Transplant Quality Assurance and Performance Improvement (QAPI)

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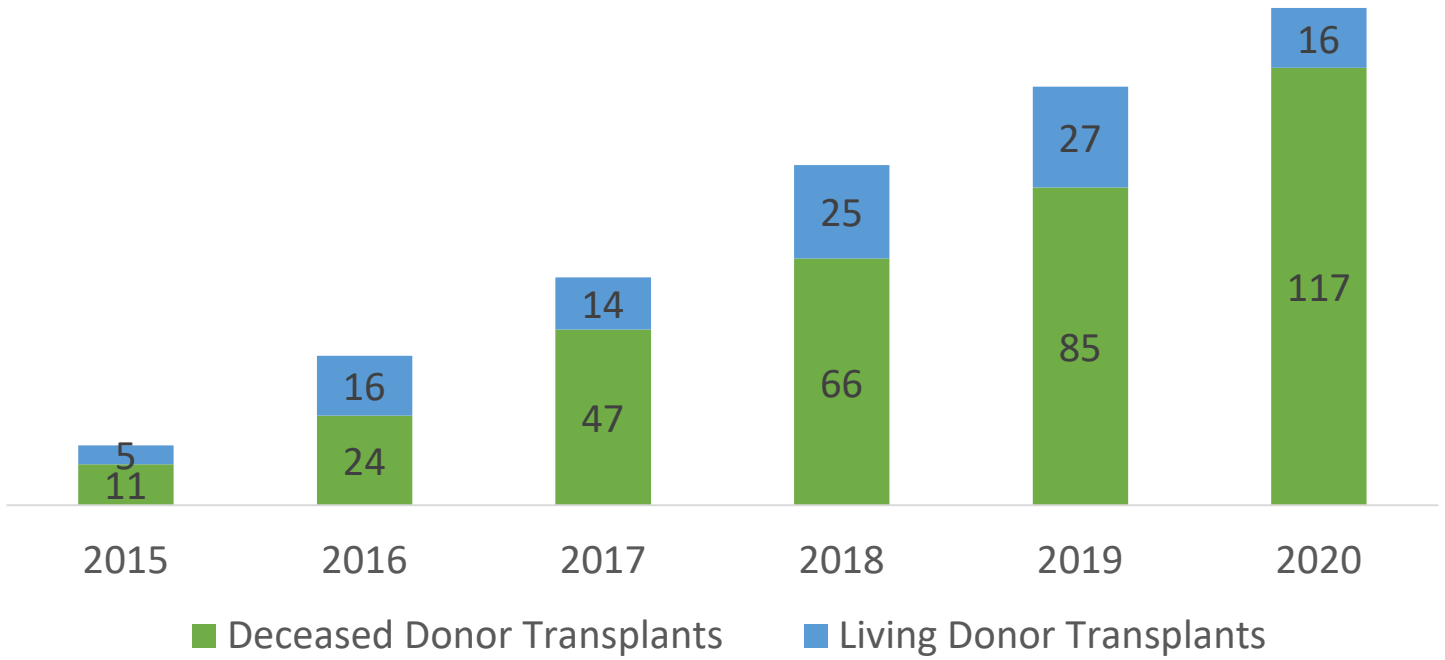
One of the fastest growing kidney transplant programs in the nation



