2020 TMF Abstracts

Category 4-Strategy & Marketing

ABSTRACT C4-A

HOW WE HAVE INCREASED OUR PANCREAS TRANSPLANT VOLUME

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Purpose: Prior to 2015, our center was considered low volume for pancreas transplantation. Low volume was defined at 1-6 simultaneous pancreas-kidney transplants (SPK) and 1-3 pancreas alone transplants. Finding new ways to improve our pancreas volume was a goal that our transplant center became invested in. Pancreas transplantation remains underutilized nationally even for well deserving candidates. Our efforts were facilitated by the new UNOS/OPTN policy approved in 2015, which allowed SPK for Type 2 diabetic patients and eliminated the body mass index (BMI) cutoff \leq 30.

Method: We wanted to initiate new strategies to bring in more referrals from our community for simultaneous pancreas transplants (SPK) as well as pancreas alone. Our center analyzed our pancreas program beginning with the referral process and implemented changes to include an increase in education and marketing strategies and modifying our selection criteria. We increased our outreach to Endocrinology Clinics as well as Community outreach to Dialysis Centers in our referral area. We also provided more educational and marketing materials to these clinics and centers, as well as patients, regarding indications for need of SPK and pancreas alone transplantation. Type 2 diabetic patients with c-peptide > 2.0 ng/ml were evaluated and patients with BMI \leq 32 were now considered. A thorough waitlist review was conducted to evaluate those patients who could benefit from the new UNOS criteria. Our center recently hired a full-time Outreach Coordinator to further promote SPK and pancreas only referrals from Dialysis Centers, Endocrinology, and Nephrology offices. We also have transplant surgeons who are well-experienced in performing SPK and pancreas alone transplants.

Results: From Jan 2010 to Dec 2019, we performed 75 SPK at our center. Prior to Jan 2015, SPK were performed only for type-1 diabetic patients (N=18) whereas after Jan 2015, SPK were done for both type-1 (N=33) as well as type-2 diabetic patients (N=24).(Figure 1) All Type 2 diabetic patients receiving SPK had c-peptide greater than 2 ng/mL, were on insulin, and had a BMI \leq 32 pre-transplant. Patient and Graft Survival Rates in Type 2 diabetic patients were equivalent to Type 1 diabetic patients.

Conclusion: These findings suggest that increasing education, marketing strategies, and community outreach helped promote an increase in SPK and pancreas alone transplantation. Modifying our selection criteria to include Type 2 diabetic patients with c-peptide > 2.0 ng/ml and BMI \leq 32, gave more consideration for SPK to our waitlist patients. These implementations helped improve pancreas transplant volume, with almost 42% of all SPK done in type 2 diabetic patients since Jan 2015.

Terri Creamer, MHA, RN, CCTC and Neeraj Singh, MD





Figure 1: Simultaneous pancreas-kidney and Pancreas alone transplants performed

ABSTRACT C4-B

INCREASING INTERNAL COMMUNICATION AND EMPLOYEE ENGAGEMENT: USING STUDENT VOLUNTEERS TO CREATE MONTHLY NEWSLETTERS Gabriella Boulton, BA, NYU Langone Transplant Institute, New York, NY

Situation: Transplant centers have a unique and large infrastructure that is different from other services – it is multidisciplinary, spans across many departments (medicine, surgery, pathology, etc.) and includes data support, research and administration. At the Transplant Institute (TI), the people and resources that drive clinical transplantation and research are organized into a single entity to reduce fragmentation, inefficiencies, align incentives, increase accountability, manage costs and create a unified strategic approach to growth and quality. This unification of all transplantation experts across disciplines results in collaborative work and an abundance of activities constantly occurring around the Institute. In addition, the number of TI team members continues to grow as we expand our programs. It is important to maintain communication and employee awareness about the activities, accomplishments, and dynamic changes at the TI.

Methods: We wanted to come up with a cost-effective solution to maintain ongoing communication about TI activities while also engaging employees. At the same time, we had an undergraduate, premedicine student interested in learning more about transplantation and volunteering with the TI. We decided to use the student volunteer to create an internal newsletter as a casual, fun, creative way to communicate TI updates with staff members. In addition to information about upcoming events and activities, the newsletter is a forum to build relationships by recognizing employees and connecting with patients. One example of this is the staff spotlight section. This section introduces new team members with a photo and three short responses to questions about themselves (i.e. fun facts) and their role within the TI. Another example is the recognition section, which highlights staff members who have received awards, work anniversaries and other accomplishments or milestones. Recent publications, presentations or abstracts are included to create awareness and recognize the research and projects carried out by different team members. Patient stories are also incorporated, as they are a great way to unite people and create a deeper, more personable relationship with the readers. By highlighting positive patient experiences, all team members, including those who may not always be directly involved in patient care, are reminded the value of their hard work. The student volunteer interviews the staff members about the topic and is responsible for writing a short description to include. This is an ongoing opportunity for the student to learn more about the field of transplantation, different roles and responsibilities, regulations, events, research protocols, etc. The goal was to publish this internal newsletter on a quarterly basis, depending upon whether we received sufficient content from team members.

