

# Effective Practices to Improve Post-transplant Outcomes

Patients benefit when the OPTN member community adopts a culture of continuous improvement and shares effective practices related to donation and transplant



The practices outlined in this document were collected from transplant programs that have greater-than-expected success for the post-transplant graft survival metrics described below, which are risk-adjusted\*

The programs varied in terms of the types of organs transplanted, volume of transplants performed, and whether the data was based on pediatric or adult recipient outcomes

The OPTN encourages you to consider if any or all of these approaches could support continuous improvement at your program

## What metrics are used to measure post-transplant outcomes?



### 90-day graft survival hazard ratio

Looks at the time period immediately post-transplant through day 90 post-transplant

### 1-year conditional on 90-day graft survival hazard ratio

Looks at the time period from day 90 through day 365 post-transplant, but only for recipients whose grafts survive past 90 days

\* Learn more about risk adjustment and performance evaluation in the [OPTN policy toolkit](#). The SRTTR also has information the post-transplant outcomes metric models on its [website](#)

## Key Staffing

Programs with better-than-expected post-transplant outcomes shared their effective practices when it comes to broad involvement of multi-disciplinary teams in the ongoing care of patients:

### Transplant coordinators



Programs should have an adequate number of coordinators in order to:

- Regularly engage patients based on strict patient monitoring schedules
  - Have continuity of care in the pre- and post-transplant phases
- This can be achieved through either a single coordinator or a streamlined communication process between coordinators
- Provide 24/7 coverage during the post-operative period

### Ongoing care considerations for other multi-disciplinary team members, including:

#### **Administrative Personnel and Associate Coordinators:**

Support transplant coordinators by scheduling and assisting with coordinator-patient interactions

#### **Social Workers:**

Evaluate a patient's psychosocial needs pre- and post-transplant and develop plans to mitigate socioeconomic challenges

#### **Diabetes Educators and Registered Dietitians:**

Ensure a broad availability on clinic days to provide diabetes education or medical nutrition therapy to patients that need it

#### **Transplant Pharmacists:**

Active involvement in the post-transplant period including patient education on medication regimens and at every post-transplant appointment

# Key Processes

Both pre- and post-transplant care processes are an important part of transplant success:

## Key pre-transplant effective practices can include:

Determining patient vulnerabilities and/or barriers during the selection process that can be mitigated with action plans

Periodically re-evaluating patients while on the waiting list to determine changes in clinical or psychosocial status that need to be addressed

Preparing patients and caregivers on what to expect post-transplant

## Key post-transplant effective practices can include:

In the early post-transplant period, scheduling frequent visits with patients. Consider a minimum of weekly visits. Some programs found success with two to three visits each week

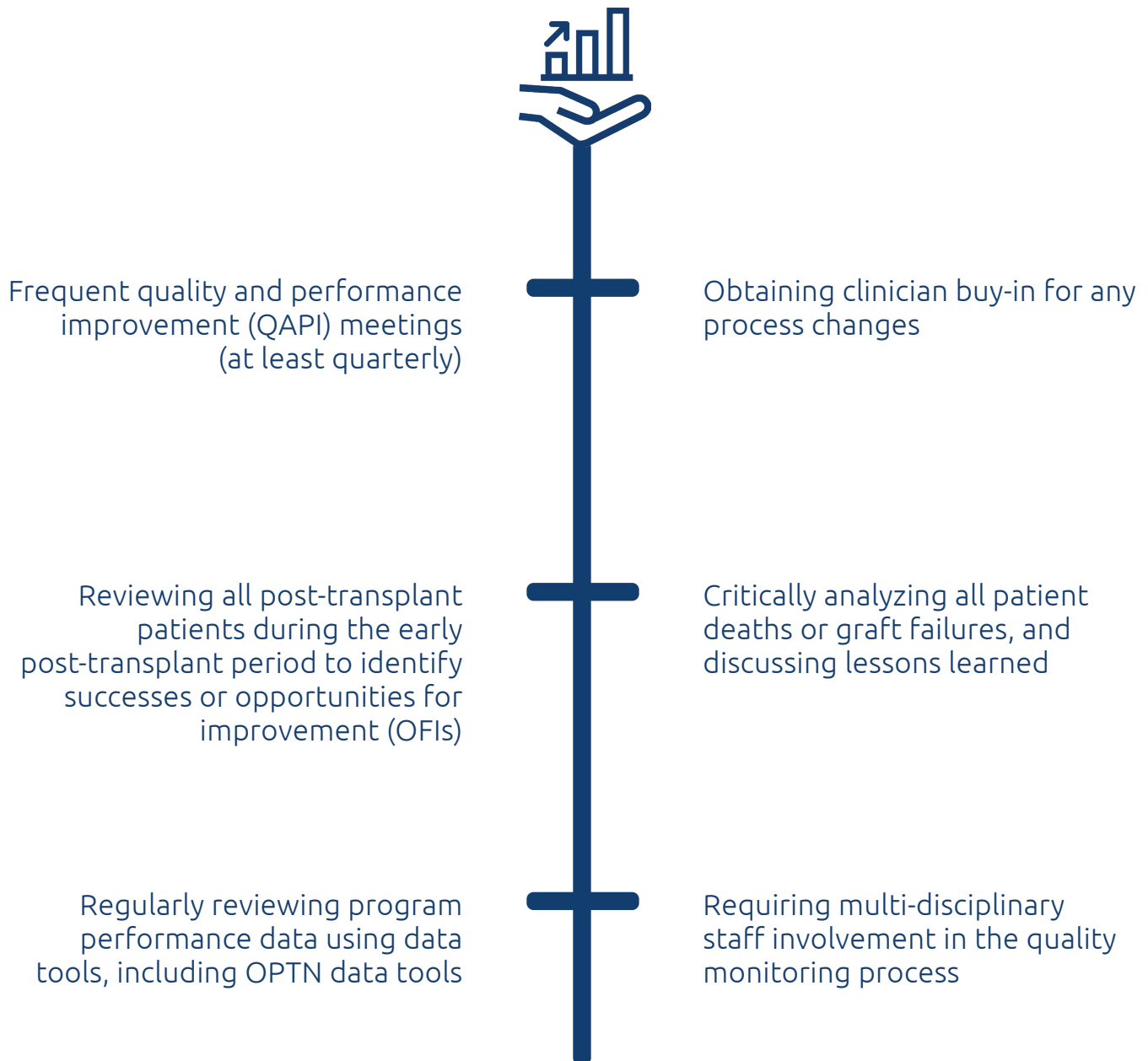
Using hot lists to monitor post-transplant patients, particularly those that require closer monitoring

