LOMA LINDA UNIVERSITY MEDICAL CENTER

OPERATING POLICY

DEPARTMENT: TRANSPLANTATION INSTITUTE
CODE: (637) M-1
EFFECTIVE: 02/28/2018
CATEGORY: CLINICAL MANAGEMENT
REPLACES: 02/2012
Also (637) M-3 10/13, M-5 2/12, M-8 2/14, M-16 10/13, P-1 10/13
SUBJECT: LIVING KIDNEY DONATION

I. LIVING KIDNEY DONOR TEAM COMPOSITION

A. The living donor team is comprised of representatives from essential multidisciplinary fields. All members of the living donor multidisciplinary team will document, in the patient's electronic medical record, their involvement during the evaluation, donation, and discharge planning phases of donation as applicable

B. The living donor multidisciplinary team shall be composed of, but not limited to, representatives from the following disciplines with the appropriate qualifications, training, and experience:

1. Surgical (Living Donor Surgeon)
2. Medical (Independent Nephrologist)
3. Nursing
4. Transplant Nurse Coordinator
5. Independent Living Donor Advocate (ILDA)
6. Social Services
7. Financial Coordination
8. Nutritional Services
9. Pharmacology

C. Specialty areas and services available for consultations as needed include, but are not limited to, the following:
   1. Anesthesiology
   2. Blood Bank
   3. Cardiology
   4. Clinical Lab
   5. HLA/Immunology
   6. Infectious disease
   7. Pathology
   8. Pulmonology
   9. Radiology

D. Centers for Medicare and Medicaid Services (CMS) and United Network for Organ Sharing (UNOS) shall be notified within 7 business days of any key staff changes (e.g. a change in the individual the transplant center designated the OPTN as the center's "primary transplant surgeon" or "primary transplant physician"), changes to clinical experience and outcomes (e.g. any significant event that is expected to decrease the number of transplants or survival rates that could result in noncompliance), termination of an agreement with the Organ Procurement Organization (OPO), or inactivation of the program

E. Should changes occur in any aspect of the program operations that could impact a patient's ability to receive a transplant, he/she shall receive written notification within 7 business days

II. LIVING KIDNEY DONOR INFORMED CONSENTS

A. Informed consents shall be obtained for complex medical treatments, procedures, and all operations. The Living Donor Physician, Transplant Nurse Coordinator, ILDA, Financial Coordinator and/or Social Worker shall discuss informed consents with the patient prior to donation; consents shall be placed in the patient's electronic medical record.

B. The living donor shall be fully informed by a Living Donor Physician, Transplant Nurse Coordinator, ILDA, Financial Coordinator and/or Social Worker of the following, including, but not limited to:

1. The evaluation process, including, but not limited to:
    a. Results of the physical evaluation including a discussion of how any current health issues or medication regimen could be affected by the donation or could affect the donor's recovery post-donation
    b. Suitability for donation
    c. Results of laboratory and potential living donor specific diagnostic testing
    d. Relevance of any psychosocial issues related to donation
    e. Financial responsibilities resulting from the living donation as well as post-donation expenses. This includes the potential for out-of-pocket costs if the potential living donor has complications from the surgery, needs medication following discharge, and for follow-up testing or a physical examination so that the center can report the potential living donor's status to the OPTN
    f. The potential living donor must be advised that the transplant program cannot require him or her to pay for post-donation testing or examination for follow-up purposes
2. The surgical procedure and post-operative treatment, including, but not limited to:
    a. Risks associated with surgery (e.g. scars, pain, fatigue)
    b. Risks and effects of general anesthesia
    c. The possible need for blood transfusion and the risks involved with the use of blood or blood products
    d. Expected post-surgical course and discomforts (e.g. possible need for artificial ventilation, pain, bleeding, infection)
    e. Termination of the surgery with any indication that the living donor is at risk of significant complications or death during the surgery
    f. The risks of living with one kidney after donation
    g. No medical benefit to donating
3. Alternative treatments for the transplant candidate, including, but not limited to:
    a. Begin or maintain dialysis treatment
    b. Wait for a deceased donor organ
4. Potential medical/surgical, psychosocial and financial risks:
    a. Medical/surgical risks, including, but not limited to:
        i. Allergic reactions to contrast
        ii. Discovery of abnormalities that may create the need for unexpected decisions on the part of the transplant team
        iii. Decreased kidney function
        iv. Abdominal symptoms (e.g. bloating, nausea, developing bowel obstruction)
        v. Wound infection
        vi. Pneumonia
        vii. Blood clot formation
        viii. Organ failure

