**Policy: Kidney/Pancreas Pre-Transplant: Express Evaluation Procedure**

**Statement: 1. Activation date: 10/10/2007**
**2. Affected Department:** Kidney/PancreasTransplant Program
**3. Vision Strategy:** Patient Care
**4. Policy Statement:** The Emory Transplant Center will comply with all applicable federal, state and local laws, regulations and policies regarding the evaluation and selection of suitable candidates who are referred for kidney and/or pancreas transplantation.
**5. Basis**: This policy is necessary for the protection of patients, physicians and staff.
**6. Administrative Responsibility:** Section heads, physicians, practitioners, and staff are responsible for compliance with this policy.

**Scope/Procedure:**

**7. Procedure:**
a. All patients referred for a Kidney, Kidney/Pancreas, or Pancreas Transplant evaluation who live > 5 hours away by car, require air travel to Emory for transplant evaluation, or as directed by the pre-transplant team will be eligible for the Express Evaluation, which provides the pre-transplant evaluation over 3-5 consecutive days.

b. Referral received and entered into OTTR by the medical secretary senior within 24 hours. The medical secretary senior will identify potential express evaluation patients according to their address or if the patient expresses interest in express evaluation and change the patient phase in OTTR to Evaluation-Express.

c. Express Evaluation will be indicated in OTTR Action: Referral Chart to Medical Review and Referral Chart to Insurance by the medical secretary senior. The referral data will be scanned into the EDMS database. The referring physician will perform the medical review and indicate in the progress notes the orders for tests/consultations. The MD provider will create and mark action done for “referral medical review done”.

1- The financial coordinator will verify insurance for all patients that have been referred to the renal transplant program, to ensure the patient has adequate benefits to cover the transplant evaluation. The financial coordinator will be responsible for contacting / notifying all Express Patients (donors and recipients) if insurance does not meet significant coverage for transplant evaluation (i.e. Medicare only or Out of State Medicaid) by phone prior to their scheduled Day 1 evaluation appointment.

2- If the financial coordinator is unable to contact the Express patient, or if the patient does not return the financial coordinator’s phone call, the financial coordinator will document the information in an OTTR progress noted and will electronically communicate the insurance findings to the Medical Secretary Sr. and the following will occur:

aa. The MD will be notified by the medical secretary sr.

bb. The referral will be closed by the medical secretary sr.

cc. The financial coordinator will create and forward an Insurance Ineligibility Letter to the MD for signature.

dd. Once signed, the letter will be sent to the patient with a copy to the referring physician and the dialysis unit.

ee. The letter will be copied and pasted into OTTR and the hard copy will be scanned into the EDMS system.

3- When the financial coordinator is able to contact the Express patient concerning his/her transplant process and out of pocket responsibility the conversation will be documented in OTTR insurance notes by the financial coordinator. The patient will make the decision to pursue or terminate the evaluation opportunity once the facts concerning his/her individual coverage have been explained by and discussed with the financial coordinator.

d. Once insurance verification is received, the transplant financial coordinator will mark Referral Chart to Insurance done and create action: Chart to evaluation scheduler sending a notice to the designated medical secretary senior for scheduling of all ordered tests, appointments, and consultations and the education class.

e. The medical secretary senior will attempt to contact the patient three times using all phone numbers provided including the dialysis center and referring nephrologist. All attempts will be documented in progress notes in OTTR. If no contact is made after three attempts a no contact letter will be sent to the patient and referring nephrologist and the chart moved to not a candidate (reference the No Contact Letter and No Contact Policy).

f. The medical secretary senior will speak with the patient and outline the express evaluation process to include but not be limited to the patient responsibilities:

1- The patient will be responsible for scheduling any necessary travel, hotel, or transient hemodialysis needed during the pre-transplant evaluation.

