

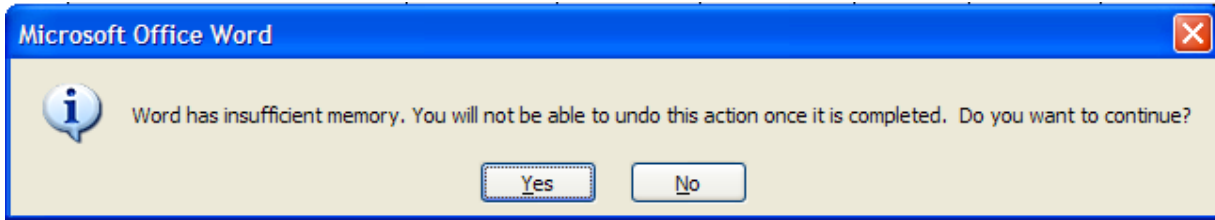
Section III - Pediatric Heart Transplant

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 Transplant 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 pediatric 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.



- Has your program been given the Joint Commission Transplant Center Certification for Heart Transplant?
 YES NO
- Does your facility have a pediatric Ventricular Assist Device (VAD)/Extra Corporeal Membrane Oxygenation (ECMO) program?
 YES NO

 If no, is there a process/plan in place that allows the patient access to these services?
 YES NO
- Please complete the following data table for ALL pediatric heart transplant patients who were placed on an ECMO or assist device (VAD) between January 1, 2007 and June 30, 2008 with survival status as of July 31, 2008.

Patient Number	Mo/Yr Device Placed	Device was Placed		Name/Brand of Device	Pre-transplant Inpatient LOS on VAD / ECMO	**Outcome of Care (Refer to codes below)
		Pre-tx	Post-tx			

**1-Currently Alive & Waiting, 2-Died While Waiting, 3-Transplanted & Alive/Well, 4- Died During or After Transplant Procedure, 5- Other (Please Explain)

4. Please report Kaplan Meier one-month and one-year patient survival in the categories listed below for EVERY pediatric heart transplant and re-transplant (include heart transplants in patients ages 18 and above for congenital diagnosis performed by the pediatric team) performed between **July 1, 2002 and June 30, 2007**. (All patients who died during the procedure must be included).

Age	N Eval	One Month Patient Survival	One Year Patient Survival
<1 year			
1-5 Years			
6-10 Years			
11-17 Years			
18 years and older for <i>congenital diagnosis ONLY</i>			
Overall	0	0	0

5. 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 hospital wide QI process YES NO
- Specific to Heart 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

6. 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? _____

7. Do your pediatric surgeons and/or physicians transplant or manage adult heart transplant patients (18 years of age or older) with a congenital heart diagnosis?
 YES NO

If yes, complete the following data tables for ALL adult patients with congenital heart diagnosis transplanted or managed by a pediatric surgeon/physician.

# of Adult Patients	1 month Patient Survival	1 year Patient Survival	3 year Patient Survival
Transplanted between July 1, 2004 and June 30, 2007			

# of Adult Patients	1 month Patient Survival	1 year Patient Survival	3 year Patient Survival
Transplanted between July 1, 2002 and June 30, 2005			

8. Does your facility track transitions of care for patients discharged from an inpatient setting to another setting, (e.g., home, cardiac rehab facility) using a formal method?
 YES NO
9. Is there a formal patient selection committee that routinely meets and maintains meeting minutes specifically for the evaluation and recommendation of candidates for heart 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
- Heart transplant coordinator(s) YES NO
- Social Worker YES NO
- Consultants (if applicable) YES NO

10. Does the Heart Transplant Program have written patient selection criteria that are applied to all pediatric 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

11. Does the program have a written policy that addresses evaluation and selection criteria for patients requiring a re-transplants?
 YES NO

12. 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. _____

13. Complete the following data table for ALL pediatric patients who had a heart transplant between July 1, 2005 and June 30, 2007.

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

14. Indicate the number of all congenital open heart surgeries performed at your facility over the past two years.

	2006	2007
Congenital Heart Surgeries		

PART 3 – Pediatric Patient Data Table

Please submit the information requested in the patient data tables on EVERY pediatric heart transplant and re-transplant (include heart transplants in patients ages 18 and above for congenital diagnosis performed by the pediatric team) performed between **January 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 IN TO OUR OFFICE (SORTED BY DATE OF FIRST TRANSPLANT).

PART 4 - Pediatric Heart Transplant Team

Have any surgeons or physicians left the pediatric 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 - Pediatric 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 - Pediatric 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		