

Your Role in LD QAPI

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12th Annual Living Donation Conference

Presented by the American Foundation for Donation and Transplantation

**Miami
Transplant
Institute**



Objectives

- Target Audience

- LD team members with minimal prior QAPI knowledge/experience

- Discuss essential basic concepts of QAPI
- Understand the difference between Quality Assurance and Performance Improvement
- Identify process and outcome indicators (performance measures) for all phases of living donation
- Examine roles and responsibilities in supporting QAPI



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QAPI – What Do We Mean



QA - Are we delivering quality care or how do we know (measure) the quality of the care we are delivering

PI - If the quality of care does not meet our standards, what or how do we improve the care



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Quality of Care

“Quality of care is a remarkably difficult notion to define”

Donabedian 1988.

“It seems likely that there will never be a single comprehensive criterion by which to measure the quality of patient care”

Klein, 1961



Institute of Medicine (IOM)

- The extent to which health services provided to individuals and patient populations improve desired health outcomes.

Agency for Healthcare Research and Quality (AHRQ)

- Healthcare is accessible, effective, safe, accountable and fair

Centers for Medicare and Medicaid Services (CMS)

- The right care for every person every time.



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Quality Domains

Effective

- Delivering health care that is adherent to an evidence base and results in improved health outcomes for individuals and communities, based on need

Efficient

- Delivering health care in a manner which maximizes resource use and avoids waste

Accessible

- Delivering health care that is timely, geographically reasonable, and provided in a setting where skills and resources are appropriate to medical need



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Acceptable/patient-centered

- delivering health care which takes into account the preferences and aspirations of individual service users and the cultures of their communities

Equitable

- delivering health care which does not vary in quality because of personal characteristics such as gender, race, ethnicity, geographical location, or socioeconomic status

Safe

- delivering health care which minimizes risks and harm to service users.



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Quality in Living Donation

Stakes are much higher in Living Donation

- Any complication is undesired
- Minimal acceptable risks

Imperative to mitigate risk

- To donor
- To recipient
- To surgeon/health care team
- To hospital institution

Make living donor transplant accessible to as many recipients as possible



Recipient

Donor

Transplant
Quicker

Better Organ

Death

Complication

Failed
Transplant



In God we trust; all
others bring data.

W. Edwards Deming

Without data you're just another person with an opinion.

QAPI is Data Driven



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Terminology

Performance Measures

- Data
- Are specific and measurable
- Meter to measure quality of care delivered
- Generally derived from practice guidelines

Interchangeable with

- QI metrics
- QI measures
- Indicators



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Terminology

Performance Measurement

- Is a process
- Uses performance measures
- Monitor important aspects of care system

Performance Management (QI)

- Goal setting
- Evaluation of progress to goals
- Acting on results to improve



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Types of Performance Measures