ix. Arrhythmias and cardiovascular collapse
x. Kidney failure and the potential need for dialysis or organ transplant later on in life
xi. Death

b. Psychosocial risks, including, but not limited to:
i. Body image
ii. Depression
iii. Post-Traumatic Stress Disorder (PTSD)
iv. Generalized anxiety
v. Anxiety regarding dependence on others while recovering from donation
vi. Feelings of guilt (e.g. if recipient experiences recurrent disease or if the recipient dies)
vii. Substance and alcohol abuse and how it may impact the success or failure of transplantation

c. Financial risks, including, but not limited to:
i. Discovery of abnormalities that may require further testing at the donor's expense
ii. Loss of employment or income
iii. Possibility of future health problems related to donation may not be covered by the donor's insurance carrier
iv. Possibility that attempts to obtain medical, disability, and life insurance in the future may be jeopardized
v. Possibility of denial of coverage
vi. Alternative financial resources shall be discussed

5. National and transplant center-specific outcomes, including, but not limited to:
a. Transplant center's current 1 year post-survival and graft survival rate
b. How these rates compare to the national averages
c. Whether latest reported outcome measures in the SRTR Center Specific Report comply with Medicare's outcome requirements
d. The center's outcomes for living donors including rate and type of complications (pre-discharge and long term) and living donor deaths
e. National outcomes for living donors, as available
f. Types of outcomes for living donors that are not calculated due to insufficient national data (such as long term outcomes for living donors) as appropriate
6. Donor's right to opt out of donation
a. Donor's right to withdraw consent for donation at any time during the process and that he or she understands this right
b. Option of being evaluated at another recovery hospital if donor is refused as a candidate

7. If a transplant is not provided in a Medicare-approved transplant center it could affect the transplant beneficiary's ability to have his or her immunosuppressive drugs paid for under Medicare Part B.
8. Confidentiality
    a. Any communication between the potential living donor and the transplant center shall remain confidential, subject to authorized release under certain circumstances (e.g. reporting donor information to OPTN)

III. LIVING KIDNEY DONOR SELECTION PROCESS

A. The prospective living donor shall undergo a comprehensive selection process with the transplant multidisciplinary team that is consistent with the general principles of medical ethics

B. The potential living donor shall receive initial screening, education, and evaluation prior to approval for donation, which shall be documented in the donor's electronic medical record by:
1. Transplant Nurse Coordinator
2. ILDA
3. Social Worker (with a Masters of Social Work (MSW) or a Licensed Clinical Social Worker (LCSW))
4. Independent Nephrologist
5. Living Donor Surgeon
6. Financial Coordinator
7. Registered Dietitian
    a. Nutrition services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation.
8. Pharmacist
    a. Pharmacology services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation

C. The living donor evaluation, both medical and psychosocial, shall be completely independent of the recipient. Neither the recipient, nor anyone with vested interest in the recipient's transplant, shall be present during the living donor's confidential evaluation process. Medical and psychosocial evaluations are deemed to be current for 1 year unless otherwise indicated by the multidisciplinary team

D. The living donor medical evaluation must be performed by the recovery hospital and by

a physician or surgeon experienced in living donation. Documentation of the medical evaluation must be maintained in the donor medical record. The medical evaluation must include, but is not limited to, evaluation for and assessment of the following components:

