

Transplant Resource Guide

The Transplant Resource Guide (TRG) and the supporting tools provide strategies, concepts and resources to enhance transplant program quality and value in our dynamic environment. The TRG, developed by The Alliance, is a road map incorporating best practices for developing and sustaining high quality, patient-centered excellence in transplantation and collaboration with the donation partners. Included are strategies, change concepts and actions intended to enhance the infrastructure and operations of all transplant programs. In addition, a robust selection of resources, templates, and worksheets are available online at <https://organdonationalliance.org/transplant-resource-guide-tools/>.

1. Strategy: Institutional Vision and Commitment

Recognize that transplant is unique from other health services. Hospital leadership demonstrates a commitment to making transplantation an institutional priority and to assure adequate organizational resources to develop a successful program.

2. Strategy: Dedicated Team

Build a dedicated team by creating a collaborative and rewarding work environment that attracts, retains, and is supported by highly-skilled, dynamic, and committed transplant professionals.

3. Strategy: Clinical Operations

Maximize clinical opportunities and outcomes by optimizing transplant operations in all aspects of the care continuum.

4. Strategy: Patient Centered Care

Organize care around the diverse needs of patients and families.

5. Strategy: Financial Intelligence

Achieve transplant program financial strength through a detailed understanding of program finances, sound financial management, and excellent payer relations.

6. Strategy: Quality Assurance & Performance Improvement

Optimize transplant program performance through the development and implementation of a data-driven quality program.

7. Strategy: Transplant Hospital Relationships with Donation Partners

Establish relationships with donation partners (e.g., OPO, Eye Bank, Tissue Bank, State Registries), and other organizations involved with donation within the DSA that reflect a collaborative, cohesive culture to support organ and tissue donation as a joint strategic priority.

1. Strategy: Institutional Vision and Commitment

Recognize that transplant is unique from other health services. Hospital leadership demonstrates a commitment to making transplantation an institutional priority and to assure adequate organizational resources to develop a successful program.

1.1 Establish transplant as a strategic priority.	
1.1.a	Establish single or multi-organ transplant programs as a service that unifies the business, clinical, and research aspects of organ transplantation.
1.1.b	Develop a leadership DYAD with physician/surgeon and transplant administrator.
1.1.c	Develop and implement a strategic plan. Develop a strategic plan based upon the analysis of yearly specific action plans, goals and objectives to track and report planned activities.
1.1.d	Identify and commit resources needed to successfully sustain and grow the transplant program. <ul style="list-style-type: none">• Develop accurate reliable metrics to proactively identify and support resource request (e.g., human resources, technology, space).• Align resource commitment with the overall contribution of the program to the institution as well as support the requisite effort required to sustain a healthy program, not simply tied to transplant volume.• Demonstrate the clinical, economic, and non-monetary benefits of transplant to the overall organization and the community.
1.1.e	Create a regular forum for open communications, joint decision making, and the involvement of the multidisciplinary team when setting priorities.
1.1.f	Share program updates regularly with senior leadership. <ul style="list-style-type: none">• Develop an at a glance dashboard to review key metrics with senior leadership.<ul style="list-style-type: none">• Clinical outcomes, operational efficiencies, resources allocations, financial performance, etc.

1.2 Commit to a robust plan to recruit, develop, and retain leadership talent	
1.2.a	Recruit, develop, and retain administrative and physician leadership.
1.2.b	Encourage participation in local and national transplant communities, on OPTN committees, and with other professional transplant organizations.
1.2.c	Develop a leadership succession plan.
1.3 Support a pro-donation culture throughout the institution	<i>Transplant leadership engages hospital senior leadership to create a pro-donation culture.</i>
1.4 Gain hospital senior leadership commitment to prioritizing the needs of transplant patients in all operational areas of the hospital (e.g. OR availability, availability of testing, ICU and unit bed availability)	<i>Commit to prioritizing transplant patients' needs throughout the continuum of care.</i>
1.4.a	Secure recognition of and resource commitment from hospital senior leadership that transplant candidates, recipients, and living donors require a wide scope of health care services beyond the transplant or donation event.
1.4.b	Establish a commitment to fulfill the needs of transplant candidates, recipients and living donors by making available a wide spectrum of services through the transplant continuum.
1.4.c	Key hospital departments must support patient care needs through all phases of transplant.

