

The Role of the Living Donor Coordinator

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Cooperman Barnabas | **RWJ Barnabas**
Medical Center HEALTH
Renal and Pancreas
Transplant Division

AFDT 13th Annual Living Donation Conference:
Essential Donor Team Concepts 2022



The many roles of the living donor coordinator



- Obtains referrals
- Screens potential donors
- Assesses for compatibility
- Provides education, facilitates consents
- Tracks consents/evaluation documents
- Reviews multidisciplinary evaluations for plan of care
- Orders cxm/reviews compatibility
- Coordinates with recipient coordinator
- If pair incompatible – educates/new plan of care
- Educates on testing/provides scripts/billing info

The many roles of the living donor coordinator



- Facilitates scheduling, reviews results with NP/MD
- Orders additional testing/results review
- Communicates with needed consultants
- Tracks multidisciplinary evaluations for completion/clearance
- Prepares/presents donor profile at final selection
- UNET entry
- Prepares donor/recipient charts for OR
 - Vital Data documentation
- Preadmission testing/coordinates final preparation
- In-pt visit and out-pt follow up

NATCO Core Competencies of Clinical Transplant Coordinator

- 1. Transplant Referral and Evaluation
- 2. Pre-Transplant Waiting Period
- 3. Perioperative Period
- 4. Post-Transplant in-Patient Period
- 5. Post-Transplant Out-patient Period
- 6. Living Donation
 - 22 Core Competencies
- 7. Professional Development
- 8. Professional Practice

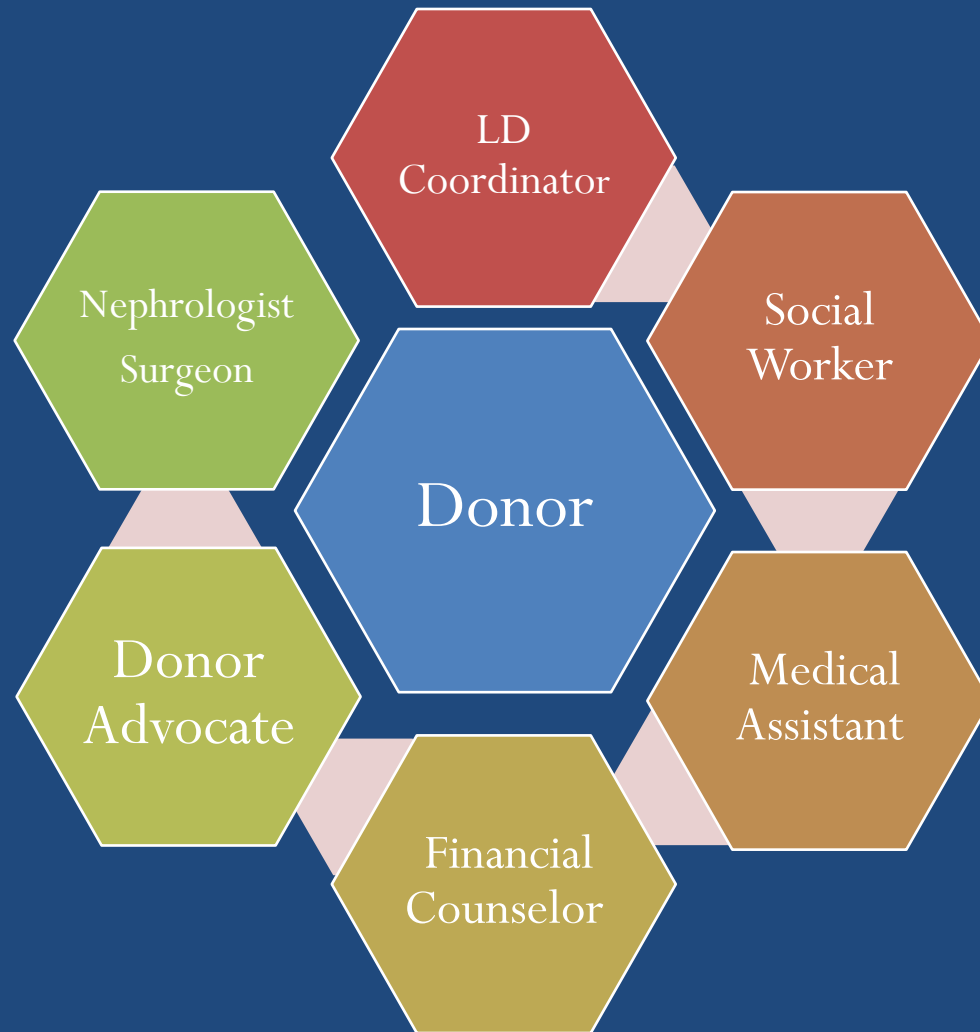


Living Donor Coordinator

Core competencies

- Identifies requirements of living donor evaluation
- Verbalizes understanding of LD Protocols
- Identifies appropriate LD candidate upon referral
- Ensures process of informed choice has been followed according to transplant center protocol
- Coordinates the evaluation process with multidisciplinary team

*full list of NATCO Core Competencies for LD Coordinator at end of presentation



Living Donor Coordinator Job Description



- Previous Recipient Transplant Coordinator experience *strongly preferred*

Why?

- Understanding of:
 - Recipient candidate education
 - Recipient candidate evaluation process
 - Selection Process/UNET listing
 - Waitlist Management
 - Organ offer on-call



Clinical Transplant Coordinator (CTC)

Living Donation

- Demonstrate knowledge and ability:
 - to facilitate living donation/transplantation
- Utilize that knowledge to:
 - coordinate the care of the living donor for evaluation and live organ donation

