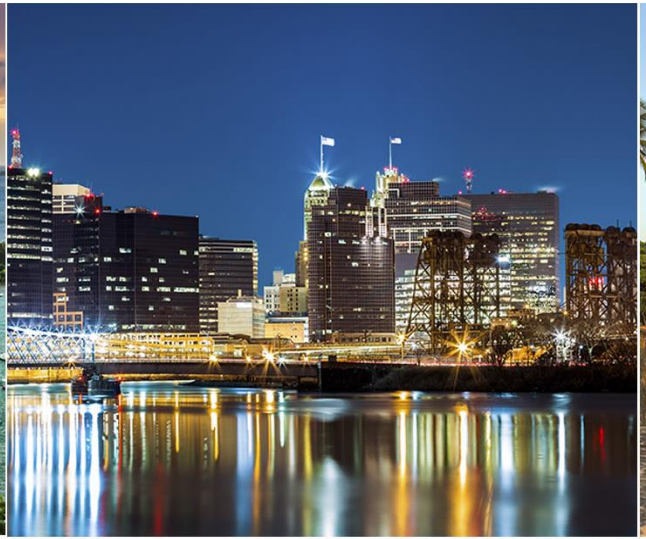

Improve Education and Access to Empower Patient Choice of Transplant

Quality Insights
Renal Network 3

June 2021-April 2022

Virna de la Cruz, QIC

Objectives

- Introduction
- Transplant QIA Overview
- Model for Improvement
- QIA steps
- Interventions, resources and tools

Introduction

A Nationwide Effort to Improve Kidney Care

- In 2019, the U.S. Department of Health and Human Services launched the Advancing American Kidney Health Initiative
- 80 percent of patients newly diagnosed with ESRD receiving dialysis in the home or receiving a transplant by 2025

Goal 1

KIDNEY TRANSPLANT
Educate. Navigate. List.

- Increase the number of patients *added to a kidney transplant waiting list*

Facility activities that can influence this goal:

- Identify and educate potential candidates
- Refer to transplant center
- Facilitate evaluation toward waitlisting

Goal 2

- Increase in the number of patients *receiving a kidney transplant*

KIDNEY TRANSPLANT
Educate. Navigate. List.

Facility activities that can influence this goal:

- Keep actively waitlisted patients healthy
- Ensure monthly blood work is sent
- Identify reasons for inactivation and help address modifiable barriers
- Keep patient contact information updated
- Educate on high KDPI kidneys
- Promote living donation

Where does Network 3 stand?

Standardized Waitlist Ratio (SWR)

