

LISTING LETTER OF UNDERSTANDING ADULT LIVER TRANSPLANT

I have been evaluated for liver transplantation at Nebraska Medicine. I acknowledge the following information has been discussed with me and I accept the responsibility associated with being placed on the transplant Wait List at Nebraska Medicine.

Overview

I was given information regarding liver transplantation. I was given a thorough evaluation of my medical condition during my visit. The following information was discussed with me:

- Purpose of transplantation;
- Selection criteria;
- Waiting period;
- Transplant operation;
- Risks and benefits of transplantation;
- Alternatives to transplantation;
- Voluntary participation;
- Confidentiality;
- Responsibilities and expectations while on the Wait List for transplantation;
- Responsibilities and expectations after transplant;
- Regulatory information;
- Liability issues and compensation.

Plan of Care

I understand that I may require further procedures or testing by the Transplant Team to determine my suitability for transplantation before I can be placed on the transplant Wait List. The results of these tests help estimate the risk and benefit of transplantation and in some cases may lead to being denied a liver transplant. I understand the importance of keeping all my appointments to help complete the information needed for the physicians to make a decision about liver transplantation. I understand the importance of complying with the plan of care established and coordinated with my referring physician.

I was given the opportunity to ask questions about the plan of care.

Selection Criteria

The selection criteria for liver transplantation was explained to me and I was given the chance ask questions. I understand and accept the conditions and selection criteria required for liver transplantation.

Placement of Donor Organs

I understand organs from deceased donors are a precious national resource. A national program is designed to allow fair access to all patients who need transplantation. I understand if my name is placed on the national Wait List, I will have to wait for a suitable donor, and the wait time for a transplant is variable. I also understand there is no guarantee a suitable donor will become available to me before I die from my liver disease. Living liver donation maybe an option and this was discussed with me.

United Network of Organ Sharing (UNOS) Hotline

The United Network for Organ Sharing, www.unos.org, provides a toll-free patient service line to help transplant candidates, recipient and family members understand organ allocation practices and transplantation data. You may also call this number to discuss a problem you may be experiencing with your transplant center or the transplantation system in general. The toll-free patient services line number is 1-888-894-6361.

I was given the opportunity to ask questions about UNOS and donor organs.

Multiple Listing/Waitlist Transfers

Patients have the option of being listed at two or more transplant hospitals. Being listed at more than one transplant hospital may increase your chances of receiving a transplant. To be listed at more than one transplant hospital, you must be considered and accepted by the transplant hospital. This involves completing an evaluation and agreeing to meet any conditions set by the program. It is important to check with your insurance company before you consider going to another transplant center.

You also have the option of transferring your waiting time but it's important to coordinate with both programs to ensure a proper transfer takes place. Keep in mind that if you end your listing at one program before another program formally accepts you, you may risk losing all previous waiting time.

If you would like more information about Multiple Listing and/or Wait List transfers, please contact your Transplant Coordinator for a brochure or access the UNOS.org website>Before Transplant Tab>Getting on the List>Other Options to Consider.

High-Risk Donor

I understand that a high-risk donor liver may become available for me for transplantation. The benefits and risks of receiving a high-risk donor organ have been explained to me. I was given a chance to ask questions about high-risk donor organs.

Accept _____ Decline _____ Understand _____

Hepatitis C Donor Organs

I understand if I am Hepatitis C antibody positive, I may be a candidate for a Hepatitis C antibody positive organ. The benefits and risks of receiving Hepatitis C organs from this type of donor were explained to me and I was given the chance to ask questions about Hepatitis C positive donor organs.

Accept _____ Decline _____ Understand _____ Not applicable _____

Hepatitis B Donor Organs

I understand if my Hepatitis B surface antibody is positive, I may be a candidate to receive an organ from a positive Hepatitis B core antibody positive donor. The benefits and risks of receiving Hepatitis B positive organs from this type of donor were explained to me and I was given the chance to ask questions about a Hepatitis B positive donor.

Accept _____ Decline _____ Understand _____ Not applicable _____

Donation After Circulatory Death (DCD)

I understand that a DCD donor organ may become available to me. The risks and benefits a DCD donor organ was discussed with me and I was given the chance to ask questions.

Accept _____ Decline _____ Understand _____

Surgical Procedure

The transplant surgery was explained to me and I was given the chance to ask questions. I understand the risks and benefits of receiving a transplant.

Risks

The risks of transplantation were discussed with me. These include:

- Donor screening;
- Surgical complications;
- Blood products;
- Organ function;
- Hepatic artery thrombosis;
- Biliary complications;
- Rejection;
- Re-occurrence of disease;
- Infections;

- Stress;
- Associated risk of transplantation, such as the side effects of prescribed medications.

I understand the risks and was given the opportunity to ask questions.