1. General donor history
2. General family history
3. Social history
4. Physical Exam
5. General laboratory and imaging tests
6. Transmissible disease screening
9. Seasonal or geographically defined endemic transmissible diseases
10. Cancer screening consistent with American Cancer Society (ACS)
11. Kidney specific donor and family history
12. Metabolic testing
13. Kidney-specific tests
14. Anatomic assessment

E. The Selection Committee members as a consensus, shall approve, deny or request more clinical testing of the potential living kidney donor per the Transplantation Institute's donor selection criteria. The committee shall be comprised of, but is not limited to, the following individuals with the appropriate qualifications, training, and experience:

1. Living Donor Surgeon(s)
2. Independent Nephrologist(s)
3. Transplant Nurse Coordinator
4. Social Worker
5. HLA/Immunology representative
6. ILDA
7. Registered Dietitian
8. Pharmacist

F. After initial screening, education, and evaluation of the potential living kidney donor, the Transplant Nurse Coordinator shall present the donor to the Selection Committee at which time the Selection Committee shall decide to:

1. Approve for donation: living donor shall be informed of approval, written and/or oral, within 10 business days of presentation at the Selection Committee
2. Deny donation due to medical and/or psychosocial reasons: living donor shall be informed of denial, written and/or oral, within 10 business days of presentation at the Selection Committee
3. Request further testing: living donor shall be informed of needed test(s), written and/or oral, within 10 business days of presentation at the Selection Committee

a. When further testing is requested by the Selection Committee, further testing will be completed and the clinical information will be documented in the patient's electronic medical record. The living donor will then be brought back to the Selection Committee for approval or denial

G. Once the potential kidney living donor has been approved, the Transplant Nurse Coordinator and/or Transplant Patient Assistant shall arrange donor surgery and recipient transplant

IV. ALTRUISTIC LIVING KIDNEY DONOR SELECTION PROCESS

A. The prospective altruistic living kidney donor consents to donate his/her kidney to someone unrelated/unknown to them and makes his/her donation out of selfless motives. The altruistic living donor shall undergo a comprehensive evaluation process with the transplant multidisciplinary team that is consistent with the general principles of medical ethics

B. The prospective altruistic living kidney donor shall receive initial screening, education, and evaluation by:

1. Transplant Nurse Coordinator
2. ILDA
3. Social Worker (with a Masters of Social Work (MSW) or a Licensed Clinical Social Worker (LCSW))
4. Independent Nephrologist
5. Living Donor Surgeon
6. Financial Coordinator
7. Registered Dieititian
    a. Nutrition services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation.
8. Pharmacist
    b. Pharmacology services may be phased out if no specific needs are identified and documented during donor evaluation, or if not specifically warranted in future phases of donation

C. The living donor evaluation, both medical and psychosocial, shall be completely independent of the recipient. Neither the recipient, nor anyone with vested interest in the recipient's transplant, shall be present during the living donor's confidential evaluation process. Medical and psychosocial evaluations are deemed to be current for 1 year unless otherwise indicated by the multidisciplinary team

D. Altruistic donors must be evaluated and cleared by psychiatry

E. The Selection Committee members as a consensus, shall approve, deny or request more clinical testing of the potential living kidney donor per the Transplantation Institute's donor selection criteria. The committee shall be comprised of, but is not limited to, the following individuals with the appropriate qualifications, training, and experience:
   1. Living Donor Surgeon(s)
   2. Independent Nephrologist(s)
   3. Transplant Nurse Coordinator
   4. Social Worker
   5. HLA/Immunology Representative
   6. ILDA
   7. Registered Dietitian
   8. Pharmacist

