



**NEPHROLOGY PROGRAM
DEPARTMENT POLICIES AND PROCEDURES**

**Renal Transplant Program - SECTION 2 – Clinical Practice – RTP Neph 2.16
Living Kidney Donor Evaluation and Care Pre and Post Donor Nephrectomy**

No. : 01594 (TOH Standardized Policy Number)

ISSUED BY: Renal Transplant Steering Committee Nephrology Steering Committee Living Donor Working Group	DATE OF APPROVAL: 2006/11
APPROVED BY: Program Clinical Director and Division Head Medical Director Renal Transplantation – Dr. Greg Knoll	LAST REVIEW/REVISION DATE: 2018/08
Signature: <i>G. Knoll</i> Date: 08/2018 Medical Advisory Committee	
CATEGORY: Clinical Practice	IMPLEMENTATION DATE: 2006/11

POLICY STATEMENT:

To identify the standard operating procedures (SOP) used for the evaluation and approval of persons offering to donate a kidney through a Living Donor (LD) Transplant, Non-Directed Anonymous Donation (NDAD) and Kidney Paired Donation (KPD) at The Ottawa Hospital.

DEFINITION(S):

The Members of The Ottawa Hospital Renal Transplant Program and the Canadian Society of Transplantation support altruistic “Good Samaritan” live organ donation when the donation is in accordance with publicly disclosed institutional, regional, Organ Procurement Organization and Canadian Standards Association standards.

Kidney transplantation from a living donor (LD) is a preferred treatment option for end-stage renal disease. There are several advantages to having an LD transplant:

- It provides one of the greatest chances of a successful transplant outcome;
- It minimizes the time a recipient requires dialysis; increased time on dialysis is associated with worse graft and patient outcome;
- It enables pre-emptive transplants;
- It facilitates planning for the transplant, as the date of transplantation is known;
- It helps to alleviate the critical shortage of deceased donor cadaver organs.

PROCEDURE:

Referral Process:

Kidney transplantation at The Ottawa Hospital is performed as a single integrated program. Potential kidney donors are referred to the Renal Transplant Program at The Ottawa Hospital. When a potential kidney donor contacts the transplant centre, they are referred to the Living Donor Coordinator (LDC) or delegate. The LDC/delegate does not solicit donation but rather provides information regarding the donation process.

The transplant program does not actively canvas donors. However, the potential kidney transplant recipients are informed that they are eligible for live donor kidney transplantation if they have any donors who wish to be assessed. The recipient is encouraged to discuss this with any potential donors and give the Living Kidney Donor Program contact information.

A. Living Donor Evaluation Process

1. **LDC/delegate receives phone call/contact from potential LD and proceeds with following:**
 - 1.1. Complete the Living Donor intake form (**Appendix I**) and provide initial education.
 - 1.2 Advise Donor clerk to mail donor information to potential LD, which includes:
 - Guide to Living Kidney Donation at The Ottawa Hospital;
 - Canadian Blood Services (CBS) KPD Registry pamphlets;
 - Program for Reimbursing Expenses of Living Organ Donors (PRELOD);
 - Personal Experiences of Living Kidney Donors pamphlet;
 - Welcome letter (**Appendix II**);
 - Medical, Social and Travel (MST) questionnaire (**Neph 153**);
 - Consent for Evaluation (**Appendix III**);
 - Consent for Release of Information (**CON 06**);
 - ABO confirmation requisition, if requested.
 - 1.3 Confirm that recipient is a candidate by looking for Transplant referral or with Recipient Team.
 - 1.4 Review any concerns from the Living Donor intake with Donor Nephrologist.
2. **ABO Blood typing**
 - 2.1 The potential LD is asked to verify their ABO through their family physician, Canadian Blood Services or the Donor Program will send them a requisition.
 - 2.2 Once ABO is confirmed the LDC or delegate notifies the potential LD whether they are ABO compatible. Incompatible blood type A donors may require pheno-typing to determine if they are group A1 or A2.
3. **Phase I of Living Kidney Donor Evaluation Orders SPO 51-1**

