

## Blue Distinction Centers for Transplants® Clinical Program Requirements for 2008/2009 Designations

To qualify as a Blue Distinction Center for Transplants (BDCT), each facility must satisfy BDCT's quality based selection criteria. BDCT's detailed Request for Information (RFI) survey examines the facility's clinical structure, processes, and outcomes for transplant services, as well as certain responses to the United Network for Organ Sharing (UNOS) Standardized RFI Transplant Administrative Survey, UNOS Program Information RFI, and UNOS Scientific Registry of Transplant Recipients (SRTR) Experience Data Part F. A mid-level description of the BDCT selection criteria for BDCT's Solid Organ Transplant category appears below; for more detail, contact the BDCT Administrator at [bdcadmins@bcbsa.com](mailto:bdcadmins@bcbsa.com). Additional quality factors may impact a local BCBS company's decision to invite a facility to participate in the BDCT RFI. Successful facilities then undergo an on-site inspection by BDCT's clinical review team. The BDCT designation process is complete after the facility enters a BDCT Participation Agreement, through which it provides global pricing for transplants (includes hospital, professional, and other provider services) and agrees to follow certain administrative requirements. Once awarded, BDCT designation is contingent on each facility's ongoing compliance with BDCT selection criteria. All BDCT facilities resubmit clinical data every eighteen months and undergo on-site inspections for all new programs and every four years for designated program.\*

### SOLID ORGAN PROGRAMS

CATEGORY	RFI	CRITERIA DESCRIPTION	Threshold	2008 Core Points
<b><u>FACILITY CRITERIA</u></b>				
<b>STRUCTURE</b>				
Accreditation	BDCT	Full Accreditation by The Joint Commission, Healthcare Facilities Accreditation Program (HFAP) or equivalent	Yes	Required
Physician Credentialing	UNOS	Has a comprehensive policy including primary verification	Yes	Required
Institute for Healthcare Improvement (IHI)	BDCT	Participates in IHI's 5 Million Lives Campaign	Yes	2
Leapfrog	BDCT	Publicly reports on Leapfrog Website via Leapfrog Group Quality and Safety Hospital Survey or Plan can substitute with a local initiative	Yes	2
UNOS Affiliation and Standardized RFI	UNOS	Must currently meet all UNOS guidelines as outlined in UNOS policy and by-laws, including living-donor program requirements if applicable. Must complete 2008 UNOS Standardized RFI Transplant Administrative Survey and Organ Specific RFI	Yes	Required
CMS Certification	UNOS	Must be currently CMS certified and in good standing (as applicable)	Yes	Required
Magnet Recognition Program	BDCT	Designated a Nurse Magnet facility		Informational
Insurance Limits	UNOS	Must meet state requirements. In absence of state requirements, facility must carry at least 1M/3M coverage in whole or re-insurance	Yes	Required
Laboratory	BDCT	Utilizes a histocompatibility laboratory that meets UNOS standards and is capable of performing histocompatibility testing, immunology, pathology, microbiology, virology and therapeutic drug monitoring. Accredited by an accrediting agency (i.e. ASHI, CAP, Joint Commission)	Yes	Required
Blood Banking	UNOS	Twenty-four hour, 7 day availability of blood components including CMV negative/irradiated components	Yes	Required

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CATEGORY	RFI	CRITERIA DESCRIPTION	Threshold	2008 Core Points
Renal Dialysis	UNOS	Twenty-four hour, 7 day availability	Yes	Required
Diagnostic Radiology (MRI/CT Scan)	BDCT	Twenty-four hour, 7 day availability	Yes	Required
Cardiac Catheterization	UNOS	Twenty-four hour, 7 day availability.	Yes	Required
Ethics Committee	BDCT	Committee is available to review ethical and medical considerations concerning transplant on an as needed basis with transplant team involvement	Yes	1
Services	BDCT	Must provide a full range including but not limited to inpatient, outpatient, surgical, and rehabilitative care	Yes	Required

