OPTN
DCD Procurement Collaborative

Learning Congress Summary

Denver, Colorado
July 26-27th, 2022

ORGAN PROCUREMENT AND TRANSPLANTATION NETWORK OPTN

Table of Contents

OPTN DCD Procurement Collaborative Background

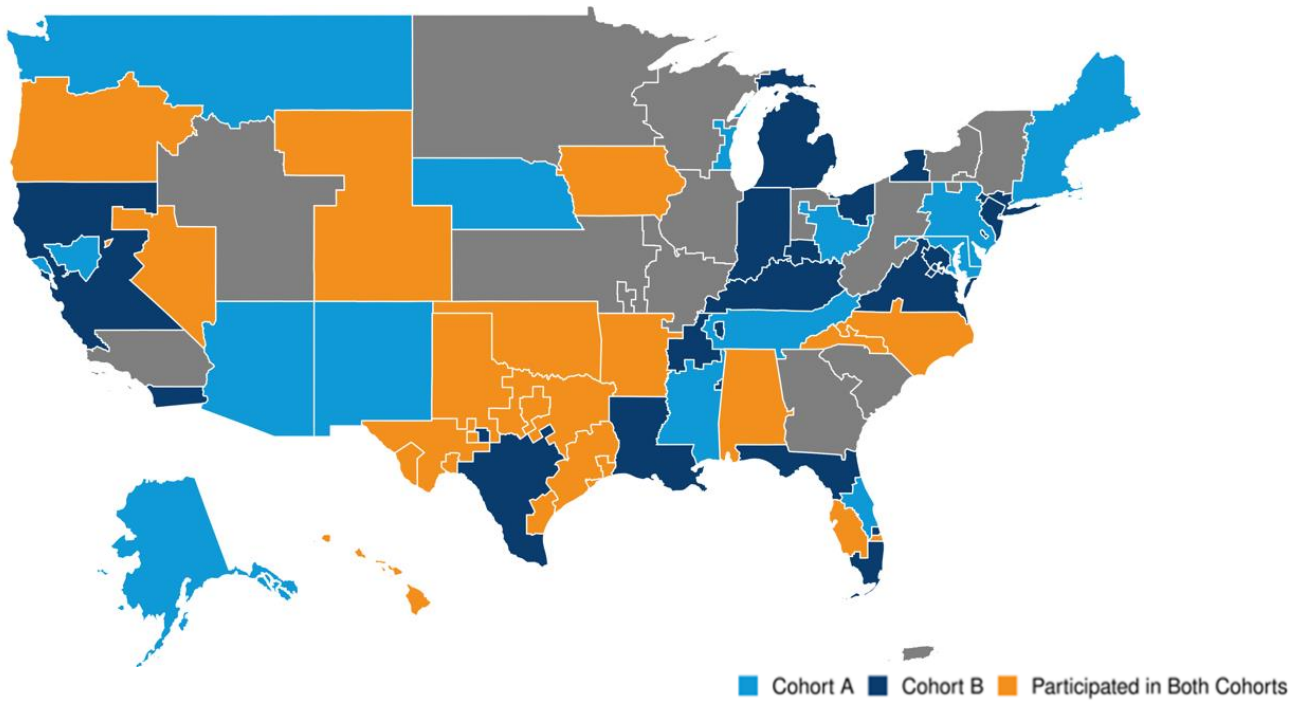
The OPTN DCD Procurement Collaborative Improvement project aimed to support nationwide efforts to increase organs available for transplant by identifying and sharing effective practices regarding approaches to DCD procurement. Many OPOs have successfully increased DCD volumes while maintaining or increasing DBD volumes. A recent report produced by the National Academies of Sciences, Engineering, and Medicine (NASEM) states that many OPOs have become skilled systems improvers through the use of quality improvement methods that are at the core of collaborative improvement. The Academies recommend that successful DCD recovery models be shared, adapted and used within the wider donation and transplant community.

In support of these efforts, the DCD Procurement Collaborative focused on driving improvement by utilizing these three key drivers as the foundation for change:

- Optimizing clinical practices and staffing structures,
- Strengthening donor hospital and transplant program relationships, and
- Enhancing the process for obtaining authorizations.

In this project, two groups (cohorts) of OPOs each enrolled for six months of engagement to work collaboratively on improvement efforts in these key areas.