Process
Measure

Outcome
Measure

Structure
Measure

Balancing
Measure



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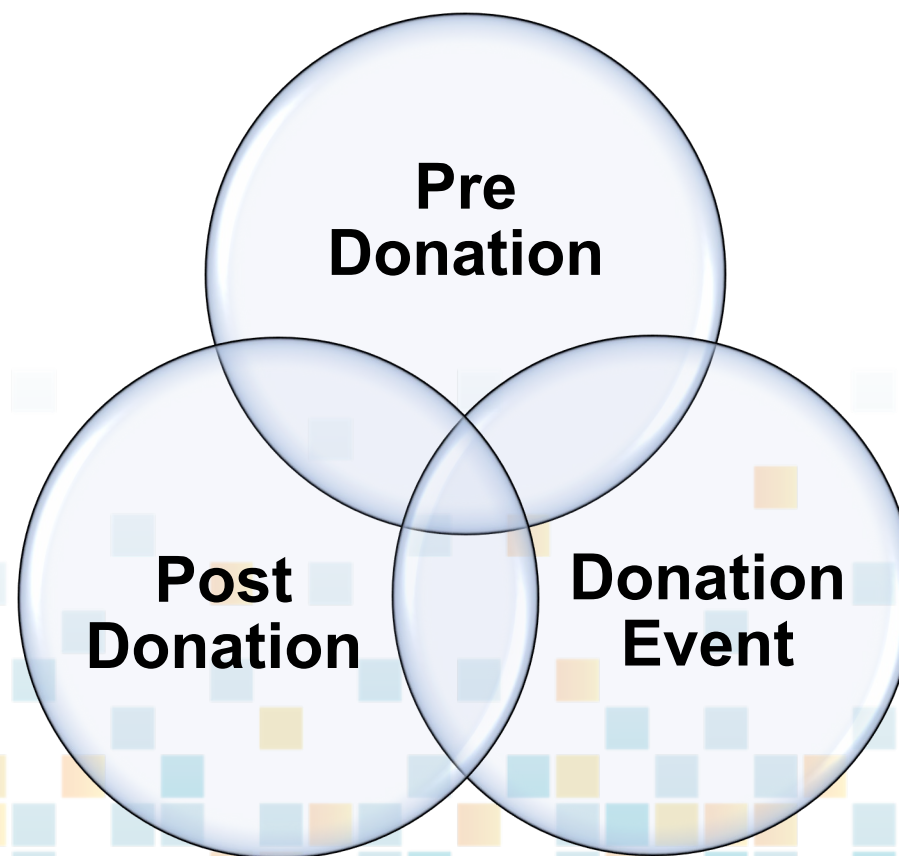
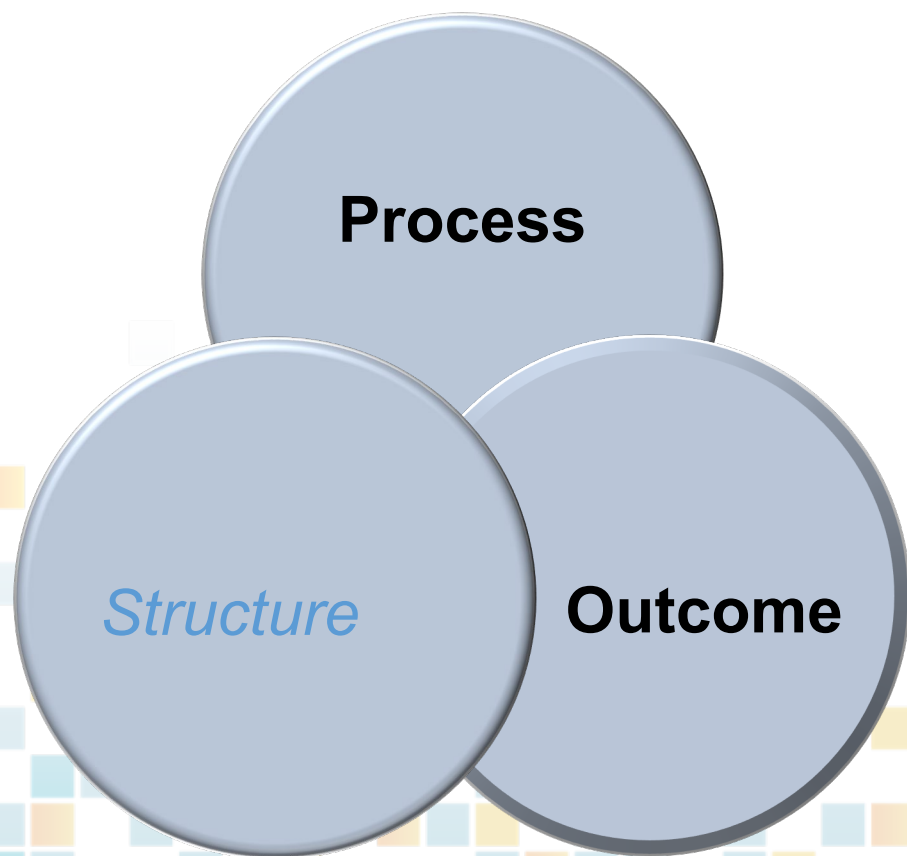
“ In order to know how far we’ve got to go, we first have to establish where we are”



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Quality/Performance Indicators/Measures



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Quality Domains Living Donation

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Indicator Selection



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Indicators Pre Donation

Outcome

- Higher-risk donor intervention
- Evaluation complications
- Weight loss when indicated prior to donation

Process

- Psychosocial clearance
- Informed consent/education
- Nutrition screening
- Pregnancy testing (as applicable)
- Kidney paired donation readiness process
- A2 typed prior to donation
- Donor Risk screening
- NAT testing prior to donation
- OPTN data submission
- Referral to evaluation completion
- ILDA documentation



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Indicators Peri-Donation

Process

- Final donor and recipient clearance prior to start of either surgery
- ABO verification in the OR
- Timeliness of start of OR

Outcome

- Conversion to hand assist laparoscopy
- Operative times
- Length of Stay
- Aborted procedure
- Return to the OR
- Blood loss/product use