NW	2016	2017	2018
3	**1.07**	**0.98**	**0.98**
4	1.48	1.35	1.57
5	0.99	1.00	1.07
US	0.95	0.96	1.03

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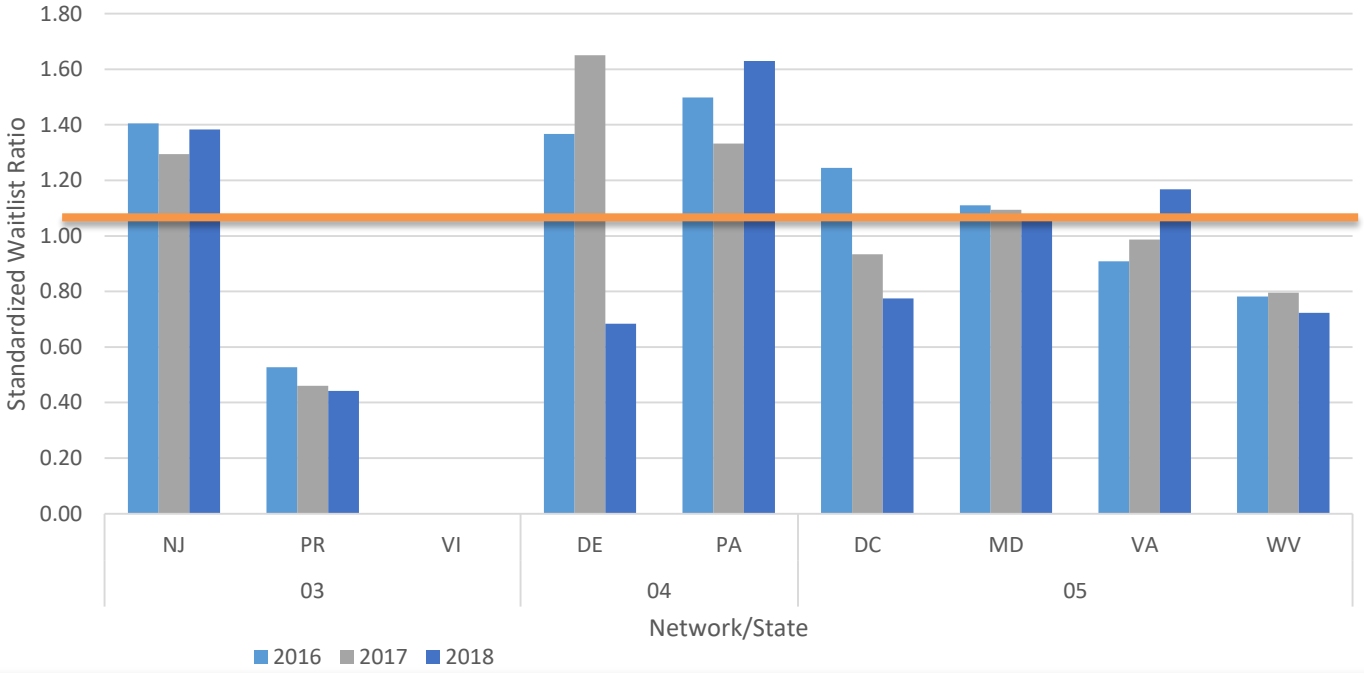

Note: Metrics reflective of Table 6: Waitlist Summary for All Dialysis Patients & New Dialysis Patients (2016-2018) under age 75; 1st waitlist events; SWR < 1.00 indicates waitlist rate is lower than national average; > 1.00 indicates waitlist rate exceeds national average.
Source: Dialysis Facility Report for Fiscal Year (FY) 2021 Produced by The University of Michigan Kidney Epidemiology and Cost Center (July, 2020)

Kidney Transplants Among Eligible Patients

NW	2016	2017	2018	2019
3	**2.9%**	**2.8%**	**2.8%**	**3.4%**
4	3.7%	3.8%	3.7%	4.3%
5	3.2%	3.5%	3.9%	4.2%
US	3.1%	3.1%	3.2%	3.5%