2- The medical secretary senior will work with the patient to determine a suitable evaluation schedule taking into account dialysis days, transient dialysis needs, hotel plans and travel issues. The medical secretary senior will work with the patient’s dialysis unit Social Worker to provide transient dialysis options for the patient in the Atlanta Area. The patient and the home dialysis unit will be responsible for all arrangements. The medical secretary senior will involve the Emory Transplant Social Work Staff when needed to facilitate required support and services for the patient.

3- The medical secretary senior will impress upon the patient the need to plan and prepare for the evaluation process and will provide contact information in the event of a requirement for cancellation or change in appointment schedule.

4- The medical secretary senior will ask the patient to obtain and bring or fax any requested previous medical records to include: other center’s transplant evaluation work-up within the last two years, current year GYN/PAP reports, current year Mammogram, Colonoscopy within last five years, all cardiac testing within last two years.

g. When the medical secretary is satisfied that the patient has elected to pursue the required community support scheduling, he/she will then work with the transplant coordinator to obtain requests for all tests ordered and to obtain Day 2 Lab work request for evaluation days. A letter with testing itinerary will be sent to the patient informing him/her of the upcoming evaluation appointments (reference the Kidney Transplant Express Evaluation Letter). Express evaluations will take place on Monday/Tuesday or Wednesday/Thursday combinations or other daily combinations that may be necessary if the patient requires additional days to complete the express evaluation if requiring transient dialysis. The patient letter will be copied and pasted into OTTR in the Patient>Text Documents>Letters>Eval Express Letter section for reference.

h.The medical secretary senior will create an “Action” in OTTR for any consultations/diagnostic tests ordered. The action will include scheduled dates, time and location of each test ordered.

i. All referral documents will be scanned into the EDMS system.

j. If the patient does not show or cancels for the scheduled evaluation (on day one or day two) the medical secretary sr. assigned to the evaluating coordinator team will add “No Show” action in OTTR, a brief progress note will be written and the patient re-scheduled. If it is the second no show the No Show Policy will be implemented (reference No Show Policy).

k. The morning of the day one evaluation will consist of the following: history and physical by mid-level provider, day one labs (reference the Kidney/Pancreas Pre- Transplant Lab Draw Protocol), chest x-ray, EKG, and consultations by the evaluating coordinator, a social worker, nutritionist, financial coordinator, and possible consultation with transplant psychiatrist. The education class, diagnostic tests and consultations will occur during the afternoon of Day One and all of Day Two or according to the express evaluation schedule as created by the medical secretary senior.

l. Each pre-transplant coordinator (evaluating coordinator) will be responsible for visiting his/her assigned patients on day one of the evaluation (substitute coordinator may see patients if the assigned coordinator is not working that day). The pre-transplant coordinator will provide the patient with his/her business card and tentative conference date, and will provide a brief explanation of the evaluation process.

m. The social worker will add brief comments to the social worker consult “Action” in OTTR, add this as a progress note, and mark the action done. The financial coordinator will add brief comments to the transplant plan “Action” in OTTR, add this as a progress note, and mark the action done. The nutritionist will enter an assessment note in OTTR.

n. The mid-level provider performing the history and physical will determine if any additional testing or consultations need to be scheduled per the Kidney/Pancreas Transplant Recipient Evaluation Testing Protocol. This includes a consultation with the living donor coordinator for patients with potential living donors.

o. The mid-level provider will close the referral, create an evaluation encounter in OTTR, and add an “Action” for any tests or additional consultations ordered. The mid-level provider will make sure the pre-transplant coordinator is listed under the care providers section in OTTR. An action will be created for “conference scheduled” with the schedule date being the Wednesday of the following week after the Day 2 appointment and “ordered by” will be changed to the assigned pre-transplant coordinator. Any relevant test reports obtained from an outside facility will be documented in the appropriate action and added to the progress notes. The mid-level provider will also create the Transplant Evaluation Interim Summary in the physician evaluation notes section of the evaluation encounter using the Physician Evaluation Notes Template document.

