

Living Kidney Donation: The Impact of Transplant Center Labor and Organization

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Healthcare system factors may pose barriers to living kidney donation. Determining if and how program size, staffing, and organization play roles in live kidney donor outcomes is essential. The aim of this study was to describe the labor inputs, organization, and resources available within U.S. living donor programs and their associations with living donation inquiries, evaluations and donations. A mailed survey was sent to the living donor coordinator (LDC) at every U.S. living donor program (n=211; response rate=70%, total respondents=148). Respondent surveys were linked to the American Hospital Association and the Scientific Registry of Transplant Recipients databases to further describe hospital characteristics and transplant volumes. Descriptive statistics summarized survey responses; multiple linear regressions assessed associations of center characteristics with outcome variables. Almost three quarters (74%) of programs reported dedicated LDCs. Median number of LDC FTEs per center was 1.0 (IQR 1-2); 37% of programs reported that the LDC devoted less than 40 hours per week to the living donor program. More than one LDC FTE was associated with higher numbers of living donor inquiries, evaluations, and transplants, as was having a dedicated living donor coordinator ( $p \leq 0.004$ ). Dedicating clerical staff to the program was associated with higher numbers of evaluations and transplants ( $p \leq 0.003$ ). Centers that accept donors with controlled hypertension and centers that have a kidney paired donation program reported higher

numbers of LD inquires, evaluations, and transplants ( $p \leq 0.021$ ). The overall national conversion rate/donor yield from initial contact to living donor transplant was 8% and the conversion rate from evaluation to living donor transplant was 32%. This research contributes to the current knowledge of transplant centers by describing labor inputs, organizational care structures, and resources used in living donor programs across all US transplant centers. This study is also the first known study in the transplant literature that describes an association between nurse labor and living donor outcomes.

Approved \_\_\_\_\_  
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