

 <p>SOUTHWESTERN MEDICAL CENTER</p> <hr/> <p>UNIVERSITY HOSPITALS & CLINICS</p>	<p>UNIVERSITY HOSPITAL – ST PAUL</p> <p>Guideline No: UTSW-10.OLT Created: July 2007 Revised: July 2009</p>
<p>Liver Transplant Program</p>	

LIVER TRANSPLANT EVALUATION COMMITTEE

I. Purpose

The purpose of the Liver Transplant Evaluation Committee (“the Committee”) is to discuss the candidacy and the suitability of the candidate for liver transplantation, decide on the appropriate timing of transplantation listing, report on the follow-up of patients who have been transplanted or are awaiting transplantation, and to serve as a forum for clinical issues concerning liver transplantation.

II. Policy

A. The Committee

The Committee is a multi-disciplinary group composed of transplant surgeons, transplant hepatologists, transplant coordinators (both pre- and post-transplant), transplant program manager, transplant social workers, transplant dietitians, transplant financial coordinators, and other personnel involved in the care of liver transplant patients (including as necessary, but not limited to, other transplant administrators, infectious disease specialists, psychiatrists/psychologists, and anesthesiologists).

B. The Meeting

The committee meets weekly and patients are reviewed as described in II.C. below. Attendance will be recorded and minutes of the proceedings will be kept. All Transplant Committee minutes will be reviewed and signed by the Medical Director of Liver Transplant and the Transplant Administrator (or designee).

C. Agenda

The liver transplant Selection Committee meeting utilizes the following format:

1. Presentation of Patients

By way of formal presentation, the Committee reviews the medical, psychosocial, and financial information obtained during the patient’s liver transplant evaluation to determine specific recommendations for each patient based on the criteria outlined previously. This presentation will identify any issues which need to be resolved prior to candidate listing.

2. **General Discussion**

A review of any significant issues involving patients who are pending activation will be performed at this meeting. The Committee will also review updates on any significant changes in the clinical, financial, or psychosocial status of patients who have been activated and listed for liver transplantation.

3. **Liver Transplant Evaluations (LTE's)**

A review of current patients who are undergoing LTE and discussion of any issues which may have arisen during the ongoing evaluation.

4. **Out-patient Updates**

Review of patients who have been referred for LTE, but are not yet being evaluated.

5. **New Referrals**

Review of referrals to the program.

6. **Post-OLT Patient Update**

Review the clinical status of inpatients. This is an opportunity to generate correspondence to referring physicians if necessary. Any relevant changes occurring in non-hospitalized patients in the program will be discussed.

7. **Procedure Results**

Review and discussion of procedures and histology of transplanted or listed patients. Discussion and determination of further management.

D. **Responsibilities**

1. **Liver Transplant Clinical Nurse Coordinator**

Assembles the agenda for the meeting. Prepares patient information summary. Communicates plans and routine Committee results to patients. Prepares the minutes to the meeting.

2. **Liver Transplant Medical Director**

Chairs the meeting and helps to present the patient's cases to the Committee. Updates referring physicians as needed about any issues discussed at the meeting. Reviews the minutes to ensure accuracy.

3. **Liver Transplant Surgeon**

Corresponds as needed with referring physicians concerning the decisions reached about patients' candidacy.

4. **Transplant Hepatologists**

Help to present the patients' cases to the Committee. Corresponds as needed with referring physicians concerning the decisions reached about patients' candidacy.

5. **Financial Counselor**

Attends the Committee meetings and obtains lists of liver transplant and potential liver transplant candidates. Reviews financial status of liver transplant patients, and informs the Committee of financial status regarding listing.

6. **Social Worker**

Presents the pertinent aspects of the psychosocial evaluation to the Committee and makes recommendations regarding management.

E. **Decisions about Candidacy**

The Committee reviews all potential candidates according to criteria for transplantation. All decisions are reached by consensus of the Liver Transplant Committee. In order for the Committee to vote on the acceptance or denial of a patient, there must be at least one Transplant Hepatologist and one Transplant Surgeon in attendance, along with at least 50% of the remaining staff members involved in the evaluation of the patient. For every patient who is formally presented, a decision about their status is made among the following categories:

1. **Too Early/Too Well**

These patients have chronic liver disease, but are reasonably well compensated and do not meeting minimal listing criteria as specified by UNOS and UTSW policies. Liver transplant is not indicated at this time because these patients are “too well” therefore listing is deferred. In these cases the patient will be followed by the referring physician and at intervals by the Transplant Hepatologist with re-review upon clinical deterioration. They will be presented to the Committee again when they have clinically deteriorated enough to meet listing criteria.

