

Section IX - Pancreas Transplant

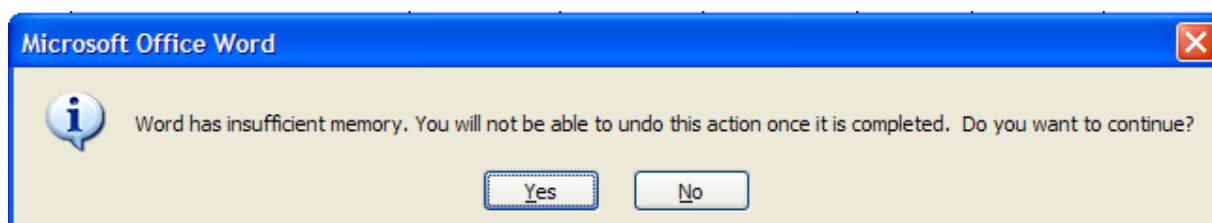
PART 1 - UNOS Standardized RFI

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 Transplant access on the Activate Payer screen. *All questions left unanswered will be requested as Additional Information and may potentially delay the review process.*

PLEASE NOTE: AS PART OF THE UNOS STANDARDIZED RFI SUBMISSION, YOUR FACILITY MUST GRANT THE BDCT NETWORK ACCESS TO THE PANCREAS, SIMULTANEOUS PANCREAS/KIDNEY (SPK) AND KIDNEY SECTIONS.

PART 2 – Please complete questions 1 through 11 pertaining to your facilities current active transplant program. Questions 12 and 13 pertain to kidney only in conjunction with SPK and PAK. Questions 14 through 18 pertain to programs performing/ managing living donor transplants.

- 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.



1. Has your pancreas program been awarded the Joint Commission Transplant Center Certification for Pancreas Transplant?

YES NO

2. Does your facility have a formal continuous quality improvement (CQI) program in place for transplant services? *Please note: You may be required to provide documentation of your process upon request.*

YES NO

If yes, mark your facility's CQI program components:

- Written Plan that is integrated into the hospital wide QI process YES NO
- Specific to Pancreas Transplant YES NO
- Multidisciplinary Team YES NO
- Quarterly meetings with minutes YES NO
- QI audits include indicator tracking, documentation of practice changes, and current QI projects YES NO
- Annual review of programmatic outcomes YES NO
- Transplant specific policies & procedures YES NO
- Designated person(s) appointed to review policies & procedures annually YES NO

3. Is the 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? _____

4. 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?

YES NO

5. Is there a formal patient selection committee that routinely meets and maintains meeting minutes specifically for the evaluation and recommendation of candidates for pancreas transplantation?

YES NO

If yes, do the following personnel regularly attend these meetings?

- UNOS designated primary physician YES NO
- UNOS designated primary surgeon YES NO
- Pancreas transplant coordinator(s) YES NO
- Social Worker YES NO
- Consultants (if applicable) YES NO

6. Does the Pancreas Transplant Program have written patient selection criteria that are applied to all transplant patients?

YES NO

If yes, does the program have a process in place for re-evaluating patient selection criteria on an annual basis?

YES NO

7. Does the program have a written policy that addresses evaluation and selection criteria for patients requiring a re-transplant?

YES NO

8. Complete the following data table for ALL adult patients undergoing pancreas (SPK, PAK, PTA) transplant between January 1, 2006 and December 31, 2007.

SPK	2006	2007
Number of SPK transplant patients that developed graft non-function thrombosis within 7 days of transplant (Numerator)		
Total number of SPK transplant patients (Denominator)		
Rate of Pancreas Graft Non-Function Thrombosis within 7 days of Transplant (N/D percentage)	%	%

PAK/ PTA	2006	2007
Number of PAK/PTA transplant patients that developed graft non-function thrombosis within 7 days of transplant (Numerator)		
Total number of PAK/PTA transplant patients (Denominator)		
Rate of Pancreas Graft Non-Function Thrombosis within 7 days of Transplant (N/D percentage)	%	%

9. In the past two years, have donor organs ever been turned down, for either procurement or implantation, due to lack of available surgical support?

YES NO

If yes, please explain. _____

10. Are all patients evaluated by a cardiologist prior to transplant?

YES NO

11. Complete the following data table for ALL adult patients who had a pancreas transplant between July 1, 2005 and June 30, 2007.

