EIGHTH ANNUAL

Transplant Quality Institute

October 19 - 21, 2022

SAVE THE DATE!

A conference dedicated to transplant quality, process improvement and patient safety.

- Core Concepts one-day course, October 18, 2022
- Transplant Quality Institute, October 19-21, 2022
- Oral and Poster Presentations
- Attendee and Speaker Collaboration

Call for Abstracts

ATLANTA, GA

Sponsored by the American Foundation for Donation and Transplantation

EIGHTH ANNUAL
Transplant Quality Institute
October 19-21, 2022

SAVE THE DATE

CALL FOR ABSTRACTS

The faculty of the 8th annual Transplant Quality Institute is seeking program proposals for oral and poster presentations. Take this opportunity to share with national transplant colleagues your center's quality journey, QAPI tools, QAPI initiatives or best practices to ensure a successful regulatory survey experience. This call is open to all transplant programs and OPOS, regardless of size, 2) organ group, and 3) adult or pediatric; with quality and regulatory initiatives from basic to complex in nature. The focus for program submissions should relate to one or more of the following categories:

- How centers and OPOS are preparing for the new MPSC performance metrics
- PI related to ABO verification and organ tracking check in, organ verification and chain of custody
- Use of data management/analytics (e.g. Tableau, EMR/IT custom builds; creative use of surveyor workbook or CMS training website, SRTR, OPTN, and UNOS)
- Patient reported outcomes
- Management of adverse events/ initiatives
- Collaborative efforts across transplant quality (transitions of care, length of stay initiatives, decrease readmissions of transplant) bridging the gap across the continuum of care
- Quality Improvement Projects
  - PI work related to donor derived infection
  - PI work related to recipient infection
  - PI work related to patient safety
- Clinically related metrics (return to OR, ICU length of stay, primary graft dysfunction)
- COVID Impact: Programmatic responses to a pandemic that you will sustain (i.e. telehealth, follow up protocols); biggest challenges and biggest wins
- Impact of Broader Sharing and Allocation
- Improving access to organ transplants
- Decreasing organ nonuse and/or discard

Deadlines:

- May 1, 2022 - 11:59pm ET- Abstracts must be submitted through the AFDT website.(Submissions must be less than or equal to 500 words and include a completed Conflict of Interest form and CV.)
- May 20, 2022 - Primary authors will be notified regarding abstract selection.
- June 1, 2022 - Presenters' deadline to accept or decline the invitation present and provide required materials.

Travel Grants:

This year the American Foundation for Donation (AFDT) will offer a limited number of travel grants to a select number of submitters. The travel grants will be in the amount of $1,000 (USD) to eligible transplant professionals whose abstract is accepted for oral presentation.

Grants are awarded to help abstract presenters cover the cost of travel and lodging to present their abstract at the 2022 Transplant Quality Institute, Hilton Atlanta, during the conference dates of October 19-21, 2022.

An applicant must be one of the abstract authors and the abstract must be presented at the meeting for the grant to be awarded. The travel grants are not applicable for virtual presentations in the event the in-person meeting does not take place.

The grant will be issued immediately following the meeting.

The attached Abstract Resource and Scoring Tool provides the framework for writing a successful abstract for TQI. The abstract should clearly and comprehensively describe each major section, as outlined in the scoring tool (i.e. Background, Purpose, Methods, Resuls, Discussion, and Conclusion).

2021 TQI Abstract Resource Tool*

Quality Assessment Performance Improvement Abstract

ABSTRACT SUBMISSION CRITERIA		DEVELOP & ASSESS YOUR ABSTRACT HERE!		Self-Assessment Using the Abstract Reviewer's Scoring Criteria			
				3 points	2 points	1 point	0 points
Title	**1. The Abstract Title:** **a.** Indicates the article concerns the improvement of quality (broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency and equity of care).	**Title**		All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.
Author	**2. The Author Listing:** **a.** Includes the name, credentials and employer or institutional affiliation of each person who substantially contributed to the concept, design, analysis, etc.; OR final approval of the abstract submitted. Participation solely in the collection of data usually does not warrant authorship. **b.** Designates one author as the presenting author by CAPITALIZING THE FULL NAME. **c.** When authors work for different employers, superscript is used to designate which employer is associated with each author, as shown in this example: JANE DOE, PharmD[1]; Jim Doe, MPH[1]; Joe Doe, PharmD[1]; Janine Doe[2]	**Author**		All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.
Background:	**3. In a "Performance Improvement" Abstract, the Background:** **a.** Describes the problem or challenge in need of improvement; **b.** Provides historical perspective or context for the problem being presented, including how the issue was identified; **c.** Utilizes available literature/research findings and/or industry best practices to support the need for the new idea or intervention; **d.** Connects clearly to the purpose statement; **e.** Is written using complete sentences, proper grammar, punctuation and spelling.	**Background:**		All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.

