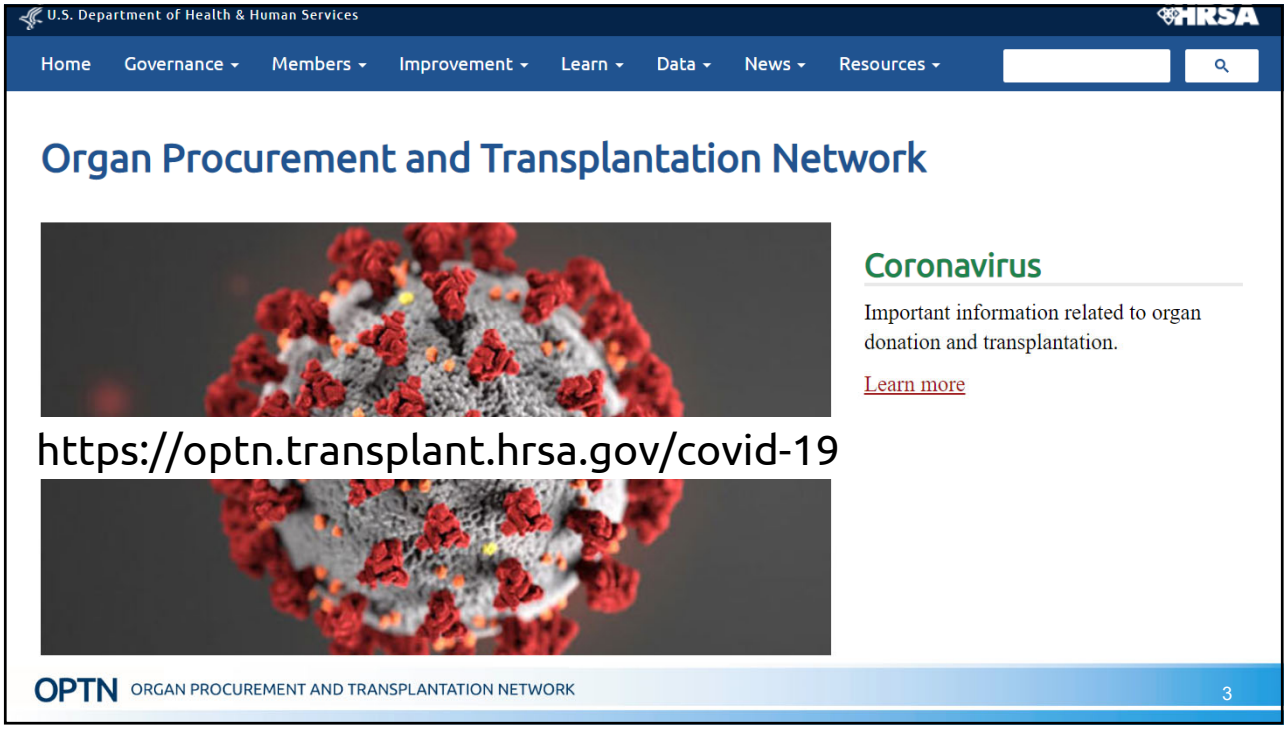
# COVID-19: Past, Present, and Future Transplant Center Operations

