Kidney Paired Donation Program:

Living Donation Network Meeting

March 6, 2020 | Toronto, ON

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Comments or questions?

Comments or questions are welcome and can be sent to **kpd@blood.ca**

Summary

This report provides an overview of the Kidney Paired Donation Program: Living Donation Network Meeting that took place on March 6, 2020 in Toronto, ON. Organized by Canadian Blood Services, the meeting brought together more than 60 living donor and recipient coordinators, program managers and quality assurance professionals from across Canada. This meeting was designed to facilitate:

1. development of professional networks among the coordinator, manager and quality assurance groups working in Living Donation Programs, and
2. workshops focused on identifying and addressing barriers to efficient chain evaluation and completion times in the Kidney Paired Donation program, as well as challenges and successes in shipping and receiving shipped kidneys.

Background

Living kidney transplantation is the medically preferred therapy for kidney failure and offers many advantages over deceased donation. Living Donation Programs (LDP) in all provinces in Canada work to increase living kidney donation to improve access to transplantation for those Canadians waiting for kidney transplants.

The donors per million population (dpmp) living donation rate in Canada decreased 8.4% between the years 2008 and 2018. In 2018, the Kidney Paired Donation (KPD) program had its most successful year since inception and contributed 73 transplants to the national total of kidney transplants made possible by living donors. Without this contribution, the decline in Canada's living donation rate over time would have been even more significant.

Canadian Blood Services is responsible for national patient registries, interprovincial organ sharing programs and leading practices that contribute to improving and increasing organ donation and transplantation. The KPD program is operated by Canadian Blood Services with advice from the Living Donation Advisory Committee (LDAC) and the Kidney Transplant Advisory Committee (KTAC). Both committees have representation from each of the living donation or transplant programs across Canada. The committees identified an need to bring the living donation coordinators and program managers together to establish intra- and interprovincial relationships and to build on those relationships to strengthen national collaboration in working towards reducing or eliminating barriers to efficient match review and chain completion time to improve the overall efficiency of the KPD Program for patients and donors.

The purpose of the KPD program is to identify donor exchanges so that each candidate in the chain can receive a medically suitable kidney transplant. Once the chain is identified, the evaluation of donor/candidate matches follows set tasks and processes. Delays in the completion of the match evaluation tasks can result in a longer time to transplantation and donation for everyone in the chain. The longer the time from match proposal to surgeries, the higher the chance that something may happen to one or more participants in the chain that prevents them from proceeding to surgery. The loss of one potential transplant in a chain may result in the loss of a transplant opportunity for others, or even all of the candidates in the chain. Some problems, such as health issues, are not modifiable and will result in cancelled

transplants. The KPD program continuously monitors chain delay issues to identify modifiable barriers and works with coordinators at the LDPs to resolve them as quickly as possible and to complete the chains.

Context

Today, 17 living donor transplant programs and six referral programs participate in the KPD program. Three clinical advisory committees are supporting the direction and development of the KPD program, including the Kidney Transplant Advisory Committee (KTAC), the Living Donation Advisory Committee (LDAC), and the National HLA Advisory Committee (NHLAAC).

The KPD program is a Canadian success story of interprovincial collaboration and crossing provincial health care boundaries for the benefit of patients. It has reached a steady state of approximately 80 kidney transplants per year. Of the 4713 living donor kidney transplants completed between 2008 and 2018, KPD accounted for 639 (13%).

The KTAC, LDAC, and living donation programs have highlighted the following challenges that need to be addressed to improve the success of the KPD program:

- Consecutive rather than concurrent medical and surgical review can result in a long time to clear a matched donor;
- Difficulty in finding OR dates in the same week at multiple sites due to limited OR and surgeon availability, especially at smaller programs;
- Donors not wanting to travel increases the work and time required to figure out how to get the kidney to the recipient or ultimately can cause a chain to collapse;
- Sites not accepting shipped kidney and not wishing to receive shipped kidneys can cause a chain to collapse if a donor is unwilling or unable to travel; and
- Incomplete charts being shipped and or uploaded to the CTR, different programs using different forms for donor workup, out-of-date testing, and sites requesting additional screening all lead to delays in chart reviews and donor clearance.

A strong and connected network of living donation and transplant programs can help to overcome many of the existing challenges by working collaboratively on reducing or eliminating barriers to the efficient operation of this program.

Meeting overview

The meeting began with a plenary session, followed by two concurrent breakout sessions; one session for managers and one for coordinators and QA professionals. Each group discussed strategies to continue effective network communications. Additionally, the coordinators and QA group discussed the guidelines for “compatible pair” participation in KPD and reviewed drafts of “unpaired candidate” information materials.