Conclusions: The first edition of the newsletter received so much positive feedback, both internally and from other departments that we decided to publish them on a monthly basis. We immediately noticed staff engagement and excitement around the newsletter and began receiving stories, events, photos, and staff accomplishments to include in future newsletters. It was apparent that staff members felt

encouraged to share information about their team's activities and accomplishments. The newsletter also allows team members to share their knowledge and expertise. For example, a financial coordinator offered to write a finance fun facts section that would include information around insurance policies, coverage updates, and dates that she found important. The newsletter was also proven a cost-effective solution, as the student volunteer involvement saves staff time and effort. On average, the student volunteer contributes 4 hours a week towards this project. When annualized, this is a cost savings equivalent to \$8,102 in staff salary.

Implications/Relevance: The newsletter is a cost effective way to increase internal marketing within a large multidisciplinary field, where there is potential for staff members and teams to be fragmented from other teams within the institute. Communicating via a newsletter is effective, timely and inexpensive, as student volunteer involvement saves staff time and effort. A newsletter facilitates communication between employees and helps unify staff members across all disciplines.

Gabriella Boulton

ABSTRACT C4-C

Title: DONATE LIFE MONTH 2019

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Problem/Situation:

Once considered experimental, organ transplantation is widely accepted as a standard medical treatment. Currently 114,000 Americans are in need of a lifesaving organ transplant. But without registered donors, the use of those organs for lifesaving transplants is not possible. In fact, one person in our state dies every other day waiting for an organ transplant. This is because not every death results in donation. Only 426 people in our state in 2018 shared the gift of life through organ donation at the time of their death. As a result, the number of patients waiting for an organ transplant significantly exceeds the number of organs available.

Organ transplantation cannot exist without the lifesaving gift of an organ donation from both living and deceased donors. To drive awareness for organ donation and registration and highlight the expertise and achievements of our transplant program, a multi-channel marketing campaign was executed during National Donate Life Month in April 2019.

The campaign audience consisted of potential organ donors (men/women age 16 - 70 in our county where we are located and in contiguous counties) plus all adults age 18 - 70 in need of an organ transplant in our state.

Methods/Practices/Interventions:

- Annual transplant reunion event recognizing transplanted patients and organ donors at our medical center Sunday, March 31, 2019.
 - Event consisted of "planting" 9,700 pinwheels on the front plaza of our main hospital to honor every transplant performed at our medical center since our first transplant in 1967.
 - Our custom pinwheel has eight spokes supported by one stem, symbolizing the power one person has to save up to eight lives through organ donation.
 - More than 1,400 recipients, donors and volunteers registered to attend the pinwheel planting event that included a dedication ceremony, planting of 9,700 pinwheels, a lung transplant recipient speaker testimonial, an organ donor family speaker, light snacks/beverages, small activities and promotional items.
 - The pinwheels remained on display the entire month of April, with signage to explain their significance.
 - Information highlighting our pinwheels and transplant program was affixed to the exterior main entrance to our medical center.
 - A custom-made pinwheel flag was displayed with the Donate Life flag on a flagpole on our medical center plaza for the month. Our pinwheel flag is raised every time we have a deceased donation at our medical center, which occurs approximately 25 times per year. A plaque at the base of the flagpole explains the pinwheel flag's significance.

- Single pinwheel displays were placed at the registration desks of our ambulatory locations to amplify the pinwheel messaging. Each had a card affixed to the stem explaining the "power of 1" person to save up to eight lives through organ donation.
- **Digital campaign** for both living kidney and living liver donation that included rotating Facebook ads, responsive search ads on Google and Bing, a local TV station medical minute commercial and web landing pages with forms for more information.
- Promotion of our transplant program's expertise and organ donation awareness was actively publicized all month, both locally and regionally, via the medical center's **social media channels, traditional media press releases and internal messaging** to a combined audience of 50,000 faculty, staff and patients to create a culture of donors.

