Maine Medical Center
Transplant Program
Policies and Procedures
Communication with Patient Care Providers Policy

Purpose
It is the policy of the Maine Transplant Program to define the process for communicating with referring nephrologists, dialysis units, and primary care physicians.

Policy
Timely and comprehensive communication with affiliated nephrology practices and dialysis units is a vital component of excellent patient care. The Maine Transplant Program provides transplant services to patients throughout northern New England. It is the policy of the Maine Transplant Program to keep our patients’ care providers (including but not limited to referring nephrologists, dialysis units, and primary care physicians) up-to-date on all aspects of the transplant process both verbally and in writing, as outlined below.

Procedures

Clinical Practice

1. Patients to be evaluated for transplantation are referred by their local nephrologist through the completion of the appropriate referral forms, which are reviewed by the transplant team as described in “Process for Evaluating Potential Transplant Recipients.”
2. When a patient is selected for transplant evaluation and is seen by the transplant nephrologist, a copy of the written evaluation is forwarded to the patient’s care providers. In the event that a patient completes an educational session and decides not to be seen by the transplant nephrologist, a letter will be sent indicating this decision to the patient’s care providers.
3. The patient is presented at the Transplant Candidate Review (TCR) Meeting upon completion of the education class and required pre-transplant testing. This meeting is open to all nephrologists and dialysis team members as well as a multidisciplinary group from Maine Medical Center. At this meeting, outside dialysis team members are provided the opportunity to share information and any concerns with the pre-transplant coordinator assigned to their unit. The pre-transplant coordinator will note any pertinent information in the electronic medical record.
4. After the TCR Team makes a decision regarding the patient (i.e. accepted for listing, deferred or turned down), a letter will be generated that outlines the team’s decision, and a copy of this letter is sent to the patient and patient’s care providers within 10 days.
5. At the time of any listing status change, a letter outlining the change is sent to the patient, with a copy to the patient’s care providers within 10 days.
6. If a patient referred for transplantation does not show to her/his appointment three times, or is not able to be contacted on three occasions, a letter will be sent to such a patient and their care providers explaining their removal from the referral process. If at a later time they are interested in transplant evaluation, they will need a new referral to initiate the process.
Frequent informal communication also occurs between the pre-transplant coordinators and the patient’s care providers via phone or fax. The pre-transplant coordinators will document all pertinent information in the patient’s electronic medical record.
7. Each month the dialysis units and referring nephrologists for pre-emptive patients are provided a monthly referral report with status updates on each patient for the unit.
8. The dialysis units respond to the referral report above by providing the MTP an update on the waitlisted patient’s ability to adhere to medical, fluid and nutrition regimens. This form is electronically filed in the electronic medical record and is reviewed prior to transplantation (see Appendix 1).
9. The monthly Division of Nephrology Meeting and written communication is used to communicate any program updates to referring nephrologists.
Administrative Practice

1. MTP will communicate changes in key personnel to nephrology practices and dialysis units in writing or via verbal communication in Nephrology Department meetings.

2. MTP will communicate in writing and during the TCR meetings changes in patient selection criteria. Additionally, current selection criteria (and all MTP policies) are available on the Maine Transplant Program website.

Original Date: 1/25/10

Revision Dates: 10/3/12; 11/1/16, 6/8/17, 6/16/20

This policy was reviewed and approved at QAPI on 6/26/20

Policy Champion: John P. Vella, MD, FACP, FRCP, FASN, FAST – Director of Nephrology and Transplantation
Appendix 1:

Maine Transplant Program

Monthly Patient Adherence Report

Please complete this form for each waitlisted patient

Date: __________________________ Facility: ______________________
Pt. Name: ______________________ Pt. DOB: ____________________

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient is compliant with diet</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintains Dialysis Appointments</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Is patient signing off early?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Is patient meeting target weight pre-dialysis?</td>
<td></td>
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<td></td>
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<tr>
<td>Is patient showing medication adherence?</td>
<td></td>
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<tr>
<td>Has there been a recent hospital admission?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diagnosis of infection of any type?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

What is patient’s most current insurance? ______________________________

What is patient’s most recent lab results for the following labs?

Phosphorus ____  Potassium ____  Albumin ____  PTH ____  A1C (if applicable) ____

Please describe below any issues you feel need to be addressed by the transplant program.

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

Please fax completed form to 207-662-7160 |