Welcome to:
Transplant QIA Webinar
Addressing Barriers to Transplant

The webinar will begin momentarily!
Addressing Barriers to Transplant

May 16th, 2018
Welcome/Opening Remarks
Alexandra Cruz, Quality Improvement Coordinator
IPRO ESRD Network Program
Reminders

• All phone lines will be muted

• Please submit ALL questions and comments via chat at any time

• There will be breaks for answering Q & A

• Please don’t place the call on hold, instead disconnect your line and rejoin the call when you are able

• Be present and engaged in our topic presentations

• Please be prepared for sharing and actively participating in the open discussion by commenting in the WebEx chat board

• Remain open-minded and respectful in hearing other’s opinions
Slides & Recording

- You will receive a communication email to notify you when the slides and recordings are available at our website.

- The links and resources shared today will also be included in the email for future reference.
Agenda

• Kidney Allocation System (KAS) - Guest Speaker: Dr. Matthew Ellis
• Resources to address barriers to transplant
  • ASCENT Videos
  • iChoose App
  • Transplant Referral Guide
  • Transplant Patient Education Checklist
  • IPRO Peer Mentorship Program
  • IPRO ESRD Network of the South Atlantic Website
• Next Steps
  • Staff In Service
  • Mid-Point Survey
  • Patient Education Video
  • *Peer Mentorship Program*
Knowledge Assessment Survey - Results

Were you aware that the Kidney Allocation System Changed in 2014?

- Yes (57%)
- No (35%)
- Unknown (7%)

42% not familiar

Participants: 215 facilities
An Update on the “New” Kidney Allocation System (KAS)

How does the kidney allocation scheme affect my patient?

Dr. Matthew Ellis
Associate Professor of Medicine & Surgery at Duke University
KAS Development

1950-1970's
Individual centers and organ procurement organizations managed organ recovery and placement.

1968
The South-Eastern Organ Procurement Foundation (SEOPF) was formed to share kidneys in South East Region of U.S

1977
SEOPF implemented the first computer-based organ matching system called "United Network for Organ Sharing"

1977
1986
UNOS wins federal contract to run the OPTN

1984
Congress passes the National Organ Transplant Act (NOTA) requiring establishment of an Organ Transplant Procurement Network (OPTN)

1986
UNOS wins federal contract to run the OPTN

2000
Federal Government issued the "OPTN Final Rule" a roadmap for organ transplantation emphasizing equitable allocation, and optimal utilization of deceased donor organs

2004-2014
Allocation focused on equal access, with emphasis on waiting time. Extensive deliberations among diverse stakeholders to further improve access with greater focus on utility.

https://www.unos.org/about/history-of-unos/
M.D. Stegall et al., Why do we have the kidney allocation system we have today? A history of the 2014 kidney allocation system, Hum. Immunol. (2016)
Observations in Old Allocation System

1. At risk populations were referred late and/or wait-listed after a disproportionately long time on dialysis.

2. Highly sensitized patients represented ~8% of the wait list, but accounted for only 2.4% of transplants.

3. Candidates with blood type-B represented 16.2% of wait listed individuals, but only 12.8% of transplants.

4. Kidney donors and recipients had significant age discrepancies: 21% of the time the age difference was more than 30 years.
   - 30 yo recipient of 61 yo kidney – likely to need re-transplant.
   - 60 yo recipient of 29 yo kidney – likely to die with functioning graft.
Approximate Order of Kidney Allocation

Allocation is based upon points within each category, assigned for wait time, cPRA, pediatric, prior living donor, HLA-DR match. Only wait time used for organs KDPI>85

