



Kidney Eligibility Criteria

End Stage Renal Disease as defined by the following a creatinine clearance less than or equal to 20ml/min or on dialysis

Kidney Exclusionary Criteria

Absolute contraindications:

- History of invasive malignancy (excluding in situ lesions) treated within the two years prior to evaluation, except non-melanoma skin cancer and certain incidental renal cell carcinomas
- Melanoma history other than stage 1 or less
- Uncontrolled major psychiatric disorders such as schizophrenia, bipolar or major depression with psychosis
- Inability to care for self after transplantation or without adequate support systems
- Advanced, non-reconstructable vascular disease (i.e. uncorrectable coronary or peripheral vascular disease)
- Disseminated systemic infection (i.e. HIV, current TB, active Hepatitis, Nocardia, or fungal infection)
- Advanced liver disease
- Active renal disease with an unreasonably high chance of recurrence until disease markers indicate quiescence
- Active alcohol or substance abuse, excluding tobacco.
- Ischemic cardiomyopathy with ejection fraction <20%
- Pulmonary disease with FEV1 <1.0 and/or home supplemental oxygen therapy
- Dependence on nursing home or other long-term care provider
- Inability to complete the transplant evaluation
- Communication that the patient does not want to pursue transplantation at this time
- Comorbid conditions that would preclude long term organ survival
- HIV if not within guidelines
- A creatinine clearance greater than 20ml/min

Relative contraindications:

- Age > 70 years, with candidacy determined on an individualized basis, based on the overall health status of the candidate
- Less than age 18
- Severe chronic lung disease or uncompensated pulmonary dysfunction
- Pulmonary hypertension with pulmonary artery systolic pressure >60mm/Hg unless enhanced cardiology clearance
- Heart failure with left ventricular ejection fraction less than 30%
- Absence of financial resources to support transplant and/or post-transplant follow-up (i.e. medications, living expenses, transportation, and medical care)
- Tobacco use in the setting of:
 - Type I Diabetes Mellitus
 - Coronary Artery Disease
 - Peripheral Vascular Disease
 - Chronic Lung Disease
- Evidence of previous substance abuse abstinence less than 6 months
- Significant cognitive impairment or physical limitation without reliable caregiver
- Resources deemed inadequate to support the necessary post-transplant care
- Candidates that have a higher than acceptable surgical risk
- Body mass index greater than 40
- Significant history of noncompliance

Referral Process

The following must be included for a referral:

- Patient Demographic Sheet (Required)
- Copy of Insurance Cards (Required)
- Recent History & Physical
- Medication List
- TB results & most Recent LAB
- Psychosocial & Nutrition Evaluation
- 2728 Form (Required, if ESRD on dialysis)
- Renal Biopsy (if done)
- Any Previous Test Results (EKG, STRESS TEST, ECHO, CATH, CT, CXR, etc.)

Facility Best Practices

- Please limit clinical information provided to within the past 2 years.
- Please make sure all copies are legible.
- 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.

Kidney Transplant Evaluation

Patients are contacted, and orientation is set up within 2 weeks. At orientation patients are in a class setting, and afterwards they go for lab work and a chest x-ray. Then they receive a letter detailing their appointments. Generally one day testing is accommodated, but it depends on what tests have been done in the last year.

Selection Committee

Multidisciplinary Selection Committee Meeting

- Meets every Friday
- Includes: Physicians, Coordinators, Pharmacist, Dietician, Financial Coordinator, Social Worker, Program Manager, and Quality Coordinator
- Patient evaluation presented/reviewed/decision made by entire team

Outcomes

- Approved for listing- Active or Inactive
- Declined
- Deferred

Notification of Decision

- Phone call to patient
- Letter to patient, referring provider and dialysis unit if applicable

Next Steps

- Listed on waitlist in UNOS (United Network for Organ Sharing)
- If listed inactive, declined or deferred the notification letter will detail the reason why
- Once patients complete the reason for inactivation or deferred they will be re-presented

If patients are declined and the reason for decline changes, they can be referred at any time.

Patient Status Reports

Erlanger sends out patient status reports the 3rd Wednesday every 3 months by fax. Please review the reports and contact the transplant center if you notice any discrepancies. Coordinator contact information is on the report.

Contacts

Referral Intake Coordinator:

Amber Tate

Phone: 423-778-8004

Kidney Transplant Social Worker:

Kathleen Sullivan, LCSW

Phone: 423-778-2174

If you have any questions or need additional information, please call 423-778-8067.



END STAGE RENAL DISEASE
NETWORK 8, INC.