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Indicators Post Donation

Process

- Multidisciplinary team involvement
- ILDA involvement
- LD f/u 6 mos, 12 mos, 24 mos
 - Clinical
 - Laboratory

Outcome

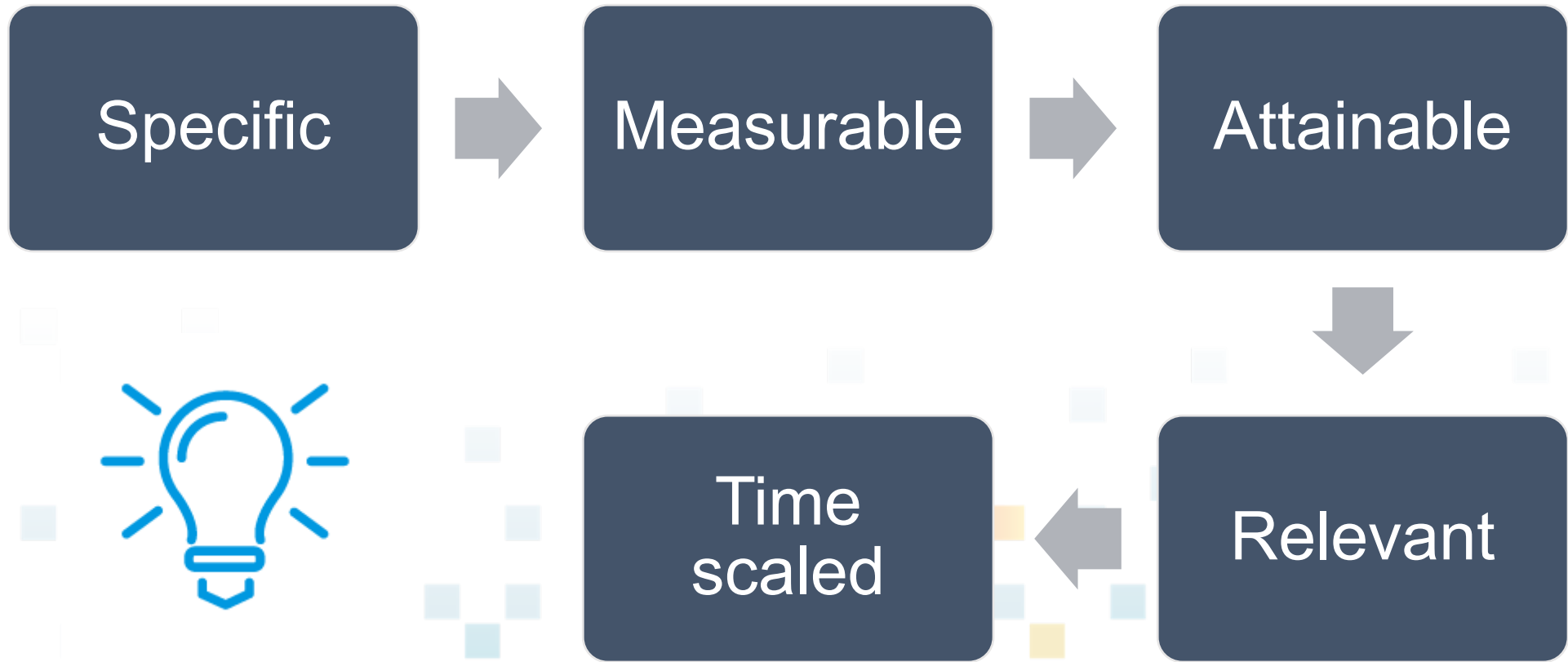
- Re-admission in 7 and 30 days
- DVT/PR within 30 days
- Infection within 30 days
- Corneal abrasion
- Donor death
- Developed hypertension or worsening hypertension in 90 days post donation
- < 25% loss of kidney function within 90 days
- Higher risk donor interventions – pharmacist, dietitian



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Objective Performance Measures



Performance Measure Definition/Details

Denominator and numerator details

Inclusions and exclusions

Data source and data validation

Sampling criteria

Measurement frequency



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Benchmarks



- SRTR
- OPTN Data Portal
- Peer review journals
- Hospital compare resources
- Peer to peer compare
- Internal historic data