2. Strategy: Dedicated Team <i>Build a dedicated team by creating a collaborative and rewarding work environment that attracts, retains, and is supported by highly-skilled, dynamic, and committed transplant professionals.</i>	
2.1 Organize around and empower a multidisciplinary team	<i>Organize around and empower a multidisciplinary team of committed professionals who are aligned with the institution's vision of building and growing the transplant program.</i>
2.1.a	Review and revise documents that outline roles and responsibilities of transplant team members to align with program policies, structure, and needs.
2.1.b	Align multi-disciplinary team members with the mission and vision.
2.2 Identify OPTN key positions and develop a succession plan	<i>Identify OPTN key positions and develop a succession plan for each key position within the transplant center and in each transplant program.</i> <ul style="list-style-type: none"> • OPTN Bylaws
2.3 Recruit, train and retain specialized, transplant-dedicated staff	<i>Recruit, train and retain specialized, transplant-dedicated staff by obtaining institutional level support for dedicated staff.</i>
2.3.a	Recruit and retain highly skilled staff for transplant program. Recruit and retain highly skilled and accountable staff (e.g., transplant coordinators, financial coordinators, social workers, pharmacists, dietitians, quality professionals, data coordinator, etc.) who can support the needs of the transplant program.
2.3.b	Recruit experienced and high performing surgeons and physicians. Recruit experienced and high performing surgeons and physicians who have a passion for, commitment to, and focus on improving access to transplantation.
2.3.c	Secure allocation of a proportion of time for non-exclusive transplant physician and staff. Allocate a proportion of non-exclusive transplant team members' time to general transplant or to a particular organ-specific transplant program.

2.3.d	<p>Provide a comprehensive onboarding curriculum, orientation, and mentorship for new transplant staff.</p> <p>Have transplant staff visit the OPO, to see its operation and to gain some degree of understanding as to the purview of the OPO, how organs are allocated, and some of the difficult logistical issues faced by OPOs in performing their mission.</p>
2.3.e	<p>Educate transplant center staff about innovations in transplant.</p> <p>Educate transplant center staff about innovations in transplant with regular staff meetings, annual retreats, webinars, journal clubs, and other venues.</p>
2.3.f	<p>Ensure the attendance and participation of transplant staff at regional and national meetings.</p> <p>Allow staff to attend regional and national meetings to increase staff knowledge. If unable to send staff to transplant meetings, provide more cost-effective means of involvement on a regional and national level through live webinar interaction.</p>
2.3.g	<p>Provide transplant specific orientation for new staff.</p> <p>Educate other areas in the hospital that come into contact with transplant patients such as PACU, ICU, step-down unit, ED, acute care floors, dietary services, etc.</p>
2.3.h	<p>Implement strategies to engage and retain employees.</p> <ul style="list-style-type: none"> • Promote opportunities for professional growth and development. • Conduct regular market analysis of key positions to ensure competitiveness with local and regional transplant programs. • Explore innovative staffing plans. • Encourage and support innovative ideas. • Evaluate staff work-life balance on regular basis.
2.3.i	<p>Assess staff competency initially and on an ongoing basis.</p>
<p>3. Strategy: Clinical Operations</p> <p><i>Maximize clinical opportunities and outcomes by optimizing transplant operations in all aspects of the care continuum.</i></p>	
3.1 Build and maintain clinical impactful relationships	