<table>
<thead>
<tr>
<th>KDPI 0-20%</th>
<th>KDPI 21-34%</th>
<th>KDPI 35-85%</th>
<th>KDPI 86-100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>CPRA 98-100%*</td>
<td>CPRA 98-100%*</td>
<td>CPRA 98-100%*</td>
<td>CPRA 98-100%*</td>
</tr>
<tr>
<td>0 ABDR mismatch (EPTS 0-20%)</td>
<td>0 ABDR mismatch</td>
<td>0 ABDR mismatch</td>
<td>0 ABDR mismatch</td>
</tr>
<tr>
<td>Local pediatric donors</td>
<td>Local pediatric donors</td>
<td>Local pediatric donors</td>
<td>Local + regional candidates A2/A2B-&gt;B</td>
</tr>
<tr>
<td>Local A2/A2B-&gt;B (EPTS 0-20%)</td>
<td>Local A2/A2B-&gt;B</td>
<td>Local A2/A2B-&gt;B</td>
<td>Local A2/A2B-&gt;B</td>
</tr>
<tr>
<td>Local EPTS 21-100%</td>
<td>Local candidates</td>
<td>Local candidates</td>
<td>Regional A2/A2B-&gt;B</td>
</tr>
<tr>
<td>Regional pediatric donors</td>
<td>Regional A2/A2B-&gt;B</td>
<td>Regional A2/A2B-&gt;B</td>
<td>Regional candidates</td>
</tr>
<tr>
<td>Regional EPTS 21-100%</td>
<td>Regional candidates</td>
<td>Regional candidates</td>
<td>National A2/A2B-&gt;B</td>
</tr>
<tr>
<td>National EPTS 21-100%</td>
<td>National candidates</td>
<td>National candidates</td>
<td>National candidates</td>
</tr>
</tbody>
</table>

* Includes eligible national 100% candidates, eligible regional 99-100% candidates, and local 98-100% candidates.
Long time on dialysis? Be ready for transplant!
(If you have patients on dialysis a long time ask, are they ready for transplant)

8.4.A Waiting Time for Candidates Registered at Age 18 Years or Older

If a kidney candidate is ≥ 18 years old on the date the candidate is registered for a kidney, then their waiting time is based on the earliest of the following:

1. The candidate’s registration date with a measured or calculated creatinine clearance or glomerular filtration rate (GFR) ≤ 20 mL/min.

2. The date after registration that a candidate’s measured or calculated creatinine clearance or GFR becomes less than or equal to 20 mL/min.

3. The date that the candidate began regularly administered dialysis as an End Stage Renal Disease (ESRD) patient in a hospital based, independent non-hospital based, or home setting.
Percentage of Transplant to Recipients with 10+ Years on Dialysis

* Transplants within 1-year on the wait list increased from 18% to 30%

The New Kidney Allocation System (KAS): The First 18 Months. Darren Stewart, MS John Beck, MSME, Anna Kucheryavaya, MS; UNOS Research Department
Not All Highly Sensitized Patients Have Equal Waiting Time

1.

<table>
<thead>
<tr>
<th>Wait-Listed Candidates</th>
<th>KDPI ≤ 0.20</th>
<th>KDPI 0.21–0.34</th>
<th>KDPI 0.35–0.85</th>
<th>KDPI &gt; 0.85</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local CPRA 100%</td>
<td>Local CPRA 100%</td>
<td>Local CPRA 100%</td>
<td>Local CPRA 100%</td>
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<td>Local CPRA 98%</td>
<td>Local CPRA 98%</td>
</tr>
</tbody>
</table>

2.

Points Allocated to Wait Listed Patients for cPRA

https://optn.transplant.hrsa.gov/media/1200/optn_policies.pdf
Highly Sensitized (cPRA 99-100) Patients, Be Ready For Transplant!

Observed and predicted percentage of transplanted- and wait listed- patients with cPRA 99-100%

Kidneys Traveling Further to Sensitized Patients

Median Distance Traveled by kidneys to recipients with cPRA=99-100%

- Anticipate more reliance on virtual cross-match for organ.
- In survey of 12 centers (83%) HLA labs had increase virtual cross-matches post-KAS (10% to 300%)

Patients with DGF have much higher incidence of 1-year graft loss and 1-year mortality.
Be Prepared for Delayed Graft Function

• More DGF means more patients to be discharged on dialysis: Transplant Teams must have excellent relationships with local Nephrologists and dialysis centers.