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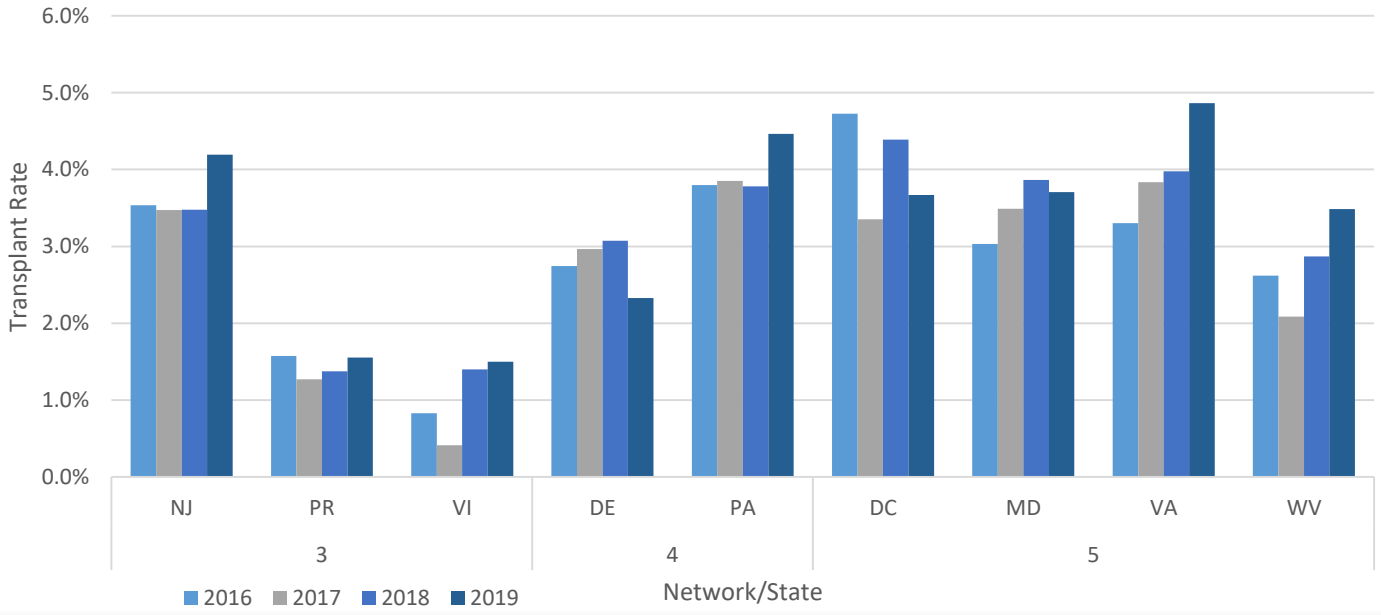
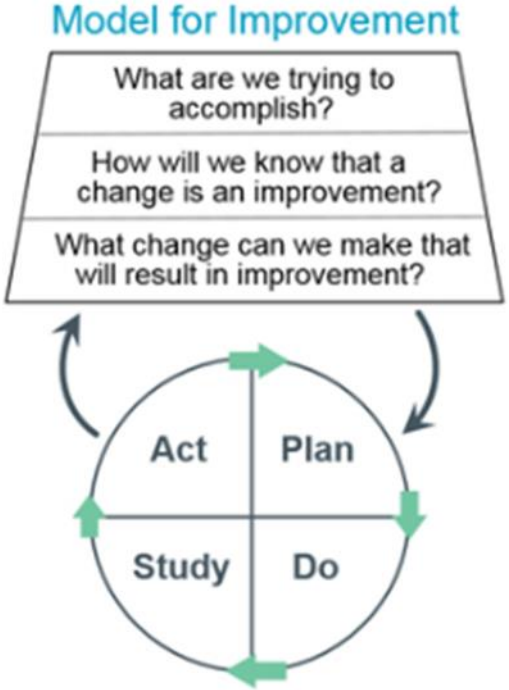


Note: Metrics reflective of Table 5: Transplantation Summary for Dialysis Patients under Age 75, 2016-2019; eligible patients are those under age 75 who never received a kidney transplant before.
Source: Dialysis Facility Report for Fiscal Year (FY) 2021 Produced by The University of Michigan Kidney Epidemiology and Cost Center (July, 2020)

Model for Improvement



- Institute for Healthcare Improvement (IHI)
- Widely used by healthcare industry

Source: http://www.ihi.org/resources/Pages/HowtoImprove/ScienceofImprovementHowtoImprove.aspx

Health Equity

- All Network initiatives have a health equity component that aims to close gaps in providing patients with greater access to care.
- To help participants take up on health equity and social determinants, view e-learning activity below.

