kidney transplantation.



**2** of the Indiana Donor Network kidney perfusion pumps, which drastically increase the viability of these organs.

# PUSHING THE BOUNDARIES

In 2021, we expanded our Organ and Tissue Recovery Center to include the following innovations:



We created a new 12-person team of surgical recovery specialists within our Organ and Tissue Recovery Center who are specially trained on the use of kidney perfusion pumps.



We take the kidney pumps into the operating room during recovery, making us one of the only organ procurement organizations in the country to do so.



We transport kidneys on pumps up to 250 nautical miles from our Organ and Tissue Recovery Center, which covers 40 transplant centers across the Midwest.



From the time of recovery until the time the kidney is delivered to a transplant center, the organ remains on the perfusion pump, allowing us to monitor the kidney's temperature and vascular performance.

Because kidney pumps have been shown to reduce the delay of kidney function post-transplant by up to 50%, our innovative approach allows us to transplant kidneys that previously would not have been considered viable – *saving more lives.*



# PUSHING THE BOUNDARIES

## Use of iReferral leads to increase in timely referral rate

Each hospital's first priority is to save their patients' lives. Only after all lifesaving measures have failed is organ donation considered.

In these cases, our hospital partners refer patients to Indiana Donor Network. It is incredibly important for hospitals to refer potential organ donor patients within one hour of that patient meeting certain clinical criteria. Research shows that probability of a successful organ donation is 30% more likely if the referral is made within one hour of the donor being vented.

One hospital, Parkview Regional Medical Center, worked with Indiana Donor Network to implement a program called iReferral to increase the number of referrals made in a timely manner. iReferral allows a patient's care team to submit referrals online instead of placing a phone call to Indiana Donor Network. Working hand-in-hand with Indiana Donor Network, Parkview began submitting about half their vented referrals using the new iReferral system, and half their referrals using the traditional phone method. On referrals submitted via iReferral, we saw an **18% improvement** in the timely organ referral rate compared to referrals submitted via phone during the same time period.

Since 7.16.21 — Submitted via iReferral:



# 18%

Improvement in timely organ referral rate

In the first year of implementation:



# 50%

of referrals at Parkview Regional Medical Center came via iReferral



# PUSHING THE BOUNDARIES

## SERVING TRANSPLANT PATIENTS THROUGH AVIATION

TxJet, the first organ transplant aviation service in the country, continues to fly high for Indiana Donor Network, other OPOs and transplant centers nationwide.

In 2021, TxJet set an all-time record for the number of lifesaving flights in a calendar year.

# How did we push the boundaries?

- Opened In-House Organ ICU and Recovery
- Added to local transplant center import call to include kidneys for Ascension St. Vincent in September 2020
- Expanded team to hire 6 Organ Import Coordinators (OIC) Fall 2020.
- Expanded team to hire 12 Surgical Recovery Specialists (SRS) March to June 2021
- Purchase 8 Kidney Perfusion Pumps March 2021
- Initiated Kidney Perfusion at INOP March 2021
- Initiated iReferral with one of the top donor hospitals in our DSA



# April 13

## Expedited In-House Recovery Center Planning Begins

- Expedited due to COVID-19 pandemic
- Goal: Move the first donor safely and as soon as possible
- Partnered with OPO colleagues
- Partnered with hospitals and MidWest ambulance
  - Supplies
  - Equipment



# Organ Recovery Coordinator Education

- Team
  - ICU RNs
  - Respiratory Therapist
  - Critical Care Paramedics
  - Master's Prepared Human Donation Sciences
- Hands-on donor management
  - Ventilator Training
  - Monitor Training
  - EKG Training
  - Portable X-Ray Training
  - Bronchoscopy



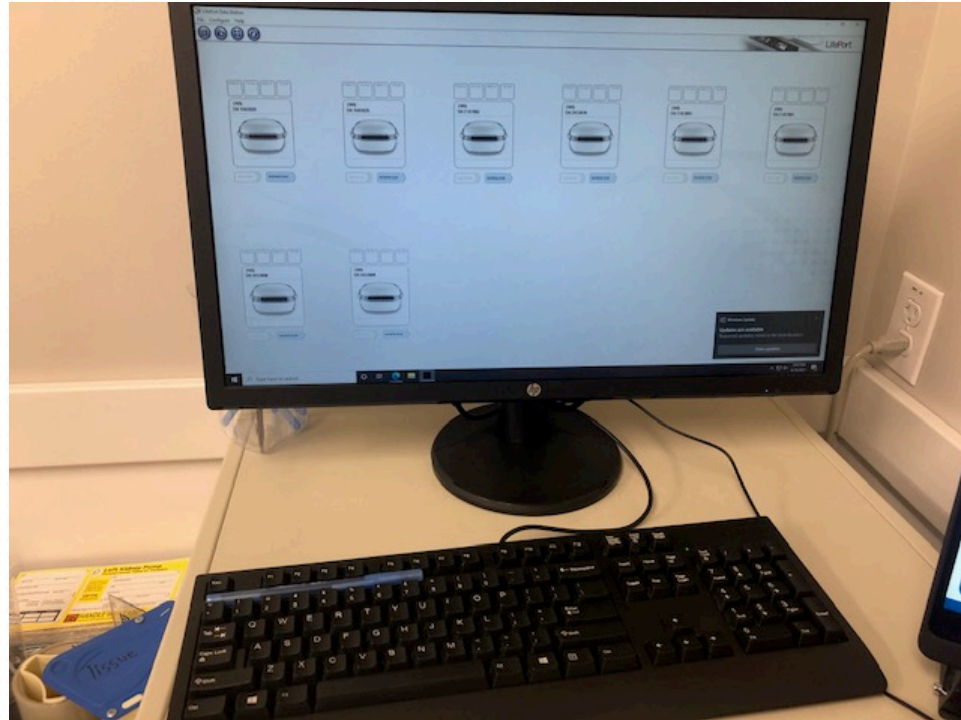
Polling Question –  
*Share more in chat!*

# Kidney Perfusion Room-Validated 3.31.2021

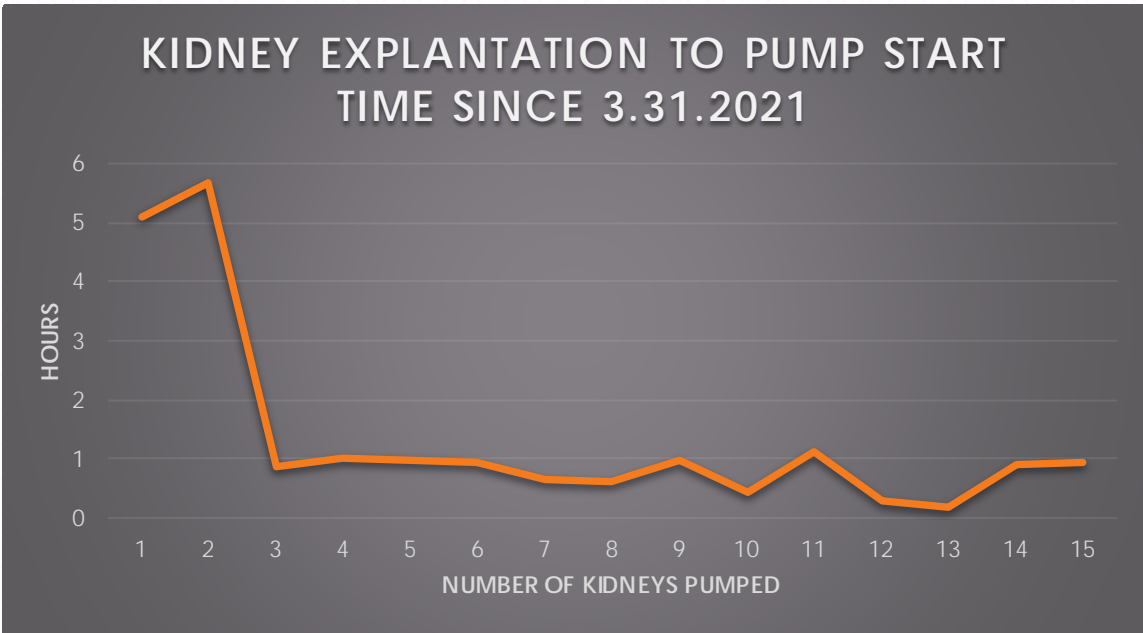




# Monitoring Kidney Pumps



# Initial Kidney Pump Data 3.31.2021 (First 12 donors)



# Robust Leadership

## Mike GeRue is a "Champion for Donation"

Last Modified: 4/08/2022



Mike GeRue, RN, MSN, chief operating officer, [Parkview Heart Institute](#), is being recognized as a 2022 "Champion for Donation" by the [Indiana Donor Network \(IDN\)](#). He is one of only four individuals statewide being honored this year.

According to the IDN, Champions for Donation are individuals and organizations undertaking exceptional efforts to advance donation and transplantation through direct clinical work or advocacy on behalf of the mission of the IDN.

### What are some of the special projects you're working on with Parkview and IDN?

With iReferral, we are working on leveraging our EPIC platform (electronic medical record system) to drive automated referral processes that don't require a phone call to IDN to initiate. This allows our bedside care teams to spend more time with their patients and ensures we meet metrics for timely notification and referrals. Since July 2021, iReferral has resulted in an 18% increase in overall referrals to the IDN from Parkview. Currently, 50% of all organ referrals from PRMC come via iReferral.

Our team is also a part of a national effort to increase kidney donations. This is a great collaboration between hospitals, organ procurement organizations, transplant centers, patient and family member representatives, End Stage Renal Disease Networks and dialysis facilities coming together to create national, system-wide improvements to increase kidney donation and transplantation rates. Sponsored by the Centers for Medicare and Medicaid Services (CMS) and supported by the Health Resources and Services Administration (HRSA), the collaboration is focused on delivering more kidney donations to eligible patients.