3.1.a	Develop and maintain relationships with the referring community. <ul style="list-style-type: none"> • Create systems of co-management of transplant candidates and recipients to ensure seamless coordination of care and excellent outcomes. • Assess referral physicians’ needs and satisfaction on an ongoing basis.
3.1.b	Educate community providers on indications for transplant and outcomes.
3.2 Promote living donation	<i>Promote living donation as an option utilizing consensus conference recommendations (document housed on website).</i>
3.2.a	Hire staff with dedicated effort and expertise in living donation (see Strategy 2.3).
3.2.b	Continued reinforcement about the importance of living donation.
3.2.c	Efforts to optimize the donor experience, e.g. limiting cost burden, responsive communication, recognition efforts, etc.
3.2.d	Participate in paired donation programs.
3.3 Optimize the efficiency of candidate evaluations	<i>Develop processes by which candidate evaluation and wait list management results in a high percentage of candidates in active status and a high percentage ultimately transplanted.</i>
3.3.a	Develop evidence-based evaluation protocols.
3.3.b	Ensure indications and contra-indications are evidence-based.
3.3.c	Evaluate hospital and transplant program resources to align with growth.
3.3.d	Review candidate selection and wait-listing data.
3.3.e	Monitor status of open evaluations.
3.3.f	Develop processes/criteria for evaluation closure and re-evaluation.

3.4 Optimize the efficiency of waitlist management	<i>Align waitlist management with organ allocation policies and practices to minimize candidate related organ declines.</i>
3.4.a	Develop a center specific strategy for maintaining patient readiness for organ offers.
3.4.b	Reassess patients for the continual candidacy for transplant.
3.4.c	Align patient specific organ acceptance criteria to optimize appropriate patient/organ donor matching (e.g. PHS high risk, high KDPI, Hep C, HIV, etc.).
3.5 Optimize program specific organ acceptance	
3.5.a	Regularly review center and candidate specific organ acceptance criteria.
3.5.b	Review organ offers on a regular basis and identify opportunities for improvement (refer to Strategy 7.5.a).

4. Strategy: Patient Centered Care	
<i>Organize care around the diverse needs of patients and families.</i>	
4.1 Remove any barriers that prevent patient access to transplant programs	
4.1.a	Initial contact with program should provide the patient with appointment options.
4.1.b	Manage evaluation processes and access to appointments in a manner that expedites the patient’s request and is of convenience to them (see Strategy 3.3).
4.1.c	Identify and address cultural, geographic, or communication barriers.
4.1.d	Discuss finance/insurance issues early in the evaluation process.
4.1.e	Include the voices of the patients and the families in transplant program planning and evaluation procedures. <ul style="list-style-type: none"> • Individualized care • Families know the patient best and contribution is critical • Partnership is key to care and best possible outcomes
4.2 Develop a comprehensive, multidisciplinary plan to address patient needs	<i>Develop a comprehensive plan that addresses the multidisciplinary scope of patient needs, both in the pre-transplant period and over the long term post-transplant period. This comprehensive plan would be specific to the expertise of the transplant center system, in addition to addressing the specific needs and requests of the patients and referring physicians.</i>
4.2.a	Develop end-stage disease care programs. Develop end-stage disease care programs (e.g., advanced heart failure, VAD, digestive disease center) to feed transplant services as part of end-stage disease care.

4.3 Empower patients and families to be involved in patient care	
4.3.a	Involve patients and families in shared decision making processes. <ul style="list-style-type: none"> • Understand and respect each family’s unique needs and preferences
4.2.b	Ensure the informed consent meets the patient’s (and or their legal decision maker’s) needs: <ul style="list-style-type: none"> • Ensures the informed consent is addressed as a process, and not simply as another form to be filled out. • Provide ample of opportunities for the patient and the family to ask questions. • Ensure consent forms and education materials are written at a 5-6 grade level and in “non-medical” language.
4.2.c	Empower patients and families in self-care
4.2.d	Provide patients and authorized representatives with access to medical records at the transplant center and remotely
4.2.e	Meet the patient and their family’s educational needs. <ul style="list-style-type: none"> • Provide patients and families with recommendations and education for health maintenance and improvement • Provide the appropriate education and training to caregivers • Have readily available a variety of educational tools
4.2.j	Facilitate support activities (e.g., support groups that address the needs of patients and caregivers)

5. Strategy: Financial Intelligence

Achieve transplant program financial strength through a detailed understanding of program finances, sound financial management, and excellent payer relations.

5.1 Track and understand program finances, performance, volume, and reimbursement mechanisms

5.1.a

Develop and implement a strategy to identify the most efficient processes to ensure stable program costs.

- Utilize resources such as benchmarking with UNOS staffing survey and industry standards
- Regular review of patient management, protocols, including diagnostic and consultation, to align with evidence-based practices

5.1.b

Establish a mechanism to allocate and track costs per organ and phase of transplant in accordance with regulatory guidelines including living donor costs.

