Wake Forest Baptist Medical Center

Presented by Nicole France, BSN, RN & Dori Muench, LCSW
Coverage Area

- North Carolina, Upstate South Carolina, Southern Virginia, Eastern Tennessee and Southern West Virginia
Physicians

Surgeons:
- Dr. Robert Stratta, Director
- Dr. Alan Farney
- Dr. Jeff Rogers
- Dr. Giuseppe Orlando
- Dr. Colleen Jay

Nephrologists:
- Dr. Amber Reeves-Daniel, Medical Director
- Dr. Alejandra Mena-Gutierrez
- Dr. Natalia Sakhovskaya (not pictured)

Pediatric Nephrologists:
- Dr. Ashton Chen (not pictured)
- Dr. Jen-Jar Lin (not pictured)
Pre Transplant Team:
Towanna Phillip BSN, RN
Leigh Creasey BSN, RN
Priscilla Jackson-Holmes BSN, RN
Tabitha Eula BSN, RN
Myra Williams BSN, RN
Nicole France BSN, RN
Kim Lewis, MSW

Post Transplant Team:
Alice Voss BSN, RN
Lisa Miller BSN, RN
Hannah Countryman BSN, RN
Janet Sinkler MSN, RN
Trena Brooks BSN, RN
Leslie Carter BSN, RN
Tamara Benner RN
Dori Muench, LCSW, NSWC
Gabrielle Griffith, CNA
Melanie Robinson, CMA
Andrea Melwhenny, CNA

Living Donor Team:
Colleen Sheehan, BSN, RN, CCTC
Tavia Gilbert, BSN, RN (not pictured)
Amanda Smith, Program coordinator
Lynette Patterson Cox, BS Living Donor Navigator (not pictured)
Transplant Multi-Disciplinary Team

- Pharmacists:
  - Scott Kaczmorski, PharmD, BCPS, CPP
  - William Doares, PharmD, CPP

- Dietitian:
  - Kelly Pierson, Med, RD, LDN

- Advance Practice Team:
  - Aubry Roth PA-C
  - Ali Pressley PA-C
  - Debra Felts, NP
  - Loretta Wilson, NP
  - Megan Payne, PA-C
  - Beth Moraitis, PA-C

- Transplant Fellow:
  - Venkateswara Rao Gurram, MD
  - Komal Bahadur Gurung, MD
Why Wake Forest Baptist?

• Waitlist time to transplant on average is 3 years, which is one of the shortest in the region. The median wait time in Region 11 is 2.9 times longer than observed at Wake Forest.

• WFBMC accepts and cares for more complicated and elderly patients, including patients refused at other centers. To date in 2018:
  ▶ We have transplanted 2 patients > 80 years of age
  ▶ Performed our 3rd successful combined Heart-Kidney transplant
  ▶ Transplanted a 64 y/o Kidney-Pancreas recipient, one of the oldest in our history
  ▶ Successfully re-transplanted a patient for the 4th time

We have transplanted more than 4000 patients in the 48 year history of the program

Since 1999, we have more people living with a functioning kidney transplant than any other transplant center in NC
2019 Kidney Statistics
(Jan 1, 2019-Dec 30, 2019)

- 243 Kidney, K/P and Pancreas transplants
  - 174 Deceased donor
  - 46 Living donor
  - 22 Kidney-Pancreas
  - 1 solitary Pancreas
2019 Kidney Statistics

(from SRTR release Jan 2020)

• WFBMC is the largest Kidney and Pancreas transplant center in the state of NC and one of the largest centers in UNOS Region 11 (NC, SC, KY, TN & VA)

• Overall Patient, Kidney and Pancreas graft survival rates were 97.8%, 94.5% and 100%, respectively

• Nationwide, among top 35 most active kidney transplant centers

• One of the largest Pediatric transplant centers in the region
Time to Transplant

Use the selector below to see what percentage of patients underwent transplant at this program within 30 days, 1 year, 2 years, or 3 years. These estimates are based on patients on the program's waiting list in the past and do not necessarily reflect how long a patient added to the list today will wait. Additionally, waiting times are affected by many patient characteristics. You can find more detailed information in the full program report or talk with your care team to learn more.