F. After initial education, evaluation, and screening of the potential living kidney donor, the Transplant Nurse Coordinator shall present the donor to the Selection Committee at which time the Selection Committee shall decide to:
   1. Approve for donation: living donor shall be informed of approval, written and/or oral, within 10 business days of presentation at the Selection Committee
   2. Deny donation due to medical and/or psychosocial reasons: living donor shall be informed of denial, written and/or oral, within 10 business days of presentation at the Selection Committee
   3. Request further testing: living donor shall be informed of needed test(s), written and/or oral, within 10 business days of presentation at the Selection Committee
      a. When further testing is requested by the Selection Committee, further testing will be completed and the clinical information will be documented in the patient's electronic medical record. The living donor will then be brought back to the Selection Committee for approval or denial

G. The selection process for a recipient of an altruistic donor may include the following:
   1. Consider paired donation
   2. Perform a UNOS match run from the deceased donor active list
   3. Perform cross-match on 5-10 candidates from list
   4. Obtain medical review of candidates' condition in order to optimize longevity of kidney in recipient (consider those with no chronic medical condition, such as diabetes)

H. Once the potential altruistic living kidney donor has been approved, the Transplant Nurse Coordinator and/or Transplant Patient Assistant shall arrange donor surgery and recipient transplant

V. LIVING DONOR AND LIVING DONOR KIDNEY RECIPIENT ABO VERIFICATION

A. Validation of donor-recipient matches and other vital data before a living donor organ is recovered and transplanted is essential for the safety of the patient and the living donor and maximizes the chance of a successful transplant

B. Pre Donation:

1. The potential living kidney donor, upon initial evaluation, shall have blood drawn at the Loma Linda University Medical Center Clinical Laboratory (or closest laboratory center) to identify ABO blood type (and subtype if applicable) and to complete a HLA crossmatch test to confirm tissue compatibility with the transplant recipient. If the test results in a compatible crossmatch, the living donor shall proceed with further testing
2. The living donor shall have a second ABO typing (and subtyping if applicable) blood draw to confirm type and compatibility. Confirmatory ABO typing (and subtyping if applicable) must be submitted as two separate samples with different collection times. Results must indicate the same blood type (and subtype if applicable) before proceeding with the kidney donation process
    a. Subtyping must be completed using pre-red blood cell transfusion samples and must be completed according to the following requirements:
        i. If the donor's primary blood type is A, a second subtyping must be completed if the first subtype result is A, non-A_1
        ii. If the donor's primary blood type is AB, a second subtyping must be completed if the first subtype results is AB, non-A_1B
3. Two different Transplant Nurse Coordinators shall verify and enter the living donor ABO blood type (and subtype if applicable) into the UNet^{SM} system using all blood type (and subtype if applicable) determination source documents. ABO verification documentation shall be placed in the donor's electronic medical record
    a. All ABO typing (and subtyping if applicable) results reported into the UNet^{SM} system must be from two separate tests indicating the same result. If there are conflicting subtype results, the subtype results must not be reported into the UNet^{SM} system and living donor transplant compatibility or allocation must be based on the primary blood type
    b. All conflicting ABO blood type and subtype results will be resolved as per Clinical Laboratory policy *TRM-C-0308 Resolution of ABO Discrepancies*
4. A UNOS number shall be obtained prior to surgery date
5. ABO source documents, demographics, HLA crossmatch, and UNOS ID shall be sent to the Operating Room to use for verification purposes
6. Organ laterality shall be verified by reviewing surgical consult, committee discussion, and/or UNet^{SM} documentation

C. Pre-Recovery Verification:
1. After the living donor arrives to the Operating Room and *prior* to induction of anesthesia, it shall be the responsibility of the Living Donor Surgeon and another licensed healthcare professional (Operating Room Nurse):
    a. To verify the organ being recovered is from the correct living donor and will be transplanted into the correct intended recipient identified by verifying the following information:
        i. Donor ID using at least one of the following: donor identification band containing the donor ID or donor identification band and OPTN computer system
        ii. Organ type and laterality using the OPTN computer system
        iii. Donor blood type (and subtype if applicable) using source documents
        iv. Intended recipient unique identifier using at least one of the following: recipient medical record or OPTN computer system
        v. Intended recipient blood type using at least one of the following: recipient medical record or OPTN computer system
        vi. Donor and intended recipient are blood type compatible (or intended incompatible) using at least one of the following: OPTN computer system, recipient medical record, or attestation following verification of donor and recipient blood types
        vii. Correct donor organ has been identified for the correct intended recipient using at least one of the following: donor medical record, OPTN computer system, attestation following verification of donor ID, organ, and recipient unique identifier

