



Creating an Optimal
Environment for Quality
Healthcare for Individuals,
Families, and Communities

Top of the List: Ensuring Transplant Readiness in Those Likely to Soon Receive an Organ Offer

CMS 2024
Quality Conference
Resilient and Ready Together

Creating an Optimal Environment for Quality Healthcare for Individuals, Families, and Communities



**Mercedes Islas,
BSN, RN**

Transplant Quality Coordinator

Froedtert Transplant Program



**Michael Mace,
MSW, LICSW**

Transplant Recipient

Nephrology Social Worker

Fresenius South Tacoma



COMMUNITIES



FAMILIES



INDIVIDUALS



RESILIENT



READY

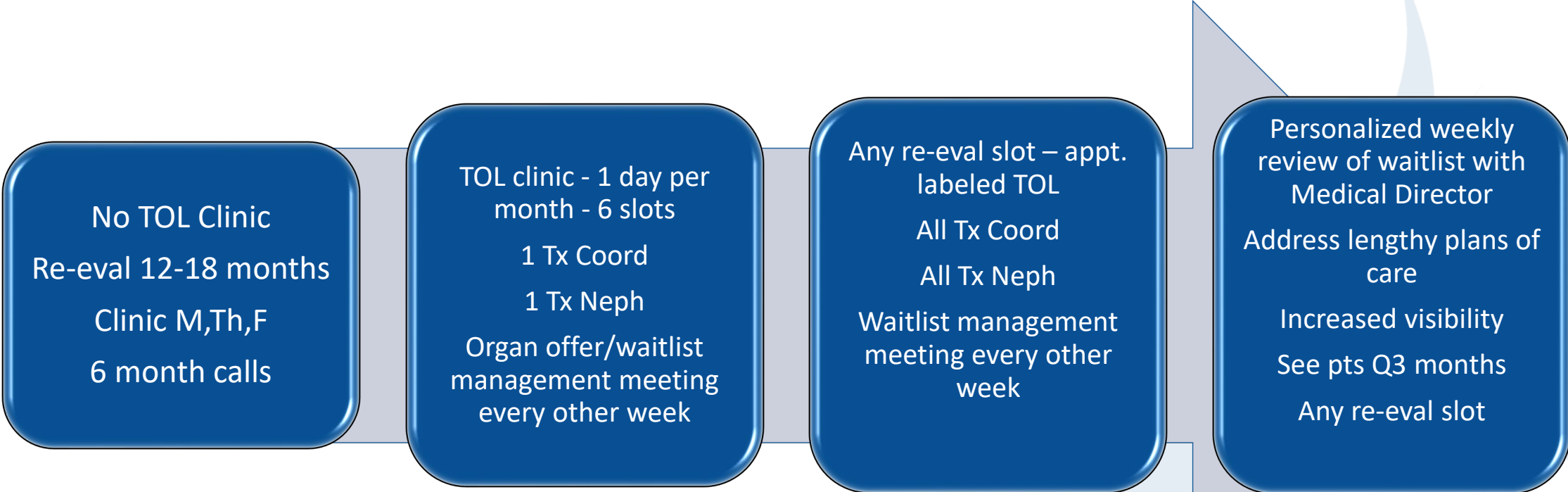


Background

- 421 waitlisted patients as of 01/31
- 63% inactive
- 37% active
- 390 in evaluation as of 1/31
- New Chief – Solid Organ Transplant 3/23
- New Director of Transplant Operations 5/23
- New Surgical Director – Kidney & Pancreas 10/23
- New Medical Director – Kidney & Pancreas 10/23
- New Surgeons 11/23



The Evolution of the Top of List Clinic - 12 months (2023)



Time on the Waiting List by Blood Type and Donor Type

Type of Transplant	Blood Type O	Blood Type B	Blood Type A	Blood Type AB
Living Donor Kidney	2-6 months	2-6 months	2-6 months	2-6 months
Simultaneous Pancreas and Kidney or Pancreas After Kidney	2-3 years	2-3 years	1-2 years	< 1 year
Deceased Donor Kidney	5-8 years	5-8 years	4-6 years	< 1 year

Use the Tools : OPTN Data Files

- OPTN Data Files

- Kidney offer potential tool
 - ▲ Who is nearing or at the ‘top of the list’