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Your Role in QAPI

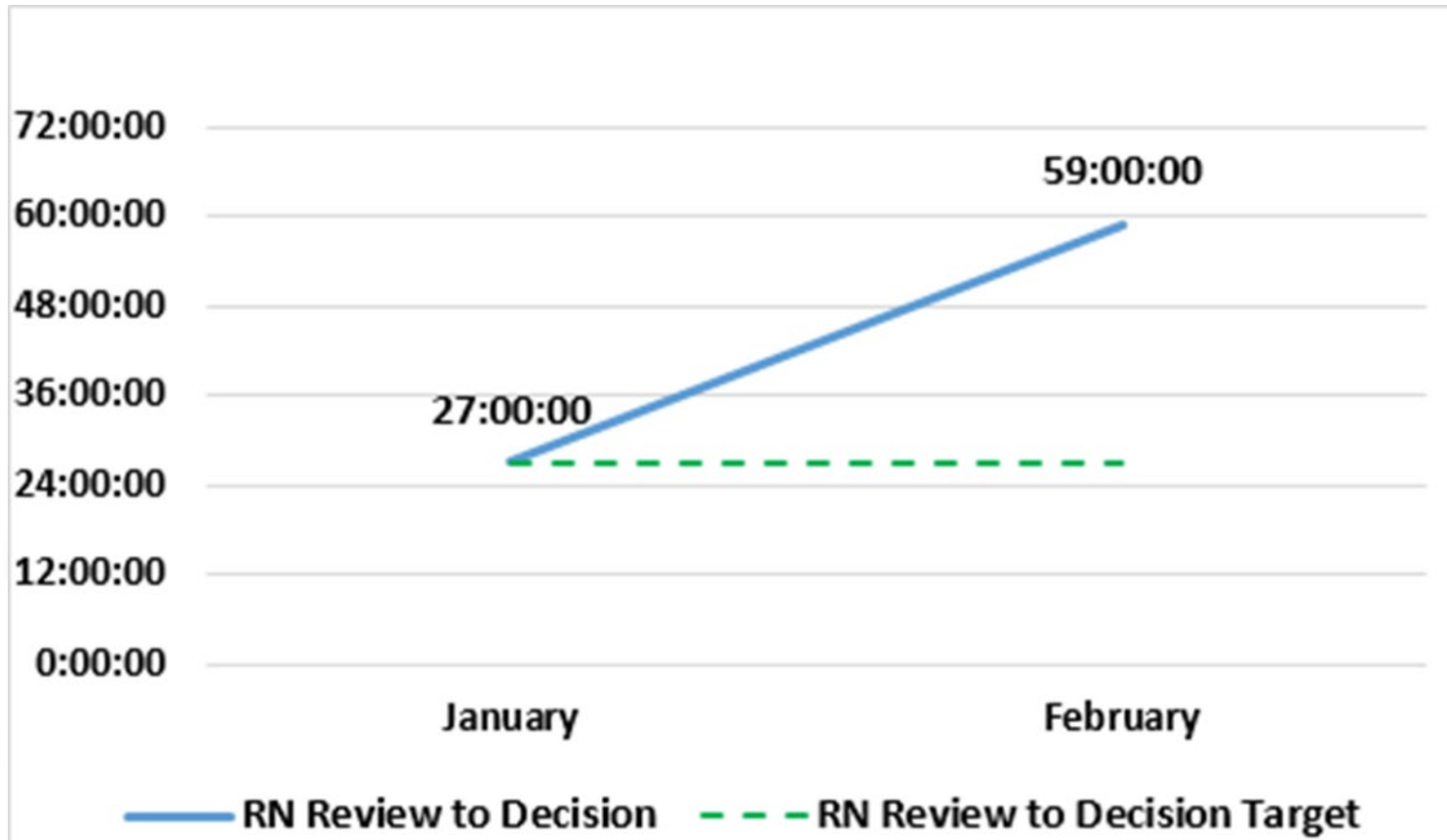


- Participate in data collection
- Document accurately
- Engage in case reviews
- Identify areas of program that we do not have data to say how we are really doing
- Avoid assumptions
- Participate in data review with your QA team



