In Pursuit of Living Donation
Overcoming Programmatic Challenges

Moderator
Marie Morgievich MSN, APN.C, CCTC
AVP, Transplant Clinical Services
Cooperman Barnabas Medical Center/RWJ Barnabas Health
In Pursuit of Living Donation
Overcoming Programmatic Challenges

Faculty Panel:

- **Marian Charlton, RN, SRN, CCTC**, Clinical Manager, Living Donor, Kidney Paired Donation & Outreach Programs, Department of Organ Transplant, Hackensack University Medical Center

- **Farrah Desrosiers, MS, LCSW, CCTSW**, Senior Social Worker, New York Presbyterian-Weill Cornell Transplant Program

- **Gwen McNatt, APRN, PhD, CNN, FNP-BC, FAAN** Chief Administrative Officer Organ Transplant Center, University of Iowa Health Care

- **Andrea Tietjen, CPA, MBA**; Assistant Vice President, Transplant Administrative Services, Cooperman Barnabas Medical Center, Renal & Pancreas Transplant Division, RWJBarnabas Health
In Pursuit of Living Donation: Overcoming Programmatic Challenges

• Case Study Format
• 3 challenging cases:
  - Donor Referral/Intake
  - Donor Evaluation/Clearance
  - Post Donation
Case Study
Donor Referral/Intake

Presenter:
Marie Morgievich MSN, APN.C, CCTC
AVP, Transplant Clinical Services
Cooperman Barnabas Medical Center, Renal & Pancreas Transplant Division
Case Study
Donor Referral/Intake

- Recipient: age 20, Mexican male
- ESRD dx: C3 nephropathy, proteinuria dx age 11
- Undocumented, Speaks only Spanish
- Not Medicare eligible
- Internal policy (at that time): undocumented only eligible for LKDT listing
Case Study
Donor Referral/Intake

• Father, age 38, is potential living donor
• Highly motivated to help son achieve transplant
• Speaks only Spanish, undocumented, came to U.S. at age 17
• No PCP, receives care at self-pay clinic
• Plan for LDKT is KPD so we can obtain donor protection via KPD registry for donor
Case Study
Donor Referral/Intake

• Pair wants direct LDKT, not KPD

• Some team members:
  • Don’t want to lose (1A/1B/0DR mm) excellent compatibility match between father and son
  • Concerned about risk of post donation complications/no insurance
Case Study: Donor Referral/Intake Challenges

• Recipient is not Medicare eligible

• Recipient and donor not eligible for local resources
  • For example NJ Charity Care

• Donor plans to stay in U.S. but if returns home, limited access to healthcare
Case Study: Donor Referral/Intake Discussion

- Should we screen out donors initially -
  - Whose recipient is not Medicare eligible?
  - Undocumented?
  - Risk of returning home to a country without reliable healthcare access?

- If donor not documented – no access to local charity care/other resources i.e. NLDAC (requires donor to be ‘legally admitted’ to U.S)
Case Study: Donor Referral/Intake
Discussion

• When donor not eligible for local resources
  ▪ What happens if dx medical problem during evaluation?
  ▪ Post donation complication?

• What is hospital fiscal responsibility:
  ▪ To donor during evaluation?
  ▪ Post donation complications?

• Hospitals have varying policies on payment for post-op complications
  ▪ Should hospitals give free care to kidney donors?
    ▪ But not other patients with complications?
Case Study: Donor Referral/Intake Outcome

• Transplant Center obtained donor protection via APD KPD registry

• Direct LDKT
  ▪ Pair desired to go direct LDKT with adventitious haplotype match

• Immediate graft function
  ● 1 year post
    ▪ Recipient creatinine 1.2 mg/dL
    ▪ Donor without complications
Case Study: Donor Evaluation

Presenters:
Jaclyn Bauer, MSW, LCSW
Independent Living Donor Advocate, Licensed Clinical Social Worker

Kathleen Murdock RN, BSN, CCTC
Living Donor Coordinator

Division of Organ Transplantation
Hackensack University Medical Center
Case Study: Donor Evaluation
recipient background

- Recipient candidate, age 60, female with hx poor adherence
  - Hemoglobin A1C: 12 (= average blood sugar 300)
  - Phosphorus: 9 (normal range 2.8-4.5)
  - High cardiovascular risk, 2 stents with restenosis, abnormal stress test
  - Peripheral vascular disease – calcified iliac arteries
  - Recipient ruled ‘not a candidate’ for renal txp
  - Would consider for re-evaluation with improved adherence and living donor

- After 6 months, pt. presents with improved labs/adherence & potential living donor
  - Evaluation was reopened as candidate for a LDKT only case
Case Study: Donor Evaluation

- Donor referral received
  - Daughter, age 30
  - She is a member of the transplant team staff
  - Highly motivated to donate to her mother
  - Evaluation revealed:
    - medullary sponge kidneys
    - potential psychosocial risk
Case Study: Donor Evaluation Challenges