All participants came together in the afternoon to participate in workshops to discuss challenges with efficient completion of chains and with shipping and receiving shipped kidneys. The aim for each workshop was to identify solutions that have worked for some programs and brainstorm other approaches that might work where challenges remain. Possible solutions and a number of recommendations have been captured in this report.

Breakout session: Network communications

To facilitate the development of professional networks within the coordinator, manager and quality assurance groups of the Living Donation Programs across Canada, the objectives were to:

- Provide an opportunity for the coordinators, program managers and quality assurance personnel to meet as a first step towards developing strong inter-program and interprovincial working relationships to be able to support each other in working together in the national KPD Program to help all their patients.
- Discuss the potential development of an online network platform where members can communicate openly, easily, conveniently and freely with each other.
- Increase communication among the coordinators and managers of programs to allow for building on sharing strengths and successes across the network with a focus on maximizing the potential of the KPD program for patients.
- Learn from the unique expertise and contributions of the quality assurance role by inviting them to join and participate in the network.

As a result of discussions at this meeting, both the manager and coordinator/quality assurance groups agreed to begin with the development of an online informal networking platform for easy communication with their colleagues and peers.

Manager network: recommendations and next steps

This group agreed on developing a planning committee to discuss and plan the implementation of regularly scheduled network meetings. The group expressed interest in completing a benchmarking exercise to understand how other programs are staffed, funded, and resourced.

Canadian Blood Services introduced the managers group to an online informal network sharing platform called SLACK. There was group consensus to gather email addresses and create an online network via SLACK.

Recommendations:

1. Send out a survey to the management group to gather information to better understand the differences and similarities between programs across the country with respect to transplant volumes (living and deceased), staff ratios, funding, and other factors;
2. Develop a SLACK channel for managers to communicate, share collective experiences, discuss issue management and learn from one another;
3. Potential agenda items for future manager meetings include chart translations, CT formatting, shipping kidneys and receiving shipped kidneys, OR availability, structure and format of uploaded charts, and donor workup protocol.

Coordinator and QA network: recommendations and next steps

There was positive feedback from the group for the development of SLACK as sharing platform. There are many coordinators new to the role and there was agreement on the need for an improved support system. An online platform may assist in the development of a "buddy" system across Canada, where new coordinators may check-in, ask questions, and receive additional training as required.

Recommendations:

1. Continue regularly scheduled coordinator meetings; however, the structure and content should be reviewed with feedback from current coordinators.
2. Coordinator meetings should include more time for programs to share information and to work toward the development of a national Living Donor Coordinator network.
3. Potential agenda items for future coordinator meetings should include discussions on Health Canada inspections, complicated case rounds, and data collection strategies for collection of both pre- and post-donation and post-transplant data.

Breakout session: Coordinator/QA group

In addition to discussing networking opportunities, the Coordinator and QA group session covered two additional topics with objectives to:

1. share the guiding principles for participation of compatible pairs in the KPD program that were developed by the KTAC and LDAC at their annual face-to-face meeting held in May of 2019, and
2. collect feedback for the committees on draft unpaired candidate information materials.

Guiding principles for compatible pair participation

A compatible pair may wish to participate in the Kidney Paired Donation program to find a donor with a more suitable kidney for the candidate; for example, a better age match, improved HLA match or a better sized kidney for the candidate. Compatible pairs may also wish to participate for altruistic reasons; i.e., to help others by facilitating more transplants in a chain. Analysis has shown that transplant candidates who are not blood group O and whose registered donor is blood group O can benefit the KPD program the most as they are the easiest to match in a chain.

All compatible pairs (HLA and blood group) are eligible to enter the KPD program under the following guiding principles:

- Matching of compatible pairs should not disadvantage high-need incompatible pairs (e.g., Highly Sensitized Patients).
- Participation is voluntary.

- Compatible pairs with a pre-emptive transplant candidate (the candidate is not on dialysis) should generally not receive a KPD offer unless there is special consideration due to sub-optimal compatibility for the pair, or an altruistic motivation.
- Centres will compare the proposed matched donor against their compatible donor and will decide within 24 hours whether the match is more desirable. If the matched donor is preferable, the centre will agree to evaluate the match.
- All filter settings should reflect the needs of the candidate, and this will be in the candidate's transplant record at the time of activation.
- The improved characteristics that the program is looking for should be known and charted by the transplant candidate's team before activation in KPD and a note should be entered in the candidate's CTR record to assist with the comparison of the proposed KPD donor and the compatible donor.
- Programs agree to inform the KPD team when activating a compatible pair and provide information on the improved characteristics being sought through a KPD match.