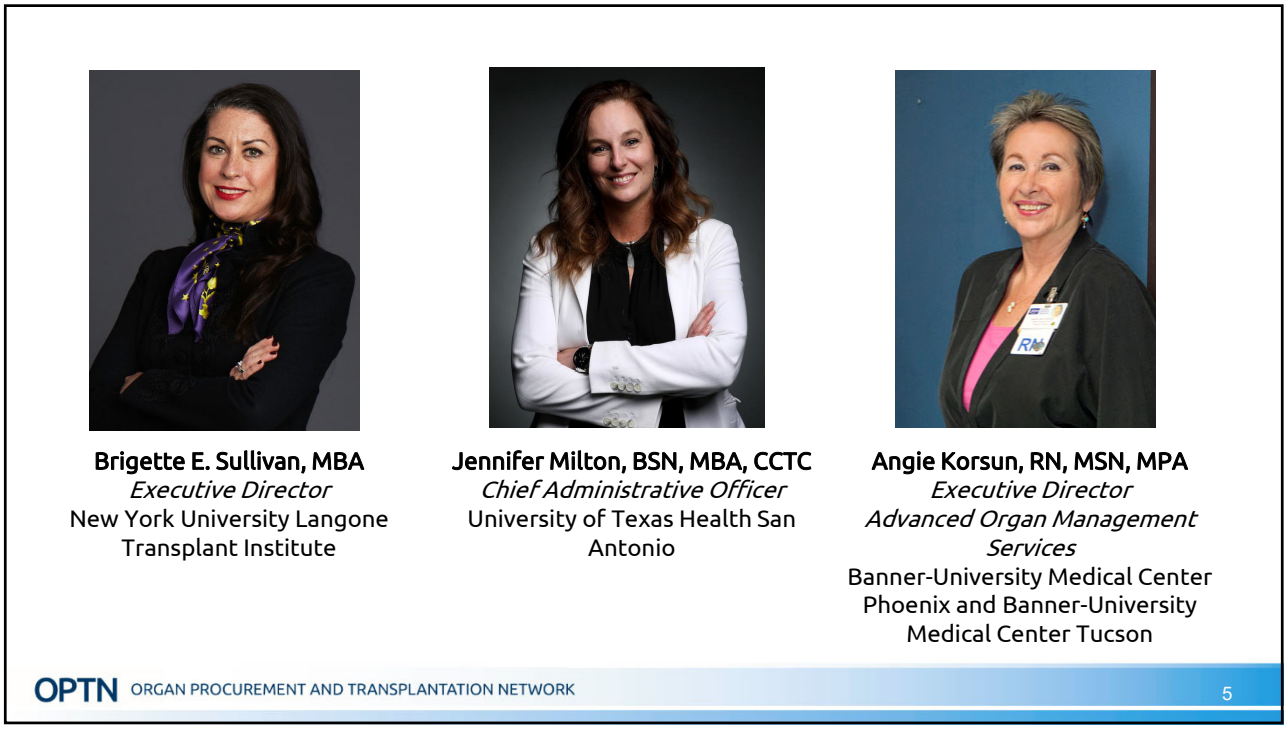
*July 24, 2020*



## Disclaimer

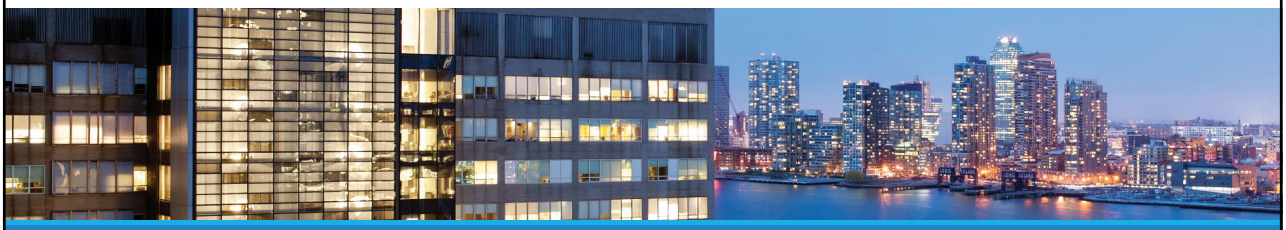
The information presented in this webinar is provided by professionals to aid the donation and transplant community. We make no representations or warranties about the reliability of the information. The inclusion of any materials or links does not imply a recommendation or endorsement by the OPTN or UNOS.