Findings/Solutions/Conclusions:

- 50+ marketing and communications tactics promoted awareness for organ donation and expertise of transplant program during late March through April, with a 33% increase in pinwheel planting attendance (1,400 total).
- Increased awareness of organ donation and our transplant program regionally:
 - Increased transplant webpage users by 10%.
 - Increased social media engagement by 50%.

	Google/Organic Search				Social Media	
	Users	Entrances	Avg. Time on Page	New Users	moressions	Avg Engagement Rade
% Change	27%	40%	33%	23%	54%	130%
2019	2,226	2,262	2:09 min	1,129	722,980	7.6%
2018	1,753	1,618	1:37 min	921	469,811	3.3%

• Increased monthly receipt of living donor assessment forms by 85% from April to May (monthly average is 62 returned assessment forms).

April	May	% Change
67	124	85%

• Media promotion of transplant program's expertise and organ donation covered by local newspapers and four local TV news stations (including live updates from pinwheel planting every half hour from 6 a.m. to 9 a.m.).

Implications/Relevance:

Our findings verify that our Donate Life Month 2019 marketing campaign had a direct impact on our living donor outreach efforts, transplant program marketing, patient and organ donor relations (both current and future) as well as on organ donation awareness.

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ABSTRACT C4-D

IMPROVING THE KIDNEY TRANSPLANT REFERRAL PROCESS

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Purpose: A goal of our transplant program is to exceed the expectations of our patient and families and to provide excellent communication to our referring provider communities. Our kidney transplant program received feedback from patients and referring providers indicating dissatisfaction with the amount of time it takes for referred patients to receive their initial contact after referral and be assigned a pre-transplant RN coordinator. Our program identified this issue as a performance improvement project. A team was organized including transplant clinical and administrative leadership and staff and representatives from the departments of Quality, Safety and Innovation (QSI), Health Information Management (HIM), Assisted Scheduling, Provider Relations, and Marketing.

Method: Our project followed the FOCUS-PDCA methodology for performance improvement. Our team estimated that it was taking 7-10 days for patients to receive their initial contact after referral. In order to clarify our current knowledge, we collected data through a small, random sample of patients in May 2016 (n=10) to determine the number of days from referral to call-back. The average was 16.1 days. We set our specific aim statement: Reduce the number of days from 16.1 to 8 days by December, 2016. To understand the root causes, our team created a fishbone diagram. The key root causes identified include the variation in referral entry points (phone call from dialysis or nephrology office directly to transplant department, self-referral phone call from patient, fax to department, electronic medical record referral, EZ-referral form, mailed referral letter), the large volume of referrals received (~100 per month), the inability of transplant referral staff to be able to assign patient a medical record number (MRN), and the difficulty in being able to verify patient data due to it being incomplete/incorrect in referral documentation or communication. One of the root causes we identified as having control to change is decreasing variation in the referral method.

Our primary test of change was increasing the number of referrals received utilizing the EZ-referral form, which is our hospital's organization-wide referral form used in many other departments. Our hypothesis is that by increasing the percentage of EZ referrals received, we would reduce the number of days from referral to call-back. The EZ referral forms, once submitted by referring provider offices, dialysis centers or patients, are processed by Assisted Scheduling, an MRN is created, the form and any accompanying documents are then scanned into the patient's medical record and routed to transplant referral staff through our EMR with notification that the patient is ready to be contacted. We piloted this method of referral with 5 key referring nephrology groups by contacting them and asking them to utilize this method of referral. This test of change period was from August-October 2016. The time from referral to call-back time during this pilot was an average of 2.4 days. Our team decided to continue the pilot with these groups and distributed a survey in January 2017. They all rated the EZ-referral process very highly and preferred to continue utilizing this method due to the referral to call-back time being substantially less than with the other methods. This is largely due to the efficiencies found in involving the Assisted Scheduling staff to collect the referral information, create the MRN, scan patient records, and send directly to the transplant department. The results of the pilot were communicated to the Transplant Quality Improvement Steering Committee, at which point approval was received from transplant leadership to proceed with implementing the EZ referral process as the preferred method of referral to all kidney transplant referring provider groups and dialysis centers. The sustainability plan of the pilot

project included monthly data tracking of kidney referrals by method (EZ-referral vs. non EZ-referral) and the total average days from referral to call-back. The EZ referral average days continued to be much shorter than non EZ-referral. EZ-Referral: 1-2 days; non EZ-referral: 22 days. In February, 2017, approximately 10% of referrals were being received through the EZ-referral method.

