

Transplant Ready Review Checklist

This checklist is intended to assist dialysis facility staff with monitoring patients who are activated on a transplant list to keep them engaged, active, and ready on all levels to receive a transplant. Being ready and prepared for the big day is so important, and this checklist will help assess if additional support or interventions are necessary for the patient to be “transplant ready.”

Patient’s transplant center: _____

Coordinator/contact information: _____

Note: Review End Stage Renal Disease (ESRD) Quality Review System (EQRS) transplant dashboard data to be sure all patients are documented and listed correctly.

Active/date: _____ Inactive/date: _____ If inactive, use the checklist below to explore the reason(s).

Communication	
<input type="checkbox"/>	Does the patient know when his/her next routine transplant center appointment is? Appointment date and time: _____ With who: _____
<input type="checkbox"/>	Does the patient know the transplant coordinator’s name, and their contact information? <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Does the patient have all transplant center contact information programmed in his/her phone? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Confirm the patient’s current phone, mailing address, and health insurance information. Has this been updated with the transplant center? <input type="checkbox"/> Yes <input type="checkbox"/> No When (MM/DD/YYYY)? _____
Health Management	
<input type="checkbox"/>	When is the patient’s next routine appointment with his/her primary care physician? Appointment date and time: _____ With whom: _____
<input type="checkbox"/>	Does the patient report any concern about the body mass index (BMI) transplant requirement? <input type="checkbox"/> Yes <input type="checkbox"/> No What should the patient’s weight be? _____ What is the patient’s weight now? _____ How often does the patient exercise? _____ Is the patient managing his/her diet? _____
<input type="checkbox"/>	Has the patient had any recent hospitalizations? _____ If so, when, and why? Any follow up needed? _____

	<p>Past or active infections? _____ Received any recent blood transfusions? _____</p> <p>Mobility or activities of daily living (ADL) concerns? _____</p>
<input type="checkbox"/>	Does the patient have any new diagnoses or health issues? _____
<input type="checkbox"/>	<p>Is the patient current with all routine screenings and tests (mammogram, pap tests, colonoscopy, dental, EKG)? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If not, indicate missing vaccinations: _____</p>
<input type="checkbox"/>	Is the patient current with monthly laboratory testing that needs to be sent to the transplant center? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	<p>Is the patient currently missing or shortening any treatments? _____ Dialysis access issues? _____</p> <p>Is the patient taking medicines as prescribed? _____ Any substance/tobacco/alcohol use? _____</p> <p>_____</p>
Psychosocial	
<input type="checkbox"/>	<p>How motivated is the patient to get a kidney transplant, on a scale of 1–5, 1 = not at all motivated, 2 = somewhat motivated, 3 = motivated, 4 = very motivated, 5 = extremely motivated? _____</p> <p>If the patient is at a 1–3, ask “What will it take for you to be at level 4 or 5?” _____</p>
<input type="checkbox"/>	<p>Does the patient have any untreated depression or mental health concerns? _____</p> <p>Does the patient need an updated depression or other mental health screening? Or a referral for mental health treatment?</p> <p>_____</p> <p>_____</p>
<input type="checkbox"/>	<p>Does the patient have caregiver support post-transplant? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____</p> <p>Does the patient have a place to stay post-transplant that is close to transplant hospital? _____</p> <p>_____</p>
<input type="checkbox"/>	Does the patient have any unanswered questions, fears, or concerns about transplant? _____
<input type="checkbox"/>	Does the patient have any unaddressed health-related social needs? _____

	<input type="checkbox"/> Transportation insecurity <input type="checkbox"/> Food insecurity <input type="checkbox"/> Housing insecurity <input type="checkbox"/> Inadequate health insurance <input type="checkbox"/> Inadequate access to healthcare <input type="checkbox"/> Racism <input type="checkbox"/> Environmental factors <input type="checkbox"/> Unsafe neighborhood <input type="checkbox"/> Job insecurity <input type="checkbox"/> Economic insecurity <input type="checkbox"/> Low education attainment <input type="checkbox"/> Limited health literacy <input type="checkbox"/> Limited English proficiency
Education	
<input type="checkbox"/>	Has the patient been educated on the following items below? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, provide and review the associated educational resources available on the HSAG ESRD Transplant Webpage: https://www.hsag.com High Kidney Donor Profile Index (KDPI)? _____ Living donation? _____ Transplant portal access and usability? _____ Transplant center processes? _____ Multiple transplant center listing? _____
<input type="checkbox"/>	Does the patient have limited health literacy? <input type="checkbox"/> Yes <input type="checkbox"/> No If education was provided; did you use teach-back technique? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient report understanding the education provided by the transplant center? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what was not understood? _____ Does the patient require additional easy-to-understand educational materials from the transplant center? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Has the patient received all education in his/her preferred language? <input type="checkbox"/> Yes <input type="checkbox"/> No Does the patient's transplant center provide the following: <input type="checkbox"/> Language line <input type="checkbox"/> Translator <input type="checkbox"/> Educational materials in patient's preferred language
<input type="checkbox"/>	Does the patient report any physical disabilities or communication needs that need to be addressed? _____ _____
Additional Issues/Concerns	
<input type="checkbox"/>	Are there any other issues/concerns that you have identified with your patient that need to be addressed? _____

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