  • Exchange cell phone numbers.
  • Sync on dry weights, dialysis days, and lab draws.
  • Communicate any changes in plan/management.
  • What is the follow-up plan?
KDPI Helps Predict Graft Failure

<table>
<thead>
<tr>
<th>KDPI</th>
<th>KDRI</th>
<th>1 Year</th>
<th>2 Years</th>
<th>3 Years</th>
<th>5 Years</th>
<th>8 Years</th>
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</thead>
<tbody>
<tr>
<td>1%</td>
<td>0.57</td>
<td>95.3%</td>
<td>92.7%</td>
<td>89.9%</td>
<td>83.3%</td>
<td>72.2%</td>
</tr>
<tr>
<td>5%</td>
<td>0.63</td>
<td>94.8%</td>
<td>92.0%</td>
<td>88.9%</td>
<td>81.8%</td>
<td>69.9%</td>
</tr>
<tr>
<td>10%</td>
<td>0.67</td>
<td>94.4%</td>
<td>91.4%</td>
<td>88.1%</td>
<td>80.6%</td>
<td>68.1%</td>
</tr>
<tr>
<td>20%</td>
<td>0.75</td>
<td>93.8%</td>
<td>90.5%</td>
<td>86.8%</td>
<td>78.6%</td>
<td>65.1%</td>
</tr>
<tr>
<td>30%</td>
<td>0.82</td>
<td>93.2%</td>
<td>89.5%</td>
<td>85.6%</td>
<td>76.7%</td>
<td>62.3%</td>
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<tr>
<td>40%</td>
<td>0.91</td>
<td>92.5%</td>
<td>88.5%</td>
<td>84.2%</td>
<td>74.5%</td>
<td>59.2%</td>
</tr>
<tr>
<td>50%</td>
<td>1.00</td>
<td>91.7%</td>
<td>87.3%</td>
<td>82.6%</td>
<td>72.2%</td>
<td>55.9%</td>
</tr>
<tr>
<td>60%</td>
<td>1.11</td>
<td>90.8%</td>
<td>86.0%</td>
<td>80.8%</td>
<td>69.6%</td>
<td>52.4%</td>
</tr>
<tr>
<td>70%</td>
<td>1.23</td>
<td>89.8%</td>
<td>84.5%</td>
<td>78.9%</td>
<td>66.7%</td>
<td>48.6%</td>
</tr>
<tr>
<td>80%</td>
<td>1.39</td>
<td>88.6%</td>
<td>82.6%</td>
<td>76.5%</td>
<td>63.3%</td>
<td>44.2%</td>
</tr>
<tr>
<td>90%</td>
<td>1.62</td>
<td>86.7%</td>
<td>79.9%</td>
<td>72.9%</td>
<td>58.3%</td>
<td>38.2%</td>
</tr>
<tr>
<td>95%</td>
<td>1.84</td>
<td>85.0%</td>
<td>77.5%</td>
<td>69.8%</td>
<td>54.2%</td>
<td>33.5%</td>
</tr>
<tr>
<td>99%</td>
<td>2.25</td>
<td>81.8%</td>
<td>72.9%</td>
<td>64.2%</td>
<td>46.9%</td>
<td>25.9%</td>
</tr>
</tbody>
</table>
Specific Population Likely to Benefit From High-KDPI Organs

