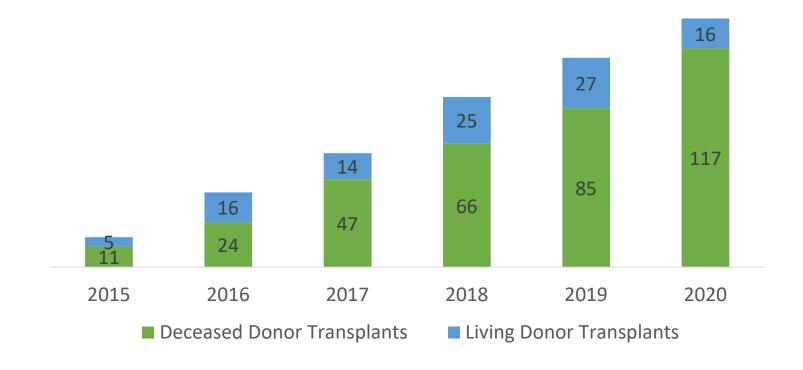
Transplant Quality Assurance and Performance Improvement (QAPI)

Benjamin Schleich, PhD, MS, MBA, CPPS, LSSBB, DSHS - Manager Patient Safety & Quality - Nephrology and Transplant



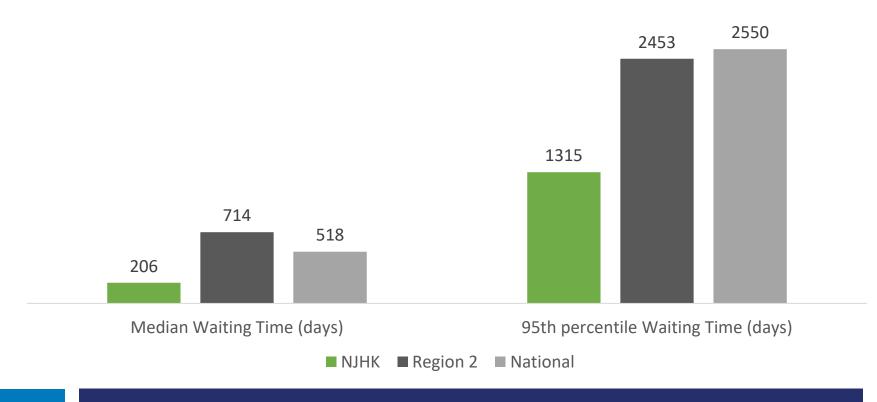


One of the fastest growing kidney transplant programs in the nation





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









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





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 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	s ● 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 beforthe 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 e

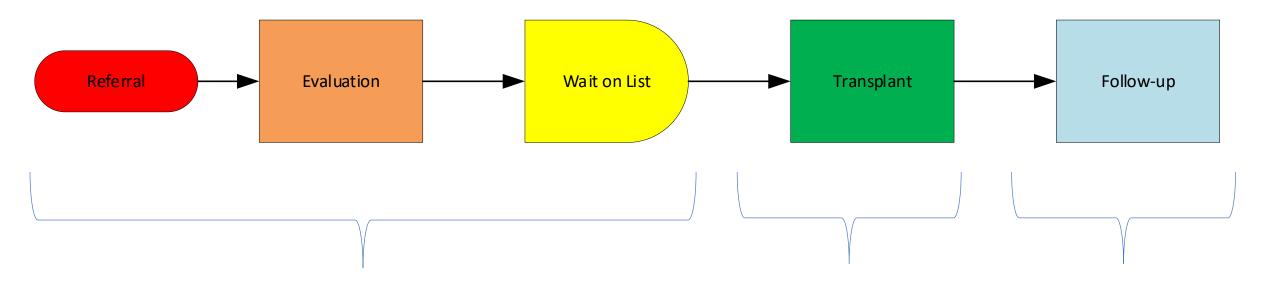


Transplant M&M PI Projects since October 2019 (not all inclusive)

