

Challenges—Top 8

During 17 peer visits of 14 transplant centers in 2007, members of the peer visit team and UNOS Staff identified the top 8 challenges transplant centers face. We've listed those challenges along with recommendations on how to address them.

1. Multidisciplinary Approach

- Be sure to include the entire medical team (nephrologists, hepatologists, cardiologists, pulmonologists) in addition to surgeons during discussions involving candidate selection, post transplant management, protocol development and review, and quality improvement initiatives.
- Implement a multidisciplinary approach to all facets of transplant patient care including inpatient rounds, selection committee meetings, clinics.
- Involve OPO representatives when discussing criteria for organ acceptance, codifying processes for organ refusal review and validation.

2. Consistent Communication

- Identify processes for improving communication, particularly when nursing and/or support staff are physically separated from physicians and surgeons.
- Develop protocols for candidate selection and recipient management.
- Develop protocols, processes, for post-transplant management when care is shared collaboratively with community physicians.

3. Training & Education

- Increase hospital administration's knowledge of transplantation, including special nuances related to transplant services.
- Routinely report transplant program successes, challenges, and performance measures.
- Implement routine education for intensivists, ICU and floor/step-down unit nursing staff.
- Program administrator should be active in the transplant community and engage in continuing education including attending the Transplant Management Forum and Regional Meetings.
- Ensure anesthesiologists and nurse anesthetists are adequately trained in transplant-specific issues, including DCD procedures.
- Support continuing education efforts for MD and clinical staff, including participation in professional organizations and relevant conferences.

4. Marketing Development, Growth

- Develop and market transplant program, including showcases on website and outreach activities.
- Increase/improve internal awareness of transplantation services available within the facility.

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5. Staffing Levels

- Physician staffing levels should allow surgical and medical disciplines to focus on transplant services and activities, particularly program directors. Identify a surgical/medical champion to drive the transplant program.
- Ensure adequate clinical coordinator staffing support for pre- and post-transplant functions.
- Cross train social workers, psychologists, pharmacist, financial counselors and data coordinators (any responsibility that falls to a single individual) to ensure consistent and adequate coverage.

6. Oversight

- Identify leadership for the transplant program and how they report to hospital administration. All transplant personnel, including ancillary support services, should understand the structure.
- Engage hospital administration in programmatic oversight through routine meetings with program leadership, focusing on performance and improvement efforts.
- Make sure transplant program administrator is dedicated to transplant with no responsibilities outside of transplant program oversight.

7. Performance, QAPI

- Conduct regular meetings with hospital administration and transplant program personnel to review productivity, performance, strategic planning, and ongoing concerns or deficiencies.
- Implement and/or utilize a transplant database to assist in trend analysis and continuous quality improvement.
- Invite OPO and HLA lab representatives to participate in routine meetings.
- Formalize quality assurance, process improvement processes, including formal multidisciplinary meetings.
- Identify metrics for measuring program performance, goals, and benchmarks.

8. Dedicated Specialists

- Formalize involvement of all specialists in transplant services, including selection meetings, quality improvement, protocol development, and M&M meetings.
- Dedicate infectious disease specialists with knowledge of and interest in transplantation to the program.
- Involve transplant anesthesiologists in quality improvement and M&M conferences.