When the LDC/delegate receives signed consents (**Appendix III and CON 06**) and completed MST questionnaire (**Neph 153**) from the potential LD, confirm their wish to proceed then continue with the following:

 - 3.1 **Medical/Travel/ Social (MST) Questionnaire (NEPH 153)**
 - LDC/delegate reviews completed MST questionnaire with potential LD and clarifies responses as required.
 - The LDC/delegate and donor nephrologist review and signs the completed MST Questionnaire.
 - Verify if Directed Physical Exam is requested by Nephrologist. If requested, then refer to by general physician to complete Directed Physical Exam form (**Appendix V**).
 - 3.2 **Consents**
 - LDC/delegate reviews to ensure donor and witness signature dates correspond.
 - 3.3 **Recipient referral**
 - Confirm recipient has been referred for full transplant work up.
 - If there is no recipient referral or they are referred for education only then notify potential donor that they cannot proceed with phase I until confirmation is received that recipient work up is initiated.
 - 3.4 **Oacis verification**
 - Past medical history at TOH.
 - Notify MD if pertinent to living kidney donor eligibility.
 - 3.5 **Physician Orders**
 - Donor Nephrologist signs the Potential Live Kidney Donor Evaluation Orders (**SPO 51-1**).
 - 3.6 **Preliminary Tests**
 - Requisitions provided for preliminary screening blood, urine and diagnostic tests per **SPO 51-1**.
 - If microscopic hematuria or history of gross hematuria then follow Hematuria

Algorithm (**Appendix IV**).

3.7 Teaching Summary Form (Appendix VII)

- LDC/delegate provides donor teaching in group or 1:1 and review as needed.
- Teaching is provided over the phone when necessary.

3.8 Nursing Assessment

- Height, weight, hip/waist circumference.
- Blood pressure both arms, Bp Tru when BP \geq 130/80.

3.9 Letter to Family Physician (FMD) (Appendix VI).

- LDC/delegate requests necessary tests on letter to FMD.
- Donor clerk sends letter to FMD.
- Notify patient that letter has been sent and to book appointment with FMD.

3.10 Initial Cross-match and Human Leukocyte Antigen (HLA) typing

- Notify RTC/delegate that a potential LD has come forward and verify if it is appropriate to organize compatibility testing based on potential recipient health status.
- Timing of the tissue typing depends on the situation. If the recipient's PRA is positive, then T and B cell flow crossmatch should be done early to identify any positive cross matches or Donor-Specific Antibody (DSA).
- If a recipient has more than one potential LD, donors are booked for HLA typing and virtual crossmatch. Based on results, the most suitable donor then proceeds with a T and B cell flow crossmatch.

Booking of HLA typing and/or crossmatch, proceed as follows:

- Call the Tissue Typing (TT) Lab to schedule an appointment;
- Notify the RTC/delegate of the appointment so that he/she can arrange for the recipient to have blood work done if necessary;
- Make copy of the ABO verification for RTC/delegate;
- TOH ABO verification is done at time of crossmatch if not already complete;
- Send appointment via outlook calendar to RTC/delegate, recipient clerk, donor clerk and TT lab staff;
- Inform the potential LD of the appointment date/time. The blood test is before 0800 to ensure arrival at the TT Lab by 0900;
- Ensure TGLN # is on tissue typing requisition;
- Notify the potential LD regarding pick-up of the requisitions prior to the testing;
- If the potential LD lives outside the Ottawa area, LDC/Delegate arranges to have the blood shipped from a local lab or hospital and calls the center to request their assistance. Tissue typing requisitions and instructions for blood shipment are sent by fax. The LDC/delegate notifies the potential LD of date and location. Tracking number is provided to the TT lab once available.

