

**Maine Medical Center
Transplant Program
Clinic Policies and Procedures
Process for Evaluating Potential Kidney and Pancreas Transplant Recipients**

Purpose

To define the Transplant Program's process for the evaluation of potential kidney and pancreas transplant recipients.

Policy

To ensure that all potential kidney and pancreas transplant recipients receive appropriate medical, social, and psychological evaluation prior to transplantation.

Procedures

1. Referral

- a. Patients are referred to the transplant program by the patient's nephrologist and/or dialysis unit.
- b. Referrals are reviewed by the Administrative Representative, who notifies the referring physician/dialysis unit via fax of any missing information required. The Administrative Representative enters the patient's demographic information into both the Maine Medical Center Group Patient Management System and the transplant database.
- c. New patient referrals are reviewed by a transplant nephrologist who determines what type of patient intervention is appropriate.
 - i. No evaluation. Patient is not a candidate. The patient and referring physician are notified in writing by a transplant nephrologist.
 - ii. Talk only. The patient has medical issues that make them high risk for transplantation. The patient is scheduled to see a transplant nephrologist to discuss the transplant risks and benefits unique to the patient.
 - iii. Transplant Class Only. The patient is likely a suitable candidate for transplantation but they are not near end-stage and would not likely be transplanted within a year.
 - iv. Full evaluation. Patient is scheduled for a full transplant evaluation.
- d. The Administrative Representative makes the appropriate appointment as above in (c) and forwards patient's records to the Administrative Coordinator. The Administrative Coordinator determines if the patient's health insurance will allow transplantation to take place at Maine Medical Center.
- e. When insurance coverage is verified, the Administrative Representative mails the patient an appointment letter and Transplant Program Pre-transplant Handbook. The referring nephrologist and dialysis unit also receive a copy of this letter. The Pre-transplant Coordinator compiles the patient's chart, files records, adds forms, etc. The charts are maintained in the appropriate Pre-transplant Coordinator office.

2. Evaluation

- a. The week prior to a patient's transplant evaluation, a Pre-transplant Coordinator reviews the patient's chart for completeness and requests any missing records from the patient's dialysis unit or referring nephrology office. The Pre-transplant Coordinator scans this information into the electronic medical record in preparation for the transplant evaluation.

b. A full transplant evaluation includes the following:

- i. Group Transplant Education Class by a Pre-transplant Coordinator provides information on the transplant care givers, how transplants work, the transplant wait list, medications, risks, benefits and more.
- ii. Group Living Donation Class by a Living Donor Coordinator: A comprehensive overview of the selection and evaluation process for living donors.
- iii. History and Physical Examination performed by both a Transplant Nephrologist and a Transplant Surgeon to assess the patient's suitability for transplantation, discuss risks and benefits, and determine if further testing is required prior to making a final determination.
- iv. Psychosocial Evaluation performed by a Transplant Social Worker: Although all members of the transplant team contribute their impressions of the candidate's psychosocial suitability for transplantation, the transplant social worker performs a more formal psychosocial evaluation. This evaluation assesses the patient's motivation for transplantation, prior compliance with medical therapy and dialysis, as well as the adequacy of their support system of family and friends. Relevant factors in the psychosocial evaluation include capacity for the provision of informed consent entailing adequate cognitive ability for a risk benefit assessment, and capacity for following post transplant immunosuppression and follow up care. Patients with significant problems are referred to a psychiatrist. A review of the patient's health insurance is conducted and suggestions for improving health insurance to better support transplantation may occur.
- v. Lab testing as requested is obtained by the phlebotomist
- vi. Clinic testing and evaluation may include the following: Blood pressure, height, weight, BMI calculation, medication list recorded, PPD, Pneumovax, EKG.
- vii. Patient meets privately with a Pre-transplant Coordinator to provide the patient with a plan for follow-up. The patient should leave the transplant evaluation with the following:
 1. A letter outlining any additional necessary testing or evaluations.
 2. Educational materials for potential living donors
 3. Their pre-transplant coordinator's business card.
 4. An appointment for a two month follow-up visit.
 5. Educational material including The Maine Transplant Program Transplant Handbook and the American Society of Transplantation brochure.
 6. National and center specific transplant outcomes from the most recent Scientific Registry of Transplant Recipients including, but not limited to, the transplant center observed and expected one year patient and graft survival, and national one year patient and graft survival, and a copy of the Maine Transplant Program current statistics; this information is also available at: www.ustransplant.org,

3. Post-Evaluation

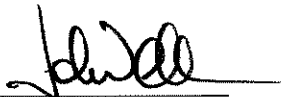
a. Immediate post-evaluation (same/next-day)

- i. A Pre-transplant Coordinator will FAX a letter requesting any necessary testing identified in the transplant evaluation to the referring nephrologist, primary care physician, and dialysis unit.
- ii. A Pre-transplant Coordinator makes the following entries in the transplant database: current progress note, changes patients' status to "evaluation ongoing" or other appropriate status change, completes all appropriate fields in the transplant data base.

4. Post-evaluation:

- a. Within the two weeks following the patient's evaluation the Pre-transplant Coordinator contacts the patient's referring health care provider and confirms that the requested testing is ordered or

- scheduled. The Pre-transplant Coordinator will schedule any additional testing not provided by the patient's local health care providers.
- b. A Pre-transplant coordinator reviews all test results. Cardiac, vascular and pulmonary test results are reviewed by a transplant nephrologist. Abnormal test results are noted in the transplant database and forwarded to a transplant nephrologist for assessment and action.
5. The patient's follow-up appointment with a Pre-transplant Coordinator occurs within two months following the initial evaluation.
- a. Pre-transplant Coordinator will:
 - i. Review any outstanding testing and develop a plan for completion.
 - ii. Review results of completed testing and lab results. Offer patient copies of results.
 - iii. Review "Recipient Rights" statement with patient and obtain their signature.
 - iv. Obtain the patients' signature on page three of the HIV consent form, after they have received the HIV test results.
 - v. Review the potential for living donor vs. deceased donor transplant.
 - vi. Review current health insurance and any pre-certification needs.
 - vii. Discuss timing and necessity of the Transplant Candidate Review meeting.
 - b. The transplant dietician meets with the patient and documents the visit.
 - c. The Transplant Phlebotomist obtains blood type and any other required labs.
 - d. Following this appointment the Pre-transplant Coordinator will:
 - i. Make a note in the transplant database summarizing the meeting with the patient.
 - ii. Send a letter to the referring health care provider summarizing their patient's transplant status and plans for transplantation. Enclose a copy of the transplant evaluation, and any test results that were not forwarded by the referring health care provider. Provide a copy of this letter to the patient and primary care physician.
6. Patients accepted for transplantation will require re-evaluation at least every 12 months.



John P. Vella, MD, FACP, FRCP
Director



Date