#### PROCESS

AAMC Principles	BDCT	Accepts the Association of American Medical Colleges (AAMC) principles for all clinical trials		Informational
Health Resources and Services Administration (HRSA) Initiative	BDCT	Participates in the Transplant Growth and Management Collaborative		Informational
Hospital Consumer Assessment of Healthcare Providers and Systems	BDCT	Participates in HCAHPS survey and makes data publicly available on the Hospital Compare website for the Summer 2008 public reporting date. <b>(adult patients only)</b>	Yes	2
Patient Satisfaction	BDCT	Has written process and data management systems to review patient satisfaction. <b>(pediatric patients only)</b>	Yes	2

#### PROGRAM CRITERIA

##### STRUCTURE

Duration	UNOS	Must be actively performing transplants with consecutive operation.	≥ 24 months	Required
Certification	BDCT	Awarded Joint Commission Transplant Center Certification		Informational
Quality Improvement	BDCT	Facility has formal continuous quality improvement program (CQI) in place specific to each transplant type CQI components: --Written plan clearly shows how (pre, during, and post) transplant related issues (inpatient and outpatient) are identified, addressed, and integrated into the hospital-wide QI process --QI audit includes results of indicator tracking, documentation of practice changes, and current QI projects --Multidisciplinary team that meets on a regular basis --Quarterly meetings with minutes --Programmatic outcomes review occurs at least annually --Transplant specific Policies and Procedures detailing all aspects of operations, Standard Operating Procedures, personnel training, adverse events and errors, and required documentation --Designated person(s) appointed to review Policies and Procedures annually Note: Documentation of your process to be provided upon request	Yes to all 8 components	3
			Yes to ≤7 and ≥ 5 components	2
			Yes to ≤4 and ≥ 1 component	1
			Yes to 0 components	0

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Team*	UNOS	Stable team consisting of a primary surgeon, primary physician, alternate primary physician and alternate primary surgeon. Physicians/surgeons must be actively managing/performing transplant in the same/relevant transplant type (i.e. adult, pediatric). <ul style="list-style-type: none"> <li>No more than 2 named designated primary / interim physicians / surgeons within a 3 year period</li> <li>No more than 35% of the team members leaving the program within 2 years</li> </ul> The physicians/surgeons shall have current board certification or equivalent	Yes	Required
Designated UNOS Primary Physician	UNOS	A UNOS Designated Primary Physician must also meet CMS requirements, be board certified or equivalent in a relevant clinical area or a pediatric equivalent for pediatric program and actively managing transplants for the most current 3 years.	Yes	Required
Designated UNOS Primary Surgeon	UNOS	A UNOS Designated Primary Surgeon must also meet CMS requirements, be board certified or equivalent in a relevant clinical area or a pediatric equivalent for pediatric program and actively performing transplants for the most current 3 years.	Yes	Required
Transplant Physician/Surgeon	UNOS	Must have a minimum of one additional physician and one additional surgeon, besides the UNOS primary physician / UNOS primary surgeon, who have been actively managing / performing in the relevant transplant type for a minimum of 1 year as an attending; must be board eligible, certified, or equivalent.	Yes	Required
Clinical Transplant Coordinators	UNOS	Must have a clinical transplant coordinator (RN or PA) who has 1 year of transplant-relevant experience and meets UNOS guidelines.	Yes	Required
		At least 1 clinical transplant coordinator is certified as a clinical transplant coordinator (CCTC/ CPTC)	Yes	1
Anesthesiology	UNOS	Must have 24 hour, 7 day availability. Pediatric trained anesthesiologist must be available for pediatric programs.	Yes	Required
Infectious Disease	BDCT	The infectious disease service must be experienced in the care of transplant patients and must have the skills and lab available to manage patient complications.	Yes	Required
Pathology	UNOS	Resources must be available to the program with transplant experience, including diagnosis rejection.	Yes	Required
Collaborative Support	BDCT	A range of subspecialties must be immediately available to the program and there must be evidence of collaborative involvement. There must be pediatric specialists for pediatric programs.	Yes	Required
Social Services	UNOS	Adequate resources must be available and are recommended to be dedicated to the program.	Yes	Required
Support Groups	BDCT	Access to support groups.	Yes	Required
		Regular scheduled local and regional support groups must be available to pre- and post-transplant patients.	Yes	1
Nutritionist/Dietician	BDCT	Available to the program and participates in patient education.	Yes	Required