Once results available:

- If results are negative, then LDC/delegate confirms with the donor that they wish to proceed with evaluations and notifies RTC/delegate as well as any allergies the potential LD may have;
- If crossmatch is positive, then discuss with RTC/delegate best time to notify potential LD and potential recipient concurrently;
- KPD is discussed with potential LD as required;
- If test results identify a Donor Specific Antibody (DSA) and desensitization is an option, then an appointment is made with transplant nephrologist, potential LD and recipient to discuss risks/benefits and options. Final decision is communicated to LDC/delegate and RTC by potential LD or recipient as appropriate and documented in health records;

3.11 Ensure phase I chart audit is complete prior to proceeding with phase II.

4. Phase II of SPO 51-1

4.1 CT and Renal scan

- LDC/delegate enters CT and renal scan into CPOE in Oasis.
- If the potential LD lives outside of Ottawa then the closest center is contacted and assistance is requested

4.2 Social Work Consult

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- Donor clerk schedules appointment with donor social worker
- 4.3 Nephrology Consult**
- Complete risk assessment tool prior to Nephrology consult (**Appendix IX**).
 - Donor clerk ensures that Donor Nephrologist at consult is not involved with recipient care.
- 4.4 Surgeon Consult**
- Renal and CT scan are reviewed.
 - If appropriate surgical consent (**CON 17**), blood transfusion consent (**CON 66**), Physician orders (**SPO 297 and SPO 298**) and PAU questionnaire (**NUR 71 C**) are obtained.
- 4.5 Psychiatrist Consult**
- Referral sent to donor psychiatrist for all:
 - NDAD;
 - Substance abuse;
 - Pressure, coercion, ambivalence;
 - Recent diagnosis of mental health illness less than 6 months;
 - At request of Social Worker.
 - For diagnosis of mental illness greater than 6 months, obtain more detailed information from the Family Doctor in regards to stability.
 - Out of Country donors are still to be decided on a case by case basis.
- 4.6 Evaluation Meeting**
- Potential LD is referred to multidisciplinary meeting by surgeon, donor nephrologist or LDC/delegate for concerns such as asymmetry on renal scan, complex anatomy and/or abnormal findings.
 - The team includes representation from transplant and donor nephrologists, transplant surgeons/urology, recipient/donor nursing coordinators/delegate, and immunologist as required.
 - At that time, the team makes a decision on the potential LD's candidacy.
 - The transplant surgeons review the CT scan and a decision is made as to potential LD's suitability and which kidney to remove.
 - If a final adjudication requires further investigations or consultations with other specialists, the team again reviews the potential LD health record when results become available.
 - Where adjudication of the potential LD file is difficult or complex, it may be brought forward to the TOH Ethics Committee, or KPD Advisory Committee.
 - Decision is transcribed into Oasis by LDC/delegate.
- 4.7 Living Donor Patient Rounds**
- Potential LD is referred by Nephrologist and/or LDC/delegate for discussion regarding concerns with LD evaluations. The meeting includes donor nephrologists, LDC/delegate and social worker when required.
- 4.8 LDC/delegate completes phase II chart audit**
- 4.9 Outcome of Evaluations**
- Suitable Candidate**
- Donor Nephrologist signs the Living Kidney Donor Final Eligibility Orders (**SPO 51-2**).
 - Notify potential LD that they are a suitable candidate and if they still wish to proceed.
 - Notify RTC/delegate that donor evaluations are complete.
 - Potential LD proceeds to Phase III when timing is appropriate.
- Declined Candidate**
- Notify potential LD that they are not a suitable candidate for donation.
 - Offer a follow-up appointment with the donor nephrologist and/or social worker.
 - Donor nephrologist dictates a letter to family physician including any specific recommendations and copies of test results.
 - The potential LD's family physician is to arrange any further tests or consultations to other medical practitioners as required unless LD does not have a family physician, then the donor nephrologist provides consult to the appropriate services as required.

- The LDC/delegate notifies the recipient team that the potential LD is not a candidate for kidney donation.

