Maine Medical Center
Transplant Program
Policies and Procedures
Coverage Policy

Purpose

To outline the plan for coverage of the Maine Transplant Program by physicians, surgeons, and transplant coordinators.

Policy

The Maine Transplant Program provides kidney transplant services 365 days a year, 24 hours a day, 7 days a week. Appropriate personnel coverage is vital to the safety of our patients and the efficacy of the program.

Procedures

Introduction

The Maine Transplant Program is currently supported by two transplant surgeons and five nephrologists. All transplant surgeons and physicians are credentialed by the Maine Medical Center. All program physicians are capable of independently managing the medical care of transplant patients. All program surgeons are capable of independently managing the surgical care of transplant patients and performing kidney recovery surgery and transplant surgery.

Program Coverage

The Maine Transplant Program (MTP) provides kidney transplant services continuously and comprehensively. The MTP maintains a list of transplant surgeons and physicians who are on call to facilitate organ acceptance, procurement, implantation, clinical activities related to patient care and any other urgent issues. The transplant physicians and surgeons are not associated with any other transplant program. All physicians and surgeons of the MTP live within a 45-minute drive to the Maine Medical Center and are available to report to the hospital within one hour. They are promptly available at all times by pager or phone and respond to all calls and pages within 15 minutes. The appropriate on site response time is dependent on the clinical judgment of the physician and surgeon on call and will vary with the specific requirements of the case, as local circumstances dictate. Each physician or surgeon on call is responsible for assuring his/her immediate availability for his/her scheduled on-call period and to secure a qualified alternative in the event they are temporarily unavailable.

Post-Transplant

Any Maine Transplant Program patient who is admitted to Maine Medical Center will be cared for by the dedicated inpatient transplant service. The goal of the service is to streamline care for transplant patients who are admitted to Maine Medical Center for the index surgical procedure and subsequent management of immunosuppression and complications. There are three categories of patients on this service:

1. Patients admitted by the transplant surgery service for either transplantation or for management of surgical complications post-transplantation.
2. Patients who are admitted by the inpatient transplant nephrology service for management of medical complications.
3. Transplant patients admitted to other non-transplant services that are seen in consultation.

Patients Admitted for Kidney Transplantation

Patients coming for transplantation are admitted by the transplant surgery service. The transplant nephrologist is consulted to co-manage medical and nephrologic issues. The transplant nurse practitioner participates in diagnostic testing, therapeutic management and patient education.

Post-Transplant Patient Care:

Multidisciplinary Rounds occur daily. Those present on rounds include the transplant nephrologist, surgeon, nephrology fellow (when on service), transplant NP, patient's RN, and the internal medicine resident. The role of the IM resident in this context is observational as this is viewed as primarily an educational opportunity. Also participating are the transplant pharmacist, who consults on all aspects of medication ordering and initial medication reconciliation. The transplant social worker and nutritionist also participate in the patient’s care.

Various consultants may participate in care, particularly endocrinology for those patients with preexisting or new onset diabetes after transplant. Other consultants are utilized as needed.

Discharge:

At the time of preparation for discharge, the discharge summary and After Visit Summary is prepared by the transplant surgery team and the nurse practitioner. Care coordination and social work are involved in discharge planning. The electronic health record is updated to include the salient features of the hospital stay. Final medication reconciliation is performed by the transplant nephrologist, pharmacist, nurse practitioner, and discharge instruction sheet is prepared. The medication list is updated in outpatient electronic medical record. Arrangements made for the patient to begin follow up care the Maine Transplant Program Clinic, with the first appointment taking place within 48 to 72 hours.

Patients Admitted for Post-Transplant Complications

Transplant patients with medical complications are admitted by the transplant nephrology (IM) team. The patient is staffed by the attending nephrologist. A nephrologist is available 24/7/365 for issues that pertain to clinical care and to help triage organ offers. The transplant nurse practitioner assists with the admission including test and medication ordering. Medication reconciliation is performed with the transplant pharmacist.
Discharge:

As the hospitalization progresses, the patient's evaluation and management plan will be determined and ultimately plans will be made for discharge. Care coordinators and social work are involved in that process.

Final medication reconciliation is performed by the transplant nephrologist, resident, nurse practitioner, and pharmacist. The discharge summary is completed by the transplant resident in conjunction with the transplant NP. The electronic health record is updated to include the salient features of the hospitalization including final updated medications and updating of diagnosis list, and a follow up appointment is made at the transplant clinic.

Administrative Responsibilities

The Transplant Program Director, primary physician and primary surgeon are responsible for oversight of the transplant program and for adopting and enforcing an on call policy, which ensures compliance with United Network for Organ Sharing bylaws. The program director monitors the program and makes schedule adjustments to mitigate excessive or severe demands. A failure or refusal to timely respond is reported to the Transplant Program Director.

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Original  
Revised 6/30/09, 3/6/12, 3/5/14, 1/23/18