Feedback: Unpaired candidate information sheets

A candidate becomes unpaired when their paired donor has donated a kidney, but the candidate has not yet received a kidney transplant from another donor. Six "unpaired candidate" information documents, developed by LDAC and KTAC, were reviewed during this session. Each document described one of three situations in which a transplant candidate has become unpaired or could potentially become unpaired in the future, followed by questions the reader might have about what will occur because of the situation and answers to those questions. Each of the three situations has one document from the perspective of the potentially or actually unpaired candidate and one from the perspective of the candidate's paired donor who enrolled in the KPD program with them. Feedback for the LDAC and KTAC to consider was collected.

Recommendation:

- Overall, the participants appreciated this work to standardize the information to be provided to all patients.
- It was felt that the scenario descriptions were confusing and although they understood that this is a very complex process to explain, participants recommended reducing the reading level further.

Workshop: Chain efficiencies

A KPD chain is completed when all transplants in the chain have occurred. To do this within a reasonable time of 3-4 months from the time the chain is proposed, key tasks must be completed by certain times along the chain evaluation process. The goal of the session was to address barriers to completing the tasks on time, which cause it to take longer than the 3-4 months to get all patients in the chain transplanted. The current chain tasks and targets are as follows:

- 14 days to book a crossmatch (XM),
- 28 days to receive notice that the XM result is negative and that the match is cleared to proceed from an HLA typing perspective,
- 42 days to complete medical and surgical clearances of the matched donor,
- 120 days to complete the transplant.

Currently, 25% of crossmatches do not occur within 14 days and 17% do not receive crossmatch clearance within 28 days. On average, in 20% of cases, medical and surgical clearances do not meet the 42-day target, and only 32% of transplants are completed within 120 days of being proposed.

Workshop outputs

The table below captures potential barriers, potential solutions, and proven strategies to be considered by programs when developing local KPD policies and practices for efficient match evaluation and donation/transplantation completion:

Potential Barriers	Potential Solutions	Proven Strategies
Charts uploaded and/or couriered that are unorganized increase the time it takes to review a chart.	Creation of standardized templates for uploading charts in CTR. One-page summary of patient's medical history at the front of each chart.	
Out-of-date test results in charts cause delays in donor clearance as donors must be brought back in to do new testing or consults.	Implementation of notifications to coordinators for out-of-date testing in the CTR could help to prompt action to update these tests before a match cycle begins.	Consistent use of the Kidney Paired Donation Protocol for Participating Donors to evaluate donor eligibility; this removes the need to request extraneous testing after chart review.
Nephrologists and surgeons taking an excessive amount of time to review paper charts delays the matched donor evaluation.		Several programs are successfully uploading PDF'd donor charts and imaging to the CTR. This makes the donor records easily and immediately accessible to the matched candidate's centre. Using collaborative team meetings that include surgical and recipient and living donor teams, allows for agreement to prioritize chains and expedite donor clearance. In addition, team meetings allow for a timely multidisciplinary donor assessment and a review of

Potential Barriers	Potential Solutions	Proven Strategies
		upcoming chains and surgical resources needed.
At centres where charts must be reviewed sequentially by the clinicians (nephrologists and surgeons) rather than concurrently, the time to clear the donor can be even longer.		Adding a date stamp and return timeline to a chart when sending to a nephrologist or surgeon can encourage timely review.
Regional variance in acceptable donor criteria outside of the KPD Protocol for Participating Donors results in requests for unexpected donor testing after being matched to a candidate.	On occasion, site-specific testing, not captured in the KPD Protocol for Participating Donors, is necessary; once a site has been matched to a donor they should immediately send any additional testing they require for donation. This will improve donor readiness and decrease donor fatigue.	
Donor fatigue (repeat testing, multiple match cycles, additional site-specific testing, and unplanned financial stress) may cause chain delays, and, in rare circumstances a chain collapse. Difficulty finding OR dates at multiple centres within reasonable dates of one another can push the scheduling for all of the surgeries out extra weeks or months, contributing to donor fatigue.	Chains could look for potential OR dates at the time of the match. This would set a timeline to work towards for clearance and may help to negotiate OR dates closer to a reasonable time from the chain proposal. Faster time to surgery can reduce donor fatigue in waiting for the process to be completed.	Programs should not rely so much on email communication; calling when issues arise increases clarity and time to action. Early communication with sites involved in chains eliminates assumptions and assists with early planning for OR scheduling. Submitting appropriate Living Donor Queries in advance of a Match Run alleviates chains collapsing and chain re-runs, by not proposing matches that will cause an immediate collapse of a chain.
Operating Rooms (ORs) are booked in accordance with availability; this may cause an added expense for patients needing to travel on certain days of the week to accommodate OR availability.	Chains could look for potential OR dates at the time of the match. This would give donors more time to book flights and to take advantage of potentially reduced travel costs from earlier booking.	