<https://www.parkview.com/community/dashboard/mike-gerue-is-a-%E2%80%9Cchampion-for-donation%E2%80%9D>

# Right Systems - iReferral

- Parkview – working model
  - about 50% utilization for organ referrals and 20% for tissue referrals
  - 11 hospital system

Vented iReferrals

484

Total Vented Referrals

816

Vented iReferrals %

59.3%

Non-Vented iReferrals

371

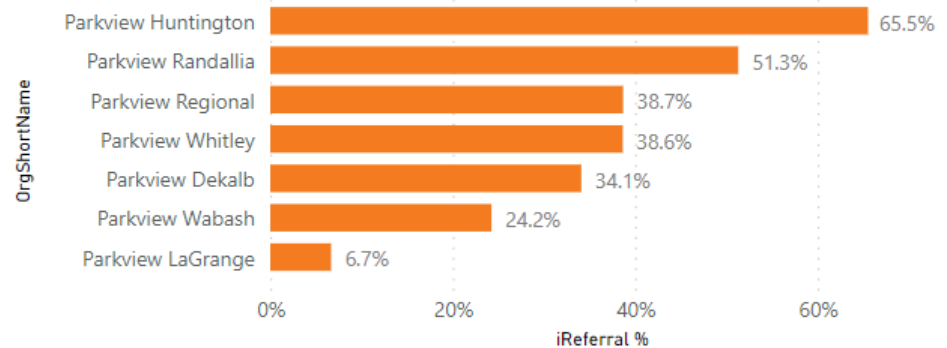
Total Non-Vented Referrals

1282

Non-Vented iReferrals %

28.9%

iReferral % by Referring Organization

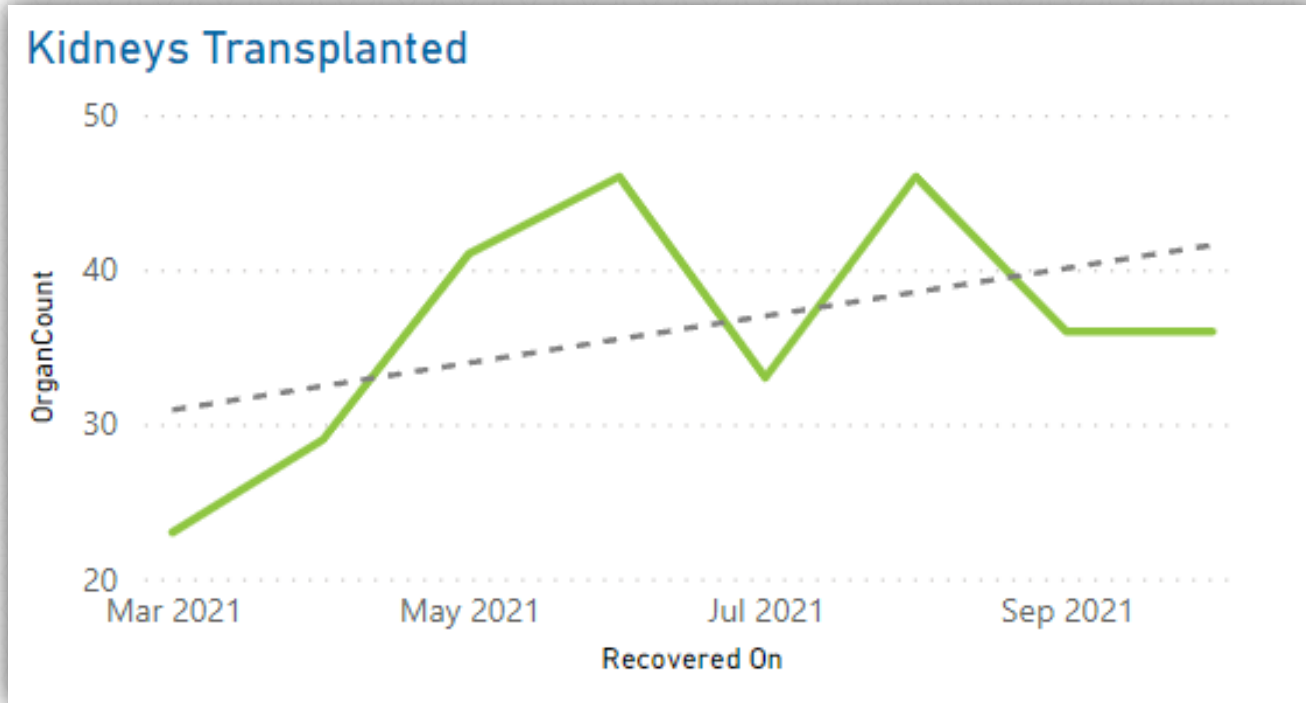




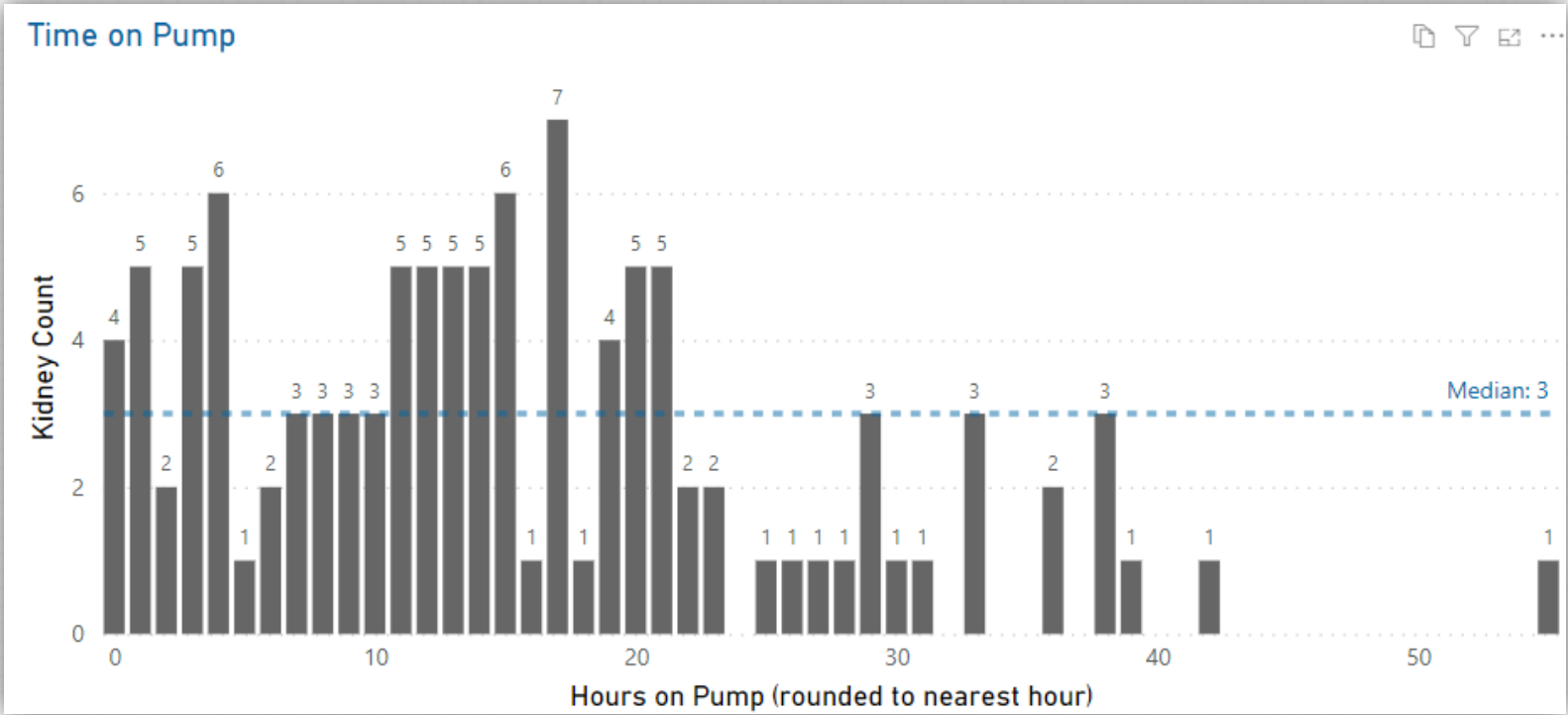
# How did we further push the boundaries?

- Turned Kidney Allocation over to SRS September 2021 (previously done by Organ Recovery Coordinator after case- sent to UNOS after local exhausted)
- Taking kidney pumps to the recovery
- Pushing Boundaries of DCD Age limit to 70
- Increase DCD pool of offering KDPI >90% and Increased Creatinine
- Centralized Pathology for kidney biopsy
- Reviewing declined kidney offers when accepted elsewhere with local transplant centers
- Utilize TxJet on kidneys with no air transport available and CIT nearing non-acceptance