Competencies Living Donation

competency

Identifies requirements of living donor evaluation

OPTN

14 Living Donation
482.94 Patient and Living Donor Management

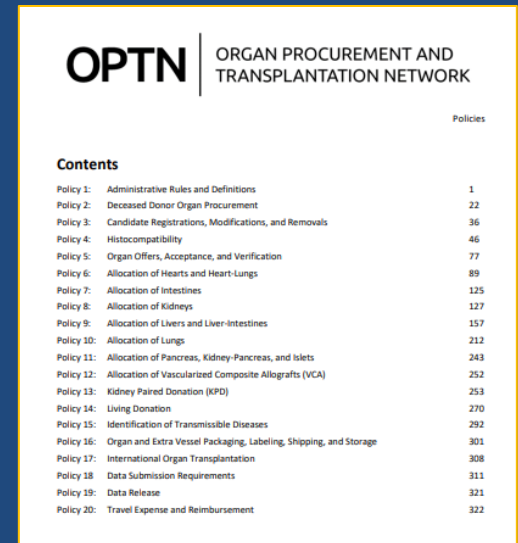
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Living Donor Evaluation Policy

Competencies of LD Coordinator

Key regulatory documents

- NATCO Core Competencies of Clinical Transplant Coordinator
- OPTN (UNOS) Policies: 13, 14
- CMS C.F.R. (Code of Federal Regulation) 42:
 - 482.90 Patient and Living Donor Selection
 - 482.92 Organ Recovery and Receipt
 - 482.94 Patient and Living Donor Management
 - 482.102 Patient and Living Donor Rights



OPTN | ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK

Policies

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Competencies Living Donation

competency

Verbalizes
understanding of
LD protocols

OPTN

13 Kidney Paired Donation
14 Living Donation

CMS

482.90 Patient and Living
Donor Selection

482.92 Organ Recovery
and Receipt

482.94 Patient and Living
Donor Management

482.102 Patient and Living
Donor Rights

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Evaluation Policy

Selection Policy

Protocols:

Selection

Genetic Diseases

ABOi/HLAI

Hepatitis C

Pain Mgmt

Key Transplant Center Resources examples

- Living Donor Policies:
 - Selection Criteria
 - Evaluation Policy
 - Altruistic/Non-Directed Donation
 - Selection Policy
 - Kidney Paired Donation
 - ABOi/HLAi Policy
- Protocols:
 - Donors with hx of genetic diseases, other conditions
 - Donors with hx of Hepatitis C
 - Pain mgmt. plan for donors with hx addiction

Competencies Living Donation

competency

Identifies appropriate live donor candidate upon referral, and interacts with appropriate staff.

OPTN

14.4E Living Donor Exclusion Criteria

482.90 Patient and Living Donor Selection

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Referral documents

Donor Selection Criteria

Donor Evaluation Policy



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Renal and Pancreas
Transplant Division

Welcome to the Living Donor Institute.

Thank you for your interest in living kidney donation.

Enclosed is a brochure on living kidney donation as well as a referral form. Please complete and return in the envelope provided or fax the completed form(s) to 973-322-2273.

Once received, a Transplant Coordinator who will call you to discuss your referral form. A Transplant Coordinator is a Registered Nurse with expertise in kidney transplantation and living donation. The Transplant Coordinator will review the overall education and evaluation process for

The Living Donor Institute at Saint Barnabas Medical Center

Living Donor Transplantation Providing Comprehensive & Compassionate Kid

Saint Barnabas Medical Center | RWJBarnabas HEALTH
Living Donor Institute

would like to thank you for your interest in learning about living kidney donation. Our primary goal is your health, safety, and well-being throughout the kidney donation process.

The first step to begin your evaluation as a potential living donor is to complete our online health history questionnaire. Before you begin, please obtain your accurate weight/height. You will need this information to proceed. Please choose a time when you can give your full time and attention to answering the questions accurately and completely. Your responses to this questionnaire are important and the first step in your journey toward living kidney donation.

To access the questionnaire, please visit: SBMCLivingDonor.org or scan the QR code.

If you have questions or would like to learn more, please visit rwjbh.org/ldi or contact a living donor team member at: SBMCLivingDonor@rwjbh.org.

Thank you in advance for your generous offer to learn about living kidney donation.



rwjbh.org/ldi

Saint Barnabas Medical Center
Living Donor Institute

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Living Donor

Relationship to recipient:



Genetic Related donors

- Father, mother, sister, brother, aunt, uncle, cousin

Emotional related donors

- Husband, wife, friend

Altruistic

- Directed - No genetic or emotional relationship
- Non-Directed - Anonymous, no relationship

Challenge: *May or May Not* be Directed Altruistic Donors

- Co-worker/Colleague
- Neighbor
- Classmate
- Community/Religious group member
- Friend
- Focus on specifics of relationship:
 - History, how long known recipient, what capacity?
 - Social interactions, visited each other's home?

Living Donor Types

- Compatible Donor/Recipient
 - Direct LDKT
 - Compatible Share/KPD

- Incompatible Donor/Recipient
 - Kidney Paired Donation (KPD)
 - HLA incompatible
 - ABO incompatible

Selection Criteria



Txp Center Criteria

- Inclusion Criteria
- Absolute Exclusion Criteria
- Relative Exclusion Criteria

OPTN Criteria

- Living donor recovery hospitals may exclude a donor with any condition that, in the hospital's medical judgment, causes the donor to be unsuitable for organ donation.

TITLE: Selection Criteria – Living Donors

PROTOCOL #: 4

Absolute Exclusion Criteria:

Medical/Surgical

1. Donor Age: Older than 75 years; Younger than 18 years
2. Moderate or worse LVH on Echocardiogram
3. Hypertension as follows:
 - a. Uncontrolled hypertension (HTN)
 - b. HTN and age \leq 45 at time of evaluation
 - c. African American or Hispanic with HTN (whether treated or not treated)
4. Diabetes as follows:
 - a. Hgb A1C \geq 6.5
 - b. Gestational diabetes within the last 5 years
5. Cancer as follows:
 - a. Active malignancy
 - b. Incompletely treated malignancy
6. Persistent infections or infections with drug resistant organisms
7. Repeated creatinine clearance is less than 80mL/min
8. Repeated proteinuria excretion is over 350 mg/day.
9. Microalbuminuria excretion $>$ 60 mg/L
10. Familial history of PCKD: Refer to Protocol #31 Kidney Donors with Family History or Genetic Kidney Disease
11. Obesity if BMI is greater than or equal to 36.
12. History of smoking 20 pack years and moderate or worse obstruction on PFTs
13. Medically Significant illness: only after complete H&P and additional diagnostics ordered (i.e. COPD; Hx malignant tumor, Cardiovascular disease, Infection)
14. Hx of Thrombosis with abnormal coagulation screening (coagulation panel per hospital protocol).
15. Pt. on any anticoagulation medication
16. Donor unwilling to accept blood transfusion
17. Pt. with history of COVID-19 by PCR or Antibody admitted to ICU for care, and history of smoking $>$ 20 pack/yr

Psychosocial

1. Evidence of NOTA violation (illegal financial exchange between donor and recipient)
2. Evidence of donor coercion
3. *Untreated or active substance abuse
4. *Untreated psychiatric condition(s), including suicide risk
5. Mentally incapable of making an informed consent

*Psychiatric consultation/clearance may be indicated.