p. Any additional tests (orders/forms or labs needed as assessed by mid-level provider will be ordered and given to the evaluation scheduler in the clinic for scheduling during the express evaluation if at all possible. Any tests or consultations that can be scheduled during the express evaluation will be completed and an itinerary (refer to the Day Two Kidney Transplant Evaluation Schedule document), instructions (reference the DSE and adenosine thallium stress test instruction documents), and directions will be given to the patient. Any additional tests or consultations which are not able to be scheduled on the Day Two Evaluation date will be scheduled on another date. The evaluation scheduler will work with the patient to make follow-up testing arrangements. Changes in original itinerary document will be provided to the patient by the evaluation scheduler and a copy of the change document will be copied and pasted into OTTR using instructions in section g. above.

q. The mid-level provider will dictate the history and physical and cc this to the referring nephrologist. The “mid-level renal” letter to the referring nephrologist will also be dictated by the mid-level provider. These documents will be mailed to the referring nephrologist through the medical records department (reference the Kidney/Pancreas Pre-Transplant Program Correspondence Communication Procedure).

r. Any critical findings from the express evaluation will be communicated by the mid-level provider to an RN at the patient’s dialysis center or directly to the referring nephrologist by phone and the appropriate reports faxed. A note will also be place in OTTR documenting this communication and emailed through OTTR to the assigned pre-transplant coordinator.

s. The EDMS record and any outside documents provided by the patient for review will remain in the outpatient evaluation suite for physicians to use for transplant surgery and nephrology consultations. Activation lab orders will be taken out of the paperchart on Day Two of the evaluation by the outpatient clinic staff member assigned to the evaluation rooms for the day & given to the appropriate lab employee to enter.

t. Patients will return to Emory on scheduled Day 2 of the evaluation. After completion of scheduled morning tests the patients will return to the Outpatient Transplant Clinic for consultations and Day 2 labs after completing testing.

u. Any additional labs, tests, or consultations determined to be necessary by the transplant nephrologist and/or transplant surgeon during consultations on Day Two will be ordered by the physician by writing the order in the patient's chart. All orders will be processed same-day by the evaluation team scheduler in the clinic. When receiving the order, the evaluation team scheduler will create an "Action" in OTTR, which indicates the test to be ordered.

v. A letter to the referring nephrologist will be dictated by the transplant surgeon after Day Two consultation updating the patient status (reference the Kidney/Pancreas Pre-Transplant Program Correspondence Communication Procedure).

x. Day 2 paper evaluation charts will be picked up by the medical records clerk assigned and placed in the designated pre-conference file cabinet.

y. Any requested documents received by mail or fax after the express evaluation will be entered into OTTR by the appropriate pre-transplant coordinator and drop filled into the paper chart by the medical records clerk. The documents will be scanned into the EDMS record when a determination of candidacy has been made.

z. Emory diagnostic test results are to be reviewed within 7 business days by the mid-level provider team who saw the patient during the evaluation. When an “Action” has been reviewed by the pre-transplant coordinator or mid-level provider the “Action” will be “marked done”. Outside diagnostic test results are to be reviewed within 3 days of receipt of the test via fax or mail by the evaluating pre-transplant coordinator. Mid-Levels and Pre-transplant coordinators will communicate any significant abnormal results as clinically indicated to ordering MD immediately for review/ resolution.

aa. Patient cases will be presented at the weekly Kidney/Pancreas Transplant Selection Committee meeting one week after the Day Two Evaluation visit. The history/physical, diagnostic test results, labs, and consultation reports along with all outside test results related to the evaluation will be presented by the evaluating pre-transplant coordinator. The committee decision will be one of five possible outcomes:

**Approved for listing**
**Medically approved/Needs approved transplant plan**
**Transplant Plan approved/Needs medical clearance**
**Needs medical clearance and approved Transplant**

**Plan**
**Not a candidate for transplant**

Patients will be notified of the committee decision via telephone by the evaluating pre-transplant coordinator within 3 business days. A list of patients presented in conference will be emailed to the call center coordinators by the day pre-transplant coordinators.