4.10 Annual Update of Evaluations

- LDC/delegate maintains and ensures that annual updates are complete.
- Nephrologist completes and signs **SPO 51-1 B**.
- Letter sent to Potential LD 's Family Physician (**Appendix X**).
- Renal and CT scan are not repeated unless the donor has had an episode of pyelonephritis or nephrolithiasis, as determined by the Donor Nephrologist.
- Nursing Assessment is completed by LDC/delegate or FMD.
- Nephrologist reviews potential LD's updated evaluations, completes and signs new final orders (**SPO 51-2**), based on annual updates and sees the donor as consult every 2 years.
- LDC/delegate completes annual update chart audit

5. Phase III

5.1 OR Booking

- Once RTC has confirmed recipient suitability:
 - LDC/delegate confirms donor availability and notifies RTC/delegate;
 - RTC/delegate confirms recipient availability and notifies LDC/delegate;
 - OR date is confirmed and donor and recipient are informed.
- Notify Admitting at General Campus and fax the Request for Admission (RFA) (**PRC 09**), physicians orders (**SPO 297 and SPO 298**), blood transfusion consent (**CON 66**), surgical consent (**CON 17**) and PAU questionnaire (**NUR 71 C**). Forward all originals to Admitting as soon as possible.
- Notify TT lab of final crossmatch date,
- Notify Microbiology lab of WNV date by calendar reminder if required,
- Notify Social Worker,
- Provide pre-op agenda of upcoming appointments and pre-op instructions by mail or e-mail,
- Leave pre-op requisitions and agenda at Lab Registration at the General for potential donor,
- Ensure consent is signed with the appropriate surgeon. If not, LDC/delegate arranges for surgeon to see the donor for completion of consent.
- Physical Exam for Health Canada (**Appendix XI**) within 30 days of surgery,
- Obtain consent for disclosure of diagnostic imaging and pre-op assessments to recipient team and the recipient chart,
- Copies of donor pre-operative lab results, tissue typing, PAU report, TGLN #, consent for disclosure of diagnostic imaging and previously positive serology are provided to RTC for pre-operative summary report.
- Ensure verification typing is done at time of final crossmatch.
- Ensure pre-op chart audit is complete and give to clerk along with phase I, phase II and annual update audit (if applicable).

6. Phase IV

- 6.1 Transplant surgery is documented in the donor health record.
- 6.2 LDC/delegate visits the donor at the hospital before discharge and documents in the in-patient health record and/or Donor Program's chart.
- 6.3 LDC/delegate phones the patient within the first week post-surgery to assess post-operative recovery health status including incisions, appetite, voiding, bowel function, pain and overall recovery and documents in health record.

7. Phase V Follow up

- 7.1 Post Living Kidney Donation Orders **SPO 51-1 A** initiated,
- 7.2 LDC/delegate assesses the following at each post donation follow up visit:
 - Blood pressure and pulse,
 - Weight,
 - Height annually,

- Changes in health,
 - Medication review,
 - Lab test results,
 - Ensure LD has lab requisitions for next appointment,
- 7.3 At 12 month follow up, donor nephrologist discusses with the donor long term follow up options:
- Continue follow up with Nephrologist in the Living Donor Program,
 - Transfer to Family Physician,
 - Transfer to the Nurse-Run clinic in the Living Donor Program.
- 7.4 Nurse Run Clinic
- Criteria for Nurse Run Clinic are patients who are medically uncomplicated, stable creatinine, no evidence of hypertension or proteinuria,
 - Documents assessment and outcomes on clinic flow sheet and Nephrology Observation record,
 - LDC/delegate will determine if patient needs to be seen by donor nephrologist and/or transferred back to Nephrologist follow up in Living Donor Program,
 - LDC/delegate will document the visit in Oacis and send letter with copies of blood and urine results to Family Physician.