U.S. Department of Health & Human Services
HRSA
Home
Governance
Members
Improvement
Learn
Data
News
Resources
Organ Procurement and Transplantation Network
Coronavirus
Important information related to organ donation and transplantation.
Learn more
https://optn.transplant.hrsa.gov/covid-19
OPTN ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK
3


Brigette E. Sullivan, MBA
Executive Director
New York University Langone Transplant Institute
Jennifer Milton, BSN, MBA, CCTC
Chief Administrative Officer
University of Texas Health San Antonio
Angie Korsun, RN, MSN, MPA
Executive Director
Advanced Organ Management Services
Banner-University Medical Center Phoenix and Banner-University Medical Center Tucson
OPTN ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK
5

# Brigitte Sullivan, MBA

EXECUTIVE DIRECTOR, NYU LANGONE TRANSPLANT INSTITUTE



## In the Beginning

- 3/5/20 First COVID+ patient admitted, on 4/1, >500 census
- Daily conference calls with transplant faculty and managers
- Daily calls to all COVID+, symptomatic or exposed pre and post patients at home and tracking of testing and outcomes
- Mailed and MyChart messaged waitlist and post-transplant patients precautions & mask
- Volunteers dispersed for home phlebotomy and process with lab
- Impact on contracted services – HLA lab, couriers
- Supported OPO with COVID PCR testing, infectious disease physician consultation and pulmonologist donor management consultation
- Every other day Zoom with NY transplant centers and OPOs to share information and collect data
- Informed CMS of transplant center inactivity

# Coming out of the Surge

Creating a COVID-19 Safe Environment

Evaluation → Waitlist → Operating Room → ICU → Acute Care → Rehab → Post Transplant Follow up

- Set goal of re-starting transplants early and developed written "Playbook" that evolved daily
  - Outlined process for each phase and setting
  - Shared with leaders across the hospital (OR, ICU, PT/Rehab, Patient Placement, etc.) so transplant patient precautions considered as they adapted other workflows and policies
- Conducted baseline employee PCR testing and instituted daily fever & symptom check, all patient facing employees wear mask and face shields, 6 foot spacing of employees, staggered in office/remote
- Separated inpatient provider teams and units into COVID+/COVID- and adjusted as census declined
- Informed patients and referring physicians that it's safe to come back to the hospital
  - Letters to referring physicians and patients about safety measures implemented
  - Updates on website
  - GNYHA advertising campaign
- Increased SACs due to OPO low volumes

# Where we are today - Present

- Checked in with patients more frequently with telemedicine and reduced frequency of post-transplant labs and increased compliance with meds
- Use of noninvasive molecular monitoring of blood reduced biopsies and saves money
- Developed better ways of consenting – Redcap e-consents for clinical and research
- Visitor restrictions and screening – impact on living donation
- Planning for possible Second Wave – Transplant Surge Manual
  - Priority: Maintain non-COVID pathway for new transplants

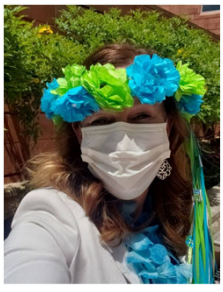
**Transplants at NY Centers**

| Donor Type | Organ Type | Incr/(Decr) over 2019 | June 2020 | CY 2019 Avg per |
|---|---|---|---|---|
| Deceased | Kidney | 9% | 93 | 85 |
| | Liver | 30% | 46 | 35 |
| | Heart | 27% | 27 | 21 |
| | Lung | -26% | 10 | 14 |
| | All Other | 0% | 8 | 8 |
| | Total | 12% | 184 | 164 |
| Living | Kidney & Liver | -22% | 47 | 60 |
| **Grand Total** | | **7%** | **415** | **387** |

# Lessons learned

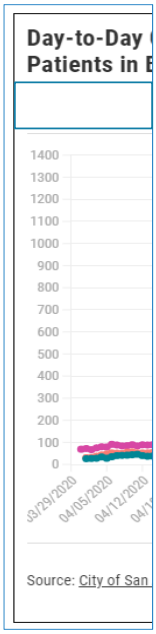
- Communication - Transparent and Inclusive
  - Every other day phone calls (including weekends) with all faculty and managers, minutes emailed out afterward
  - Playbook
  - Being OK with not knowing the answer - one day at a time
- Waitlist Management – Optimized return to transplanting
  - Inactivated most patients with "Status 7-COVID Precautions" and did telemed reevaluations prior to reactivation
  - Simultaneously provided patients with education about precautions
- Telemedicine/virtual meetings - Great success
  - Significantly impact space/time issues in patient evaluation/follow up and increase flexibility
  - Improved patient education through Zoom (engage more family members/caregivers, take more time with patient)
  - Increase access to patients in counties distant from transplant programs
  - Increase our ability to more efficiently connect through conferences/meetings internally and externally
  - Organ procurement - Opportunity to reassess how/when we travel to procure organs. This could lead to significant cost savings and efficiency.


