



## Kidney Eligibility Criteria

- Chronic Kidney Disease with GFR < 20 ml/min or currently on dialysis
- Mentally Competent
- Patient desires a Kidney Transplant
- Candidates are > or = to 18 years old

## Referral Process

Piedmont accepts referrals from the dialysis social worker (IDT) on behalf of the patient's physician, from the physician directly and/or the patient.

Referrals are accepted via fax, through the referral app, by telephone or through Transplant Referral Exchange (TREX).

Once received, patients are contacted shortly and the initial evaluation is scheduled within 2 weeks (or per the patient's schedule).

Necessary forms for a faxed referral

- Form 2728 (if the patient has started dialysis)
- History and Physical (within a year of referral)
- Copies of insurance cards
- Recent labs including GFR (if possible)
- Demographic/ Facesheet
- PCP referral only if required by insurance

## Referral Best Practices

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

## Kidney Exclusionary Criteria

### Absolute contraindications:

- Severe chronic lung disease
- Significant, non-reversible cardiac disease
- Unstable major psychiatric disorders
- Inability to understand risks of transplant & care of self afterwards (informed consent) without domestic support
- Active substance abuse
- Tobacco use in setting of
  - ◇ Diabetes Mellitus
  - ◇ Coronary Artery Disease
  - ◇ Peripheral Vascular Disease
  - ◇ Chronic Lung Disease

### Relative contraindications:

- Active malignancy or incompletely treated malignancy
- HIV w/ coinfection w/ Hep B or Hep C
- Irreversible coagulation disorder
- Active immunologic disease
- Evidence of previous substance abuse, abstinent less than 6 months
- Nonadherence to treatment regimen
- Advanced liver disease (unless patient considered for combined kidney/liver transplant)
- Absence of financial resources to support transplant and post-transplant follow up including medication, living expenses, transportation and medical care
- Advanced vascular disease
- Tobacco use
- Ongoing marijuana use with inability to stop
- Debility/poor mobility with poor rehabilitation potential
- Psychiatric disorder, mild to moderate compensated
  - Schizophrenia
  - Bipolar Disorder
  - Schizoaffective AfDisorder
- Dementia or severe cognitive disorder

### Considerations with regards to weight:

- If patient is age 60 or older, a BMI of 42 will be evaluated for transplant
- If patient is age 60 or younger, a BMI of 45 or less will be evaluated for transplant
- CT Scan of the abdomen/pelvis is the ultimate determinant of candidacy as determined by the transplant surgeon

## Kidney Transplant Evaluation

- One day evaluation
- Day begins with an education class taught by a Nurse pre-kidney transplant coordinator
- Nephrologist evaluation
- Social worker evaluation
- Dietitian evaluation (if applicable)
- Labs
- Radiology: chest x-ray, kidney ultrasound and CT scan of the abdomen and pelvis

### Additional testing requirements:

- Cardiac testing: stress test, echocardiogram & cardiac catheterization
- Colonoscopy
- Biopsy reports
- Vascular reports
- Mammogram and pap smear

### Financial evaluation:

- Income
- Insurance
- Citizenship
- Connection to state and federal benefits
- Post-transplant medication costs
- Travel/lodging costs (if applicable)

## Selection Committee

- Each patient is presented to the Selection Committee ~ 2 weeks after clinic visit
- Candidacy and further testing determined
- Patient has 90 days to initiate testing, they may take > 90 days to complete. If the patient has not started transplant testing in three months we assume they are not interested in transplant listing and close their file.
- Patient will work with coordinator to complete additional items required for listing.

## Post Evaluation

- About a 2 week turnaround from referral to selection committee.
- Patient, referring MD, and dialysis center receive follow up letter with instructions.
- Patient follows up with coordinator on next steps. (Clearance letters, pathology reports, and testing)

## Patient Status Reports

Piedmont Transplant Institute sends out a quarterly patient status report to each dialysis clinic which helps the social workers and referring MDs understand the patient's listing status and what the next steps are in the listing process. These reports are provided in March, June, September, and December.

All coordinator contact info is also listed on these reports.

Please review the reports and contact the transplant center if you notice any discrepancies.

## Facility 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:

Amy Mickens  
Patient Last Name (A-L)  
Phone: 404-605-4609  
Fax: 404-609-6728  
[Amy.Mickens@piedmont.org](mailto:Amy.Mickens@piedmont.org)

Brianna Salter  
Patient Last Name (M-Z)  
Phone: 404-605-4606  
Fax: 404-609-6728  
[Brianna.Salter@piedmont.org](mailto:Brianna.Salter@piedmont.org)

### Kidney Transplant Social Workers:

Melissa Corry, LMSW  
Patient Last Name (A-L)  
Phone: 404-605-3443  
Fax: 404-588-4550  
[Melissa.Corry@piedmont.org](mailto:Melissa.Corry@piedmont.org)

Rebecca Holt-Peebles, LMSW  
Patient Last Name (M-Z)  
Phone: 404-605-2374  
Fax: 678-732-1757  
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**If you need additional information or have questions, please call 470-585-2168 or 404-605-4600.**



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