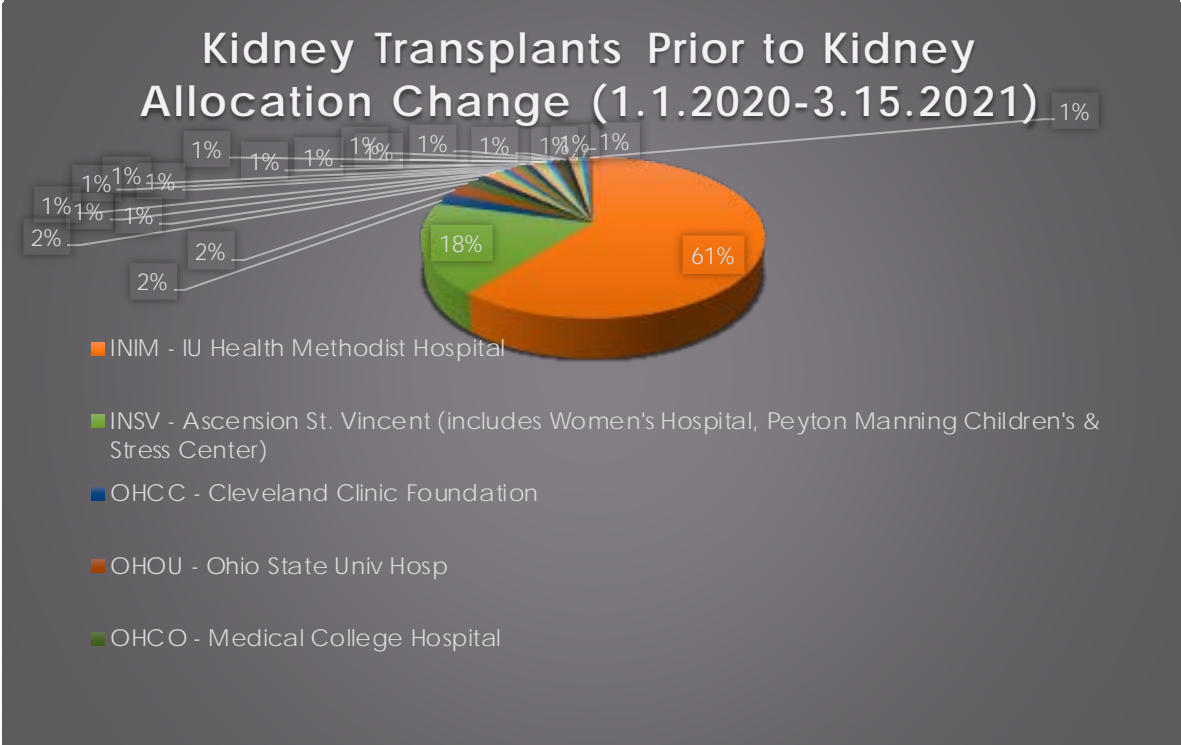
# Kidney Allocation Change 3.15.2021



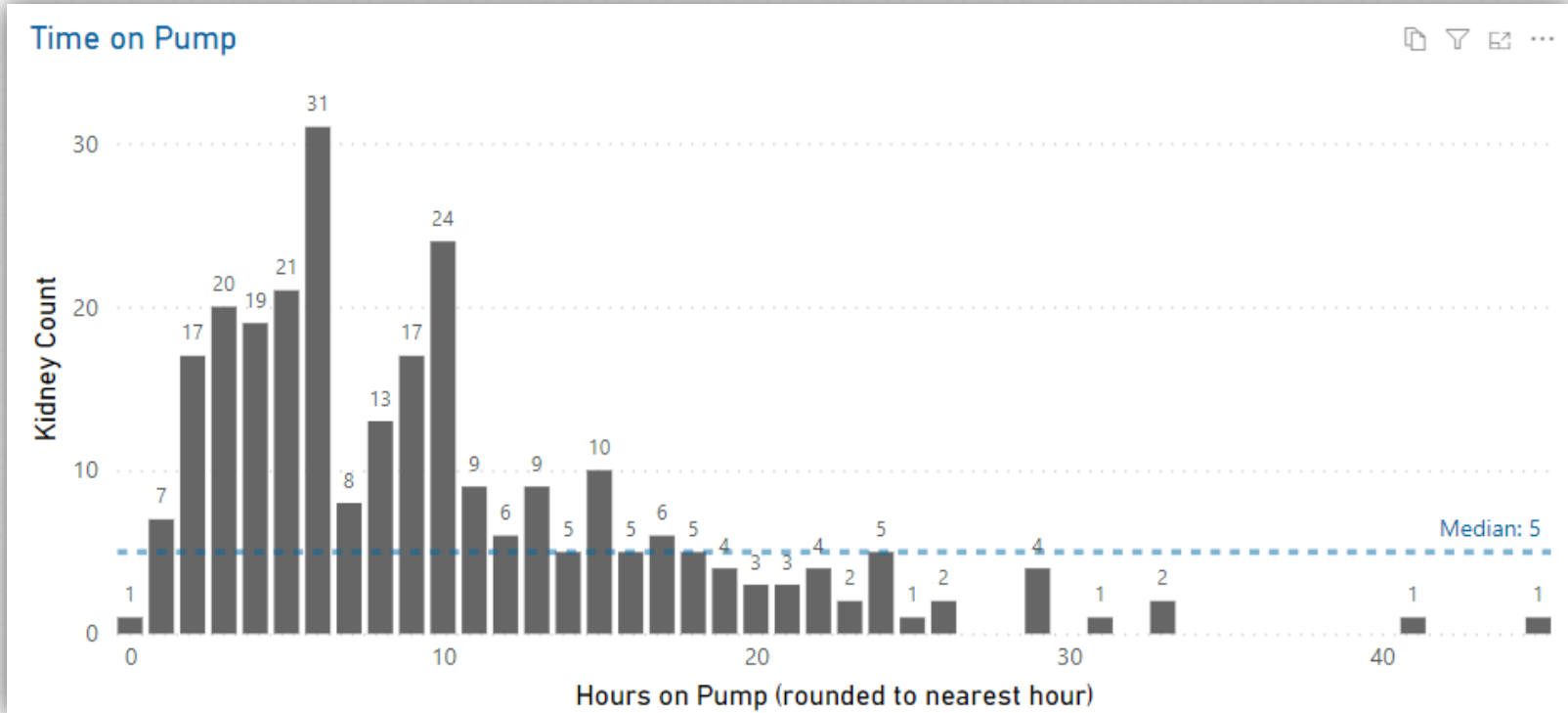
# Kidney Allocation 1.1.2020 - 3.15.2021



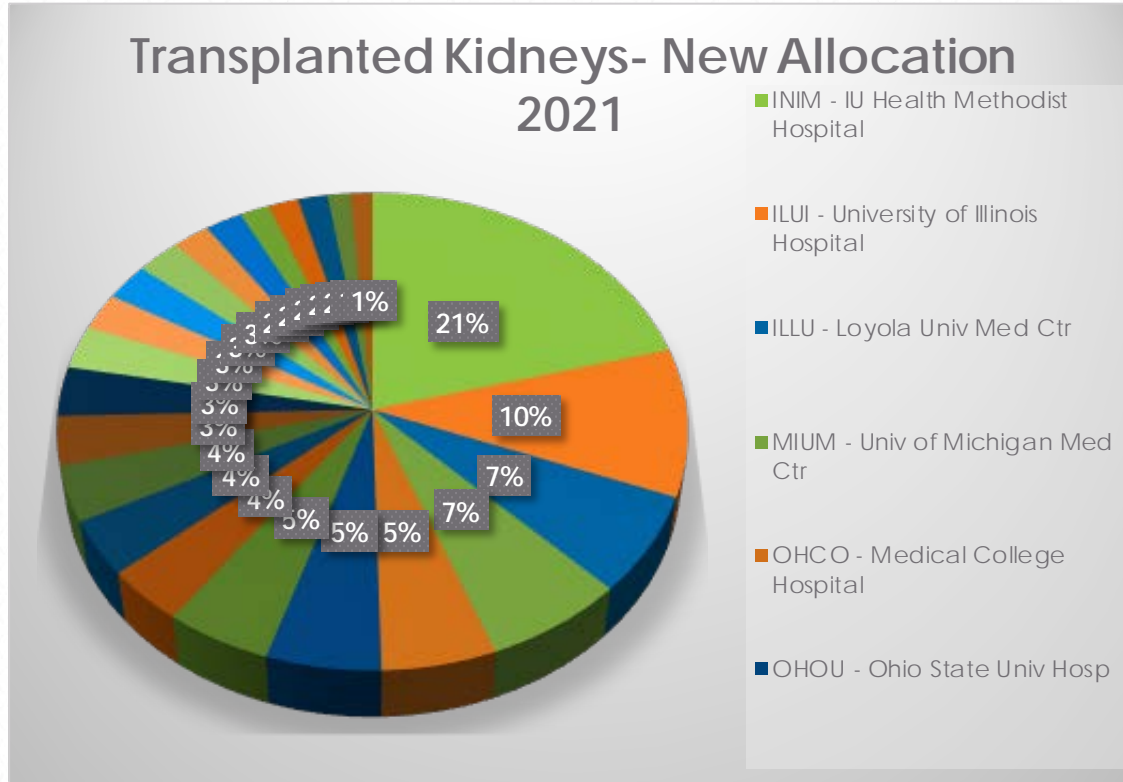
# Kidney Allocation 1.1.2020 - 3.15.2021



# Kidney Allocation Change 3.15.2021



# Kidney Allocation Change 3.15.2021



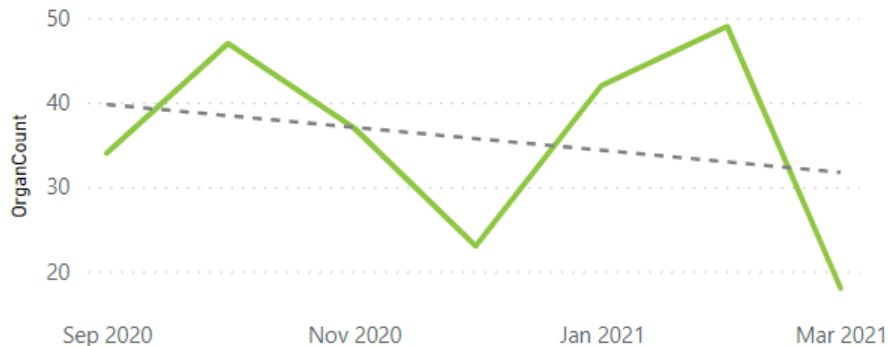


# Kidney Data 9.1.2020-3.15.2021 (Allocation Change)

Kidney Tx Rate   Transplanted   Not Transplanted   Cases

**81.2%**   **250**   **58**   **154**

## Kidneys Transplanted

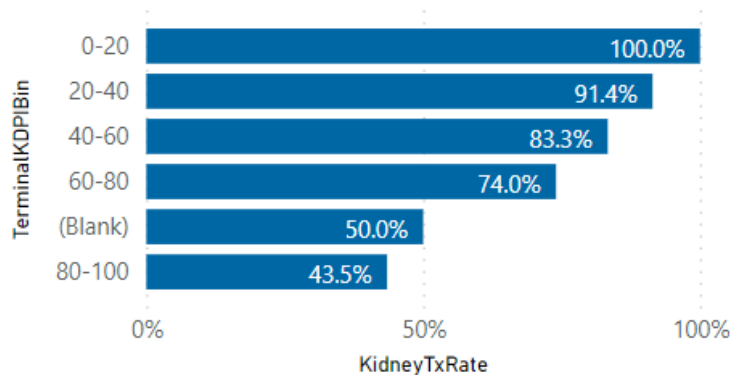


## Kidney Disposition Codes

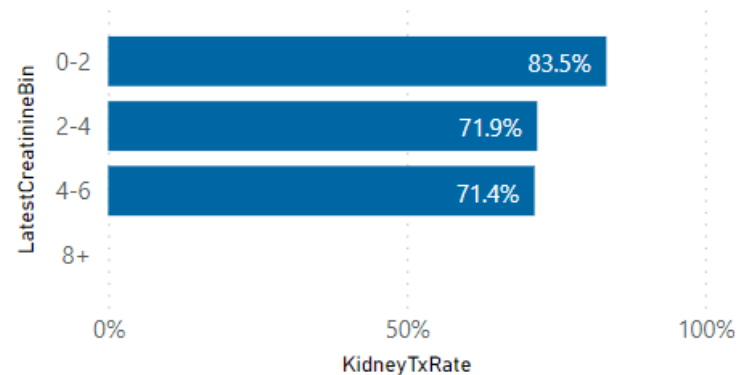
Disposition	Count	%
501 Tx Local	178	57.79%
502 Tx Shared	72	23.38%
505 Rec for Tx: Submitted Rsrch	40	12.99%
503 Rec for Tx: Discard Local	8	2.60%
504 Rec for Tx: Discard Shared	4	1.30%
510 Recovered for Research	3	0.97%
205 DISEASED ORGAN	2	0.65%
218 RULED OUT AFTER EVAL IN OR	1	0.32%
<b>Total</b>	<b>308</b>	<b>100.00%</b>