B. KPD/NDAD Evaluation Process

In the event that the donor is not compatible with the intended recipient, or is a NDAD the LDC/delegate initiates discussions about the options of Kidney Paired Donation (KPD) through Canadian Blood Services (CBS) or The Ottawa Hospital. If the LD wishes to participate in KPD confirm with RTC that recipient is also agreeable. If both parties are in agreement then LDC/delegate proceeds as outlined:

- Potential LD evaluations and registration to be done at the closest transplant center
- Phase I and phase II
- Confirm with potential LD/NDAD which program they wish to participate in and inform RTC/delegate,
- Must meet KPD acceptance criteria as per Kidney Paired Donation Protocol
- If there are any concerns regarding candidacy or acceptance, then a query must be submitted to KPD.
- Obtain CBS consent for Potential Donors to participate in the Canadian Transplant Registry (CTR) Kidney Paired Donation Program.
- Obtain Trillium Gift of Life Registry (TGLN) consent to participate in TGLN TOTAL registry.
- Enter donor information into CTR and have verified by 2nd RN
- KPD registry identification (CTD) number is assigned by CBS
- Upload all documents into CTR
- Potential LD evaluations are updated annually and entered into CTR

KPD Match Cycles

- Match cycles occur approximately 3 times per year.
- LDC/Delegate verifies with RTC if “active” status in registry is appropriate.
- LDC/delegate notifies potential LD of upcoming match cycle, confirms health status and evaluations are within the year.
- CBS sends Match cycle results to coordinators via e-mail, identifying the centers with proposed matches

Offer Proposed

In Coming KPD donor

- Print side by side report from CTR
- Confirm that recipient program accepts donor from preliminary information on side by side report. If proposal is not accepted by TOH, then the CBS liaison is to be notified and TOH is to await further guidance.

- Arrange crossmatch testing according to CBS priority level
- Once chart and CD of CT scan is available then obtain medical and surgical clearance
- Complete Coordinator tasks in CTR as required
- Phase III and IV proceeds as per TOH policy
- Follow up to be done at home donor program
- Donor is to be reimbursed by home province program

TOH donor going elsewhere

- Confirm Potential LD is willing to travel to proposed center
- Send CD of CT scan to proposed center
- Send chart to proposed center if not uploaded in registry
- Arrange blood shipment once date confirmed by proposed center
- Phase III and IV proceed as per participating surgical center's policies,
- Follow up to be done at TOH program
- Donor is to be reimbursed by recipient province program

Participate in teleconferences as requested by CBS to discuss, clearance, OR availability, travel requirements and reimbursement programs.

No proposal offered

- Potential LD is notified that no proposal was offered
- Verify if annual updates are required prior to next match cycle.
- Post-Match Cycle Participant letter provided by KPD is sent to potential LD's when available.

C. Out of Country Donors Evaluation Process

- The potential recipient or recipient's family member notifies the LDC/delegate that a potential out of country LD has come forward for consideration.
- LDC/delegate provides the potential LD or family member with the Out of Country Donor Letter (**Appendix XIV**) and MST questionnaire. If there is a language barrier, a member of recipient's family can act as liaison in the initial stages.
- If ABO is compatible and MST questionnaire is satisfactory, then a request is sent to Family Physician (**Appendix XV**) for remaining evaluations as per Phase 1 of SPO 51-1.
- If all test results are satisfactory, the LDC/delegate notifies the potential LD and confirms their wish to proceed with the next phase of the evaluation in Canada.
- If the potential LD requires a visitor's VISA for travel to Canada then the Renal Transplant program provides a letter of support to the potential LD to facilitate this process.
- All tests performed in Canada are billed to the potential recipients OHIP. Once in Canada and before proceeding with any further testing or diagnostics, the potential LD must sign a consent form titled: Non-Residents of Canada Governing Law and Jurisdiction Agreement (**CON 47**).
- LDC/delegate must advise the potential LD of the recommended need for medical insurance in case of accidental injury while in Canada. The potential recipient's OHIP does not cover any donor injury acquired and unrelated to the donor evaluation or surgery.
- The remainder of evaluation process proceeds as per Phase II-V.
- Follow up is provided by the Donor Program while LD is in Canada.
- Transfer letter and reports are provided to the LD when they return home.