"Addressing Social Determinants in CKD: Quality Indicators for Patient-Centered Care"

- This 60-minute course will identify and discuss key social determinants of health (SDOH) for people with or at-risk for chronic kidney disease (CKD) among racial, ethnic and socioeconomic lines. It is estimated that key SDOH drive as much as 50% of health outcomes. Additionally, the practice can utilize SDOH tools with patients with CKD or at-risk to improve care and outcomes. It offers one (1) free continuing education unit.
- Click this link to access the course: https://www.ediscolearn.com/learn/course/external/view/elearning/103/AddressingSocialDeterminantsinCKDQualityIndicatorsforPatient-CenteredCare

Model for Improvement

- Quality Assessment and Performance Improvement (QAPI) meeting is a place to start.
  - Identify the problem and define the goal
  - Decide on the measurement to monitor improvement
  - Brainstorm solutions based on barriers and root causes
  - Plan on intervention
  - Use Plan-So-Study-Act (PDSA) to implement the improvement project

QIA Steps

1. Complete an **initial** root cause analysis (RCA) of the problem
   - Tools: Root Cause Analysis: 5 Whys (4:44 Minutes)
     Five Why's PDF
2. Develop an improvement plan with the interdisciplinary team during QI meeting.
3. Implement a **monthly** mitigation plan to address identified barriers
   - May use organization resources
   - See Transplant QIA Interventions, Resources and Tools slide
   - Incorporate peer-to-peer mentoring intervention
4. Use Plan-Do-Study-Act (PDSA) cycles
   - Tools: Plan-Do-Study-Act (PDSA) Cycle (6:21 Minutes)
     PDSA PDF

Reporting Requirements

1. One time- complete the **online QIA Acknowledgement Form**

   Details will follow

2. Monthly - complete the **online Status Check Form** for the barrier and mitigation strategies.

   Details will follow

Network Support

- Individual technical assistance
- Coaching calls
- Educational webinars
- Project website

Transplant QIA Interventions, Resources and Tools

Barrier Specific Recommended Interventions

Review Facility Caseload and identify patients with realistic opportunities for transplant.

- Less than 75 years old
- Student
- Working
- Travels
- Relatively healthy
- With living donor

Discuss in QAPI meeting

- Number of eligible patients referred
- Number of eligible patients not yet referred
  - Reason
- Number of patients in transplant workup
- Number of repeat or missed monthly lab samples for tissue typing
- Number of patient on inactive waitlist
  - Consider modifiable barriers
  - Resolution of barriers

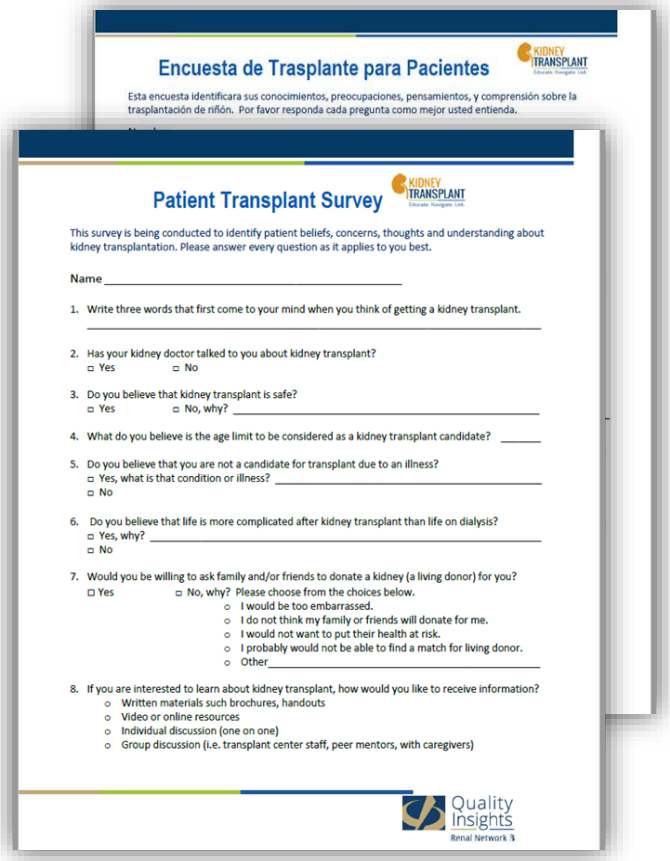
Patient Knowledge Assessment

Tool: Patient Transplant Survey - (English / Spanish)

Provide targeted transplant education based on assessment. Determine patient learning preference.

