Strategies to Improve Living Donation:
A Single Center Experience

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NYP/WEILL CORNELL MEDICAL CENTER

American Foundation for Donation & Transplantation
8th Annual Living Donor Conference
May 25th-27th,
Clearwater, Florida
The Local Area: Region 9

New York Organ Donor Network serves the 10 transplant centers in the NY metropolitan area

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<th>Organ Procurement Organizations</th>
<th>Transplant Centers</th>
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Average Waiting Time:

- > 6 years in NY Region
- 5.8 years Nationally
Region 9

Lowest Conversion Rate

Lowest Organs Transplanted per Donor
Clinical Program Expansion

- Expanded comprehensive transplant clinic to include both pre- and post-transplant patients

- Launched *Living Donor Kidney Center*, virtual center providing transplant candidates, potential living kidney donors, past kidney donors, healthcare professionals, and community at large with comprehensive educational resource about living kidney donation

- Ongoing leadership in living donor kidney transplantation utilizing Kidney Paired Donation through role as a founding member center of the National Kidney Registry

- Growth of pediatric kidney transplant program

- Partnership with referring physician’s to facilitate early referral for transplant
Clinical Program Expansion

- Expansion of Outreach Program with goal of becoming the Center of Excellence in providing transplant-related education to patients, healthcare professionals, and transplant para-professionals

- Developed innovative single port technique for living donor nephrectomies
  - Over 300 performed since 2009
  - Robotic laparoscopic donor nephrectomy program

- Ongoing focus on maximizing transplant opportunities for all patients
  - Transplantation of older kidney transplant recipients
  - Transplantation of recipients with significant co-morbidities
  - Transplantation of HIV+ patients
Maximizing Opportunities for Transplantation

- Transplantation of Complex Patient Populations:
  - Older transplant candidates (~ 20% of recipients > 65 years of age)
  - Hepatitis C positive patients (5% of recipients)
  - HIV+ patients (2.9% of recipients)
  - Patients with complex medical history (i.e., Cardiac disease) (10-15% of recipients)
  - Diverse ethnicities of transplant recipients (25% African American, 20% Hispanic)
  - Opportunity for recipients with PKD to have native nephrectomy at time of transplant

- Expanded utilization of deceased donor kidney kidneys, specifically:
  - Expanded Criteria Donors (33% of transplants)
  - Donation after Cardiac Death (14% of transplants)
  - Hepatitis C Positive organs/CDC High Risk donors (8% of transplants)
  - Single pediatric donor kidneys (10% of transplants)

- Kidney paired donation/Kidney exchange for patients with a willing but incompatible living donor
  - Expansion of compatible pair participation
Innovative Strategies

- Tailoring Immune Therapy to Each Patient
  - Precision medicine

- Maximizing Opportunities for Transplantation
  - Living donor transplantation
    - Kidney Exchange
    - 1 out of 3: incompatible blood type
    - 1 out of 10: immune system incompatibility

- Surveillance kidney biopsies of high risk patients
Strategies to increase Living Donation

- Educating providers about living donation
- Continued close relationship with KPD and local community organizations
- Continued relationship with overseas referring sources
- Patient education focused on living donation
Patient Education: Living Donation Highlights

Kidney Champion Program

What is a Kidney Champion & How Can I Find My Own Champion?
Patient Education: Living Donation Highlights

Increasing Compatible Pair Participation in KPD
Introduction to Live Kidney Donation
at the
NYP/Weill Cornell Transplant Program
Donor Team

Chief Coordinator/Clinical Manager

Donor Coordinators (2)

Dedicated Recipient Coordinators (2)

Donor Assistant (1.25)

Recipient Assistant (1.75)

ILDA Team (2)

Donor CSW (1)

Donor Financial Coordinator (.5)

Nephrologist (2)

Psychiatrist .25

Surgeons (3)
**Clinical Manager Role**

- **Oversee entire LD process and team**

- **Administrative:**
  - Payroll vacation requests, schedule change requests.
  - Staff evaluations.
  - Living donor team meetings- review policy changes, LD updates, team discussions.
  - Onboard new staff members.