D. Exceptional Distribution (ED)

Exceptional distribution applies to a potential LD who meets the exclusionary criteria listed in Neph 152. In the event that a donor is identified as exceptional distribution and there are no other donors immediately available, the process is as follows:

- Exceptional distribution is based on the clinical judgment of the donor nephrologist.
- Donor nephrologist confirms that donor is otherwise suitable to donate.
- LDC/delegate notifies the donor that he/she is classified as ED and adds to donor log and tracking tool for future Health Canada audit.
- LDC /delegate obtains consent from donor to release information about reason for ED to the recipient health care team and potential recipient.
- Recipient nephrologist/delegate agrees to accept donor under ED
- Transplant Medical Director/delegate approves of donor under ED.
- Recipient nephrologist/delegate informs recipient of risks, receives consent and documents on recipient's health record.
- Donor nephrologist, recipient nephrologist and transplant medical director complete, sign and date the Exceptional Distribution form Neph 152.
- The ED form Neph 152 is filed on the donor and recipients health record.
- LDC/delegate places notice of ED on RFA notifying OR staff and surgeon of ED status.
- Copy of ED form is sent with RFA/OR package

E. Reimbursement program

Each province has a reimbursement program that is available to potential LD's who initiate evaluations. The province that the recipient resides in is responsible for reimbursing the potential LD regardless of where the LD resides.

- PRELOD (Program for Reimbursing Expenses of Living Organ Donors) is the reimbursement program for Ontario recipients.
- PRDDV (Programme de Remboursement des Dépenses aux Donneurs Vivants) is the reimbursement program for Quebec recipients.
- If donor qualifies, PRELOD/PRDDV booklet is mailed with donor information.
- KPD donors will be reimbursed by the province that their paired recipient resides in rather than the province where the recipient of their kidney lives.
- Application forms are given to donors who qualify.
- Travel support letter is signed by the LDC/delegate if applicable.
- Donor clerk completes the appointment verification form and mails to PRELOD/PRDDV as required.
- Loss of income certificate is provided if applicable.
- Social Worker to follow up on all Reimbursement applications

F. Team Member Roles and Responsibilities:

1. Living Donor Coordinator/Delegate RN (LDC)

- A Registered Nurse (RN) provides the donor with information and education about the process of evaluation and donation.
- Obtains donor demographics on the donor intake form including a brief medical history.
- Ongoing screening of potential LD through nursing assessment, questionnaires, blood and urine tests and diagnostic imaging.
- Guides the donor through the phases of evaluations as per the policy, providing support and assistance where required.
- Collaborates with members of the team and seeks advice from the donor Nephrologist when required.
- Ensures the donor is capable of giving informed consent and is not being subjected to coercion or receiving monetary inducement.
- Communicates and collaborates with the RTC appropriately to guide the timing of the donor and recipient evaluations and potential transplant.

- Acts as the donor advocate respecting donor rights and confidentiality.
- Collection of data for Transplant data base
- Participates/supports research projects when required
- Education of staff within Nephrology on Living Kidney Donation
- Participates in Transplant Steering Committee, Living Donor Working Group, Renal Transplant Evaluation Committee, Transplant Tissue Typing meeting and any other committees or working groups pertinent to the role.
- Participates in annual performance appraisal with direct manager
- Reviews and maintains current knowledge related to revised policies and procedures as related to CSA standards for living kidney donation.
- Maintains annual licensing certification in good standing with the College of Nurses of Ontario and Regulated Health Professions Act.
- Maintains hospital required Enterprise Learning Management (ELM)