Jennifer Milton
Chief Administrative Officer
Clinical Assistant Professor
University Transplant Center
San Antonio Texas



# How Did We Get Here: The Past

- American College of Surgeons COVID 19: Recommendations for Management of Elective Surgical Procedures
- Emergency Dept of Surgery Review addressing elective surgery
- Urgent call with UNOS
- Guidelines established to suspend 'elective' cases (living donation & certain portions of the waiting list)




- Single digit cases, largely travel implicated
- Decisions made as "Abundance of Caution"
- I ❤ NY Transplant Centers (& "Outstanding Issues in Transplantation" )
  - Committees/gatherings
  - Outreach Clinics
  - Informed Consent
  - Advocacy for Living Donors
  - Diagnosis & Treatment
  - *Life-Hacks*
    - Anxiety & Grief planning
    - Spare Equipment & PPE

# "The Center for Life"

24 days earlier…….

13,000 sf Dedicated Donation Recovery Center onsite at University Hospital

Destination for regional organ, tissue and corneal donors via multiple donation partners

Organ Donation - Phased approach for transfer mapped by Texas Organ Sharing Alliance (TOSA) with UH and local donors only to start

First Tissue Donor 2/20/20

First Corneal Donor 2/20/20

First Organ Donor 3/13/2020 then

OPO testing in 'Kansas' grew …..

# Our Two COVID Battles


## UNIVERSITY TRANSPLANT CENTER

Telemedicine meet the Digital Divide

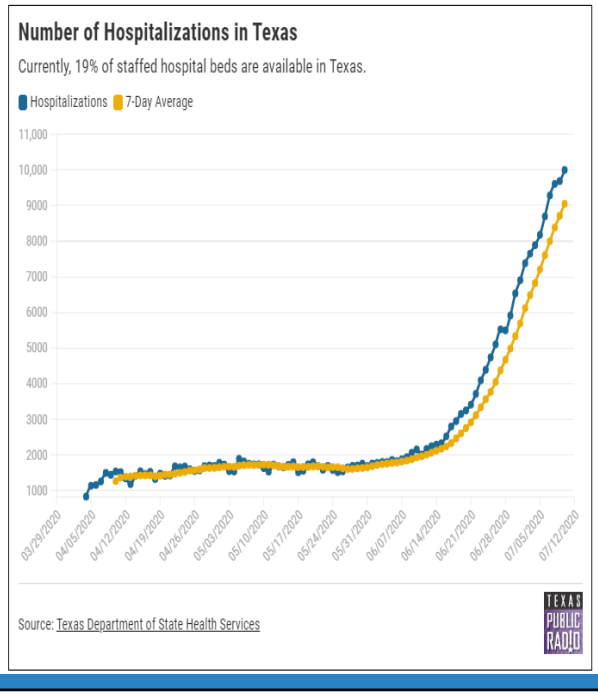
In-depth education for patients/caregivers (+ all members in household) on COVID prevention
- Visitation Policy & Informed Consent

Our April EPIC Go Live shifted to July 11 (groan)

