Maine Medical Center
Maine Transplant Program
Policies and Procedures
Process for Evaluating Kidney Transplant Candidates

Purpose

To define the Maine Transplant Program’s process for the evaluation of kidney transplant candidates.

Policy

To ensure that all potential kidney transplant candidates receive an appropriate and timely multidisciplinary care evaluation prior to transplantation.

Procedures

Referral Phase

1. Patients are referred to the transplant program by the patient’s Nephrologist.
2. Referrals are reviewed by the Medical Office Assistant (MOA):
   - Completeness of referral information is assessed and missing data requested.
   - The MOA enters the patient’s demographic and referral information into the electronic medical record. Insurance verification is performed as necessary by the Transplant Financial Counselor if the patient is covered under a non-governmental insurance.
3. Patients referred for transplantation are offered an introductory class taught by the RN Coordinator or Nurse Practitioner which provides general information regarding transplantation, living donation, risks and benefits, required care pre and post-transplant, and inclusion and exclusion criteria. At the introductory class, patients who chose to proceed and are deemed appropriate to proceed with evaluation (i.e. no apparent contraindications) sign necessary consents, releases, and are scheduled for an Initial Phase 1 Visit. Patients are provided a list of required health maintenance screenings that should be completed by their first visit to the Clinic (e.g. mammogram, colonoscopy, PSA, dental evaluation).

Evaluation Phase

In addition to the education class, the evaluation phase includes two clinic visits, testing, and consultation with the multidisciplinary team.
1. Visit 1 includes an assessment; completion of Transplant Program Information and Consent to Participate, and education by the RN Coordinator, Financial Counselor, Social Worker, Nutrition, and laboratory testing.
2. Visit 2 includes an assessment by Nephrology, Surgery, Pharmacy, the RN Coordinator and additional laboratory testing.
3. Evaluation testing is completed between Visits 1 and 2, and additional testing may be ordered as needed by the physician at Visit 2.
4. A “fast track” testing option is available to patients able to complete a number of required tests at MMC.
5. The goal of the visit with the Social Worker is to assess psychosocial functioning, mental health and social work needs, and determine any barriers to transplantation and care following transplant. The Social Worker may also consult with the dialysis Social Worker or community mental health provider.
6. The goal of the visit with the Nutritionist is educate the patient regarding recommended nutrition pre and post-transplant, assess dietary needs, and determine ability and motivation to follow a recommended diet pre and post-surgery. If weight loss is required, the Nutritionist will provide a plan and recommendations for the patient.

7. The Transplant Pharmacist assesses the patient’s understanding of his/her current medications, and ability and motivation to follow a post-transplant medication regimen. S/he also reviews any medications that may be contraindicated prior to or after transplantation.

8. All results of the evaluation are provided to the referring Nephrologist, and other physicians upon request.

9. It is expected that the evaluation process will be completed within six months of initiation.

**Transplant Candidate Review Phase**

The Pre Transplant RN Coordinator is responsible to compile all evaluation testing and multidisciplinary consultations and present to the Transplant Candidate Review (TCR) Committee. The patient’s referring Nephrologist and dialysis center representative are invited to attend the TCR. The multidisciplinary team determines the candidate’s appropriateness for listing as follows:

- Wait list for transplant: Either status 1 (“Active”) or 7 (“inactive”)
- Turn down for transplant
- Decision deferred pending resolution of active medical/psychosocial issues or accrual of more information

The Committee Review, attendance, and decision will be documented in the patient electronic medical record. This documentation will include eligibility/suitability for transplant based on program inclusion/exclusion criteria, and any discussion details relevant to the patient’s status.

If a patient is presented at TCR and the decision to list deferred pending additional testing or information, or resolution of medical or psychosocial issues, the decision will be noted as deferred in the patient electronic medical record. The patient will need to be represented to the TCR Committee at a future date prior to listing. Patients will not be listed without presentation and approval of the TCR Committee and documentation of that approval in the patient electronic medical record.

The patient and referring Nephrologist and dialysis center (if appropriate) is informed in writing within 10 days of the Committee’s decision.

**Re-evaluation Phase**

Patients accepted for transplantation are required to return for multidisciplinary re-evaluation at least every 18 months.

The purpose of this reevaluation visit is as follows: Update medical, pharmacotherapeutic and psychosocial status

- Assess co-morbidities
- Discuss projected waiting time
- Review current MTP outcome data
- Explore living donor options
- Discuss deceased donor options
Nutrition will reassess as needed based on defined clinical criteria.

**Dietitian Referral for Listed Renal Transplant Patients**

Recommend offering a nutrition referral to the registered dietitian (RD) to any listed renal transplant patient if any of the following are observed by nursing or physician staff.

1) A potassium $> 6.0$ consistently
2) A phosphorus of $> 7$ consistently
3) If a patient requests to see the transplant RD
4) An albumin of $\leq 3.5$
5) A BMI $\geq 37$

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Original
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