

Transplant Center Tip Sheet

Emory Transplant Center



TRANSPLANT COORDINATION
— STEPS TO SUCCESS —

Referral Process

- Emory accepts all referrals from dialysis centers, healthcare providers, and/or the patient as a self-referral.
- Referrals may be submitted via fax (404-727-8972) or through the TRES app.

Once received, a confirmation letter will be sent to the referral source acknowledging receipt and alerting if there are missing items. Patients are contacted shortly after and initial evaluation appointment is scheduled based on the patient's availability.

Required Documentation

- Primary Insurance Cards: front & back
- Secondary Insurance Cards: front & back
- Form 2728
- H&P (within 6 months) – if not available, provide hospital discharge summary, admission H&P or last office visit note.
- Recent Labs (within 3 months)
- Medication List
- Completed Referral Form

Kidney Eligibility Criteria

- All candidates will be considered based on the individual's overall health and functional status, regardless of age
- Patients should have CKD stage IV or higher at time of referral, however must be dialysis dependent or have a creatinine clearance of ≤ 20 ml/min prior to being eligible for listing on the UNOS waitlist
- Sufficient family and social support system
- Ability to obtain and take prescribed medications after transplant and to successfully manage the post-transplant treatment regimen

Kidney Exclusionary Criteria

- Severe irreversible extra-renal end organ disease (for example: respiratory disease, cardiac disease or liver disease) or general medical condition or functional status that makes the risk of transplant greater than the potential benefit
- Active drug abuse (cocaine, IV drugs, methamphetamines, etc.)
- Tobacco use in setting of Diabetes
- Severe mental disability without adequate social support to manage post-transplant regimen
- Significant history of nonadherence to treatment regimen

Referral Best Practices

We may evaluate patients even if they are not candidates for transplant at this time. For example, if the patient has a successfully treated malignancy and requires a waiting period prior to transplant and immunosuppression, it would be advantageous to proceed with evaluation and potentially listing for transplant. The patients would be listed in an inactive status, so that they would not be offered organs for transplant but would accrue credit for waiting time.

We evaluate patients for kidney transplantation who previously may not have been considered. Examples include patients with sickle cell disease, HIV infection, or morbid obesity. Morbid obesity protocol requires weight loss to a BMI of 35 or less prior to renal transplantation, and a BMI of 30 or less prior to combined kidney and pancreas transplant.

If there is uncertainty regarding a patient's candidacy for transplant, please refer the patient for evaluation and contact us at 855-366-7989.

Monthly Status Report

A monthly status report is sent by fax on the last business day of each month. If the last business day is a holiday, the report will be sent the day before. The report includes each patient in process at our center that is affiliated with the specific dialysis center.

Any updates or changes need to be notified to the center. These updates can be emailed to Brittany Moore, our Kidney Transplant Relations Liaison, at Brittany.jacobson@emoryhealthcare.org.

Evaluation Process

Initial Testing – Patients are scheduled for several tests and appointments

- EKG
- Chest X-Ray
- Lab testing
- Mid-level provider consultation
- Social worker consultation
- Financial Coordinator consultation
- Pre-Transplant education with a nurse
- Dietician consultation

Phase 2 testing – Patients will have additional consultations and diagnostic testing which may include:

- Transplant surgeon
- Transplant nephrologist
- MRI/MRA of the abdomen/pelvis
- Echocardiogram
- Cardiac stress testing
- Consultations with additional specialists may be ordered based on the patient's history:
 - Cardiology
 - Mental health specialists
 - Hepatology (for history of Hepatitis B or C or other liver disease)
 - Hematology (for history of sickle cell anemia or other hematologic disease)
 - Pulmonology (history of COPD or severe sleep apnea)

Outside records may also be obtained, reviewed and prepared for the consultants who will see the candidate.

Selection Committee

A multidisciplinary team meets weekly to review patients who have completed their evaluation testing and make a recommendation regarding readiness for kidney transplant. Once a decision is made, the patient, provider, and dialysis center (if applicable) will be notified of the decision.

Waitlist Best Practices

Patients who are active (status 1) on the kidney transplant waitlist will be required to submit monthly HLA blood samples to the center. If the patient is on dialysis, the kits will be mailed to the individual dialysis centers for the labs to be drawn. If the patient isn't on dialysis, the kits will be mailed to the patients home and the patient is responsible for getting the labs drawn.

Other 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.

Contact Information

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