

Organ Procurement Coordinators...



...the Bridge Between Donation and Transplantation

Goals of OP Coordinator



- Facilitate successful authorization
- Maximize donor management efforts
- Ensure recovery of every eligible organ

Understanding What Works & Lessons Learned

Facilitate Successful Authorization



- Develop clear data-driven, best-practice based definition & stick to it
- Develop Data Tracking Sheet
- Analyze Individual Component of ERP
- Separate BD vs. DCD requests
- Use this data to work with hospital staff and physicians

MTN's Effective Request Process

- 1) Timely Referral (as defined by hospital policy)
- 2) Huddle of appropriate people prior to any mention of donation, and plan developed
- 3) Successful implementation of agreed upon plan
- 4) If change in patient/family situation, a re-huddle occurs to determine if plan should change

MTN ERP Data Tracking Tool

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Eligible Donors	20	17	23	18	18	18	26	25	23	20	13	18	239
Consented Donors	12	13	17	10	11	12	19	21	16	14	11	13	169
Consent Rate	60%	76%	74%	56%	61%	67%	73%	84%	70%	70%	85%	72%	71%
Effective Requests	9	9	14	11	13	7	18	18	12	12	4	9	136
Effective Requests Covered	8	6	12	7	9	6	15	15	10	10	4	9	111
Effective Requests Covered Rate	89%	67%	86%	64%	69%	86%	83%	83%	83%	100%	100%	82%	82%
Non Effective Requests	11	8	9	7	5	11	11	7	11	8	9	9	106
Non Effective Requests Covered	4	7	5	3	2	6	7	6	6	4	7	4	61
Non Effective Requests Covered Rate	36%	88%	56%	43%	40%	55%	64%	86%	55%	50%	78%	44%	57%
Non Effective Requests Not Covered	7	1	4	4	3	5	4	1	5	4	2	5	45
**Non Timely	5	NA	2	1	1	3	3	1	1	NA	NA	2	19 (42%)
**No Huddle	4	1	2	4	2	2	1	NA	4	4	2	4	30 (67%)
**Plan not implemented	1	NA	1	NA	NA	2	1	NA	NA	NA	NA	NA	5 (11%)
** No reassessment if pt/family situation changed	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	1	1 (2%)

Data talks...use it to help all involved in process

Process and Outcome Correlation

- When ERP utilized for **BD** donors – 82% consent rate
- When ERP utilized for **DCD** – 74% consent rate
- When **non-ERP** utilized – 58% consent rate
 - 42% non-timely
 - 67% donation mentioned prior to huddle
- When **non-ERP** utilized – 35% consent rate
 - 55% non-timely
 - 45% donation mentioned prior to huddle

Maximize Donor Management Efforts

- Work *collaboratively* with intensivists
- Development of clear, focused donor management goals

When Engaging Intensivists... Remember...

"I am a critical care physician trained to care for the sickest of the sick. Because of the pathophysiology manifested by donors, they ARE the sickest of the sick!"



Michael Moncure, MD
Trauma/Surgical Critical Care

"Ah hah" Moments

"It is dawning on the transplant community that management of the organ donor is a critical care function."



Paul W. Nelson, M.D.
MTN Medical Director
Kidney Transplant Surgeon

True Partnership with Intensivists



- Obtain formal critical care consult to help manage donor cases
- Attend monthly case review
- Review/revise donor management protocols
- Development of Education Curriculum for coordinators
- Development of Donor Management Goals

Donor Management Goals Tracking Sheet

Were donor management parameters met within 12 hours of consent/pronouncement (whichever comes last)? **Yes No**

How long into the scale did it take to meet these standards? _____

Hemodynamics:	Adult (>18)	Pediatric (10-18)	Pediatric (1-9)	Pediatric (less-1yr)	Pediatric (0-1mo)
MAP (Adults)	>60	>50	>70 + 2wage	>70	>60
SBP (Pediatric)					
C.I.			>2.5		
Urine Output			1/2 - 3cc/kg/hour		
pH			Normal range (7.30-7.45)		
PIF Ratio	>300, if donor < 60 years of age PIFR should be >350				
Drug	Adult Dose	Pediatric/Neonatal Dose			
Dopamine	< 5 mcg/kg/min	< 5 mcg/kg/min			
Dobutamine	< 1 mcg	Not considered first line vasopressor agent			
Norepinephrine	< 0.5 mcg/kg/min	< 0.2 mcg/kg/min			
Epinephrine	< 0.5 mcg/kg/min	< 0.5 mcg/kg/min			
Levosimendan	< 0.1 mcg/kg/min	< 0.1 mcg/kg/min			

At 12 hour mark: _____ Effective Request Process: _____

MAP	
C.I.	
Urine Output	
pH	
PIF ratio	
Pressors	

Results...

- Intensivist involvement results in more organs transplanted per donor (3.54 vs 3.15)
- Lung transplant rate significantly higher (66% vs 20%) when intensivist involved
- When DMG met more organs transplanted per donor (4.26 vs. 3.04)
- DMG met more when intensivist involved (60% vs 29%)

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