To: Medical Directors and Surgical Directors, U.S. Transplant Programs, OPOs & Donor Hospitals

Subject: A call to action to improve kidney transplantation through participation in the ETC Learning Collaborative (ETCLC)

CMS and HRSA are asking all Medical and Surgical Directors to lead improvement efforts, actively participate, and guide work at the local level to ensure the ETCLC National Aims for kidney transplantation are met.

Here is where we stand & the action you can lead for improvement:

<table>
<thead>
<tr>
<th>Action in use by the ETCLC Donation &amp; Transplant Community to Improve US Kidney Transplantation</th>
<th>ETCLC National Aims</th>
<th>Current</th>
<th>Projected</th>
<th>Target</th>
<th>Status</th>
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</thead>
<tbody>
<tr>
<td>Transplant Centers (TxC)</td>
<td>Aim #1. Increase the Number of Deceased Donor Kidneys Transplanted</td>
<td>21,996</td>
<td>22,239</td>
<td>21,232</td>
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<tr>
<td>• Effective Waitlist Management &amp; Use UNOS Organ Offer Filters</td>
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<td>• Improve Education to Ensure Patients are Transplant Ready</td>
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<td>• After-Action Reviews &amp; Biopsy to Rule-in Acceptance</td>
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<tr>
<td>Donor Hospitals (DH)</td>
<td>Aim #2a. Decrease Nonuse Rate of KDPI &lt;60</td>
<td>8.7%</td>
<td>8.7%</td>
<td>8.2%</td>
<td>yellow</td>
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<tr>
<td>• Employ Effective Organ Management</td>
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<tr>
<td>• Improve Donor Team Education</td>
<td>Aim #2b. Decrease Nonuse Rate of KDPI &gt;=60</td>
<td>48.7%</td>
<td>48.8%</td>
<td>40.0%</td>
<td>red</td>
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<td>• Expand &amp; Utilize Interdisciplinary Council Organization Procurement Organizations (OPO)</td>
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<td>• Supportive &amp; Timely Family Readiness</td>
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<tr>
<td>• Expansive Transplant Program &amp; Donor Hospital Relationship Management</td>
<td>Aim #3. Increase the Number of KDPI &gt;=60 Kidneys Recovered for Transplant</td>
<td>14,001</td>
<td>14,242</td>
<td>12,074</td>
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</tbody>
</table>

Refer to the Kidney Transplant and Kidney Donation Change Package at www.etclo.org for more information on initiatives and action items to drive change in your organization.

Source: SRTR July 31, 2023. All counts and rates are based on a 12-month lookback ending in last month of available data.

Projections, based on predictions from LOESS regression models, are compared to targets to determine status by the end of August 2023.

Here is where your participation is critical:

Your support of team members participating in quality improvement efforts is critical. The End Stage Renal Disease Treatment Choices Learning Collaborative (ETCLC) kidney community partners will continue to collaborate during national Pacing Events and Case Studies. They share best practices, proven processes, and steps to shift cultures. Expanded Quality Improvement Teams meet monthly to discuss high-performing organizations and promote the increased use of SRTR data to highlight surgical practice patterns and acceptance patterns. Embracing and adopting these practices in your organization will drive change in transplantation.

Here are actions you can lead and support:

- Establish monthly or quarterly waitlist management processes that engage patients. (TxC)
- Use UNOS Organ Offer Filters, based on acceptance criteria, local practice, and historical data review. (TxC)
- Educate patients proactively, including the option to accept a “Better Than Dialysis” kidney, to ensure transplant readiness. (TxC)
- Expand and use interdisciplinary councils. (DH)
- Acceptance Rate Performance
- Conduct near real-time, after-action reviews of turned-down kidneys to assess if process changes are needed to accept these organs in the future. (OPO, DH, TxC)
- Use accurately interpreted biopsies to rule in acceptance and decrease cold ischemic time (CIT). (OPO, TxC)
- Expand and build collaborative relationships with transplant centers, donor hospitals, and organ procurement organizations. (OPO, DH, TxC)

Finally, ETCLC will begin sending Transplant Centers Reports quarterly to transplant center leadership; the first reports were emailed in December 2022. You and your transplant team can use these reports to set quality goals and targets, identify opportunities for improvement, and track progress to increase capacity.

On behalf of the Centers for Medicare & Medicaid Services (CMS), Division of Kidney Health; Health Resources & Services Administration (HRSA), Division of Transplant; and the Centers for Medicare & Medicaid Innovations (CMMI), thank you for sharing your expertise and for leading teams to improve kidney transplantation.

Melissa Dorsey
Melissa Dorsey, MHA, Division Director (Acting)
Centers for Medicare & Medicaid Services
Division of Kidney Health

Frank L. Holloman
Frank Holloman, MPA, Director
Health Resources & Services Administration
Division of Transplantation

Chris McLaughlin
Chris McLaughlin, COR III-OPTN, Senior Advisor
Health Resources & Services Administration
Division of Transplantation

Visit www.etclo.org for more information on the ETCLC participating organizations, National Faculty, Patient & Donor Family Members, our Leadership Coordinating Council leaders, and the Kidney Donation and Utilization Change Package.