- Optimize charge capture
- Establish separate cost centers to track each organ

5.1.c

Optimize Medicare cost-reimbursement in accordance with regulatory guidelines including living donor services.

- Ensure the cost report is accurately represented as program revenue
- Regularly meet with cost report staff
- Educate the staff and physicians on the importance of time studies to support cost reporting

5.1.d

Understand and leverage the downstream impact of transplant services both within the department, within the hospital and in the outside community.

- Identify and flag all transplant patients to account for downstream revenue (contribution)

<p>5.1.e</p>	<p>Develop bi-directional collaboration between business and clinical aspects of the transplant program to optimize financial health and prevent silos.</p> <ul style="list-style-type: none"> • Conduct transplant program finance reviews • Conduct transplant program finance meetings to include members of the transplant team and special billing and contracting to review problems and to develop strategies that optimize the financial performance of the program despite challenges • Build relationships between teams to ensure open information sharing and open lines of communication • Integrate expertise in transplant financial management in all phases of transplant; including patient financial counseling, accounts payable, billing and accounts receivable, contracting, and program cost reporting
<p>5.1.f</p>	<p>Monitor and adapt to changes in Federal and State funding programs. Utilize data models to assess impact and effects of changes to programs.</p> <ul style="list-style-type: none"> • Work with Decision Support to identify cases and review reimbursement vs. expected reimbursement to identify gaps

5.2 Negotiate payer contracts with awareness of program strategy, finances, and strengths	
5.2.a	<p>Integrate expert financial manager within the transplant team to lead with the transplant contracting manager/director.</p> <ul style="list-style-type: none"> • Have a dedicated financial coordinator for the transplant program • Work collaboratively with the transplant contracting manager/director • Highly recommend separate contract language for the transplant program • Be aware of and seek access to centers of excellence networks
5.2.b	<p>Make sure clinical and administrative representatives from transplant are actively involved in the contracting process.</p> <p>Make sure clinical and administrative representatives from transplant are actively involved in the contracting process. Establish routine meetings with contracting and transplant program to ensure updates to contracts include new innovations or treatments. Ensure that each agreement meets the needs of the program and the target patient set. (Consider that one size does not always fit all for agreements.)</p> <ul style="list-style-type: none"> • Transplant program actively involved in negotiation process • Meet with contracting manager prior to contract renewals to review and make suggested updates per program
5.2.c	<p>Monitor and adapt to shifts in payer mix and methodology by creating an active Contracts List with modeling.</p> <ul style="list-style-type: none"> • Diversify payer mix • Monitor payer mix • Monitor policies and coverage changes

5.2.d	<p>Leverage program strengths.</p> <p>Leverage program strengths (e.g., quality outcomes, ability to take on tough cases, transparent pricing, only transplant center in region) and involve transplant when negotiating payer contracts.</p> <ul style="list-style-type: none"> • Emphasize program strengths • Educate payers • Complete annual standardized RFI and any other payer – specific surveys
5.3 Develop and maintain constructive, mutually beneficial payer relationships.	
5.3.a	<p>Establish a culture that portrays relationships with payers as a partnership. Building these relationships will help to ensure more timely and accurate reimbursements.</p> <ul style="list-style-type: none"> • Play fair • Provide predictable pricing • Communicate openly on a regular basis
5.3.b	<p>Ensure payers are aware of new programs, new advances, and practices on the financial side of the transplant program (e.g., Health Plan site visit).</p> <ul style="list-style-type: none"> • Clinical staff provide contracting manager with new clinical practices in real time • Clinical staff participate in site visits to discuss new practices and innovations
5.3.c	<p>Take advantage of opportunities for clinical staff to provide policy development, peer review, and educational opportunities to payers.</p> <ul style="list-style-type: none"> • Invite payers to transplant symposiums • Invite payers to webinars