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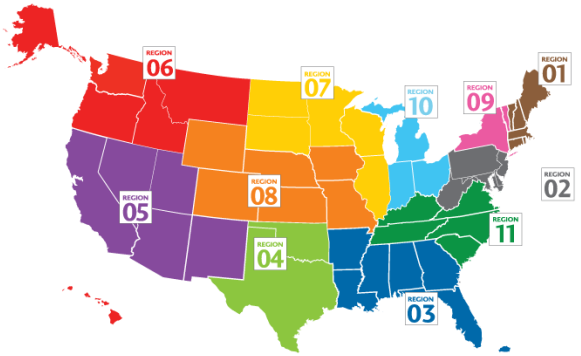
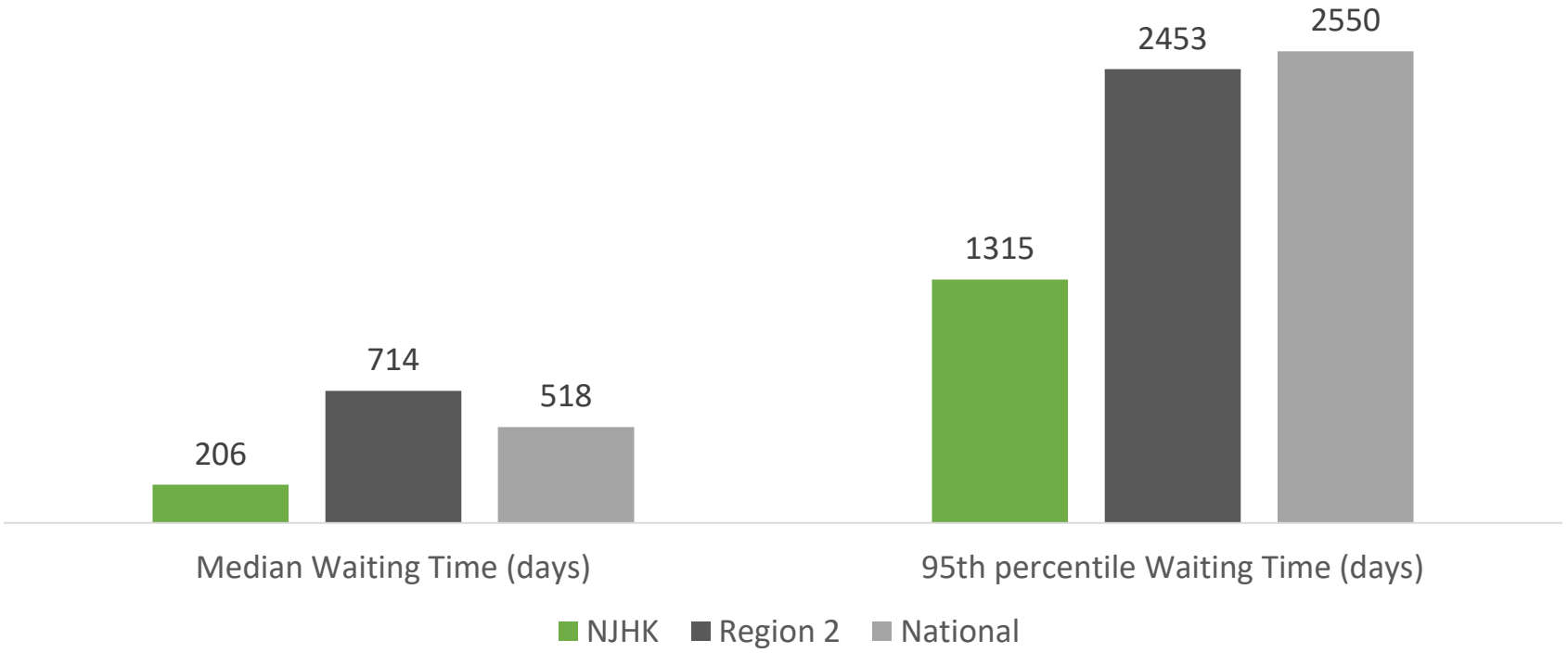
Our Median waiting time for a deceased donor kidney transplant is 2.5 times lower than national benchmark





Source: UNOS Kidney Benchmark Report

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Quality Council and Meetings

- Monthly QAPI meeting
- Bi-weekly Donor Offer Review
- Ad-hoc Waitlist Mortality Review
- Monthly Research meetings
- Bi-weekly Morbidity & Mortality meeting