Potential Barriers	Potential Solutions	Proven Strategies
Not all donors are willing/able to travel. If a donor is not willing/able to travel, and the matched site is not willing to accept a shipped kidney, the chain may have to be collapsed.		Implementation of shipping and receiving a shipped kidney protocols and processes at each program so donors do not have to be asked to travel.
Charts and images sent between French and English sites are costly to translate and take about 1 month to do so and donor chart review cannot begin until this is completed.	Including a typed donor evaluation summary sheet could make translation easier and faster.	Receiving charts with all handwritten notes transcribed into typed notes makes it easier and faster to review charts. Using the existing standardized forms for the Kidney Paired Donation Protocol for Participating Donors reduces the portion of the chart requiring translation from French-English, or English-French. Uploading charts directly to the CTR allows for immediate access and to begin translation as early as possible.

Workshop: Shipping kidneys and receiving shipped kidneys

Almost 60% of all KPD transplants require at least one participant to travel, and 79% of the time, the donor must travel. As of March 2020, seven sites across Canada have shipped a kidney, and ten have received a shipped kidney.

Concerns about shipping and receiving shipped kidneys include logistics (transporting the kidney from one site to another), trust between surgeons, biologics (complicated anatomy of some kidneys such as having extra vessels), and how to use communication between the centres effectively. Research has shown that despite prolonged cold ischemic times, outcomes of shipped living donor kidney transplants are comparable to that of traditional living donor transplants.

St. Paul's Hospital, Vancouver General Hospital, and Toronto General Hospital have each successfully shipped a kidney and received a shipped kidney. Toronto General has successfully shipped 12 kidneys inter-provincially. Advantages of a donor not having to travel to donate their kidney include being able to stay home to be with their intended recipient, to be home with local support for themselves, and reduced stressed and cost to the living donor. Potential challenges to shipping and receiving shipped kidneys include possible travel delays in getting the kidney to its destination, different surgical techniques used for retrieval of the kidney, and potential

increase in delayed graft function (DGF) occurrence. Although the literature indicates there will be increased DGF due to shipping, it has not resulted in poorer graft outcomes as compared to kidneys that weren't shipped.

Sites that have shipped kidneys successfully recommend the following for programs preparing for shipping and receiving shipped kidneys:

- Review the Shipping Kidneys toolkit provided by Canadian Blood Services
- Develop policies and processes for shipping and receiving living donor kidneys
- Link with your organ procurement organization for advice and guidance

Workshop outputs: Shipping kidneys

The table below presents potential barriers, potential solutions and proven strategies to be considered in local program policy development and practice when for shipping kidneys and receiving shipped kidneys:

Potential Barriers	Potential Solutions	Proven Strategies
Many hospitals do not have access to direct flights between their cities. Some programs have flight options, but the times do not necessarily coordinate with surgeon and operating room (OR) availability.	Sites may explore chartered and commercial flights; costs may be mitigated by coordinating OR dates between centres and sharing flights. Where possible, arranging back up transportation plans for emergencies.	
The Health Canada regulations' definition of source establishment and regulations for the shipment of living donor organs are not clear.	Programs and patients should be encouraged to lobby to have Health Canada clarify the regulations and to increase the requirement for ODO participation and responsibility in shipping living donor kidneys.	Collaborate with and learn from sites that have shipped and received shipped living donor kidneys and passed a Health Canada audit.
Staffing concerns for after-hours OR availability, extra hours for nurses and surgeons, and a team to transport kidney from the airport to the hospital.	Explore outside sources, such as the police, to transport organs between the airport and the hospital where hospital staff are unavailable. Managers might consider flexible hours for OR nurses in cases where after-hours surgeries are necessary.	