<table>
<thead>
<tr>
<th>Subgroup</th>
<th>KDPI 71–80</th>
<th>KDPI 81–90</th>
<th>KDPI 91–100</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age ≤ 50, wait &lt; 33 m, nondiabetic</td>
<td>0.70</td>
<td>0.67</td>
<td>1.15</td>
</tr>
<tr>
<td>Age ≤ 50, wait &lt; 33 m, diabetic</td>
<td>0.82</td>
<td>0.57</td>
<td>0.30</td>
</tr>
<tr>
<td>Age ≤ 50, wait ≥ 33 m, nondiabetic</td>
<td>0.59</td>
<td>0.80</td>
<td>0.97</td>
</tr>
<tr>
<td>Age ≤ 50, wait ≥ 33 m, diabetic</td>
<td>0.51</td>
<td>0.87</td>
<td>0.76</td>
</tr>
<tr>
<td>Age &gt; 50, wait &lt; 33 m, nondiabetic</td>
<td>0.66</td>
<td>0.86</td>
<td>0.92</td>
</tr>
<tr>
<td>Age &gt; 50, wait &lt; 33 m, diabetic</td>
<td>0.57</td>
<td>0.86</td>
<td>0.75</td>
</tr>
<tr>
<td>Age &gt; 50, wait ≥ 33 m, nondiabetic</td>
<td>0.54</td>
<td>0.68</td>
<td>0.78</td>
</tr>
<tr>
<td>Age &gt; 50, wait ≥ 33 m, diabetic</td>
<td>0.53</td>
<td>0.75</td>
<td>0.77</td>
</tr>
</tbody>
</table>
Thank you & Questions?

Special thanks to Scott Sanoff at Duke University who develop the KAS material for this presentation & the authors cited in this talk for the information provided in their publications.
Thank you Dr. Ellis!
SPOTLIGHT!

Fresenius Kidney Care
Lenoir Dialysis
Karen Stevens & Team!

Education Station
KAS
In general, **how knowledgeable is your staff**, including nurses, social workers, and technicians, about kidney transplant as a treatment option?

- Extremely (9%)
- Moderately (41%)
- Very (41%)
- Slightly (3%)

Participants: 215 facilities
Resource # 1

ASCENT Video- For Staff
Allocation System Changes for Equity in kidney Transplantation (ASCENT)

• Emory University School of Medicine
• Main website:
  www.ascenttotransplant.org
• For Staff:
  http://ascenttotransplant.org/for-dialysis-facility-providers-and-staff/#staff-video

ASCENT = Allocation System Changes for Equality in kidney Transplantation

You will play the 10 minute video using this link to your staff (eg: lunch and learn or In-Service)
Resource #2

ASCENT Video- For Patients
Allocation System Changes for Equity in kidney Transplantation (ASCENT)

• Emory University School of Medicine
• Main website: www.ascenttotransplant.org
• For Patients: http://ascenttotransplant.org/patients/#patient-video
  • Play it in the Lobby Area
  • Play in the treatment area

You will receive a DVD with the 10 min video via mail to be played at the lobby or treatment floor TVs
Questions?
If you could characterize the transplant philosophy of your facility, considering patient care staff and nephrologist’ opinions, which of the following best describes your facility?

- Transplant is a great option for some people and they should be referred to a transplant center for evaluation. (53%)
- Transplant is our first choice for treatment. Nearly every patient should be considered for a transplant. (29%)
- If a patient is interested in transplant, we should help them get evaluated, but we don’t push that for patient who is not interested. (16%)

Other (2%)

Participants: 215 facilities
Resource # 3

iChoose Kidney

- Emory University School of Medicine
- Smart phone or tablet application
- Risk calculator tool that educates patients about the risk of available treatment options for kidney disease.
  - Dialysis vs. Transplant
  - Deceased Donor vs. Living Donor
Resource # 3- iChoose Kidney

Information to be entered:

- Gender
- Age
- Race
- Ethnicity
- Time on Dialysis
- Medical History (DM, HTN, CVD, ↓ Alb)
Knowledge Assessment Survey - Results

What **information** would you find helpful to have in order to successfully refer patients to transplant?