- 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**



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Basser Advisor 27 d. sage Bellevin to the of birth of Pit Green E. Pit Comment E. Pit Green E. Pit Comment E. Pit Green E. Pit Comment E. Pit Green	11	11 11 11 12 13 15 15 16 17 17 18 18 18 18 18 18 18 18 18 18 18 18 18	HX Stdage Aling Aling STX SZHX SHZ	93.3X 4 43 11.5X 1 3 4.1 2 3 5 1 5 22X 2 2 3 1.22 2 3 2 25X 2 2 3 2 2 5 3	14.3X 2 14 37.5X 214 215 415 415 4.5 4.5 57.4X 4 7 58X 2 2 4 1 1 25X 2 2 1 1 2 2 3 4 3 4 5 2 4 5 2 4 5 2 4 5 2 4 5 2 4 5 2 4 5 2 4 5 2 5 2	15.4X 2 11 11 14 15.1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	### ### ### ### ### ### ### ### ### ##	\$5.8X \$12 \$5.5X \$31 \$15.5X \$13 \$15.5X \$13 \$1480.X \$1 \$15.5X \$2 \$2 \$2 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3 \$3	48.3X 48.3X 41 43 43 43 43 43 43 43 44 43 44 45 46 47 48 48 48 48 48 48 48 48 48 48	193.3X 193.3X 193.3 194.1 194.1 195.3X 1	17.5X 15.3X 15.3X 15.13 216 11.3 14.3 14.3 14.3 15.3X 17.3X 18.3X 19.3X 1	11.3X 7 7 11 11 11 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Jai-13	âuri 1	inell	92X 61 921 82 82 82 83 82 83 83 83 83 83 83 83 83 83 83 83 83 83
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Basser Advisor 27 d. sage Basser Advisor 27 d. sage Basser Sage Sage Sage Sage Sage Sage Sage Sage	81 95 95 95 95 95 95 95 95 95 95 95 95 95	11 11 11 11 11 11 11 11 11 11 11 11 11	HX Stdage Aling Aling STX SZHX SHZ	93.3X 4 12 11.3X 1 12 97.8X 97.8X 9 2 1 2 1 2 2 2 2 2 2 2 2 3 2 5 2 5 3 5 6 7 7 7 9 7 9 7 9 7 9 7 9 7 9 7 9	14.3X 2 14 37.4X 211 115 116 117 117 118 1 1 1 1 1 1 1 1 1 1 2 1 3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	15.4X 111X 4 4 5.3 5.8 5.7 1 1 1 1 1 1 1 1 1 1 1 1 1	### ### ### ### ### ### ### ### ### ##	55.8X 5 12 95.6X 93.6X 93.6X 93.6X 93.6X 93.6X 93.6X 94.6X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	48.3X 48.3X 43 43 43 43 5.1 5.1 5.2 5.2 5.3 5.3 5.3 5.3 5.3 5.3 5.3 5.3	192.3X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	17.5 X 15.4 X 18.1 X 18.1 X 18.1 X 18.1 X 18.1 X 19.1 X	15X 11 11 11 11 11 11 11 11 22 23 11 11 23 24 11 11 25 25 25 25 25 25 25 25 25 25				97X 61 923 97 97 97 97 97 97 97 97 97 97 97 97 97
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Basses Advisor 27 d. aug. Basses Advisor 27 d. aug. Basses Salar Salar Patients as EPE - Basses Salar Patients as EPE - Basses Salar Sala	## ## ## ## ## ## ## ## ## ## ## ## ##	11 11 11 11 11 11 11 11 11 11 11 11 11	HEX S 4 dags shing S 4X S 28X S 8.2	11.5X 12.5X 12.5X 13.5X 14.53 15.5X 15	10.0 X 2 X 2 X 2 X 3 X 3 X 3 X 3 X 3 X 3 X 3	15.4X 13. 14. 14. 14. 15. 15. 15. 15. 15. 15. 15. 15	### ### ### ### ### ### ### ### ### ##	55.8X 5 12 95.6X 191 181 181 181 181 181 181 181	481X 431 431 431 531 531 531 531 531 531 531 5	193,3X 3 3 3 3 4 4 4 4 4 4 4 4 4 4 4 4 4	191.5X 191.3X	111X 111X 111 111 111 112 113 113 114 115 117 117 117 117 117 117 117	941-11 1878 1878	Har-11 1876 1876	Deg-18 8H/A 8H/A	923 61 623 924 925 927 92 92 92 92 92 92 92 92 92 92 92 92 92
