From Worst to First: How to Increase Living Donation
One Center’s Experience

Marian Charlton RN SRN CCTC
Clinical Manager
Hackensack University Medical Center
Objectives

Identify
Identify challenges

Discuss
Discuss strategies to increase living donation

Review
Review outcomes of strategies
Where we started

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<tbody>
<tr>
<td>All Donor Types</td>
<td>133</td>
<td>112</td>
<td>91</td>
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<tr>
<td>Deceased Donor</td>
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<td>16</td>
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<td>16</td>
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https://optn.transplant.hrsa.gov
Challenges

- Community perception
- Team culture
- Resources
- Referrals to the program
- Selection criteria
Strategies: Referring Community

- Reestablish relationship with referring physicians:
  - Grand rounds by physician leadership
  - Nephrology council
  - Improved communication
  - Improved partnerships with local entities to increase awareness
Strategies: Referring Community

• Reestablish robust outreach program:
  • Broaden acceptance criteria for transplant candidates
  • Increase insurance acceptance
  • Dialysis unit visits
  • Visibility rounds
  • Satellite clinics
  • Online referral portal
  • Physician and dialysis unit Scorecards
  • Annual Symposium for referring practitioners
  • Virtual education sessions for patients
    • Animaker
Kidney Transplant Referral Growth 2019-2022
2022 Referrals by Source

Referral total in 2022 = 1,795

<table>
<thead>
<tr>
<th>Referral Source</th>
<th>Q1</th>
<th>Q2</th>
<th>Q3</th>
<th>Q4</th>
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<tr>
<td>Dialysis</td>
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<td>128</td>
<td>134</td>
<td>143</td>
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<td>Nephrologist</td>
<td>79</td>
<td>99</td>
<td>103</td>
<td>70</td>
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<tr>
<td>Other</td>
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<td>50</td>
<td>56</td>
<td>29</td>
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<tr>
<td>Outreach Inservice</td>
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<td>158</td>
<td>181</td>
<td>160</td>
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<tr>
<td>Website</td>
<td>25</td>
<td>19</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>Word of Mouth</td>
<td>10</td>
<td>3</td>
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Referral Source:
- Dialysis: 31.2%
- Nephrologist: 20.0%
- Outreach Inservice: 19.8%
- Website: 10.8%
- Other: 10.5%
- Word of Mouth: 5.3%
Strategies: Community Partnerships

• Engage with community programs:
  • Renewal
  • DOVE
  • NKDO
## Strategies: Partnering with Community Organizations

<table>
<thead>
<tr>
<th>Provide</th>
<th>Provide support for donor</th>
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<tbody>
<tr>
<td>Access</td>
<td>Access to donor mentors</td>
</tr>
<tr>
<td>Assist</td>
<td>Assist with donor education and awareness</td>
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</table>
Strategies: Partnering with National Kidney Registry (NKR)

- Transplant opportunities:
  - ABOI
  - Positive crossmatch
  - Chronological incompatibility
  - Size incompatibility
  - Compatible pairs seeking better match
  - Eplet matching
  - Chain end opportunities
  - Microsite creation
Strategies: Partnering with NKR: Game Changer

<table>
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<tr>
<th>Online registration portal</th>
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<tr>
<td>Access to donor mentor</td>
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<tr>
<td>Remote donation:</td>
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<tr>
<td>• Offers donor to complete workup and surgery locally</td>
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Strategies: Team Culture

Primary focus was on deceased donation

How do we change this approach?
Strategies: Resources

- Living donor team
- Create a pod
- Physician leader
- Donor coordinator
- LD dedicated recipient coordinator
- Weekly LD focused meeting:
  - Team support
  - Improved communication
  - Increased awareness of patient readiness
## Strategies: Candidates

1. All team members discuss living donation during initial visit
2. Updated candidate education to include focus on living donation
3. Educate candidates and families on living donor strategies and options
4. Early referral to community partner - Renewal, DOVE, Microsite
5. Living donor recipient coordinator establishes relationship during initial visit
6. Expedited workup for candidates with living donors
7. Education in native language
Strategies: Donors

- Create positive experience:
  - Return call within 24 hours of referral
  - Expedited donor evaluation
  - Appointment within two weeks (donor driven)
  - One day donor evaluation
  - Expedited results review with physicians
  - Resource support: NDLAC, access to mentor, donor shield
Strategies: Intake Criteria

• Expand intake criteria:
  • Donors with history of prediabetes
  • Donors with remote history of cancer
  • Age
  • BMI > 35
  • Medicated HTN
  • History of stones
Strategies: Selection Criteria

- Most difficult challenge to overcome
- Historically conservative
- Team member education
- Data review
- Develop comfort level with expanded criteria donors
  - Older donors
  - Donors with HTN
  - Donors with history of stones or cysts
Strategies: BMI

Previous practice:

• BMI > 35 - ruled out - never seen
Surgical Strategies

- Robotic donor nephrectomy
- Single port donor nephrectomy
- ERAS protocol
HUMC Transplants

![Bar chart showing HUMC Transplants from 2019 to 2022. The chart includes data for DDKTs (donor-directed kidney transplants) and LRTs (living-related transplants). The total number of transplants in 2019 is 112, in 2020 is 133, in 2021 is 117, and in 2022 is 242.}
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<tbody>
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<td>133</td>
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<tr>
<td>Deceased Donor</td>
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<tr>
<td>Living Donor</td>
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<td>27</td>
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<td>14</td>
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The benefit to waitlist patients in a national paired kidney exchange program: Exploring characteristics of chain end living donor transplants.

Living donor practices in the United States.
Questions
Session Survey

Marian Charlton, RN, SRN, CCTC | April 18\textsuperscript{th} 11:30 AM-12:00 PM