

Transplant Ready Review Checklist

This checklist helps dialysis facility staff keep patients who are on a transplant waitlist engaged, active, and ready to receive a transplant. This checklist should be reviewed with the patient twice per year to assess if additional support or interventions are necessary to ensure the patient remains “transplant ready.”

Patient name: _____ **Date:** _____

Patient’s transplant center: _____

Note: Review the facility’s End Stage Renal Disease (ESRD) Quality Reporting System (EQRS) transplant dashboard to be sure all patients are documented and listed correctly. Learn how to access the ESRD Transplant Dashboard with instructions found at the [How to Access the Dialysis Facility EQRS Transplant Waitlist Dashboard](#). Additional provider and patient transplant support resources can be found here: <https://www.hsag.com/en/esrd-networks/transplant/>.

Patient’s Transplant Status per EQRS:

Active/date: _____ Inactive/date: _____ List reason for inactive status and immediate action(s) taken (i.e., contact transplant center): _____

Communication	
<input type="checkbox"/>	Confirm with patient their next transplant center appointment. Appointment date and time: _____ With whom: _____
<input type="checkbox"/>	Confirm the transplant coordinator’s name, and their contact information. _____ Does the patient have all transplant center contact information programmed in their phone? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, assist patient with adding contact to their phone contact list.
<input type="checkbox"/>	Confirm the patient’s current phone, mailing address, and health insurance information has been updated with the transplant center. When was it updated last (MM/DD/YYYY)? _____
Health Management	
<input type="checkbox"/>	Confirm the patient’s next routine appointment with their primary care physician. Appointment date and time: _____ With whom: _____

<input type="checkbox"/>	<p>Is the patient actively monitoring their weight to meet the body mass index (BMI) transplant requirement? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If no, assist patient with creating a plan to monitor their weight and exercise. Consider a referral to a dietitian.</p> <p>What is the patient's weight now? _____ Gain or loss since previous assessment? _____</p> <p>Is the patient engaged in an exercise program? _____ Is the patient appropriately managing their diet? _____</p>
<input type="checkbox"/>	<p>Confirm if the patient had any recent hospitalizations? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, when, and why? _____</p> <p>Is follow up needed? _____</p>
<input type="checkbox"/>	<p>Confirm if the patient had any of the following:</p> <p>Recent or active infections? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, please describe: _____</p> <p>Received any blood transfusions? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, please describe: _____</p> <p>Mobility or activities of daily living (ADL) concerns? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, please describe: _____</p> <p>New diagnosis or other healthcare concerns? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, please describe: _____</p>
<input type="checkbox"/>	<p>Is the patient current with all routine screenings, vaccinations and tests (mammogram, pap tests, colonoscopy, dental, electrocardiogram [EKG])? <input type="checkbox"/>Yes <input type="checkbox"/>No If no, indicate missing item and actions taken: _____</p>
<input type="checkbox"/>	<p>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</p> <p>If no, what actions were taken: _____</p>
<input type="checkbox"/>	<p>Is the patient currently missing or shortening any treatments? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is the patient taking medicines as prescribed? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is their substance/tobacco/alcohol use? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Does the patient have any dialysis access issues? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If the patient answered yes to any of these, what actions were taken: _____</p>

Psychosocial	
<input type="checkbox"/>	<p>Does the patient have any unanswered questions, fears, or concerns about transplant? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, what actions were taken: _____</p>
<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 “<i>What will it take for you to be at level 4 or 5?</i>” _____</p>
<input type="checkbox"/>	<p>Does the patient need an updated depression or other mental health screening? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Does the patient have any untreated depression or mental health concerns? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Is a referral for mental health evaluation and or treatment indicated? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes to any of these, when was the screening completed or referral placed: _____</p>
<input type="checkbox"/>	<p>Does the patient have caregiver support post-transplant? <input type="checkbox"/>Yes <input type="checkbox"/>No If so, who? _____</p> <p>Does the patient have a place to stay post-transplant that is close to transplant hospital? <input type="checkbox"/>Yes <input type="checkbox"/>No If yes, where? _____</p> <p>If no to either of the question above, assist the patient with developing a plan for caregiver support and housing.</p>
<input type="checkbox"/>	<p>Does the patient have any unaddressed health-related social needs (i.e. transport, housing, insurance)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If yes, what actions were taken: _____</p>
Education	
<input type="checkbox"/>	<p>Has the patient been educated on the following items:</p> <p>High Kidney Donor Profile Index (KDPI)? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Living donation? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Multiple transplant center listing? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>Transplant center processes including portal access and usability? <input type="checkbox"/>Yes <input type="checkbox"/>No</p> <p>If no to any of the above, provide education and document date of completion. See https://www.hsag.com/en/esrd-networks/transplant/ for resources as needed.</p>



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<input type="checkbox"/>	Does the patient have limited health literacy, communication concerns, or language needs? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, was education adjusted to meet the unique needs of the patient? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/>	Does the patient report any physical disabilities that need to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what action was taken: _____
Additional Issues/Concerns	
<input type="checkbox"/>	Any other issues/concerns that need to be addressed? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what actions were taken: _____

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