Relative Exclusion Criteria:

Medical/Surgical

1. Significant history of cancer
2. Obesity if BMI between 32 and 35.9 will be determined for suitability by physician after physical examination.

Competencies Living Donation

competency

Educates live donor candidate and family about the evaluation, donation, and hospitalization process, risks

and benefits, and short/long term follow-up care and documents accordingly.

OPTN

14 Living Donation

482.94 Patient and Living Donor Management

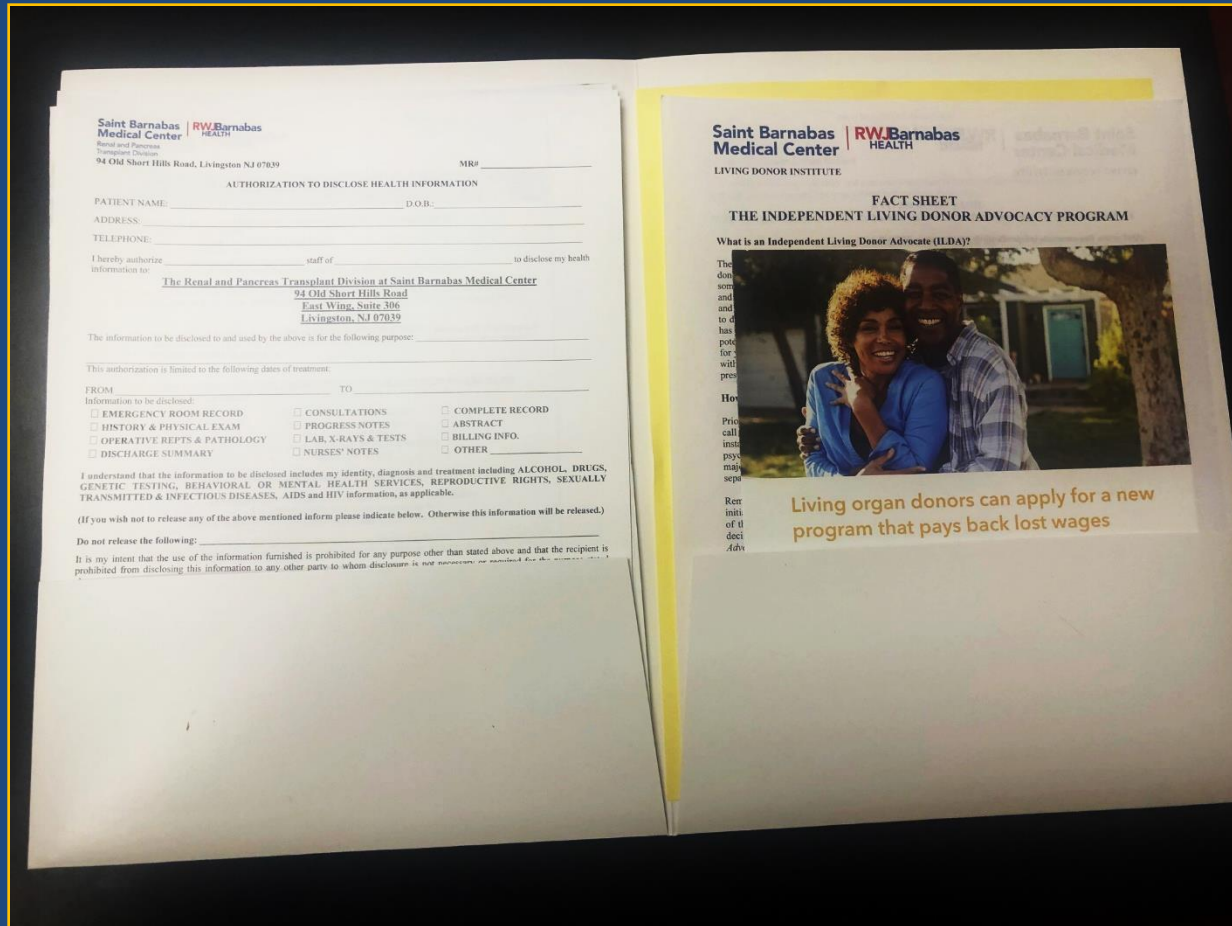
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Evaluation and Consenting Policy

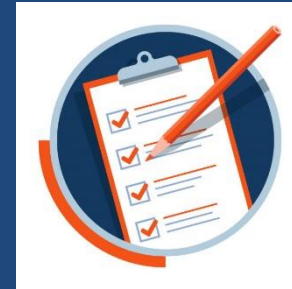
Educational documents/Consents

Evaluation Day documents

Phase II



Donor Educational Materials



Living Kidney Donor Education *Evaluation*

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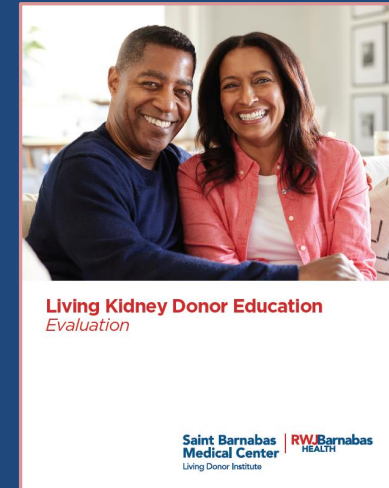


Living Kidney Donor Education Program *Medical and Surgical Procedure*

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Medical Center | **HEALTH**
Living Donor Institute