In July 2017 the team began work on the expansion of EZ Referral as the preferred, standard method for all kidney transplant referrals. Our team's specific aim statement was to increase the percentage of EZreferrals to 50% by December, 2018. Our goals included providing excellent communication and promotion of the new referral process to referring nephrologists, dialysis centers, patients, as well as to our internal kidney transplant staff and faculty. Our goal was also to maintain an average 1-2 day referral to patient call-back time, as well as ensure appropriate operational workflows were established to process this large volume of referrals effectively. This roll-out required additional resources in Assisted Scheduling that this department was able to reallocate without requesting additional FTE. A comprehensive communications plan was developed to inform dialysis centers and nephrology offices. Talking points were developed and a kidney transplant referral information sheet was created for this purpose. Mailings were sent in both April and November, 2018 to ~2,000 dialysis centers and nephrology offices, encouraging the EZ-referral method as the preferred method of kidney transplant referral. Over 100 in-person drop-offs of materials were completed at referral centers for additional education. Reminder faxes and phone calls were sent to referrers from June-October, 2018, when referrals were received by our center via other methods, encouraging EZ-referral usage for future referrals. In order to identify any transplant EZ-referral issues/opportunities for improvement, a tracking mechanism was established within the Patient Safety Net (PSN) system, and proper notification was set up to go the project leader to address any issues appropriately.

Results: The monthly kidney transplant referral data tracking document allowed our team to monitor the percentage of EZ-referrals received and the referral to call-back times. Our goal of reaching 50% by December, 2018, was reached in October and by December, we had surpassed this goal at 63%. The occasional PSN was submitted when a referral was mistakenly routed to the incorrect department by Assisted Scheduling due to staff error or incomplete referral forms. Those issues were addressed through additional education to staff on the process.

Conclusion: The EZ-referral method is the preferred method for kidney transplant referral and allows patients to start the pre-transplant process sooner. It is a service improvement to both referring providers and patients. Variation had existed in referral practices due to historical practice, perceived preference of the transplant center, and unawareness of the efficiencies the EZ-referral process method provides. Our sustainability plan for the roll-out includes monthly monitoring of EZ-referral percentages, call-back times, providing education to referrers not utilizing this method, and continuing to monitor and address any EZ-referral process issues via the PSN system. Future opportunities include exploring the EZ-referral method for the other organ programs within our department. The key factor in the success of this project was engaging a team that included representation from all departments impacted across the institution.

Amanda McGuire, MHA

ABSTRACT C4-E

STORYTELLING WITH RESULTS: INTEGRATED MULTIMEDIA COMMUNICATIONS STRATEGY FOCUSED ON PATIENT STORYTELLING TO ANNOUNCE REVITALIZATION OF LIVING-DONOR LIVER TRANSPLANT PROGRAM, WHILE INCREASING AWARENESS OF LIVING-DONOR LIVER TRANSPLANTATION

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<u>Purpose:</u> Using no paid advertising tactics, communicate to key audiences the revitalization of livingliver donation program while increasing public awareness of living-donor liver transplantation.

Method: Framed integrated communications strategy around storytelling of liver donor and recipient patients' journeys without use of paid advertising dollars. The cascading communications plan was centered on creating owned multimedia content — including a written story and video featuring patients — and leveraging this content for additional exposure with earned media and key stakeholders. This, coupled with a well-crafted media pitch, enticed all three local market television outlets (media targets) to cover the announcement of a revitalized living-liver donation program. Noting the current broadcast news climate, news crews were offered a "media availability session" in a visual environment, empowering them to cover the story for their audiences. Communications staff offered interviews with the first donor and recipient patients since the program revitalization, as well as a transplant surgeon. The media availability and internally produced video aided in announcing the center's new living liver director and surgical director of adult and pediatric transplantation. The core owned story and video are featured on the transplant center's website. Additionally, the center's director participated in the health system's new podcast series to discuss the program and the importance of organ donation. Then, the center published social media photos of the second donor-recipient patient pair, who were featured on a paid local television segment at no cost to the center. Upon viewing the local segment, a major national news outlet reached out with interest in interviewing the center's director and the donorrecipient pair live to discuss the importance of living-liver donation.

<u>Results:</u> The volume of interest speaks to the quality and successful framing of patient transplant stories. If these stories were not well-crafted, leveraging these resources would not have been successful. So far, the owned written story has 2,703 page views; the core YouTube video has 1,115 views (it is also being used to educate prospective recipients and donors); local broadcast news stories attained a reach of 969,000, and the free television segment had a reach of 16,200 – totaling 985,200 total television reach; and the podcast had a combined 4,645 in reach. Reach is defined as "the number of individuals who saw the content." Additional opportunities are expected.