Alternatives and Voluntary Participation

I understand I have the right to decide to proceed with transplantation if eligible or I may decline to pursue transplantation any further. I understand this will not affect the care I currently receive or any future care I may or may not choose to receive.

Responsibilities and Expectations While on the Transplant Wait List

I understand and accept the responsibility of being on the Wait List for transplantation. The responsibility includes, but is not limited to:

- Striving to keep as healthy as is medically possible;
- Compliance with necessary medical tests and therapies as directed by all physicians involved in my care;
- Substance abuse compliance as directed by the Transplant Team;
- I will notify the Transplant Team of changes in my address, phone number, medical condition, insurance or financial changes, and caregiver complications;
- I also understand and accept that I need to arrange transportation to arrive in Omaha within 4-6 hours of being called for a possible transplant;
- I understand the cost of transportation is my responsibility.

I was given the opportunity to ask questions regarding my responsibility and expectations while on the transplant Wait List.

Responsibilities and Expectations After Transplantation

I understand and accept the responsibility of receiving a donated organ. My responsibilities include, but are not limited to:

- Paying for and taking my prescribed medications needed for the survival of the organ;
- Complying with necessary tests and medical therapies;
- Obtaining a local physician and providing his/her name and contact information to the transplant center staff;
- Notifying the Transplant Team of changes in my address, phone number, medical condition, insurance or financial changes, and caregiver complications.

I was given the chance to ask questions regarding my responsibilities and expectations after transplantation.

Financial Implications

I understand I may be able to finance the transplant procedure through insurance coverage and pay for other expenses by drawing on savings accounts or other private funds or by selling some of my assets (if applicable).

I understand medications after transplant are not free and I will need to make arrangements to pay for the prescribed medications. I understand I need to keep my transplant center's financial coordinator and/or social worker informed on the progress of obtaining funds or report any changes in insurance coverage.

I was given the opportunity to ask questions.

Living Donor Transplants

I understand that if I have a living donor and the living donor develops complications after discharge that are felt to be related to donation, I may be responsible for a portion of the fees that are not covered by Medicare. If I decide not to take Medicare, I may be responsible for 100% of the costs. This may include professional and institutional fees. For this reason, it is very important that I consider signing up for Medicare after transplantation if I have not already done so and to maintain my premiums. If I am not eligible for Medicare, donor complications will be billed to my insurance.

I was given the opportunity to ask questions.

CMS Notification

I understand Nebraska Medicine currently meets the Medicare and Medicaid Services (CMS) specific outcome requirements of transplantation. I understand this transplant center is required to inform me if there is a change in this status.

I was given the opportunity to ask questions.

Liability and Compensation

I understand adverse complications and outcomes are possible in any transplant procedure despite high standards. I understand the Transplant Team is unable to predict all complications that may develop and unexpected complications or outcomes may occur. I understand that I and/or my insurance company will be billed in accordance within the guidelines of the physicians and hospital billing system. I also understand that I am not giving up any of my legal rights by signing this document. My signature indicates members of the Transplant Team have informed me about transplantation and have answered my questions. I agree to be placed on the transplant Wait List if I am eligible.

Listing Decision from Transplant Team

I understand the Transplant Team will discuss my completed evaluation results as a group and will make the appropriate decision based on the information and data gathered during my evaluation. I understand the Transplant Team will make a decision based on proven experience and history in transplantation. I understand the discussion will result in one of the following decisions:

- Placement on active status on the UNOS transplant Wait List;
- Further testing required;
- Not a candidate at this time;
- Denied transplantation listing.

I understand that I will receive specific information from the Transplant Team if I am not a candidate for transplantation at this time or if am denied transplantation. I understand that I will also receive a letter informing me of the Transplant Team's decision. I understand if the Transplant Team requires further medical clarification or testing, a substance abuse compliance program, a weight management program, or other necessary medical requirements and I do not comply, the Transplant Team has the right not to activate me on the Wait List or to remove me from the transplant Wait List once listed if necessary.

Wait List Status

I understand if I am listed or taken off the transplant Wait List I will be notified by the Transplant Team of this decision in writing within ten business days.

I was given the opportunity to ask questions.

Authorization

Your signature indicates your decision to be placed on the liver transplant Wait List if eligible and you understand the information contained in this Letter of Understanding.

Patient (Guardian/POA) Signature

Date

Time

Transplant Representative

Date

Time



Place Patient Sticker Here

Physician Signature

Provider #

Date

Time

Interpreter Signature (if applicable)

Provider #

Date

Time

In the event a Telephone Signature is required to complete this form, **two persons must witness the consent of the patient.**

Name/Relationship of Person One

Name/Relationship of Person Two

Date _____

Time _____

Place this form in Patient Chart under the Education Tab/Section