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DEAR COLLEAGUE:

Welcome to the newly transformed *UCSF Transplant News*, a more comprehensive approach to communicating the latest breakthroughs available to the patients and families we serve.

As one of the largest and most respected programs in transplantation, UCSF has served as a standard for transplant centers around the world. We have an outstanding team of faculty and staff, who are dedicated to providing the best clinical care and advancing science through research and education. As chief of the service, I am truly grateful for the life-changing work that is carried out by our team every day.

Sincerely,

John Roberts, MD
Chief
UCSF Transplant Service
You have a reputation for making strong personal connections with your patients. Where does this approach come from?

Many of us prioritize patient interactions. Patients are why we’re here, and we need to answer their questions and allay their fears. Especially when a patient is not doing well, it’s important to sit with them, look in their eyes and really think about their medical condition and how it will affect their overall lives. This gets you insight into what may prevent patients from doing what they need to do to get better. Those of us who have spent time as a patient know how important this is.

How do those types of interactions contribute to higher-quality outcomes?

Well, patient experience is important, but I would caution that patient satisfaction doesn’t always correlate well with other measures of quality. Quality improvement needs to also include root-cause analyses of problem incidents, especially when patient safety is involved, as well as prospective-failure-management analyses.

What’s most important, though, is creating a culture of safety where everyone feels comfortable that his or her concerns are taken seriously. One way to continue improving that culture is to have clinical teams train together. As associate director of the surgery residency, I find that training people to do cutting and sewing is the easy part. It’s harder to teach judgment and interpersonal and leadership skills – and that’s where team training can help.

How do you measure whether the Clinical Performance Improvement Committee is achieving its goals?

If the same problem comes up over and over, we’re not doing our job. The cycle should be: Define the problem, measure, intervene, measure again and keep repeating until we’ve met the metric. Then move on to the next concern. But the metrics have to make sense and make a difference. If you’re meeting a metric like administering antibiotics 30 minutes before an operation 99.9 percent of the time, but still getting wound infections, you need to look at other contributors to infection.

What are the most important quality issues facing transplant surgery?

We need to define and incentivize appropriate care, and – especially as reimbursement becomes more dependent on quality outcomes – surgeons need to develop more granular measures. I’ve become involved in this nationally because regulators may mean well but don’t always devise relevant metrics. For example, poorly designed risk stratification can cause programs to become too risk-averse — denying care to the sickest patients — or to encourage excessive risk-taking in a field where organ availability will always be a concern.

I’ve also become involved in getting organs equitably delivered to sick patients, because there are areas of the country where you have to wait longer and get much sicker before you can get an organ. That’s not right.

Dr. Hirose can be contacted at 415-353-8783 and ryutaro.hirose@ucsf.edu.
We believe that moving into a space we’ve designed for the unique health needs of children – and working right next to our world-leading research enterprise – will enable us to improve the health of children in many more ways and for many years to come,” says Donna Ferriero, MD, chair of the Department of Pediatrics and physician in chief at UCSF Benioff Children’s Hospital San Francisco.

The design of the facility:

- Optimizes technology with spacious operating rooms fully integrated with technology interfaces throughout the hospital.
- Helps prevent hospital-acquired infections because every room is a single-patient room, with hand-washing sinks and hand-sanitizer dispensers located near entryways. One-hundred-percent fresh air circulates throughout the hospital at all times.
- Reduces the risk of medical errors through the use of robotic technology and electronics to prepare, track and dispense bar-coded medications.
- Facilitates more attentive care with decentralized nurses’ stations that keep nurses closer to their patients.
- Fosters collaboration with telemedicine consults that can stretch from San Francisco to regions around the world.
- Eases the anxiety and fear that often accompany pediatric imaging because children undergo CT scans and MRIs in a specialized imaging suite that allows them to select a theme of sights and sounds, which transforms their diagnostic visit into an adventure tailored to their interests. This minimizes their anxiety and restlessness, resulting in better-quality scans.
- Empowers patients with multimedia walls in every room that facilitate everything from patient-clinician communication and patient education to access to entertainment and the Internet, as well as the ordering of housekeeping and food services.