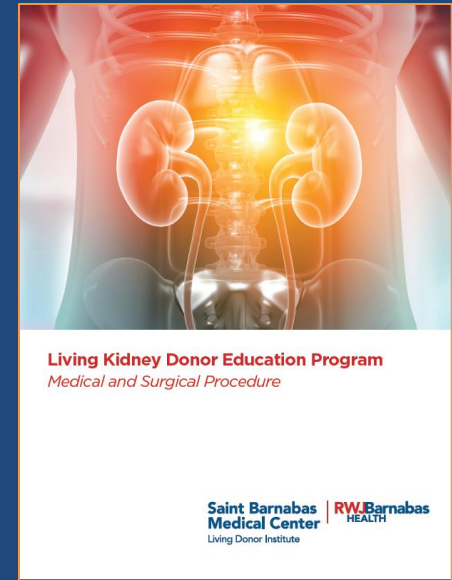
Donor Evaluation Process

- Overview: The gift of kidney donation
- Motivation
- Alternatives for recipient
- Recipient benefits of transplant
- The Evaluation Process
- Donor Advocate
- Unforeseen Risks
- Insurance/Pre-existing Conditions
- Insurance Coverage for Donation
 - Insurance Coverage for Future Medical Costs Related to Donation/Future insurability issues
- Required Donor Follow Up
- Confidentiality



Donor Evaluation Process

- Blood Group and Tissue Compatibility Results
- Donor Medical Testing Results
- The Donation Surgical Procedure
- Medical Care Follow up
- Recipient Outcome Information for Living Donation
- Donor National Data



Competencies Living Donation

competency

Ensures informed choice has been followed according to protocol

OPTN

14.3 Informed Consent Requirements

13.4 Informed Consent for KPD donors

482.102

Patient and Living Donor Rights

txp center

Education

Documents

Teaching tools

Visuals



INFORMED CONSENT FOR LIVING KIDNEY DONATION

1. I hereby authorize DR. _____ and/or DR. _____ or their designees and/or such assistants as may be selected and supervised by them to perform a nephrectomy (the "Procedure") in order to transplant my kidney into a recipient. I understand that on the day of surgery DR. _____ will, in addition to the information already provided to me today, explain the specifics of the Procedure in more detail.

A. The procedure listed above has been explained to me and I have been provided with the necessary information for me to evaluate the risks and benefits of the proposed procedure(s).

I have also received information regarding:

1. the nature and purpose of the proposed care, treatment, services, medications, interventions and/or procedures;
2. alternatives to the procedure(s), as well as the relevant risks and benefits of such alternative procedure(s);
3. clinical outcomes if I do not elect to have the proposed procedure(s);
4. the potential benefits and possible risks, side effects and complications associated with the procedure(s), including potential problems that might occur during recuperation; and
5. the likelihood of achieving care, treatment and service goals.

B. I have been given a copy of the Saint Barnabas Medical Center Privacy Notice and have been informed of any limitations on the confidentiality of information learned from or about me.

C. I am aware that the practice of medicine and surgery is not an exact science, and I acknowledge that no guarantees or assurances have been made to me concerning the results of the proposed treatment.

D. I have had sufficient opportunity to discuss my condition and treatment with the doctor and/or their associates, and all of my questions have been answered to my satisfaction. I believe that I have adequate knowledge upon which to base an informed consent to the proposed treatment.

2. I hereby further authorize and consent that Saint Barnabas Medical Center may take an additional blood specimens from me within 24 hours of my donation. I understand that my blood sample will be stored for ten (10) years thereafter. I further understand that this sample will only be used for investigation of potential donor-derived disease in the transplant recipient.

3. I acknowledge that I am willing to donate one of my kidneys and that this decision is free from inducement or coercion and that my participation is completely voluntary and may be withdrawn at any time, even if I sign this informed consent form. I understand and acknowledge that I may contact the independent living donor advocate assigned to me at Saint Barnabas Medical Center should I have any questions or concerns.

Informed Consent Case Study

Living Donor



- 26 y.o. male, non-english speaking
- Traveled to U.S. from India for purposes of donation
 - (6 mos Travel Visa)
- Single, lives & works on a remote tobacco farm w/ parents
- States recipient is his uncle (father's brother)
- Recipient's son accompanied him to donor evaluation
- Donor's stated relationship with recipient varied
- All disciplines evaluated him using interpreter (language line)
 - Difficulty getting exact dialect interpreter

Case Study: Donor

Issues:

- Donor could not absorb information related to donation especially risks/benefits
- Physician who spoke his dialect conducted additional education/Advocate assessment
 - *Provided in a manner suitable for comprehension*
- Relationship to the recipient became increasingly confusing
- Recipient's son kept inserting himself into the process
- Donor could only verbalize
 - 'you will take something out of me'

Outcome



- Donor declined:
 - Patient unable to understand or articulate this understanding
 - *Includes assessment by the informing practitioner that the person understands and can articulate this understanding*
- Patient and son furious – demanding written explanation
- Requested transferred to another txp center

Elements of Informed Consent

- 1. Competence
 - Assess pt. ability to:
 - Understand his or her situation,
 - Understand the risks associated with the decision at hand, and
 - Communicate a decision based on that understanding
- 2. Voluntariness
 - The acceptance of the intervention by the patient

Elements of Informed Consent

- 3. Disclosure
 - The nature of the decision/procedure
 - Reasonable alternatives to the proposed intervention
 - The relevant risks, benefits, and uncertainties related to each alternative
- 4. Understanding
 - Assessment of patient understanding
- 5. Consent
 - The acceptance of the intervention by the patient

Clinical Transplant Coordinator (CTC)

