

**Liver Transplant Program
The Transplant Process**

Information by Phase	Information Given Date/Initials	Understanding Verbalized Date/Initials
Referral Phase		
Estimated Timeline: 3-7 days		
Outside referral received by hepatologist		
Verification of insurance benefits for transplant evaluation		
Approval for evaluation or denial process started		
Evaluation Phase		
Estimated Timeline: <ul style="list-style-type: none"> • Routine- 3-4 weeks • Urgent - 1-2 weeks • In-House- 2-3 days 		
Discussion of financial responsibility (cost of surgery, cost of medications, cost of follow-up care; options for fund raising)		
Evaluation and any additional required tests/physician consults scheduled and results entered into medical record		
Presentation to Selection Committee and documentation of committee decision		
"Approval," "Hold," or "Denial" process started		
If needed, additional tests/procedures are ordered/completed for patient to meet listing requirements		
Listing Phase		
Estimated Timeline: 3-5 days for insurance approval Average waiting time for transplant based on MELD score (based on 2014 data): 15-29 = 691 days 30- 34 = 74 days ≥35=11 days <i>This data is based on UNOS data for patients listed between 2011- 2014 and is subject to change</i>		
Listing and organ acceptance criteria determined (including exceptions to MELD & status 1)		
Medical necessity letter sent to insurance company and "approval to list" received		
Listing letters and educational materials sent to patient		

<p>MELD Recertification as required by UNOS</p> <ul style="list-style-type: none"> • Status 1 A or 1B = every 7 days • ≥ 25 = every 7 days • 19 -24 = every 1 month • 11 - 18 = every 3 months • ≤ 10 = every 12 months 		
<p>Additional Assessment</p> <ul style="list-style-type: none"> • Pre-transplant annual re-evaluation • Ultrasound/AFP protocol (if applicable) • Pre-Transplant Hepatocellular Carcinoma Protocol (if applicable) • Hepatitis A vaccination • Hepatitis B vaccination • Hepatitis B surveillance (if applicable) • Echocardiogram Protocol • Vaccination protocol 		
<p>Organ offers received and transplant process initiated</p>		
Transplant Event		
<p>Estimated Timeline: 7 days</p>		
<p>Arrival at hospital after notification by transplant coordinator</p> <ul style="list-style-type: none"> • Labs/EKG/CXR • History & Physical Examination • Consents (treatment, blood, surgery) • Surgical Process (IV lines, drains, incisions) • ICU (ventilator, monitors) 		
<p>Discharge education of post-transplant self-care, routine follow up requirements, education, and discharge needs (with social worker, dietitian, pharmacist, and transplant coordinator)</p> <ul style="list-style-type: none"> • Medications • Diet • Infection • Rejection • Self-care at home • Sexual activity • Communication with donor family • Lab tests • When to call • Follow-up labs/appointments • Annual follow-up requirements 		

Discharge - 90 Days Post-Transplant		
<ul style="list-style-type: none"> • Detection/Treatment of post-operative problems • Patient/family education • Hypertension, Diabetes and other comorbidities 		
Home health <ul style="list-style-type: none"> • Safety evaluation • Physical Therapy/Occupational Therapy • Medication teaching • Wound assessment • Diabetic teaching 		
Lab Schedule <ul style="list-style-type: none"> • Twice weekly (month one) • Weekly (month two) • Every other week (month three) 		
Clinic Visit Schedule <ul style="list-style-type: none"> • Week 1 • Week 2 • Week 4 • Month 2 • Month 3 		
Patient education of post-transplant self-care and routine follow up requirements		
Protocols reviewed/initiated/continued <ul style="list-style-type: none"> • Post-Transplant Annual Evaluation • Post-Transplant Hepatitis B Protocol (if applicable) • Post-Transplant Hepatocellular Carcinoma Protocol (if applicable) • Vaccination protocol 		
91 Days – 1 Year Post-Transplant		
Lab Schedule <ul style="list-style-type: none"> • Every month 		
Clinic Visit Schedule <ul style="list-style-type: none"> • Month 4 • Month 9 • Month 12 		
Patient education of post-transplant self-care and routine follow up requirements		
Complete assessment with each office visit identifying any areas for focus or problem areas <ul style="list-style-type: none"> • Physical complaints • Psychological complaints • Social issues • Financial issues • Understanding of self-care and compliance • Nutritional issues • Identification of need to see other team members for consult (Dietary, SW/FC) • Reinforcement of previous education 		

Protocols reviewed/initiated/continued <ul style="list-style-type: none"> • Post-Transplant Annual Evaluation • Post-Transplant Hepatitis B Protocol (if applicable) • Post-Transplant Hepatocellular Carcinoma Protocol (if applicable) • Vaccination protocol 		
Annually Post-Transplant		
Priority areas of focus: <ul style="list-style-type: none"> • Diabetes • Hypertension • Lipid management • Cancer screening 		
Lab Schedule <ul style="list-style-type: none"> • Every other month 		
Clinic Visit Schedule <ul style="list-style-type: none"> • Every 6-12 months and as needed 		
Patient education of post-transplant self-care and routine follow up requirements		
Complete assessment with each office visit identifying any areas for focus or problem areas <ul style="list-style-type: none"> • Physical complaints • Psychological complaints • Social issues • Financial issues • Understanding of self-care and compliance • Nutritional issues • Identification of need to see other team members for consult (Dietary, SW/FC) • Reinforcement of previous education 		
Protocols reviewed/initiated/continued <ul style="list-style-type: none"> • Post-Transplant Annual Evaluation • Post-Transplant Hepatitis B Protocol (if applicable) • Post-Transplant Hepatocellular Carcinoma Protocol (if applicable) • Vaccination protocol 		