<u>Conclusion</u>: Focus on quality patient storytelling can effectively serve as the foundation for a successful integrated communications strategy, which can be leveraged across multiple communications channels to reach multiple audiences – without use of any advertising dollars. This process also extends the shelf life of a topic or announcement, increasing reach. Planning is key to a successful outcome and exposure. Our initial communication about this announcement began on Sept. 30, 2019. On Dec. 22, a national news outlet is set to interview our director and living-donor liver transplant patients live. Additional opportunities are expected moving forward.

<u>Daniel A. Carrigan, BA</u>, Alexandra Nowak, BA, BS, Will Maixner, MHA, Erin Shultz, RN, Caitlin Winkler, RN, Marlon Levy, MD, MBA

ABSTRACT C4-F

INCREASING PATIENT REFERRALS FOR TRANSPLANT THROUGH A COMBINED OUTREACH/REFERRAL/SCHEDULING COORDINATOR POSITION

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Problem: Our Transplant Center is a medium size program and we have been seeking ways to grow for many years. However, our referral base, waitlist, and number of patients in evaluation had remained consistent. Moreover, we are located close to a number of larger centers who fall under a separate OPO. Despite this, our referral base showed that patients, local nephrologists and dialysis units were not optimizing on the opportunity for their patients to be multi-listed as well as choose a transplant program that was closest in proximity to their home.

Interventions: For growth, we identified that we needed to apply our referral data to our outreach efforts, streamline and ease the process of health care provider or patient self-referral, and establish target dates to ensure that patients were scheduled for visits efficiently, but within a timeframe that would allow us to gather as much data and records to complete a thorough evaluation. To accomplish the above and overall increase our number of referrals, in October of 2017 we created the position **Outreach/Referral/Scheduling Coordinator.** This staff member performs all patient scheduling and manages all of our referral data. In addition, duties include:

• Plans Outreach based on review of the following:

- Targets dialysis units whom we receive little, or no referrals from
- Targets dialysis units which the covering nephrologists we receive little or no referrals from
- Focus on larger units that have a greater PD and home HD population
- Conducts lobby days
- Arranges focused educational luncheons with our coordinators and Transplant Nephrologists
- Provides patient updates to the dialysis units, extracting information from our EMR
- Easing the Process of Initiating a Referral
 - Routinely sends out program flyers, contact information, and referral forms to nephrology offices and dialysis units
 - Promotes self-referral with dialysis staff as often their work demands may affect the time they have to complete a referral form
 - Establishes that email, fax, and phone are means of communication.
- Scheduling and Screening
 - Follows up on referrals within 24 hours
 - Performs a comprehensive health screen on phone and obtains as much data/records in preparation for the visit while applying our center's criteria
 - Provides an overview of transplant education, multi-listing, and the benefits of livingkidney donor transplants to encourage any potential donors to attend visit
 - Schedules patient after 2 weeks but within 4 weeks for an appointment to allow time for receiving records and any transportation issues to be addressed

 Addresses any transportation needs with dialysis staff and social worker as many of our patients have Medicaid and our center exceeds the 20-mile restriction for transportation. Educates on appeal process.

Results: An increased in referral base by 40%, increased number of dual listings, increase in selfreferrals, and decreased number of immediate rule outs at the time of the evaluation appointment. The feedback we have gotten from the dialysis and referring nephrologist community are we are providing superior communication as well as efficiency in our turn around for scheduling an appointment. As our referral patterns have increased, and with providing good communication and efficient workflow, we had contact with our local Renal Network on our initiatives. They are now providing us monthly data on which of the dialysis units in our surrounding area have patients listed for transplant. We are then able to compare those numbers to our data of established patients at the same centers to look at how many patients are choosing elsewhere. For those units, we are educating the staff to encourage their patients to multi-list. We are finding that once we are getting those patients to our center, they meet with staff and realize our center's proximity to their home, that they are sometimes changing their primary transplant center. This in addition has contributed to an increase in our referrals.



Relevance: Making outreach efforts data driven and having a dedicated person to encompass the importance of establishing relationships with the dialysis and nephrology community, leads to more referrals. The creation of a staff position that provides an ongoing method of communication, promotes patient self-referral, and works with an acceptable response time is the support that the dialysis community needs to fulfill their responsibility of educating and referring patients for transplant, thus increasing patient access to transplant.

Janine Vallen, RN, MSN, CCTN, APN-C/Michelle Preziosa