

**Maine Medical Center
Maine Transplant Program
Policies and Procedures
Living Donor Follow up Policy**

Purpose:

To outline a uniform Policy and Procedure for the comprehensive follow up for living kidney donors in the Maine Transplant Program.

Policy: The comprehensive medical follow up of living kidney donors is seen as essential to the health and safety of both the living donor and the recipient. The Transplant Program Living Donor Team will be responsible to communicate follow up requirements, needs and benefits to the living donor prior to donation, and complete and document this follow up in a timely manner. Living donor follow up will be conducted in accordance with UNOS Policy 14 and 18.5 and 18.6.

Procedure:

1. Living donor candidates will be educated regarding the requirements, need for, and benefit of comprehensive follow up after donation as part of the informed consent process.
2. The Independent Living Donor Advocate (ILDA) will reeducate and confirm the donor understanding of these requirements, need for, and benefit of follow up during his/her assessment.
3. The living donor follow up period will be for a minimum of two years post donation, during which time three UNOS forms will be required: 6 month, 1 year, and 2 years. Additional UNOS reporting may be needed in the event of a safety concern per events outlined in UNOS Policy 18.6.
4. Donors are reeducated by the Living Donor Team during their inpatient stay and prior to discharge about the requirements, need for, and benefit of follow up by the Living Donor Team and their primary care physician (as appropriate).
5. Living donor follow up may occur via in person visits, telehealth, email communication, telephone communication, or a combination of these communication methods.
6. Donors will be scheduled for an initial post-operative follow up appointment within ten days of their discharge. Donors who are traveling to out of state or distant locations post donation are strongly encouraged to remain in the local area for this visit.
7. Living donor required laboratory testing will include serum creatinine and urine protein. Follow up lab orders will include: basic metabolic panel, urinalysis, hemoglobin A1C (if at risk for diabetes), and micro albumin. Additional information gathered during follow up visits includes: donor status, employment status, insurance loss due to donation, hospital readmissions, kidney complications, need for dialysis as an ESRD patient, donor developed hypertension requiring medication, diabetes, and cause of death if applicable and known.
8. UNOS forms will be completed in a timely manner, by due date, using the documentation sources outlined below. Donor information may be gathered directly from the donor by the RN Coordinator and/or the Medical Assistant using an Epic Smart Phase for inclusion in the EMR.
9. Per UNOS Policy, the Transplant Program will report complete and timely follow up data for donor status and clinical information using the LDF form for at least 80% of living kidney donors.
10. Per UNOS Policy, the Transplant Program will report complete and timely follow up kidney laboratory data using the LDF form for at least 70% of living kidney donors.
11. Data completion will be tracked on the Living Donor Quality Assessment and Performance Improvement (QAPI) dashboard and presented to the Committee at quarterly intervals.

Living Donor Follow up (Tiedi Documentation)

DONOR STATUS

Data Element	Documentation Source
Date of Initial Discharge	Epic EMR
Date of last contact or death	Epic EMR
Most Recent Donor Status since	Donor Report/Epic EMR
Attempts to Contact	Epic EMR
Cause of Death (specify)	Epic EMR
Functional Status	Donor Report/PCP Note/Epic EMR
Physical Capacity	Donor Report/PCP Note/Epic EMR
Working for Income	Donor Report/Epic EMR
Loss of Insurance Due to Donation	Donor Report/Epic EMR

CLINICAL INFORMATION

Current weight	Donor Report/PCP Note/Epic EMR
ER or urgent care visit related to donation since last follow up	Donor Report/PCP Note/Epic EMR

KIDNEY CLINICAL INFORMATION

Serum Creatinine	Lab Results/Epic EMR
BP	Donor Report/PCP Note/Epic EMR
Donor Developed Hypertension Requiring Medication	Donor Report/PCP Note/Epic EMR
Urinalysis: Urine Protein or Protein –Creatinine Ratio	Lab Results/Epic EMR
Diabetes/Treatment	Donor Report/PCP Note/Lab Results/Epic EMR

COMPLICATIONS

Has donor been readmitted since	Donor Report/Epic EMR/PCP Note
First date of readmission	Donor Report/Epic EMR/PCP Note
Reason for first readmission	Donor Report/Epic EMR/PCP Note
Regularly administered dialysis as an ESRD patient	Donor Report/Epic EMR/PCP Note
If yes, date first dialyzed	Donor Report/Epic EMR/PCP Note
Kidney complications since	Donor Report/Epic EMR/PCP Note/Surgeon note
If yes, specify	Donor Report/Epic EMR/PCP Note/Surgeon note

RECIPIENT INFORMATION

Name	Epic EMR
Transplant Date	Epic EMR

SSN	Epic EMR
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Original date: August 31, 2021

Review dates:

Policy Champion: Juan Palma Vargas, MD, Living Donor Director