Fiscal 'Woes' hit medical school & hospital far before surge

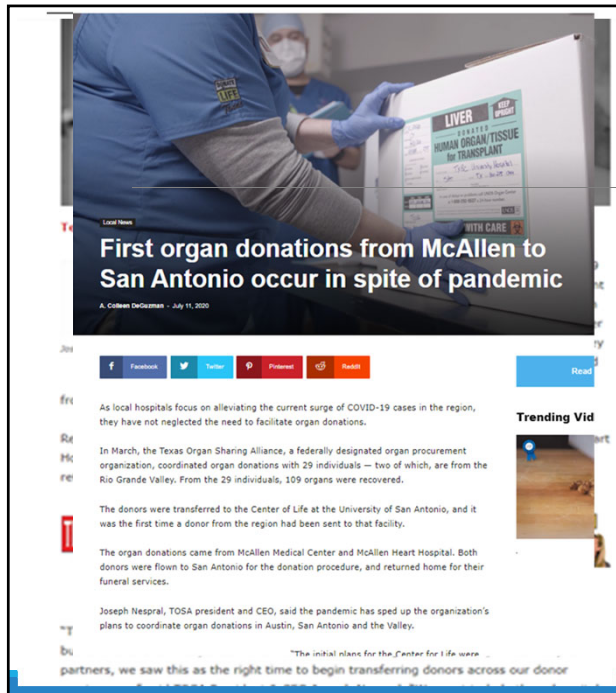
Launched UT Transplant Collaborative Calls

AND…. We learned a lot from our sickest patients




# Where We Are Today: *Everything is Bigger in Texas*

- Case Doubling Time now 16 days (~better)
- Blood Supply remains lower & unpredictable
- Community Acquired is primary mode
- Staff + among non-patient facing positions
  - Staff out to recover, caregiver or quarantine
  - I ❤️ NY Transplant Centers
- "Calvary" onsite




# A Look Ahead: Paying it Forward

- But Team A cant leave – lessons from Hurricane preparedness
- Morale Boosters
- Communicate, Communicate, Communicate
  - Unstructured open discussion
    - Email as secondary communication
- Proactively screen pre and post patients – job loss (insurance loss)
- Crisis in Transplant Crisis Assistance Funding
- Expand access to free emotional support for staff & their family
- Just another Saturday night (Vents, Morgue & Dialysis)
- PROs and CONs of Mandatory PTO
- Transplant Patients and Donor Families are resilient
- OPO and Transplant Surgeons, Physicians and Staff are too

**Angie Korsun, RN, MSN,MPA**

Executive Director,

Advanced Organ Management Services
Banner University Medical Center; Phoenix & Tucson

# How we got here - Past

- COVID hit the US in Dec 2019/Jan 2020.
- Arizona had one case early on but nothing more for several weeks. Cases appeared to be mostly concentrated on the East coast and some up in Washington state.
- Were we going to be lucky and avoid this scourge?
- Donor Network of AZ worked closely with their colleagues nationally and quickly instituted donor screening by history and testing that involved flying samples to lab in Kansas until local labs able to accommodate
- At the hospital, we were closely watching what was occurring in other states (NY in particular) and started to look at protocols, masking, PPE supplies, testing, etc.
- In late Feb/March- as case volume was increasing; started to make operational changes such as remote working for staff, looking at limiting non urgent cases; ceased LD transplants, planned for moving to e-visits; tracking activity in Europe and NY for what was happening to the transplant community
- Issues of convincing community this was a real threat; getting people to wear masks consistently, adjusting work life to remote activity. Leadership at Banner was extremely active at communicating to the entire system what was going on, what actions were being taken to protect patients and staff. Discussions about PPE, testing, restrictions for visitors, etc. We had weekly updates from system CMO and CEO as well as daily facility updates

# AZ COVID cases the end of June 2020

- 6/28/20
- AZ cases 73,908 with 1588 deaths

| COVID-19 positive inpatients | Inpatients under investigation for COVID-19 | COVID-19 positive ventilated patients |
|---|---|---|
| 821 | 248 | 153 |