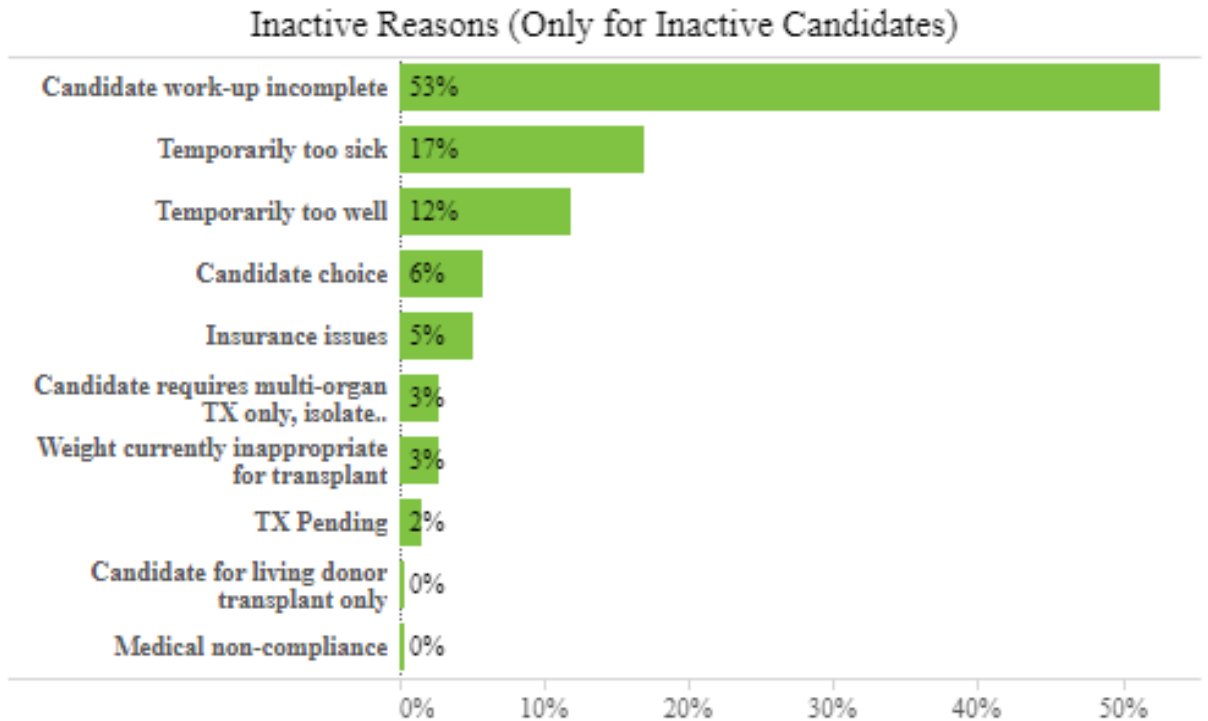
ABO	Candidate Status	Inactive Reason	CPRA	EPTS < 20	Total KAS Points
B	Inactive	Temporarily too sick	99.9935		214.426
O	Active		99.919		212.5658
B	Active		99.996		210.963
A	Inactive	Candidate work-up incomplete	99.5128		210.437
A	Active		99.7665		209.363
A	Inactive	Insurance issues	99.9769		207.3685
O	Active		99.9995		206.4397
O	Inactive	Insurance issues	99.9712		205.626
O	Inactive	Candidate work-up incomplete	99.9999		205.511
O	Inactive	Insurance issues	99.6247		205.0452
O	Inactive	Candidate work-up incomplete	99.6512	Y	204.2397
AB	Inactive	Candidate work-up incomplete	99.8223		203.9904
O	Active		99.9871	Y	203.9849
O	Inactive	Candidate work-up incomplete	99.9339		202.374
B	Inactive	Candidate work-up incomplete	99.9974		202.1466
B	Inactive	Medical non-compliance	99.3697	Y	51.7448
B	Inactive	Candidate choice	99.3334	Y	51.0352
A	Inactive	Temporarily too sick	97.808		31.1096

CPRA = Calculated Panel Reactive Antibody | EPTS = Estimated Post Transplant Survival | KAS = Kidney Allocation System

