Name of Policy: **Transplant Conference/Candidate** THE UNIVERSITY OF **Selection Policy Number:** 3364-140-20 **Department:** Transplant Administration (Nursing Service) Chief Nursing Officer Approving Director, Renal Transplant Program Officer: Responsible **Transplant Coordinator** Effective Date: 7/1/2024 Agent: Initial Effective Date: June 15, 1990 Scope: The University of Toledo Medical Center New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

## (A) Policy Statement

A multidisciplinary Transplant team conference will be held on a regular basis.

# (B) Purpose of Policy

- 1. Forum for review for new ESRD patients who are potential renal transplant candidates.
- 2. Forum for review for diabetes mellitus (DM) patients who are potential pancreas transplant candidates
- 3. Forum for review and update of patients on waiting list for kidney and/or pancreas transplant.
- 4. Forum for review of transplanted patients.
- 5. Forum for review of living donor candidates.

### (C) Procedure

#### Frequency of Conferences

- 1. Transplant conferences will be held on a weekly basis at UTMC.
- 2. In the event of the need for an emergency meeting, the UTMC Patient Selection Committee will be convened by the Transplant Administrator.
- 3. The Transplant Coordinator or other designated individual will prepare the agenda, make arrangements and maintain minutes of all meetings.

<u>Attendance</u> – Members of the UTMC Patient Selection Committee will be appointed by the Executive Director, Transplant Director and/or the Transplant Medical Director

The primary Transplant team participants and their responsibilities;

- 1. Transplant Surgeon(s) evaluates potential kidney and/or pancreas transplant patients, provides work up plans, reviews medical testing and provides input into listing of patients. Performs transplant surgery. Provides post op follow up care.
- 2. Transplant Nephrologist evaluate potential kidney and/or pancreas transplant patients, provide work up plans, review medical testing and provide input into listing of patients. Provide outpatient care to post transplant patient.

- 3. Transplant Coordinator Provide orientation to potential candidates on a monthly basis.
- 4. Pre-Transplant Clinical Coordinator coordinate the pre-transplant process and present patient at transplant conference. Assist with listing process and annual evaluations.
- 5. Post-Transplant Clinical Coordinator provides input on patients post-transplant and discusses issues needing resolution.
- 6. Living Donor Clinical Coordinator coordinates all aspects of potential donor work up and presents donors for appropriateness of donation.
- 7. Social Worker performs psychosocial evaluation and presents data to transplant committee.
- 8. Financial Coordinator provides financial education to patients regarding expectations post transplant for medications and insurance coverage. Any problems identified are addressed at transplant committee.
- 9. Independent Living Donor advocate/ advocate team-ensure protection of the rights of living donors and prospective living donors.
- 10. Tissue typing representative present any data related to concerns regarding potential donation.
- 11. Pharmacy representative address any pertinent pharmacy issues.
- 12. Clinical nutrition –address any pertinent nutrition issues.
- 13. Additional members on the committee are considered ad hoc and are invited to attend all meetings. Specific requests are made for attendance when patients being presented require further input from these specialties. They include but are not limited to representatives from the following areas:

Anesthesiology Organ procurement Rehabilitation Medicine.
Cardiology Pathology Renal Nursing Unit
Chronic dialysis units Pediatrics Respiratory therapy
Hepatology Physical Therapy Vascular surgery
Immunology Pulmonary Hospital Administration

Infectious Disease Radiology Endocrinology

### Method

- 1. After referral to UTMC for kidney transplant evaluation, the patient must attend an orientation session and then see a transplant nephrologist and surgeon for a complete history and physical examination.
- 2. At the time of the transplant evaluation, the patient's psychosocial and financial evaluations are completed.
- 3. The transplant coordinator arranges all necessary testing and consultations to complete the transplant evaluation.
- 4. Once the evaluation and testing results have been received, the transplant coordinator presents the patient at the Transplant Selection Committee meeting. This includes a brief history and pertinent medical and social information in a prescribed format which will help to make a decision regarding suitability for transplantation.
- 5. Patient's suitability for kidney and/or pancreas transplantation is discussed by the committee members.

- 6. Patient is accepted or declined for transplantation by a vote of the committee.
  - a. If declined, adequate documentation should be made in the minutes of the conference.
  - b. If further information is required prior to making a decision, the Transplant Coordinator will notify the patient and arrange for further testing. Once complete, the patient will be represented to the committee.
  - c. The patient, referring physician, and dialysis center will be notified of the committee decision according to UNOS regulations.
- 7. Once the patient has been accepted for transplantation by the Transplant Committee, his or her name and required information is entered into the UNOS database by the Transplant Administrative staff.
- 8. Patients on the waiting list may be reviewed at the Committee meeting to confirm their continuous readiness for transplant. Patients may be temporarily placed on "hold" (Status 7) due to temporary medical or other problems and returned to "active" status (Status 1) when problems are resolved or removed from the waitlist when deemed appropriate.
- 9. The current status of transplanted patients may be reviewed and discussed as well as the need for any follow up tests or procedures.
- 10. Potential candidates for living donation will be presented and approved or denied by a vote of the committee. (See policy #3364-140-01)
- 11. Living Donor surgeries should not be scheduled prior to acceptance of both donor and recipient by the UTMC Selection Committee, however those donors and/or recipients that are coming from outside our local area may be scheduled, prior to acceptance by the UTMC Selection Committee, for reservation of the available surgery date and time.

Approved by:		Review/Revision Date:	
rr		7/91	4/15/15
		4/93	4/15/18
/s/		5/94	5/1/2018
Kurt Kless, MSN, MBA, RN, NE-BC	Date	3/95	11/15/2018
Chief Nursing Officer/CNO		6/97	10/26/2021
		10/98	2/23/2024
		2/00	
/s/		8/02	
Michael Rees, MD	Date	7/05	
Director, Renal Transplant Program		2/07	
		9/07	
		10/07	
/s/		12/07	
Kunal Yadav, MD	Date	1/9/2009	
Director, Pancreas Transplant Program		1/12/2010	
		11/10/2010	
		12/3/12	
Review/Revision Completed By:			
Transplant Surgeon, Transplant Administrator		Nont Donie De	7/1/2027
		Next Review Dat	e: 7/1/2027