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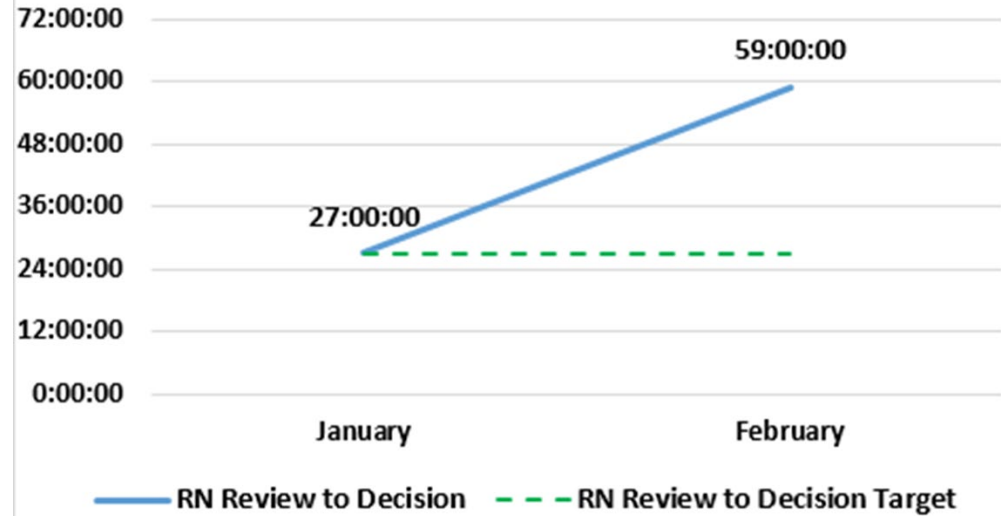
Data



Context



Information



New staff hired in January

Team is changing process of who does the screening

Process change is expected to lead to some disruption

Staff learning curve can lead to slowness/temporary in-efficiency

Decision

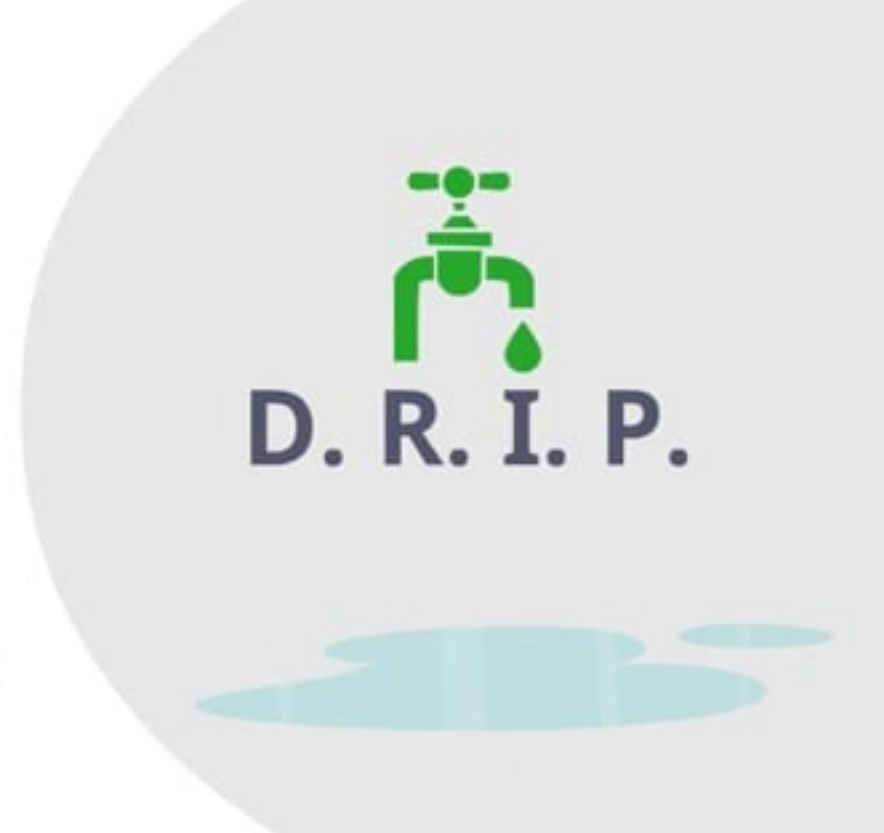
No intervention required at this time – explainable and understandable deviation from baseline
Continue to monitor



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What is D.R.I.P?