- Printed materials
- Video or online education
- One on one (transplant designee/champion or transplant peer mentor)
- Group

For specific educational resources, visit: https://www.qirn3.org/Ongoing-Projects/Improving-Transplant-Listing-QIA.aspx



Encuesta de Trasplante para Pacientes

Esta encuesta identificara sus conocimientos, preocupaciones, pensamientos, y comprensión sobre la trasplantación de riñón. Por favor responda cada pregunta como mejor usted entienda.

Patient Transplant Survey

This survey is being conducted to identify patient beliefs, concerns, thoughts and understanding about kidney transplantation. Please answer every question as it applies to you best.

Name _____

1. Write three words that first come to your mind when you think of getting a kidney transplant.
   _____
2. Has your kidney doctor talked to you about kidney transplant?
   ▫ Yes ▫ No
3. Do you believe that kidney transplant is safe?
   ▫ Yes ▫ No, why? _____
4. What do you believe is the age limit to be considered as a kidney transplant candidate? _____
5. Do you believe that you are not a candidate for transplant due to an illness?
   ▫ Yes, what is that condition or illness? _____
   ▫ No
6. Do you believe that life is more complicated after kidney transplant than life on dialysis?
   ▫ Yes, why? _____
   ▫ No
7. Would you be willing to ask family and/or friends to donate a kidney (a living donor) for you?
   ▫ Yes ▫ No, why? Please choose from the choices below.
   - I would be too embarrassed.
   - I do not think my family or friends will donate for me.
   - I would not want to put their health at risk.
   - I probably would not be able to find a match for living donor.
   - Other_____
8. If you are interested to learn about kidney transplant, how would you like to receive information?
   - Written materials such brochures, handouts
   - Video or online resources
   - Individual discussion (one on one)
   - Group discussion (i.e. transplant center staff, peer mentors, with caregivers)

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Peer-to-Peer Resource

- Network 3 Peer-to Peer-Program
  - Contact your ESRD Network Patient Engagement Specialist:
    Yessi Cubillo at (609) 490-0310 Ext. 2431 or ycubillo@qualityinsights.org
- NJ Sharing Network Transplant Peer Connection
- NKF PEERS:
  - Request a peer
  - Patient flyer
- Kidney Transplant Connectors Program