Potential Barriers	Potential Solutions	Proven Strategies
Sites who do not have standard operating procedures, processes and protocols in place may be hesitant to create them or lack the resources to write them.	Sites should take advantage of the protocols and processes already developed by other programs that have standard operating procedures (SOPs) for shipping and receiving kidneys. Involving surgeons in conversations regarding shipping and the development of standardized transportation protocols would ease their discomfort.	Collaborated with and learned from sites that are successfully shipping and receiving shipped kidneys and used the Shipping Kidneys toolkit available through the KPD program to develop effective policies and processes.
Surgeons at some sites are unwilling to receive a shipped kidney due to a lack of trust and comfort level in procurement abilities of the sending site.	Development of a shipping and receiving shipped kidneys guidance document should be created. This document will outline expectations of sites when shipping a kidney. It will provide for follow-up for any negative outcomes related to shipping.	Facilitation of teleconferences between surgeons involved in a shipped kidney has promoted clear communication, healthy relationships and helped to build trust.
There is a feeling of a lack of support from provincial organ donor organizations (ODO) regarding shipping of KPD living donor kidneys		Programs should connect with their provincial ODO regarding shipping. Where possible, programs should use the same resources and contacts for shipping and receiving kidneys from living donors.

Conclusion

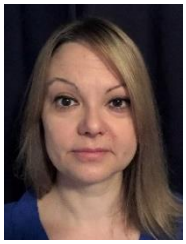
The Kidney Paired Donation: Living Donor Network Meeting was a unique opportunity bring living donation coordinators, quality assurance professionals and program managers from across the country together to establish professional networks and foster intra- and interprovincial relationships. A shared commitment to build on those relationships will continue to strengthen national collaboration and ultimately improve the overall efficiency of the KPD program for patients and donors.

Meeting participants agreed on the development of an online networking platform where members can communicate openly, quickly, conveniently and freely with each other. To foster continued engagement, Canadian Blood Services will help to create an online interactive networking platform and resume hosting regular virtual meetings with both the manager and coordinator groups.

APPENDIX 1: Forum planning committee

Jana Costa, RN
Jana has worked as a nurse at the Foothills Medical Centre in Calgary, holding a variety of positions with the Southern Alberta Transplant Program and Renal Services over the past 22 years. She has coordinated care of living kidney donors and recipients in the Canadian Transplant Registry for KPD and HSP programs since 2013/2014. Jana has participated in several committees and focus groups most recently as a stakeholder member of the Living donor working group with the ODTC.

Laura Gilbert, RN
Laura's nursing career includes nineteen years at CHUM hospital in Montréal with over twelve years in the transplant clinic. She has been managing living kidney donors since 2013. She also handles living donor and recipients enrolled in the KPD program.



Darlene Jugusic, RN, BSN
Darlene has been a Registered Nurse for many years, moving in 2010 to Saskatoon from Victoria BC. She began her work in the Living Kidney Donor office in 2014. Her role as live donor coordinator has also connected her with assisting donors to connect with KPD and realize their dreams of donation!

Lisa Martin, BA (Hons), RN
Lisa is a live kidney donor coordinator at the QEII Hearth Science Centre in Halifax NS and oversees the KPD live donors for Atlantic Canada. Nursing for over 24 years she has worked in many areas including general surgery, research and transplant both inpatient and outpatient. She currently sits on the ODTC in the Living Donation working group.

Beth Montesi, RN, BA, BScN
Beth has been a Living Kidney Donor Coordinator at London Health Sciences Centre in London, Ontario since 2014. Her work history includes 15 years as a nurse on the Multi Organ Transplant Unit at LHSC. She has been involved in many projects with KPD including participation in Canadian Blood Services Living Donor Advisory Committee meetings and recently at the Advancing Living Kidney Donation Forum.

Erin Schimpf, RN, B.N, B.A
Erin is the Program Manager for the provincial Saskatchewan Transplant Program at St. Paul's Hospital in Saskatoon.

Sherry Szucsko-Bedard, RN, BScN, CRM
Sherry is the Manager of the Surgical and Transplant Programs at London Health Sciences Centre (LHSC), University Hospital. Sherry has been in this position since November 2015 but has been fortunate to have been working at LHSC since 1989 in many positions including frontline transplant nursing, risk management and leadership.

Kim Werestiuk, RN, BN
Kim has been the Nurse Manager with Transplant Manitoba-Gift of Life since 2007. Kim oversees the 5 dynamic programs, Living Kidney Donation, Deceased Donation, Pre-Kidney, Liver, and Lung Transplant and the Post-Transplant Clinics located at HSC Winnipeg. Kim has served as an advisor and participant on a number of provincial, national and Canadian Blood Services Committees and Working Groups including as a working member of the Canadian Blood Services' Living Donation Advisory. She is the current Chair of the Donation and Transplant Administrators Advisory Committee.