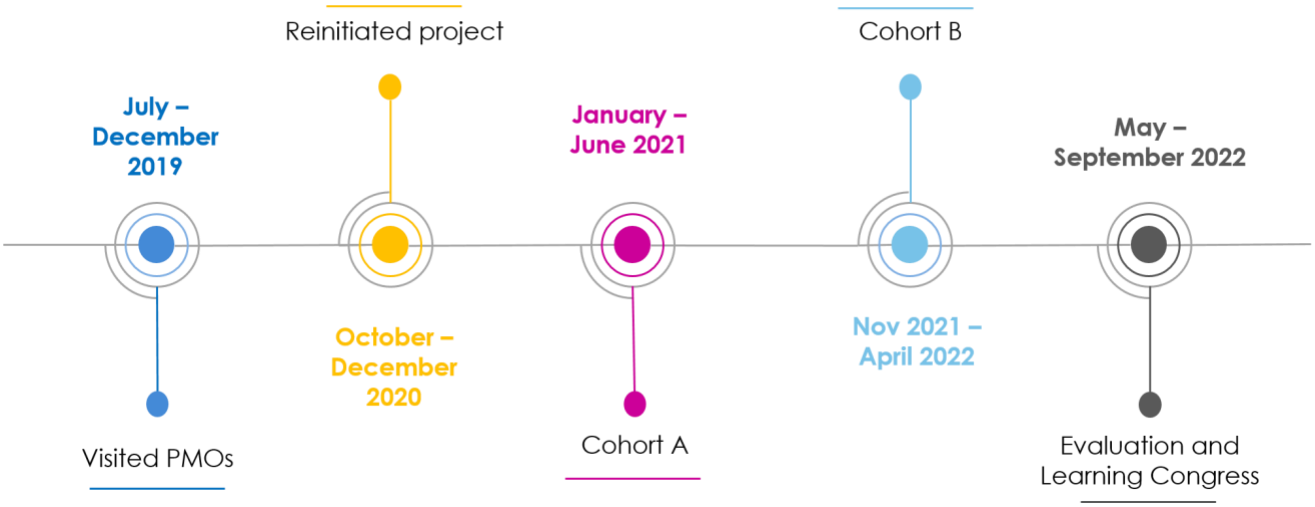
Cohort Participation Map



Cohort Summary

Primary Aim: Increase DCD donor procurement		
Purpose	Support efforts to increase organs available for transplant by identifying and sharing effective practices regarding approaches to DCD procurement.	
Participants	Cohort A 26 OPOs	Cohort B 30 OPOs (13 from Cohort A)
Active Engagement	January – June 2021	November 2021 – April 2022
Cohort Aims	Cohort A Increase DCD donor procurement by 20%	Cohort B Increase DCD donor procurement by 28%
Cohort Aim Results	Cohort A increased DCD donor procurement by 34% over the year prior	Cohort B increased DCD donor procurement by 21% over the same 6 months the year prior
Learning Congress	July 26 -27, 2022 – Denver, Colorado 90+ Attendees 43 OPOs	

Project Timeline



Learning Congress Highlights

Members from the OPO community joined the OPTN Collaborative Improvement team for an in-person Learning Congress at the conclusion of both cohorts of the Procurement Collaborative. Two representatives from each of the fifty-seven OPOs were invited to attend this day and a half event.

Attendees included representation from both collaborative cohorts, as well as additional OPOs who were unable to join the collaborative at the time of deployment. In the spirit of collaboration, this event was designed to bring all OPOs together to discuss common challenges, identify potential solutions, and share improvement ideas related to DCD donor procurement.

Learning Congress Highlights:

- Plenary sessions: collaborative participants shared their quality improvement projects and PDSA cycles related to the three key drivers: optimizing clinical practices, strengthening program relationships, and enhancing their processes for obtaining authorizations.

- Breakout discussion sessions: topics focused on organ placement strategies, authorization practices, and data used to measure meaningful metrics.

- Role-based breakout sessions: facilitated discussion opportunities for Clinical/Recovery services staff, Family Services and Hospital Development staff, and OPO Leadership and Quality staff.

- Case studies: several OPOs shared unique DCD-related case studies demonstrating the use of new technology and encouraging OPOs to expand the mindset when evaluating or ruling out a potential donor.

- Large group brainstorming session: attendees participated in a large group activity to elicit overall feedback and provide input on topics related to ideas for future potential OPO improvements and ways to further engage with donor and transplant hospital staff.

The recordings and accompanying slide sets for the plenary sessions are available in the ***OPTN DCD Procurement Collaborative*** playlist in the OPTN Learning Management System (known as UNOS℠ Connect*):

1. QLT156 - Collaborative Project Highlights and one OPO's DCD Improvement Strategies
2. QLT157 - Optimizing Clinical Practices and Staffing Structures
3. QLT158 - Strengthening Hospital and Transplant Program Relationships
4. QLT159 - Enhancing the Process for Obtaining Authorizations
5. QLT160 - OPTN DCD Procurement Case Studies

*Completed modules will provide ABTC Category 1 CEPTC credits

Additional session summaries and key takeaways of the Learning Congress are included in the following pages.

