

“Fast Pass” to Transplant: Improved Transplant Outcomes Through Better Waitlist Management



Transplant Services

Unified Quality Improvement
Symposium

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Collaborative Team Members

Project Leader(s) and Discipline:

- ❖ Koren Way – Transplant Administrator
- ❖ David Axelrod, MD, MBA – Division Chief

Team Member Name(s) and Discipline:

- ❖ Janet Gooden, NP – Transplant Nurse Practitioner
- ❖ Cindy Stone, RN – Transplant Coordinator
- ❖ Clifton Hill, LCSW – Transplant Social Worker
- ❖ Karen Chamberlain, RN – Transplant Coordinator
- ❖ Erica Manley – Transplant Assistant

The Problem

- ❖ In short, there are more patients waiting for a transplant than there are organs available. As a result a sick population becomes even sicker while they wait.
- ❖ The median waiting time for a life saving kidney transplant is almost 4 years. In some regions the proportion of patients transplanted at 5 years still does not exceed 25%.
- ❖ During this time, 13 people a day, and almost 5,000 people a year will die while waiting. Another almost 4,000 will become too ill and will be removed from the waiting list.

What can be done about it?

- ❖ While it is a challenge for transplant centers to evaluate patients and add patients to the waiting list, it is becoming an even more difficult and increasingly important challenge to keep them well while on the waiting list
- ❖ Some transplant centers have chosen to reduce access to the waiting list and become more cautious
 - ❖ Reduce listing higher risk patients
 - ❖ Results in lower transplant volumes and reduced access to transplant for deserving and acceptable recipients.
- ❖ We believe a more effective strategy is active management of patients who are waiting on the list.

AIM Statement

1. To increase the percentage of patients on the kidney transplant waiting list who are in active status without decreasing the total number of patients on the waiting list.
2. Increase the number of transplants performed
3. Decrease a patient's time waiting on the list and the number of patients who die without being transplanted.

Issues Identified by Program Leadership

- Insufficient staff and time dedicated to the management of waitlist patients.
- Lack of adequate and timely follow-up of waitlist patients
- Poor structure and processes to ensure patients were re-activated once medical and psychosocial issues were resolved
- Inadequate IT support to track patients

Improvement Strategies Employed

- ❖ Developed timely, consistent, and effective communication tools for patients and referring providers regarding status on the waiting list and outstanding issues.
- ❖ Developed and implemented standardized tracking tools in the EHR to ensure testing is completed while on the waiting list
- ❖ Real time tracking of waitlist metrics to provide immediate team feedback

Improvement Strategies Employed

- ❖ Redeployed staff to create a multidisciplinary waitlist team
 - ❖ Includes RN coordinator, social worker, and transplant assistants
 - ❖ Dedicated physician team to provide oversight and medical decision making
- ❖ Created weekly team meetings with a consistent agenda to review patients,
 - ❖ Develop coordinated plans, and ensure follow up
 - ❖ Team meetings include core team members, medical and surgical leadership, finance and division administration.

How Will We Know This Change Is An Improvement?

Process Measure(s):

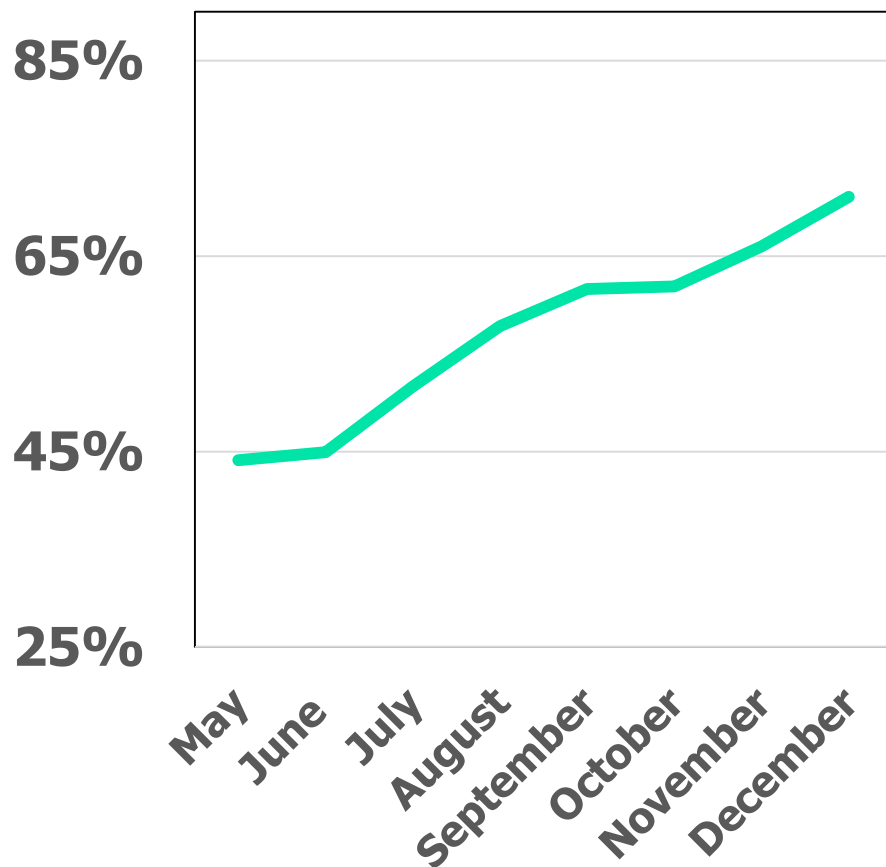
- ❖ Percent active/able to receive an organ on the waiting list by month
- ❖ Total number of patients on the waiting list per month
- ❖ Number of patients re-activated for transplant