Use the Tools: UNOS Waitlist Management

■ UNOS

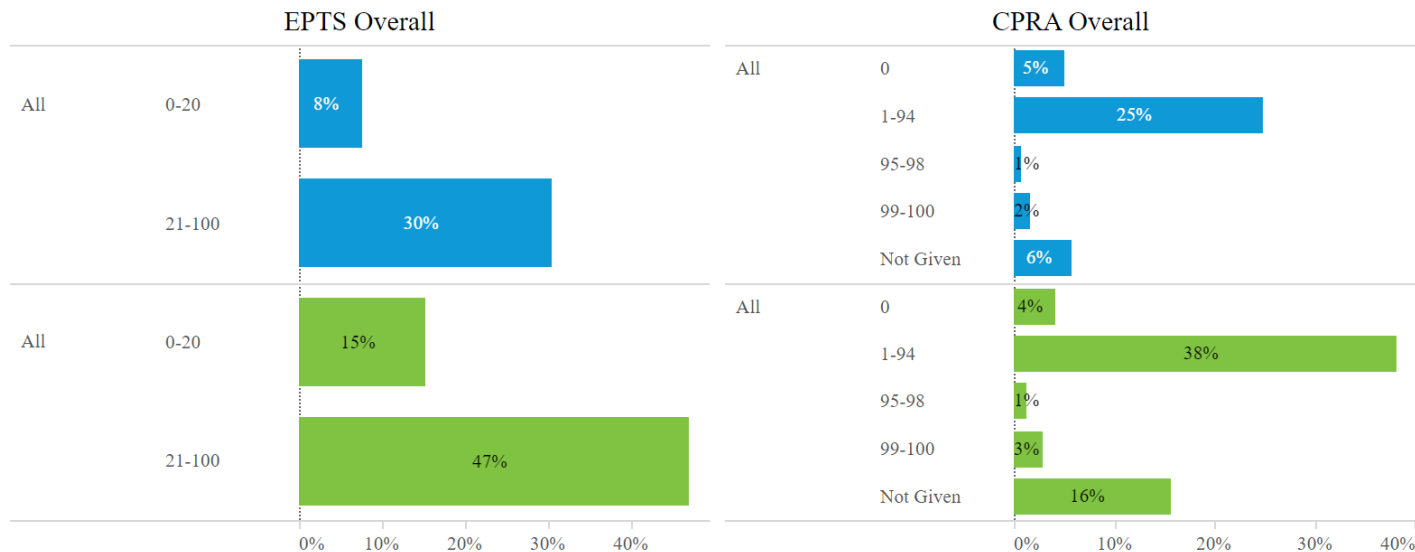
- Kidney waiting list management tool
 - ▲ Understand your inactive list
 - ▲ Discover themes
 - ▲ Prioritize 'reasons' to address



Use the Tools: UNOS Waitlist Management (continued)

■ UNOS

- Kidney waiting list management tool
 - ▲ Estimated Post Transplant Survival (EPTS)
 - ▲ Calculated Panel Reactive Antibody (CPRA)



(United Network for Organ Sharing, 2024)

Use the Tools: Electronic Medical Record (EMR)

■ EMR

- EPIC Reports – Kidney Waitlisted Patients
 - ▲ MRN
 - ▲ Patient name
 - ▲ DOB
 - ▲ Added to waitlist
 - ▲ Status (active/inactive)
 - ▲ Transplant coordinator name
 - ▲ Next review date
 - ▲ ABO
 - ▲ BMI
 - ▲ Organ consent
 - ▲ Date last seen
 - ▲ Days on dialysis
 - ▲ Provider name and address



HLA sample monitoring

- EMR
 - EPIC Report – HLA with Dialysis Information
 - ▲ Patient name
 - ▲ Transplant coordinator
 - ▲ Date of last sample
 - ▲ Status
 - ▲ Reason (if inactive)
 - ▲ Dialysis center name
 - ▲ Dialysis center fax

Use the Tools

- EPIC Tools
 - Protocols & Acceptance Criteria
 - ▲ Delayed graft function
 - ▲ Steroid avoidance
 - ▲ Induction methods
 - ▲ Urgent protocol
 - ▲ Highly sensitized
- Selection Committee