- **Clinical:**
  - Living donor case load.
  - KPD case load.
  - Manage OR schedule, distribute updated calendar weekly, notify team of OR changes.
  - ILDA (primary or backup).
  - Outreach: living donor symposiums .
  - Team research projects.
Living Donor Intake Process

Step 1:

1. **New patient with potential donor:**
   Recipient registers with front desk staff assistant and is given phone number for the LD assistant.
   Instructed to have living donor call donor team. Recipient scheduled for evaluation on either a Monday, Tuesday or Thursday.

2. **Existing recipient with living donor:**
   Recipient coordinator provides number phone for the LD assistant.
   Recipient instructed to have living donor call donor team.

Step 2:

1. Living donor calls TA to register (all calls returned same day).
2. Donor questionnaire along with email authorization emailed to donor.

Step 3:

1. Donor returns questionnaire. If not returned, phone call to donor next day.
2. Donor registered and information entered into EMR. Email notification sent through EMR to coordinator to review (same day response).
3. Donor called with decision or to request additional information.
Living Donor Intake Process

Step 4:

- **Schedule for cross-match:**
  - For new patient, donor invited to come in with recipient during initial evaluation.
  - For existing patient, may use recipient sera in the lab or both donor and recipient are scheduled to come in Monday-Friday.
  - During cross-match visit the donor meets with coordinator:
    - Medical history obtained.
    - Basic education reviewed and information packet given to donor.
    - Process for resulting and next steps discussed.
  - For out of state donor: FedEx kit shipped and scheduled with Quest for blood draw. Kit shipped back directly to IgT Lab.
  - Donor staff assistant emails deceased donor and living recipient coordinators alerting them that a potential living donor has been identified.
Step 5: Cross-match Results:

- Two week turn around for results.
- Donors called with results by LD coordinator. Follow up email sent same day.
- If incompatible, results reviewed with Dr. Dadhania prior to calling donor. Options for KPD or desensitization reviewed with donor during results call.
- If no response within 2 weeks, follow up email/phone call by donor team.

Step 6:

- Once donor expresses interest to move forward and issues are identified, referred to appropriated team member:
  - CSW: NLDAC grant applications. Preliminary evaluation of all NDDs by phone prior to evaluation
  - Financial coordinator: lack of insurance.
International Referrals:

**Global Service Referral (Living Donor Transplants Only)**

- **Financial Clearance**
- Basic Donor Workup in home country. Must be relative-no NDDS accepted

**Donor & Recipient Medical workup from home country reviewed**

**Registration & appointments scheduled by Global Services**

**Cross-match, donor & recipient evaluations scheduled**

**NYP Recipients with Overseas Donors**

- Basic Donor Workup in home country. Must be relative-no NDDS accepted

**Donor Medical workup from home country reviewed**

**Visa Letter Issued**

**Cross-match, donor evaluation scheduled**
Living Donor Evaluation Process

- One day donor evaluation-scheduled primarily on Monday and Friday.
- Tuesday as needed for overflow.
- Comprehensive email appointment letter with 24 hour urine instructions emailed to donor by Staff Assistant.
- Interpreter request submitted.
- Donor advised to obtain well care information (pap, mammogram and colonoscopy). If donor resides out of the country, we will schedule necessary well care at NYP.
- Designated recipient coordinator reviews and takes over recipient from waitlist coordinator.
Clinic Flow - Donor Evaluation

- One day comprehensive evaluation: 5 donors scheduled/day. (7 max)

  - Reviews in detail with donor the impact donation could potentially have on their health and life insurance. Also reviews post donation coverage for follow up.

- 8am:
  - Registration with clinic staff assistant:
    - Donors arrived in Epic
    - State or official ID scanned into media section of Epic
    - Photograph
    - Clinic Tracking Sheet

  - Coordinator greets and reviews day’s expected flow with donor. Provides and reviews consent form packet for completion by the donor prior to meeting with team. Consent packet includes: HIPPA, release of medical records, HIV testing, CSW intake form, high risk behavior questionnaire and informed consent.

- 8-9 am:
  - Labs including 2nd ABO and 24 hour urine collection. Requisitions completed by clinic staff assistant day prior to the appointment. Reviewed by TC and additional labs added as necessary.
  - Dedicated phlebotomist from 8am-10am.

