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Standards for Heart and Lung Transplant Services – Random

Name of the Facility: _____

Date of Inspection: ____/____/____

Ref.	Description	Yes	No	N/A	Remarks
5	Standard One: Registration and Licensure Procedures				
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				
6.	Standard Two: Health Facility Requirements				
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.				

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6.4.10	Blood banking services.				
6.4.11.	Microbiology services.				
6.4.12	Histocompatibility testing.				
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.				
7.	Standard Three: Healthcare Professionals Requirements for Heart Transplant Services				
7.2.	There must be DHA licensed consultant Cardiac Surgeons/Cardio-Thoracic Surgeons/Cardiovascular Surgeons/Thoracic Surgeons with training and experience in heart transplant and privileged to do so aligned with the DHA Privileging Policy.				
7.3.	There must be a DHA licensed consultant Cardiologist to ensure pre and post- surgical care is provided.				
7.8.	A DHA licensed health facility providing heart transplant services shall have the following DHA licensed healthcare professionals to support the above mentioned physicians:				
7.8.1.	Anesthesiologist with experience in intra-operative management of heart transplant recipients.				
7.8.2.	Registered Nurses (RNs) experienced and trained to care for patients during and after heart transplants.				
7.8.3.	Heart Transplant Coordinator to work with patients and their families to coordinate care, beginning with the evaluation for transplantation and continuing through and after transplantation. The coordinator shall be a registered nurse or other licensed clinician with minimum of three years of acute care experience required. Experience relevant to cardiology transplant subspecialty is preferred.				

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7.8.6.	Clinical Social Worker to coordinate psychosocial needs of transplant candidates, recipients, and their families.				
7.8.7.	Clinical Dietician to provide nutritional services to transplant candidates, recipients, and living donors.				
7.10.	Heart Transplant Coordinators shall be assigned in each Organ Transplant Unit providing heart transplant services, with the following responsibilities:				
7.10.7.	Prepare for the hospital Organ Transplant Unit a sequentially prioritized list of candidates waiting for transplant (the waitlist).				
7.10.8.	Provide to The National Center the names of all patients determined to be suitable for heart transplant following a completed transplant workup. These shall be included on the national waitlist.				
7.10.10	Send and update all information related to patients with end-stage heart disease fit for transplantation to the National Center.				
7.11.	A DHA licensed health facility providing heart transplant services shall have a Heart Transplant Committee to ensure efficiency and safe heart transplant services. The Heart Transplant Committee shall consist of:				
7.11.1.	Consultant Surgeon for Heart Transplant (lead).				
7.11.2.	Consultant Transplant Cardiologist				
7.11.3.	Heart Transplant Coordinator.				
7.11.4.	Registered Nurse Representative.				
7.11.5.	Quality Coordinator.				
7.11.6.	Anaesthesiologist.				
7.11.7.	Clinical Social Worker.				
7.12.	A DHA licensed health facility providing paediatric heart transplant services shall have a Heart Transplant Committee to ensure efficiency and safe heart transplant services. The Heart Transplant Committee shall consist of the same members as the adult Heart Transplant Committee, except the following positions must have paediatric specializations:				
7.12.1.	Consultant Pediatric Transplant Cardiologist (could be the lead).				
7.12.2.	Anaesthesiologist with paediatric experience.				

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7.14.	The Privileging Committee and/or Medical Director of the health facility must privilege the physicians listed above aligned with her/her education, training, experience, and competencies. The privilege shall be reviewed and revised on regular intervals aligned with the DHA Clinical Privileging Policy.				
7.15.	It is strictly prohibited for transplant Healthcare Professionals or surgeons to take part in diagnosing Death by Neurological Criteria (DNC) or obtaining the consent for deceased donation.				
8.	Standard Four: Healthcare Professionals Requirements for Lung Transplant Services				
8.2.	There must be DHA licensed consultant Cardiac Surgeons/Cardio-Thoracic Surgeons/Cardiovascular Surgeons/Thoracic Surgeons with training and experience in heart transplant and privileged to do so aligned with the DHA Privileging Policy.				
8.3.	There must be a DHA licensed consultant Cardiologist/Pulmonologist to ensure pre and post-surgical care is provided.				
8.5.	A DHA licensed health facility providing paediatric lung transplant services shall employ a DHA licensed consultant pediatric surgeon with training and experience in lung transplant and a qualified consultant pediatric physician with training and experience in lung transplant, and privileged by the health facility aligned with the DHA Privileging Policy.				
8.6.	A DHA licensed health facility providing lung transplant services shall have the following DHA licensed healthcare professionals:				
8.6.1.	Anaesthesiologist with experience in intra-operative management of lung transplant recipients.				
8.6.2.	Registered Nurses (RNs) experienced and trained to care for patients during and after lung transplants.				
8.6.3.	Transplant Coordinator to work with patients and their families to coordinate care, beginning with the evaluation for transplantation and continuing through and after transplantation. The coordinator shall be a registered nurse or				