D. Organ Receipt:
1. Check-in (when applicable)
    a. Organ check-in is required any time a living donor kidney is recovered outside the facility where the transplant will take place
    b. Organ check-in must be completed upon arrival to the Operating Room prior to opening the organ's external transport container
    c. The Operating Room Nurse (Charge Nurse or Circulating Nurse) must use the OPTN external organ label to confirm that the label contains the expected:
        i. Donor ID
        ii. Organ type and laterality
    d. Organ check-in shall be documented in the Operating Room log
    e. If the donor ID, organ type or laterality label information conflicts with the expected information, then the Operating Room Charge Nurse or Circulating Nurse will immediately notify the surgeon and Transplant Nurse Coordinator on-call

i. Transplant Nurse Coordinator is responsible for notifying:
   1) The transplant administrator(s)
   2) The host OPO as soon as possible, but within one hour, of the determination

E. Pre-Transplant Verification:

1. Pre-Transplant Verification Prior to Organ Receipt
   a. If the recipient surgery will begin prior to organ receipt, a pre-transplant verification must be completed and include all of the following requirements:
      ii. The intended recipient must be present in the operating room
      iii. The verification must occur either:
         a) Prior to induction of general anesthesia
         b) Prior to incision if the patient has been receiving continuous sedation prior to arrival in the operating room
      iv. Two licensed health care professionals (Operating Room Nurse(s) and/or transplant surgeon) must use at least one of the acceptable sources during the pre-transplant verification prior to organ receipt to verify all of the following information
         a) Expected donor ID, using at least one of the following:
            i) OPTN computer system
            ii) Recipient medical record
         b) Expected organ, using at least one of the following:
            i) OPTN computer system
            ii) Recipient medical record
         c) Expected donor blood type and subtype (if used for allocation), using at least one of the following:
            i) Donor blood type and subtype source documents
            ii) OPTN computer system
         d) Recipient unique identifier, using at least one of the following:
            i) Recipient identification band
         e) Recipient blood type, using at least one of the following:
            i) OPTN computer system
            ii) Recipient blood type and subtype source documents
            iii) Recipient medical record
         f) Expected donor and recipient are blood type compatible (or intended incompatible), using at least one of the following:
            i) OPTN computer system
            ii) Recipient medical record
            iii) Attestation following verification of donor and recipient blood types

2. Pre-Transplant Verification Upon Organ Receipt

a. At the time of organ receipt in the operating room, a pre-transplant verification must be completed and include all of the following requirements:
    i. The intended recipient must be present in the operating room
    ii. The verification must occur after the organ arrives in the operating room, but prior to anastomosis of the organ
    iii. The transplanting surgeon and another licensed health care professional (Operating Room Nurse) must use at least one of the acceptable sources during the pre-transplant verification prior to organ receipt to verify all of the following information
        a) Donor ID, using at least one of the following:
            i) External and internal organ package labels
            ii) Documentation with organ
        b) Organ and laterality, using at least one of the following:
            i) Organ received
        c) Donor blood type and subtype (if used for allocation), using at least one of the following:
            i) Donor blood type and subtype source documents
        d) Recipient unique identifier, using at least one of the following:
            i) Recipient identification band
        e) Recipient blood type, using at least one of the following:
            i) Recipient blood type source documents
            ii) Recipient medical record
        f) Donor and recipient are blood type compatible (or intended incompatible), using at least one of the following:
            i) OPTN computer system
            ii) Recipient medical record
            iii) Attesting following verification of donor ID, organ, and recipient unique identifier
        g) Correct donor organ has been identified for the correct recipient, using at least one of the following:
            i) Recipient medical record
            ii) OPTN computer system
            iii) Attestation following verification of donor ID, organ, and recipient unique identifier
    v. The pre-transplant verification upon organ receipt must be completed according to the requirements listed above and documentation of the verification must be maintained in the recipient's electronic medical record