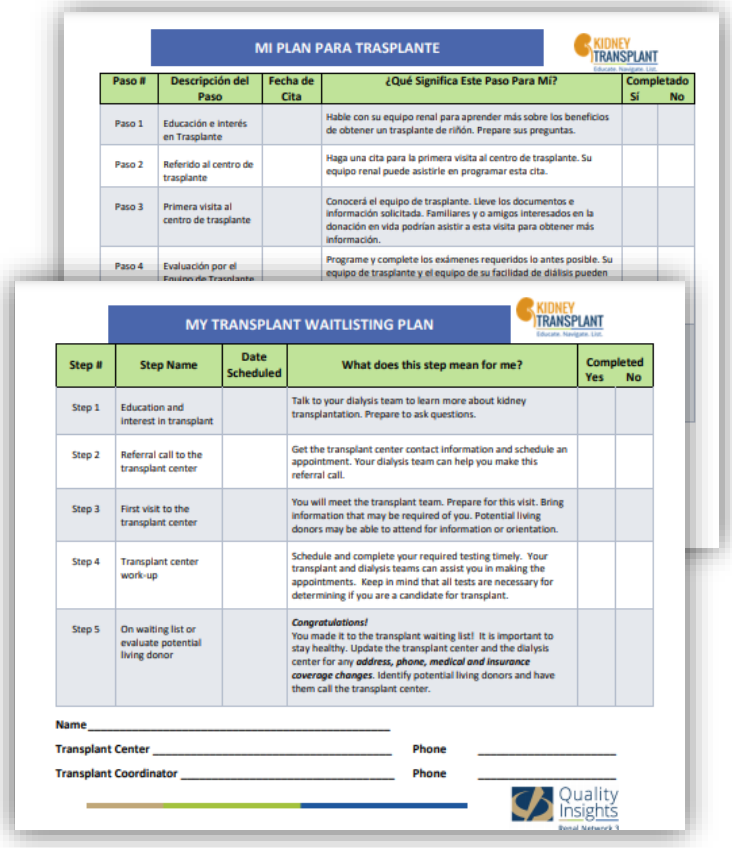
Facilitate transplant referrals

- Collaborate with transplant centers
- Establish routine communication with transplant center
- Update transplant center of facility contact information as change occurs
- Track patient progress

Address any identified patient related modifiable barriers

- Knowledge Gap
- Fact vs. myth
- Fear

Tools: My Waitlisting Plan - (English / Spanish)



MI PLAN PARA TRASPLANTE

Paso #	Descripción del Paso	Fecha de Cita	¿Qué Significa Este Paso Para Mí?	Completado Sí	Completado No
Paso 1	Educación e interés en Trasplante		Hable con su equipo renal para aprender más sobre los beneficios de obtener un trasplante de riñón. Prepare sus preguntas.		
Paso 2	Referido al centro de trasplante		Haga una cita para la primera visita al centro de trasplante. Su equipo renal puede asistirle en programar esta cita.		
Paso 3	Primera visita al centro de trasplante		Conocerá el equipo de trasplante. Lleve los documentos e información solicitada. Familiares y o amigos interesados en la donación en vida podrían asistir a esta visita para obtener más información.		
Paso 4	Evaluación por el Equipo de Trasplante		Programe y complete los exámenes requeridos lo antes posible. Su equipo de trasplante y el equipo de su facilidad de diálisis pueden		

MY TRANSPLANT WAITLISTING PLAN

Step #	Step Name	Date Scheduled	What does this step mean for me?	Completed Yes	Completed No
Step 1	Education and interest in transplant		Talk to your dialysis team to learn more about kidney transplantation. Prepare to ask questions.		
Step 2	Referral call to the transplant center		Get the transplant center contact information and schedule an appointment. Your dialysis team can help you make this referral call.		
Step 3	First visit to the transplant center		You will meet the transplant team. Prepare for this visit. Bring information that may be required of you. Potential living donors may be able to attend for information or orientation.		
Step 4	Transplant center work-up		Schedule and complete your required testing timely. Your transplant and dialysis teams can assist you in making the appointments. Keep in mind that all tests are necessary for determining if you are a candidate for transplant.		
Step 5	On waiting list or evaluate potential living donor		***Congratulations!*** You made it to the transplant waiting list! It is important to stay healthy. Update the transplant center and the dialysis center for any ***address, phone, medical and insurance coverage changes***. Identify potential living donors and have them call the transplant center.		

Name _____

Transplant Center _____ Phone _____

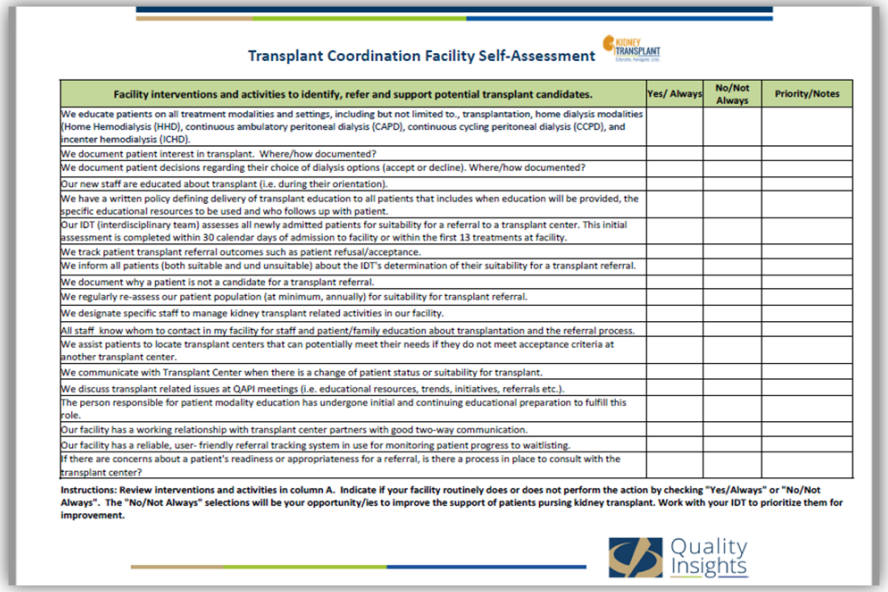
Transplant Coordinator _____ Phone _____