# Kidney Data 9.1.2020-3.15.2021 (Allocation Change)

## Kidney Tx Rate by Terminal KDPI Bin



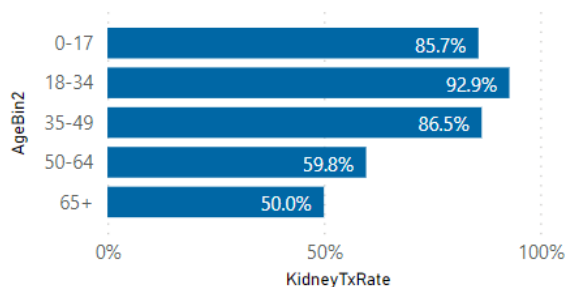
## Kidney Tx Rate by Creatinine



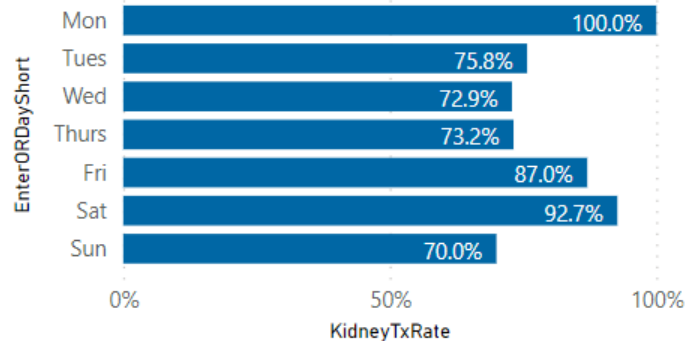


# Kidney Data 9.1.2021-3.15.2021 (Allocation Change)

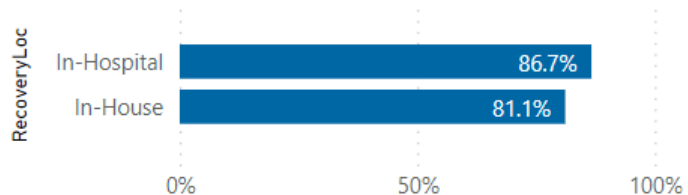
## Kidney Tx Rate by Age



## Kidney Tx Rate by Enter OR Day

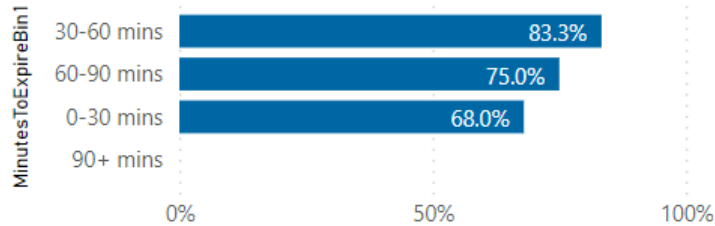


## BD KidneyTxRate by RecoveryLoc

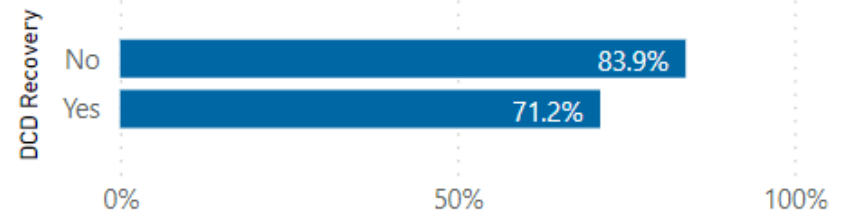


# Kidney Data 9.1.2021-3.15.2021 (Allocation Change)

Kidney Tx Rate by DCD Expire Time



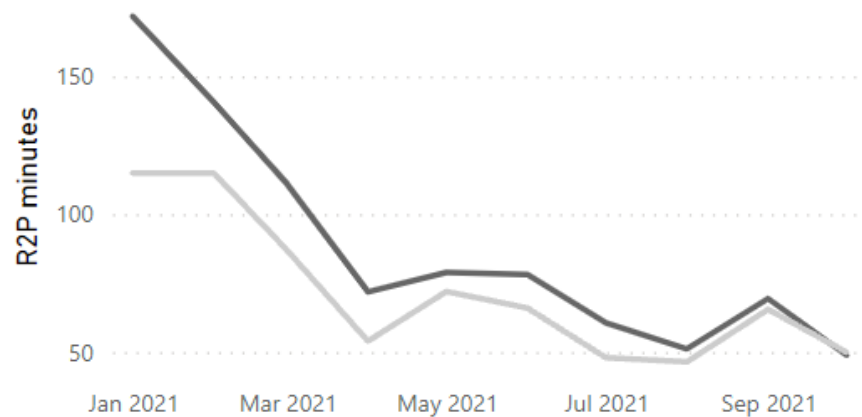
Kidney Tx Rate by DCD vs BD



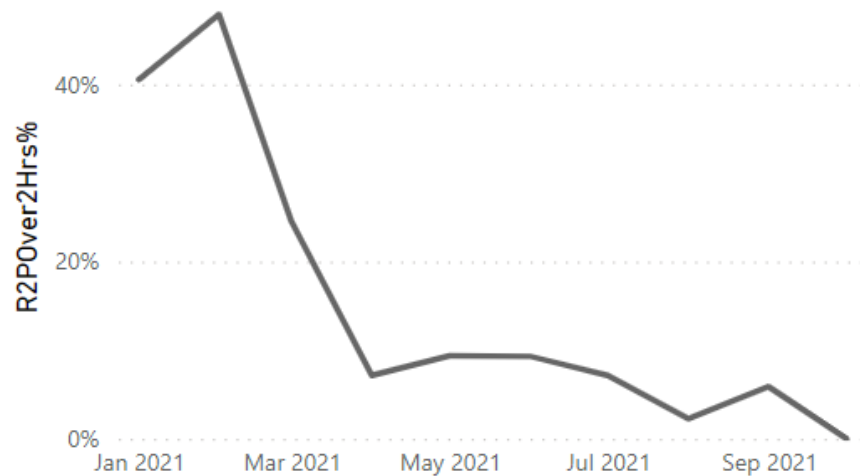
# Kidney Pump Timing

Minutes between recovery and pump start

● Avg R2P ● Median R2P



% of pumped kidneys that took over 2 hours to start pump



# Kidney Data 9.1.2021- 5.1.2022

Kidney Tx Rate **75.3%**    Transplanted **272**    Not Transplanted **89**    Cases **181**

## Kidneys Transplanted

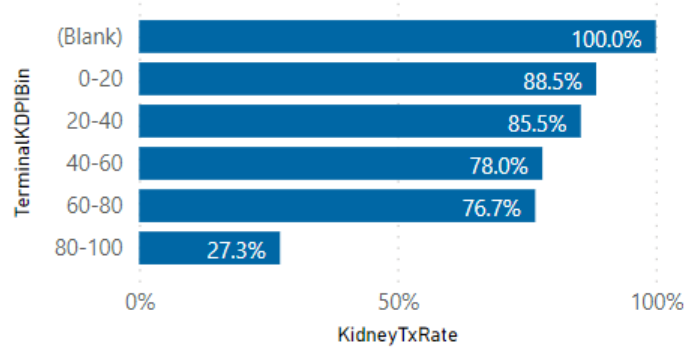


## Kidney Disposition Codes

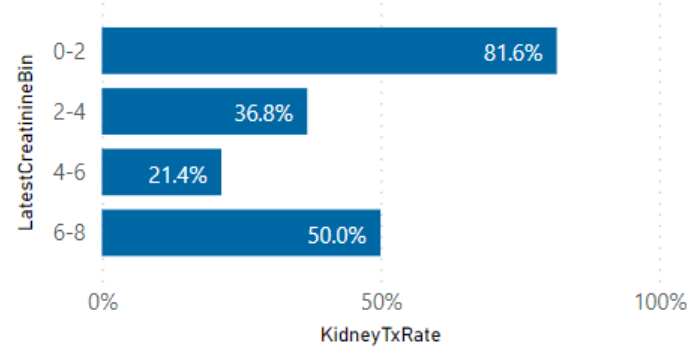
Disposition	Count	%
502 Tx Shared	181	50.14%
530 Transplanted in U.S.	52	14.40%
505 Rec for Tx: Submitted Rsrch	43	11.91%
501 Tx Local	39	10.80%
503 Rec for Tx: Discard Local	32	8.86%
531 Recovered for Transplant: Discarded	7	1.94%
504 Rec for Tx: Discard Shared	3	0.83%
205 DISEASED ORGAN	2	0.55%
212 BIOPSY FINDINGS	2	0.55%
<b>Total</b>	<b>361</b>	<b>100.00%</b>

# Kidney Data 9.1.2021- 5.1.2022

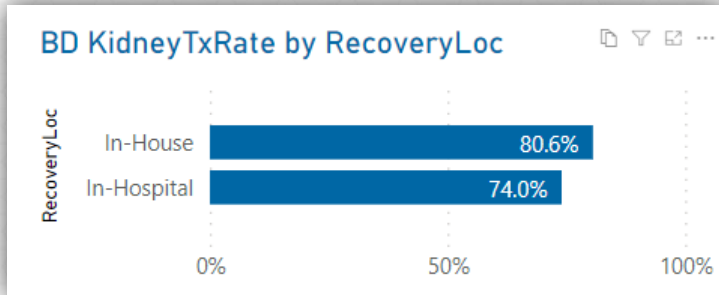
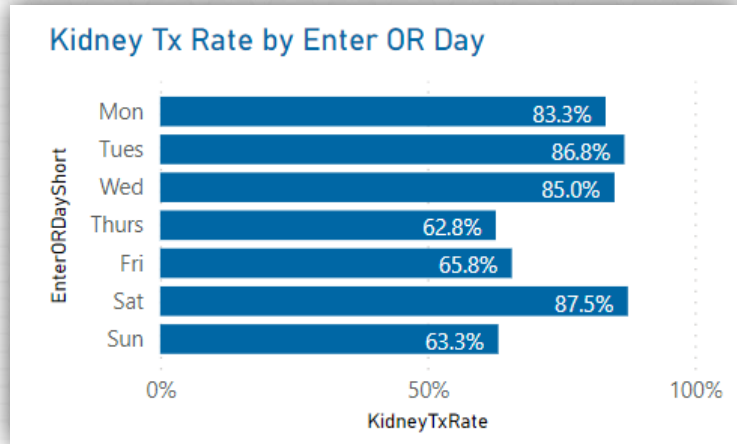
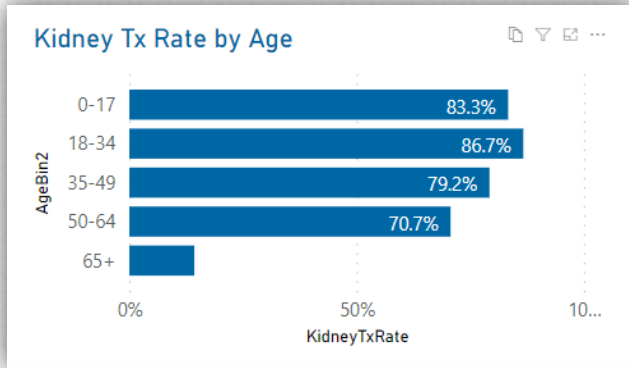
## Kidney Tx Rate by Terminal KDPI



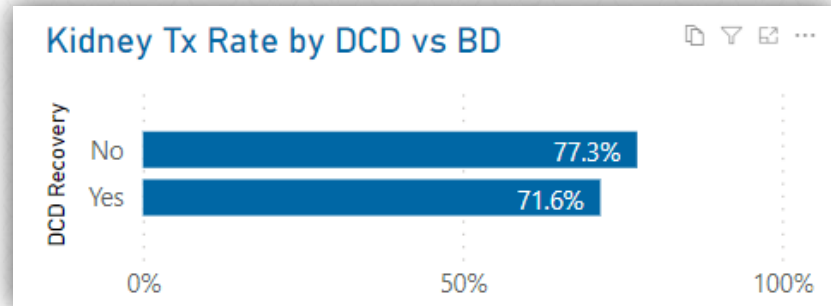
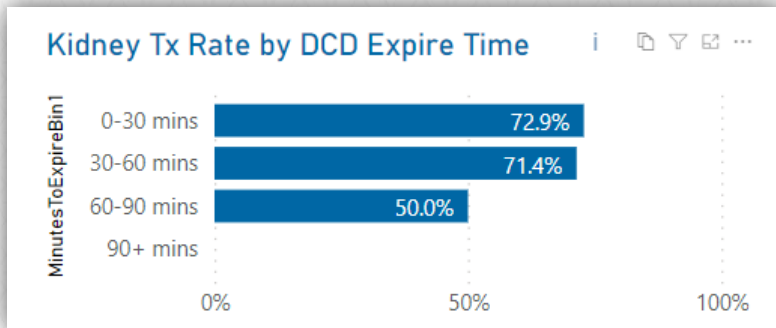
## Kidney Tx Rate by Creatinine



# Kidney Data 9.1.2021-5.1.2022



# Kidney Data 9.1.2021-5.1.2021





# What did we change?

- Improved criteria for kidney import
- Increased to a team of 9 Organ Import Coordinators (OIC) to ensure double coverage at all times
- Increased to 16 Surgical Recovery Specialists (SRS) 2022 to ensure coverage in all hospital, in-house recoveries and kidney perfusion on site.



