

Effective Date 05/2013

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Owner Elan Moreno

Policy Area VAD & MCS Guidelines

Applicability Ronald Reagan UCLA Medical Center

Reference Lippincott
Tags



Selection Criteria for MCS - Destination Therapy, MCS 3.0

PURPOSE:

To provide written selection criteria in determining patient suitability for long-term mechanical circulatory support.

POLICY:

- A. Destination Therapy (DT) Left Ventricular Assist Device (LVAD) Therapy is a treatment option for many forms of end-stage cardiac disease when heart transplantation is not an option. Beyond improving life expectancy, goals of destination therapy include enhanced quality of life and improved functional status.
- B. A multidisciplinary selection committee composed of cardiac surgeons, cardiologists, MCS coordinators, psychiatrists, social workers, pulmonologists, infectious disease specialists, dietitians, advance care planning / palliation experts and other involved professionals meets weekly to discuss the candidacy of potential destination therapy LVAD recipients.
- C. Candidacy for destination therapy is non-discriminatory and is determined without influence or favoritism based on gender, race, ethnicity, national origin, religion, political influence, social or financial status, educational level, or sexual orientation.
- D. General Acceptance Criteria:
 1. Patients have New York Heart Association (NYHA) Class IV heart failure; and
 - Have a left ventricular ejection fraction (LVEF) $\leq 25\%$; and are inotrope dependentOR
 - Have a Cardiac Index (CI) < 2.2 L/min/m², while not on inotropes, and also meet one of the following:
 - a. Are on optimal medical management (OMM), based on current heart

failure practice guidelines for at least 45 out of the last 60 days and are failing to respond; or

- b. Have advanced heart failure for at least 14 days and are dependent on an intra-aortic balloon pump (IABP) or similar temporary mechanical circulatory support for at least 7 days.

E. Relative Contraindications:

1. Advanced renal failure
2. Recently treated malignancy
3. Morbid obesity
4. Frailty
5. Severe diabetes mellitus with significant end-organ involvement
6. Uncontrolled ventricular arrhythmias
7. Severe pulmonary hypertension
8. Moderate RV dysfunction
9. History of significant GI bleeds
10. Active substance use
11. Current or historical non-adherence with medical therapy or follow-up that is perceived to indicate significant risk of non-adherence after implantation of LVAD
12. Significant vascular disease
13. History of significant CVA
14. History of coagulopathy

F. Absolute Contraindications:

1. Uncontrolled sepsis
2. Uncontrolled bleeding
3. Active malignancy with reduced life expectancy
4. End stage renal disease requiring hemodialysis
5. Inability to obtain consent
6. Lack of a consistent or reliable social support system for safe care post-discharge
7. Active psychiatric illness or noncompliance preventing post-implant management

ATTACHMENTS:

Attachment A: Procedure History

Attachment B: New/Revised Procedure Checklist

REFERENCES:

1. 2013 ISHLT Guidelines for Mechanical Circulatory Support (Consensus Document) J Heart Lung Transplant 2013; 32:157-187.
2. Recommendations for the Use of Mechanical Circulatory Support: Device Strategies and Patient Selection. Circulation. 2012; 126: 2648-2667
3. Decision Memo for Artificial Hearts and related devices, including Ventricular Assist Devices for Bridge-to-Transplant and Destination Therapy (CAG-00453N) <https://www.cms.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=298>
4. Slaughter MS, Pagani FD, Rogers JG, et al. Clinical management of continuous – flow left ventricular assist devices in advanced heart failure. J Heart Lung Transplant 2010; 29: 4S

REVISION HISTORY: (Pre-PolicyStat)

Effective date:	5/13
Review date(s):	6/15, 07/17
Revised date(s):	6/15, 07/17, 08/17

APPROVAL:

Role	Name	Date
Unit Director/ Manager:	Elan Moreno, RN, BSN, CCRN	2/2021
Executive Director:	Laura Yost, Executive Director, Clinical Services	2/2021
Medical Director:	Ali Nsair, MD, Medical Director	2/2021
Surgical Director	Murray Kwon, MD, Surgical Director	2/2021

Attachments

A: Procedure History

B: New Revised Procedure Checklist

Approval Signatures

Step Description	Approver	Date
	Fiona Dunne: Adm Crd Ofcr	02/2021
Department Approval	Elan Moreno: Clin Nurse 4	02/2021

Attachment A

PROCEDURE HISTORY

Date	Initials	Page	Item and Summary of Changes
6/2015	HLB	All	Reformatted, renumbered according to SOP Policy
6/2015	HLB	1	Purpose added
6/2015	HLB	1	Procedure deleted
6/2015	HLB	1	Policy #s 1, 2, 3 & 4 added
6/2015	HLB	1	
6/2015	HLB		

Attachment B

NEW/REVISED PROCEDURE CHECKLIST

1. Information Systems changes required:
 NA _____

2. Procedure added to Training and Competency Evaluation Tool(s)? Yes NA

3. Procedure added/replaced in:
 Master Copy Manual Operational Copy Manual(s) Transplant Online NA
Other location(s): _____

4. Obsolete SOP(s) removed from service and filed? Yes NA

5. Table of Contents, SOP and Forms Master List modified? Yes NA

6. Information will be distributed to (check all that apply):
 Electronic mail
 Staff in-service/training/rounds
 Transplant physicians
 Other sections/departments (if applicable) specify:

 Other: _____

Signature: _____
Manager/Director Date