- **Transportation Resources** #135
- **Social Support Resources** #109
- **Health insurance coverage** #87
- **Clinical Requirements for Transplant Qualifications** #85

Participants: 215 facilities, multiple choices*

p. 31
Resource #4

| Clinical Requirements for Transplant Qualifications #85 |

**Table: South Atlantic Area Renal Transplant Centers**

<table>
<thead>
<tr>
<th>Location</th>
<th>Phone Number</th>
<th>Website</th>
</tr>
</thead>
<tbody>
<tr>
<td>LOMO TRANSPLANT CENTER</td>
<td>1401 Cotter Rd, Jacksonville, FL 32227-5401</td>
<td><a href="http://www.LOMOTransplant.com">www.LOMOTransplant.com</a></td>
</tr>
<tr>
<td>AUGUSTA UNIVERSITY MEDICAL CENTER TRANSPLANT PROGRAM</td>
<td>110 E Third St, Augusta, GA 30912-9817</td>
<td><a href="http://www.augustahealth.com/TransplantProgram">www.augustahealth.com/TransplantProgram</a></td>
</tr>
<tr>
<td>PIEDMONT HOSPITAL-TRANSPLANT</td>
<td>11000 Quidler Dr, Marietta, GA 30067-2000</td>
<td><a href="http://www.piedmont.org/TransplantProgram">www.piedmont.org/TransplantProgram</a></td>
</tr>
<tr>
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</tr>
</tbody>
</table>

**South Atlantic Area Transplant Center Referral Guide**

A kidney transplant is a possible treatment option for people on dialysis. However, not everyone who wants a transplant can be considered eligible to receive one. Only transplant center professionals can determine if a patient is a good candidate for a transplant. Each transplant center uses its own set of standards for deciding if a patient is a good candidate for a kidney transplant.

In some cases, a patient can be turned down by one transplant center, but found to be eligible at another transplant center.

On the following page is a contact list to help guide dialysis patients, their family members, and care partners to the transplant centers that could most likely meet their needs.

Expect updated version in mail this summer!!!
Resource #5

Emory Check List

• Financial Support

  • UNOS Kidney Transplant Learning Center- Covering Cost

  • Georgia Transplant Foundation- Financial Resources

http://med.emory.edu/education/vme/TransplantCoalitionChecklist/index.html
UNOS Kidney Transplant Learning Center - Covering Cost

Financial Support

- Housing & in-home support
- Transportation
- Medications
- Understanding the average transplant cost

- **Insurance basic coverage**
  - Medicare, Private insurance, TRICARE/ VA, Marketplace, COBRA, MediGap, Medicaid, etc.

- Financial assistance

https://transplantliving.org/financing-a-transplant/
Resource #5

Emory Check List

• Social Support

• NKF- Peer Mentoring Program
• Georgia Transplant Foundation –The Mentor Project
• Your Life, Your Choices Booklet
• Ascent to Transplant Patient Video
• Giving ACTS(About Choices in transplantation & Sharing)
• Explore Transplant- Guide for Family & Friends

http://med.emory.edu/education/vme/TransplantCoalitionChecklist/index.html
Resource #5- Printable Version

Patient Education CHECKLIST

Coordinated Health Education / Kidney Listing for Transplant

Website: http://med.emory.edu/education/vme/TransplantCoalitionChecklist/index.html

After reviewing the CHECKLIST with your provider, feel free to revisit the materials and resources highlighted by your provider. You can review these materials while you are on dialysis or at home, in order to address your specific questions and concerns about kidney transplantation.

About Kidney Transplant
- IPRO: Get the Facts: Kidney Transplantation
- National Kidney Foundation – Kidney Transplantation Overview
- MD Anderson Kidney Decision Aid
- UNOS- Kidney Transplant Learning Center
- Explore Transplant: Evaluation, Surgery, and Recovery
- American Kidney Fund: Brochure for Treatment Options
- Living with Kidney Failure – Kidney Transplant
- PREPARED materials – Patient Video and Book

Living Donor
- UNOS Kidney Transplant Learning Center – Living Donation
- National Kidney Foundation- Big Ask, Big Give Playlist
- American Society of Transplantation-Live Donor Toolkit
- About Choices in Transplantation and Sharing – Living ACTS
- About Choices in Transplantation and Sharing – Giving ACTS
- TALK materials – Living Kidney Donation Video and Book
- Informate – Bilingual Patient Information on Living Donation