2. **Accepted**

These patients are medically in need of transplantation and listing. They will fall into one of two categories.

- a. *Activation.* Patients are ready to be activated on the UNOS transplant list.
- b. *Activation Pending.* These patients will be activated pending resolution of unresolved issues. These issues are defined at the Committee meeting and they may recommend further evaluation to clarify any problems which have been found during the evaluation prior to final determination. These issues can include insufficient work-up, unresolved social or financial issues, or other medical issues. In general, these patients must be re-discussed prior to activation. However, some patients have acceptably completed the evaluation to a degree that they can be listed, without re-discussion, once the issue has been resolved

3. **Unacceptable Candidate**

The Committee may find the patient unsuitable for listing for liver transplantation and therefore deny the request for listing. These candidates do not meet criteria for listing at UTSW (See Section III. *Patient Candidacy*). This may be due to coexistent medical diseases or psychosocial barriers which the Committee feels would interfere with chances for a successful outcome following liver transplantation. They may meet listing criteria at other Liver Transplant programs. If the patient is denied transplantation at UTSW, and if they desire, a referral to another transplant program will be facilitated. If a patient is denied transplantation at UTSW, the referring physician will be notified explaining that the patient was found unsuitable and why.

The reason for denial may be discussed with each patient in the transplant clinic by an attending surgeon or hepatologist if the patient wishes. Potentially reversible factors, such as alcoholism or drug use with a high risk for recidivism, may be re-assessed in the future if the situation changes.

4. **Defer Decision**

There is insufficient information available to decide on the candidacy for liver transplantation. The decision is deferred until this information becomes available. These patients will be re-presented with the necessary information.

5. **Removal or Inactivation from List**

Changes in patient conditions (i.e., development of non-liver cancer, becoming too ill, drug or alcohol recidivism) will be reviewed by the Committee and appropriate modifications will be made. Decisions to inactivate or remove from the list will be communicated to referring physicians and patients.

F. **Listing**

Following acceptance by the Selection Committee, patients are then listed for liver transplantation if (1) financial clearance is obtained and (2) the patient and family agree to proceed and have signed the Consent to List. The patient is instructed to keep in close contact with the Liver Transplant Coordinator so he/she may be reached at any time an organ becomes available.

G. **Communication with Patients**

UNOS requires that notification be sent to patients regarding the three events related to the waiting list below. The patients must be notified in writing within 10 business days, and documentation of the notification must be kept and be made available to UNOS upon request for purposes of maintaining policy compliance.

1. **Placement on the Waiting List**

The nurse coordinators will write these letters, with a copy kept in the patient's official medical record.

2. **Turned Down for the Waiting List**

The nurse coordinators or social workers will write these letters, with a copy kept in the patient's official medical record.

3. **Removed from the Waiting List**

The surgeon or hepatologist who attended the particular Committee will send these letters to the referring physician, with a carbon copy to be sent to the patient and a copy kept in the patient's official medical record..

H. **Emergency Selection Committee**

Emergent liver transplants should be done only after approval by a minimum Committee to include the Liver Transplant Surgeon, Liver Transplant Hepatologist, social worker, and financial coordinator (See also Policy No. TFC-Urgent 1 – Urgent Transfers for Acute Liver Failure).

I. Communication with Referring Physicians

Communication with the referring physician will be done at the following events:

Event	Communication	Person Responsible
First clinic visit	copy of note	Surgeon & Hepatologist
Activation	letter	Nurse Coordinator
Decline for Transplant	letter ± phone call	Hepatologist
Defer	letter ± phone call	Hepatologist
Removed from List	letter ± phone call	Hepatologist
Transplantation	phone call	Ward Surgeon
Discharge	Discharge Summary	Nurse Coordinator
Clinic Follow-up	letter or copy of note	Surgeon or Hepatologist
Clinic Sign Out to PCP	letter/note & information packet	Hepatologist
Follow-up visits	copy of note	Hepatologist