Data to Drive Improvement

The Data to Drive Improvement breakout session focused on utilizing and tracking meaningful data to increase DCD donation. Representatives from Indiana Donor Network demonstrated how they use data to improve their DCD processes both internally and externally. While the presentation was specific to *Power BI*, the following data types could be monitored and evaluated using other software programs:

Daily Dashboards	Strategic Plans and Development of Processes	Utilized in Transplant Quarterly Meetings
• Real-Time Data • Case Activity	• Organ Documentation and Orientation Education • COVID Donor Selection and Outcomes • Rapid DCD	• Gap Analysis • Timing • OPTN/UNOS Data

Organ Analysis	Hospital Gaps/Education	Family Services Focus

• Increase Age Criteria/Marginal Donors
• Transport Need for Transplant Centers
• In-House Donor Process
• Organ Discards
• Kidney Analysis
	• Gap Analysis:
	  • Hospital Benchmarking
	  • RHC Codes
	  • Patient Unstable
	  • Discontinued Vent
	• Hospital Reports
		• Authorization
		• Hospital Reports
		• Learning Through Declines
		• Finding Opportunities
		• COVID
		• Selection of Staff/Coaching

In addition to the focus areas above, the session provided several key takeaways:

- Data transparency is key
- Start with big-picture data, then narrow down to specifics
- Reduce staff performance assumption by using data to coach to staff's strengths and weaknesses

Authorization Strategies

The Authorization Strategies breakout session included large group discussions on FPA, expedited protocols, family discussions, and heparin administration. Participants agreed there needs to be hospital buy-in to foster an environment where FPA can be honored. One suggestion was to implement focused discussions with hospital partners to explain the benefits of donation for both the hospital and its patients. Participants also agreed on the benefit of having conversations with the hospital ethics and legal teams to discuss hospital policies, to educate on the DCD process including benefits and struggles, as well as to discuss the hospital's hurdles with FPA.

Participants also discussed heparin administration as a common hurdle for OPOs during the authorization process, along with communicating this process to hospitals and donor families. Above all, participants expressed the importance of meeting with families to inform them that their loved one is on the donor registry, and the OPO will not be taking over the care of the patient but will be carrying out the patient's wishes to be an organ donor.

Organ Placement Practices

Two OPOs discussed enhancement so their organ placement processes. Donor Network of Arizona shared their institution of an In-House Organ Placement Desk, which supports organ placement 24 hours a day and is currently staffed by two full time employees. They also have a single phone number that supports SMS capability. The "organ desk", as it is referred to, supports the local abdominal organ placement as well as "rescue" placement, organs for research, and import offers for two local transplant centers.

Gift of Life Michigan developed and implemented education and protocols to use objective communication for improving DCD organ placement. All information shared during organ placement is strictly objective, not subjective. Subjective communication about other centers' refusal reasons or predictions about patients are not shared with other evaluating centers in order to keep things objective; allowing for the best decisions to be made.

Key takeaways from the group discussions include:

Improve strategies to work with transplant hospitals

- Conduct regular case reviews with transplant centers
- Confirm local backup always
- Follow-up with transplant centers who consistently bypass offers
- Limit options for additional testing that may delay organ placement whenever clinically appropriate
- Track acceptance behavior of centers to compare them, including those who have repeat late declines (always back up these centers)
- Consider financial accountability with transplant programs
- Assist centers with proper and accurate use of organ offer filters

Develop a process for expedited cases

- Work with donor hospitals to have the option to obtain infectious disease testing and HLA testing early, as well as placement of a central line
- Consider in-house lab capabilities to facilitate testing

Develop a process for hard-to-place organs (kidneys)

- Identify "Innovative centers" by keeping track of acceptance patterns
- Develop an algorithm for placement after the first 250 miles; also consider including flight schedules