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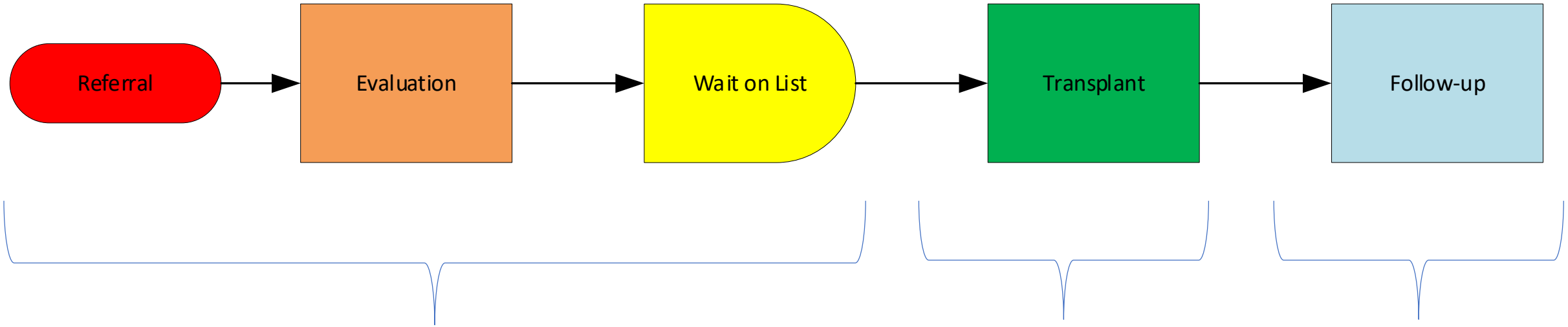
Transplant M&M

Safety Event Classification	Definition	Report to
Serious Safety Event (SSE)	A deviation from generally accepted performance standards that reaches the patient and results in moderate to severe harm or death	• Txp M&M and Txp QAPI • Patient Safety Committee • Department of Surgery M&M if surgical deviation
Precursor Event (PE)	A deviation from generally accepted performance standards that reaches the patient and results in minimal harm or no detectable harm	• Txp M&M and Txp QAPI • Patient Safety Committee • Department of Surgery M&M if surgical deviation
Near Miss	A deviation from generally accepted performance standards that does not reach the patient; error is caught by a detection barrier or by chance Process deviation without potential to cause patient harm but where a policy or standard practices was not followed	• Txp M&M and Txp QAPI
Transplant Reportable Event	Rejection at any time, death or graft loss within 3 years of transplant without a deviation from generally accepted performance standards	• Txp M&M
Known Complication	A known complication is an adverse outcome supported by literature as a potential risk related to a procedure, treatment, or test that is not present before the patient care encounter and occurs as a result of patient care.	• All 30-day readmissions and prolonged LOS (>8days) should be presented to Txp M&M

Transplant M&M PI Projects since October 2019 (not all inclusive)

- Streamline Protocol for Patients Requiring Transfusions
- Inpatient PVR and out-patient follow-up protocol to prevent readmissions due to retention
- Education and awareness creation of early detection of thymoglobulin reactions
- Fixing character length on labels and bands to ensure correct patient identification

