ETCLC

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

ESRD Treatment Choices Learning Collaborative (ETCLC)

Kidney Transplant Change Package: Growth and Capacity Edition

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Introduction

The 2024 Kidney Transplant Change Package: Growth and Capacity Edition focuses on effective practices employed by high-growth kidney transplant programs and organ procurement organizations (OPOs). It includes the use of a "driver diagram" format to simplify the presentation of strategies and focus on actionable change ideas that improve ETCLC National Aims 1, 2a, and 2b.

- **Aim 1:** Increase the number of deceased donor kidneys transplanted.
- **Aim 2a:** Decrease the current national nonuse rate for all procured kidneys with a kidney donor profile index (KDPI) < 60.
- **Aim 2b:** Decrease the current national nonuse rate of all procured kidneys with a KDPI ≥ 60.

For the purposes of this change package, KDPI kidneys ≥ 60 have been categorized as "select" kidneys. The term select is intended to refer to those kidneys that should be transplanted into select individuals based on donor characteristics. Select kidneys may not be suitable for all individuals but are appropriate for medically suitable recipients. These kidneys may require extra effort to identify a suitable recipient due to one or more factors (e.g., expected graft longevity, anatomy, infectious disease risk). The characteristics of a select kidney stand in contrast with other kidneys (KDPI < 60) recovered for transplant. Kidneys with a KDPI < 60 should be transplantable into most individuals based on optimal donor characteristics that would benefit most patients.

The work of the ETCLC to date suggests that the key to reducing the nonuse rate and increasing the number of deceased donor kidneys can best be achieved by increasing the capacity and willingness of transplant programs to grow at rates higher than the current average rate (about 7% annually). This edition highlights eight drivers of growth and the associated action items that high-growth organizations identified as the key factors to increasing the number of transplants performed and growing transplant program capacity.

Transplant program and OPO leadership, midlevel managers, and frontline staff members are all encouraged to review this edition, assess the actions for adoption, and implement the strategies to improve performance and achieve higher levels of growth.

Eight Drivers of Transplant Program Growth

Driver	Action Item

1. Secure the Right Leadership	i. Ensure leadership is aligned with organizational goals and mission.
	    o Define realistic annual goals for growth in deceased donors and make necessary changes that support systems and policies, improve program quality, and mitigate staff turnover.
	ii. Create the case for growth needed to secure the necessary resources defined by transplant program leadership. Example cases may include:
	    o Identify local patient needs and determine the growth capacity required to serve the population.
	    o Know the fiscal impact of the transplant program to the hospital and position the program to receive additional resources.
	    o Become a recognized local and/or national leader in kidney transplant to enhance the organizational reputation.

2. Establish a Culture of Accountability	i. Create a culture of transparency that recognizes contributions of the entire team—including patients, referring nephrologists, surgeons, coordinators, transplant nephrologists, and other contributors—to build trust in the transplant system. o Operationalize transparency through enhanced communication with patients regarding their transplant status (active versus inactive) and the organ offers received and declined. ii. Operate with a philosophy of accountability for the outcomes of all individuals on the waiting list and the end stage renal disease (ESRD) patients in the community.
3. Improve the Patient Experience	i. Develop programs tailored to specific underserved populations that address their special needs, including culture, diet, access to post-transplant care, and limitations regarding travel to pre- and post-transplant evaluations, testing, and appointments. ii. Measure patient satisfaction with the kidney transplant program to determine opportunities for improvement.

Driver	Action Item

3. Improve the Patient Experience (cont.)	iii. Make known to patients and the transplant team that a successful result is both a viable transplant and a positive transplant experience for the recipient and family.
	iv. Provide testing for the evaluation that takes into consideration patient accessibility (i.e., make the evaluation site convenient to the population served) and the use of time.
	    o A day program may consist of a half-day diagnostic session and a half-day education/meeting session with the transplant team.
	    o If a full-day program is overwhelming for patients and families, two back-to-back half-day programs may be appropriate.
	v. Identify and use local or community-based resources for lodging accommodations (e.g., transplant house, discounted hotel rooms) for out-of-town post-transplant patients to recover and have access to a post-transplant clinic.
	vi. Participate in dialysis facility "Lobby Days" to build relationships and provide transplant education to local nephrologists, dialysis center staff, and their patients and families.
	vii. Develop patient and family relationships that embody a philosophy of shared decision-making that includes (but is not limited to):
	    o Discussing implications of accepting a select kidney ($\geq$ 60 KDPI kidney).
	    o Ensuring evaluation testing is current, including dental health.
	    o Communicating patient waitlist status with the dialysis facility staff.

