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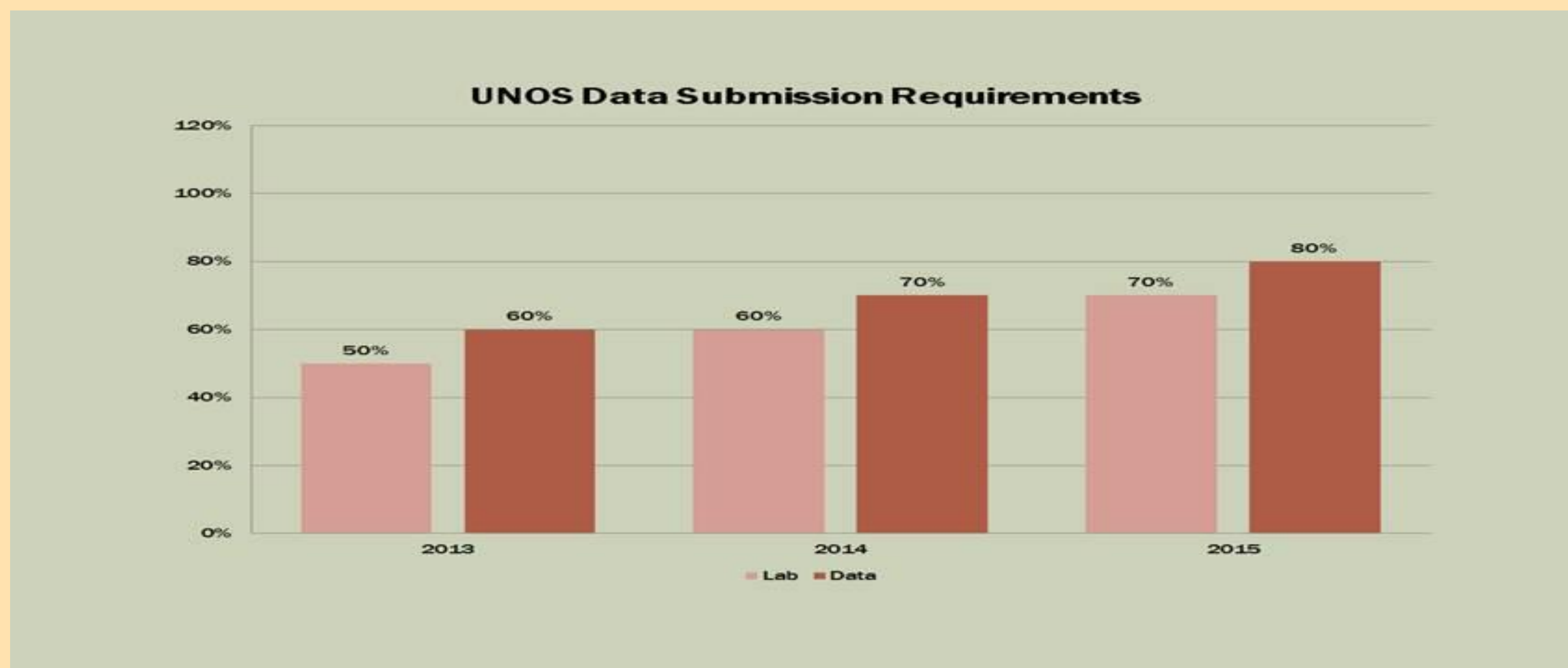
LIVING DONATION: IMPROVING PRACTICES IN DONATION FOLLOW-UP

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PURPOSE

Follow-up for post living donors has become a priority in the transplant community. The Organ Procurement and Transplantation Network (OPTN) recognized areas for improvement in the submission of post-donation data. As a result, the OPTN established minimal data submission requirements pertaining to living donor follow-up at 6, 12, and 24 months for all transplant centers. Living donor follow-up information is crucial for understanding the risks and consequences of donation. Having accurate and complete data ensures that we are protecting donors from harm and fully informing them of the impact of donation. To meet these data submission requirements, a strategy was developed to facilitate an improved living donor follow-up process. This transplant program wants to fully contribute to the national follow-up data collection process and support the evaluation of donor safety.



