KIDNEY TRANSPLANTATION SITE SELECTION

Programs providing successful kidney transplantation services demonstrate expertise and a broad commitment to the program. The following criteria specify the facilities, experience, survival rates, and personnel required of programs seeking consideration as a Center of Excellence. Programs must be Medicare certified as a Renal Transplant Program and also be members of the United Network for Organ Sharing (UNOS).

1. FACILITIES

1.1. Programs must have an established kidney transplantation program in operation for two twelve-month periods prior to application for consideration as a Center of Excellence.

1.2. The program must have an identified, stable team responsible for kidney transplantation. The team should consist of participants from surgery, nephrology, vascular surgery, general surgery, anesthesiology, immunology, infectious diseases, pulmonary diseases, diabetology, pathology, radiology, nursing, blood banks, dietary services, and social services. The component teams must be integrated into a comprehensive team with clearly defined leadership and corresponding responsibility.

1.2.1. The anesthesia service must identify a team for kidney transplantation that must be available at all times.

1.2.2. The infectious disease service must have both the professional skills and laboratory resources needed to discover, identify, and manage the complications from a whole range of organisms, many of which are uncommonly encountered in the usual infectious diseases laboratory.

1.2.3. The nursing service must identify a team or teams trained in hemodynamic support and management of immunocompromised patients.

1.2.4. Pathology resources must be available for studying and reporting promptly the pathological response to transplantation.

1.2.5. Adequate social service resources must be available.

1.2.6. Blood banking services must be available on a 24-hour, 7-day-a-week basis.

1.3. The program must have adequate patient management plans and protocols, including:

1.3.1 Detailed plans describing the performance of therapeutic and evaluation procedures for the acute and long-term management of a patient, including, commonly encountered complications.

1.3.2 Detailed plans for patient management and evaluation during the waiting and immediate post-discharge phases as well as the inpatient phase of the program.

1.3.3 Detailed plans for long-term patient management, evaluation, and follow-up, including education of the patient, liaison with the patient’s family and/or referring physician, and maintenance of the medical records.
1.4. The program must have reasonable and consistent written patient selection criteria and a plan for their implementation. The program will share their criteria with the NTN and notify the NTN promptly of any modifications.

1.5. The program must operate or participate in an organ procurement program to obtain donor organs. Programs that use an outside organ procurement agency must have written arrangements covering these services.

1.6. The program must ongoing Quality Management Program and be willing to share this information when so requested.

2. EXPERIENCE

2.1. The program must demonstrate experience and success with kidney transplantation and associated immunosuppressive technique. The evaluation of a program’s kidney transplantation experience will be based on patients transplanted in the twelve-month period prior to application for consideration as a Center of Excellence.

2.2. Institutions performing kidney transplantation on patients must have an established transplantation program with documented evidence of 15 or more cases in the previous year. Programs should demonstrate a trend of performing an average of at least 15 kidney transplantation per year over 2 years.

3. SURVIVAL RATES

3.1. To be considered for approval as a kidney transplant program, the program must demonstrate survival rates for one month, one year, and three years, at or above UNOS mean patient and graft survival rates, as risk-adjusted for the specific program.

3.2. The Kaplan-Meier technique must be used in reporting survival rates.

4. PERSONNEL

4.1. Each Center of Excellence must have on-site a qualified kidney transplant surgeon available 24 hours per day, 7 days per week. Qualified kidney surgeons must have an American Board of Surgery certification or its equivalent. The transplant surgeon must have a minimum of one year of formal training post-residency and one year documented experience in a kidney transplant program that meets the membership criteria of the United Network for Organ Sharing (UNOS) or three years of documented experience with a kidney transplant program meeting UNOS membership criteria. Each year of experience must be substantive and relevant as defined in Attachment I to Appendix B of the By-Laws of UNOS, effective March 23, 2007.

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at or above is determined to include one full patient death > than expected.

4.2. Each Center of Excellence must have on-site a qualified transplant physician available 24 hours per day, 7 days per week. A qualified transplant physician must be certified by the American Board of Internal Medicine, the American Board of Pediatrics, or its equivalent. The transplant physician must have a minimum of one year of specialized formal training in transplantation medicine post-residency and one year of documented experience in transplantation medicine with a transplant program that meets the membership criteria for UNOS or three years of documented experience with a kidney transplant program meeting UNOS membership criteria. Each year of experience must be substantive and relevant, as defined in Attachment I to Appendix B of the By-Laws of UNOS, effective March 23, 2007.

4.3. All members of the kidney transplantation team should have experience with the immunosuppressive management of transplant recipients.

5. COORDINATION/COOPERATION

5.1. Programs shall work closely with Kaiser Permanente in defining the pre-transplant evaluation work-up and what Kaiser Permanente may provide prior to referring the patient to the program.

5.2. Programs shall minimize referrals of transplant patients to other parts of the medical center for services that Kaiser Permanente can provide.

5.3. While patient is under the program’s care, the program shall give continuous and timely status reports to the KP referring physician and transplant coordinator.

5.4. Programs shall have an advisory team available for pre and post transplant consultation on a 24-hour-per-day, 7-day-per-week basis.

5.5. Programs shall work closely with Kaiser Permanente in transferring a patient back to their local area for follow-up care as soon as is medically appropriate and in reintegrating a patient into their local community.

5.6. The program must be cooperative with Kaiser Permanente’s quality program and must agree to provide records and other information as requested or required under Kaiser Permanente’s Quality Assurance/Quality Improvement Programs.

5.7. Participating programs must agree to notify Kaiser Permanente immediately upon any suspension of programs pending investigation by a regulatory agency or pending internal investigation or voluntary suspension of their program following an internal quality assessment.

6. DATA REPORTING

6.1. Centers of Excellence must provide Kaiser Permanente Renal Program Quality Committee with volume and outcome data at least on an annual basis. This data should be in the appropriate UNOS RFI format. Kaiser Permanente will require specific information on members in a format designated by Kaiser Foundation Health Plan (KFHP).
6.2. Additionally, participating programs must agree to notify Kaiser Permanente immediately of any changes in their kidney transplantation programs pertinent to satisfaction of the preceding selection criteria. For example, programs must report significant decreases in their experience levels or survival rates or loss of key members of the transplant team (physicians, surgeons, and coordinators).