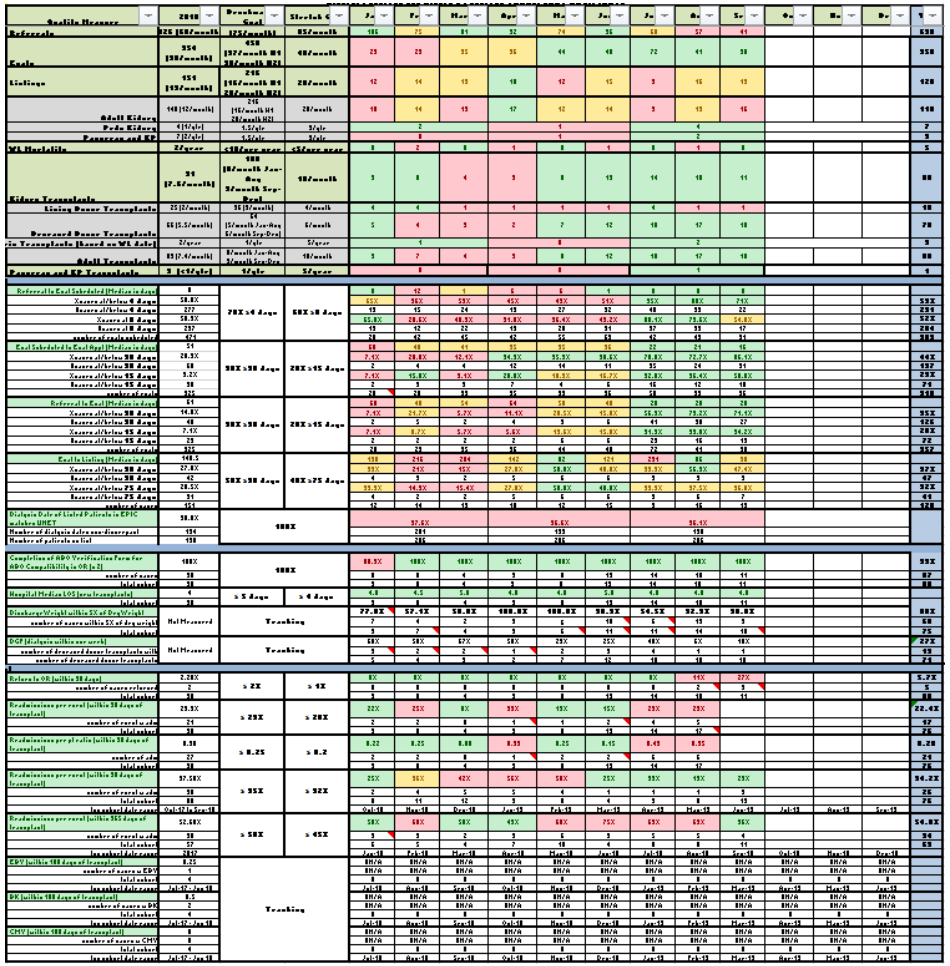
QAPI Measures mandated by CMS



3 measures required by CMS in **Pre-phase**

3 measures required by CMS in **Peri-phase**

3 measures required by CMS in **Post-phase**



LIVING KIDNEY DONORS

Quality Measure	2018	/ Goal	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	YTD
LD Referrals	257		21	17	18	15	13	24	31	27	20				186
LD Evals	122		10	8	10	7	7	6	11	6	9				74
LD Clearances	48	3/month	3	2	2	6	0	2	2	3	2				22
LD Transplants	25 (2/month)	3/month	4	4	1	1	1	1	4	1	1				18
Donor Nephrectomy	25	3/month	4	4	1	1	1	1	4	1	1				18
Pre Donation															
Days from Eval to ILDA contact attempt (median)	Not measured	Tracking		14			7.5			12.5					
%cases at/below 7 days				14%			50%			38%					
#cases at/below 7 days				1			4			3					
total cohort				7			8			8					
Compliance with signed Acknowledgment form	100%	100%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
number of cases			4	4	1	1	1	1	4	1	1				
total cohort			4	4	1	1	1	1	4	1	1				
Living donor time from eval to clearance (median)	72	<=90 days	74	82	79	52	#N/A	28	29.5	51	78.5				
%cases at/below benchmark	64.7%		100.0%	50.0%	100.0%	83.3%	#N/A	100.0%	100.0%	100.0%	50.0%				
#cases at/below benchmark	22		3	1	2	5	0	2	2	3	1				
number of cases	34		3	2	2	6	0	2	2	3	2				
Donation															
Completion of ABO Verification Form for ABO Compatibility in OR	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				
number of cases compliant	25		4	4	1	1	1	1	4	1	1				
total cohort	25		4	4	1	1	1	1	4	1	1				
Pain scale appropriate for PRN	Not measured	Tracking	100%	100%	100%	#N/A	#N/A	100%	100%	100%	100%				
Pain reassessed within appropriate time frame			100%	50%	100%	#N/A	#N/A	0%	0%	100%	100%				
LDs with PRN doses			1	4	1	0	0	1	1	1	1				
total cohort			4	4	1	1	1	1	4	1	1				
Hospital Median LOS	2.0	<=3	2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.0				
%cases at/below 3 days			100%	100%	100%	100%	100%	100%	100%	100%	100%				
#cases at/below 3 days			4	4	1	1	1	1	4	1	1				
total cohort	25		4	4	1	1	1	1	4	1	1				
Post Donation															
Hospital Readmissions (within 30 days of donation)	8.0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%				0%
number of adm	2		0	0	0	0	0	0	0	0	0				0
total cohort	25		4	4	1	1	1	1	4	1	1				18
Documentation of follow-up visits: 6month	89%	100%	100%	100%	#N/A	100%	75%	100%	100%	100%	100%				96%
number of patients with visits	16		2	2	0	3	3	3	3	4	4				24
total cohort	18		2	2	0	3	4	3	3	4	4				25
cohort donation date	Jun-17 to May-18		Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	Mar-19	Apr-19	May-19	
Documentation of follow-up visits: 1year	91%	100%	100%	100%	100%	#N/A	0%	100%	100%	#N/A	100%				93%
number of visits	10		3	3	1	0	0	2	2	0	3				14
total cohort	11		3	3	1	0	1	2	2	0	3				15
cohort donation date	Dec-16 to Nov 17		Jan-18	Feb-18	Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	
Documentation of follow-up visits: 2Years	94%	100%	#N/A	#N/A	#N/A	100%	100%	0%	100%	#N/A	100%				88%
number of visits	16		0	0	0	1	2	0	2	0	2				7
total cohort	17		0	0	0	1	2	1	2	0	2				8
cohort donation date	Dec-15 to Nov 16		Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17	Sep-17	Oct-17	Nov-17	Dec-17	