# Where we are today - Present

- Unfortunately at this time AZ is one of the states with marked increase in COVID cases and our volume of IP's as well as ventilated patients is up considerably.
- As other facilities, we have restriction for staff entry to facility, no visitors or vendors without special permission, allocation of PPE. Incident Command Center has been mobilized on numerous occasions as bed capacity is a challenge. Bed capacity is reassessed every few hours throughout the day. Issues with hospital transfers in and out due to COVID issues. Using mobile phlebotomy to limit contact.
- Limiting staff contact with patients, doing more remote clinic encounters as possible. Regularly reassessing what patients can be seen remotely, limiting in person visits wherever possible. Limiting transplant cases by inactivating patients who are deemed stable enough to wait. Reinforcing masking, working with community to reinforce that message.
- Staff and MD's are getting tired; many people are showing signs of stress from isolation. We are working with staff using Microsoft Teams platforms as vehicle for staff /workgroup meetings. Asking everyone to use their cameras so we can see each other and connect visually. Lots of leadership team discussions and planning how to protect and support all team members. Significant efforts made via media platforms to share positive stories, stress need to care for "Brain and Body" for staff as well as taking care of our patients.
- We have had a dip in transplant volume secondary to inactivating some patients, in some cases because of concerns with some donor offers, esp initially. Currently, as long as we can identify a bed, we will do transplant.

# Current state in AZ as of 7.21.20

- **Arizona Department Of Health Services (ADHS) COVID-19 Stats:**
- ·Total Arizona cases: 148,683 (cases have doubled since June 28th)
- ·**New Arizona cases reported yesterday: 3,500**
- Total Pima County cases: 13,848 ( Tucson area)
- ·New Pima County cases yesterday: 254
- As of mid July- Banner facilities were taking care of 45% of the AZ COVID population

# Our future plans

- Looking at what will be our new "normal". How are we going to define it?
- How different will our workflow need to be to continue to address virus that will be with us for some time; but we need to resume some measure of previous activity to survive.
- We have increased our screening of patients, screening on admission regardless of reason for admission, testing at certain milestones, monitoring conversion after pt. tests positive.
- Definite reconfiguration of workspace (masks, social distancing, working remotely more regularly, developing new methods to assess productivity of staff while keeping them connected to the team)
- Refining regularly what are triggers or indicators to the team that our patients may be infected or deteriorating for some other reason and need to be seen.
- No longer take for granted that all patients have to be seen in person. Assessing risk of any invasive intervention for both the patient and the staff. Are there other methods of monitoring that need to be considered. We have converted our renal pre txp education session to Zoom with great response and even better attendance.
- Looking to keep patients out of the ER by working with local facilities like Banner Urgent Care to assess patient in a les crowded environment.
- We have no current plans to migrate staff back into the office . We are looking at opposite direction, who can we keep working remotely?
- Much of what we do will be impacted by the economic situation of our respective organizations and society as a whole. Many challenges financially

# Lessons learned

- Need to revise Disaster plans- pandemic needs to be added to the list along with hurricanes and blizzards
- Can't plan enough- personnel, supplies, workflow, patient & staff support
- Can't communicate enough- need to reassure people and be transparent, even if uncomfortable. Need to care for ourselves mentally as well as physically. Helping people cope is critical. Resilience is a challenge
- Needed to adapt quickly to new way of working. Needed to get people set up for work at home: laptops, VPN's, bandwidth to accommodate, softphones, scanners. LOTS of IT support needed
- Need to rethink workplace structure. Reassess what jobs lend themselves to working remotely with occasional presence in office. How to monitor productivity when people are not visible routinely. What tools or metrics need to be created/modified/used to objectively assess personnel.

# Questions & Answers

**Brigitte Sullivan**
(646) 501-2415
brigitte.sullivan@nyulangone.org

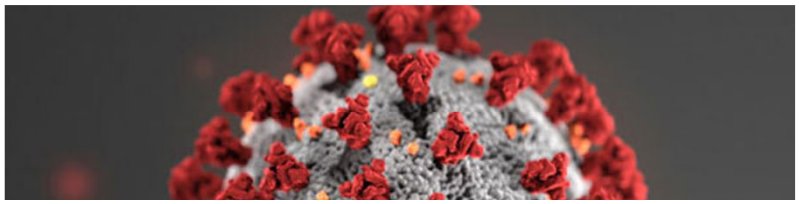
**Jennifer Milton**
(210) 743-4343
milton@uthscsa.edu

**Angie Korsun**
(434) 825-7417
angelina.korsun@bannerhealth.com





## Organ Procurement and Transplantation Network



### Coronavirus

Important information related to organ donation and transplantation.

Learn more

https://optn.transplant.hrsa.gov/covid-19