Unacceptable antigens?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Require crossmatch?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept HCV Ab+?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept HCV NAT+?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept HBV core+?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept HBV NAT+?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept KDPI >85%?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept DCD?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept risk criteria?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept history of diabetes?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept history of hypertension?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept kidneys en bloc ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Accept DGF ?	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Protocols

HIGHLY SENSITIZED x

+ Add Protocol

Transplant Assistants

- 6-month phone calls
 - Updating records
 - Ensuring proper contact information
 - Employment status
 - Insurance
 - Illnesses/surgeries/hospitalizations

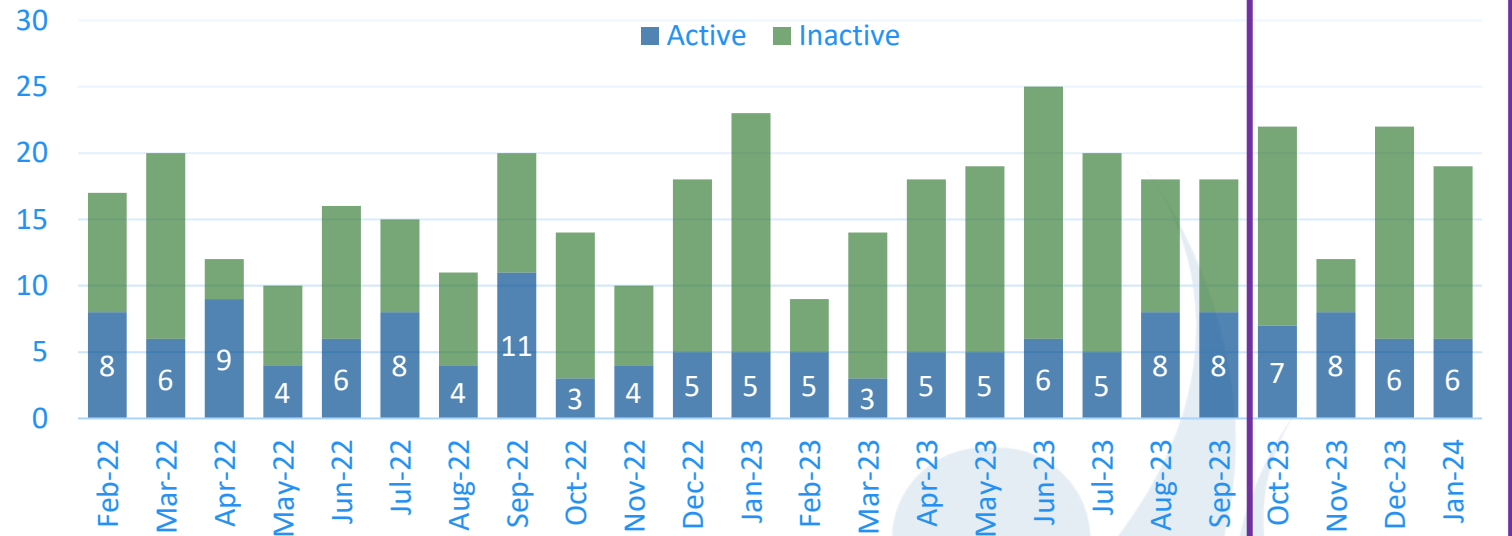


Improvements

Waitlist Additions

Blue= ACTIVE listing

Light green = INACTIVE listing

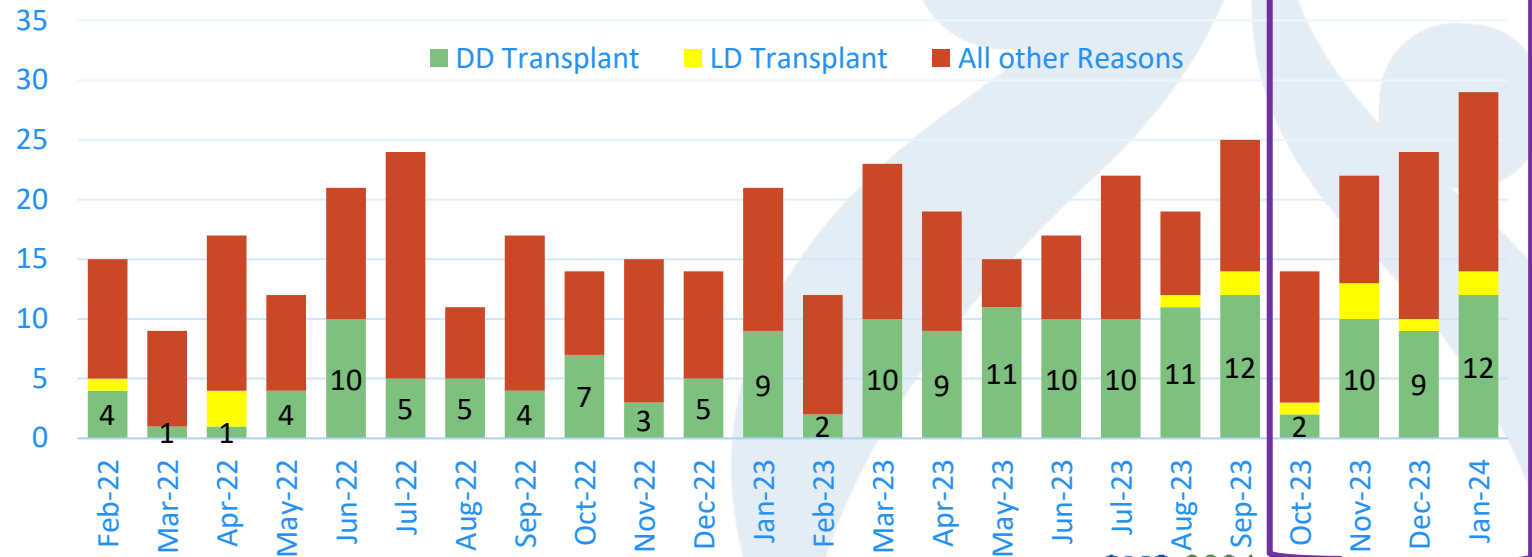


Waitlist Removals

Green = Deceased Donor Transplants

Yellow = Living Donor Transplants

Red = All other removal reasons



(United Network for Organ Sharing, 2024)

Communication



Transplant is a Team Sport!

- Dialysis centers are our partners
 - Eyes and ears ‘on the ground’
 - ▲ How is the patient doing emotionally, physically, medically?
 - ▲ Changes within their personal life
 - ▲ Support
 - ▲ Illness or hospitalization
 - ▲ Compliance



Dialysis Facilities Partnering with Transplant Centers



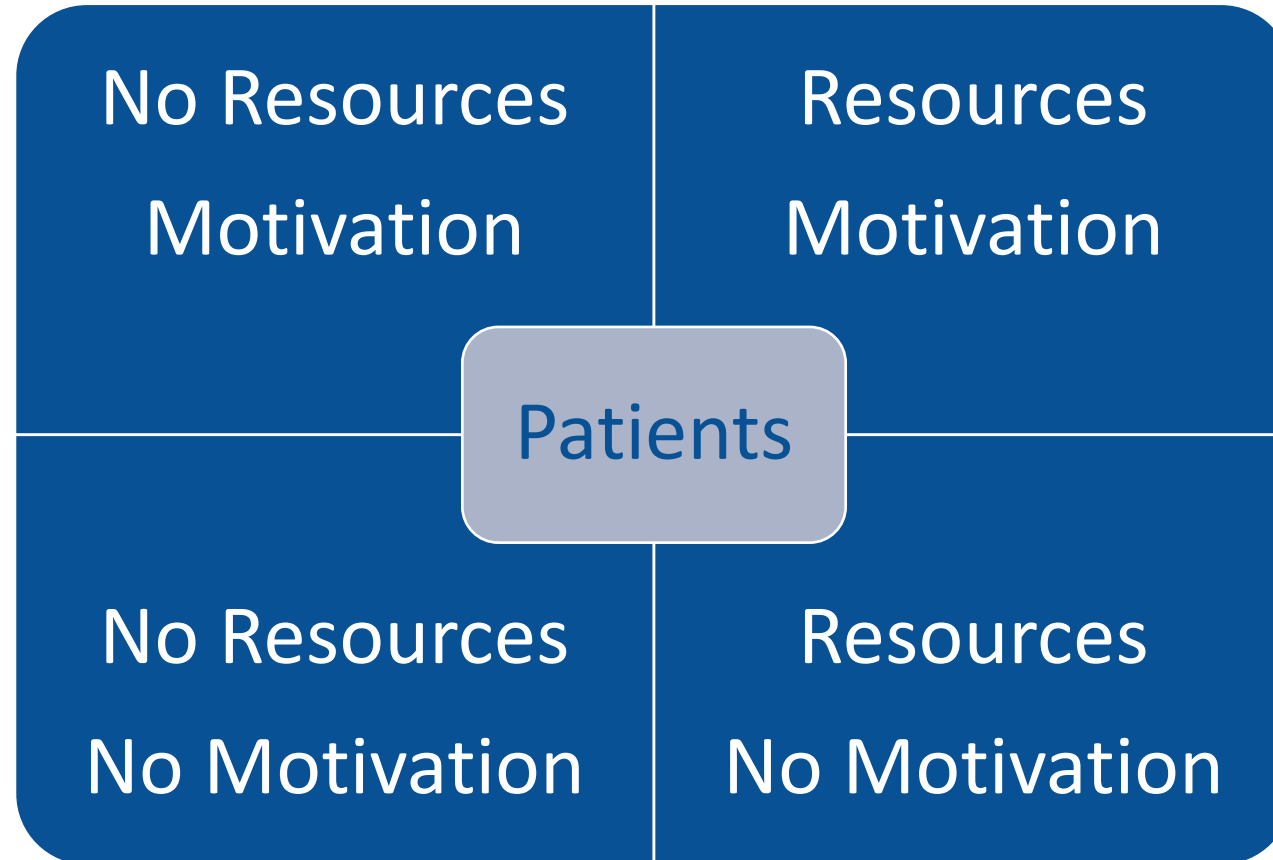
Dialysis Facilities Collaboration with Transplant Facilities, Patients, and Providers