- Complicated mother/daughter relationship
- Boundaries between donor and transplant team, especially SW evaluation
- Donor evaluations: concern about medullary sponge kidney disease
- With increased potential for a poor outcome, we considered:
  - Donor’s ability to return to workplace
  - Professional boundaries between donor and team
  - Would we consider this high-risk recipient if potential donor was not a team member?
Case Study: Donor Evaluation Discussion

- Should this donor be referred to another center for evaluation?
- Is deviating from the standard evaluations/clearance process ever appropriate?
  - Risks when donor has a personal relationship with member(s) of transplant team?
  - Risks when donor attribute (i.e., famous/outgoing/demanding) distracting to team?
- When/if to invoke shared decision making with family?
Case Study: Donor Evaluation

Outcome

- Shared decision making: Family meeting

- Multidisciplinary approach:
  - Engaged candidate’s cardiologist
  - Second opinion from community nephrologist/stone specialist

- Surgical plan

- Engaged department director to assist in boundaries for donor.
Case Study: Donor Evaluation

- LDKT Fall 2022
  - Donor recovery unremarkable, now back at work in transplant department
  - Recipient with immediate graft function, no cardiac events, Cr. 0.8 mg/dL

- Donor/recipient relationship:
  - Remains complicated but better boundaries have been established
  - Donor states no regrets and positive psychosocial outcome
Case Study: Post Donation

Presenter:
Michael Chua, MSN, RN
Living Donor Transplant Coordinator
UC San Diego, Health Center for Transplantation
Case Study: Post Donation

- Donor, age 27, father, cleared for donation to his 2 yr. old daughter
  - Nursing, Nephrology, & Surgery: No contraindications to donation

- Social work: cleared for donation
  - Donor denies history of depression, anxiety, suicidal ideation, no substance use/abuse
  - History of ADHD on Adderall, no indication for further assessment

- Dietary: Nutritionally adequate

- ILDA: No concerns
Case Study
Post Living Donation

• Post-surgical course complicated by “unmanageable pain”

• Drug seeking behavior

• Suspected opioid addiction confirmed by CURES screening tool
Case Study: Post Living Donation – Post Op Days 1-3

• Pain scale > 6 (Unrelieved pain)
• Acute Pain Service
  • “...opioid requirements appear(ed) to be more than the average kidney donor”
  • Pharmacy CURES report: inconsistent refill history for Adderall, multiple refills of oxycodone, hydrocodone and tramadol for 2 months prior to donation
• Transplant Social Worker interviewed pt.
  • Denied any type of addiction issues, but admitted to stopping Adderall for his ADHD and using hydrocodone for “sleep” and “worsening anxiety.”
  • Psychiatric resources were provided with a strong recommendation he seek assistance.
• Pharmacy developed robust DC weaning plan
• Despite interventions, ongoing drug seeking behavior
• Multiple ED admissions for pain

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Plan continues to decrease overall consumption of the course of 2 weeks
Case Study
Post Living Donation

- Re-examination of historical screening practices
  - Online intake, ILDA and social work evaluation all focused on self-disclosure
  - No routine substance screening

- New screening protocol to detect substance use or abuse developed and implemented but with some unintended consequences
Case Study: Post Living Donation Discussion

- Should we drug screen all patients? Regardless of evaluation?

- Does a positive toxicology (drug) or PEth (alcohol) screen automatically rule out a living donor for your program?
  - Use vs. Abuse
  - Clinical picture
  - Donor medication history and refills
Case Study: Post Living Donation Discussion

• Should evaluation criteria be changed for all future donors based on outcome of one donor?
• Should exceptions be made to selection criteria based on:
  ▪ Donor motivation
  ▪ Donor & recipient relationship
  ▪ When recipient is a child
• How many future donors will be ruled out when protocol changed:
  ▪ Paternalism
  ▪ Risk tolerance
  ▪ Impact on volume of transplants
Case Study: Post Living Donation Outcome

• New protocol requires all potential donors undergo substance use testing during their evaluation
  • Interpreting results (particularly for PETH)
  • Ethical challenges in defining substance use vs abuse
  • Ongoing interdisciplinary debate
  • Potentially adding barrier to donation
• Donor appears stable at 6 month and 1 year follow up
• Recipient’s status: excellent graft function

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<td>Recommend no use 30 days prior to donation</td>
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<td>contraindication</td>
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<td>Marijuana</td>
<td>Discouraged but not a</td>
<td>Recommend no use 30 days prior to donation</td>
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<td>Opioids or Narcotics</td>
<td>Relative Contraindication</td>
<td>May be required to be evaluated by a Pain Management Specialist or to</td>
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<td>participate in a weaning protocol prior to donation</td>
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<td>Methadone</td>
<td>History of use = Relative</td>
<td>Required evaluation by a Pain Management Specialist, complete a</td>
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<td>Contraindication Current use =</td>
<td>methadone-weaning program and provide evidence of completion prior</td>
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<td>Alcohol</td>
<td>Generally discouraged but not</td>
<td>Dependent on PETH and correlation correlated with known or reported</td>
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Additional Comments?
Questions for case study presenters? Faculty?

Thank you for your participation
Session Survey

Marie Morgieovich, MSN, BSN, RN, APN.C. | April 18th 12:00 PM-1:00 PM