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**THIS CENTER:**

46.3% received a transplant

**NATIONALLY:**

25.4% received a transplant

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Transplants

BETWEEN JULY 2018 AND JUNE 2019

214 people received transplants

- 41 with a living donor
- 173 with a deceased donor
Deceased donor transplant recipients age
(between 07/01/2018 through 6/30/2019)

- 70+ years
- 65-69 years
- 50-64 years
- 35-49 years
- 18-34
- 12 to 17 years
- 2-11 years
- <2 years
Process

- Referral
- Financial Clearance
- Education Class
- Evaluation / Testing
- Selection Committee
# Kidney Transplant Referral

**Abdominal Organ Transplant Program**  
**Medical Center Blvd.  Winston-Salem, NC 27157**  
**Phone: 336/713-4193  Fax: 336/713-5055  transplantreferral@wakehealth.edu**

## PATIENT DEMOGRAPHICS

| Today’s date: | Indicate Transplant Type: | Kidney ☐ | Kidney/Pancreas ☐ | Pancreas ☐ |

## PATIENT INFORMATION

<table>
<thead>
<tr>
<th>Patient’s last name:</th>
<th>First:</th>
<th>Middle:</th>
<th>DOB:</th>
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<tbody>
<tr>
<td>Mailing address:</td>
<td>City:</td>
<td>State &amp; Zip:</td>
<td></td>
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<tr>
<td>Cell Phone #:</td>
<td>Last 4 of SSN:</td>
<td>Home phone #:</td>
<td></td>
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<tr>
<td>Dialysis (Chronic) Start Date:</td>
<td>Race:</td>
<td>White: ☐ Black ☐ Hispanic ☐ Other ☐</td>
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### NOT ON DIALYSIS

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<tr>
<th>Days of Dialysis:</th>
<th>MWF ☐</th>
<th>TTS ☐</th>
<th>Other ☐</th>
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<tbody>
<tr>
<td>GFR __________</td>
<td>Type of Dialysis:</td>
<td>Hemo ☐</td>
<td>Peritoneal (PD) ☐</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Cause of ESRD:</th>
<th>☐</th>
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</thead>
<tbody>
<tr>
<td>Does patient use oxygen PRN or greater?</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Amputation</td>
<td>Right ☐</td>
<td>Left ☐</td>
</tr>
<tr>
<td>Does the patient use a wheelchair, walker or cane PRN or greater?</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
<tr>
<td>Do you know if patient has a living donor?</td>
<td>Yes ☐ No ☐</td>
<td></td>
</tr>
</tbody>
</table>

## DIALYSIS UNIT INFORMATION / REFERRING PHYSICIAN INFORMATION

<table>
<thead>
<tr>
<th>Dialysis Center:</th>
<th>Nephrologist’s Name:</th>
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</thead>
<tbody>
<tr>
<td>Contact Person:</td>
<td>Phone:</td>
</tr>
<tr>
<td>Phone:</td>
<td>Fax:</td>
</tr>
<tr>
<td>Fax:</td>
<td>Address:</td>
</tr>
<tr>
<td>Address:</td>
<td>City, State, Zip:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address:</th>
<th>City, State, ZIP:</th>
</tr>
</thead>
</table>

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T-REX
Transplant Referral Exchange

Is this how you feel when making a referral?
What is this???

- We are the first in our area to use T-REX as a referral source
  - This eases referral and allows for real time communication between the transplant center and dialysis unit.
  - Allows us to share updates and results of testing obtained during the transplant process
  - Looking forward to additional units being activated
Transplant Contraindications:

- Disseminated or untreated cancer
- Poor cardiovascular reserve
- Chronic lung disease requiring continuous oxygen therapy
- Advanced cirrhosis
- Projected life expectancy < 2 years
- Active untreated infection or uncontrolled chronic infection (i.e., osteomyelitis, TB)
- Open chronic non-healing wounds
- Chronic severe intractable hypotension with evidence of significant and irreversible cardiac dysfunction
Quick Reference Transplant Criteria

- Non-Medical (psychosocial, finance) indications:
  - Shows cooperation and compliance with physician follow-up, recommendations, and prescribed medical regimen (for example, does not miss / sign off early from treatments)
  - Access to adequate psychosocial support (i.e., transportation, emotional support, in-home care as needed)
  - Ability to pay for transplant event, follow-up care, and post-transplant medication regimen through private insurer, Medicaid, Medicare or cash payment
Transplant Contraindications

- BMI > 45 kg/m\(^2\) (contingent on body habitus)
- Age: > 85 years (dependent on physiological age)
- Severe psychiatric illness uncontrolled with medication, unstable
- Unresolvable psychosocial problems including lack of adequate social support network or financial resources
- Severe dementia or severe cognitive impairment
- Severe deconditioning, malnutrition, or frailty. No patients with permanent walkers / wheelchairs; cane usage is OK if being used for stability. No permanent residents of SNF or LTC facility
- Persistent or recurrent substance abuse (exclusive of marijuana or tobacco)
Financial Clearance

- Our Transplant Financial Coordinators will discuss your insurance coverage with your patient. They will be looking to see if you have coverage for the transplant surgery and for the cost after transplant. These costs include medication, clinic visits, travel back and forth to the clinic. It is estimated that most patients incur about $400-$500 additional out of pocket costs in each of the first 3 months.