Linnea Young, RN, BNSc
Linnea is a Living Kidney Donor Coordinator at St. Paul's Hospital, Vancouver, BC, Canada. She has worked with the British Columbia transplant program for over 17 years and has a variety of transplant experience ranging from inpatient solid organ transplant staff RN, to outpatient post-transplant clinical follow-up, to pre-kidney transplant coordination. For the past 5 years, Linnea has worked in her current role as living kidney donor coordinator where she enjoys regular involvement with the KPD Program.

APPENDIX 2: Forum participants

Ms. Jessica Ammeter, RN, BN, Recipient Renal Transplant Coordinator, Health Science Centre, Winnipeg, MB

Ms. Charley Bekolay, Program Associate, Canadian Blood Services, Edmonton, AB

Ms. Robyn Borschneck, RN BN, Kidney/Pancreas Transplant Living Donor Coordinator, (KPD), Foothills Medical Centre, Calgary, AB

Ms. Camille Boucher, RN, BSc, MScN, Living Kidney Donor Coordinator, Transplant Manitoba - Gift of Life Health Sciences Centre, Winnipeg, MB

Ms. Heather Boulter, BN, RN, C(Neph)c, Provincial Renal Transplant Recipient Coordinator, Queen Elizabeth Hospital, Charlottetown, PEI

Ms. Bertha Brake, Manager Patient Services, Critical Care/ Renal Care/ Respiratory, Western Memorial Regional Hospital, Corner Brook, NL

Ms. Sherry Buckle, Unit Manager, ALTRA Southern Alberta Transplant Program, Foothills Medical Centre, Calgary, AB

Ms. Laura Byers, Manager, Ambulatory Transplant, Toronto General Hospital, Toronto, ON

Ms. Jodi Casely, Program Liaison, Canadian Blood Services, Edmonton, AB

Ms. Valerie Cass, Manager, Royal Victoria Hospital, CHUM, Montreal, QC

Ms. Julie Chénard, RN, BScN, Renal Transplant Living Donor Coordinator, CHU, Hôtel Dieu de Québec Quebec, QC

Ms. Julie Cissell, RN, BScN, Living Kidney Donor Coordinator, Soham & Shaila Ajmera Family Transplant Centre, University Health Network, Toronto, ON

Ms. Jennifer Coleman, BSc, Quality & Compliance Analyst Transplant Program, Toronto General Hospital, Toronto, ON

Ms. Maureen Connelly, RN, BScN, Living Kidney Donor Coordinator, St. Michael's Hospital, Toronto, ON

Ms. Jana Costa, RN, Living Donor Transplant Coordinator Kidney Paired Donation Program Highly Sensitized Patient/ HSP Program, Foothills Medical Centre, Calgary, AB

Ms. Nancy Dodd, P.Eng, Process Quality Engineer, Transplant Manitoba Gift of Life, Health Sciences Centre, Winnipeg, MB

Ms. Lindsey Doxtator, RN, BScN, CNeph(C), Program Manager-Regional Renal Services Ambulatory Clinics, Satellite Hemodialysis, Home Therapies & Transplant, Kingston General Hospital, Kingston, ON

Ms. Diane Dumont, RN, BScN, C.Neph(C), Regional Renal Transplant Recipient Coordinator, The Ottawa Hospital, Ottawa, ON

Ms. Sharon Duncan, BA, RN, BSN, Manager, Patient Care Coordinator / Clinical Nurse Educator, Vancouver General Hospital, Vancouver, BC

Ms. Michelle Engson, RN, BScN, Pre-Kidney Transplant Coordinator for Recipients with Potential Living Donors, St. Michael’s Hospital, Toronto, ON

Mr. Ross FitzGerald, External Support Specialist, Canadian Blood Services, Ottawa, ON

Ms. Beth Forman, Program Liaison, Canadian Blood Services, Edmonton, AB

Ms. Caroline Fortin, Manager, Nephrology and Oncology, Hôtel-Dieu Québec, QC

Ms. Dyan Franco, RN, Unit Manager, Transplant Services, HOPE & Living Donor Program University of Alberta Hospital, Edmonton, AB

Mr. Wayne Fritz, Interim Regional Director, Renal Program, Vancouver Coastal Health Interim Director, Renal Program, Providence Health Care, St. Paul's Hospital, Vancouver, BC