2. Living Donor Nephrologist:

- Maintains a role separate and distinct from the recipient nephrologist to avoid potential conflict of interest
- Maintains annual licensing credentials in good standing with College of Physicians and Surgeons.
- Assesses the suitability of the potential donor and advises LDC/delegate of suitability status for ongoing evaluation by reviewing the MST questionnaire and signing standardized physician orders (**SPO 51-1**) as required.
- Reviews and signs all blood, urine, diagnostics results and consult reports received on the donor. Orders further investigations as required.
- Assess the function and quality of the kidney to be donated.
- Completes Living Donor Evaluation Report (**Appendix VIII**) and reviews and signs Risk Assessment Tool (**Appendix IX**).
- Discusses and informs the potential donor of the risks and benefits related to living kidney donation including risk of death, peri-operative complications, transplant success rates and possible donor outcomes.
- Explores with the donor their motivation and willingness to donate
- Ensures the donor is capable of giving informed consent and is not being subjected to coercion or receiving monetary inducement.
- Signs Living Donor Final Eligibility orders **SPO 51-2** if appropriate
- Performs physical exam required by Health Canada (**Appendix XI**) within 30 days of the donation.
- Signs Post Donation orders SPO 51-1A and Update orders SPO 51-1B
- Provides and manages post-operative nephrological care/monitoring follow up appointments in Living Donor /Nurse-Run clinics until transition of donor to family physician.
- Participates in Living Donor Working Group and Renal Transplant Evaluation Committee

3. Living Donor Transplant Surgeon/delegate:

- Maintains operating room privileges at the TOH
- Maintains annual surgical and licensing credentials in good standing with College of Physicians and Surgeons.
- Completed formal transplant training, and during the course of that training have been involved in, and had responsibility for, all aspects of transplantation, including:
 - donor management, assessment, and selection;
 - recipient management, assessment, and selection;
 - post-operative care, including immunosuppressive management;
 - outpatient and follow-up care; and
 - a minimum of 10 organ retrieval and 12 recipient operations as the primary surgeon or first assistant.
- Reviews the donor CT and Renal Scan.
- Assesses donor's suitability for surgery.

- If donor is suitable for surgery, the surgeon reviews and informs the donor of the surgical approaches, surgical risks and post-operative recovery.
- The surgeon ensures the donor is capable of giving informed consent and is not being subjected to coercion.
- Obtains informed consent for laparoscopic donor nephrectomy indicating left or right side appropriately **(CON 17)**.
- Obtains informed consent for Blood and/or Blood Products **(CON 66)**
- Performs physical exam required by Health Canada **(Appendix XI)** within 30 days of the donation.
- Completes Urology Pre-Op orders **(SPO 297 URO)**, Surgeon Pre-admission Checklist **(SPO 298)**, Request for Admission **(PRC 09)**
- Performs kidney organ procurement from the living donor and implants into recipient with end-stage renal disease.
- Surgeon observes the quality and provides a description of the kidney in the operative note, and kidney transplant OR document
- Manages the optimization of organ quality through the application of optimal ex-vivo preservation techniques and operation timing.
- Provides peri-operative care to the living donor and transplant recipient,
- Provides and manages post nephrectomy surgical care for the living donor,
- Assesses living kidney donor within 2 months post donation,
- Participates in Renal Transplant Evaluation Committee

4. Living Donor Social Worker:

- Maintains annual licensing credentials in good standing with College of Social Workers and Regulated Health Professions Act,
- Conducts a psychosocial interview to determine suitability for donation. The interview includes an assessment of emotional stability, social support, financial resources, donor motivation, recipient outcomes and need for psychiatric assessment,
- Ensures the donor is capable of giving informed consent and is not being subjected to coercion or receiving monetary inducement.
- Discusses potential psychological ramifications in the event of a successful or unsuccessful transplant,
- Prepares a consult report documenting interview and sends copy to donor nephrologist.
- Assist with completion of reimbursement forms, short term disability and Employment Insurance forms,
- Provides support to the donor as needed throughout the process.
- Follow up post donation with visit in hospital and/or phone call post discharge from hospital.