# Improved Renal Criteria in Collaboration with Local Transplant Center

## Incoming Call from UNET to IDN Gate Coordinator:

Call acknowledged and IDN Gate Coordinator Login to UNET

Always call with zero mismatch and/or 100% CPRA

### Automatic Rule-Out Criteria:

- Greater than sequence 1000 ONLY IF THAT IS THE FIRST SEQUENCE
- Brain Dead: age >70
- DCD: age >50
- BD or DCD and all of the following:
  - Out of state
  - Age >45
  - CIT >15 hrs
  - If projected CIT > 24 hours at estimated time of arrival, code out for CIT
- Hep B's NAT reactive
- HIV NAT reactive (unless recipient is HIV+)
- Current COVID +
- Donor size <9 Kgs
- Viral Meningitis
- History of Melanoma
- Glomerular Sclerosis > 20%
- Pump Parameters: Resistance = or > 0.3 & Flow < 80 ml/min (for offers received while currently on pump)
- Serum Creatinine > 4.0 and rising

## If all else within provisional yes, then clarify:

If offer is made for a patient who is in the process of being transplanted or has just been transplanted: Decline CODE 721

If the transplant has not taken place: enter a PROVISIONAL YES. IDN Gate Coordinator to notify surgeon for instructions

If no automatic rule out criteria is met, update UNET with PROVISIONAL YES. Document offer in Renal Offer Log in INSV Shared Drive

0 mismatch always call

98, 99 or 100 % PRA always call

## ONCE PY Placed:

## Provisional Yes is in top 10 for BD or DCD donor:

1. Look at top 3-4 potential recipients for Sequence dates

2. If donor meets PHS risk criteria and/or Hoxworth check OTTR alert to see if recipient will accept

First, discuss the following information with Surgeon and INSV Coordinator. If they are wanting to move forward with offer, surgeon request recipient information:

1. PY placed donor
2. Donor location/UNOS ID
3. Donor OR time if set
4. Age
5. Admission date
6. COD
7. BMI/Kg
8. PHS Risk Criteria- Yes/No (reason)
9. Past relevant medical history: i.e. DM x years, HTN x years with compliance, abdominal surgery
10. Urine output (average)
11. Proteinuria
12. Serum Creatinine (admitting, peak and current)
13. Serologies
14. Infectious Status: positive blood cultures as well as Antibiotic treatment

If moving forward with offer, provide the following information to recipients:

1. Sequence - what is preceding - i.e. local, national, regional 100 PRA, zero MG mismatches, etc.
2. ABO identical or ABO compatible
3. BMI/Kg
4. CPRA
5. OTTR Alerts
6. Serum dates within the last 30 days (Hoxworth)
  - Consult surgeon with lapsed time and PRA %
7. Will they accept PHS risk criteria donor?

## • Ask Surgeon:

1. Verify if need to have potential recipient have fresh serum drawn
  2. Verify if surgeon would like crossmatching to commence. Virtual or Serum? If requested by Surgeon, call Hoxworth (512-558-1574) to complete crossmatch. Give Hoxworth your contact info for verbal results to give to MD
  3. Verify need for BK, Pump
  4. Once Donor OR time set, ask about tentative Admission, OR times, NPO status if primary or in top 4-5
- If needs fresh serum drawn, notify INSV Coordinator on-call
- INSV Coordinator will call pt
  - Arrange blood draw
  - Call IDN Coordinator with timing of blood draw
  - IDN Coordinator to set up transportation of blood to Hoxworth
- If donor declined: enter DECLINE CODE for each potential recipient and update renal offer log
- If organ accepted (provisional yes already in place): enter DECLINE CODES for each recipient ahead of intended recipient
- Ask surgeon about back-up plans

If Becomes or High Potential to Become Primary:

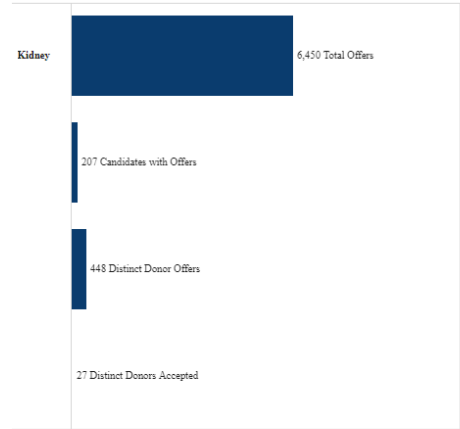
# Organ Offers and Imports Increased

## Organ Offers Report (ROO) for Patients Listed at INSV-TX1 Matches between 11/10/2021 and 5/8/2022

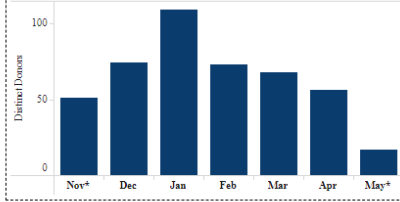
Month of Match: (All)  
 Organ Accepted: (Multiple v...  
 Offer Share Type: (All)  
 Distance Group: (All)  
 Candidate Age Group: (All)

Match Organ:  
 (All)  
 KI  
 HR,HL

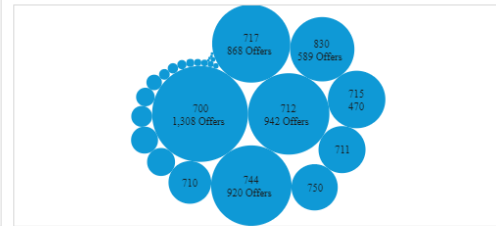
### INSV-TX1 Offers November 10, 2021 - May 8, 2022



### Distinct Donors Offered Each Month by Organ (This graph keeps all months for reference)



### Primary Refusal Reasons November 10, 2021 - May 8, 2022 Organ: Kidney



Based on OPTN data as of 5/10/2022 3:10:22 AM. Data subject to change. Includes only offers to candidates before the organ was ultimately accepted or declined. Bypasses are excluded. See the Documentation tab for more information.

## Import Offers Import Offers Trend

1702

Accepted Offers

1526



# Import Offers

## Import Offers by Referring Organization

Referring Organization	% of Total	Referrals
Gift of Life Michigan	13.22%	225
Gift of Hope Organ & Tissue Donor Network	12.81%	218
Kentucky Organ Donor Affiliates	7.17%	122
Life Connection of Ohio	6.17%	105
Tennessee Donor Services	5.29%	90
Mid-America Transplant Services	4.94%	84
Lifeline of Ohio	3.82%	65
Midwest Transplant Network	3.64%	62
Lifebanc	3.47%	59
LifeCenter Organ Donor Network	3.23%	55
LifeLink of Georgia	3.00%	51
Organ Procurement Organization at the University of Wisconsin	2.88%	49
Legacy of Hope	2.59%	44
LifeGift Organ Donation Center	2.29%	39
Gift of Life Donor Program	2.23%	38
Versiti	1.88%	32
Center for Organ Recovery and Education	1.59%	27
Arkansas Regional Organ Recovery Agency	1.23%	21
LifeSource Upper Midwest Organ Procurement Organization	1.06%	18
Mid-South Transplant Foundation	1.06%	18
Sharing Hope SC	1.06%	18
Southwest Transplant Alliance	1.00%	17

# Import Offers 2020,2021,2022

2020

Cases	Organs Accepted	Organs Tx	Organs Discarded	DCD Organs	Organs with Increased Risk
286	318	245	10	56	137

2021

Cases	Organs Accepted	Organs Tx	Organs Discarded	DCD Organs	Organs with Increased Risk
438	484	387	9	95	120

2022 (thru  
April)

Cases	Organs Accepted	Organs Tx	Organs Discarded	DCD Organs	Organs with Increased Risk
147	143	127	3	30	39

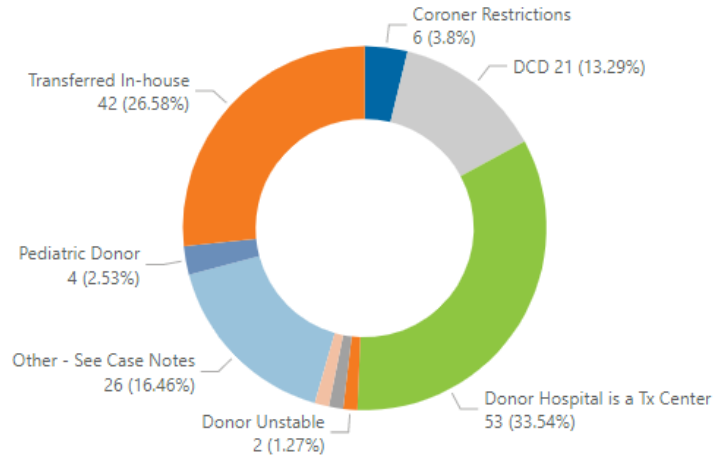
Polling Question –*Share more in chat!*

# In-House Recovery 2020

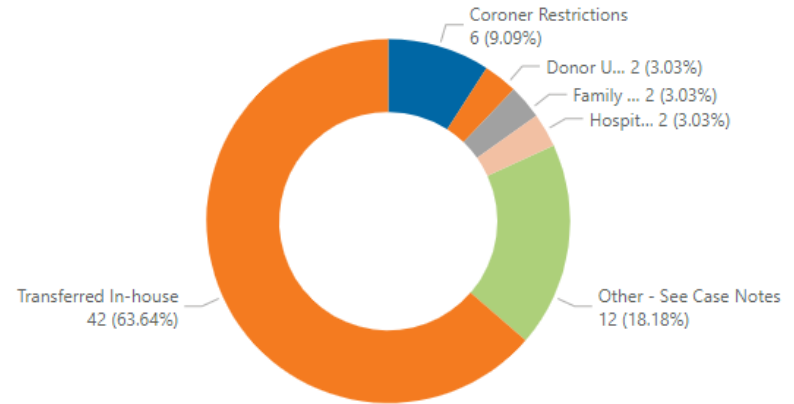
(from 5.21.2020)



