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 consecutive calendar years 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 should 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.

1.3.4 The National Transplant Services expects that its kidney transplant programs will comply with UNOS standards for living donor transplantation.

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 participate with their federally designated organ procurement organization, to obtain donor organs.

1.6. The program must have an 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 two consecutive calendar years, 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 a trend of performing an average of, at least, 45 kidney transplants per year over 2 consecutive 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 an available, qualified, kidney transplant surgeon 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.

4.2. Each Center of Excellence must have an available, qualified, transplant physician 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

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

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, of 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 with volume and outcomes data, at least, on an annual basis. This data should be in the appropriate UNOS RFI format. The Centers of Excellence shall grant Kaiser Permanente access to the Transplant Information Electronic Data Interchange (TIEDI) website to view the completed RFI. Additionally, the program will respond to an annual request for the volume and one-month patient survival for the immediately preceding 12-month interval.

6.2. 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).