Barrier Specific Recommended Interventions

Facility self- assessment

[Transplant Coordination Facility Self-Assessment Tool]

- Assess, identify and address facility processes needing improvement.
  - No/Not Always: area of opportunity
    - Patient and staff education
    - Referral and tracking
    - Communication with transplant centers
    - Modalities Tracker Tool



Transplant Coordination Facility Self-Assessment

Facility interventions and activities to identify, refer and support potential transplant candidates.	Yes/ Always	No/Not Always	Priority/Notes
We educate patients on all treatment modalities and settings, including but not limited to., transplantation, home dialysis modalities (Home Hemodialysis (HHD), continuous ambulatory peritoneal dialysis (CAPD), continuous cycling peritoneal dialysis (CCPD), and incenter hemodialysis (ICHD).			
We document patient interest in transplant. Where/how documented?			
We document patient decisions regarding their choice of dialysis options (accept or decline). Where/how documented?			
Our new staff are educated about transplant (i.e. during their orientation).			
We have a written policy defining delivery of transplant education to all patients that includes when education will be provided, the specific educational resources to be used and who follows up with patient.			
Our IDT (interdisciplinary team) assesses all newly admitted patients for suitability for a referral to a transplant center. This initial assessment is completed within 30 calendar days of admission to facility or within the first 13 treatments at facility.			
We track patient transplant referral outcomes such as patient refusal/acceptance.			
We inform all patients (both suitable and und unsuitable) about the IDT's determination of their suitability for a transplant referral.			
We document why a patient is not a candidate for a transplant referral.			
We regularly re-assess our patient population (at minimum, annually) for suitability for transplant referral.			
We designate specific staff to manage kidney transplant related activities in our facility.			
All staff know whom to contact in my facility for staff and patient/family education about transplantation and the referral process.			
We assist patients to locate transplant centers that can potentially meet their needs if they do not meet acceptance criteria at another transplant center.			
We communicate with Transplant Center when there is a change of patient status or suitability for transplant.			
We discuss transplant related issues at QAPI meetings (i.e. educational resources, trends, initiatives, referrals etc.).			
The person responsible for patient modality education has undergone initial and continuing educational preparation to fulfill this role.			
Our facility has a working relationship with transplant center partners with good two-way communication.			
Our facility has a reliable, user- friendly referral tracking system in use for monitoring patient progress to waitlisting.			
If there are concerns about a patient's readiness or appropriateness for a referral, is there a process in place to consult with the transplant center?			

Instructions: Review interventions and activities in column A. Indicate if your facility routinely does or does not perform the action by checking "Yes/Always" or "No/Not Always". The "No/Not Always" selections will be your opportunity/ies to improve the support of patients pursing kidney transplant. Work with your IDT to prioritize them for improvement.