Ms. Arlene Funnell, RN, Living Donor Coordinator, Kingston General Hospital, Kington, ON

Mr. Michael Garrels, RN, Recipient Coordinator, Multi Organ Transplant Program, Toronto General Hospital, Toronto, ON

Ms. Chantal Gauthier, Living Donor Coordinator, The Ottawa Hospital, Ottawa, ON

Mr. Clay Gillrie, Associate Director, Canadian Blood Services, Vancouver, BC

Ms. Mélanie Goulet, RN, Kidney and Pancreas Pre-Transplant Living Donor Coordinator, CHUM, Montreal, QC

Ms. Darlene Jugusic, Living Kidney Donor Coordinator, Saskatchewan Transplant Program, St. Paul's Hospital, Saskatoon, SK

Ms. Uchenna Ibelo, MSc, MN, Living Donor Quality Assurance Coordinator - ALTRA Southern Alberta Transplant Program, Foothills Medical Centre, Calgary, AB

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Ms. Peggy John, Associate Director, Canadian Blood Services, Vancouver, BC

Ms. Renee Katter, RN, BSN, Living Donor Kidney Coordinator, Vancouver General Hospital, Vancouver, BC

Ms. Shelby Kennedy, RN, BScN, MOTP Administrative Co-Lead, Interim Health Services Manager, Queen Elizabeth II Health Sciences Centre, Halifax, NS

Ms. Jennie Kramer, RN, BScN, CNeph, Recipient Renal Transplant Coordinator, Kingston Health Sciences Centre, Kingston, ON

Mr. Mathieu L'Heureux, Transplantation Coordinator, Nursing Care, CHUM, Montreal, QC

Ms. Jessica La Barbera, Living Kidney Donor Transplant Coordinator, MUHC, Royal Victoria Hospital, Montreal, QC

Ms. Christiane Lacharite, Director Renal Deceased Department, Hôpital Fleurimont (CHUS), Sherbrooke, QC

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Ms. Sheri Sheppard, RN, Transplant Coordinator/PRI Nurse, Western Memorial Regional Hospital, Corner Brook, NL

Ms. Simone Skutle, RN, BScN, Living Donor Coordinator, University Hospital of Alberta, Edmonton, AB

Ms. Diane Smith, Recipient Coordinator, London Health Sciences Centre, London, ON

Ms. Sherry Szucsko-Bedard, Quality Manager, UH Surgery and Transplantation, London Health Sciences Centre, London, ON

Mr. Tom Tautorus, Ph.D, Manager Quality, Safety, and Performance Improvement

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Ms. Ami Wawryk, RN, BSN, Recipient Renal Transplant Coordinator, St. Paul's Hospital, Saskatoon, SK

Ms. Corinne Weemink, Quality and Safety Specialist, Transplant, London Health Sciences Centre, London, ON

Ms. Rachel Wells, BScN, RN, Cneph(c), Kidney Recipient Transplant Coordinator, Multi-Organ Transplant Program, Queen Elizabeth II Health Sciences Centre, Halifax, NS

Ms. Kim Werestiuk, RN, BN, Manager, Transplant Manitoba – Gift of Life, Health Sciences Centre, Winnipeg, MB

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Ms. Angela Wishnowski, RN, BScN, CNeph(C), Recipient Renal Transplant Recipient Coordinator, Alberta Health Services, Edmonton, AB

Ms. Jo-Anne Woolridge, Recipient Coordinator, Eastern Health, St. John's, NL

Ms. Kathy Yetzer, Sr. Advisor & Program Lead, Canadian Blood Services, Edmonton, AB

Ms. Linnea Young, RN, BNSc, Living Donor Coordinator, St. Paul's Hospital, Vancouver, BC

APPENDIX 3: Agenda

Time	Topic	
0700-0800	**Breakfast: Thom Thomson Room**	
0800-1000	**Plenary Session in Toronto III room** • Getting to know Canadian Blood Services • Getting to know Kidney Paired Donation	
1000-1020	**Break**	
	Coordinator Stream – Toronto III Room	**Managers Stream – Jackson Room**
1020-1050	**Networking Possibilities** • *Presented by Jenny Ryan*	**Networking Possibilities** • *Presented by Peggy John*
	Coordinator &QA Breakout Session **1050-1200**	**Managers Breakout Session** **1050-1200**
	1050-1105 • **Compatible Pair Participation in KPD**	**Communications**
	1105-1130 • **Understanding the Unpaired Candidate Information - Workshop**	**Understanding the Resource Landscape**
	1130-1145 **The Canadian Transplant Registry** • Challenges & enhancements	
1145-1200	What's on your mind? Ask your peers	What's on your mind? Ask your peers
1200-1300	**Lunch**	
	Return to Plenary Session in Toronto III room	
1300-1430	**Chain Efficiencies:** • Overview, targets, challenges • Workshop	
1430-1445	**Break**	
1445-1545	**Shipping and Receiving Shipped Kidneys in KPD:** • Session Overview, Literature summary – (10 minutes) • Shipping Kidneys in KPD – Linnea Young, Michael Garrels, Tom Tatorous (10 Minutes) • Workshop	
1545-1600	**Meeting Wrap-up**	
1600	**Adjournment**	