a. In the event of a discrepancy found during the donor-recipient verification process, the licensed health care professional (Operating Room Nurse), shall:

i. Immediately notify the Transplant Surgeon and Transplant Nurse Coordinator on-call
   a) Transplant Nurse Coordinator is responsible for notifying the transplant administrator(s)
ii. Allow the organ to remain in the operating room until discrepancy is resolved
iii. Transplant Surgeon will make the final decision whether to proceed with the transplant

VI. LIVING KIDNEY DONOR POST-DONATION FOLLOW-UP

A. It shall be the responsibility of the multidisciplinary team to evaluate the patient during the donation and discharge-planning phases of donation and to coordinate the discharge plan for each donor. Involvement in care by members of the multidisciplinary team will be documented in the patient's electronic medical record as applicable

B. The living donor multidisciplinary team shall be composed of, but is not limited to, representatives from the following disciplines with the appropriate qualifications, training, and experience:
1. Living Donor Surgeon
2. Independent Nephrologist
3. Transplant Nurse Coordinator
4. Nutritional Services
5. Social Services
6. Pharmacology
7. ILDA
8. Nursing

C. The living donor's post-discharge plan may include, but is not limited to the following:
1. Follow-up appointment(s)
2. Contact numbers of transplant program staff that should be contacted for questions
3. Clinical signs and symptoms, specifically indicative of a potential complication from donation that would necessitate a call to the doctor
4. Nutrition plan (as applicable)
5. A patient specific psychosocial plan as applicable (e.g. post-donation adjustment)
6. Activity restrictions and limitations (e.g. driving after taking pain medications)
7. Assessment of need for other health services (e.g. physical, occupational, or speech therapies, home care, and assistance in securing these health services)
8. Medication and administration as applicable (e.g. donor's schedule for taking medication and the process to obtain the medication)

9. Assistance required to access local medical care, equipment, and/or support as applicable
10. Encourage follow-up with primary care physician for long term health maintenance

D. Upon discharge:
1. The living donor shall have post-donation follow up visits at:
    a. 1, 6, 12, and 24 month(s) for testing (e.g. blood pressure, weight, serum creatinine, and urine protein); additional visits will be at the discretion of the living donor team

E. Optimize adherence of donor follow-up regimen by:
1. Discussing long term follow-up plan prior to donation, during the evaluation phase
2. Reinforcing the discharge plan at time of scheduling donation surgery
3. Discussing with the donor the necessary communication between the living kidney donor team and the primary care physician to plan follow-up visits
4. Sending a reminder letter one month prior to follow-up visits
5. Calling the living kidney donor to follow-up on scheduled appointment

VII. INDEPENDENT LIVING DONOR ADVOCATE

A. The ILDA functions independently from the recipient's transplant team and is not involved in the decision making process of the recipient's transplant suitability

B. Team composition
1. ILDA

C. Qualifications and training
1. Basic knowledge of living donation, transplantation, medical ethics, informed consent, and potential impact of family or other external pressures on donor's decision to donate
2. Review of ILDA training manual
3. Attendance to national living donor conferences

