



SEVENTH ANNUAL

Transplant Quality Institute

November 3 - 4, 2021

**SAVE
THE
DATE!**

QUALITY

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



Introductory Level one-day course, November 2, 2021



Oral and Poster Presentations



Attendee and Speaker Collaboration

**Call for
Abstracts**

VIRTUAL PROGRAM

Preliminary Program Agenda available Summer, 2021

Sponsored by the American Foundation for Donation and Transplantation

SEVENTH ANNUAL
Transplant Quality Institute Virtual Program
November 3 - 4, 2021



CALL FOR ABSTRACTS

The faculty of the 7th 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, regardless of 1) size, 2) organ group, and 3) adult or pediatric as well as OPOs; 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:

- Quality Improvement Projects
- COVID Impact: Programmatic responses to a pandemic that you will sustain (i.e. telehealth, follow up protocols); biggest challenges and biggest wins
- Tools of the Trade (e.g. Tableau, EMR/IT custom builds; creative use of surveyor workbook or CMS training website), SRTR)
- Data Management and Ensuring Data Integrity
- Broader Sharing/Allocation: Planning, readiness, implementation, and impact
- Regulatory Changes: End of amnesty period, survey readiness in a virtual world, and changes in OPTN policy (e.g. PHS donor risk)
- Emergency Preparedness and Response

Deadlines:

- ~~June 7, 2021 at 3:00am ET~~ **June 18, 2021 11:59pm ET**- Proposals must be submitted.
- July 16, 2021 - Primary authors will be notified regarding abstract selection.
- July 29, 2021 - Presenters' deadline to accept or decline the invitation to present and provide required materials.

Please return the completed abstract packet to Kara Mountain, Clinical Education Conference Planner, mountain@afdt.org. For more information, refer to the TQI Abstract Resource Tool and attached sample abstract.

Abstract Cover Sheet



Name: _____

Facility Name: _____

Email Address: _____

Contact Phone: _____

Abstract Title: _____

Content Area: _____

For oral presentations only, please provide 2 learning objectives::

1. _____

2. _____

If you would like to be considered for oral presentation, please provide a CV, completed Conflict of Interest, abstract cover sheet, and two objectives along with copies of your abstract.

Please provide a summary of the proposed content using the 2021 TQI Submission Checklist.

2021 TQI Submission Checklist*

Quality Assessment Performance Improvement Abstract

- 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, Results, Discussion, and Conclusion).
- Although it may not be possible to include every criteria listed in each major section, authors must thoroughly address all major elements and formatting requirements.

Does your submission contain the following (if no, your submission will not be accepted):

Yes or No

Abstract Cover Sheet

Microsoft Word format (PDF will not be accepted)

Typed in size 12 font

Less than or equal to 500 words of text

No more than 2 pages in length (tables and graphs included)

Two copies, one as written and the second blinded with all potential identifiers removed (i.e. facility name, author name, geographic location.)

A complete submission must include an Abstract Cover Sheet, two copies of abstract (one as written and the second blinded,) updated CV, and Conflict of Interest form and should be sent to mountain@afdt.org

All abstracts must be submitted by June 18 at 11:59pm (ET).

Abstracts which do not meet the above requirements will not be accepted.

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	<p>1. The Abstract Title:</p> <p style="margin-left: 20px;">a. Indicates the article concerns the improvement of quality (broadly defined to include the safety, effectiveness, patient-centeredness, timeliness, efficiency and equity of care).</p>	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	<p>2. The Author Listing:</p> <p style="margin-left: 20px;">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.</p> <p style="margin-left: 20px;">b. Designates one author as the presenting author by CAPITALIZING THE FULL NAME.</p> <p style="margin-left: 20px;">c. When authors work for different employers, superscript is used to designate which employer is associated with each author, as shown in this example:</p> <p style="margin-left: 40px;">JANE DOE, PharmD¹; Jim Doe, MPH¹; Joe Doe, PharmD¹; Janine Doe²</p>	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:	<p>3. In a "Performance Improvement" Abstract, the Background:</p> <p style="margin-left: 20px;">a. Describes the problem or challenge in need of improvement;</p> <p style="margin-left: 20px;">b. Provides historical perspective or context for the problem being presented, including how the issue was identified;</p> <p style="margin-left: 20px;">c. Utilizes available literature/research findings and/or industry best practices to support the need for the new idea or intervention;</p> <p style="margin-left: 20px;">d. Connects clearly to the purpose statement;</p> <p style="margin-left: 20px;">e. Is written using complete sentences, proper grammar, punctuation and spelling.</p>	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.

Quality Assessment Performance Improvement Abstract

Purpose:	<p>4. In a “Performance Improvement” Abstract, the Purpose Statement:</p> <ul style="list-style-type: none"> 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. 	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:	<p>5. In a “Performance Improvement” Abstract, the Methods section:</p> <ul style="list-style-type: none"> 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. 	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.

2021 TQI Abstract Resource Tool*

Quality Assessment Performance Improvement Abstract

Result	<p>6. In a “Performance Improvement” Abstract, the Results section:</p> <ul style="list-style-type: none"> 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. 		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:	<p>7. In a “Performance Improvement” Abstract, the Discussion:</p> <ul style="list-style-type: none"> 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 (<i>Note: Use caution in applying the results to a broader population</i>); e. Statements are clearly supported by the findings in results section; f. Is written using complete sentences, proper grammar, punctuation and spelling. 		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:	<p>8. In a “Performance Improvement” Abstract, the Conclusion:</p> <ul style="list-style-type: none"> a. A brief statement; clearly supported by the findings in results section; b. Is written using complete sentences, proper grammar, punctuation and spelling. 		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



