

Transplant Coordination Facility Self-Assessment



Facility interventions and activities to identify, refer and support potential transplant candidates.	Yes/ Always	No/Not Always	Priority/Notes
We educate patients on all treatment modalities and settings, including but not limited to., transplantation, home dialysis modalities (Home Hemodialysis (HHD), continuous ambulatory peritoneal dialysis (CAPD), continuous cycling peritoneal dialysis (CCPD), and incenter hemodialysis (IHD).			
We document patient interest in transplant. Where/how documented?			
We document patient decisions regarding their choice of dialysis options (accept or decline). Where/how documented?			
Our new staff are educated about transplant (i.e. during their orientation).			
We have a written policy defining delivery of transplant education to all patients that includes when education will be provided, the specific educational resources to be used and who follows up with patient.			
Our IDT (interdisciplinary team) assesses all newly admitted patients for suitability for a referral to a transplant center. This initial assessment is completed within 30 calendar days of admission to facility or within the first 13 treatments at facility.			
We effectively track patient transplant referral outcomes such as patient refusal/acceptance.			
We inform all patients (both suitable and unsuitable) about the IDT's determination of their suitability for a transplant referral.			
We document why a patient is not a candidate for a transplant referral.			
We regularly re-assess our patient population (at minimum, annually) for suitability for transplant referral.			
We designate specific staff to manage kidney transplant related activities in our facility.			
All staff know whom to contact in my facility for staff and patient/family education about transplantation and the referral process.			
We assist patients to locate transplant centers that can potentially meet their needs if they do not meet acceptance criteria at another transplant center.			
We communicate effectively with the transplant center when there is a change of patient status or suitability for transplant.			
We discuss transplant related issues at QAPI meetings (i.e. educational resources, trends, initiatives, referrals etc.).			
The person responsible for transplant education has undergone initial and continuing educational preparation to fulfill this role.			
Our facility has a working relationship with transplant center partners with good two-way communication.			
Our facility has a reliable, user-friendly referral tracking system in use for monitoring patient progress to waitlisting.			
If there are concerns about a patient's readiness or appropriateness for a referral, is there a process in place to consult with the transplant center?			

Instructions:

Review interventions and activities in column A. Indicate if your facility routinely does or does not perform the action by checking "Yes/Always" or "No/Not Always". The "No/Not Always" selections will be your opportunity/ies to improve the support of patients pursuing kidney transplant. Work with your IDT to prioritize them for improvement.