	30 Day Readmission Rates		90 Day Readmission Rates	
	7/2005-6/2006	7/2006-7/2007	7/2005-6/2006	7/2006-7/2007
Inpatient and Emergency Room Readmission Rates **excluding trauma cases				

Kidney ONLY in conjunction with SPK/PAK:

12. Has your kidney only program been awarded the Joint Commission Transplant Center Certification for Kidney Transplant?

YES NO

13. Please indicate the number of kidney-only transplants performed in the following age groups between January 1, 2006 and December 31, 2007.

Age of Patients	2006	2007
	# of Transplants	# of Transplants
	Deceased / Living Donor	Deceased / Living Donor
18-64	/	/
≥ 65	/	/
TOTAL	0 / 0	0 / 0

Living Donor Transplantation:

14. Does your program perform Simultaneous deceased donor Pancreas-Living donor Kidney (SPLK)?

YES NO

If yes, please indicate the date (month and year) your facility performed its first SPLK / (mo/yr)

15. Does the facility perform living donor kidney only transplants?

YES NO

16. Has the facility experienced any Kidney only and/or SPLK donor deaths or serious complications between January 1, 2006 and December 31, 2007?

YES NO

If yes, please explain: _____

17. Does the Living Donor organ transplant program policies/processes include:

DONOR:

- Utilization of transplant knowledgeable/experienced, independent donor advocate(s) YES NO
- Comprehensive, written donor selection/evaluation guidelines that also require a donor psychosocial evaluation YES NO
- Comprehensive Informed Consent for the donor that includes:
 - Options, risks, benefits (immediate and future) YES NO
 - Potential financial and emotional consequences YES NO
 - Requirement of commitment to post operative care and long term follow-up YES NO
- Critical pathway for the management of the living donor pre and post donor organ acquisition surgery, including long term donor follow-up YES NO

IF NO (TO ANY OF THE ABOVE IN QUESTION 17 (DONOR)), PLEASE EXPLAIN and provide comments:

RECIPIENT:

- Listing the recipient for deceased donor organ transplant before pursuing living donor transplant YES NO
- Comprehensive, written recipient selection/evaluation guidelines that also require a recipient psychosocial evaluation YES NO
- Comprehensive Informed Consent for the recipient that includes:
 - Options, risks, benefits (immediate and future) YES NO
 - Potential financial and emotional consequences YES NO
 - Requirement of commitment to post operative care and long term follow-up YES NO
- Critical pathway for the management of the living donor organ transplant recipient pre- and post-transplant, including long term follow-up YES NO

IF NO (TO ANY OF THE ABOVE IN QUESTION 17 (RECIPIENT)), PLEASE EXPLAIN and provide comments:

18. Does your Living Donor Organ Transplant team include:

- Board Certified (general surgery) transplant surgeons with experience in live donor transplantation: performed at least 10 open nephrectomies as primary or first assist and/or at least 15 hand-assisted laproscopic nephrectomies or acted as the primary surgeon performing no fewer than 15 laproscopic nephrectomies within a 3-5 year period. YES NO
- Board Certified Transplant physicians, Anesthesiology and Radiology with live donor transplant experience. YES NO
- Nursing staff appropriate for patient acuity, with training/experience in live donor nursing care. YES NO

IF NO (TO ANY OF THE ABOVE IN QUESTION 18), PLEASE EXPLAIN and provide comments: _____

PART 3 – Adult Patient Data Table

Please submit the information as requested in the patient data tables on EVERY adult pancreas (SPK, PAK, PTA , SPLK) transplant and re-transplant performed between **July 1, 2007 and June 30, 2008**. All patients who died during the 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 - Pancreas/Kidney Transplant Teams

Have any surgeons or physicians left the pancreas or kidney 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 Pancreas 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 Pancreas Transplant	Alternate Primary Surgeon For Pancreas Transplant
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 Pancreas 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 surgeon name)

Medical Team Data Table

	UNOS Designated Primary Physician For Pancreas Transplant	Alternate Primary Physician For Pancreas Transplant
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		

PART 4c - Adult Kidney 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 Kidney Transplant	Alternate Primary Surgeon For Kidney Transplant
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	%	%
If in present position less than 2 years, please complete the following:		
Transplant Residency/Training		
Facility		
Dates		
# Transplants Participated In		
Post Residency Appointments		
Facility		
Title		
Dates		
# Transplants Personally Performed		
Facility		
Title		
Dates		
# Transplants Personally Performed		

PART 4d - Adult Kidney 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 surgeon name)

Medical Team Data Table

	UNOS Designated Primary Physician For Kidney Transplant	Alternate Primary Physician For Kidney Transplant
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	%	%
If in present position less than 2 years, please complete the following		
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		