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		Metric	Value	Target	January	February	March	April	May	June	July	August
Pre-Transplant	Process	Eval Action Compliance 30d	N	N/A	97	111	104	104	105	91	2	0
			%	75%	0%	50%	69%	52%	61%	95%	0%	
		Number of Listings	N	N/A	31	46	54	51	28	0	6	17
		Consent KDPI > 85%	%	75%	55%	48%	59%	63%	54%		50%	65%
		Cardiac Risk Protocol	%	100%	55%	39%	41%	55%	50%		17%	47%
	Pre-emptive	%	N/A	26%	65%	35%	14%	39%		50%	41%	
	Pre-emptive Protocol	%	100%	75%	87%	74%	86%	100%		67%	100%	
	Number of Reactivations	N	N/A	0	0	0	0	0	0	0	0	0
	Documentation Compliance	%	100%									
	Outcome	Number of Evaluations	N	N/A	107	132	110	97	111	104	104	105
% Decision within 120d		%	60%	37%	36%	42%	39%	41%	36%	25%	26%	
% of WL Status 7		%	40%	59.1%	58.4%	57.4%	62.5%	56.3%	61.1%	64.3%		
SRTR - Transplant Rate		Rate	20.7	26.70								

		Metric	Value	Target	January	February	March	April	May	June	July	August
Transplant	Process	Number of Transplants	DD		25	43	48	42	35	38	37	10
			LD		3	2	1	0	5	0	0	0
		ICU LOS	Median	1	2	1	2	1	2	2	2	
		Total Post-Transplant LOS DD	Median	5	7.0	7.0	5.0	5.0	6.0	6.0	5.5	8.0
		Total Post-Transplant LOS LD	Median	3	4.5	4.0	3.0		3.0			
	Induction Protocol Deviation	N	N/A	0	0	0	0	0	0	0	0	0
	Pre/Post Handoff Action	%	100%	11%	33%	57%	38%	78%	61%	14%	10%	
	Stent Protocol Placement	%	100%	100%	100%	67%	100%	100%		67%		
	Outcome	Unplanned Return to OR	%	30%	11%	2%	6%	2%	8%	5%	8%	0%
		DGF	%	30%	36%	44%	45%	55%	50%	45%	46%	30%

		Metric	Value	Target	January	February	March	April	May	June	July	August
355	Process	Monthly Number of Discharges	N	N/A	28	41	46	48	29	49	38	8
		Discharge Encounter Handoff	%	100%	79%	93%	80%	88%	90%	45%	29%	25%
	Stent Protocol End	N	N/A	0	2	6	3	1	2	0	6	
		%	100%		100%	100%	33%	100%	100%		100%	
	PHSIR Follow Up (1 month)	N	N/A	0	6	17	13	19	10	23	12	
		%	100%		33%	41%	31%	53%	80%	65%	17%	



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0	0	0	0	0	0	0
100%	100%	100%	100%	100%	100%	100%
5	1	9	4	2	6	34
0	0	0	0	0	0	0
100%	100%	100%	100%	100%	100%	100%
5	1	9	4	2	6	27
0	0	0	0	0	0	0
100%	100%	100%	100%	100%	100%	100%
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0	0	0	0	0	0	0
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0	0	0	0	0	0	0
100%	100%	100%	100%	100%	100%	100%
5	1	9	4	2	6	34
0	0	0	0	0	0	0
100%	100%	100%	100%	100%	100%	100%



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Performance Measures & Performance Improvement

Reason for Performance Measure	Improvement Plan Status
Determining baseline	Conceptually committed to improvement work if baseline not satisfactory
Monitoring effect of change for improvement	Suggests a documented improvement strategy is actively in progress – PDSA cycles
Assessing sustained improvement	Retired improvement project/moved to monitoring phase



Terminology

Quality Assurance

- Relates to monitoring & compliance
- Reactive - works on problems after they occur
- Led by management
- It GUARANTEES quality
- Asks if standards were met?
- Are deficiencies corrected?

Quality Improvement

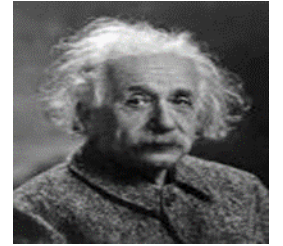
- Relates to learning and improvement
- Proactive – works on processes before problems occur
- Relies on measurement
- Data-driven decisions
- Led by staff – team effort
- Continuous
- Errors seen as opportunities for learning



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Doing the same thing over and over and over again and expecting a different result is the definition of insanity.



