In Pursuit of Living Donation
Overcoming Programmatic Challenges

Moderator

Marie Morgievich MSN, APN.C, CCTC

AVP, Transplant Clinical Services

Cooperman Barnabas Medical Center/RWJ Barnabas Health

14th Annual Living Donation Conference

Presented by the American Foundation for Donation and Transplantation

In Pursuit of Living Donation Overcoming Programmatic Challenges

Faculty Panel:

- **Marian Charlton, RN, SRN, CCTC**, Clinical Manager, Living Donor, Kidney Paired Donation & Outreach Programs, Department of Organ Transplant, Hackensack University Medical Center

- **Farrah Desrosiers, MS, LCSW, CCTSW**, Senior Social Worker, New York Presbyterian-Weill Cornell Transplant Program

- **Gwen McNatt, APRN, PhD, CNN, FNP-BC, FAAN** Chief Administrative Officer Organ Transplant Center, University of Iowa Health Care

- **Andrea Tietjen, CPA, MBA;** Assistant Vice President, Transplant Administrative Services, Cooperman Barnabas Medical Center, Renal & Pancreas Transplant Division, RWJBarnabas Health

In Pursuit of Living Donation: Overcoming Programmatic Challenges

- Case Study Format
- 3 challenging cases:
  - Donor Referral/Intake
  - Donor Evaluation/Clearance
  - Post Donation

Case Study
Donor Referral/Intake

Presenter:

Marie Morgievich MSN, APN.C, CCTC

AVP, Transplant Clinical Services

Cooperman Barnabas Medical Center, Renal & Pancreas Transplant Division

Case Study
Donor Referral/Intake

- Recipient: age 20, Mexican male
- ESRD dx: C3 nephropathy, proteinuria dx age 11
- Undocumented, Speaks only Spanish
- Not Medicare eligible
- Internal policy (at that time): undocumented only eligible for LKDT listing

Case Study
Donor Referral/Intake

- Father, age 38, is potential living donor
- Highly motivated to help son achieve transplant
- Speaks only Spanish, undocumented, came to U.S. at age 17
- No PCP, receives care at self-pay clinic
- Plan for LDKT is KPD so we can obtain donor protection via KPD registry for donor

Case Study
Donor Referral/Intake

- Pair wants direct LDKT, not KPD

- Some team members:
  - Don’t want to lose (1A/1B/0DR mm) excellent compatibility match between father and son

  - Concerned about risk of post donation complications/no insurance

Case Study: Donor Referral/Intake Challenges

- Recipient is not Medicare eligible
- Recipient and donor not eligible for local resources
  - For example NJ Charity Care
- Donor plans to stay in U.S. but if returns home, limited access to healthcare

Case Study: Donor Referral/Intake Discussion

- Should we screen out donors initially -
  - Whose recipient is not Medicare eligible?
  - Undocumented?
  - Risk of returning home to a country without reliable healthcare access?

  - If donor not documented – no access to local charity care/other resources i.e. NLDAC (requires donor to be 'legally admitted' to U.S)

Case Study: Donor Referral/Intake Discussion

- When donor not eligible for local resources
  - What happens if dx medical problem during evaluation?
  - Post donation complication?
- What is hospital fiscal responsibility:
  - To donor during evaluation?
  - Post donation complications?
- Hospitals have varying policies on payment for post-op complications
  - Should hospitals give free care to kidney donors?
    - But not other patients with complications?

Case Study: Donor Referral/Intake Outcome

- Transplant Center obtained donor protection via APD KPD registry
- Direct LDKT
  - Pair desired to go direct LDKT with adventitious haplotype match
- Immediate graft function
  - 1 year post
    - Recipient creatinine 1.2 mg/dL
    - Donor without complications

Case Study:
Donor Evaluation

Presenters:
Jaclyn Bauer, MSW, LCSW
Independent Living Donor Advocate, Licensed Clinical Social Worker

Kathleen Murdock RN, BSN, CCTC
Living Donor Coordinator

Division of Organ Transplantation
Hackensack University Medical Center

Case Study: Donor Evaluation
recipient background

- Recipient candidate, age 60, female with hx poor adherence
  - Hemoglobin A1C: 12 (= average blood sugar 300)
  - Phosphorus: 9 (normal range 2.8-4.5)
  - High cardiovascular risk, 2 stents with restenosis, abnormal stress test
  - Peripheral vascular disease – calcified iliac arteries
  - Recipient ruled 'not a candidate' for renal txp
  - Would consider for re-evaluation with improved adherence and living donor

- After 6 months, pt. presents with improved labs/adherence & potential living donor
  - Evaluation was reopened as candidate for a LDKT only case

Case Study: Donor Evaluation

- Donor referral received
  - Daughter, age 30
  - She is a member of the transplant team staff
  - Highly motivated to donate to her mother
  - Evaluation revealed:
    - medullary sponge kidneys
    - potential psychosocial risk

Case Study: Donor Evaluation Challenges

- Complicated mother/daughter relationship
- Boundaries between donor and transplant team, especially SW evaluation
- Donor evaluations: concern about medullary sponge kidney disease
- With increased potential for a poor outcome, we considered:
  - Donor's ability to return to workplace
  - Professional boundaries between donor and team
  - Would we consider this high-risk recipient if potential donor was not a team member?

Case Study: Donor Evaluation Discussion

- Should this donor be referred to another center for evaluation?
- Is deviating from the standard evaluations/clearance process ever appropriate?
  - Risks when donor has a personal relationship with member(s) of transplant team?
  - Risks when donor attribute (i.e., famous/outgoing/demanding) distracting to team?
- When/if to invoke shared decision making with family?