APPENDIX 4: Meeting evaluation

Participants and responses

Participants from each transplant centre participating in the Kidney paired Donation Program were invited to the meeting. Meeting organizers did their best to obtain equal representation from all programs in the roles of Mangers, Living Donor Coordinators, Recipient Coordinators and Quality Assurance Representatives.

In total, 67 participants took part in the forum, including 9 Canadian Blood Services representatives. Feedback on the meeting was solicited from all participants, although it is customary for Canadian Blood Services representatives (as the organizers of the event) to abstain from including their feedback. 59 of the participants formally provided their input on the meeting through anonymous feedback forms.

Summary

Meeting participants were invited to provide feedback on the meeting through anonymous feedback forms, and responses were received from 55 of the 59 (93%) participants. Overall, feedback was extremely positive, with the majority of responses reflecting a very favourable impression of the meeting.

Each component of the event logistics rated was considered to be *very good* or *excellent* by 96% of respondents, good by 4% of respondents and no respondents graded the even as *poor*.

When asked to the meeting's organization and effectiveness, none of the respondents rated any of the associated metrics as *poor*; 93% to 98% of respondents rated these elements relating to the meeting's presentations, timing, and goals as *very good* or *excellent*.

Overall, 93% of respondents felt that the meeting did a *very good* or *excellent* job of allotting enough time for participants to achieve the goals presented

Meeting elements

Respondents were asked to rate various elements of the meeting event, including event logistics aspects relating to the hotel, the meeting location, and the technical aspects of the meeting presentations, as well as elements of the meetings organization and effectiveness. These elements were rated on a scale of four options as follows: *poor*, *good*, *very good*, and *excellent*. The option to select *not applicable* was also available.

Overall, the majority of respondents represented a favourable opinion on these meeting elements, with each component being rated as *very good* or *excellent* by 60% to 98% of respondents who provided a rating.

Overall, 94% of respondents indicated they felt that the time allotted for the workshop activities accomplished the goals and facilitated discussion.

Knowledge transfer

92% of those who responded indicated that they intended to share the knowledge they learned at the meeting with others at their programs.

"Will you share the knowledge you received from this meeting with others? If so, with whom and/or in what capacity?"

Of the 55 participants who responded on the topic of knowledge transfer, 51 (92%) intended to share the knowledge they received form the meeting with others, while one respondent was not sure whether they would do so.

Meeting participants expressed an attitude of optimism and hope for the future and provided select suggestions for future considerations and activities. Elements of the meeting that were of particular value include:

- Communication (discussion, networking, collaborating, and participation in workshops)
- Representativeness from living donation programs participating in KPD across the county
- The organization and facilitation of the meeting event

I appreciate the opportunity to attend. I'm inspired and excited to bring knowledge back to practice and inspire communications with my colleagues. This is the start of an incredible network and I am grateful to be a part of it!

Expressions of gratitude and support

Although this was not explicitly incorporated into the structure of the feedback form, the majority of respondents chose to express their appreciation for the meeting and gratitude to Canadian Blood Services for their contributions to it.

"Keep the momentum going• Good for networking with other managers, this has been a valuable time that creates bonds to help continue good work in kidney transplant• Excellent forum. Congratulations to the organization for this excellent program and conference• After 15yrs in healthcare this format of meeting has proven most valuable. I would be willing to obtain hospital funds for conference attendees to participate in annual meetings• Great to meet others in transplant, learn what they are doing, break down barriers• Overall great presentations and collaborative discussions-Would love future opportunities to bring the same group together for face to face meeting• QA meeting invaluable• New to KPD and nice to meet other coordinators and feel part of a team & nice to discuss in person issues that I thought I had alone, but other programs have as well• This needs to happen every year It has been so invaluable to discuss process and protocol, barriers and work arounds•. Very exciting to see engagement from across country, sharing resources and forming connection.