Improvement can
only occur through
change

Not every change is
an improvement



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Quality Improvement

A comprehensive approach to ensuring high quality care

- Full spectrum of living donation

Objective and proactive approach to improving the quality of care and services provided to patients

- Data driven

Identifies opportunities for improvement

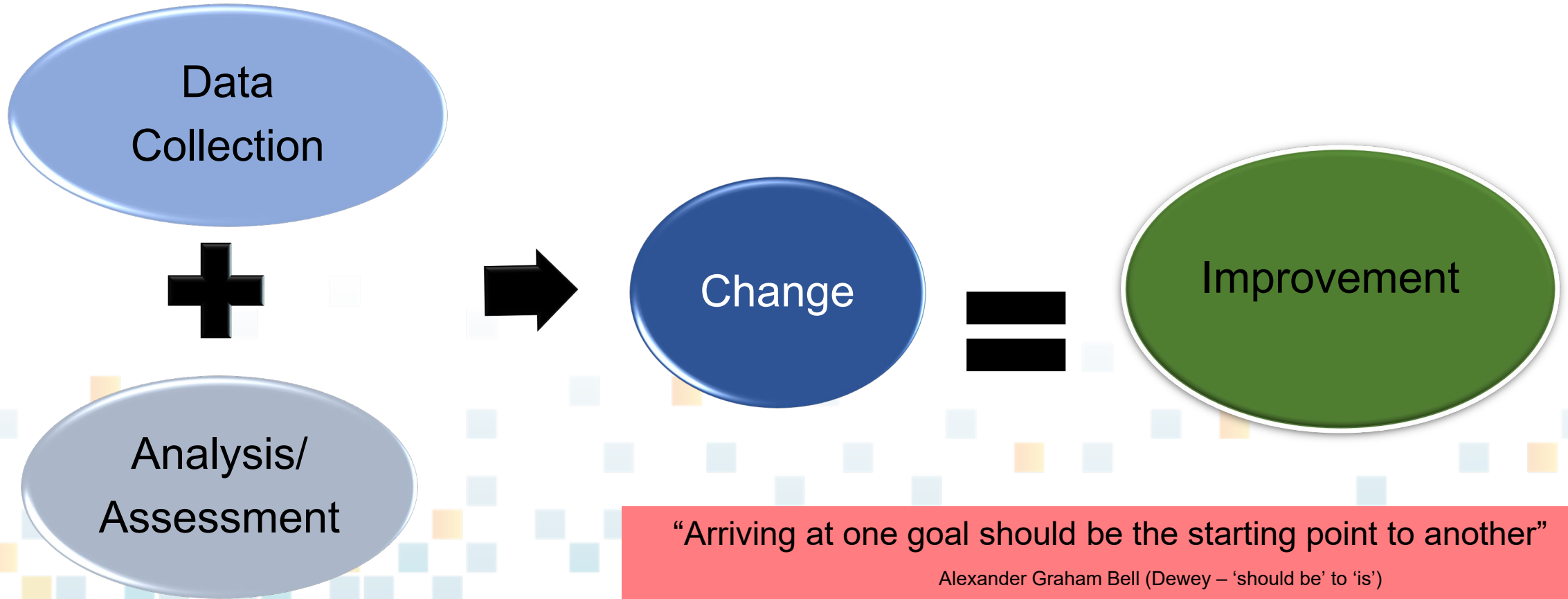
- Addresses gaps in systems or processes