Beneral Administration of the Committee	11	11 11 11 11 11 11 11 11 11 11 11 11 11	HEX S 4 dags shing S 4X S 28X S 8.2	## 1.5 X ## 1	10.3X 2 2 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2	### ### #### #### ####################	### ### #### #### ####################	55.8X 5 5 193 95.6X 193 95.6X 193 188 1	### ### ### ### ### ### ### ### ### ##	188X 188X 144 145 146 147 148 148 148 148 148 148 148 148	197.5X 1 197.5X 198.54X 191.5215	181X 181X 11 11 11 11 11 12 18 18 18 18 19 19 19 19 19 19 19 19 19 19	0 ₄ 1-11 1878 1878	Harris HAZA HAZA	Deg-18 8H/A 8H/A	923 61 623 924 925 927 92 92 92 92 92 92 92 92 92 92 92 92 92
Basser Advisor 27 d. sage Basser Advisor 27 d. sage Basser Sage Sage Sage Sage Sage Sage Sage Sage	11	11 11 11 11 11 11 11 11 11 11 11 11 11	HEX S 4 dags shing S 4X S 28X S 8.2	13.32 4 12.22 12.2	44.32 2 2 3 4 4 5 7 7 7 7 7 7 7 7 7	15.4X 15.4X 14.5X 14.5X 15.11 15.11 16.5X 17.5X 17.5X 18	### 198X 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	55.8X 5 1 5 2 5 2 5 3 2 5 3 2 5 3 2 5 4 2 5 4 2 5 4 3 2 5 4 3 2 5 4 3 2 5 4 3 2 5 7 6 8 7	### ### ### ### ### ### ### ### ### ##	### 15 15 15 15 15 15 15 1	57.5 x 4 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	18 EX	0.1-11 1878 1878 1878 1879	Hard HAA HAA Hard HAA	Dec-18 8H/A 8H/A 1 Jac-13 8H/A	93X 64 421 93X 93 93 93 93 93 93 93 93 93 93 93 93 93
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Bases of Paris 19 de age Relative that of the Paris 19 de 19 de age Relative that of the Paris 19 de 19 de age Relative that of the	11	11 11 12 12 12 12 12 12 12 12 12 12 12 1	HEX S 4 dags shing S 4X S 28X S 8.2	11.532 14.532 14.532 14.532 14.533 14.533 14.533 15.533	44,32 2 34 34 34 34 34 34 3	15.4X 15.4X 14.14 14.15 14.15 15.15	011X 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	\$1.4X \$1.4X \$1.4X \$1.4X \$1.5X \$1.4X \$1	61.87 41.75	31.32 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3	## 15.50 1	### ### ### ### ### ### ### ### ### ##	0±1-11 1H7A 1H7A 1 1 8±-13 1H7A 1H7A	Hard HA/A HA/A HA/A HA/A	Des-18 887A 887A 887A 944-13 887A 887A	93X 64 421 93X 93 93 93 93 93 93 93 93 93 93 93 93 93
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Basers Advisor 27 d. age Establish State State Parties as EPE - Michael State State Parties as EPE - Michael State State Parties as EPE - Michael State Stat	31	11 11 12 12 12 12 12 12 12 12 12 12 12 1	### 15	10.50 10.5	14-13/2 2	1918 2 2 3 4 4 4 5 5 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1	### 1 ### 1	55.82 41 42 43 41 41 41 41 41 41 41 41 41 41 41 41 41	48.87 48.87	1012 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	15 15 15 15 15 15 15 15	1512 7 15 15 15 15 15 15 15	041-11 0878 1878 1878 1878 1878 1878	Har-11 187A 187A 1 Har-12 187A 187A 187A	0 sa 11 1876 1876 1 1876 1876 1876 1876	93X 64 421 93X 93 93 93 93 93 93 93 93 93 93 93 93 93