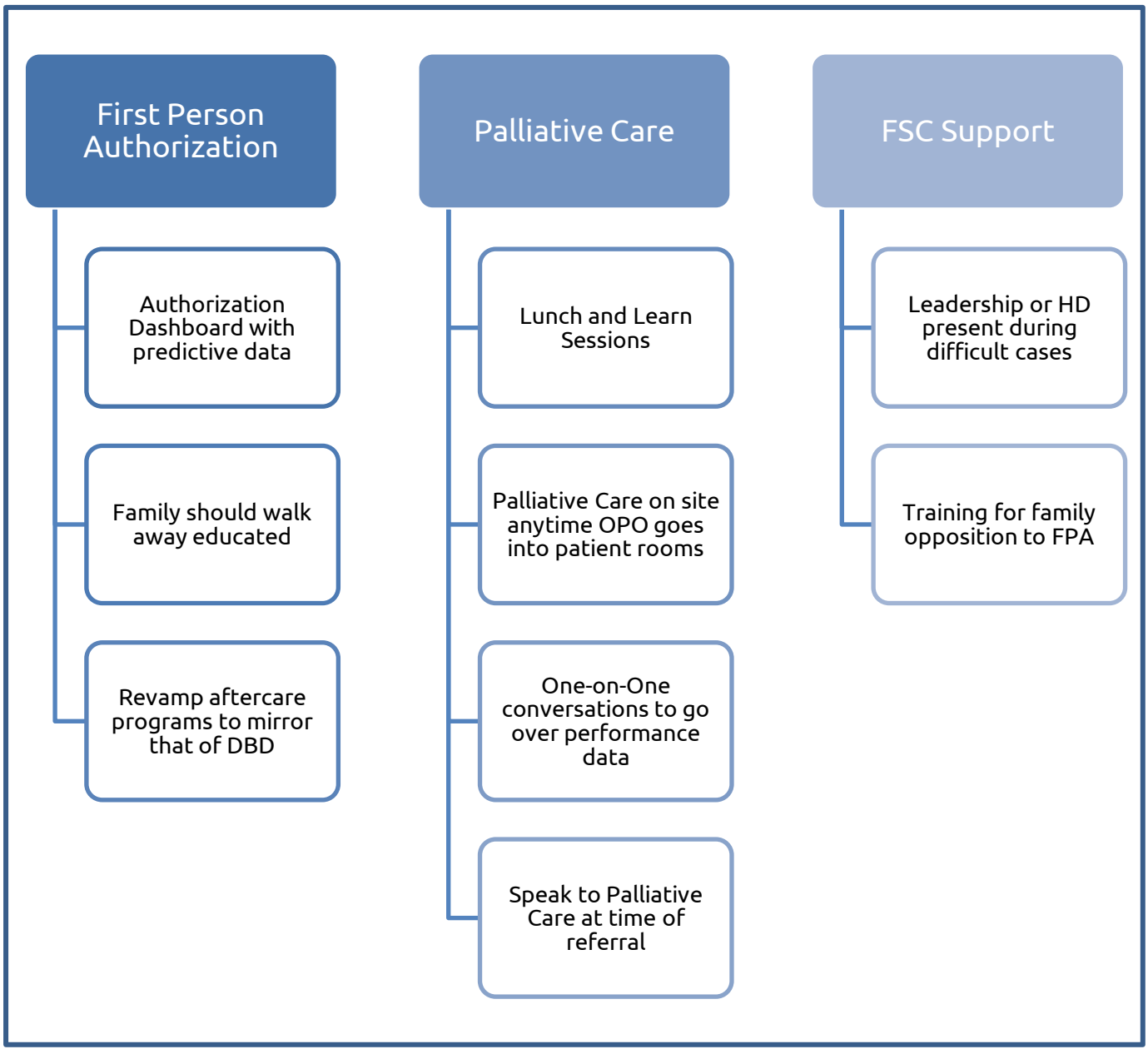
Quality and Leadership Staff

The Quality and Leadership breakout session included guided small-group discussions among attendees who serve in similar roles at their institutions. The following focus areas and action items were identified:

Leveraging data and technology	• Review donor potential, including late/missed referrals • Formalize post-case reviews both internally and externally • Determine root causes to force rapid DCD "hot referrals" • Need for data prediction tool • Utilize perfusion techniques
Assessing and modifying staffing structure to best fit needs	• Surgical organ recovery specialists, including in-house • Expand options for declaring providers • Utilize In-house coordinators • Require 2 AOCs for rule outs
Expanding donor parameters	• Age • Soft cue triggers • Wait time to pronouncement
Developing processes re: family approach and FPA	• Develop a timely family approach process with follow-up • Standardize family readiness assessment (e.g. EMR module) • Hardwire FPA, with solutions (e.g. authorization-opposition algorithm) for when opposition occurs • Develop an effective request program
Aligning OPOs, transplant centers, and donor hospitals	• Accountability within OPOs and hopital staff is key • Support transplant community commitment to find reasons to support donation instead of reasons to object

Hospital Development and Family Services Staff

The Hospital Development and Family Services breakout session included a guided group discussion about their roles and the challenges as it relates to DCD donation. Topics included FPA, Palliative Care, and compassionate support for Family Services staff. Participants provided support and actionable items to take back to their respective OPOs.