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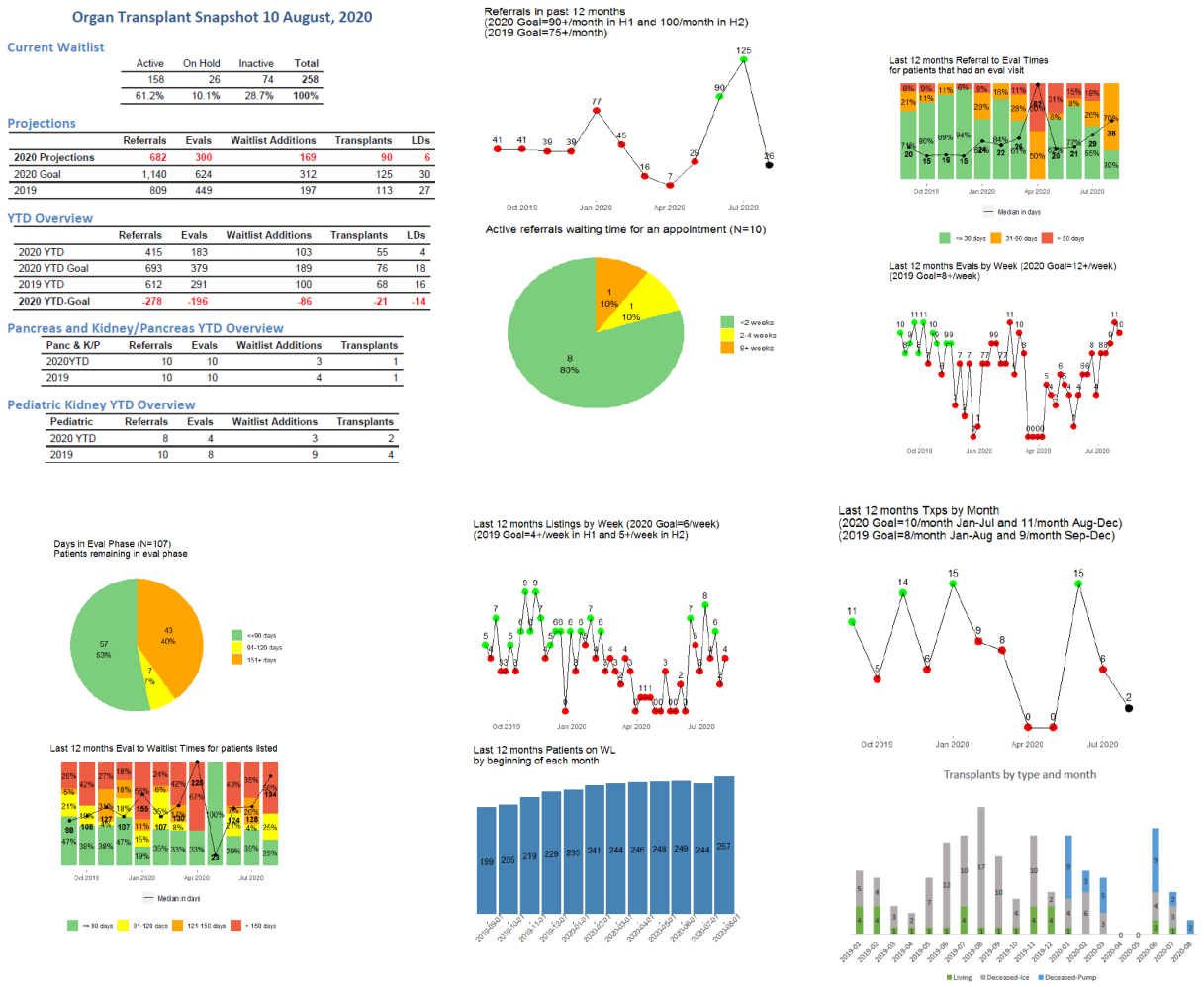
DATA
COLLECT KNOWLEDGE
AND MORE
DATA
TIME
FACTS
The Knowing Doing Gap ①
IMAGINATIVE VISION OF THE FUTURE
REALISTIC PORTRAYAL OF THE PRESENT
SELECTIVE DESCRIPTION OF THE PAST
A clear structured visual story: facts + human context
WE UNDERSTAND AND CAN MAKE DECISIONS ABOUT HOW TO GO FORWARD!
THIS NEW INFORMATION DOESN'T FIT IN WITH THE WAY WE ARE USED TO WORK
I DON'T DARE TO QUESTION CONVENTIONAL WISDOM
How do I know what I don't know?
BLAH, BLAH BLAH
JUST FACTS ARE OPEN FOR INTERPRETATION
A STORY TRANSLATES FACTS INTO RULES FOR ACTION ②
KNOWING
DOING
JUST WORDS ≠ ACTION
Mission Statement
TALKING ABOUT SOMETHING IS NOT DOING SOMETHING
CLARITY IS Action
① JEFFREY PFEFFER AND ROBERT SUTTON
② DAVE GRAY (LIMINAL THINKING)
DRAWING: HERMEN / XPLANE

