

**Maine Medical Center  
Transplant Program  
Policies and Procedures  
Coverage Policy and Plan**

**Purpose**

To outline the plan for coverage of the Maine Transplant Program by physicians, surgeons, and transplant coordinators.

**Policy and Plan**

The Maine Transplant Program provides continuous kidney, medical and surgical coverage by qualified physicians and surgeons who are available 365 days a year, 24 hours a day, 7 days a week. Appropriate personnel coverage is vital to the safety of our patients and the efficacy of the program. At least one transplant surgeon and physician is readily available in a timely manner (24/7/365) to:

- facilitate organ acceptance
  - facilitate organ procurement
  - facilitate organ transplantation
  - address urgent patient issues
1. None of the surgeons on call for the MMC Kidney Transplant Program are simultaneously on call for another hospital.
  2. Neither our primary surgeon nor primary transplant physician are designated as primary surgeon or physician at another transplant hospital.
  3. Our Program provides all candidates with a written summary of this Plan as part of the waitlisting process, and when there are significant or substantial program or key personnel changes.
  4. Any questions about this Plan can be directed to the RN Coordinator.
  5. The Coverage Plan/Policy will be reviewed as needed and at a minimum of every 3 years in accordance with Program Policy review guidelines.

The Coverage Policy/Plan will be communicated to transplant candidates during their listing visit by the RN Coordinator. The RN Coordinator will obtain a signature of the candidate/recipient indicating their receipt and understanding of the Plan.

**Procedures**

1. The Maine Transplant Program is currently supported by two transplant surgeons and five nephrologists. All transplant surgeons and physicians are credentialed by the Maine Medical Center. All program physicians are capable of independently managing the medical care of transplant patients. All program surgeons are capable of independently managing the surgical care of transplant patients and performing kidney recovery surgery and transplant surgery.
2. All physicians and surgeons of the MTP live within a 45-minute drive to the Maine Medical Center and are available to report to the hospital within one hour. They are promptly available at all times by pager or phone and respond to all calls and pages within 15 minutes. The appropriate on site response time is dependent on the clinical judgment of the physician and surgeon on call and will vary with the specific requirements of the case, as local circumstances dictate. Each physician or surgeon on call is responsible for assuring his/her immediate availability for his/her scheduled on-call period and to secure a qualified alternative in the event they are temporarily unavailable.

**Post-Transplant**

Any Maine Transplant Program patient who is admitted to Maine Medical Center will be cared for by the dedicated inpatient transplant service. The goal of the service is to streamline care for transplant patients who are admitted to Maine Medical Center for the index surgical procedure and subsequent management of immunosuppression and complications. There are three categories of patients on this service:

1. Patients admitted by the transplant surgery service for either transplantation or for management of surgical complications post-transplantation.
2. Patients who are admitted by the inpatient transplant nephrology service for management of medical complications.
3. Transplant patients admitted to other non-transplant services that are seen in consultation.

### **Patients Admitted for Kidney Transplantation**

Patients coming for transplantation are admitted by the transplant surgery service. The transplant nephrologist is consulted to co-manage medical and nephrologic issues. The transplant nurse practitioner participates in diagnostic testing, therapeutic management and patient education.

### **Post-Transplant Patient Care:**

Multidisciplinary Rounds occur daily. Those present on rounds include the transplant nephrologist, surgeon, nephrology fellow (when on service), transplant NP, patient's RN, and the internal medicine resident. The role of the IM resident in this context is observational as this is viewed as primarily an educational opportunity. Also participating are the transplant pharmacist, who consults on all aspects of medication ordering and initial medication reconciliation. The transplant social worker and nutritionist also participate in the patient's care.

Various consultants may participate in care, particularly endocrinology for those patients with preexisting or new onset diabetes after transplant. Other consultants are utilized as needed.

### **Discharge:**

At the time of preparation for discharge, the discharge summary and After Visit Summary is prepared by the transplant surgery team and the nurse practitioner. Care coordination and social work are involved in discharge planning. The electronic health record is updated to include the salient features of the hospital stay. Final medication reconciliation is performed by the transplant nephrologist, pharmacist, nurse practitioner, and discharge instruction sheet is prepared. The medication list is updated in outpatient electronic medical record. Arrangements made for the patient to begin follow up care the Maine Transplant Program Clinic, with the first appointment taking place within 48 to 72 hours.

### **Patients Admitted for Post-Transplant Complications**

Transplant patients with medical complications are admitted by the transplant nephrology (IM) team. The patient is staffed by the attending nephrologist. A nephrologist is available 24/7/365 for issues that pertain to clinical care and to help triage organ offers. The transplant nurse practitioner assists with the admission including test and medication ordering. Medication reconciliation is performed with the transplant pharmacist.

**Discharge:**

As the hospitalization progresses, the patient's evaluation and management plan will be determined and ultimately plans will be made for discharge. Care coordinators and social work are involved in that process.

Final medication reconciliation is performed by the transplant nephrologist, resident, nurse practitioner, and pharmacist. The discharge summary is completed by the transplant resident in conjunction with the transplant NP. The electronic health record is updated to include the salient features of the hospitalization including final updated medications and updating of diagnosis list, and a follow up appointment is made at the transplant clinic.

**Administrative Responsibilities**

The Transplant Program Director, primary physician and primary surgeon are responsible for oversight of the transplant program and for adopting and enforcing an on call policy, which ensures compliance with United Network for Organ Sharing bylaws. The program director monitors the program and makes schedule adjustments to mitigate excessive or severe demands. A failure or refusal to timely respond is reported to the Transplant Program Director.

Revised 6/30/09, 3/6/12, 3/5/14, 1/23/18, 12/12/18, 12/10/21, 1/03/23, 3/15/23

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Signature of Potential Transplant Recipient

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Printed Name of Potential Transplant Recipient

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Signature of Transplant Coordinator

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Date Signed