

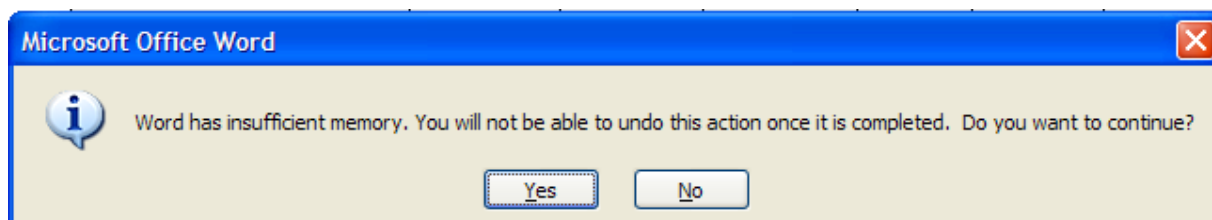
Section II - Adult Heart Transplant

PART 1 – UNOS Standardized RFI

All facilities interested in being considered for participation, or currently participating in, the BDCT for solid organ transplant must complete the **UNOS/OPTN 2008 Standardized RFI on line** through the Transplant Administrators section of Unet (<https://portal.unos.org>) for each of the specific solid organ transplant type(s) your facility is applying for. Please attach the July 2008 release of the SRTR Experience Data Part F to your UNOS RFI. You must grant the Blue Distinction Centers for Transplants access on the Activate Payer screen. *All questions left unanswered will be requested as Additional Information and may potentially delay the review process.*

PART 2 – Please complete questions 1 through 14 pertaining to your facility's adult heart transplant program.

- At various times within this document, you may encounter the following pop-up box (shown below as an example). Please Click 'Yes' when the pop up box appears, and continue with your data entry.



- Is your facility currently designated a Blue Distinction Center for Cardiac Care?
 YES NO
- Does your program perform Ventricular Assist Device (VAD) implants as a bridge to transplant?
 YES NO

If no, is there a process/plan in place that allows patients access to these services?

- YES NO

- Please complete the following data table for ALL adult patients who received a VAD **as a bridge to transplant** between January 1, 2007 and June 30, 2008 with survival status as of July 31, 2008.

Patient Number	Mo/Yr VAD Implanted	Indicate Name/Brand of Device Implanted	Was the Patient sent home with the device?	Pre-transplant Inpatient LOS On VAD	**Outcome of Care (Refer to codes below)
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		
			<input type="checkbox"/> Y <input type="checkbox"/> N		

8. Is your facility in the process of developing a transplant specific continuous quality improvement (CQI) program?

YES NO Not Applicable, my facility has a formal CQI program in place

If no, how are transplant related issues identified, addressed, and integrated into the hospital-wide system?

9. Does your facility track transitions of care for patients discharged from an inpatient setting to another setting, (e.g., home, rehab facility) using a formal method for the purpose of improving the quality of care coordination and communication?

YES NO

PART 3 – Adult Patient Data Table

Please submit the information requested in the attached patient data table file on EVERY adult heart transplant and re-transplant performed between **January 1, 2007 and June 30, 2008**. All patients who died during the transplant procedure must be included. If the patient's survival status is not known as of July 31, 2008 report the patient as Lost to Follow-up.

ALL INFORMATION IS TO BE ENTERED IN THE APPROPRIATE MICROSOFT EXCEL SPREADSHEET SENT TO YOU (LABELED AS “Solidorg2bREV2008.xls”). UNOS CODES MUST BE USED AS INDICATED. DO NOT SUBMIT THIS DATA TABLE IN A MICROSOFT WORD OR TEXT EDITOR FORMAT. ALL COMPLETED PATIENT DATA TABLES MUST BE SUBMITTED BY SECURE-ENCRYPTED EMAIL OR BURNED TO A CD-RW AND SENT TO BDCT (SORTED BY DATE OF FIRST TRANSPLANT).

PART 4 - Adult Heart Transplant Team

Have any surgeons or physicians left the adult heart transplant team in the past 12 months?

YES NO

If yes, provide name(s), date(s), and explanation(s) for leaving

Instructions for Completion of: Team Data Tables Surgical and Medical

Please provide the requested information for the UNOS Designated Primary Surgeon, Alternate Primary Surgeon (surgeon in charge in the absence of the UNOS Designated Primary Surgeon), UNOS Designated Primary Physician and Alternate Primary Physician (physician in charge in the absence of the UNOS Designated Primary Physician) who are primarily responsible for the transplant program:

1. Name
2. Specialty
3. Board Certified - Is the surgeon or physician currently board certified or eligible
4. Board Certification - List the specialties in which the surgeon or physician holds a current board certification
5. Present Appointment - List the start date of present appointment at this facility, present title and number of transplants personally performed as primary surgeon or managed as primary physician in the past two years. **If physician has been in this present appointed position less than 2 years, please complete numbers #6 & #7.**
6. Transplant Residency/Training - List the facility and dates where the surgeon or physician performed a Residency or Fellowship in transplantation. List the total number of transplants performed as primary surgical assistant or that were managed as primary physician during this period
7. Post Residency Appointments - List the facility, title, dates and number of transplants performed as primary surgeon or managed as primary physician during these appointments.
8. Percentage (%) of Time Dedicated to the Program - List the percentage of time the surgeon or physician spends directly involved in transplant (either in the direct care of patients or performing related administrative functions) in the past calendar year.

PART 4a - Adult Heart Transplant Team (Surgical)

Please complete the table below and attach an **UPDATED Curriculum Vitae (CV)** for both the Primary Surgeon AND Alternate Primary Surgeon (Label attachment by surgeon name)

Surgical Team Data Table

	UNOS Designated Primary Surgeon For Heart Transplant	Alternate Primary Surgeon For Heart Transplant (See Instructions)
Name		
Specialty		
Board Certified/Eligible	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Board Certifications		
Present Appointment		
Title		
Date of Present Appointment		
# Transplants Personally Performed in the past two years		
% of Time Dedicated to Transplant in previous calendar year	%	%
<i>If in present position less than 2 years, please complete the following:</i>		
Transplant Residency/Training		
Facility		
Dates		
# Transplants Participated In		
Post Residency Appointments		
Facility		
Title		
Dates		
# Transplants Personally Performed		
Facility		
Title		
Dates		
# Transplants Personally Performed		

PART 4b - Adult Heart Transplant Team (Medical)

Please complete the table below and attach an **UPDATED Curriculum Vitae (CV)** for both the Primary Physician AND Alternate Primary Physician (Label attachment by physician name)

Medical Team Data Table

	UNOS Designated Primary Physician For Heart Transplant	Alternate Primary Physician For Heart Transplant (See Instructions)
Name		
Specialty		
Board Certified/Eligible	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
Board Certifications		
Present Appointment		
Title		
Date of Present Appointment		
# Transplants Personally Managed in the past two years		
% of Time Dedicated to Transplant in previous calendar year	%	%
<i>If in present position less than 2 years, please complete the following</i>		
Transplant Residency/Training		
Facility		
Dates		
# Transplants Participated In		
Post Residency Appointments		
Facility		
Title		
Dates		
# Transplants Personally Managed		
Facility		
Title		
Dates		
# Transplants Personally Managed		
Facility		
Title		
Dates		
# Transplants Personally Managed		