D. Duties/Responsibilities
1. Conduct initial evaluations, inpatient visit post-donation, and additional visits as needed
2. Function independently from recipient's transplant team
3. No involvement in the recipient's evaluation
4. Protect and promote/advocate the interests of the living donor
5. Discuss with living donor and document in the patient's electronic medical record, the topics described below, including, but not limited to:

a. Emotional/psychological aspects of living donation
b. Any family or external pressures that impact the potential living donor's decision about whether to donate
c. The potential living donor's current medical history and its implications for the suitability of the potential living donor, and possible long-term clinical implications of the organ donation
d. The living organ donation process
e. Financial aspects of living donation
f. Various options for the transplant recipient other than an organ donation from the living donor
g. The required areas of informed consent for the potential living donor

6. Evaluate donor's understanding of donor process and informed consent through discussion
7. Assist donor in obtaining additional information or clarification regarding any aspect of the donor process that is unclear
8. Evaluate through discussion whether the donor's desire to donate is free from coercion or monetary gain
9. Ensure donor's understanding of their right to withdraw from donation at any time in the process
10. Review and document whether the living donor has received information on each of the following areas and assist the donor in obtaining additional information from other professionals as needed about the:
    a. Informed consent process
    b. Evaluation process
    c. Surgical procedure
    d. Follow-up requirements, and the benefit and need for participating in Loma Linda University Medical Center's requirements as a recovery hospital

E. Grievance process
1. The ILDA shall contact the Patient Relations department to file grievances
2. The Patient Relations department shall then follow their internal processes for addressing grievances
3. Any grievance raised by the ILDA concerning the rights or best interests of the living donor should be reported as defined in the following policy: Reporting of Quality Concerns (T-58).

INITIATOR OF ACTION	ACTION
Financial Coordinator	

1. Ensures donor is educated and aware of possible insurance/financial risks after donation
2. Thorough financial counseling regarding financial coverage of donation through Kidney Acquisition Cost Center (KACC) funds
3. Financial obligations the living donor may incur for future health problems not covered by recipient's insurance
4. Understanding personal expenses of travel, housing, and lost wages are not reimbursed
5. Understanding of potential impact on ability to obtain future employment
6. Understanding of potential impact on ability to obtain health, disability, and life insurance
7. Financial responsibilities resulting from the living donation as well as post-donation expenses. This includes the potential for out-of-pocket costs if the donor has complications from the surgery, needs medication following discharge, or is expected to undergo follow-up testing or a physical examination so that the center can report the donor's status to the OPTN

Independent Living Donor Advocate

1. Ensures donor is aware of rights and risks/benefits
2. Ensures donor understands that risks may be transient or permanent
3. Addresses any concerns with the living donor team
4. Evaluates the living donor for candidacy and post-donation medical well-being
5. Champion for donor, addresses donor questions/concerns with Selection Committee
6. Meets independently from the recipient's transplant team with donor
7. Emphasize donor's education regarding the donation process
8. Present donor concerns/questions to Selection Committee as needed

9. Provides input for donor candidacy at Selection Committee
10. Conduct initial evaluations, inpatient visit post-donation, and additional visits as needed
11. Protect and promote/advocate the interests of the living donor
12. Discuss the informed consent process, evaluation process, surgical procedure, medical and psychosocial risks, and benefit and need of required post-donation follow-up (at 6, 12, and 24 months).
13. Evaluate donor's understanding of the donation process through discussion.
14. Evaluate donor's desire to donate is free from coercion, inducement, or monetary gain.
15. Discusses potential impact of family or other external pressure to donate
16. Ensure donor understands their right to withdraw from donation at any time in the process.

