Lung Transplant SRTR Response

Thank you for taking a moment to review some additional information about our program. We want to begin by highlighting the following accomplishments of the program implemented through an evidence-based approach.

- Transplant volumes continue to increase as the program successfully accepts lungs through donation after cardiac death.
- The program has an excellent waitlist survival rate
- The overall time for waiting list candidates is shorter than the national average

The measure of concern with our program reflected in this report is that 1-year survival is lower than the national benchmark. Because we take the commitment towards our patients seriously and provide the highest level of quality care, our program works through the continuous learning and improvement process to find opportunities to progress. In late 2020, the program recognized the need for a more robust quality improvement assessment, as evidenced by a drop in survival rates. The organization invested in an in-depth platform, XYN QAPI, specifically designed for continuous transplant quality improvement efforts. This platform utilized by the multi-disciplinary team provides internal forecasting of future outcomes for the program, finding opportunities for improvement. Below are the action items taken to address the issues immediately.

- The program restructured its CV leadership and welcomed the addition of new surgeons that bring with them the latest evidence-based surgical approach and resources
- Different methodologies of acute bridging devices, such as Extracorporeal Membrane Oxygenation (ECMO), to reduce waitlist mortality and risk of post-operative complications
- The program added a frailty index assessment to the candidate evaluation process to assess the patient population’s frailty at the time of acceptance as well as being able to better project the needs of the patient post-operatively.
- The program increased the frequency of routine clinic visits for patients on the waitlist to identify acute changes to their health status and optimize the patient going into transplantation. This has also been implemented for the immediate post-transplantation population for early recognition of complications and to reduce the risk of readmission.
For candidate evaluations on patients over the age of 70, the program completes a more in-depth analysis of frailty and overall ability to recover from major surgery.

Instituting a metric that monitors early ambulation and physical therapy during the immediate postoperative phase to show the need for a transplant-specific ambulation program to improve patient outcomes.

Created a metric to monitor monthly AKI rates in our patients and discussed it in our monthly quality meetings.

New approaches to immunosuppression levels and goals for patients in the first year post-transplantation.

Utilization of donor-derived cell-free DNA testing to augment our ability to monitor for graft injury.

We anticipate that these changes will ultimately reflect in improvements made within our center’s outcomes.

We welcome any questions you may have about the data in this report or our program in general.