All CMS Organ Donors



Eligible for In-House Transfer



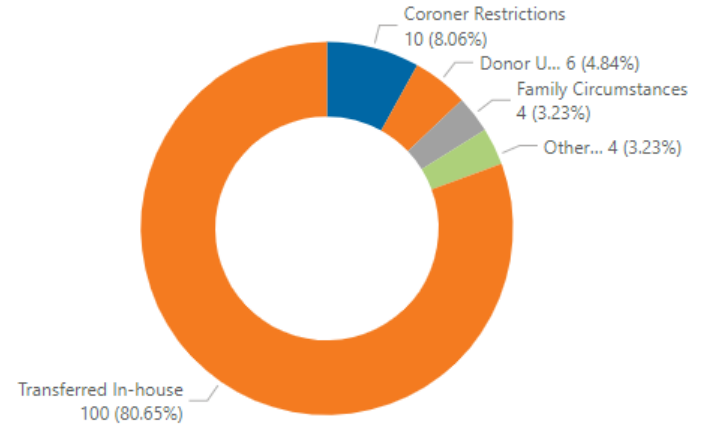
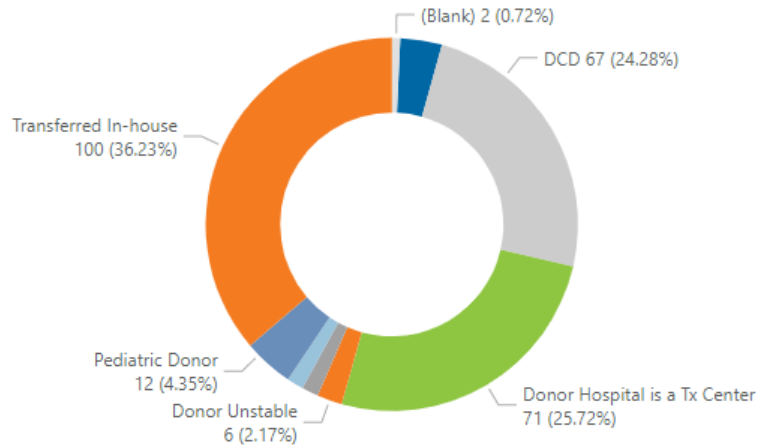


# In-House Recovery 2021



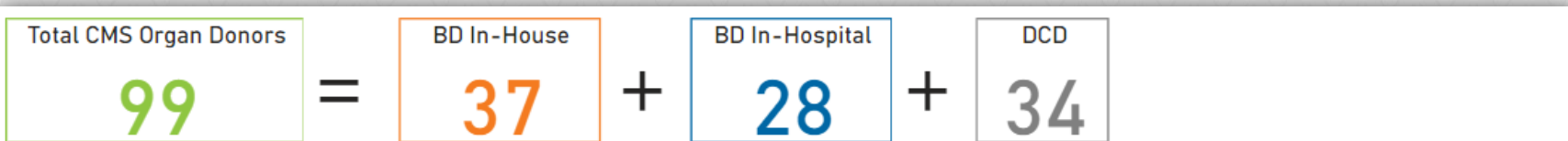
All CMS Organ Donors

Eligible for In-House Transfer



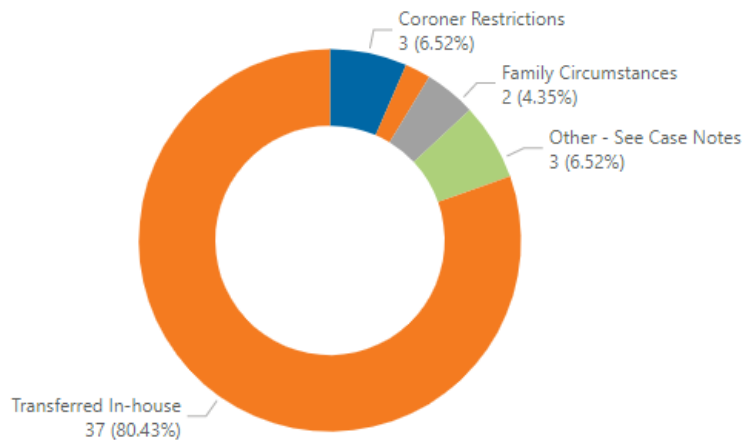
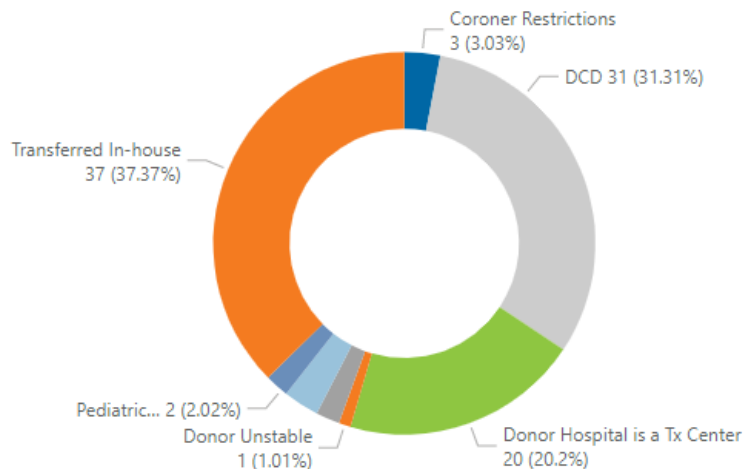
# In-House Recovery 2022

## (thru May 1)



All CMS Organ Donors

Eligible for In-House Transfer

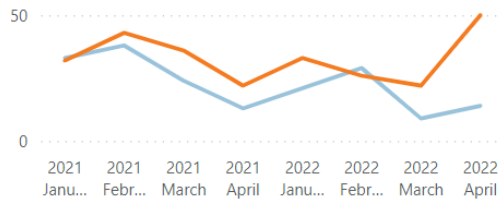


# Organ Summary Hospital vs. In-House

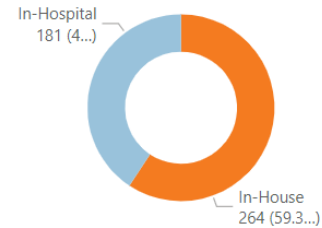
## 2021-May 2022 Inception

CMS Organs transplanted (BD cases only)

Location ● In-Hospital ● In-House

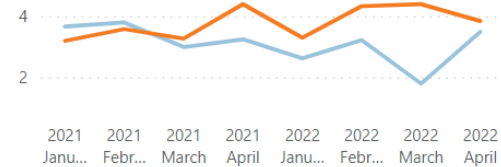


Cumulative



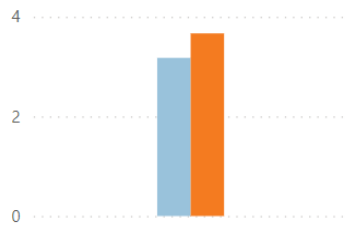
CMS Organs transplanted per donor (BD cases only)

Location ● In-Hospital ● In-House



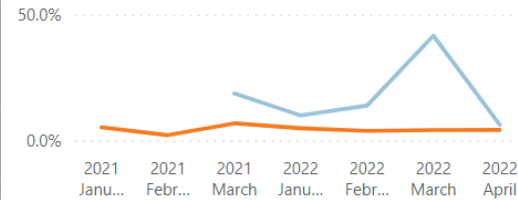
Cumulative

Location ● In-Hospital ● In-House



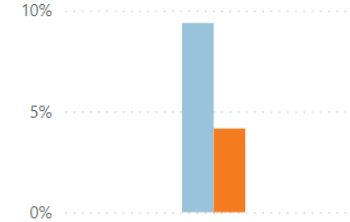
Organ discard rate (BD cases only)

Location ● In-Hospital ● In-House



Cumulative

Location ● In-Hospital ● In-House



# Issues

## Allocation Issues

- Kidneys have been accepted, shipped & delivered with 2 sets of typing material. Then declined and the extra set of typing material has been discarded.

## Transportation Issues

- Courier Delays
- Tx Center OR Delays with Kidneys being delivered on pump resulting in our driver being there for an extended amount of time.
- Tx Center requested kidney on pump. When our driver arrived the Tx center instructed the driver to take the typing material to the local HLA lab/OPO

# Patient Unstable (YOY Q1)- Disposition Added 10/9/2019

**Pool**  
**Organ Outcome Detail**  
 Patient Unstable

**Time Range**  
 Enter Start and End Date  
 1/1/2021 3/31/2021

## Patient Unstable (PtU) Gap Analysis

Hosp	PtU	PtURate	PtUGap	PtUGap
Ascension 86th	0			0
Ascension Anderson	0			
Ascension Carmel	0			
Ascension Evansville	0			
Ascension Heart	0			
Ascension Kokomo	0			
Columbus Regional	0			
Community Anderson	0			
Community East	0			
Community Heart	0			
Community Howard	0			
Community Howard Wes	0			
Community North	0			
Community South	0			
Daviess Community Ho	0			
Deaconess The Women	0			
Deaconess Gateway	0			
Deaconess Midtown	0			
Dupont Hospital, LLC	0			
Elkhart General	0			
Eskenazi	0			
Fran Crawfordsville	0			
Fran Mooresville	0			
Franciscan Indy	0			
<b>Total</b>	<b>0</b>			

**Pool**  
**Organ Outcome Detail**  
 Patient Unstable

**Time Range**  
 Enter Start and End Date  
 1/1/2022 3/31/2022

## Patient Unstable (PtU) Gap Analysis

Hosp	PtU	PtURate	PtUGap	PtUGap
Eskenazi	3	100.0 %		
Franciscan Lafayette	3	100.0 %		
Ascension 86th	2	100.0 %		
Community East	2	100.0 %		
Community Heart	2	100.0 %		
Community North	2	100.0 %		
Deaconess Midtown	2	100.0 %		
Parkview Regional	2	100.0 %		
Reid Health	2	100.0 %		
St. Joe Mishawaka	2	100.0 %		
Ascension Anderson	1	100.0 %		
Ascension Evansville	1	100.0 %		
Ascension Kokomo	1	100.0 %		
Columbus Regional	1	100.0 %		
Community South	1	100.0 %		
Franciscan Indy	1	100.0 %		
Franciscan MI City	1	100.0 %		
IU Arnett	1	100.0 %		
IU Ball	1	100.0 %		
IU Bloomington	1	100.0 %		
Lutheran (Main)	1	100.0 %		
Marion General	1	100.0 %		
Memorial South Bend	1	100.0 %		
Methodist	1	100.0 %		
<b>Total</b>	<b>40</b>	<b>100.0 %</b>		

# What did we change?

- Purchased 2 additional Kidney Perfusion Pumps 2022
- Extra kidney typing sets at INOP
- New criteria for DCD wedge biopsies
  - > 55 years
  - Marginal donors
- Added third party couriers for kidney pump transportation
- Real-time kidney tracking with MEDIGO
- Added Rapid DCD donors for unstable referrals
- Push out kidney offers 24 hours prior to OR
- Offer aggressive centers prior to the National List