Kidney Transplant Process: What to Expect Before and After Receiving a Kidney Transplant
- IPRO- "Is Kidney Transplant Right for Me?" Booklet
- IPRO- "Why Transplant is Right for Me" Flyer
- IPRO- "Is Kidney Transplant Right for Me?" Booklet
- UNOS – Kidney Transplant Learning Center
- National Kidney Foundation – "Waiting for Transplant"

Financial Support
- UNOS Kidney Transplant Learning Center: Covering Costs
- Georgia Transplant Foundation: Financial Resources

Social Support
- National Kidney Foundation – Peer Mentoring Program
- Your Life, Your Choice – Stories from Kidney Transplant Patients and Donors Booklet
- Allocation System Changes for Equity in kidney Transplantation (ASCENT) Study- Ascent to Transplant: Patient Video
- Georgia Transplant Foundation- The Mentor Project
- About Choices in Transplantation and Sharing – Giving ACTS
- Explore Transplant – Guide for Family and Friends

Comprehensive Patient Information
- IPRO- "Why Transplant is Right for Me" Flyer
- IPRO- "Is Kidney Transplant Right for Me?" Booklet
- UNOS – Kidney Transplant Learning Center
- National Kidney Foundation – "Waiting for Transplant"

IPRO End-Stage Renal Disease Network of the South Atlantic
909 Aviation Parkway, Suite 300, Morrisville, NC 27560
Patient Toll-Free: (800) 524-7139 • Mains: (919) 693-4500
Fax: (919) 388-9637 • E-mail: info@esrd.ipro.org
Web: esrd.ipro.org

http://med.emory.edu/education/vme/TransplantCoalitionChecklist/assets/Patient%20Education%20CHECKLIST_printversion.pdf
Resource # 6

IPRO Peer Mentorship Program

- 31 participating facilities (14%)
  THANK YOU!
- Free
- Matches ESRD Patient Peer Mentors with Patient Mentees
- Empower, support and educates
- Upholds HIPAA, PII and PHI rules and guidelines
- Online based educations (E-University)
- Help navigate through 7 steps
  - Changing Barriers to Opportunities

If you enrolled in the program, expect mailing soon!
Resource #7

Transportation Resources

• **We are building this together!**
  - Our website will be “under construction” to include resources, including Transportation Resources.
  
• **We need your help!**
  - **May Mid-Point Survey**
    - Enter a resource that you have found helpful in your practice!
  
• Due: **May 25th, 2018**

http://network6.esrd.ipro.org/home/provider/qia/transplant/
Questions?
Summary **Mandatory** QIA Activities

**ASCENT VIDEO-STAFF**
- Hold a In-Service or Lunch & Learn at your facility
- Play the ASCENT Video to Staff (10 minutes)
- Due: **June 30th**

**ASCENT VIDEO-STAFF**
- Show the ASCENT video to patients
  - TV or Laptop at Lobby
  - TVs at Treatment Floor
- Due: **June 30th**

You will receive a Survey Monkey Link to report about these activities. **DUE: July 9th**

**MID-POINT SURVEY**
- Complete the survey by **May 25th, 2018**
  - Share a resource that has been helpful for your patients for transplant.
  - 15-20 minutes total
Summary Optional QIA Activities

IPRO Peer Mentorship Program

• If you enrolled your facility:
  • You will be receiving supporting mail soon!
  • Start recruiting patient mentors and mentees!
Quick Announcements

• Email acruz@nw6.esrd.net
  • Receives emails
  • Unable to send emails
  • You might get emails from: lezell@nw6.esrd.net, swright@nw6.esrd.net or mlewis@nw6.esrd.net
  • Best way of contact 919-463-4506 (direct line)

• “Past Due” Email
  • Was sent out by accident to everyone, my apologies!
  • Please complete if you have not done so:
    – Living Donation Webinar: Post Assessment (26)
    – Education Station Picture (18)

• Lead: if you are unable to attend, participate or complete a QIA activity
  • Please communicate with your back-up or leadership/ staff for completion
  • Make sure that your patients and facility continues to benefit from the activities
  • The facility is expected to participate of ALL QIA activities