METHOD

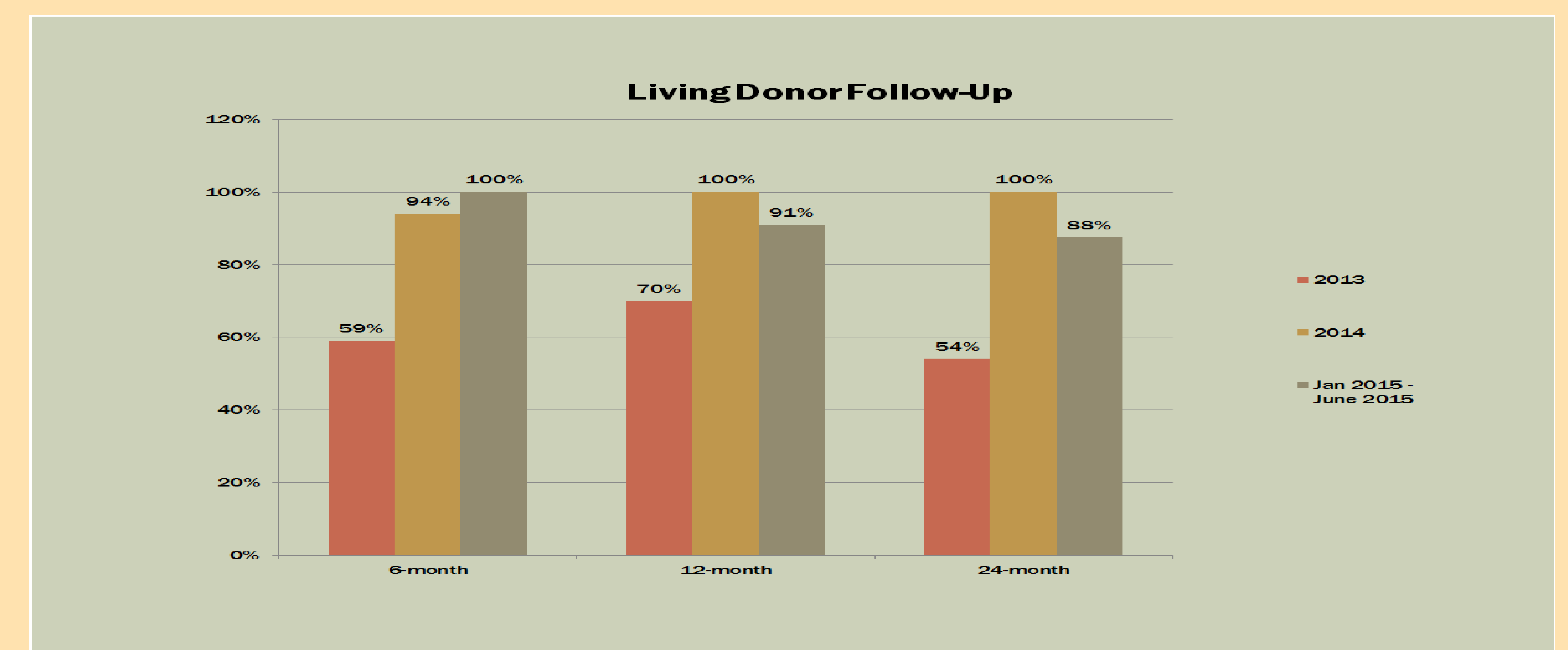
Our transplant program identified a sub-committee tasked with improving post-donation data submission. This performance improvement (PI) committee included transplant leadership, quality assessment personnel and transplant coordinators. It reviewed current post-donation follow-up workflows and developed strategies for improvement based on the requirements set by the OPTN, feedback from living donors and patient safety.

These strategies included:

- Use of home health for follow-up when a donor is unable to come to the transplant center
- Development of a worklist/workflow for donor tracking
- Involvement of the multidisciplinary team in donor follow-up education in the pre- and peri-operative phases
- Use of a transplant coordinator for post-donation assessment
- Scheduling of donors at the transplant center to control appointment wait times

RESULTS

From the implementation of the above strategies, our transplant program went from not meeting the data submission requirements to exceeding the data submission requirements in all three follow-up intervals. The new strategies were applied to all living donors at this transplant program. In 2013, this program's data submission was at 59% for 6 months, 70% for 12 months, and 54% for 24 months. Following the implementation, our data submission was 94% at 6 months, 100% at 12 months, and 100% at 24 months in 2014 and 100% at 6 months, 91% at 12 months and 88% at 24 months for the first half of 2015.



CONCLUSION

The strategies developed by the performance improvement committee helped our transplant program exceed the post-donation data submission requirements for all three follow-up intervals. We hope that our transplant program's approach may offer a different view for other transplant programs and allow for improvement in their data submission or follow-up process.

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