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	other licensed clinician with a minimum of three years of acute care experience required. Experience relevant to pulmonology transplant subspecialty is preferred.				
8.6.5.	Clinical Pharmacist to provide comprehensive medication management to transplant candidates, recipients, and living donors.				
8.6.6.	Clinical Social Worker to coordinate psychosocial needs of transplant candidates, recipients, living donors, and their families.				
8.6.7.	Clinical Dietician to provide nutritional services to transplant candidates, recipients, and living donors.				
8.9.	A DHA licensed health facility providing lung transplant services shall have a Lung Transplant Committee to ensure efficiency and safe lung transplant services., which shall consist of the following members:				
8.9.1.	Consultant Surgeon with training and experience in Lung Transplant (could be the lead).				
8.9.2.	Consultant Pulmonologist with training and experience in Lung Transplant (could be the lead).				
8.9.3.	Lung Transplant Coordinator.				
8.9.4.	Registered Nurse Representative.				
8.9.5.	Quality Coordinator.				
8.9.6.	Clinical Social Worker.				
8.9.7.	Anaesthesiologist.				
8.10.	A DHA licensed health facility providing paediatric lung transplant services shall have a Lung Transplant Committee to ensure efficiency and safe heart transplant services. The Lung Transplant Committee shall consist of the same members as the adult Lung Transplant Committee, except the following positions must have paediatric specializations:				
8.10.1.	Consultant Pediatric Pulmonologist with training and experience in lung Transplant (could be the lead).				
8.10.2.	Anaesthesiologist with paediatric experience.				

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8.11.	The Lung Transplant Committee that shall meet on a regular basis to ensure smooth operation of the Organ Transplant Unit . The responsibilities of the Lung Transplant Committee are as follows:				
8.12.	The Privileging Committee and/or Medical Director of the health facility must privilege the physicians listed above aligned with her/her education, training, experience, and competencies. The privilege shall be reviewed and revised on regular intervals aligned with the DHA Clinical Privileging Policy.				
8.13.	It is strictly prohibited for transplant Healthcare Professionals or surgeons to take part in diagnosing Death by Neurological Criteria (DNC) or obtaining the consent for deceased donation.				
9.	STANDARD FIVE: INFORMED CONSENT FOR ORGAN TRANSPLANT				
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.				
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.				
9.3.	Before performing deceased donor organ removal and transplantation, the following conditions should be fulfilled:				
9.3.1.	It is not permissible to remove an organ unless the donor's wish is conclusively confirmed and documented on the deceased				

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	donation consent form, signed by the deceased donor's relatives in accordance with Federal Decree Law No. (25) of 2023.				
9.3.2.	When brain death is confirmed and consent is obtained from the family for organ donation, organ placement and transplantation shall be carried out as per the Federal Decree Law No. (25) of 2023 concerning the Human Organ and Tissue Donation and Transplantation. Brain death confirmation must be documented in the donor's medical record as well as documentation of the consent for donation obtained.				
9.4.	Always ensure donor and recipient confidentiality.				
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.				
10	STANDARD SIX: MEDICATION REQUIREMENTS				
10.1.	Health facilities providing heart or lung transplant services shall ensure the in- house availability of the following drugs, but not limited to:				
10.1.1.	Immunosuppressive drugs:				
a.	Cyclosporine.				
b.	Tacrolimus (FK 506).				
c.	Azathioprine.				
d.	Mycophenolate Mofetil.				
e.	Prednisolone.				
f.	Sirolimus (Rapamycin).				
g.	Other similar drugs categories.				
10.1.2.	Drugs for treating rejection episodes:				
a.	Methylprednisolone.				
b.	Anti-lymphocyte Globulin (ALG) or Anti-Thymocyte Globulin (ATG).				
c.	Basiliximab, Rituximab.				

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d.	Eculizumab if there is an anticipated intent or need to transplant with positive crossmatch.				
10.1.3.	Solution for perfusing the organs such as Eurocollins solution, University of Wisconsin (UW) solution, or HTK solution.				
10.1.4.	Drugs for treating bacterial, viral, fungal, or parasitic infections.				

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