			IVING KI	DNEY DO	ONORS										
	2018	1													
Quality Measure		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	1	4	1 1	1				18
Pre Donation Days from Eval to ILDA contact attempt (median)		<u> </u>		14		_	7.5		_	12.5					
%cases at/below 7 days		l		14%			50%			38%					
#cases at/below 7 days	Not measured	Tracking		1			4			3					
total cohort		l		7			8			8					
Compliance with signed Acknowledgment form	100%		100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
	25	100%	4	4	1	1	1	1	4	1	1				
number of cases total cohort	25 25		4	4	1	1	1	1	4	1	1				
Living donor time from eval to clearance (median)	72	-	74	82	79	52	#N/A	28	29.5	51	78.5				
%cases at/below benchmark	64.7%	ł	100.0%	50.0%	100.0%	83.3%	#N/A	100.0%	100.0%	100.0%	50.0%				
#cases at/below benchmark	22	<=90 days	3	30.07	2	5	#INFA	2	2	3	1				
number of cases	34	i	3	2	2	6	ő	2	2	3	2				
Donation				_	_	-	_		_	-					
Completion of ABO Verification Form for ABO		I													
Compatibility in OR	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%				ĺ
number of cases compliant	25	1	4	4	1	1	1	1	4	1	1				
total cohort	25		4	4	1 1000	1	1	1 1000	4	1 10000	1				⊢—
Pain scale appropirate for PRN		l	100%	100%	100%	#N/A	#N/A	100%	100%	100%	100%				<u> </u>
Pain reassessed within appropriate time frame	Not measured	Tracking	100%	50%	100%	#N/A	#N/A	0%	0%	100%	100%				-
LDs with PRN doses total cohort		l	1	4	1	1	0	1	4	1	1				
Hospital Median LOS	2.0		2.0	2.0	2.0	2.0	2.0	2.0	2.0	3.0	3.0				
%cases at/below 3 days	2.0	ł	100%	100%	100%	100%	100%	100%	100%	100%	100%				—
#cases at/below 3 days		<=3	4	4	1	1	1	1	4	1	1				<u> </u>
total cohort	25	i	1	4	i	l i	i i	i	4	i	<u> </u>				
Post Donation		•													
Hospital Readmissions (within 30 days of donation)	8.0%		0%	0%	0%	0%	0%	0%	0%	0%	0%				0%
number of adm	2	0%	0	0	0	0	0	0	0	0	0				0
total cohort	25	1	4	4	1	1	1	1	4	1	1				18
Documentation of follow-up visits: 6month	89%		100%	100%	#N/A	100%	75%	100%	100%	100%	100%				96%
number of patients with visits	16	1	2	2	0	3	3	3	3	4	4				24
total cohort	18	100%	2	2	0	3	4	3	3	4	4				25
cohort donation date	Jun-17 to May-18	1	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: 1 year	91%	i	100%	100%	100%	#N/A	0%	100%	100%	#N/A	100%				93%
number of visits	10	1	3	3	1	0	0	2	2	0	3				14
total cohort	11	100%	3	3	1	0	1	2	2	0	3				15
cohort donation date	Dec-16 to Nov 17	1	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%		#N/A	#N/A	#N/A	100%	100%	0%	100%	#N/A	100%				88%
number of visits	16	1	0	0	0	1	2	0	2	0	2				7
total cohort	17	100%	- ŏ	0	ő	1	2	1	2	ő	2				8
cohort donation date	 Dec-15 to Nov 16	l	Jan-17	Feb-17	Mar-17	Apr-17	May-17	Jun-17	Jul-17	Aug-17		Oct-17	Nov-17	Dec-17	- i
Conort dollation date	220-10 (0 1404 10	L	Oan-17	C-60-17	Ividi-I/	- April 17	iviay-17	Jun-17	ourn	Mug-Ir	Sep-17	300-17	1404-17	Dec-17	_







