



ESRD Networks 7, 13, 15, 17, 18

Accelerating Improvement in Kidney Transplantation:

The ESRD Treatment Choices Learning Collaborative

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Brief History of Transplant Efforts

- ESRD Medicare Program
- Organ Donation Breakthrough Collaborative
- ESRD Network Quality Improvement Projects
- Collaborative Improvement and Innovation Network (COIIN) Project
- Advancing American Kidney Health (AAKH)
- ESRD Treatment Choices (ETC) Model
- ETC Learning Collaborative (ETCLC)

ETC Learning Collaborative

ETCLC National AIMs

- AIM #1: Increase the number of deceased donor kidneys transplanted
- AIM #2: Decrease the current national discard rate of all procured kidneys by spreading highly effective practices of transplant programs and OPOs
- AIM #3: Increase the percentage of change for kidneys recovered for transplant in the 60-85 Kidney Donor Profile Index (KDPI) score group

ETCLC Structure

- Leadership
 - National Faculty
 - Leadership Coordinating Council (LCC)
 - Quality Improvement Coaches
- Patient & Family Representatives (PFRs)
- Transplant Centers = 186
 - Pediatric Transplant = 26
- Organ Procurement Organizations = 53
- Donor Hospitals = 120

25 QI Teams

ETCLC Participants in Florida

OPOs

Our Legacy

Life Alliance Organ Recovery

LifeQuest Organ Recovery Services

LifeLink of Florida

Donor Hospitals

AdventHealth

Halifax Health

Jackson Memorial

Memorial Regional

Ascension Sacred Heart

HCA Florida Memorial

UF Health Shands

Lakeland Regional Health

Tampa General Hospital

Transplant Centers

Shands Hospital

AdventHealth Transplant

Halifax Health Transplant

Miami Transplant Institute

Memorial Transplant

Ascension Sacred Heart

Mayo Clinic Florida

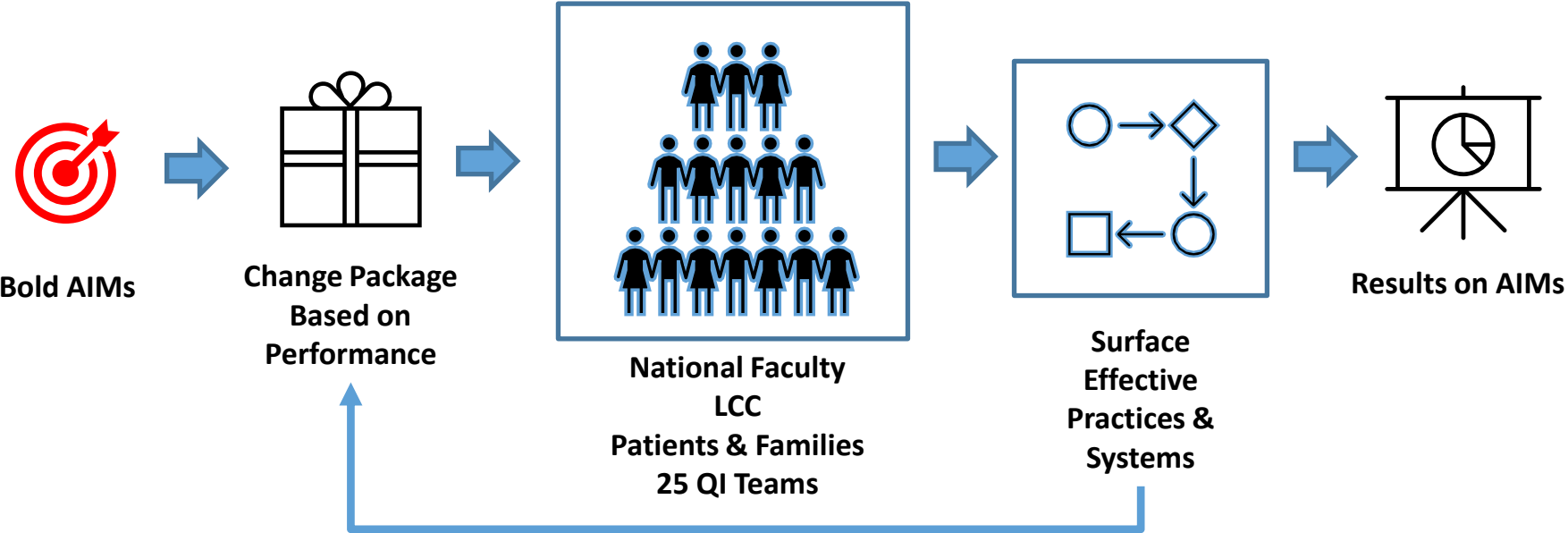
Largo Medical Center

Tampa General Transplant

Collaborative Theory

AIMs Create Systems, Systems Create Results

-Paul McGann, MD, CMS



Core Work of the QI Teams

Tests of Change

- Plan-Do-Study-Act (PDSA) cycles
- Highly effective practices, methods, and strategies
- Innovation, replication and spread

Knowledge Sharing

- Pacing Events
- Case Studies
- Learning Collaborative Sessions
- Knowledge Sharing Process

Preliminary Topics and Strategies

- Staff coverage during weekends to help pronounce donation after circulatory death (DCD) cases
- Monthly contact and follow-up with waitlist patients
- Waitlist coordinators or patient navigators for patient readiness
- KDPI protocols and processes
- Policies to accept COVID+ donors
- Reasons for organ offers refusal (e.g., hours of cold ischemia time, donor medical history)

How Can Dialysis Facilities Support ETCLC?

- Set bold goals in your clinic for waitlisting and transplant
- Position dialysis as “a bridge to kidney transplantation”
- Cultivate deep partnerships with OPO and transplant centers
- Communicate regularly with transplant centers to provide and receive patient updates
- Help waitlist patients stay “transplant ready”
- Communicate the trade-offs between dialysis and transplant and set realistic expectations
- Provide education on high KDPI kidneys and other transplant possibilities

... the ESRD Network QI Project?

- Engage all facility staff with improving transplants, share successes, and celebrate
- Explore the real “why” a patient isn’t interested
- Have conversations with each patient about transplant and waitlist progress
- Identify obstacles to maintaining waitlist status or completing evaluation
- Teach patients how to stay healthy to maintain active status on the waitlist
- Use analogies to provide education to the patient
- Establish relationships with the transplant center coordinators

What are the top 2 strategies your facility implements to drive improvement in kidney transplantation?

How will you use the information shared today?



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Questions – Thank you!

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