Outcome Measure(s):

- ❖ Total number of transplants per year
- ❖ Risk adjusted rate of transplant (SRTR risk adjustment)
- ❖ Risk adjusted waitlist mortality rate (SRTR risk adjustment)

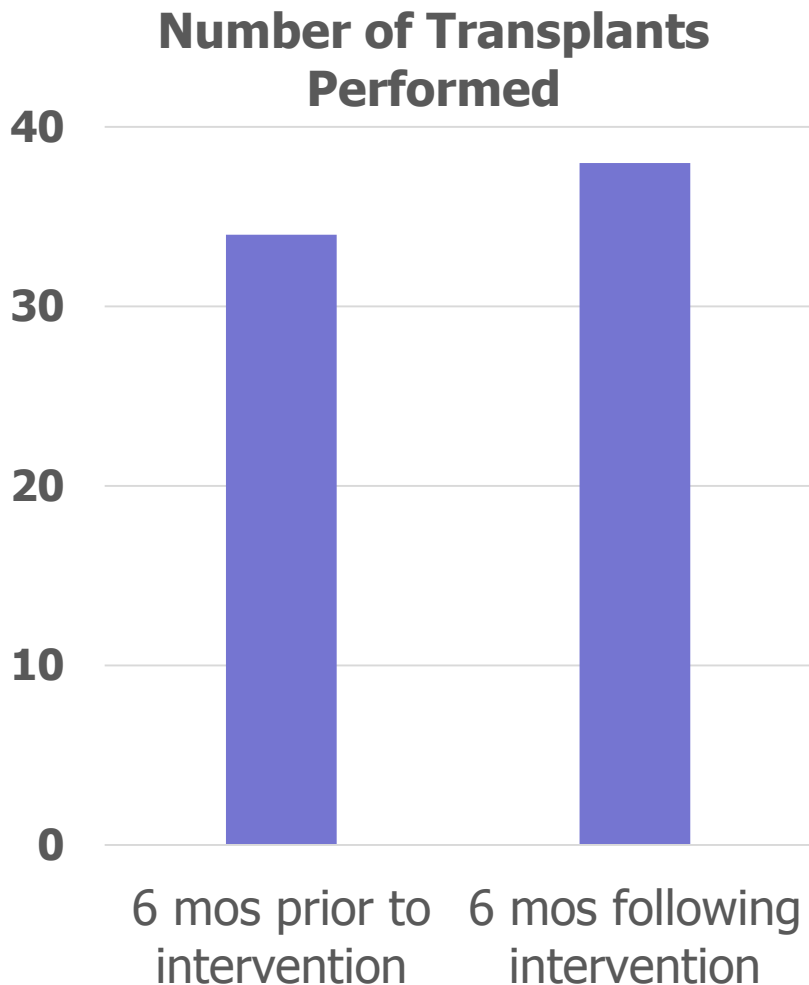
Outcomes

Active Patients on the
Kidney Transplant Waiting
List



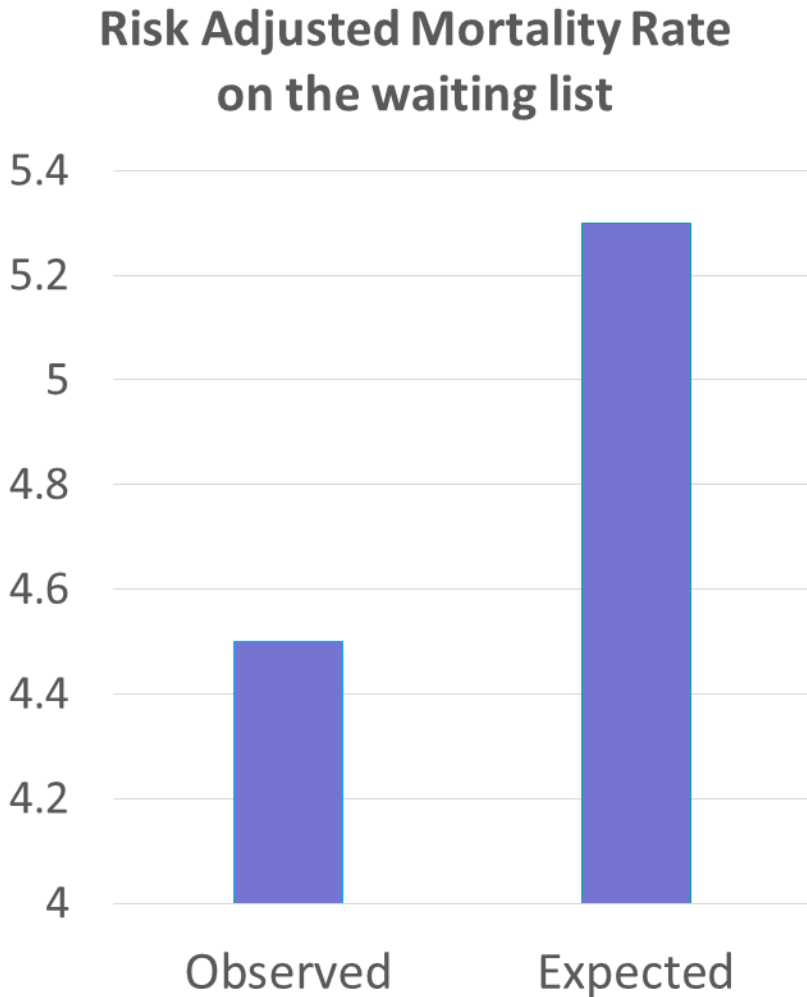
- Over 7 months, the proportion of patients who were active increased **44% to 71%**.
- The total number of patients who were active on the list **135 to 172**.

Outcomes



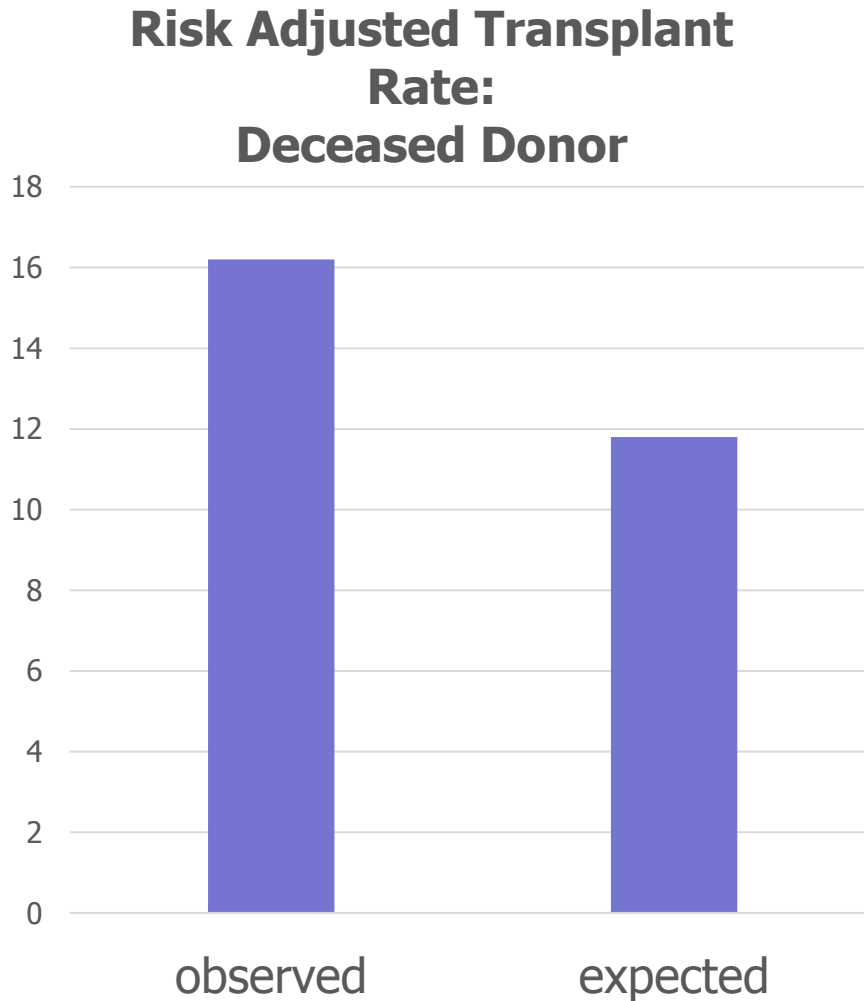
- Increase in the volume of transplants performed
- More patients were able to receive offers and so more transplants could be done.
- Increase in transplant revenue for Vidant.
- **More transplants yields better quality of life for patients**

Outcomes



- The current mortality rate for our patients on the waiting list is **significantly lower** than would be expected for similar patients at another center.
- Improved access to transplant results in better survival and quality of life for patients with end stage renal disease

Outcomes



- The current rate of deceased donor transplant for patients on the waiting list is **statistically significantly faster** than would be expected for similar patients at other transplant centers
- Improved access for deceased donor transplant is vital as access to living donor transplant has been limited in eastern NC

Next Steps

- Improved patient education while on the waiting list through the use of hands on exercises and “homework assignments”.
- Improved education should reduce length of stay and readmission following transplant.