



### 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

<b>Referral Intake Coordinator:</b>	<b>Kidney Transplant Social Worker:</b>
Amber Tate	Kathleen Sullivan, LCSW
Phone: 423-778-8004	Phone: 423-778-2174

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



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