III. Procedure/Intervention(s)

not applicable

IV. Documentation (Documents & Forms)

- A. Appendix A – Activation Letter – to Patient
- B. Appendix B – Activation Letter – to Patient’s Physician
- C. Appendix C – Listing Compliance Letter
- D. Appendix D – Denial Letter – to Patient
- E. Appendix E – Deactivation Letter – to Patient
- F. Appendix F – Reactivation Letter – to Patient

V. Other Related Policies/Procedures

- A. Section III. *Patient Candidacy* of this manual
- B. Policy No. TFC-Urgent 1 – *Urgent Transfers for Acute Liver Failure*
- C. CMS Policy No. 482.94 – *Conditions of Participation: Patient and Living Donor Management*

VI. References

not applicable

Appendix A
Activation Letter
to Patient

DATE

NAME
ADDRESS
CITY STATE ZIP

RE: PLACEMENT ON THE UNOS WAITING LIST - EFFECTIVE DATE

Dear Mr./Ms. NAME:

Thank you for your interest in our liver transplant program at the University of Texas Southwestern Medical Center. You have been listed with United Network for Organ Sharing (UNOS) on the cadaver transplant waitlist for a liver with a model for end-stage liver disease (MELD) score of SCORE.

The United Network for Organ Sharing (UNOS) would like you to know that there is a toll-free patient services line available to help transplant candidates, recipients, and family members understand organ allocation practices and transplant data. You may also call this number to discuss any problem you may be experiencing with your transplant center or the transplantation system in general. The toll-free patient services line number is 1.888.894.6361. **Be sure to update your transplant coordinator as soon as possible if there are any changes in your contact phone numbers and address.**

The UT Southwestern Liver transplant department will monitor your progress while you are waiting for a liver transplant. If there are any changes in your health that may raise a serious concern about the safety of performing a transplant and prescribing immunosuppressive medications, please contact us immediately.

Each liver transplant program is responsible for updating the laboratory and clinical values needed to calculate their patients' MELD score. These values must be entered on a regular basis. For example, centers must enter in new laboratory data at least once a week for patients on the list with very high MELD scores, but only once per year for patients on the list with very low scores. Thus, patients will have their labs drawn based on this schedule in order to make sure their scores are up-to-date. Failure to comply with these restrictions may jeopardize your placement on the waiting list.

Please remember that your current active listing status can change for many reasons. Please keep the transplant center continuously updated to prevent and reduce inactive status changes. Feel free to call Transplant Services at 214.645.1919 if you have any questions or concerns.

Sincerely,

COORDINATOR
Liver Transplant Clinical Coordinator

Appendix B
Activation Letter
to Patient's Physician

DATE

Dr. NAME
ADDRESS
CITY STATE ZIP

Re: PATIENT
DOB:

Dear Dr. NAME:

This letter is to update you on the latest information concerning Ms./Mr. NAME. She/He has completed her/his liver transplant evaluation and her/his case was reviewed by the Transplant Selection Committee. The Committee is made up of the primary doctors who saw the patient in clinic, as well as liver specialists, transplant surgeons, coordinators, social workers, and others. We agreed that she/he was an appropriate candidate for liver transplantation and therefore she/he has been placed on the active liver transplant waiting list with a Model for End-Stage Liver Disease (MELD) score of XXXX.

Since Ms./Mr. NAME's status on the waiting list is influenced by her/his clinical condition, we ask that you keep us informed about any changes in her/his clinical condition. Specifically, please let us know if Ms./Mr. NAME is hospitalized for any reason, or if she/he develops a complication, such as bleeding, peritonitis, increasing encephalopathy, or worsening ascites. Likewise, we would appreciate your keeping us informed of Ms./Mr. NAME's latest laboratory results, as these are crucial in updating a patient's status on the waiting list.

Thank you for referring Ms./Mr. NAME to the University of Texas Southwestern Medical Center and for your support of the Liver Transplant Program. If you have any questions or if we can be of assistance, please do not hesitate to contact us via our regular or toll free numbers 1-866-433-4225

Sincerely,

COORDINATOR
Liver Transplant Clinical Coordinator

cc: PATIENT

Appendix C
Listing Compliance Letter

DATE

NAME
ADDRESS
CITY STATE ZIP

Re: Liver Transplant Evaluation

Dear Mr./Ms. NAME:

This letter is to follow-up with you after your liver transplant evaluation at UT Southwestern. First, we would like to thank you for interest and commitment to UT Southwestern and our Liver Transplant Program. We are delighted that you have fully completed your liver transplant evaluation and the results of your evaluation were reviewed by the Liver Transplant Selection Committee. The consensus opinion is that you are an appropriate candidate for liver transplantation. Therefore, the Committee has recommended that you be placed on the liver transplant wait list.