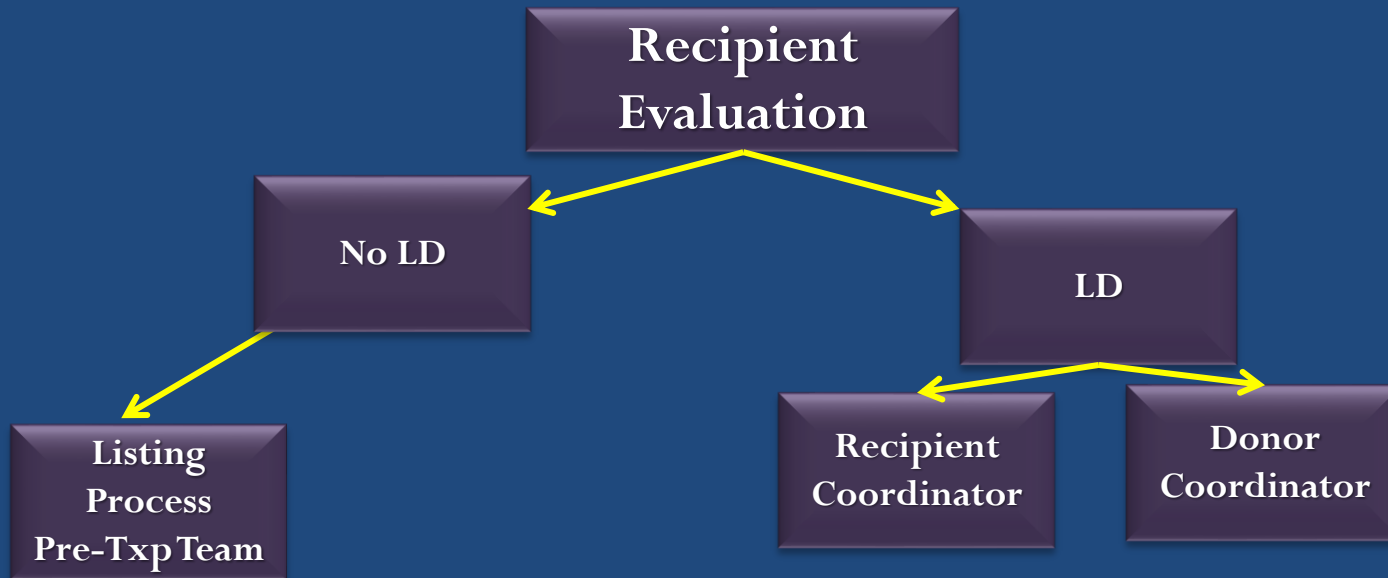
Living Donation

- Demonstrate knowledge and ability:
 - to facilitate living donation/transplantation
- Utilize that knowledge to:
 - coordinate the care of the living donor for evaluation and live organ donation

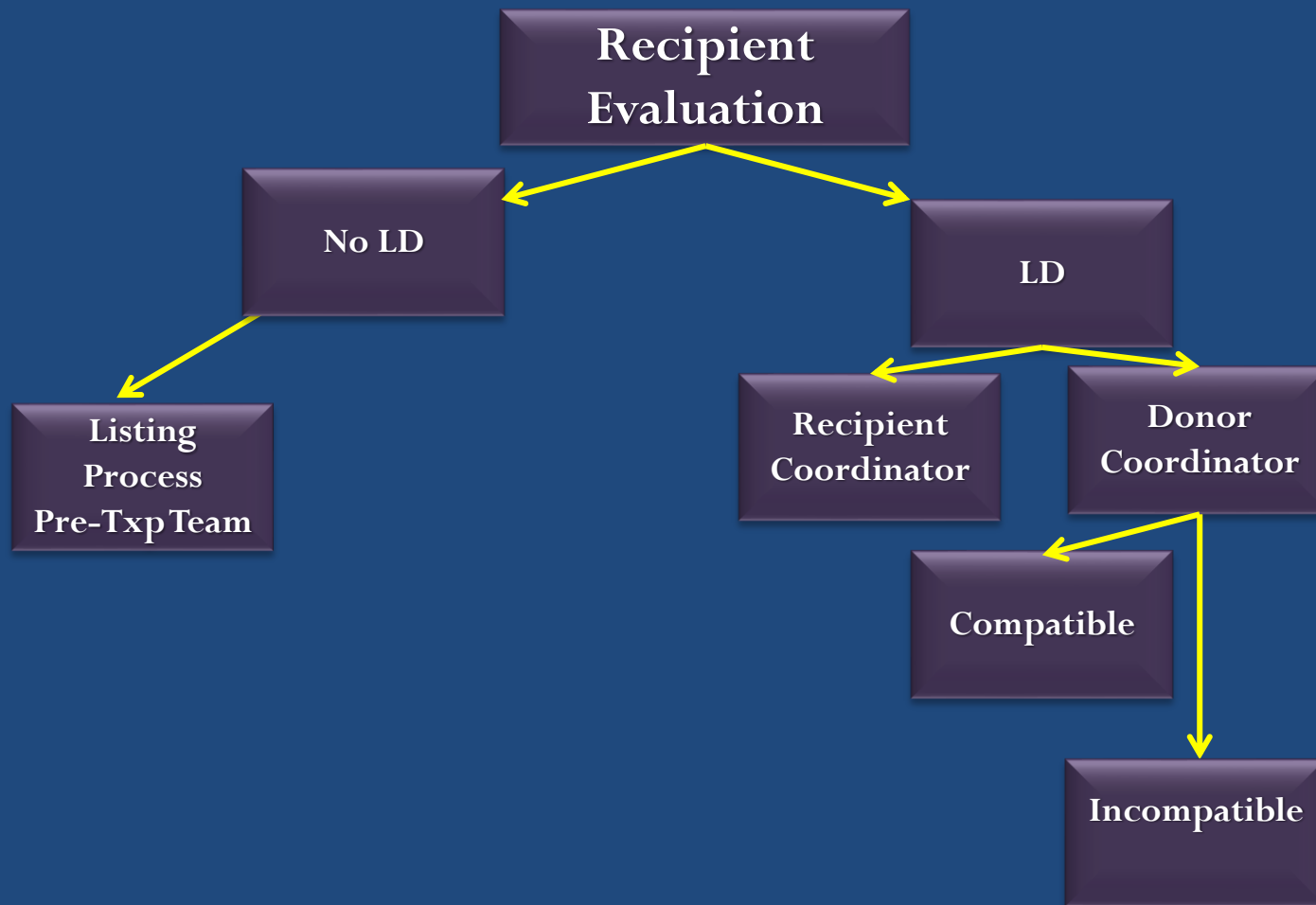
Donor Evaluation Coordination

- Phase I (Referral & ABO)
- Phase II
 - Nursing Assessment -Evaluation Education & Eval Consent
 - MD Evaluation -Med/Surg Education
 - ILD Intro
 - SW Evaluation
 - Crossmatch/Labs/Diagnostics
- Phase III
 - KPD or ABOi/HLAi education /consenting if applicable
 - CT Scan
 - Donor Advocate
- Pre-Surgical Meeting
 - Pre-admission education/family attends
 - Preadmission testing