Emergency Transport

“A major addition is our ability to bring an intensive care unit to all patients at referring facilities – and the ability to quickly and safely deliver those patients to Mission Bay,” says Hanmin Lee, MD, chief of Pediatric Surgery and surgeon in chief at UCSF Benioff Children’s Hospital San Francisco.

Experienced teams trained in advanced practice procedures for pediatric and neonatal care staff a fleet that includes a new medical transport helicopter, which is available 24/7 to respond to any hospital referral within a 150-mile radius of the Mission Bay facility.

For more information on the new children’s hospital, visit www.ucsfmissionbayhospitals.org/children.
Blood Test Predicts Signs of Acute Rejection in Kidney Transplants

Researchers at UC San Francisco have developed a potential test for diagnosing and predicting acute rejection in kidney transplants, a finding that eventually could replace the need for biopsies and lead to earlier detection and treatment.

“We have found a set of genes in blood that pick up inflammation and acute rejection in different solid organ transplants and thus can replace the need for an invasive biopsy in the future,” says Minnie Sarwal, MD, PhD, professor of transplant surgery at UCSF and one of the authors of a recent paper on the finding. “This assay also predicts the onset of histological rejection by three to four months, meaning graft inflammation can be treated early and proactively, even reversed.”

“This is the first assay of its kind that can provide a sensitive readout of very early rejection and inflammation in the organ, which cannot be picked up by any other blood test on the market.” // MINNIE SARWAL, MD, PHD

UCSF Is Number One in NKR Living Donor Kidney Transplants Performed

In 2014, UCSF Medical Center performed more living donor kidney transplants via the National Kidney Registry (NKR) than any other institution in the country. The NKR is a nonprofit organization that creates chains of donor recipients.

To read more about this study, go to http://tiny.ucsf.edu/kidneyrejection.
A unique collaboration between UCSF Medical Center and Sutter Health’s California Pacific Medical Center (CPMC) resulted in what is believed to be one of the nation’s first nine-way kidney transplant chains occurring in one city over a 36-hour period.

The chain started on Thursday, June 4, 2015, with an altruistic patient donating a kidney as a token of gratitude for his good health. It concluded with a recipient who has been on dialysis for several years.

The surgeries involved the above donor and recipient and an additional 16 patients – eight recipients, each paired by a friend or family member who had volunteered to be a donor. These pairs were either blood-type or immunologically incompatible with each other, but the donors in each pair were compatible with the recipient in another pair.

For more on this transplant chain, visit http://tiny.ucsf.edu/kidneychain.
Dr. Peter Stock Instrumental in Passage of Bill Lifting Research Ban on HIV Organ Transplants

UCSF has pioneered successful kidney, liver and pancreas transplant procedures in HIV-positive patients, who were once considered poor candidates for transplant because of their declining health and weakened immune systems. With many HIV-positive people now living longer, healthier lives thanks to antiretroviral therapy, UCSF has looked at the potential of transplantation for these patients.

A clinical trial led by UCSF transplant surgeon Peter G. Stock, MD, PhD, was instrumental in the passage of the HOPE Act, which lifted the ban.

The HIV Organ Policy Equity (HOPE) Act allows organ transplants between HIV-infected individuals for medical research in the hope that the practice will eventually become more commonplace. According to the United Network for Organ Sharing (UNOS), there are more than 120,000 people on the waiting list for organs; providing HIV-positive patients with another pool of potential donors could shorten the waiting time for others on the list.

In a statement marking the signing of this bill on Nov. 21, 2013, President Barack Obama said: “For decades, these organ transplants have been illegal. It was even illegal to study whether they could be safe and effective. But as our understanding of HIV and effective treatments have grown, that policy has become outdated. The potential for successful organ transplants between people living with HIV has become more of a possibility.”

To learn more about the latest advances at UCSF regarding transplantation for HIV-positive patients, go to http://tiny.ucsf.edu/HIVTransplants.
National Kidney Registry Honors UCSF Transplant Service

UCSF was among the 25 centers that were honored with the National Kidney Registry Excellence in Teamwork Award 2015. Each year this award goes to member centers that go above and beyond, working together in facilitating paired exchanges. NKR once again honored the centers that facilitated its longest paired kidney exchange, chain 357, the longest multi-center donor chain ever, which allowed 35 people to receive a lifesaving kidney transplant.