In keeping with the fact that receiving a donor liver is a major responsibility, not only on our part, but also on your part, there are several expectations of this program, which are highlighted here:

- You must keep all appointments unless the transplant coordinator is notified in advance.
- You must have blood work as scheduled in order to comply with the national wait list guidelines.
- You must keep us updated of any changes to your address and/or phone number.
- The Transplant Committee strongly recommends our patients to stop smoking for better outcomes after organ transplant and for overall general health concerns

Failure to comply with the above requirements may jeopardize your candidacy on the liver transplant wait list. We look forward to working with you toward successful liver transplantation. If you have questions regarding your evaluation or this letter, please call 214-645-1919.

Sincerely,

COORDINATOR
Liver Transplant Clinical Coordinator
for the UT Southwestern Liver Transplant Selection Committee

Appendix D
Denial Letter

DATE

NAME
ADDRESS
CITY STATE ZIP

Dear NAME:

We thank you for your interest in the University of Texas Southwestern Medical Center Liver Transplant Program. Your candidacy for placement on the liver transplant list was reviewed by the Liver Transplant Committee on DATE. After careful review of your evaluation, the Committee has decided that liver transplantation is not the best treatment option for you at this time due to REASON.

While the decision not to transplant is a difficult one, we feel that it is the most appropriate decision at this time. If you wish to discuss this with us, please feel free to make an appointment in the clinic (214-645-1919). You may also wish to be seen for an opinion at another Liver Transplant Center. We would be happy to forward your records if you choose to do this.

Sincerely,

The Liver Transplant Committee
UT Southwestern Medical Center

cc: REFERRING PHYSICIAN

Appendix E
De-Activation Letter

DATE

NAME
ADDRESS
CITY STATE ZIP

RE: STATUS CHANGE – Inactive on the UNOS Waiting List
Effective – DATE

Dear Mr./Ms. NAME:

Your status has been changed from active to **inactive** with the United Network for Organ Sharing (UNOS) on the deceased-donor transplant waitlist. This means you will continue to accrue wait-time, but you will not be eligible for an organ offer at this time due to REASON.

You will be evaluated for reactivation after these issues have been resolved and our transplant physicians determine that you are again healthy enough for liver transplant.

UNOS would like you to know about a toll-free patient services line that is available to help transplant candidates, recipients, and family members understand organ allocation practices and transplant data. You may also call this number to discuss a problem you may be experiencing with your transplant center or the transplantation system in general. The toll-free patient services line number is 1.888.894.6361.

Be sure to update your transplant coordinator as soon as possible if there are any changes in contact phone numbers or your address.

Feel free to call Transplant Services at 214.645.1919 if you have any questions or concerns.

Sincerely,

COORDINATOR
Liver Transplant Clinical Coordinator

cc: REFERRING MD

Appendix F
Re-Activation Letter

DATE

PATIENT
ADDRESS
CITY STATE ZIP

RE: STATUS CHANGE – Active on the UNOS Waiting List
EFFECTIVE – DATE

Dear Mr./Ms. NAME:

As we discussed on the phone today, your status on the United Network for Organ Sharing (UNOS) wait-list has been restored to **ACTIVE** on the deceased-donor transplant waitlist.

UNOS would like for you to know that there is a toll-free patient services line available to help transplant candidates, recipients, and family members understand organ allocation practices and transplant data. You may also call this number to discuss a problem you may be experiencing with your transplant center or the transplantation system in general. The toll-free patient services line number is 1.888.894.6361.

Be sure to update your transplant coordinator as soon as possible if there are any changes in contact phone numbers or address.

The UT Southwestern Liver Transplant Department will monitor your progress while you are waiting for liver transplantation. If there are any changes in your health that may raise a serious concern about the safety of performing a liver transplant and prescribing immunosuppressive medications, please contact us immediately.

Please remember your current active listing status can change for many reasons. Please keep the transplant center continuously updated, to prevent and reduce inactive status changes.

Feel free to call Transplant Services at 214.645.1919 if you have any questions or concerns.

Sincerely,

COORDINATOR
Liver Transplant Clinical Coordinator

cc: REFERRING MD