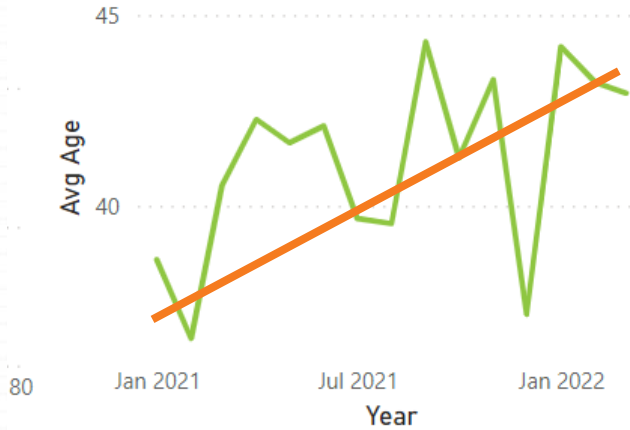


# Q1 Operational Plan

- Daily AOC Calls for Referrals (11:00)
  - Expanded to weekend calls
  - Decreases amount of calls unable to be answered
  - Creates consistency and education of thought process on referrals
  - Organ Leadership Involvement
- Monday Case Closing Meetings
  - Expanded to Hospital Services and Family Services
  - Expanded to Include:
    - Patient Improving
    - Patient Instability
  - Daily Case Closing Report Implemented April 1, 2022
- Rapid DCD Implementation
  - Unstable Donors
  - Emergency Department Presence
  - ORC onsite immediately and remaining team pack for case and OR
- Widen Sepsis Diagnosis Range (COD 193 in 2021)
  - Consult with Dr. Nico Barros on MDR Cultures

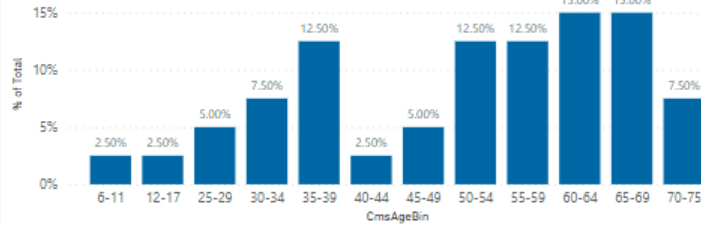
# CMS Donors By Age (YOY Q1)

