

Antoinette Fassoth, BSN, Sunshine Barhorst, DNP, CNP, AGCNP-BC, FNP-BC, Jenifer Harris, MSN, RN-BC, CCTC, Andrea Sacks, BSN, Char Miller. University of Cincinnati Medical Center, UC Health, Cincinnati, Ohio.

# Background

- The initial step in the living donor evaluation process is the Donor Questionnaire.
- Converted to electronic questionnaire to increase efficiency in sharing and processing questionnaires.
- Following this change, the conversion rates from 'Referral' to Living Donor Transplant did not increase, as expected.

Donor Progress	
Stage	Total
Registered:	2185
Ruled-Out:	1065
- Hard Rule-Outs:	113
- Soft Rule-Outs:	142
- Expired Rule-Outs:	800
- Non-U.S. Rule-Outs:	10

Donor Progress	
Total	
3020	
1553	
155	
185	
1201	
12	

The charts shown demonstrate the breakdown of questionnaires not considered for 2021 and half of 2022.

# Incomplete Donor Questionnaires Process Improvement Initiative @Health **Identifying Barriers to Living Kidney Donation:**

# Methods

(1/1/21 - 12/31/21)

Percent

49%

5%

6%

37%

0%

(1/1/21 - 6/30/22)

Percent

51%

5%

6%

40%

0%

- **Plan:** Examined Living Donor questionnaires that were initiated in 2021 and half through 2022. **Do:** In 2021, 2185 questionnaires were initiated. Out of those, 49% were ruled out. 37% of which were "Expired rule-outs (ERO)," and were automatically no longer considered. Incomplete questionnaires were identified as a barrier to potential living donor. **Study:** The team identified three reasons for potential ERO.
  - 1. Length of the questionnaire
  - 2. Defining Expired Rule-Outs
  - 3. Motivation for potential donor changed
- Act:
  - 1. The Team took the questionnaire. Completion for 4+ pages took on avg >20 time. The team also checked with outside
  - 2. Considered if the NKR provided enough time for potential donors to complete questionnaire. Donors have one week to with NKR and removed the time limit for be ERO. Entire info not required.
  - 3. Donors with incomplete questionnaires were contacted by email and follow up call to questionnaire. Majority of donors did not return contact. 5% of donors contacted indicated the questionnaire was too long.

min. The NKR was approached to condense questionnaire but was not an option at this vendor to create an electronic questionnaire, but UC Health's server would not support it. complete the survey with reminders. Worked ERO. Incomplete questionnaires should not identify why they chose not to complete the

• The electronic questionnaire has increased the ability to screen more potential living donors.

- donor evaluation process. excluded by ERO.

• To decrease the amount of ERO questionnaires. • To increase volume of approved questionnaires of qualified living donor candidates. • To ultimately increase conversion rates of living donor questionnaires to living donor transplants.

# Implications

• However, increased quantity of questionnaires have not translated into increased living donor transplants. • This team worked with the NKR to ensure

that questionnaires that expired after one week of incompletion were transferred to a follow up queue for the living donor team to contact potential donor to complete questionnaire and/or continue in the living

• The adaptation of this test of change will increase the ability of evaluating potential donors that may have been previously

# Goals