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Standards for Vascularized Composite Allograft (Limb) Transplant Services – Final

Name of the Facility:			
Date of Inspection:	/	_/	

Ref.	Description	Yes	No	N/A	Remarks
5.	Standard One: Registration and Licensure Procedures				
5.4.	Accreditation				
	The hospital shall be accredited as per the DHA Hospital				
5.4.1.	accreditation policy before the commencement of VCA (limb)				
	transplant service.				
	The hospital laboratory must be accredited as per the DHA				
5.4.2.	Clinical Laboratory accreditation policy before the				
3.4.2.	commencement of Vascularized Composite Allograft (limb)				
	transplant service.				
	The health facility shall develop the following policies and				
5.7.	procedures at minimum and provide documented evidence to				
	HRS upon request:				
5.7.1.	Patient Continuity of care				
	The health facility's own patient acceptance criteria and				
	exclusion criteria for the Vascularized Composite Allograft				
5.7.2.	(limb) transplant waitlist, taking into account the results of				
	the work-up assessment for the potential transplant				
	candidate, as elaborated in Appendix 1.				
5.7.3.	Patient education and Informed consent, including the				
5.7.5.	provision of donor risk criteria present.				
	Process to inform patients when they have been selected and				
5.7.4.	added to the waitlist or removed from the waitlist for reasons				
	other than death or transplant.				

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	Candidate pre-operative assessment and evaluation, including		
5.7.5.	the requirements listed in Appendix 2.		
	ABO Compatibility verification and documentation for Organ		
F 7.6	Transplantation, conducted by the transplant surgeon and		
5.7.6.	another healthcare professional, in accordance with the		
	requirements listed in Appendix 2.		
	Hospital policy for deceased organ donation as per DHA		
	Standards for Human Organs and Tissues Donation Services		
	(Deceased Donor), DHA Guidelines for Reporting Human		
5.7.7.	Organ and Tissue Donation Services Registry and Key		
	Performance Indicators, and including the requirements listed		
	in Appendix 3 specific to VCA (limb) deceased donor		
	assessment and evaluation.		
	Pre-transplant workup process immediately prior to		
5.7.8.	transplant surgery, including the requirements listed in		
	Appendix 4.		
5.7.9.	Incident reporting to the DHA in accordance with the		
5.7.9.	requirements detailed in Appendix 5.		
	Post-transplant follow-up protocol, including the		
5.7.10.	requirements listed in Appendices 5 (monitoring), 6		
3.7.10.	(outpatient rehabilitation), and 7 (non- physiotherapy testing		
	after discharge).		
5.7.11.	Patient health record must be maintained and demonstrate		
5.7.11.	that all policies and procedures were followed.		
	Infection control measures, including post-transplant		
5.7.12.	surveillance testing detailed in Appendices 5 and 7, and		
	hazardous waste management.		
5.7.13.	Patient privacy.		
5.7.14.	Medication management.		
5.7.15.	Emergency action plan.		
5.7.16.	Patient discharge/transfer.		
5.8.	The health facility shall provide documented evidence of the		
J.O.	following:	 	

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5.8.1.	Transfer of critical/complicated cases when required.		
	The health facility shall maintain charter of patients' rights		
5.9.	and responsibilities posted at the entrance of the premise in		
	two languages (Arabic and English).		
	The health facility shall ensure it has in place adequate		
5.11.	lighting and utilities, including temperature controls, water		
5.11.	taps, medical gases, sinks and drains, lighting, electrical		
	outlets, and communications.		
6.	Standard Two: Health Facility Requirements		
	VCA (limb) Transplant Services shall only be performed in		
6.1.	DHA licensed health facilities with Role Delineation Level 5 to		
	6, or general hospitals with more than 100 beds.		
	The hospital shall have a Critical Care Support Unit (CCSU)		
6.2.	to ensure proper support to all families with patients on end-		
0.2.	of-life care pathways. The CCSU director should ensure that		
	families can exercise the right to organ donation after death.		
	The health facility shall have an Organ Transplant Unit to		
6.3.	ensure integrated and seamless transplant services, including		
	VCA (limb) Transplant services.		
6.4.	Health facilities providing VCA (limb) Transplant services		
	shall have the following services:		
6.4.1.	Plastic and Reconstructive surgery.		
6.4.2.	Orthopedics.		
6.4.3.	Cardiology.		
6.4.4.	Pulmonology.		
6.4.5.	Nephrology.		
6.4.6.	Hematology.		
6.4.7.	Pathology Laboratory.		
6.7.	Biochemistry laboratory.		
6.8.	Physiotherapy.		
6.9.	Quality Management.		

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6.10.	Health facilities opting to perform VCA (limb) Transplant services must have fully equipped Intensive Care Unit (ICU) capabilities with ventilators and hemodynamic monitoring equipment on-site to perform necessary patient resuscitation.			
6.11.	The hospital shall provide the following:			
6.11.1.	Minimum of two Operating Theatres (OT).			
6.11.2.	Minimum of two rooms for the management of post-transplant patients.			
6.12.	The health facility shall install and operate equipment required for provision of the proposed services in accordance with the manufacturer's specifications.			
6.13.	The health facility shall ensure easy access to the health facility and treatment areas for all patient groups.			
6.14.	The health facility shall provide assurance of patients and staff safety.			
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8.	STANDARD FOUR: INFORMED CONSENT FOR VCA (LIMB)	TRANSI	PLANT	
8. 8.1.	•	TRANSI	PLANT	
	STANDARD FOUR: INFORMED CONSENT FOR VCA (LIMB) For potential transplant recipients who are on the waitlist for a deceased donor VCA (limb), the consent shall be signed	TRANSI	PLANT	
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	Surgical risks, including risk of death, risks of anaesthesia,		
8.2.6.	risks of rejection, risks of immunosuppressive drugs, risks of		
	graft failure, and risk of cancer development.		
	Organ Transplant Unit's observed and expected one-year		
8.2.7.	survival rate, beginning one year after the hospital's first VCA		
	(limb) transplant.		
	Alternative treatments for the prospective transplant		
8.2.8.	candidate, which include but are not limited to passive		
0.2.0.	prosthesis, body-powered prosthesis, electrically powered		
	prosthesis, hybrid prosthesis and activity-specific prosthesis.		
8.2.9.	Reiterate the rigorous demands of rehabilitation.		
2212	Organ donor risk factors that could affect the success of the		
8.2.10.	graft or the candidate's health as a recipient.		
0.044	Donor with the risk of disease transmission shall not be		
8.2.11.	included as potential transplant donors.		
0.2.4.2	Educate and prepare recipients for the receiving of new		
8.2.12.	fingerprints.		
0.3	Before performing deceased donor recovery, the following		
8.3.	conditions must be met:		
	The health facility shall design and implement an action plan		
8.5.	to educate and raise awareness regarding prevention of		
	organ-related chronic diseases, as well as organ donation.		
11.	Standard Seven: Intra-Operative Care		
	For paediatric patients, a protocol should be established in		
11.3.	advance for managing intra-operative volumes to ensure		
11.5.	optimized haemodynamics, while minimizing the use and risks		
	of extensive blood products.		

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