Having a low threshold for further tests or admission in order to catch, evaluate and treat issues early

# Performance Monitoring

Having a strong quality program is important to having successful transplant programs and patient outcomes.

Transplant programs with better-than-expected post-transplant outcomes have shared what they consider to be effective practices:



## Resources and Tools

Programs with better-than-expected post-transplant outcomes have shared that they have found success using these tools:



Data tools including but not limited to OPTN tools like the Kidney Waiting List Management Tool and the Offer Filter Explorer, and SRTR's CUSUMS

EMR programs that provide flow charts and worksheets to get a quick snapshot of what is happening with a patient

Medication applications that provide patients with printouts of information and instructions on medications and medication reminders via mobile app

# Patient Education

Programs with better-than-expected post-transplant outcomes have shared the following ways to educate patients on the pre- and post-transplant process:



Maintain continuous patient education throughout the transplant process

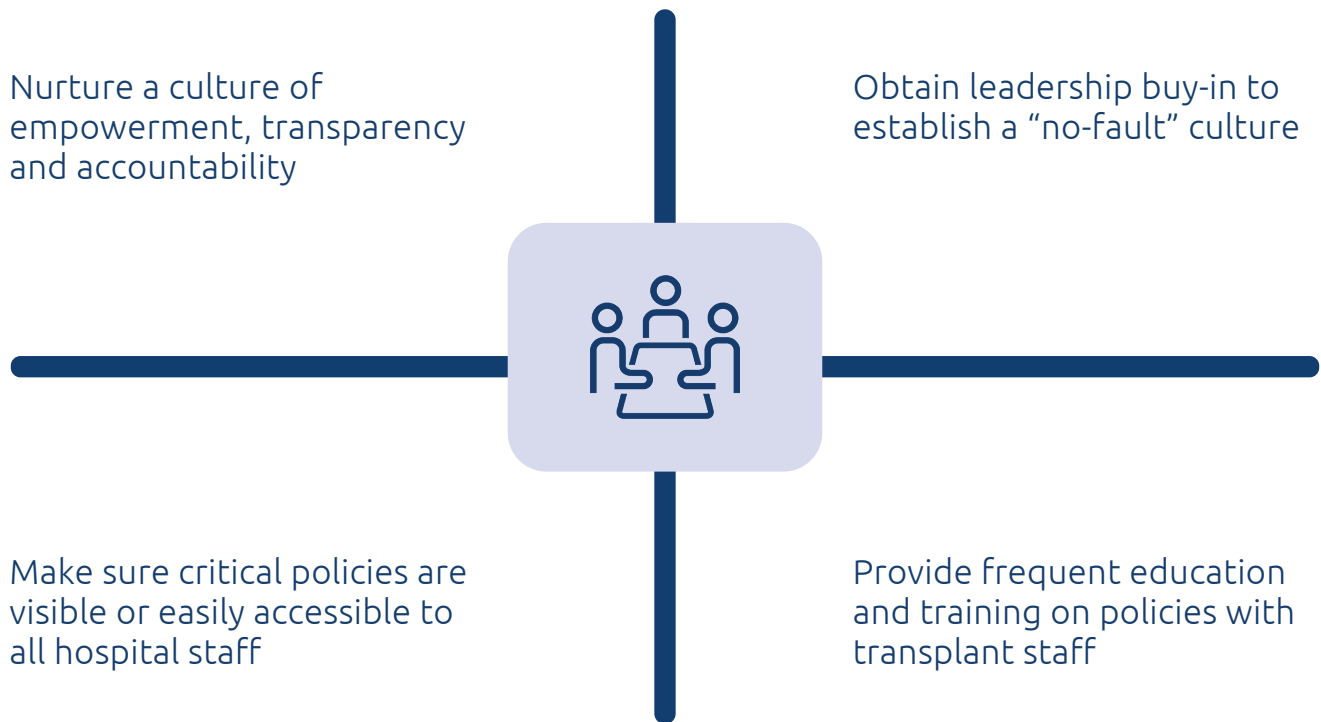
Empower patients through education to contact program personnel with questions or concerns

Diversify types of educational materials. Consider including print, in-person education, and other multimedia resources

Involve the transplant pharmacist when educating patients and caregivers about medication

# Organization and Team Culture

Programs with better-than-expected post-transplant outcomes have reported the importance of patient safety and performance improvement as a critical part of an organization's culture:



Educate leaders across the healthcare system and promote transplant program success in order to establish relationships with hospital leadership and obtain resources

## OPTN

Led by the Organ Procurement and Transplantation Network (OPTN), the U.S. donation and transplant system continuously improves by focusing on collaboration and sharing of effective practices.

Contact Member Quality at [MQFeedback@unos.org](mailto:MQFeedback@unos.org) for help finding resources that may already be available.