- Financial coordinator interview
Clinic Flow- Donor Evaluation

- 9-10:30- 11:00 am: In random order
  - Nephrologist
  - Coordinator:
    - Obtains medical history and enters into Epic.
    - Education and informed consent.
    - Review of well care reports and additional testing required.
    - Dietary screening-referred to Nutrition for BMI >35.
    - Preliminary discussion regarding donor availability for surgery.
  - ILDA interview.
  - CSW psychosocial interview.
  - Rooms shared by all disciplines. Donors rotate between practitioners.

- 10:30-11:00am- early afternoon:
  - Psychiatrist: blocked donor time on Mondays and Fridays.
  - All NDDs and altruistic donors pre scheduled with psychiatry. If CSW deems referral necessary, scheduled for follow up visit at a later date.
  - EKG, Chest x-ray and CTA scan.
Living Donor Evaluation Process

- Medical review with nephrologist within 2-3 days of evaluation.
  - For patients seen on Friday, reviewed on Tuesday, Monday reviewed on Thursday.
  - Surgical anatomy/abnormalities reviewed with donor surgeons.
  - Scheduled for additional testing as needed.

- Coordinator reviews results with donor and discusses additional testing required. Coordinates with outside facilities to schedule tests. Notifies financial coordinator of outside testing.
### Living Donor Evaluation Process

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Living Donor Evaluation Process

- Presented at Donor Selection.
- Candidacy and potential surgery dates discussed with donor by TC.
- Recipient team made aware of donor clearance or rule out.
- If donor ruled out, recipient coordinator explores other opportunities with recipient. Once all living options exhausted, recipient is handed over to the waitlist coordinator.
Pre-operative Process:

- Potential dates discussed with donor and recipient once donor has confirmed intent to donate.
- Once date confirmed, scheduled for pre-op testing and surgical consult with donor surgeon.
- Confirmation email with pre-op instructions emailed to donor and recipient.
- Recipient primary nephrologist notified by phone of impending transplant.
Clinic Flow- Preoperative Visit:

- Surgeon evaluation.
- Coordinator reviews preoperative instructions/education.
- CSW final assessment.
- Final cross-match and NAT testing.
- Preoperative labs, EKG and chest x-ray completed.
- PAT registration.
- Donor UNOS ID obtained by TC and entered into OR manager. Verified in UNOS by on-call coordinator or donor TC.
Clinic Flow- Living Donor Recipient

- Recipients with living donors, re evaluations with donors are scheduled for evaluation on Monday, Tuesday or Thursday. Total 8-10 recipients.
- Designated recipient coordinators alternate weeks in clinic. Ability to expedite recipient workup in one week.

Recipient flow:
- **9am:** Recipient arrives in clinic. Registration and orientation to the day(clinic staff assistant). Intake forms, CSW intake and tracking sheet given to patient and completed immediately. This allows TC to place lab orders.  
  - Financial coordinator assessment.
- **9:30-10:15am:** Orientation video.
- **10:30-12 noon:** Surgeon and nephrology evaluation
- **12 - 4pm:** Coordinator, CSW, Blood work, EKG and Chest x-ray. All follow up tests are scheduled before patient leaves clinic. Clinic staff assistant emails TA all appointment details and they then task to TAU for authorization.

- After visit summary provided by coordinator clearly outlining next steps: follow up appointments, required testing and compatibility results process.
- Correspondence with referring nephrologist: phone call and letter with AVS attached within a week of initial evaluation. Preemptive with living must be verbal communication to determine readiness for transplant.
Donor Team Meetings

- LD scheduling meeting- weekly on Wednesday afternoon.
- Members: surgeons, recipient and donor coordinators, nephrologist(IgT), research staff, administrator.
- Review all cases scheduled, in evaluation and recently seen in clinic.
- Schedule maintained on Excel spreadsheet.
- Updated living donor schedule emailed to entire team every Thursday.
- Team notified by email of any changes to the OR schedule.
Summary

- Maximize living donor opportunities for all patients
- Dedicated team for both donor and recipient
- Streamlined donor and recipient evaluation process
- Frequent ongoing communication between teams
- Confidentiality maintained
Questions?

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