Develops or implements an improvement or corrective plan

Continuously monitors effectiveness of interventions



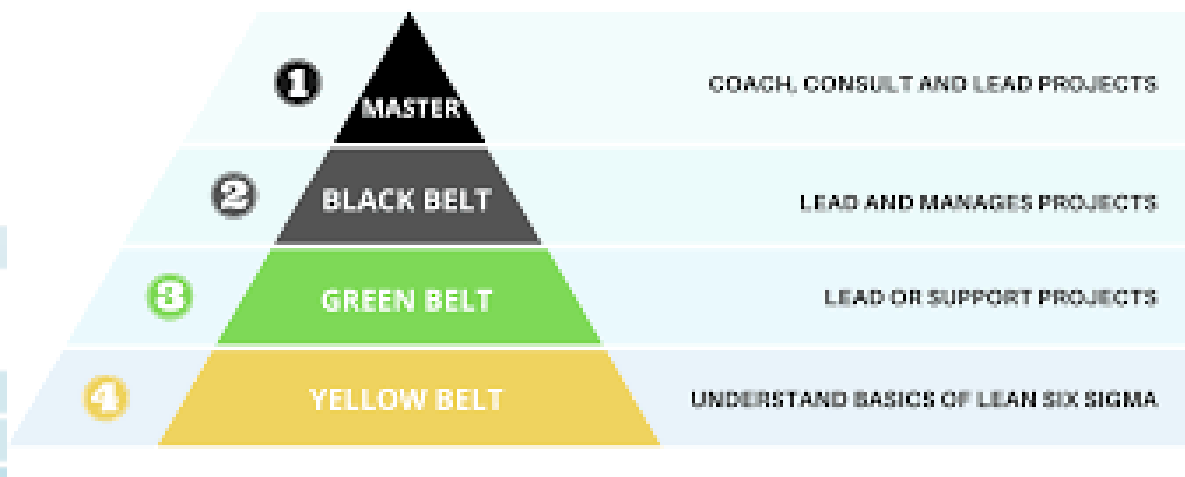
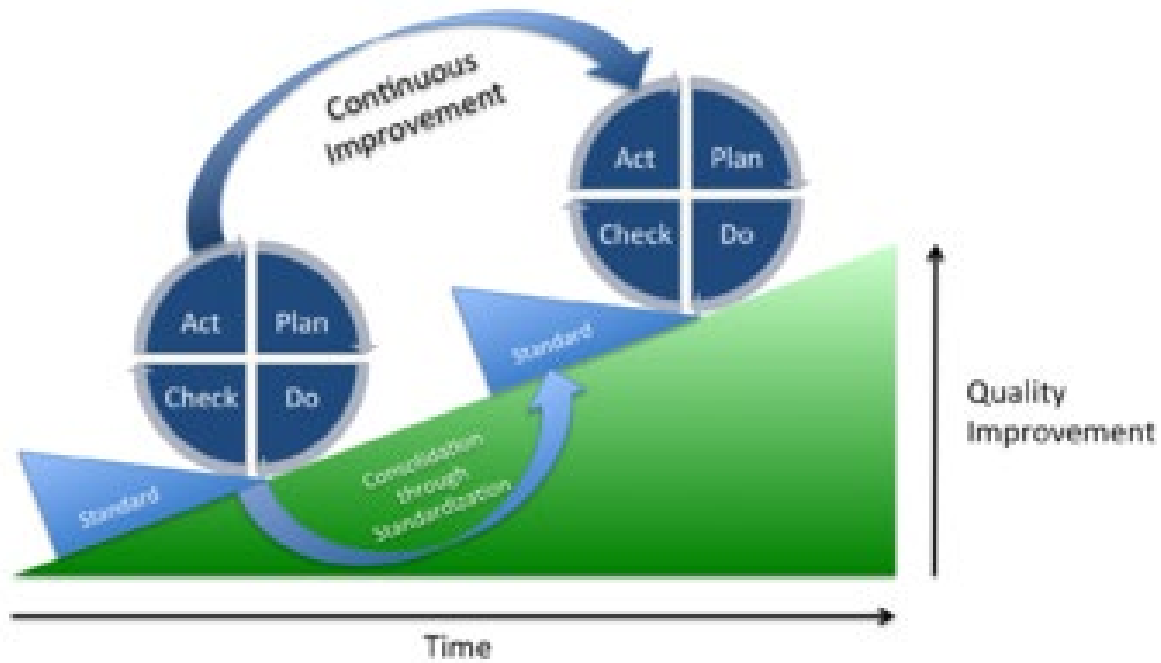
Cycle of Continuous Improvement



“Arriving at one goal should be the starting point to another”

Alexander Graham Bell (Dewey – ‘should be’ to ‘is’)





QAPI Structure for Living Donation

Transplant separate QAPI from Hospital

- Living donation may be part of kidney or liver QAPI committee
- Living donation may be part of the transplant center QAPI Committee
- Living donation may be separate QAPI Committee

Transplant included in Hospital QAPI

- Living donation should be specifically identified

Separate living donor QAPI committee is not required

- May be necessary

Determined by

- Size (number of organ transplant programs)
- Transplant center or institute model
- Quality organizational structure of your hospital



Quality Committee Membership



Multidisciplinary

- Physician
- Surgeon
- Independent Living Donor Advocate
- Living Donor Coordinator
- Social Worker
- Pharmacist
- Dietitian
- Support Staff

Ancillary Areas

- Histocompatibility Lab
- Nursing Unit
- Risk Manager
- Quality staff
- OR staff

Ad Hoc Membership



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Your Role in LD QAPI

- Be engaged
- Attend QAPI mtgs
- Contribute to discussions
- Participate in data collection
- Create information from the data
- Participate and contribute to efforts to identify areas for improvements
- Participate in the improvement team
- Be informed
- Review OPTN LD policy
- Read peer review journal articles on LD
- Engage with community peers
- Seek feedback from donors



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