Clinical and Recovery Services Staff

The Clinical Recovery Services breakout session included robust discussions surrounding common challenges related to DCD care. The discussion primarily focused around these three major topics: Palliative Care, Staff Education and Staffing Models, and Hospital Development/Documentation.

Palliative Care

Palliative Care programs and resources vary greatly across all donor hospitals. Best practices encourage OPO collaboration and are supportive to all, especially the donor and donor family.

Key Takeaways:

- Develop relationships and meet to collaborate on best practices
- Expand electronic record interfaces for Palliative Care consults
- Donor case reviews with Palliative Care participation

Staff Education and Staffing Models

Meeting staffing needs is a consistently hard challenge for OPOs. Additionally, depending on the frequency of DCD cases, orientation on DCD clinical care with an experienced preceptor can also be hard to complete during the initial orientation.

Key Takeaways:

- Explore DCD role play for orientation to DCD
- Update staff on process changes monthly
- Share organization-wide recorded presentations
- Develop an OPO specific surgical team
- Consider utilizing a full time recovery surgeon

Hospital Development/Documentation

Education and clinical work continuously happens hand-in-hand with Hospital Development. OPOs should consider implementing a standard process to provide consistent documentation of death in DCD cases.

Key Takeaways:

- Develop an OPO specific surgical team
- Keep checklists updated and share with staff and hospitals
- Develop a death note template to improve consistency

Brainstorming Session

During the large group brainstorming session, attendees shared ideas for future potential improvement opportunities within their OPO. Attendees also shared suggestions on ways to further connect with donor and transplant hospital staff to allow for more seamless placement and recovery processes.

Suggestions for future OPO improvement work

- Implementation of FPA for DCD donors
- Development of family opposition plans
- Exploration of perfusion technology solutions
- Utilization of OPO-based recovery surgeons and other ways to ensure surgeon availability
- Broaden potential DCD donor criteria (minimizing automatic rule outs)
- Improve collaboration and management for DCD lungs
- Implementation of DCD liver biopsies
- Institution of real-time medical record reviews
- Shift culture and mindset towards treating DCD and DBD donors equally

Engage with donor and transplant hospital staff to foster efficient use of the system

- Encourage hospitals to list each candidate with applicable donor characteristic limits and maximize use of offer filters
- Share importance of thoroughly reviewing all organ offers, as well as back up offers
- Ensure that a provisional yes is intentional
- Work towards more timely evaluation
- Explore ways to reduce late declines/in-OR declines
- Develop a partnership with anesthesia staff
- Foster collaborative donor-champion relationships with OPO and hospital leadership to support the shared goal of saving lives safely and efficiently

Thank You

The Collaborative Improvement team would like to extend a sincere ***THANK YOU*** to everyone who attended the Learning Congress and helped to make this event a truly collaborative success.

To the Collaborative participants who presented your work or helped to moderate a breakout session – ***THANK YOU!*** We are so grateful for your willingness, for putting in the extra time, and your thoughtful effort!

For OPOs who joined with this collaborative effort for the first time – ***THANK YOU*** for participating in this event, being open to sharing with other OPOs, and most importantly, for your presence and engagement during this event!

We look forward to collaborating with all of you on other initiatives in the future and we wish you all continued success in your improvement journeys!

Sincerely,
The OPTN Collaborative Improvement Team
ci@unos.org

Beth Overacre, MSW, CSSGB, CMQ/OE
Performance Improvement Lead

Kate Breitbeil, MSEd, CPHQ
Performance Improvement Specialist

Susan Humphreys, PhD, RN
Performance Improvement Specialist

Yawah Nicholson
Performance Improvement Specialist

Heather Neil
Evaluation Specialist

Glossary

AOC – Administrator on Call

DBD – Donation after Brain Death

DCD – Donation after Circulatory Death

DH – Donor Hospital

EMR – Electronic Medical Record

FPA – First Person Authorization

FSC – Family Services Coordinator

HD – Hospital Development

HLA – Human Leukocyte Antigen

NASEM – National Academies of Sciences, Engineering and Medicine

NRP – Normothermic Regional Perfusion

OCS – Organ Care System

OPO – Organ Procurement Organization

OPTN – Organ Procurement and Transplantation Network

PDSA – Plan-Do-Study-Act

PMO – Practice Model Organization

RHC – Respiration Has Ceased