Case Study: Donor Evaluation Outcome

- Shared decision making: Family meeting
- Multidisciplinary approach:
  - Engaged candidate's cardiologist
  - Second opinion from community nephrologist/stone specialist
- Surgical plan
- Engaged department director to assist in boundaries for donor.

Case Study: Donor Evaluation Outcome

- LDKT Fall 2022
  - Donor recovery unremarkable, now back at work in transplant department
  - Recipient with immediate graft function, no cardiac events, Cr. 0.8 mg/dL
- Donor/recipient relationship:
  - Remains complicated but better boundaries have been established
  - Donor states no regrets and positive psychosocial outcome

Case Study:
Post Donation

Presenter:
Michael Chua, MSN, RN
Living Donor Transplant Coordinator
UC San Diego, Health Center for Transplantation

Case Study: Post Donation

- Donor, age 27, father, cleared for donation to his 2 yr. old daughter
  - Nursing, Nephrology, & Surgery: No contraindications to donation
  - Social work: cleared for donation
    - Donor denies history of depression, anxiety, suicidal ideation, no substance use/abuse
    - History of ADHD on Adderall, no indication for further assessment
  - Dietary: Nutritionally adequate
  - ILDA: No concerns

Case Study
Post Living Donation

- Post-surgical course complicated by “unmanageable pain”
- Drug seeking behavior
- Suspected opioid addiction confirmed by CURES screening tool

Controlled Substance Utilization Review and Evaluation System

CURES

Case Study: Post Living Donation – Post Op Days 1-3

- Pain scale> 6 (Unrelieved pain)
- Acute Pain Service
  - *"…opioid requirements appear(ed) to be mo than the average kidney donor*
  - Pharmacy CURES report: inconsistent refill history for Adderall, multiple refills of oxycodone, hydrocodone and tramadol for **2 months prior to donation**
- Transplant Social Worker interviewed pt.
  - Denied any type of addiction issues, but admitted to stopping Adderall for his ADHD using hydrocodone for "sleep" and "worsenir anxiety."
  - Psychiatric resources were provided with a strong recommendation he seek assistance.
- Pharmacy developed robust DC weaning pl
- Despite interventions, ongoing drug seeking behavior
- **Multiple ED admissions for pain**

		6AM	10AM	2PM	6PM	10PM	Tabs
Starting Dose	**Day 1**	3 tabs 15mg/975mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	3 tabs 15mg/975mg	12
Weaning	**Day 2**	3 tabs 15mg/975mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	11
Weaning	**Day 3**	2 tabs 10mg/650mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	2 tabs 10mg/650mg	10

Plan continues to decrease overall consumption of the course of 2 weeks

Weaning	**Day 10**	1 tab 5mg/325mg	0.5 tab 2.5mg/162.5 mg	1 tab 5mg/325mg	0.5 tab 2.5mg/162.5 mg		3
Weaning	**Day 11**	1 tab 5mg/325mg	0.5 tab 2.5mg/162.5 mg	0.5 tab 2.5mg/162.5 mg	0.5 tab 2.5mg/162.5 mg		2.5
Weaning	**Day 13**	0.5 tab 2.5mg/162.5 mg		0.5 tab 2.5mg/162.5 mg			1
Conclusion of Weaning Protocol	**Day 14**		0.5 tab 2.5mg/162.5mg				0.5

Case Study
Post Living Donation

- Re-examination of historical screening practices
  - Online intake, ILDA and social work evaluation all focused on self-disclosure
  - No routine substance screening

- New screening protocol to detect substance use or abuse developed and implemented but with some unintended consequences

Case Study: Post Living Donation Discussion

- Should we drug screen all patients? Regardless of evaluation?

- Does a positive toxicology (drug) or PEth (alcohol) screen automatically rule out a living donor for your program?
  - Use vs. Abuse
  - Clinical picture
  - Donor medication history and refills

Case Study: Post Living Donation Discussion

- Should evaluation criteria be changed for all future donors based on outcome of *one* donor?
- Should exceptions be made to selection criteria based on:
  - Donor motivation
  - Donor & recipient relationship
  - When recipient is a child
- How many future donors will be ruled out when protocol changed:
  - Paternalism
  - Risk tolerance
  - Impact on volume of transplants

Case Study: Post Living Donation Outcome

- New protocol requires *all* potential donors undergo substance use testing during their evaluation
  - Interpreting results (particularly for PETH)
  - Ethical challenges in defining substance use vs abuse
  - Ongoing interdisciplinary debate
  - Potentially adding barrier to donation
- Donor appears stable at 6 month and 1 year follow up
- Recipient's status: excellent graft function

Substance	Position	Action
Tobacco and Nicotine	Discouraged but not a contraindication	Recommend no use 30 days prior to donation
Marijuana	Discouraged but not a contraindication	Recommend no use 30 days prior to donation
Opoids or Narcotics	Relative Contraindication	May be required to be evaluated by a Pain Management Specialist or to participate in a weaning protocol prior to donation
Methadone	History of use = Relative Contraindication Current use = Absolute *Donors may be deferred	Required evaluation by a Pain Management Specialist, complete a methadone-weaning program and provide evidence of completion prior to approval.
Alcohol	Generally discouraged but not a contraindication *unless demonstration of heavy or chronic use*	Dependent on PETH and correlation correlated with known or reported donor history and behavior.

In Pursuit of Living Donation
Overcoming Programmatic Challenges

Additional Comments?

Questions for case study presenters? Faculty?

Thank you for your participation

Session Survey

Marie Morgievich, MSN, BSN, RN, APN.C. | April 18th 12:00 PM-1:00 PM