

4. 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? _____

5. 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

6. Is there a formal patient selection committee that routinely meets and maintains meeting minutes specifically for the evaluation and recommendation of candidates for lung 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
- Lung transplant coordinator(s) YES NO
- Social Worker YES NO
- Consultants (if applicable) YES NO

7. Does the Lung Transplant Program have written patient selection criteria that are applied to all adult transplant patients?

YES NO

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

YES NO

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

YES NO

9. Please report Kaplan Meier one-month and one-year patient survival in the categories listed below for EVERY pediatric lung transplant and re-transplant 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			
Overall	0	0	0

10. Complete the following data table for ALL pediatric patients undergoing lung transplant between January 1, 2006 and June 30, 2007. Note percentage of patients experiencing Bronchial/Tracheal Stenosis as requested in table below

	1/1/2006-12/31/2006	1/1/2007-6/30/2007
Number of lung transplant patients that developed bronchial/tracheal stenosis requiring balloon dilation or stent placement within 1 year of transplant (Numerator)		
Total number of lung transplant patients (Denominator)		
Incidence of Bronchial/Tracheal Stenosis requiring balloon dilation or stent placement within 1 year of transplant (N/D)	%	%

11. 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. _____

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

	30 Day Readmission Rate		90 Day Readmission Rate	
	7/2005-5/2006	7/2006-6/2007	7/2005-5/2006	7/2006-6/2007
Inpatient and Emergency Room Readmission Rates **excluding trauma cases				

PART 3 – Pediatric Patient Data Table

Please submit the information requested in the patient data tables on EVERY pediatric lung transplant, re-transplant, and living donor transplant 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 TO OUR OFFICE (SORTED BY DATE OF FIRST TRANSPLANT).

PART 4 - Pediatric Lung Transplant Team

Have any surgeons or physicians left the pediatric lung 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 Lung 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 Lung Transplant	Alternate Primary Surgeon For Lung 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 Lung 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 Lung Transplant	Alternate Primary Physician For Lung 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 Certified/Eligible Pediatric Pulmonologist	<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		