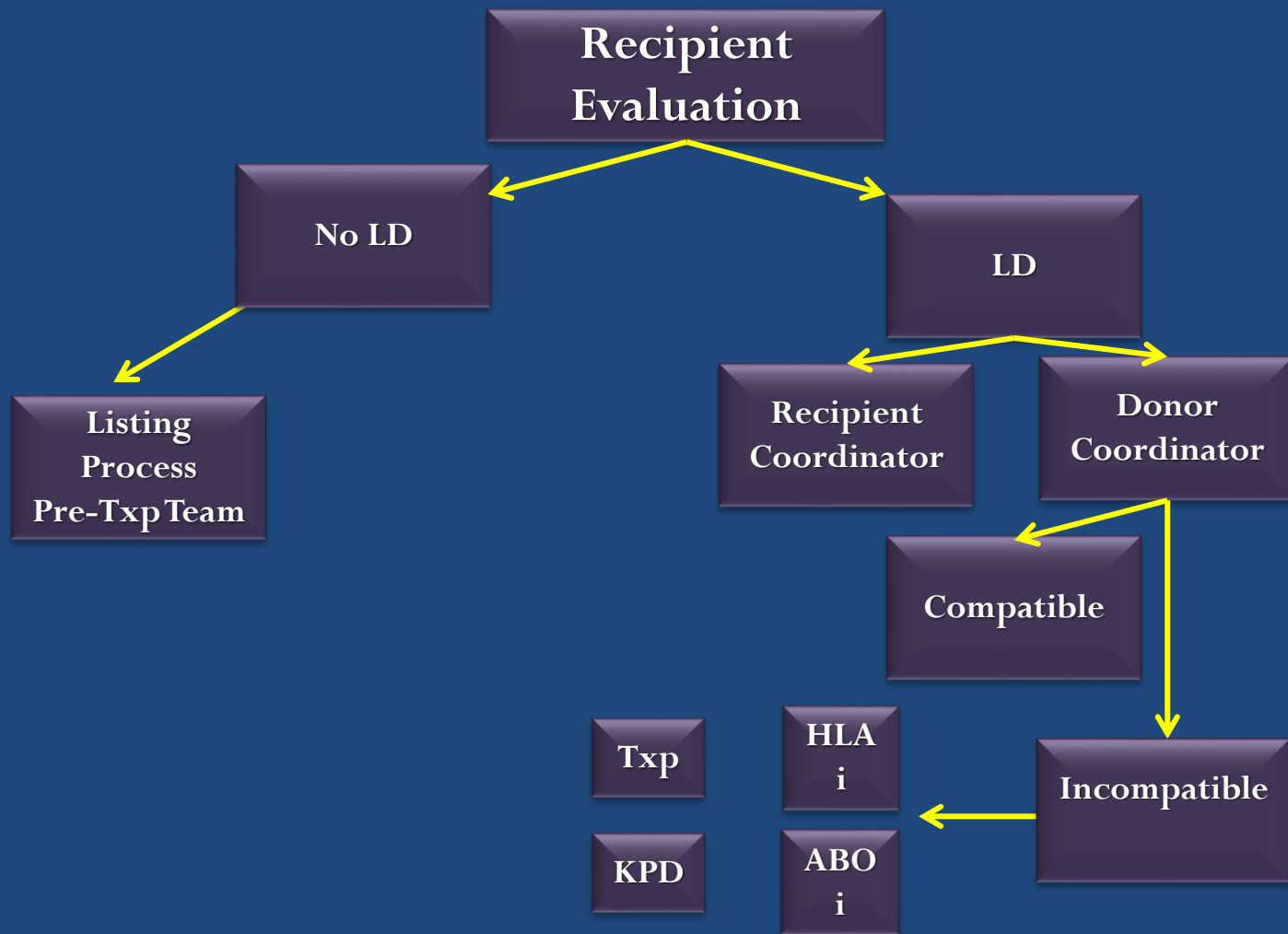
Evaluation Pathway



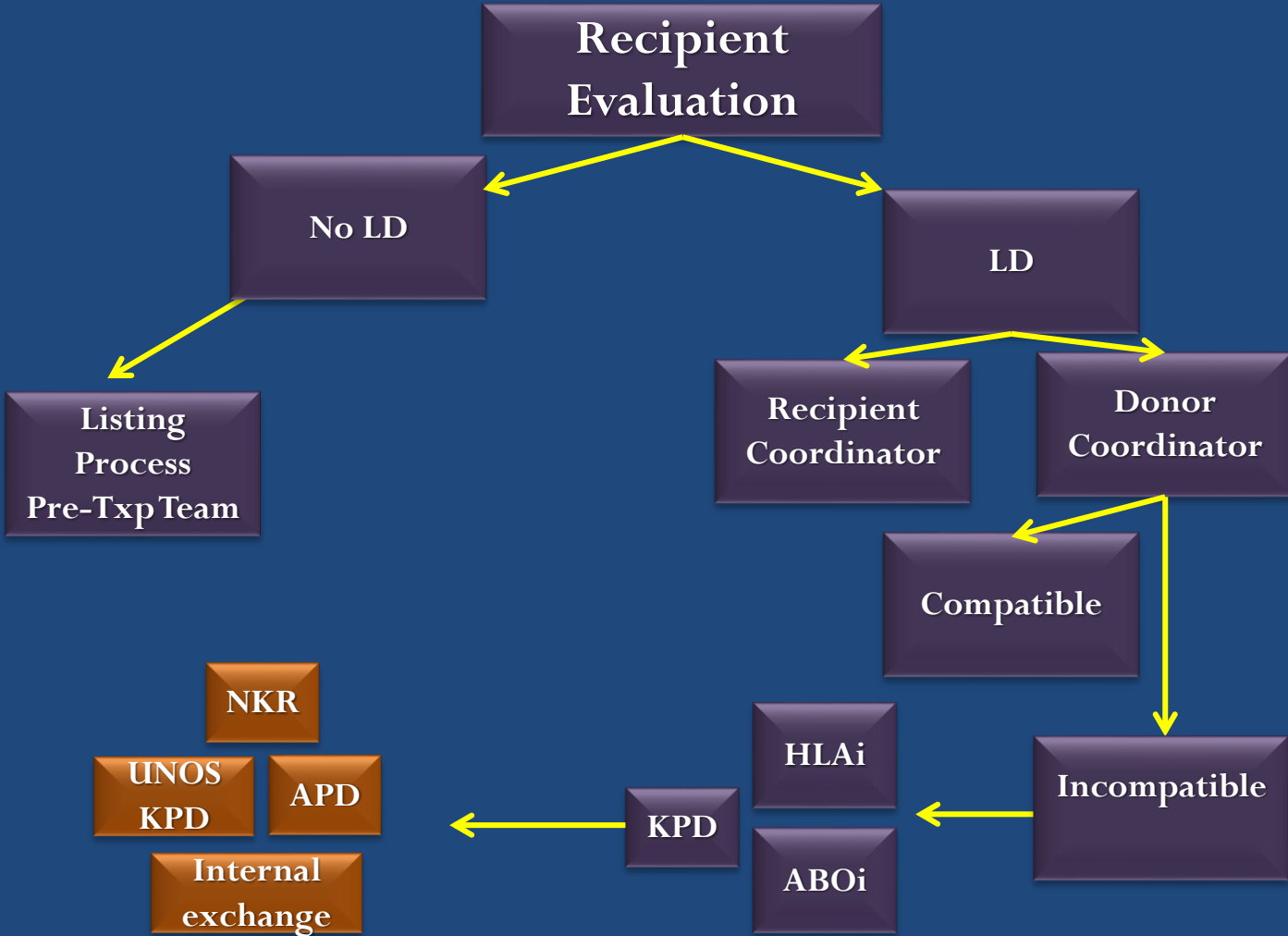
Evaluation Pathway



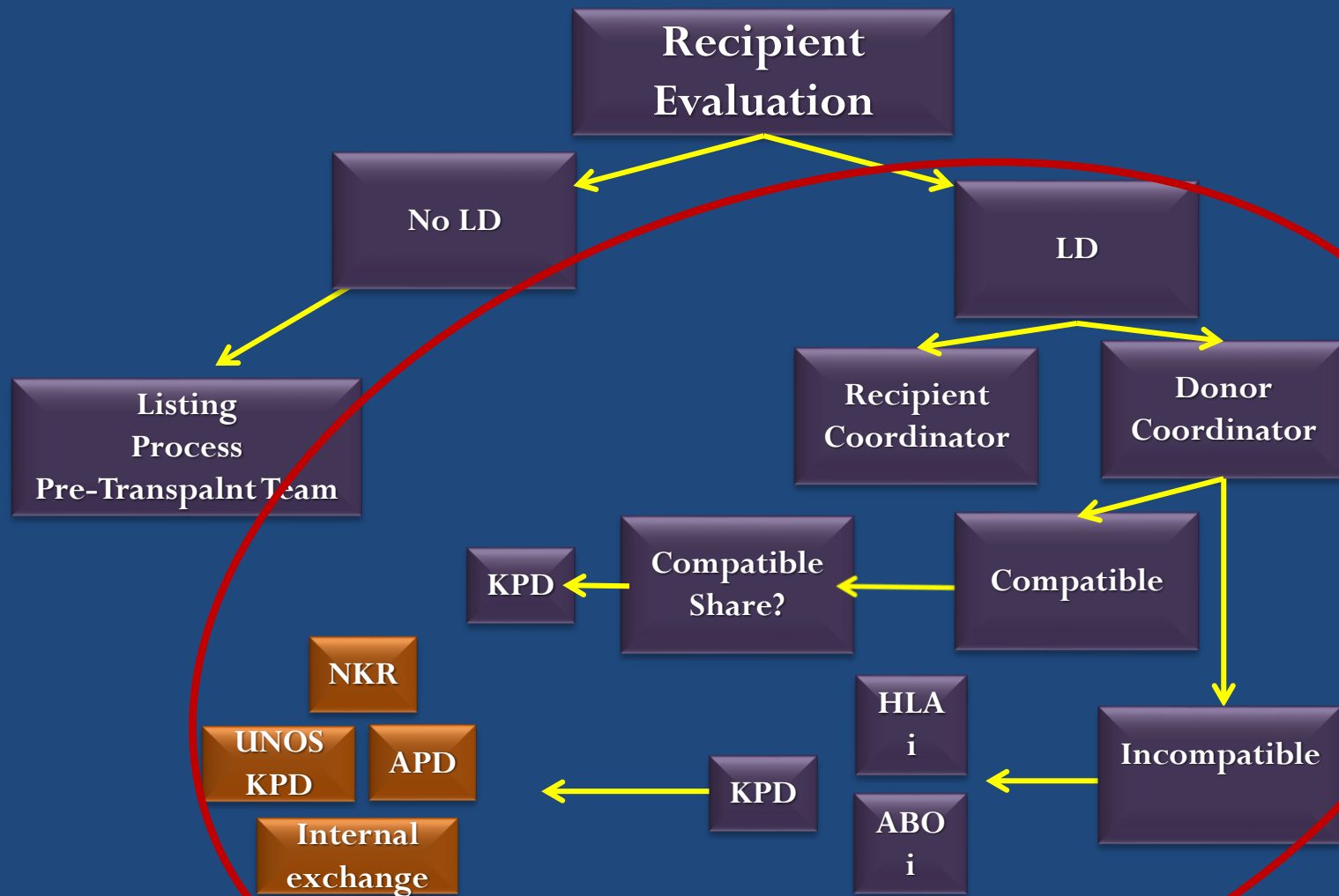
Evaluation Pathway



Evaluation Pathway

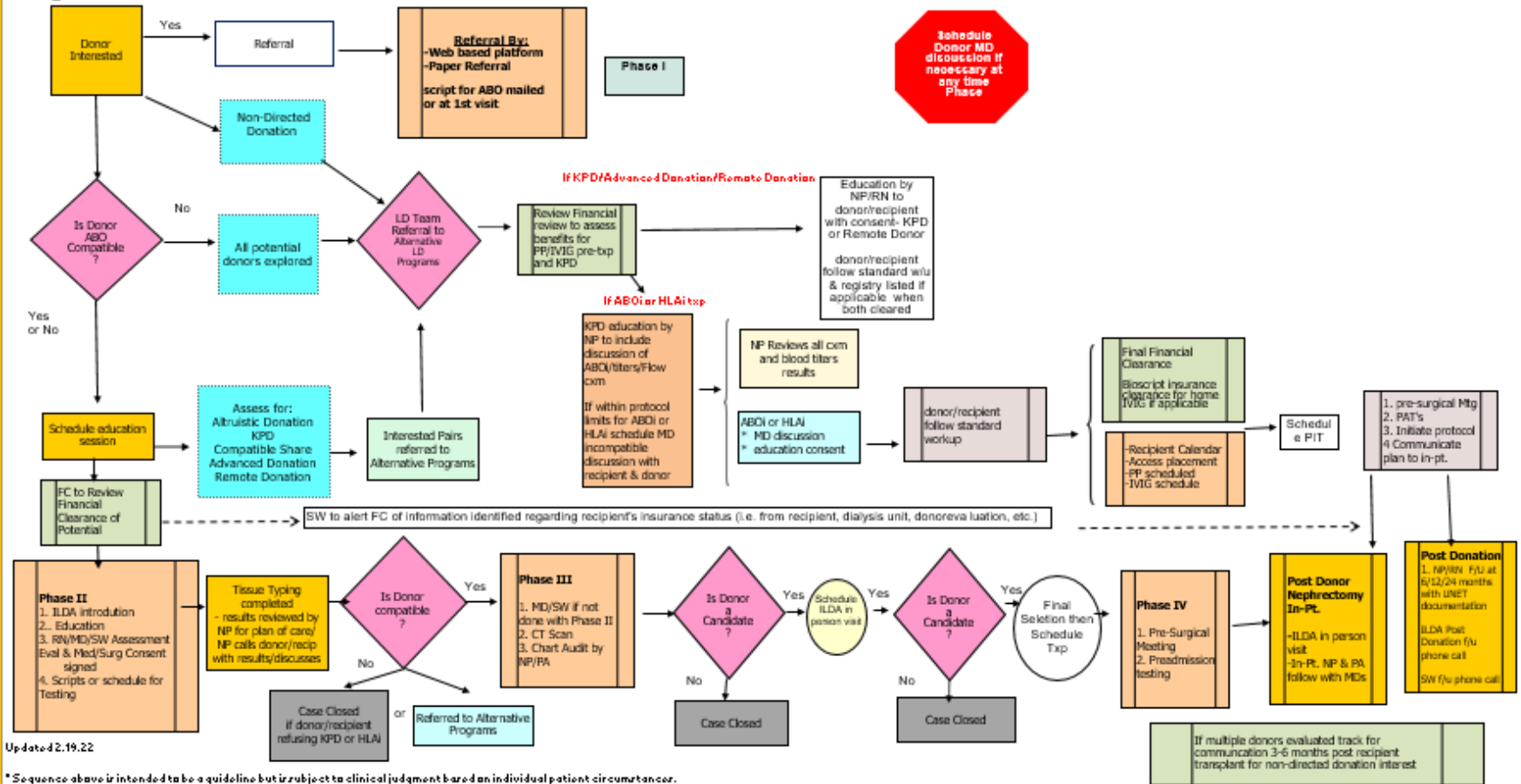


Evaluation Pathway



Living Donor Care Pathway/Flow

RWJBarnabas Health Renal & Pancreas Division Living Donor Workflow



Living Donor Coordinator

NATCO competencies

1. Identifies appropriate LD candidate upon referral, and interacts with appropriate staff.
2. Identifies requirements for and maintains confidentiality of the LD evaluation.
3. Ensures process of informed choice has been followed according to transplant center protocol.
4. Coordinates with multidisciplinary team the evaluation process for the potential LD candidate.
5. Documents pertinent information to ensure continuity of care/coordination.

Living Donor Coordinator

NATCO competencies

