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## Standards for Heart and Lung Transplant Services – Final

Name of the Facility: \_\_\_\_\_

Date of Inspection: \_\_\_\_/\_\_\_\_/\_\_\_\_

Ref.	Description	Yes	No	N/A	Remarks
<b>5</b>	<b>Standard One: Registration and Licensure Procedures</b>				
5.4	Accreditation				
5.4.1.	The hospital shall be accredited as per the DHA Hospital accreditation policy before the commencement of heart or lung transplant service.				
5.4.2.	The hospital laboratory must be accredited as per the DHA Clinical Laboratory accreditation policy before the commencement of heart or lung transplant service.				
5.7.	The health facility shall develop the following policies and procedures at minimum and provide documented evidence to HRS upon request:				
5.7.1.	Patient Continuity of Care.				
5.7.2.	Patient acceptance criteria for heart and lung organ transplant waitlist; patient exclusion criteria for these procedures.				
5.7.3.	Candidate blood type determination, which must include the requirements listed in Appendix 1.				
5.7.4.	Process to inform patients when they have been selected and added to the waitlist or removed from the waitlist for reasons other than death or transplant.				
5.7.5	Patient education and informed consent, including the provision of donor risk criteria present.				
5.7.6	Patient assessment for transplant candidate work up, as elaborated in Appendix 1. Indications and				

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	contraindications/criteria for rejection for heart or lung transplant are included in Appendix 2.				
5.7.7.	Hospital policy for deceased organ donation as per DHA Standards for Human Organs and Tissues Donation Services (Deceased Donor), DHA Guidelines for Reporting Human Organ and Tissue Donation Services Registry and Key Performance Indicators, and including the requirements listed in Appendix 3 specific to heart and lung deceased donor assessment and evaluation.				
5.7.8.	ABO Compatibility verification and documentation for organ transplantation, conducted by the transplant surgeon and another healthcare professional, in accordance with the requirements listed in Appendix 3 and Appendix 4.				
5.7.9.	Pre-transplant assessment immediately prior to transplant surgery, including the requirements listed in Appendix 4.				
5.7.10.	Post-transplant follow-up protocol, including the requirements listed in Appendix 5.				
5.7.11.	Incident reporting to the DHA in accordance with the requirements detailed in Appendix 5.				
5.7.12.	Patient health record must be maintained and demonstrate that all policies and procedures were followed.				
5.7.13.	Infection control measures, including post-transplant surveillance testing detailed in Appendix 6, and hazardous waste management.				
5.7.14.	Patient privacy.				
5.7.15	Medication management.				
5.7.16	Emergency action plan.				
5.7.17	Patient discharge/transfer.				
9.3.	Before performing deceased donor organ removal and transplantation, the following conditions should be fulfilled:				
9.5.	The health facility shall design and implement an action plan to educate and raise awareness regarding prevention of organ-related chronic diseases, as well as organ donation.				

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5.8.	The health facility shall provide documented evidence of the following:				
5.8.1.	Transfer of critical/complicated cases when required.				
5.9.	The health facility shall maintain charter of patients' rights and responsibilities posted at the entrance of the premise in two languages (Arabic and English).				
5.11.	The health facility shall ensure it has in place adequate lighting and utilities, including temperature controls, water taps, medical gases, sinks and drains, lighting, electrical outlets, and communications				
<b>6.</b>	<b>Standard Two: Health Facility Requirements</b>				
6.1.	Heart and/or lung transplant services shall only be performed in DHA licensed Hospitals with Role Delineation Level 5 to 6, or general hospitals with more than 100 beds.				
6.2	The hospital shall have a Critical Care Support Unit (CCSU) to ensure proper support to all families with patients on end-of-life care pathways. The CCSU director should ensure that families can exercise the right to organ donation after death.				
6.3	The hospital shall have an Organ Transplant Unit to ensure integrated and seamless transplant services, including the heart transplant service and/or lung transplant service.				
6.4	The hospital providing heart or lung transplant services shall have the following services:				
6.4.1.	Cardiology.				
6.4.2.	Pulmonology with bronchoscopy.				
6.4.3.	Radiology.				
6.4.4.	Hematology.				
6.4.5.	Infectious Disease.				
6.4.6.	Pathology Laboratory:				
6.4.7.	Biochemistry Laboratory.				
6.4.8	Intensive Care Unit (ICU) and Cardiac Intensive Care Unit (CCU).				
6.4.9.	Quality Management.				
6.4.10	Blood banking services.				

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6.4.11.	Microbiology services.				
6.4.12	Histocompatibility testing.				
6.5.	The hospital providing paediatric heart or lung transplant services shall also have the following:				
6.5.1.	A facility which performs regular paediatric cardiac surgery, including surgery for complex congenital heart disease and the necessary OT, intensive care, and recovery infrastructure.				
6.6.	The hospital shall provide the following:				
6.6.1.	Minimum of two (2) Operating Theatres (OT).				
6.6.2.	Minimum of two (2) rooms for the management of post-transplant patients.				
6.7.	The health facility shall install and operate equipment required for provision of the proposed services in accordance with the manufacturer's specifications.				
6.8.	The health facility shall ensure easy access to the health facility and treatment areas for all patient groups.				
6.9.	The health facility shall provide assurance of patients and staff safety.				
<b>9.</b>	<b>Standard Five: Informed Consent for Organ Transplant</b>				
9.1.	For potential transplant recipients who are on the waitlist for a deceased donor heart or lung, the consent shall be signed before the procedure and maintained in the medical record.				
9.2.	Heart or Lung Transplant Surgery Consent shall include the following:				
9.2.1.	Potential psychosocial risks post-transplant.				
9.2.2.	Organ Transplant Unit's observed and expected one-year survival rate, beginning one year after the hospital's first Heart or Lung transplant.				
9.2.3.	Alternative treatments for the prospective transplant candidate.				
9.2.4.	Organ donor risk factors that could affect the success of the graft of the candidate's health as a recipient.				

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9.2.5.	If the organ donor has lifestyle-based risk factors present that could increase the risk of disease transmission, that the information was disclosed to the potential recipient prior to transplant and documented in the recipient's medical record.				
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