Data Reports to Drive Change

- Weekly Transplant Snapshot
  - Coordinator Evaluation Summary
  - Dietician Assessment
  - 1-year and 3-year survival projections
- Referral Snapshot
- Monthly Dialysis Center Scorecards
- Quarterly Physician Scorecards
- Medicare Cost Report Validation

Weekly Transplant Snapshot

The transplant snapshot is sent each Monday to all transplant team members and hospital leadership to create awareness and allow for real-time interventions



Organ Transplant Snapshot 10 August, 2020

Current Waitlist

Active	On Hold	Inactive	Total
158	26	74	258
61.2%	10.1%	28.7%	100%

Projections

	Referrals	Evals	Waitlist Additions	Transplants	LDs
2020 Projections	682	300	169	90	6
2020 Goal	1,140	624	312	125	30
2019	809	449	197	113	27

YTD Overview

	Referrals	Evals	Waitlist Additions	Transplants	LDs
2020 YTD	415	183	103	55	4
2020 YTD Goal	693	379	189	76	18
2019 YTD	612	291	100	68	16
2020 YTD-Goal	-278	-196	-86	-21	-14

Pancreas and Kidney/Pancreas YTD Overview

Panc & K/P	Referrals	Evals	Waitlist Additions	Transplants
2020YTD	10	10	3	1
2019	10	10	4	1

Pediatric Kidney YTD Overview

Pediatric	Referrals	Evals	Waitlist Additions	Transplants
2020 YTD	8	4	3	2
2019	10	8	9	4

Referrals in past 12 months
(2020 Goal=90+/month in H1 and 100/month in H2)
(2019 Goal=75+/month)

Active referrals waiting time for an appointment (N=10)

Last 12 months Referral to Eval Times
for patients that had an eval visit

Last 12 months Evals by Week (2020 Goal=12+/week)
(2019 Goal=8+/week)

Days in Eval Phase (N=107)
Patients remaining in eval phase

Last 12 months Eval to Waitlist Times for patients listed

Last 12 months Listings by Week (2020 Goal=6/week)
(2019 Goal=4+/week in H1 and 5+/week in H2)

