



Covid-19 Preparation Tip Sheet

Prepared 4.17.2020

UNOS

<https://unos.org/covid/> Includes inactivation codes, TIEDI® system updates: Amnesty status and temporary changes to requirements related to submitting LDF and TRF forms

Inactivation Questions membershiprequests@unos.org

UNET Questions Contact unethelpdesk@unos.org or 800-978-4334 available 8 a.m. – 7 p.m. EST

Additional Questions member.questions@unos.org or call 844-395-4428

Organ Center Available around the clock and can be reached at 800-292-9537

DOXIMITY: Display the Hospital Phone Number when Calling Patients (and access patients who block calls without IDs). Download the app: Doximity <https://www.doximity.com/app>

- Register your name and go through identity verification
- Dialer guide available: http://dox.im/dialer_guide

STAFF

- Utilize work from home options to:
 - Limit exposure
 - Maintain social distancing
 - Attendance tracking via Kronos or other method
- Ensure HIPAA compliance with Internet communication
- Implement protocol for testing symptomatic and asymptomatic staff including screening for temperature and/or signs of COVID-19 at all points of entry to facility
- Communication capabilities / Conduct staff assessment for each of the following:
 - VPN and Internet access
 - Computer
 - Laptop or iPad
 - Desktop
 - Must be new enough to access
 - Camera and microphone capabilities to enable telehealth
- Must be new enough to access hospital EMR
- Land line or cell phone for calling patients
- Education on use of telehealth

LIVING DONORS

- Surgery:
 - Elective procedures for the donor therefore weigh risks and benefits prior to proceeding with surgeries.
 - Most kidney donation should be postponed
 - Liver donation on a case by case basis with testing of the donor and recipient for COVID and proceeding only if both negative
- Screening and evaluations:
 - Live donor education and evaluations can be done with telehealth
 - includes all members of the multidisciplinary team
 - Nutritional counseling for weight loss or healthy eating can be done remotely
 - Labs can be done via home visits with phlebotomist who can send labs to lap corp/quest or to hospital for processing. In less dense COVID area, can send patient to a local lab with an appointment
 - All patients can be ready for when hospital can accommodate imaging and surgeries at the hospital

PATIENTS - MANAGING CARE AND PIVOTING TO TELEHEALTH

- Medicare Telemedicine Health Care Provider Fact Sheet <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet> (accessed on 4/16/20)
 - Educate patients on telehealth
 - IT department
 - Millennials on staff
- Candidates / Pre transplant
 - Identify candidates for at-risk behaviors; target outreach by multi-disciplinary team members (i.e. all high BMI candidate, receives a check-in from the transplant nutritionist)
 - Home phlebotomy
 - Evaluation with multidisciplinary team members
 - Prioritized candidates on list (Kidneys with small window, Hearts with Status 1 or 2, Lung > 80, MELD > 35)
- Post transplant
 - Only those with drains or immediate post op needs were seen face to face in clinic
 - Recipients should avoid any elective surgeries and dental procedures
 - Home phlebotomy
- Patient selection meetings and multidisciplinary rounds
 - Using HIPAA compliant Webex
- Follow up for Patients with COVID symptoms
 - Calls once to twice a day to check for worsening symptoms
- Utilize the Program Coverage Plan (OPTN Bylaws D.7.B) and communicate programmatic changes in writing.

PIVOTING TO A VIRTUAL OPO

- Initial increase in call volume with deceased donor referrals, levels off after initial surge
- Potential organ donors evaluated remotely via hospital EMR and managed by phone
 - Family consent conversations are via phone
- Onsite presence for brain death declaration or DCD protocol
 - OPO provides OPO staff with PPE for hospital visits
 - Negative test for COVID-19 required for deceased donors and repeated within 24 hours of recovery
 - Local surgeon recovery encouraged by all, including UNOS
- Support care for donor families continues via Zoom meetings
- Communication example for home page:
https://www.liveonny.org/media/documents/LiveOnNY_Response_to_COVID-19_4.3.pdf

CONNECT WITH TRANSPLANT COLLEAGUES

- Transplant Coordinator Facebook Group: - an effort to collaborate with transplant coordinators during the pandemic. Search for: "COVID-19 Transplant Coordinator Forum"
- AST Community of Practice Hubs that are active: Outstanding Questions in Transplant Research

RESEARCH TRIALS

<https://www.clinicaltrials.gov/ct2/results?cond=COVID-19&term=&cntry=&state=&city=&dist=>

<https://www.cdc.gov/coronavirus/2019-ncov/index.html>

NOTIFICATION TO CMS

<https://www.cms.gov/Medicare/Provider-Enrollment-and-Certification/CertificationandCompliance/Transplant>
accessed on 4/16/20

Transplant programs must notify the CMS immediately of significant changes to the program that could affect its compliance with Medicare's requirements (required under 42 CFR §482.74). The term "immediately" is considered to be within 7 business days of the change occurring. These changes include: changes in key staff members and inactivation by the transplant program. The CMS must be notified of significant staff changes to include, changes to the transplant program's "primary surgeon" or "primary physician" as designated by the OPIN. The CMS must be notified when a transplant program intends to inactivate its program. The CMS must receive notification of a transplant program's voluntary inactivation with Medicare at least 30 days prior to the planned inactivation date. Please notify the CMS by email at SCG_TransplantTeam@cms.hhs.gov.

WEBSITE MESSAGING TO TRANSPLANT PATIENTS

Sample Message: Transplant centers are in constant communication with national and international researchers to guide our decisions. Most importantly, we want to keep you safe and protect the healthcare workers you rely upon for tests, visits, and lab work. We are presently reallocating resources to best deal with and control the spread of COVID-19.

COVID-19 is just one of the many challenges you have faced as a transplant patient. Your transplant team is prepared and available to assist you. Information about the virus is constantly evolving. It is important to stay informed from reliable sources of information. Please know that we are all standing with you during this anxious time. We are proud to serve your unique needs as a transplant patient. Here are links to additional resources for the transplant patients, their families and physicians...

Northwell Health Organ Transplant FAQ's for Referring Providers and Patients and UNOS FAQs for Patients	http://northwell.edu/COVID19-transplant-FAQ https://transplantliving.org/covid/#PatientFAQ
The American Society of Transplant Surgeons	https://asts.org/news-and-publications/asts-news/article/2020/04/01/asts-response-to-covid-19#.Xoui3y-ZNQI
The American Society of Transplantation	https://www.myast.org/coronavirus-disease-2019-covid-19-frequently-asked-questions-transplant-candidates-and-recipients
Organ Donation and Transplantation International Webinars	#1: https://www.youtube.com/watch?v=LUM8-vDH-kl #2: https://www.youtube.com/watch?v=2sGbpACkSBw&t=9s
United Network for Organ Sharing	https://unos.org/covid/
The Transplantation Society	https://tts.org/index.php?option=com_content&view=article&id=692&Itemid=115
LiveOn New York Letter (OPO)	https://www.liveonny.org/media/documents/LiveOnNY_Response_to_COVID-19_4.3.pdf
The Association of Organ Procurement Organizations	https://www.aopo.org/information-about-covid-19-coronavirus-is-being-released-rapidly-we-will-post-updates-as-we-receive-them/