2021 TQI Abstract Resource Tool*

Quality Assessment Performance Improvement Abstract

Purpose:	**4. In a "Performance Improvement" Abstract, the Purpose Statement:** **a.** States the problem or challenge to be resolved; **b.** Conveys the reason for conducting the project, and the goal to be accomplished; **c.** Is usually one to two sentences in length; **d.** Connects logically to the rest of the abstract; **e.** Is written using complete sentences, proper grammar, punctuation and spelling.				
Methods:	**5. In a "Performance Improvement" Abstract, the Methods section:** **a.** Describes the action(s) taken to improve the problem or challenge; **b.** Includes the timeline during which the action(s) took place; **c.** Describes the "population" characteristics (how many participants, factors used to determine participant inclusion and exclusion, etc.); **d.** Describes the data collection or documentation process; **e.** Describes and quantifies how a successful outcome or resolution will be determined; **f.** Describes instruments and procedures (qualitative, quantitative or mixed) used to assess (1.) the effectiveness of implementation, (2.) the contributions of intervention components and context factors to effectiveness of the intervention and (3.) primary and secondary outcomes.				

Purpose:		All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.
Methods:		All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.

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Quality Assessment Performance Improvement Abstract

Result	**6. In a "Performance Improvement" Abstract, the Results section:** a. Briefly describes the results of the actions taken—quantitative, qualitative, and/or descriptive, as applicable; b. Provides sufficient detail to support the conclusions; c. Discuss the intervention's impact on both direct and indirect costs/resources (financial, staff time, quality of care, customer satisfaction) in a quantifiable way, as applicable; d. Is written in narrative format, saving "visual" elements such as lists, tables, graphs, photos and/or illustrations for the poster itself; e. Is written using complete sentences, proper grammar, punctuation and spelling.	**Results**	All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.
Discussion:	**7. In a "Performance Improvement" Abstract, the Discussion:** a. Reminds the reader of the primary lesson learned and states whether the project goal was achieved; b. Explains why the outcome is interesting; c. States the relevance of the findings to other published work, when applicable; d. Addresses implications for future improvement efforts *(Note: Use caution in applying the results to a broader population)*: e. Statements are clearly supported by the findings in results section; f. Is written using complete sentences, proper grammar, punctuation and spelling.	**Discussion:**	All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.
Conclusion:	**8. In a "Performance Improvement" Abstract, the Conclusion:** a. A brief statement; clearly supported by the findings in results section; b. Is written using complete sentences, proper grammar, punctuation and spelling.	**Conclusion:**	All criteria are met.	One to two of the criteria are missing.	Three or more of the criteria are missing.	This section of the abstract is incomplete or missing.

* TQI acknowledges incorporation of the NHIA abstract template to develop this tool.

Improving Compliance with Surveillance Protocols for Public Health Service Increased Risk Liver Transplant Recipients

PRESENTING AUTHOR NAME, CREDENTIALS, Author 2 Name, Credentials, Author 3 Name, Credentials, All Additional Authors' Names, Credentials, Institutional Affiliation(s), City, State

Background: Transmission of infectious diseases is a known risk associated with organ transplantation. The Public Health Service (PHS) has defined criteria to identify organ donors at potential increased risk (IR) for transmission of blood-borne infections, including hepatitis B (HBV), hepatitis C and HIV. Appropriate lab monitoring and antiviral prophylaxis are necessary to reduce the risk of infectious transmissions, per UNOS/OPTN policy. A sentinel event triggered an audit of the liver transplant service's compliance with PHS IR donor monitoring protocols. From 3/2013 – 11/2016, 67 patients received a PHS IR donor liver. Seven patients were not initiated on appropriate HBV antiviral prophylaxis. Post-transplant surveillance labs were performed inconsistently.

Purpose: Our goal was to achieve 100% compliance with post-transplant HBV prophylaxis and PHS IR laboratory surveillance protocols on the liver transplant service in order to maximize the safety of using PHS IR donor organs.

Methods: We assembled a multidisciplinary task force to identify barriers to correctly executing surveillance protocols for PHS IR donor liver recipients. We created a current state process map to detail the tasks of each team member. Then, we created a future state process map with modifications that addressed communication deficiencies, embedded procedural checkpoints, and increased accountability (Figure 1). We established an auditing process and performed prospective, manual monitoring of the electronic medical record (EMR) to record protocol compliance for all PHS IR liver transplant recipients. Results were reported to the entire team monthly. This process overhaul spanned 12/2016 – 4/2017. Changes were implemented on a rolling basis since patient safety was at stake.