5.4 Provide educational financial guidance and counseling to assist patients	<i>Provide educational guidance and counseling to assist patients in handling the financial matters related to transplant, and offer assistance with financing their transplant services within the scope of practice.</i>
5.4.a	Help patients identify ways to fill gaps in their insurance coverage. <ul style="list-style-type: none"> • Identifying solutions where switching health plans is appropriate and feasible • Assist patient in securing coverage when they do not have any • Assist in securing additional coverage • Assist in referrals to Medicare/Medicaid
5.4.b	Actively follow changes in regulatory programs to better plan and educate patients. <ul style="list-style-type: none"> • Review current Federal and State programs for changes • Meet with contracting manager to review any changes in transplant contracts • Become members of the Transplant Financial Coordinators Association and Listserv to receive updated educational materials and hear changes in policies
5.4.c	Act as a liaison between patients and the hospital billing department in billing matters. <ul style="list-style-type: none"> • Assist patients with billing issues and concerns • Ensure patient has access to any qualifying charity care for co-pays and out of pocket expenses
5.4.d	Ensure your financial coordinators have adequate educational opportunities as with clinical staff. <ul style="list-style-type: none"> • Financial coordinator is a critical member of the transplant team • Provide educational training annually
5.4.e	Ensure patient has appropriate authorizations and maximum coverage for care. <ul style="list-style-type: none"> • Approvals in place for all services • Ensure patients is at the transplant facility contracted with their payer • Ensure the hospital and physicians get adequate and appropriate reimbursement • Ensure post-transplant care is covered including transplant medications • Assist with Letters of Agreement as needed

6. Strategy: Performance Improvement	
<i>Optimize transplant program performance through the development and implementation of a data-driven quality program.</i>	
6.1 Implement protocol-driven, standardized healthcare	
6.1.a	Perform regular reviews of transplant center data. Perform regular reviews of transplant center data. Include hospital leadership (e.g., CEO, COO, CFO, CMO, medical school dean) in these reviews. Develop a monthly, "at a glance" dashboard (i.e., a simple view into the data and a year-end report that includes comprehensive metrics on clinical outcomes, operational efficiency, and patient satisfaction).
6.1.b	Establish "Transplant Quality Council". Establish a "Transplant Quality Council" that meets regularly for all programs. Members should not only include the medical directors, surgical directors, and administration representatives of the transplant programs; additional members should also include directors and senior administration of related disciplines (e.g., pharmacy, nutrition). This "Transplant Quality Council" would address issues like process improvement, best practices, regulatory compliance, and monthly dashboards for each program. Use objective metrics so they can be easily acted upon.
6.1.c	Work to develop, maintain and adhere to current, evidence-based protocols. To improve patient outcomes and overall value, work to develop, maintain and adhere to current, evidence-based protocols for pre-transplant care, organ procurement, peri-transplant care, and plant care.
6.1.d	Evaluate the success of collaboration with referring/managing community physicians. Evaluate the success of collaboration with referring physicians within the community on development and utilization of protocols for transplant patient care.
6.1.e	Measure patient adherence with transplant prescribed care.

6.2 Implement data-driven, continual quality improvement	
6.2.a	Obtain buy-in from senior hospital and transplant leadership for quality improvement.
6.2.b	Establish a quality improvement committee that is responsible for reviewing and monitoring the transplant program's performance.
6.2.c	<p>Establish organ and transplant phase specific clinical, financial, and operational outcome and process measures.</p> <p>Establish organ and transplant phase specific clinical, financial, and operational outcome and process measures against which performance is measured and accountability is established.</p>
6.2.d	<p>Identify benchmarks where available or establish internal goals to measure performance.</p> <p>Consider participation in national or international organ-specific registries that support quality initiatives. Examples include Studies in Pediatric Liver Transplantation (SPLIT), North American Pediatric Renal Trials and Collaborative Studies (NAPRTCS).</p>
6.2.e	Engage staff members in quality improvement reviews and initiatives.
6.2.f	Disseminate comprehensible program performance data to transplant teams and stakeholders.
6.2.g	Implement measures to assess data integrity.
6.2.h	Implement regulatory compliance management.
6.2.i	<p>Review and monitor data reflective of transplant outcomes.</p> <p>Review and monitor data reflective of transplant outcomes in order to assess the safety and effectiveness of newly implemented practices (e.g., use of marginal organs).</p>