- If your patient does not have full coverage, i.e. Medicare and supplement, Medicare/Medicaid, EGHP, your patient may be asked to participate in fundraising to establish a reserve to use after transplant.

- If your patient receives assistance from the American Kidney foundation, they should be aware of their premium amount and prepared to assume these costs at any time. They will be responsible to ensure timely submission of premium notices for payment. There will be support to assist in this process but the patient will be responsible for managing.
Education Class

- Education Class will be scheduled after a phone interview is conducted with the transplant referral nurse and the patient is cleared to move forward.
- Class is approximately 4 hours in length and taught by our pre-transplant coordinators.
- It is recommended that patients bring at least one support person with them to the class.
- The Education Class is **Free** and open to the public, after referral is accepted.
- *For patients that have extended travel times to the clinic and have their primary support person with them, we work with them on an individual basis to consolidate their initial physician and social worker visit on the same day as their education class.*
Evaluation Process

- Prior to education class:
  - Colonoscopy (age dependent)
  - Mammogram / Pap Smear (both are age dependent)
  - Dental exam should be scheduled
- Initial testing done on first physician visit:
  - CT scan (non-contrast) of abdomen and pelvis
  - Chest X-ray
- Secondary testing: This will be determined at physician visit based on exam
  - Echocardiogram
  - Stress test
  - Carotid and Iliac Dopplers / duplex
  - Additional testing may be required based on above results
Evaluation Process

- Social Work evaluation
- Pharmacist assessment
- Meet with Living Donor Navigator
- Dietary/Nutritionist evaluation (if necessary)
- HIV+ and Hepatitis C+ patients may require follow-up with ID physician
- Once all testing results are final, patient will be presented to Selection Committee, which meets at least once a week
- Committee approval for waiting list
Living Donor Program

- The living donor program is currently expanding and in the last year experienced a 165% increase, which is the largest increase since 1999
- Patients with an acceptable living donor may be transplanted as quickly as 3 months of initial referral, in some cases
- WFBMC has on staff a Living Donor navigator to assist patients in exploring options for identifying a living donor
- WFBMC participates in both local and national Kidney Paired Donor Exchange programs
What Does Our Transplant Center Need from Dialysis Facilities?

• Patient demographic sheet
• Clean copy of insurance cards, including RX card
• Medication list
• Recent medical history & physical exam and/or recent discharge summary - *Less than 1 year old information*
• If patient is **NOT** on dialysis, recent labs including GFR and recent nephrology notes
• Social work evaluation
• 2728 Medicare form if patient has started dialysis
• If available, cardiac testing, EKG, echo and any radiology results
• PPD results (if available)
Expectations

- Communication occurs verbally and written with both patient and dialysis facility regarding appointments for class and evaluation testing.

- After patient selection committee review, both verbal and written communication will be sent to the patient and cc’d to the Dialysis Center/referring physician.

- Patients, physician offices and dialysis centers are given the pre-transplant coordinators contact information and can contact them at anytime during the process.

- If questions or concerns arise, we encourage offices and facilities to contact the outreach coordinator for additional support.

Inform us of any open wounds, SNF placements due to medical needs, infections

Any change in caregiving, transplant, insurance, living environment
How can the Dialysis Social Worker/Center Help the transplant center

- Remind candidates to keep their financial coordinator up to date with any coverage changes
- Notify TFC if an AKF application has been submitted for assistance if candidate was previously paying premiums
- Provide friendly reminders to candidates to continue to fund raise and/or build reserves
How you can help your patient succeed

- Teach and encourage your patients to arrange their own transportation, call in their own prescriptions
- Encourage your patient to be involved in their transplant lab results and required testing
  - When their PRA’s are being drawn
  - Ask about the required testing and what is coming up. Ask if they understand and if they don’t, encourage them to call
- Empower your patients to take control of their health. They will be required to do this after transplant so it is better to prepare them now!!!
- Encourage out patient vs in home services where appropriate
Q&A - 3-5 minutes?

- Address questions specific to your transplant center
Contacts:

- Outreach Coordinator: Myra Williams, BSN, RN, CMSRN
  336-408-6092; email: mkeener@wakehealth.edu

- Transplant Referral Nurse: Nicole France, BSN, RN
  336-713-7995; email: Nicole.France@wakehealth.edu

- Referral Line: 336-713-7995 or 336-713-4193

Fax: 336-713-5596

Email: transplantreferral@wakehealth.edu

T-REX

Abdominal Organ Transplant
1 Medical Center Blvd; Janeway Tower 8th floor; Winston-Salem NC 27157