6. Applies knowledge of growth/development, educ./ cultural background during LD candidate and family interactions.
7. Educates LD candidate/family about evaluation, donation, hospitalization, risks/benefits, and short/long term follow-up care
8. Discuss potential short term/long term implications to health after donation.
9. Discuss financial implications post donation as it pertains to health insurance, time off from work, FMLA.
10. Identifies learning needs, coping skills, decision making, long-term expectations, commitment to donation process

Living Donor Coordinator

NATCO competencies

11. Identifies/responds to educational, psychosocial, economic needs of LD and family during evaluation/surgical procedure and postoperative course.
12. **Verbalizes understanding of LD protocol, and acts as a resource for internal and external health care providers.**
13. Collects and reviews evaluation results with the transplant team.
14. Participates in determination of LD suitability to donate according to transplant center protocol and OPTN/UNOS regulations.
15. Facilitates admission date with donor, transplant candidate

Living Donor Coordinator

NATCO competencies

16. Assists family with adjustment for LD physical/emotional rehabilitation
17. Observes, monitors, reviews and reports live donor's physical and emotional status to the appropriate transplant team members.
18. Maintains/ensures communication with donor's primary physician, other health care providers and payors throughout the evaluation phase, surgical procedure/postoperative recovery.
19. Provides and maintains comprehensive documentation of living donor's progress according to protocol.

Living Donor Coordinator

NATCO competencies

20. Functions as donor advocate with other members of the transplant team.
21. Identify contraindications to donation per program protocol.
22. Familiar with OPTN/UNOS regulations that pertain to living donation





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