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

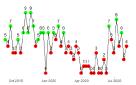
Pancreas and Kidney/Pancreas YTD Overview

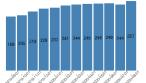
Panc & K/P	Referrals	Evals	Waitlist Additions	Transplants
2020YTD	10	10	3	1
2019	10	10	4	1

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

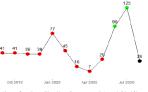
Pediatric	Referrals	Evals	Waitlist Additions	Transplants
2020 YTD	8	4	3	2
2019	10	8	9	4

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

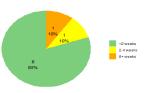




Referrals in past 12 months (2020 Goal=90+/month in H1 and 100/month in H2) (2019 Goal=75+/month)



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

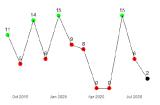


Last 12 months Referral to Eval Times for patients that had an eval visit

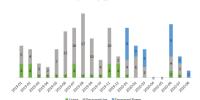
= 30 days 31-50 days > 50 days Last 12 months Evals by Week (2020 Goal=12+/week)
'2019 Goal=8+/week'



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



Transplants by type and month



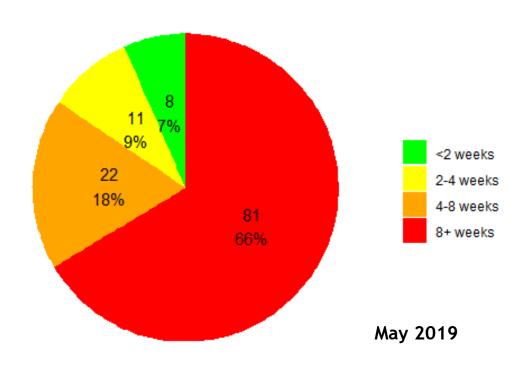


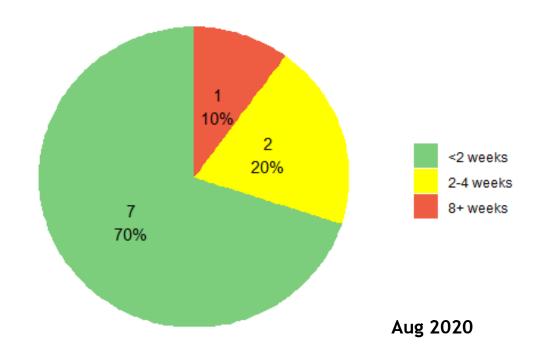


Weekly Transplant Snapshot - Impact Example

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

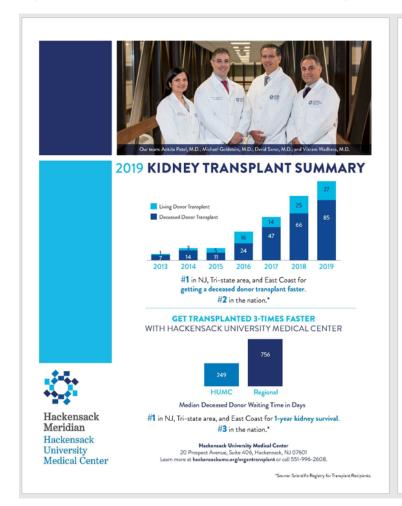
Active referrals waiting time for an appointment (N=10)







Physician and Dialysis Scorecards

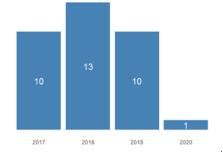




Organ Transplant Report for XYZ, MD

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	2019-08-07
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?