Last 12 months Patients on WL
by beginning of each month

Last 12 months Txps by Month
(2020 Goal=10/month Jan-Jul and 11/month Aug-Dec)
(2019 Goal=8/month Jan-Aug and 9/month Sep-Dec)

Transplants by type and month

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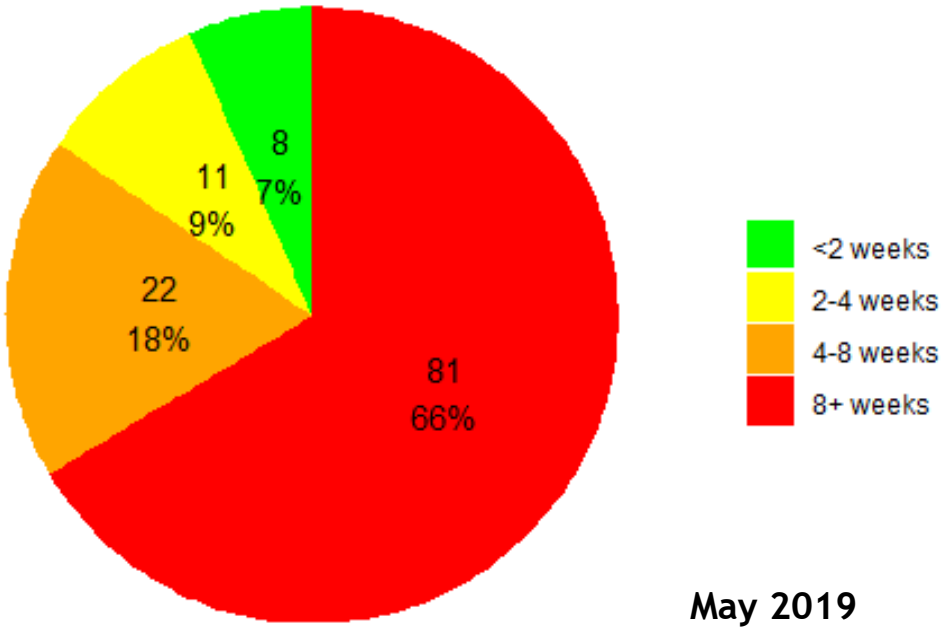
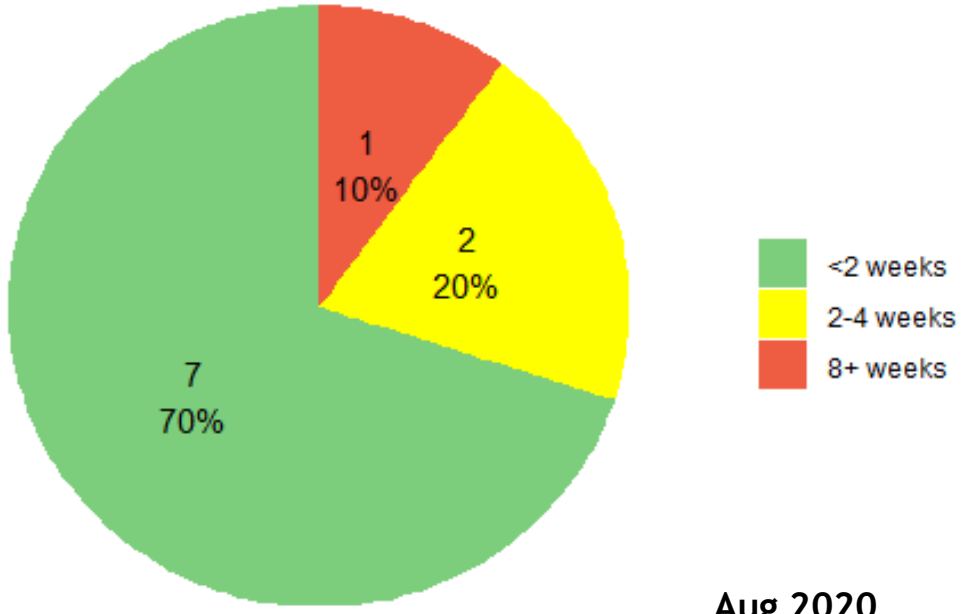
Weekly Transplant Snapshot – Impact Example