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Active Waitlisted Patients

- Track and ensure that required monthly transplant blood work is sent to transplant center lab
- Educate on staying healthy for transplantation
- Remind and follow up on required re-evaluation process as indicated
- Educate on keeping contact information up to date

Inactive Waitlisted Patients

- Follow up on pending requirements or reasons for inactivation
- Notify transplant center if reason for inactivation is resolved
- Educate on keeping contact information up to date

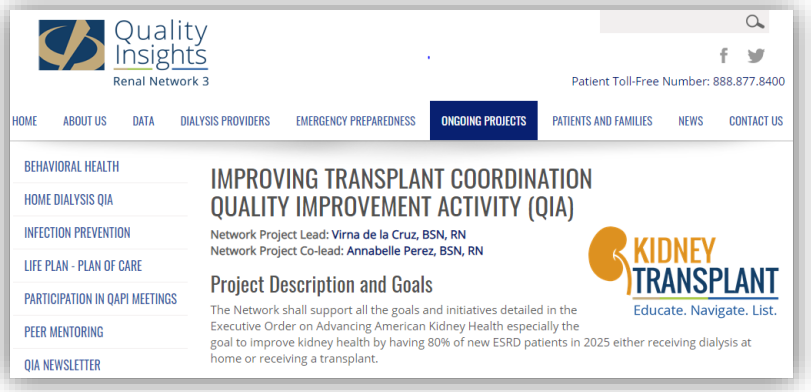
Promote Living Donation

- Discuss possibilities of having a living donor
- Living donor websites
  - Understanding Living Donation - UNOS
  - Big Ask, Big Give - NKF
  - Kidney Donation: How to Make the Ask -NKF
- Encourage to talk to transplant centers
- Tools to Find a Living Donor - NKR

Educate on High Kidney Donor Profile Index (KDPI) Kidneys (See ESRD NCC Resources Slide)

QIRN3 Transplant QIA website

- https://www.qirn3.org/Ongoing-Projects/Improving-Transplant-Listing-QIA.aspx
- Hosts patient, staff, facility focused, tools and resources



Transplant Designee Hub

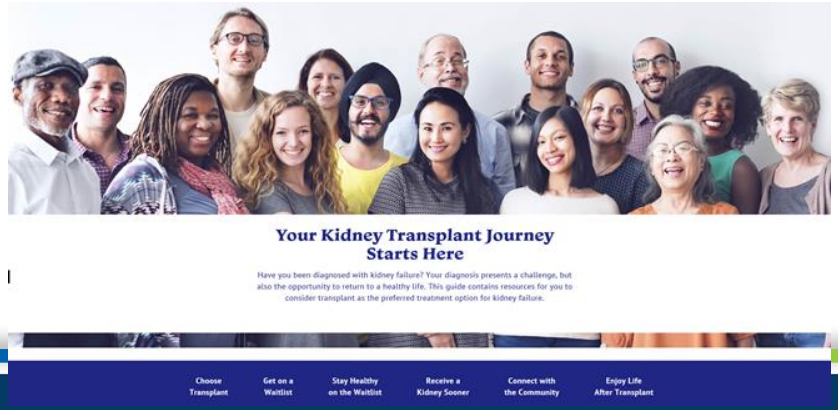
- https://www.qirn3.org/Clinical/Transplantation.aspx

New Kidney Pancreas Allocation System

- On September 21, 2021, Saint Barnabas Medical Center shared updates, outcomes and impact of the new policy to our patients since its implementation on March 15.
- Impact of sharing kidneys within 250 nautical mile circle
  - Offers from many OPOs
  - May get many calls for transplant offers
  - More shipped kidneys
  - Transplant centers and OPOs develop new relationships
- In case you missed it: Recording Slides

ESRD NCC Resources

- ESRD NCC: A Change Package to Increase Kidney Transplantation
  - Key Change Ideas for Dialysis Facilities to Drive Local Action
- Kidney Transplant Hub



ESRD NCC Resources

- High-KDPI Patient Education Video
  - A short, easy-to-understand video focused on engaging patients around the possibilities of receiving high KDPI or increased risk kidneys. This education is relevant for dialysis facility staff as well to reinforce current knowledge.
- Patient Education Resources

Questions?

- Contact:

  Virna de la Cruz, QIC

  Phone: (609) 490-0310 extension 2427

  Email: vdelacruz@qualityinsights.org