Results: From 1/2017 – 12/2017, 28 patients underwent liver transplant with a PHS IR donor organ. There was 100% compliance with appropriate HBV prophylaxis. There was predominantly 100% monthly compliance with correct and timely surveillance labs (Figure 2). Information technology resources were used to embed solutions into the EMR, creating a new standard workflow and enhancing sustainability. Excellent compliance was noted even 1 year after implementation.

Discussion: Our goal was to achieve 100% compliance with PHS IR liver transplant recipient HBV antiviral prophylaxis and laboratory surveillance. We achieved dramatically improved care provider compliance by carefully examining the current process state, identifying weak areas in the process, and integrating concrete solutions into the standard workflow. Introducing checkpoints, clear communication tools, and a systematic auditing process was essential to success

and ongoing compliance with UNOS/OPTN policy. These fundamental aspects of process improvement can be applied to a wide variety of clinical processes.

Conclusion: We achieved excellent care provider compliance with PHS IR post-transplant surveillance protocols on the liver transplant service by establishing a reliable and sustainable standard workflow. Adherence to these protocols increased patient safety with respect to the use of PHS IR organs.

Figure 1. Future state process map (changes to current state process map in green)

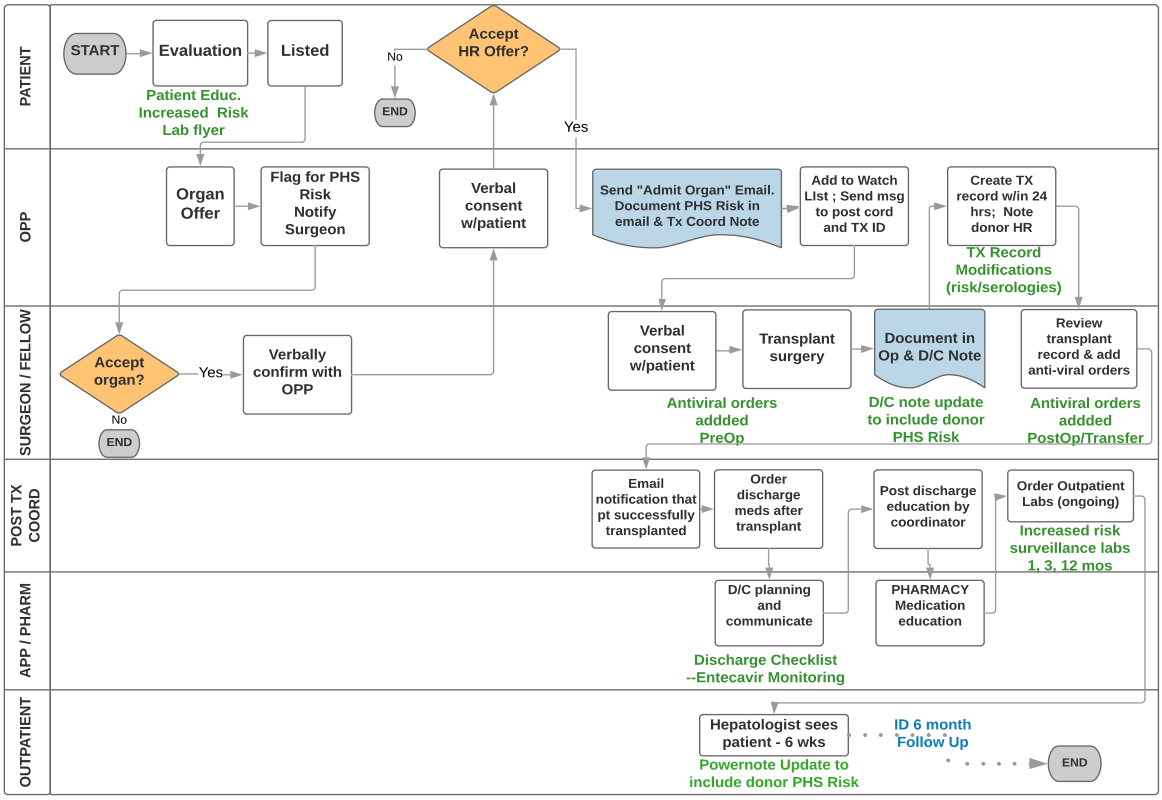

Figure 2. Results from PHS IR protocol monitoring in 2017

2017 Compliance	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
HBV prophylaxis	100%	n/a	100%	n/a	100%	n/a	100%	n/a	100%	n/a	n/a	n/a
Surveillance labs done	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Surveillance labs on time	100%	100%	100%	67%	50%	100%	100%	100%	100%	100%	100%	100%