Active referrals waiting time for an appointment (N=122)



May 2019

Active referrals waiting time for an appointment (N=10)



Aug 2020

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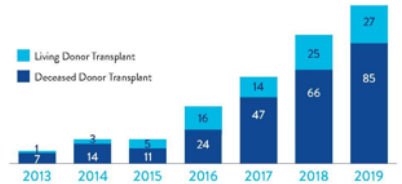
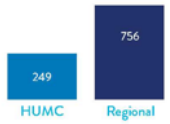
Physician and Dialysis Scorecards

2019 KIDNEY TRANSPLANT SUMMARY



#1 in NJ, Tri-state area, and East Coast for **getting a deceased donor transplant faster.**
#2 in the nation.*

GET TRANSPLANTED 3-TIMES FASTER
WITH HACKENSACK UNIVERSITY MEDICAL CENTER



Median Deceased Donor Waiting Time in Days

#1 in NJ, Tri-state area, and East Coast for **1-year kidney survival.**
#3 in the nation.*

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Hackensack University Medical Center

Hackensack University Medical Center
20 Prospect Avenue, Suite 406, Hackensack, NJ 07601
Learn more at **hackensackumc.org/organtransplant** or call 551-996-2608.

*Source: Scientific Registry for Transplant Recipients.

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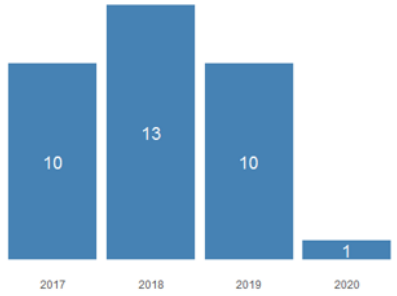
Organ Transplant Report for XYZ, MD

Data as of 2020-07-02

Referrals by Year



Patients transplanted within last 12 months

Patient Name	Organ	Transplant Date
Patient A	Kidney	2019-08-04
Patient B	Kidney	2019-11-18

Patients currently on Waitlist

Patient Name	Phase	Status	Reason	Waitlist Date
Patient C	Waitlist	Inactive	Pending Additional Tests	2019-06-07
Patient D	Waitlist	Active		2019-10-31
Patient E	Waitlist	Active		2018-11-08

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Patients currently being evaluated (Goal= 90 days)

Patient Name	Phase	Status	Eval Start Date
Patient F	Evaluation	On Hold	2019-10-08 00:00:00

Status of patients referred within last 12 months

Patient Name	Referal Date	Phase	Status	Reason
Patient G	2019-09-20	Referral	Ineligible	Patient Choice
Patient H	2019-09-20	Evaluation	Declined	Non-compliant
Patient I	2019-11-18	Evaluation	Declined	Patient Choice
Patient J	2020-05-04	Evaluation	Declined	Surgically not cleared
Patient H	2019-09-16	Evaluation	On Hold	

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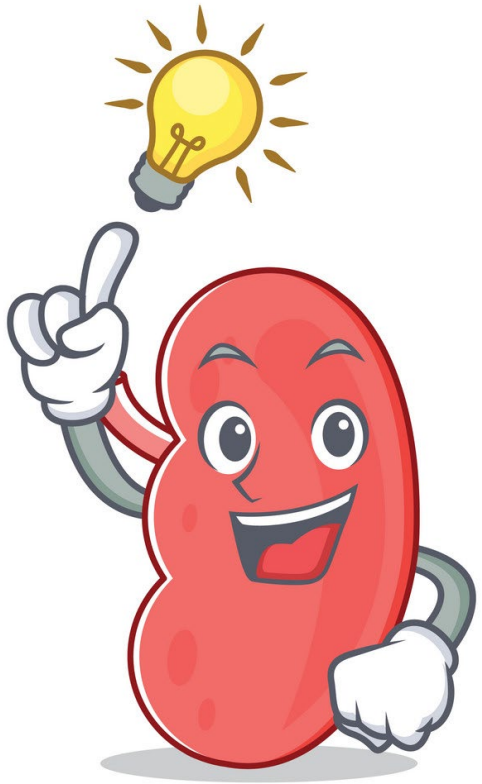
Questions?



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