- Communication
- Exchanging information
- Transplant centers, dialysis facilities, nephrologist, patient, and other providers
- Referral / evaluation / testing / wait list

Patient Education and Collaboration At The Facility Level

- Providing patient education on transplant.
- Assessing patients' eligibility for kidney transplant.
- Making patient referrals to transplant center.
- If accepted, following up on the referrals and further testing / documentation that needs to be done or provided.
- Follow up on patient progress

Patients



Barriers to Moving Forward with Transplant

■ Patient barriers:

- Perceptions / Emotional / Physical / Environment
- Medical – patient comorbidities
- Community - transportation, coordination of multiple providers, time it takes to get into a provider to have a procedure done
- Financial – income, insurance, travel, hotel stay, transportation costs, post dialysis follow ups, time off work for patient, family, or caregivers
- Structural – Social Equity, Social Equality, and bias within the medical profession
- Wait list times from 2-11 years on waitlist

Patients Working Toward Getting Wait Listed At The Dialysis Facility Level

■ Listening - Support and Encouragement

- Getting the patient's story.
- Understanding who the patient is and their values.
- Building rapport with the patients, caregivers, and family.
- Assist patient through barriers to treatment and staying healthy.
- Collaborating with patient, transplant centers, hospitals, nephrologists, primary care, and other providers to get testing done and ensuring the patient stays as healthy as possible.
- Working with patients, their families, and their caregivers through the transplant process.

Patient Engagement Getting the Patient Wait Listed and Staying Healthy

- Engaging our patients and:
 - Education on kidney transplant
 - Education on dialysis, transplant, and home modalities
 - Education and information on community resources
 - Provide financial resources / referrals / community resources
 - Provide mental health / counseling / support group resources
 - Provide resources for support groups, online groups, connecting patients with other transplant patients or national organizations such as Renal Networks, NKF, AKF, and AAKP

Summary

- As providers we are assisting patients through their journeys through the transplant process and in life living with ESRD.
 - We are providing care to patients from various backgrounds with varying needs.
 - We continue to provide care with communication, commitment, and patient engagement.
 - We continue to strive to provide the best care possible for our patients.
 - This is how we increase getting patients active listed, staying healthy, and transplanted.
 - It takes a village.

Question & Answer

Matthew Bahr, BA

(414) 805-5348

Matthew.bahr@froedtert.com

Michael Mace, MSW, LICSW

(253) 671-9937 ext. #213

michael.mace@freseniusmedicalcare.com

