

Transplant Center Tip Sheet

Vanderbilt University Medical Center



TRANSPLANT COORDINATION
— STEPS TO SUCCESS —

Referral Process

Referrals are accepted via fax, through an online referral form, and through internal referrals from Vanderbilt providers and dialysis units.

Necessary forms for a referral:

- Completed referral form
- Legible insurance card
- Recent H&P or Clinic Note
- Recent labs
- Form 2728

Referral Best Practices

- Only provide the requested information within the past year. The longer it takes to sort through unnecessary paperwork, the longer it takes for the patient to begin the wait list process.
- Please make sure all copies are legible.

Kidney Eligibility Criteria

- ESRD as evidenced by measured (actual urinary collection) creatinine clearance level or 20ml/min or initiation of dialysis

Kidney Exclusionary Criteria

Absolute contraindications:

- Morbid obesity (BMI \geq 45)*
- Age \geq 80
- Active systemic infection
- Active substance abuse
- Sickle cell disease
- Significant psychiatric illness likely to interfere with compliance
- HIV – CD4 count $<$ 200 or detectable viral load
- Severe cardiac disease
- Active Malignancy
- Oxalosis (usually requires liver/ kidney transplant)
- Active Hepatitis B infection (detectable viral load)
- Medical noncompliance
- COPD/Oxygen dependence
- Pulmonary Hypertension
- Severe peripheral vascular disease/Vascular calcifications

*Patients with a BMI $>$ 45 can be referred to the Bariatric Surgery Clinic if interested

Relative contraindications:

- Age \geq 75 with no Living Donor Contact within 30 days
- Morbid obesity (BMI 35-40)
- Inadequate bladder/urinary conduit
- Frailty
- Multiple medical comorbidities
- History of Malignancy
- Psycho-Social concerns

Evaluation Process

• Prior to Day 1:

- Patients are emailed a link to view transplant education video
- Itinerary + forms mailed to patient, dialysis unit & referring provider

• Day 1:

- Surgeon and/or Nephrologist appointment
- Chest X-Ray
- EKG
- Labs

• After Day 1:

- Patients have a phone interview with a social worker
- Contacted by Transplant Coordinator to discuss next steps to complete evaluation

• Day 2-3:

- Additional testing requested by evaluating physician
- Cardiac Testing, Imaging, Specialty Consults, Dental Clearance, Age Appropriate Cancer Screenings

Cancer Screening Guidelines

Colonoscopy $>$ 50 years old

Females:

- Mammogram $>$ 40 years old
- Pap Smear 21-65 years old, repeat every 3 years or as indicated

Selection Committee

Multidisciplinary Selection Committee Meeting

- Meets every Monday
- Includes: MD, NP, RN, PharmD, Nutrition, Financial Coordinator, Social Work, Psychiatry, HLA lab
- Patient cases presented/reviewed/decision by entire team

Outcomes

- Approved for listing
- Declined for listing
- Needs additional testing/Deferred

Notification of Decision

- Patient-phone call
- Letter to dialysis unit, referring provider, patient

Next Steps

Patient declined

- Future candidacy dependent on reason for turnaround
- Wait time for re-referral noted in letter if applicable
- Referral to other transplant centers

Patient approved

- Listed on waitlist at our center in UNOS (United Network for Organ Sharing)
- Waitlisting requirement per UNOS: initiation of dialysis or eGFR \leq 20
- No longer using race adjusted eGFR
- May be listed as active or inactive

Patient needs additional testing/deferred

- Deferred- weight loss, compliance contract
- Must complete any additional testing and be re-presented at committee

Patient Status Reports

Vanderbilt sends out a patient status report to each dialysis facility at the beginning of every month that includes referred, evaluated, and waitlisted patients.

Please review the reports and if there is any incorrect data or if there are any changes in medical condition, psychosocial or compliance issues that may impact transplant candidacy for any of the patients, contact Vanderbilt at 615-936-0695.

Best Practices

- Maintain a Transplant binder to include a tracking sheet to track each patient through the referral process including appointment dates and reasons for denial or hold. Create a tab for each patient to include their referral and appointment letters as well as any other pertinent information. Templates are available from Network 8 if needed.
- Ensure that you have a back-up person at each facility who is familiar with the transplant tracking process and the location of your transplant binder and can communicate with the transplant centers in your absence.

Contacts

Referral Intake Coordinators

Brittani Jones & Brandy Maxwell
(p) 615-936-0695 (f) 615-936-0697

Social Workers

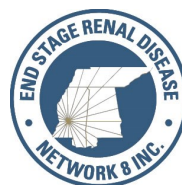
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