

**Maine Medical Center
Transplant Program
Policies and Procedures
Memorandum of Understanding
Maine Transplant Program & Pediatric Nephrology**

Background

Pediatric transplants are considered to be a low volume, high intensity activity and require close collaboration between the transplant team and the pediatric nephrology group. Care of these patients requires clear and smooth delineation of responsibilities between Maine Transplant Program (MTP) staff and pediatric nephrology staff. All care provided by the Maine Transplant Program will be in accordance with Maine Transplant Program Policies and Procedures.

Purpose

The purpose of this Memorandum of Understanding is to outline the responsibilities of each group in the care of pediatric transplant recipients.

Pre-Transplant Education and Evaluation

The Pediatric Nephrology Group will serve as the primary care provider for pediatric transplant candidates and recipients. Upon referral and during the evaluation phase, the Pediatric Nephrology Group will provide MTP will all necessary and requested information needed to complete the evaluation. Incomplete or untimely information may result in a delay in evaluation which is not in the best interests of the pediatric patient. MTP will be considered consultants, and will be responsible for the pre-transplant candidate evaluations and the evaluations of any potential living donors, consistent with MTP's Process for Evaluating Transplant Candidates and Living Donor Evaluation Protocol. MTP will also be responsible for:

- Initial transplant education/overview
- Multidisciplinary evaluations by social work, nutrition, pharmacy and financial
- Pre-transplant checklists
- Consents
- Listing
- Status changes and
- Written communication with patients and their families

Once evaluation is completed, the pediatric candidate will be discussed at one of the twice- monthly transplant candidate review meetings and may be listed either active or inactive on the national UNOS transplant candidate list. The candidate may be deferred if there are needs for additional information or progress toward meeting inclusion criteria. Pediatric cases will be discussed only if a representative from the pediatric nephrology program is in attendance.

Reevaluation Prior to Transplantation

Pediatric transplant candidates must be seen by MTP at least every 18 months while on the waiting list. These reevaluation visits will take place at MTP. The reevaluation visits consist of:

- Updating the patient's H&P
- Reinforcing patient education
- Reviewing projected waiting time

- Updating consents
- Re-exploring living donor options
- Choosing an appropriate immunosuppression regimen
- Deciding on the location of inpatient care
- Providing access to the multidisciplinary care team, as needed

Pediatric Nephrology will be invited to attend these visits and offer information or support for the candidate/family.

Perioperative Management

Deceased Donor Transplant

When a pediatric patient is admitted to MMC for a deceased donor transplant, he or she is directed first to Admitting, and then the patient proceeds to NorDx to have blood drawn for pre-transplant labs. Labs may also be drawn on the patient care unit. Transplant surgery then completes the pre-transplant documentation, including patient education and the informed consent for surgery.

Living Donor Transplant

The recipient candidate has his/her preoperative visit at MTP for the following purposes:

- Transplant Nephrology to perform pre-transplant visit in order to perform medication reconciliation, review check list information, review cross match information and finalize plan for immunosuppression and infection prophylaxis in consultation with pediatric nephrology
- Transplant surgery to consent patient
- Visit ASU for anesthesia assessment

Provider Roles

All transplant patients are admitted by Transplant Surgery. Pediatric Nephrology serves as primary consultant and co-manages patients in conjunction with Transplant Surgery. Transplant Nephrology plays advisory role though neither document nor bill for services. The adult Transplant multidisciplinary team will collaborate with Pediatric Nephrology in the provision of care, and will perform all required assessments during the inpatient stay including social work and nutrition.

Post-Transplant Care (Living and Deceased)

The location of pediatric patients within the hospital is determined prior to transplant by Pediatric Nephrology. Options include:

- PICU
- R5
- Barbara Bush Children's Hospital (BBCH)

This information may be discussed at time of listing and made available to all providers before the transplant admission through documentation in the EMR. When a patient is to be admitted to the BBCH, pediatric

nephrology will be responsible for alerting the unit RN and assessing the need for staff education.

- 1) The peri-transplant management plan for a pediatric renal transplant recipient will be decided upon, in advance, by both the Maine Transplant Program and the Pediatric Nephrology Team.
- 2) Once decided upon, the **Pediatric Nephrology Team** will be responsible for documenting that plan in the patient's Epic chart.
 - a) For a living donor transplant, this documentation must be put in the recipient's chart at the time that a transplant date has been established.
 - b) For a deceased donor transplant, this documentation must be put in the patient's chart before the patient is activated.
- 3) The plan will be placed in the recipient's Epic problem list, in the "overview" section of one of the following problems:
 - a) ESRD (End stage renal disease)
 - b) CKD (Chronic kidney disease)
- 4) The following SmartPhrase will be used to document the plan: ".TRANSPLANTPEDIPLAN". This will include the following information:
 - a) Donor type (living/deceased)
 - b) Induction Regimen
 - c) Post-transplant disposition (BBCH, SCU2, R5)
 - d) Immunosuppression regimen
 - e) Need for and responsibility for submission of CMS 2728 form
 - f) Other peri-transplant considerations

Post-Transplant Follow-up

Pediatric Nephrology will be primarily responsible for follow-up after transplantation in conjunction with Transplant Surgery. Follow-up will take place at either the pediatric or MMP surgical offices. The Pediatric Nephrology Clinic will provide active psychosocial support following transplantation, and consult with the adult Transplant Social Worker and/or Transplant Pharmacist as needed. Pediatric transplant recipients will be reviewed on an annual basis by the Transplant Quality Assessment and Performance Improvement (QAPI) Committee. Quarterly monitoring of specific outcome metrics will occur as part of the QAPI Committee.

Regulatory and Documentation Requirements

The End-Stage Renal Disease Medical Evidence Report Medicare Entitlement and/or Patient Registration form (also known as form 2728) will be completed by Pediatric Nephrology. The pediatric nurse coordinator will take responsibility for completing the form and obtaining the required signature.

MTP will assume responsibility for completing all UNet documentation for pediatric transplant patients.

The Pediatric Nephrology Program will maintain a Primary Pediatric Kidney Transplant Nephrologist in compliance with all UNOS Policies and Bylaws related to pediatric kidney transplantation.

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Appendix A

Transition of Pediatric Transplant Patients to Maine Transplant

The pediatric nephrology team will determine the readiness for transition based on the American Society of Transplantation Protocol. Criteria for readiness include patient demonstrating knowledge of diagnosis and medications and ability to manage own medications and medical appointments. Patient should also be established with an adult primary care physician. At the time that the patient is deemed ready (or if pediatric nephrology has determined that they will not be able to get the patient fully ready despite documented efforts), pediatric nephrology will present the patient to the Maine Transplant Team at a Monday morning conference. Pediatric Nephrology will place a transition summary in the EPIC chart. Plans will then be made to arrange for a full multi-disciplinary visit with the Maine Transplant Program. MTP and Pediatric Nephrology will coordinate to have a pediatric nephrologist present for the physician visit at this initial meeting. Pediatric Nephrology will confirm with family at that visit the plan to transition all care to MTP.

All transplant patients, regardless of geographic location in Maine will be transitioned to Maine Transplant. It will be left to the discretion of Maine Transplant to determine when co-management with a local nephrologist is appropriate.