ASTS
American Society of Transplant Surgeons®

Saving and improving lives with transplantation.

April 1, 2023

We have exciting news about **NSQIP Transplant,** an important tool to drive quality improvement at your transplant center. Any abdominal transplant program may now join the production phase of NSQIP Transplant.

NSQIP Transplant was designed by transplant surgeons as a Clinical Quality Registry that not only allows transplant centers to accurately track outcomes such as infections, unplanned return to the OR, and surgical complications and re-admissions, but also to provide the analytic support to compare results in a risk-adjusted fashion with other centers with similar volume of cases. To encourage participation and facilitate quality improvement, the data is secure and analyses are confidential (never released to the public or insurers). Your individual data is visible only to you--the results of others are aggregated and anonymous.

Results from the beta phase of the program in the United States demonstrated variation in performance between transplant centers. Participating sites have used this data to initiate quality improvement projects targeting urinary tract infection and re-admissions. In short, this program is an opportunity for our field to examine outcomes beyond recipient and graft survival, and start to tackle the many post-operative issues that impact our patients' lives and costs of the care.

The American College of Surgeons and American Society of Transplant Surgeons are requesting commitment from transplant centers to proceed into the production phase. In the production phase, participating transplant programs do not have to be within a hospital that otherwise already participates in ACS NSQIP. All adult kidney and liver programs are invited to participate.

Costs for established programs/countries:

- $25,000 per annum fee
- costs of hiring an abstractor known as a Surgical Case Reviewer (usually a partial FTE) to abstract data and to facilitate data entry*

Return on Investment

- Reduction of complications, length of stay, and readmissions
- De-identified patient data from other programs to help answer critical clinical questions
- May be a platform on which to build clinical trials
- Dashboards and reports can be a foundation of Transplant Center Quality Assurance and Performance Improvement efforts as required by CMS Conditions of Participation
- Patient-reported outcomes tool may be built on this platform
- Aid in determining the importance of social determinants of health for post-transplant outcomes

We need to assess how many centers are willing to commit resources (including the subscription fee and the personnel) in the next 9 – 12 months to join the program once the platform is built by the vendor.

If you can commit, please indicate the responsible director of the transplant program and the transplant administrator at your hospital below.

Sincerely,

William C. Chapman

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President

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To be completed by the transplant center and returned to ASTS at maggie.kebler@asts.org

[ ] My center is willing to commit to the subscription fee of $25,000 annually and personnel costs associated with the NSQIP Transplant platform.

Transplant Program Director name: _____

Transplant Administrator name: _____

_____

* Smaller centers may share an abstractor, and/or would not likely take up and entire FTE, based on the total number of kidney and liver transplants performed at your center(s). Given the nature of electronic health records, these SCRs may be able to work remotely. Much of the demographic recipient and many of the data elements of the deceased donors will be transmitted electronically from UNOS data and will not require dual entry in the production phase.