5. Living Donor Psychiatrist as required:

- Conducts a psychiatric assessment which includes psychiatric history, family psychiatric history, personal history and mental status to determine emotional suitability for donation.
- Determines potential donors psychological motivation for donation,
- Discusses potential psychological ramifications in the event of a successful or unsuccessful transplant,
- Ensures the donor is capable of giving informed consent and is not being subjected to coercion or receiving monetary inducement.
- Prepares a consult report documenting psychiatric assessment and sends copy to donor nephrologist.
- Provides follow up as required

A language interpreter is provided for the above interviews when necessary to enhance the donor's understanding.

G. Minimizing Coercion and Compensation

1. In order to minimize unwanted pressure and coercion, the LDC/delegate and nephrologist ensure the donor is aware of and offers opportunities to decline further testing and donation throughout the evaluation/assessment process. Information shared between the donor, family physician, and the transplant program remains confidential.
2. The potential recipient is not given any donor information unless the donor provides specific written permission and signs a release of information form.
3. Multiple interviews of the donor are conducted by donor team members to assess motivation and possible coercion, as per role descriptions. In addition, the transplant team ensures, to the best of its ability, that no material rewards or financial incentives are influencing the individual's decision to donate a kidney as described in consent to evaluation.
4. LDC/delegate advocates for potential LD and is not involved in recipient care in order to prevent conflict of interest.
5. The donor is given an opportunity to undergo assessment by an independent physician to minimize possible or perceived coercion or selection bias by members of the donor team.

H. DOCUMENTATION

All pertinent tests, documentation, patient health records remain on file in the patient's health chart for 25 years. The LDC/delegate tracks Donor evaluation status and LDC tasks on the appropriate Potential Kidney Donor Tracking Forms Phase I (**Appendix XVIIa**), Phase II/III (**Appendix XVIIb**) and Evaluation Update (**Appendix XVIIc**).

RELATED POLICIES / LEGISLATION:

1. TOH Risk Management Program December, 2005.
2. Core Elements of Nursing Documentation NSG-1-100.
3. Documentation Practice Standards College of Nurses of Ontario, 2008
4. TOH Clinical Ethics Committee April, 2006.
5. TOH Administrative Policy and Procedure Manual No. ADM VIII-200. Consent to Treatment
6. CAN/Canadian Standards Association (CSA). Cells, Tissues, and Organs for Transplantation: General Requirements. CAN/CSA Z900.1 current
7. Canadian Standards Association (CSA). Perfusable organs for transplantation. CAN/CSA-Z900.2.3 current
8. Health Canada: Basic Safety Requirements for Human Cells, Tissues and Organs (CTO) for Transplantation, Health Products and Food Branch, current.
9. Health Canada, Guidance Document for Cell, Tissue and Organ Establishments: Safety of Human Cells, Tissues and Organs for Transplantation, current. http://www.hc-sc.gc.ca/dhp-mps/brgtherap/reg-init/cell/cto_gd_ld-eng.php
10. Health Canada Guidance Document for Source Establishments – Reporting Adverse Reactions to Human Cells, Tissues and Organs. Health Canada (2010).
11. Health Care Consent Act, 2004.
12. POL 06-23 DSA Testing and Quantification, current.
13. POL 06-15 Solid Organ Transplantation Live Donor, current.
14. Safety of Human Cells, Tissues and Organs for Transplantation Regulations.SOR/2007-118, Current. Published by the Minister of Justice at: <http://laws-lois.justice.gc.ca>.
15. Trillium Gift of Life Network Act, 1990.
16. Report of the Amsterdam Forum On the Care of the Live Kidney Donor: Data and Medical Guidelines. (2005). *Transplantation*, S53-S66.
17. Kidney Paired Donation Protocol for Participating Donors 2014. http://journals.lww.com/transplantjournal/Fulltext/2015/10001/Kidney_Paired_Donation_Protocol_for_Participating.1.aspx.
18. The Ottawa Hospital Ethical Guidelines for the Evaluation of Living Kidney Organ Donors Draft November 2017. The Ottawa Hospital Living Kidney Donor Program, The Ottawa Hospital Department of Clinical and Organizational Ethics.

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