Patients will also receive a letter and copy of the Transplant Evaluation Summary (physician evaluation notes in the evaluation encounter in OTTR) via mail sent by the call center coordinators. The referring nephrologists and dialysis center will receive a copy of the Transplant Evaluation Summary and copies of the laboratory results, diagnostic study reports and consultation reports via fax by the call center coordinators (reference the Kidney/Pancreas Pre-Transplant Program Correspondence Communication Procedure). Patients will have 90 days from the date on the letter to complete any outstanding medical or financial requirements listed on the Transplant Evaluation Summary.

bb. The evaluating pre-transplant coordinator will work with the patient to complete any outstanding medical requirements listed on the Transplant Evaluation Summary.

1- Thirty days after the conference presentation the pre-transplant coordinator will review the patient’s status and call the patient to discuss outstanding items. He/she will document in OTTR.

2- Sixty days after conference presentation the pre-transplant coordinator will review their status in the weekly tracking meeting. It will be determined if an extension will be granted. The pre-transplant coordinator will call the patient to inform them of an extension or if the outstanding items must be completed in the next 30 days and the 60 day letter or 60 day letter with 30 day extension will be sent to the patient by the pre-transplant coordinator. The pre-transplant coordinator will mark done the action “60 day evaluation review” and add the action “30 day evaluation extension” if applicable.

3- Any patient given a 30 day extension will be reviewed in 30 days at the weekly tracking meeting and a decision to grant another extension will be made or if the evaluation is to be terminated.

a. Patients who do not complete the additional medical items in the time allotted to them will be sent a letter by the program medical directorterminating their evaluation. The assigned pre-transplant coordinator will present this information in the weekly tracking meeting. The chart will be given to the attending surgeon to change the phase to Evaluation: Not a Candidate at This Time, close the evaluation, write Not A Candidate letters to the patient and referring physician/dialysis center and send a OTTR e-mail to the medical secretary sr. who will follow the Kidney/Pancreas Pre-Transplant Program Correspondence Communication Procedure and send out the NOT A CANDIDATE letter dictated by the physician, place a hard copy on the chart, Create Action: Chart to Microfilm, and given to the medical records clerk for disposition.

b. If the patient is approved for listing at conference the assigned pre-transplant will email the call center coordinators who will begin the activation process.

c. If the patient is found to NOT be a candidate for transplant at conference the chart will be given to the surgeon who will change the phase to Evaluation: Not a Candidate at This Time, close the evaluation, dictate the Not A Candidate letter to the patient and referring physician/dialysis center. He/she will alert his/her administrative secretary who will follow the Kidney/Pancreas Pre-Transplant Program Correspondence Communication Procedure to created and send out the NOT A CANDIDATE letter to all concerned. The chart will be returned to the Medical Secretary Sr. for temporary storage. The administrative secretary will return a copy of the letter to the Medical Secretary Sr. who will, place the hard copy on the chart and index the chart for final scanning. The Medical Records clerk will scan the chart.

4. Financial coordinators will work with patients to complete any outstanding financial requirements listed on the Transplant Evaluation Summary implementing the 90 day letter for financial requirements incomplete (reference Kidney/Pancreas Pre- Transplant Program Correspondence Communication Procedure).

a. Patients who do not complete the financial requirements within 90 days will be presented in the weekly tracking meeting by the TFC’s. The surgeon will change the phase to Evaluation: Not a Candidate at This Time, close the evaluation, write Not A Candidate letters to the patient and referring physician/dialysis center and send a OTTR e-mail to the medical secretary sr. who will follow the Kidney/Pancreas Pre-Transplant Program Correspondence Communication Procedure and send out the NOT A CANDIDATE letter dictated by the physician, place a hard copy on the chart, Create Action: Chart to Microfilm, and given to the medical records clerk for disposition.

Approved by: Renal Transplant Leadership Group