6.2.j	Establish periodic policy revisions and re-education of staff that are based on the results of collected audits.
6.3 Ensure consistent, complete and accurate data on all submitted OPTN forms	
6.3.a	Ensure all data entered into the UNet® system, including DonorNet® and TIEDI® are complete and accurate, e.g., data entered on the Transplant Candidate Registration (TCR), Transplant Recipient Registration (TRR), and the Transplant Recipient Follow up forms.
6.3.b	Ensure all data has adequate source documentation in the institutional medical record.
6.3.c	Complete regular documentation of functional status (Karnofsky) physical capacity, laboratory values, and supporting testing results.
7. Strategy: Transplant Hospital Relationships with Donation Partners	
<i>Establish relationships with donation partners (e.g., OPO, Eye Bank, Tissue Bank, State Registries), and other organizations involved with donation within the DSA that reflect a collaborative, cohesive culture to support organ and tissue donation as a joint strategic priority.</i>	
7.1 Create a relationship between hospitals and donation partners where collaboration and cooperation is made a priority	
7.1.a	<p>Participate in regular meetings between senior hospital administration, transplant administration, and senior donation partner leadership.</p> <p>Participate in regular meeting between senior hospital administration (e.g. CEO, COO), transplant administration, and senior donation partner leadership. Address strategic plans of hospitals related to donation and transplantation.</p> <p>Chief Medical Officer (CMO) or equivalent of the donation partner should have access and meet with the CMO of the donation hospital. If there are MD issues on the donation hospital side, then CMO to CMO communication might be the first way to deal with the problem/issue.</p>

7.1.b	Participate in regular meetings between transplant administration and donation partner operations managers.
7.1.c	Ensure transplant participation as members of the hospital Organ Donor Council. As members of the hospital Organ Donor Council obtain donation data including organ, tissue and eye referrals and donations to disseminate throughout the transplant program.
7.1.d	Ensure that current contracts between the hospital and the donation partners are up-to-date. Ensure that current contracts between the hospital and the donation partners are up-to-date and reflective of actual practice, reviewed by the legal department, and signed
7.2 Be responsible for results and share transplant outcome information with donation partners for the purpose of performance improvement	
7.2.a	Provide selected dashboard information to donation partners. Provide selected dashboard information to donation partners (e.g., year-end report with volumes, patient data, and graft survival data). Obtain quarterly and year-end reports from donation partners with referral data, number of donors, conversion rates and Organs Transplanted Per Donor (OTPD) / Observed : Expected (O:E).
7.2.b	Consider donation partners as appropriate in donation/transplant related PI projects.
7.3 Ensure donation partner staff are provided with tools for success	
7.3.a	<ul style="list-style-type: none"> • Provide hospital ID badges that allow access to closed areas (e.g. ICU, OR) • Provide on-site and remote access to electronic medical records • Provide office space, computer, and telephone for the donation partners as needed

7.3.b	<p>Transplant program will provide orientation and ongoing education to OPO staff about transplantation.</p> <p>Have donation partners visit the transplant program, to understand how candidates are evaluated and selected for transplantation and to have an understanding of transplant success.</p>
7.4 Facilitate the identification of donation champions within the hospital	<p><i>Transplant hospital will facilitate the identification of a donation champion to serve as liaison between the donation partners and the hospital.</i></p>
7.5 Cultivate an open relationship and dialogue between transplant surgeons/physicians and donation partner medical directors	
7.5.a	<ul style="list-style-type: none"> • Use appropriate organ decline/refusal codes • Conduct periodic review analysis/review of the organ offer outcome report provided by the OPTN • Hold routine organ turn-down conference/review calls • Invite donation partners to attend transplant center “organ turn-down” conferences/review calls, so that donation partner can understand why a particular organ was not used. Ideally, these conferences/review calls should be held recent to the organ offer • Establish organ acceptance criteria that are evidenced based and modify those as the evidence changes
7.6 Transplant program support the OPOs Donor Family Services department	
7.6.a	<ul style="list-style-type: none"> • Transplant program in partnership with their donation partners encourage and facilitate transplant-donor family communication • Respond timely to OPO’s request of recipient outcomes • Encourage transplant recipients to acknowledge the gift of life