Independent Nephrologist

1. Nephrologist who has not been involved with recipient evaluation
2. Performs a comprehensive history and physical examination on living donor
3. Participates in Selection Committee
4. Educate/inform patient regarding the evaluation process, risks/benefits to surgery, surgical procedure, center outcomes, and patient rights

Living Donor Physician

1. Living Donor Surgeon or Independent Nephrologist

Living Donor Surgeon

1. Performs living donor surgery
2. Participates in living donor selection process/Selection Committee
2. Evaluates donor in clinic
3. Emphasize donor education regarding the donation process

4. Performs comprehensive history and physical examination of donor
5. Evaluates donor's desire to donate is free from coercion, inducement, or monetary gain
6. Provides input regarding donor candidacy during Selection Committee
7. Verify recipient and donor ABO compatibility, UNOS ID, date of birth, and other patient identifiers before recovering and/or transplanting the donor organ. Document verification on the *ABO Verification and Transplant Ischemic Data Form*
8. Discharge patient from inpatient stay
9. Sees patient in clinic
10. Adjusts medications as needed

Operating Room Nurse

1. Verify ABO compatibility by comparing recipient ABO lab draw and ABO on donor records; verbal confirmation with both recipient and donor; UNOS number; as well as verifying Date of Birth before transplanting and/or recovering the organ
2. Document verification on the *ABO Verification and Transplant Ischemic Data Form*

Pharmacist

1. Reviews donor medications during evaluation phase
2. Participates in Selection Committee
3. Reviews discharge medications with patient as needed.

Registered Dietitian

1. Conducts nutritional counseling regarding diet restrictions and healthy eating habits during evaluation and as needed thereafter
2. Dietetic consultation
3. Educate/outline nutrition plan

Selection Committee

1. Approve for donation, deny or request additional testing

Social Worker

1. Conduct donor evaluation independent of recipient
2. Ensures donor is aware of rights, risks/benefits
3. Addresses donor questions/concerns with Selection Committee members
4. Emphasize education regarding the evaluation process, risks/benefits, center outcomes, and patient rights
5. Meets independently with donor
6. Give input for donor candidacy at Selection Committee
7. Evaluates donor's social, personal, housing, vocational, financial, and environmental support throughout all phases of donation
8. Assesses the living donor's ability to make an informed decision and that their decision to donate is free from inducement, coercion, or undue pressure
9. Assesses the donor's ability to cope with major surgery and related stress
10. Evaluates any psychosocial issues, including mental health history that might complicate the living donor's recovery
11. Evaluates donor's history of smoking, alcohol, and drug use/abuse
12. Evaluates the presence of behaviors that may increase risk for disease transmission as defined by the *U.S. Public Health Service (PHS) Guideline*
13. Discusses with the donor the short and long-term medical and psychosocial risks for both the donor and the recipient associated with living donation
14. Identifies factors that warrant educational or therapeutic intervention prior to the final donation decision
15. Refers donor to a mental health professional if donor is in need of more extensive evaluation

Transplant Nurse Coordinator

1. Ensures the continuity of patient care throughout all phases of donation
2. Emphasize education regarding the evaluation process, risks/benefits, center outcomes, and patient rights
3. Reviews and verifies donor history and physical questionnaire
4. Initiate living donor education
5. Order ABO blood typing
6. Present donor to Selection Committee
7. Register patient with UNOS
8. Coordinate living donor testing/surgery date
9. Obtain ABO blood type from donor via two separate source documents and have a second licensed healthcare professional verify ABO was entered correctly on the Living Donor Feedback Form. Place documentation in the living donor's electronic medical record
10. Requests crossmatch and reviews results with physician to determine compatibility
11. Reinforce post-donation education
12. Coordinates post-donation clinic visits
13. Forwards donor requests for referrals for other health care services to patient's primary care physician for follow-up
14. Triages patient calls

Transplant Patient Assistant

1. Transplant Nurse Coordinator with tests/consultation(s) scheduling and patient contact as needed

Transplant Surgeon

1. Performs transplant surgery and surgical services related to transplant
2. Takes organ offer call
3. Verify ABO compatibility by comparing recipient ABO and donor ABO from donor records before transplanting the organ
4. Verify OPTN (UNOS) donor ID and HLA crossmatch are acceptable
5. Document verification on *ABO Verification & Transplant Ischemic Data Record*

Unit Nurse

1. Conduct post-donation education
2. Make note of any patient requests for need of other services
3. Reviews discharge medications with patient as needed

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