

ILDA Models: Defining the “I” in ILDA

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14th Annual Living Donation Conference

Presented by the American Foundation for Donation and Transplantation

Objectives

- Review the relevant policies and guidelines from regulatory bodies re: independence of the living donor advocate
- Discuss various models and how they can be compliant and effective



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**Independent
is the best thing
you can ever be.**



What does “Independent” mean?

Dictionary definition:

- Not influenced or controlled by others in matters of opinion, conduct, etc.; thinking or acting for oneself.
- Not subject to another's authority or jurisdiction; autonomous; free
- Not influenced by the thought or action of others
- Not dependent; not depending or contingent upon something else for existence, operation, etc.

Source: Dictionary.com



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How do the regulators define “Independent?”

- CMS:

- §482.98(d) Standard: Independent Living Donor Advocate or Independent Living Donor Advocate Team. The transplant program that performs living donor transplantation must identify either an independent living donor advocate or an independent living donor advocate team to ensure protection of the rights of living donors and prospective living donors.

- §482.98(d)(1) The independent living donor advocate or independent living donor advocate team must not be involved in transplantation activities on a routine basis.

- Guideline §482.98(d)(1)

- Because of the conflict of interest which would be created for an advocate to perform any transplant activities, even on an infrequent basis, the ILDA or ILDAT must not be associated with the transplant program in any capacity even on a temporary or intermittent basis.



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How do the regulators define “Independent?”

- UNOS/OPTN:
 - 14.2.A ILDA Requirements for Living Donor Recovery Hospitals
 - For any living donor who is undergoing evaluation for donation, the living donor recovery hospital must designate and provide each living donor with an ILDA who is not involved with the potential recipient evaluation and is **independent** of the decision to transplant the potential recipient. The ILDA may be one person or an ILDA team with multiple members. An ILDA team must designate one person from the team as the key contact for each living donor. All ILDA requirements must be completed prior to organ recovery.
 - The ILDA must:
 - 1. Function **independently** from the transplant candidate’s team.



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What can we practically pull from regulation/policy?

- Can't be involved in any transplant activities
 - Heart coordinator can't also be the ILDA (or can they????)
- Can't be involved in the decision to transplant the recipient
- Has to function independently



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So what does that mean?



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Key Elements

- Not influenced or controlled by others in matters of opinion, conduct, etc.; thinking or acting for oneself.
 - Best achieved by not being part of the transplant program as well as the character and skill set of the ILDA or ILDA team
 - Must be empowered via culture and veto/appeal process
- Not subject to another's authority or jurisdiction; autonomous; free
 - Ideally has a reporting structure outside of transplant
- Not dependent; not depending or contingent upon something else for existence, operation, etc.
 - This is a bit tricky as in most models people expect to get paid



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Other issues

- Is the ILDA a member of the donor team?
 - Does this improve continuity of care or
 - Does this dilute the independence of the ILDA?
- Should the ILDA attend donor selection committee?
 - Gives opportunity to ask and answer questions about the donor in real time
 - Opportunity for veto
 - Could dilute independence and create COI if recipient interests are discussed
- Dual roles?
 - Within the same organ group?
 - With a different organ group?
- Can ILDA be physically located with the transplant team?



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Different ILDA Models

- Profession of ILDA – should be a skill set not a specific profession
 - Social worker
 - Chaplain
 - Nurse
 - Physician
 - Donor
 - Ethicist
- Single ILDA
- ILDA Team



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Here is our model

- Initial interview with prospective donor is done on the phone by a social worker who works elsewhere in the hospital.
 - Transplant does not control her schedule or her performance evaluations
 - Transplant does pay for her ILDA hours
 - She communicates primarily via EPIC with transplant team, occasionally may attend donor selection committee
 - She often sees the donors in the hospital



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Here is our model

- Internal medicine providers (MD, APP) see the donors and do a history and physical as well as ILDA assessment
 - Same day as transplant multidisciplinary team sees the donor
 - They are located on different campus
 - Do not report in any way to transplant
 - Bill similar to other transplant providers and receive RVU credit
 - Does not replace surgeon or nephrologist
 - They usually attend donor selection committee
 - May call the donor in the hospital



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So, what do you think? Is our ILDA team independent?

- Is the ILDA team not influenced or controlled by others in matters of opinion?
- Is the ILDA team not subject to another's authority or jurisdiction; autonomous; free
- Is the ILDA team not dependent or contingent upon something else for existence, operation, etc.



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What is your model?



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References

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- Hays, R. E., LaPointe Rudow, D., Dew, M. A., Taler, S. J., Spicer, H., & Mandelbrot, D. A. (2015). The independent living donor advocate: a guidance document from the American Society of Transplantation's Living Donor Community of Practice (AST LDCOP). American journal of transplantation: Official journal of the American Society of Transplantation and the American Society of Transplant Surgeons, 15(2), 518–525. <https://doi.org/10.1111/ajt.13001>.
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Thank you!

I appreciate your attention and participation

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Session Survey

Gwen McNatt, APRN, PhD, CNN, FNP-BC, FAAN | April 20th 10:00 AM-10:30 AM



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