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Pharmacy	BDCT	Available to the program.	Yes	Required
		Dedicated to transplantation and participates in patient management and education	Yes	1

**PROCESS**

Facility tracks transitions of Care	BDCT	Tracks transitions of care for patients discharged from an inpatient setting to another setting using a formal method		Informational
Patient Selection Committee and Process	BDCT	Regularly held, multi-disciplinary meetings (with meeting minutes documented). At minimum, the committee should include the UNOS designated primary physician, UNOS designated primary surgeon, coordinators, social worker, and appropriate consultants.	Yes	Required
Patient selection criteria	BDCT	Has written patient selection criteria that are applied to all transplant patients.	Yes	Required
		Has process for re-evaluating patient selection criteria on an annual basis	Yes	1
Rejection Monitoring	UNOS	Has guidelines/protocols for rejection identification and treatment.	Yes	1

**OUTCOMES**

Survival*	SRTR	Outcomes must meet or exceed (within 5% for documented high risk case mix) the National one-month, one-year, and three-year patient and graft outcome as reported by SRTR for the most recent timeframe available.	Yes	Required
		Actual one-month patient survival outcomes from the end date of the SRTR data to current time must continue to meet the National outcome.	Yes	Required
Observed to Expected (O/E) Survival	SRTR	<i>Adult (18 years old or older)</i>		
		O/E Patient Ratio at 1mo / 1yr / 3yr		Informational
	SRTR	<i>Pediatric (17 years old or younger)</i>		
		O/E Patient Ratio at 1mo / 1yr / 3yr		Informational
Transplant rate per year on waitlist	SRTR	O/E Graft Ratio at 1mo / 1yr / 3yr		Informational
		Transplant rate as reported for the most recent timeframe available		Informational
Readmission rates within 90 days of discharge from the Transplant Hospital Stay due to an unplanned return to the operating room	UNOS SRTR	Readmission rates due to an unplanned return to the operating room within 90 days of transplant		Informational
Readmission rates within 90 days of discharge from the Transplant Hospital Stay due to infection	UNOS SRTR	Readmission rates due to infection within 90 days of transplant		Informational

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Readmission rates within 90 days of discharge from the Transplant Hospital Stay due to rejection	UNOS SRTR	Readmission rates due to rejection within 90 days of transplant		Informational
Donor organs declined in the past 2 years	BDCT	Program reports the number of donor organs declined in the past 2 years, for either procurement or implantation, due to lack of available surgical support		Informational
Readmissions	BDCT	30-day and 90-day inpatient and emergency room readmission rates		Informational
Length of Stay	UNOS SRTR	Post-transplant median and mean length of stay		Informational
Reduced length of stay that does not result in an increase in readmission rates	BDCT	Reported reduced post-transplant length of stay that does not result in an increase in reported 30-day and 90-day inpatient and emergency room readmission rates		Informational
Patient follow-up days Reported by Center (%)	UNOS	Reports total % of follow-up days at one-month, one-year & three-year for patient survival.		Informational
Organ Donation/ Conversion Rate	BDCT	The ratio of the number of actual donations occurring at the facility as compared to the number of eligible donors.		Informational
Department of Health and Human Services (HHS)	BDCT	Awarded Medal of Honor for Organ Donation by HHS		Informational
<b>BUSINESS REQUIREMENTS</b>				
Physician Contracting	BDCT	Transplant physician(s) providing care to transplant patients must have active PPO network participating provider contracts with the local Blue Cross and/or Blue Shield Plan	Yes	Required

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