



SEVENTH ANNUAL

Transplant Quality Institute

QUALITY

The only transplant conference dedicated to quality, improvement, regulatory compliance, data management, patient safety and outcomes

Save the Dates!

TQI October 7-9, 2020

Pre-meeting October 6, 2020

Preliminary Program Agenda available in early 2020

Call for Abstracts

HILTON ATLANTA, ATLANTA, GA

Sponsored by the American Foundation for Donation and Transplantation



Transplant Quality Institute

October 7-9, 2020

Call for Abstracts

The faculty of the 7th annual Transplant Quality Institute is seeking program proposals for podium 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:

- Successful Transplant Quality Collaborative Initiatives (i.e. interdepartmental, inter-agency)
- Quality Improvement Project
- Patient Safety and Thorough Analysis Review (i.e. adverse events)
- Data Management and Use of Data Resources (i.e. UNOS, SRTR, electronic medical record, Tableau)
- Data Integrity Management (i.e. preparing for data lock down)
- Engagement Initiatives with Hospital, Staff, Physician and/or OPOs
- Current Best Survey Practices (sharing your 2019/2020 CMS or UNOS experiences)
- Staffing for your QAPI Successes (regardless of program size)

Deadlines:

- March 2, 2020 at 12 midnight PST - proposals must be submitted.
- April 15, 2020 - primary authors will be notified regarding abstract selection.
- May 1, 2020 - presenters' deadline to accept or decline the invitation.

Please complete the attached form, providing information and email to: Kara Mountain, Clinical Education Conference Planner, mountain@afdt.org. **For more information, refer to the TQI Abstract Resource Tool and attached sample abstract.**



Name: _____

Facility Name: _____

Email Address: _____

Contact Phone: _____

Submission Title: _____

Content Area: _____

Please provide a summary of the proposed content clearly defining and using the format outlined in the 2020 TQI Abstract Resource Tool. A sample abstract is enclosed for your review as well.

Thank you! We look forward to seeing you in Atlanta in October.

2020 TQI Abstract Resource Tool*

Quality Assessment Performance Improvement Abstract

- The attached 2020 TQI Abstract Resource and Scoring Tool provides the framework for writing an abstract for the TQI. A self-assessment scoring system is included as a guide and evaluation tool to assess your abstract for completeness. It is the same scoring tool used by the reviewers to evaluate and rate the abstracts submitted for presentation.
- 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).
- While it may not be possible to include every criteria listed in each major section, authors must thoroughly address all major elements and formatting requirements.

Requirements for Abstract Submission:

1. Content Area: Select the content area that best matches your abstract:

- Quality Improvement Project
- Quality Collaborative Initiatives
- Patient Safety Event Analysis
- Data Management/Use of Data Resources
- Data Integrity Management
- Engagement Initiatives
- Current Best Survey Practices
- Staffing for your QAPI Successes

2. Abstracts are to be:

- In Microsoft Word format (no pdf submissions)
- 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)

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

4. Send: Abstracts should be sent to mountain@afdt.org All abstracts must be submitted by March 2nd at 12 midnight (PST).



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

2020 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.

2020 TQI Abstract Resource Tool*

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. 		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. 		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.

2020 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