4. Manage the Waitlist	i. Create a process for the transplant surgeon and transplant nephrologist to collaboratively monitor the progress and/or status of candidates. ii. Create and manage an "urgent or hotlist" of waitlisted candidates over age 60 and ensure consistent active status to increase pool of candidates for select kidneys. iii. Expand selection criteria (e.g., BMI to 40, age to 75) to increase the number of active waitlist candidates.

Driver	Action Item

4. Manage the Waitlist (cont.)	iv. Actively monitor patients' declining health status, including frailty, and provide timely education to patients, families, and staff.
	      o Potential loss of transplant eligibility due to declining health.
	      o Benefits and drawbacks associated with accepting a select kidney.
	v. Use the UNOS Kidney Waiting List Management Tool to manage waitlisted patients to an active transplant-ready status.

5. Manage the Acceptance Process and Understand Risk	i. Communicate to OPOs your transplant program's willingness to accept medically complex kidneys.
	ii. Establish and communicate expectations for offer acceptance to OPOs (e.g., cold ischemic time, creatine levels, age).
	iii. Create a partnership among OPOs, transplant surgeons, and transplant nephrologists to review offers and accept more organs. Understand one another's needs, preferences, and procedures to ensure quality and efficiency.
	iv. Ensure the transplant program has the facilities and skilled/ educated staff necessary to support increased acceptance and transplantation of select deceased donor kidneys, which will increase the transplant program's growth.
	v. Build confidence in the biopsy process by ensuring the availability and quality of slides and communication with the OPO.
	      o Request OPOs provide a clear biopsy and picture of each kidney offer in DonorNet.
	      o Start this conversation with OPOs within a 500-mile radius.
	vi. Establish protocols in support of A2/A2B blood type donors into blood type B recipients to expand the pool of potential candidates.
	ii. Maximize the amount of risk the organization can support regarding mortality and delayed graft function (DGF) by evaluating the waitlist for patients with the greatest risk of DGF and educating them on post-transplant expectations to ensure the greatest success for the patient, medical team, and kidney program.

Driver	Action Item

6. Manage the Post-Transplant Process	i. Restructure morbidity- and mortality-related meetings to focus on quality improvement.
	   o Create an all teach all learn environment for improvement.
	ii. Create "high-risk" meetings to review and respond to emerging problems (e.g., infections, vital signs) and actively monitor progress of high-risk kidney recipients.
	iii. Provide post-transplant follow-up care to inspire confidence that emerging problems in higher-risk cases will be addressed quickly (e.g., 24/7 access to the transplant nephrologist).
	iv. Ensure collaboration between the transplant nephrologist and the patient's local nephrologist to align the patient care plan goals and ensure an effective handoff plan post-transplant.
	v. Build a post-transplant care process designed to surface and address patient concerns and other issues before they become problems.
	   o Provide follow-up with high-risk patients for at least one year post transplant.
	   o Provide specialized care pathways for patients with special needs (e.g., DGF, multi-organ transplants) that promote near real-time access to the care team.
	   o Provide ongoing, peer-to-peer clinical communication with local nephrologists both pre- and post-transplant to maintain continuity of care.
	vi. Encourage the post-transplant team to ask questions of the transplant nephrologist, referring nephrologist, and transplant recipient to improve education between the patient and care team and improve team effectiveness.

7. Use Data to Drive Improvements in Care	i. Use data to perform timely after-action reviews.
	   o Ensure necessary revisions to policy and procedures within the kidney transplant program as appropriate.
	   o Invite OPOs to present data, information, trends, and follow-up with decision makers regarding their declined offers.

Driver	Action Item

8. Embrace Innovation	i. Explore and develop innovative technology that improves workflows and processes, increases efficiency, and improves communication, including:
	  o Software systems: electronic health/medical record programs (EHR/EMR), on-call shared spreadsheets.
	  o Medical and surgical equipment: mechanical perfusion, xenotransplantation, normothermic machine perfusion (NMP).
	ii. Maximize the allocation system by:
	  o Establishing defined cold ischemic time protocols for evaluating open offers and knowing the OPO processes related to making open offers.
	  o Set organ offer filters that reflect surgeons' practices.
	    a. Considering placement of select kidneys in adults under the age of 65 when appropriate.
	iii. Evaluate efficacy of new medications to better support and minimize DGF, inflammation, and other challenges.