Organ Donor: Avg Age Trend



Q1 2022

Organ Pool Age

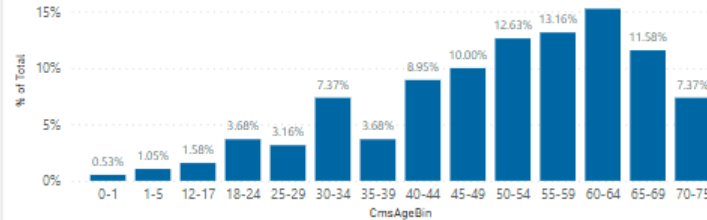


Average Age

51.10

Year 2021

Organ Pool Age



Average Age

50.69

# Kidney Pump Trends 2021-May 2022

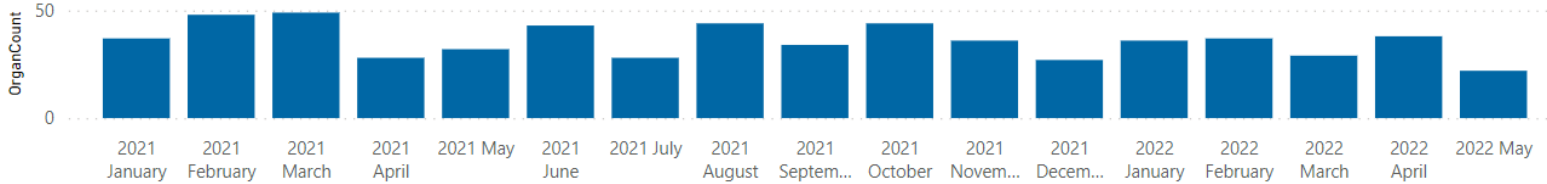
Kidneys Pumped ... Kidneys Pumped Trend

Kidney OrganCount

R 313

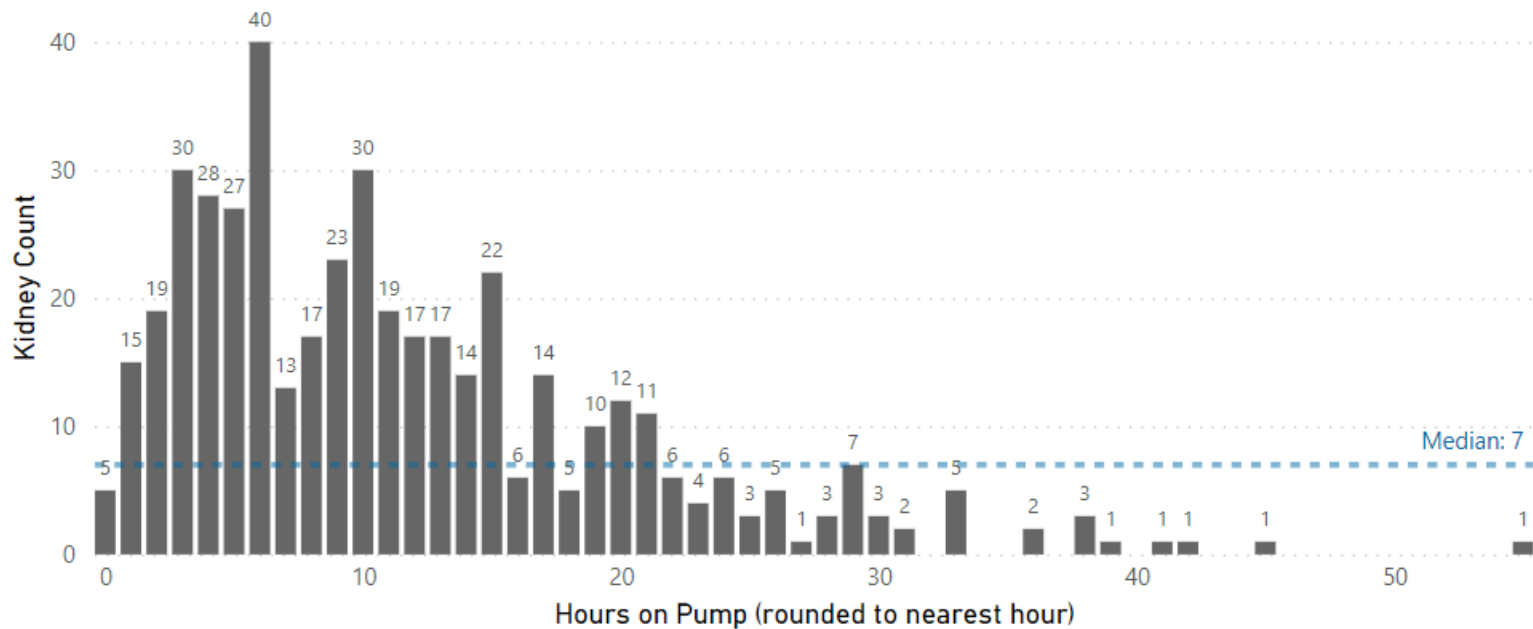
L 299

**Total 612**

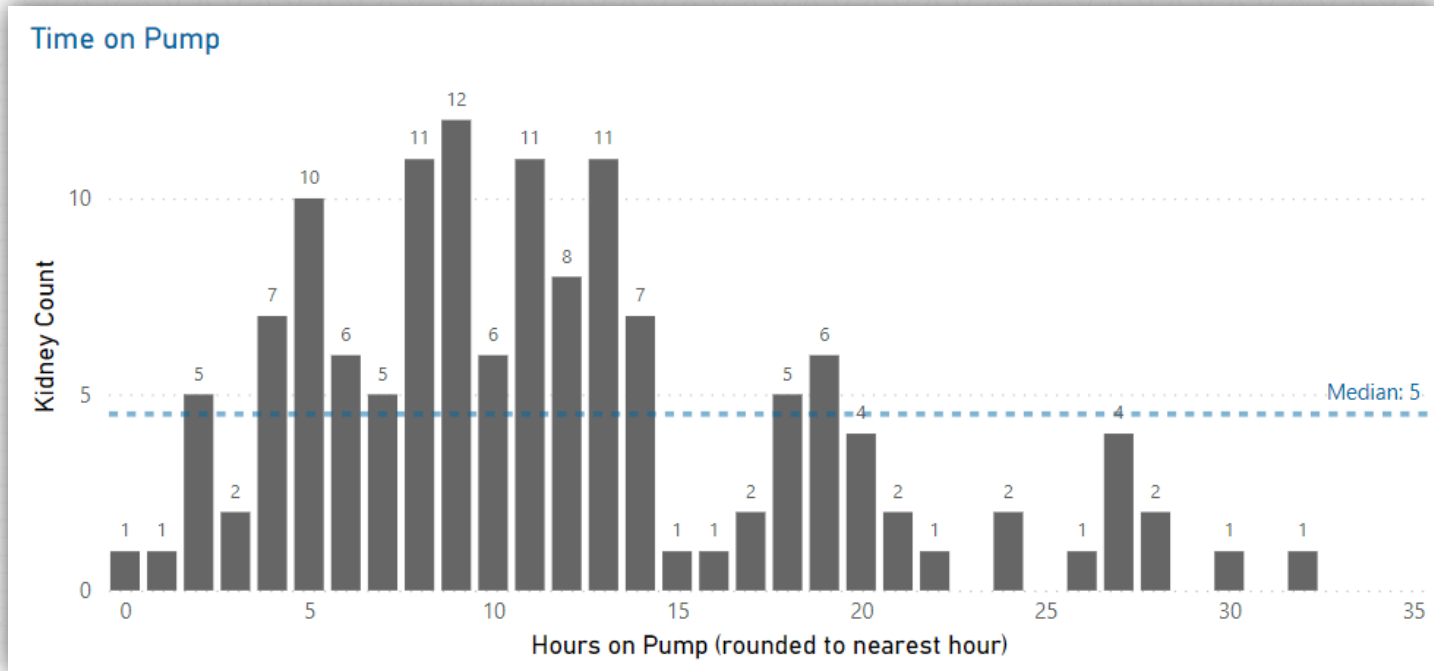


# Time on Pump 2021

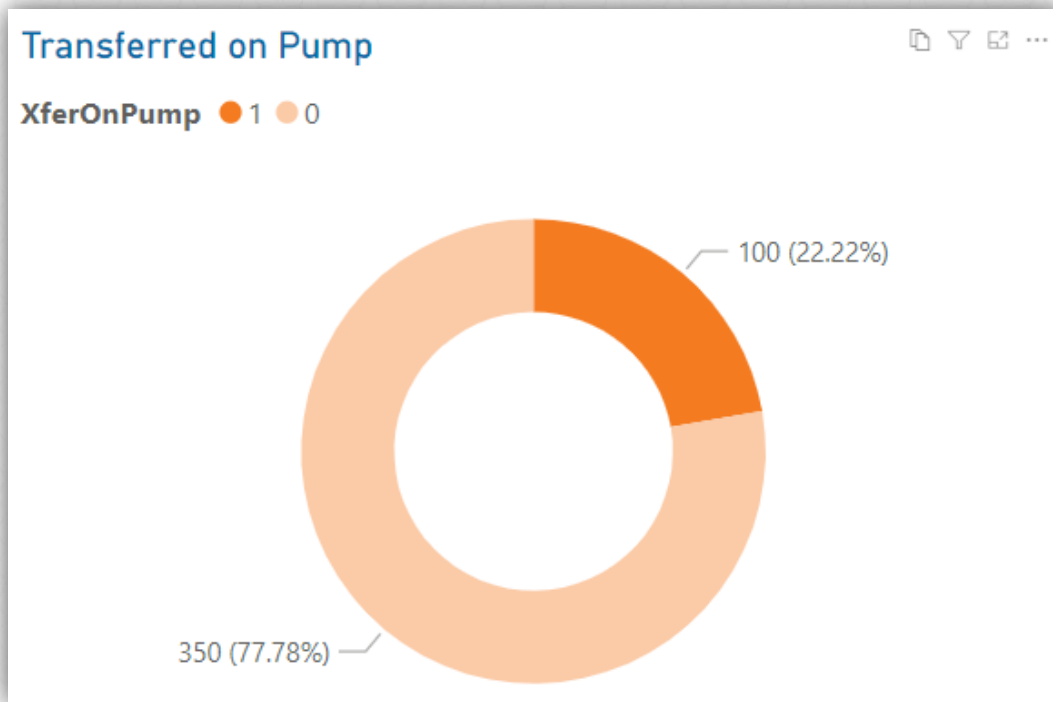
Time on Pump



# Time on Pump 2022 (Jan – May)

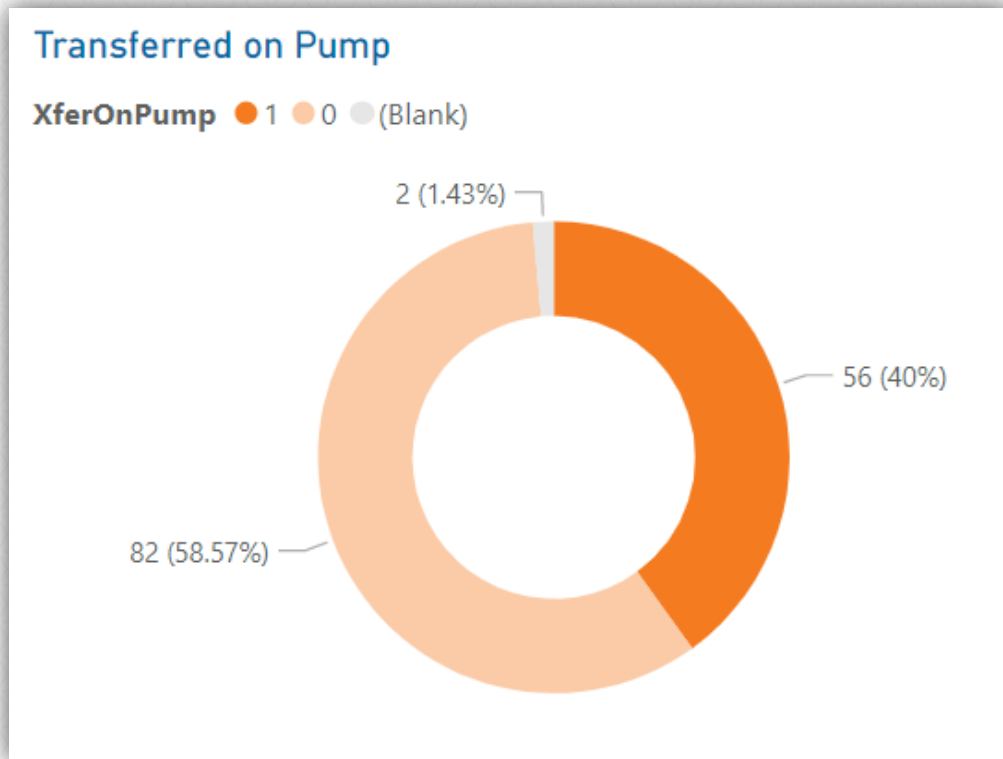


# Transferred on Pump 2021

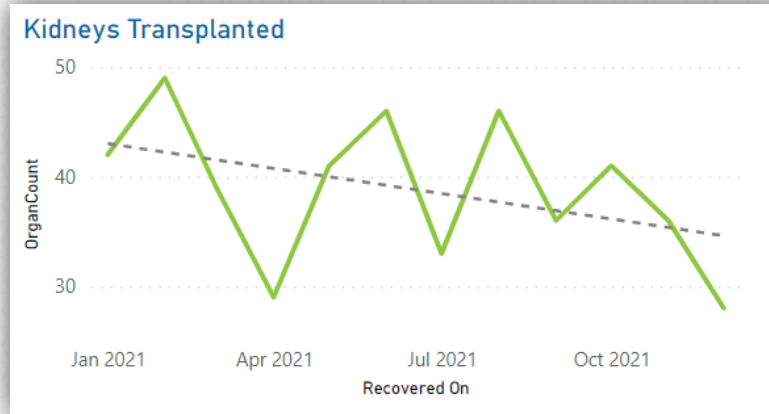




# Transferred on Pump 2022



# Kidneys Transplanted / Tx Center 2021



## Kidneys Transplanted

Transplant Center	Tx Kidneys	% of Total
INIM - IU Health Methodist Hospital	124	26.61%
ILUI - University of Illinois Hospital	29	6.22%
INSV - Ascension St. Vincent (includes Women's Hospital, Peyton Manning Children's & Stress Center)	29	6.22%
MIUM - Univ of Michigan Med Ctr	20	4.29%
ILLU - Loyola Univ Med Ctr	19	4.08%
OHCO - Medical College Hospital	19	4.08%
<b>Total</b>	<b>466</b>	<b>100.00%</b>

# Kidneys Transplanted / Tx Center 2022



**Kidneys Transplanted**

Transplant Center	Tx Kidneys	% of Total
ILNM - Northwestern Memorial Hospital	18	13.74%
INIM - IU Health Methodist Hospital	16	12.21%
ILLU - Loyola Univ Med Ctr	9	6.87%
OHOU - Ohio State Univ Hosp	9	6.87%
OHCC - Cleveland Clinic Foundation	8	6.11%
ILUI - University of Illinois Hospital	5	3.82%
<b>Total</b>	<b>131</b>	<b>100.00%</b>

# So What's Next...

- In-House Biopsy for Kidney and Intra-Op Liver Biopsy
- Central Read for Biopsies from Pathologist
- Cross train OIC with surgical background to SRS role

# First Rapid DCD Successful





# Rapid DCD Timeline

- 3/21/2022 Referral called to VLDC (Post Cardiac Arrest 48 year old) Patient on Levophed and Epinephrine with BP of 116/82 Patient on Nimbex (Paralytic) and AOC followed for both BD and DCD at a Level II
- 3/21/2022 FPA Registry Check-Non FPA
- 3/21/2022 Patient continues on BP pressors and has an IABP in place (balloon pump for heart following cardiac cath with intervention)
- 3/22/2022 No Changes
- 3/23/2022 Family meeting at 11:00 expected and FA to go onsite. AOC now following as a Level I
- 3/23/2022 11:29 DCD Eval by Laura and Mariah. Nimbex turned off
- 3/23/2022 11:59 BP 79/53



# Rapid DCD Timeline

- 3/23/2022 12:12 Angela Miller onsite with patient sustaining 30 minutes of Ventricular Tachycardia. Family has decided to WDMT
- 3/23/2022 12:17 Angela spoke with AOC Anne and approaching family
- 3/23/2022 12:28 Verbal Authorization. Completing paperwork
- 3/23/2022 13:15 Paperwork complete and UDRAI complete
- 3/23/2022 13:18 Patient coding. Angela Miller advocated for ACLS medications and at 13:20 spontaneous return of pulses
- 3/23/2022 13:45 Anne AOC informed of instability and decision made to make this a RAPID DCD and Dr. Fridell called for surgeon request. Andy Lutz to drive to Columbus.
- 3/23/2022 13:46 SRS informed of OR at Columbus by ORCs
- 3/23/2022 13:52 Columbus OR RN Sherry called to inquire of need for rapid OR.

# Rapid DCD Timeline

- 3/23/2022 16:12 WITHDRAWAL (EXTUBATED PATIENT)
- 3/23/2022 15:36 IDN Teams huddle (DCD Pre-OR)
- 3/23/2022 16:24 Rapid COVID test ran and NEGATIVE
- 3/23/2022 16:27 PATIENT PRONOUNCED
- 3/23/2022 16:32 INCISION
- 3/23/2022 16:38 CROSS CLAMP
- 3/23/2022 16:58 AND 17:08 LEFT AND RIGHT KIDNEY RECOVERED
- 3/23/2022 17:42 AND 17:47 BOTH KIDNEYS PLACED ON PUMP
- 3/23/2022 23:39 ABO / SEROLOGIES RECEIVED AND CONFIRMED

# Rapid DCD Timeline

- 3/23/2022 23:57 Kidney allocation began
- 3/24/2022 Tissue Team begins case (Jordan, Stephanie, Cameron, Jackie, Diane) Vein and Heart, Lower MS, Skin
- 3/24/2022 02:24 INSV accepts right kidney with delivery time for implant at 0800
- 3/24/2022 05:20 INIM accepts left kidney
- 3/24/2022 07:47 INIM declines kidney and packages to send back to IDN
- 3/24/2022 10:38 Due to increase CIT (cold ischemia time) Open offer give to OHCC (Cleveland Clinic) to be transported on pump

# Questions?



## Requests

- Ensure KSP contact is available to regularly check the collaborative space important information to members of your organization
- Report organization progress through the progress tracker. Reporting is for the previous month.
- Share your best practice and clinicals cases on an upcoming Pacing Event or Case Study call



## Offers

- Events, QI Team notes, and resources are shared in the collaborative KSP space.
- Support the QI Team meetings and be available through SLACK channels and [TAQILinfo@hsag.com](mailto:TAQILinfo@hsag.com) to answer questions
  - Use the QI Team collaborative space to keep QI Teams up-to-date on team activities and to share resources

## Upcoming Pacing Events and Presenters

- 6/1/2022 Lifeline of Ohio – Donor Focus: Closing the gap with honoring first person authorization, aligning brain death processes with donation after circulatory death processes, and maximizing donation in the sphere of OPO control
  - 6/15/2022 *Opening* – Transplant focus
  - 6/29/2022: ARORA – Donor Focus
- Upcoming Case Study Presenters and Focus
  - 5/25/2022 4 – 5:00 p.m. ET – St. Joseph's Hospital and Medical Center – Donor Focus
  - 6/8/2022 – Noon – 1:00 p.m. ET – University of Cincinnati – Donor Focus



# Thank you!

TAQIL | ETCLC

Please direct questions to:

[TAQILInfo@hsag.com](mailto:TAQILInfo@hsag.com)

- Through a series of questions, this breakout session is designed uncover insights you heard today and discuss how you can move them to action at your own organization
- Please share your responses to the questions and discussion using the chat feature
  - Be sure to reply to “Everyone”

What is your greatest reaction to today's presentation?  
*That breakthrough idea or "ah ha" moment!*

Where in your organization can you apply what you learned today?

How can your QI Team support you in making the change you want to make?

What is one thing that *you* can do today to begin making the change you want to see?



## Framework for Continuous Improvement and Renewal

- Celebrate the small successes you are achieving
- Understand what you doing to generate these successes and keep doing it
- See the benefit of knowledge sharing best practices across all stakeholder settings to meet the ETCLC AIMs
- Frequently search for what you could be doing more of better or differently, to move closer to the objectives

# Thank you for joining us today!

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