

THE ALLIANCE
ADVANCEMENT
LEARNING SERIES

D DONATION FOCUS

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LEARNING SERIES

Physician Engagement: Building Successful Relationships



Speakers:

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*Advancing Organ
Donation & Transplantation*

THE ALLIANCE ADVANCEMENT LEARNING SERIES

Continuing Education Information



*Advancing Organ
Donation & Transplantation*

Nursing

The Organ Donation and Transplantation Alliance is offering **1.0 hours of continuing education credit** for this offering, approved by The California Board of Registered Nursing, Provider Number CEP17117. No partial credits will be awarded. CE credit will be issued upon request within 30 days post-webinar.

CEPTC

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Participants desiring CE's that are not being offered, should complete a certificate of attendance.

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- We highly encourage you to provide us with your feedback through completion of the online evaluation tool.
- Detailed instructions will be emailed to you within the next 24 hours.
- You will receive a certificate via email upon completion of a certificate request or an evaluation
- Group leaders, please share the follow-up email with all group participants who attended the webinar.

Meet Our Presenters



Winnie Lau

MD

MODERATOR

Clinical Assistant Professor of
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Hedi Aguiar

RN, MSN, CCRN-K

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Founding Principal



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Physician Engagement: Building Successful Relationships

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Objectives

- Identify strategies for OPOs to engage physicians for positive outcomes.
- Describe effective communication practices to engage physicians.
- Recognize the OPO Medical Director's role as a resource to physician engagement.
- Identify opportunities for physician trainee education.




Physicians are HUMANS



Understanding Physician Culture

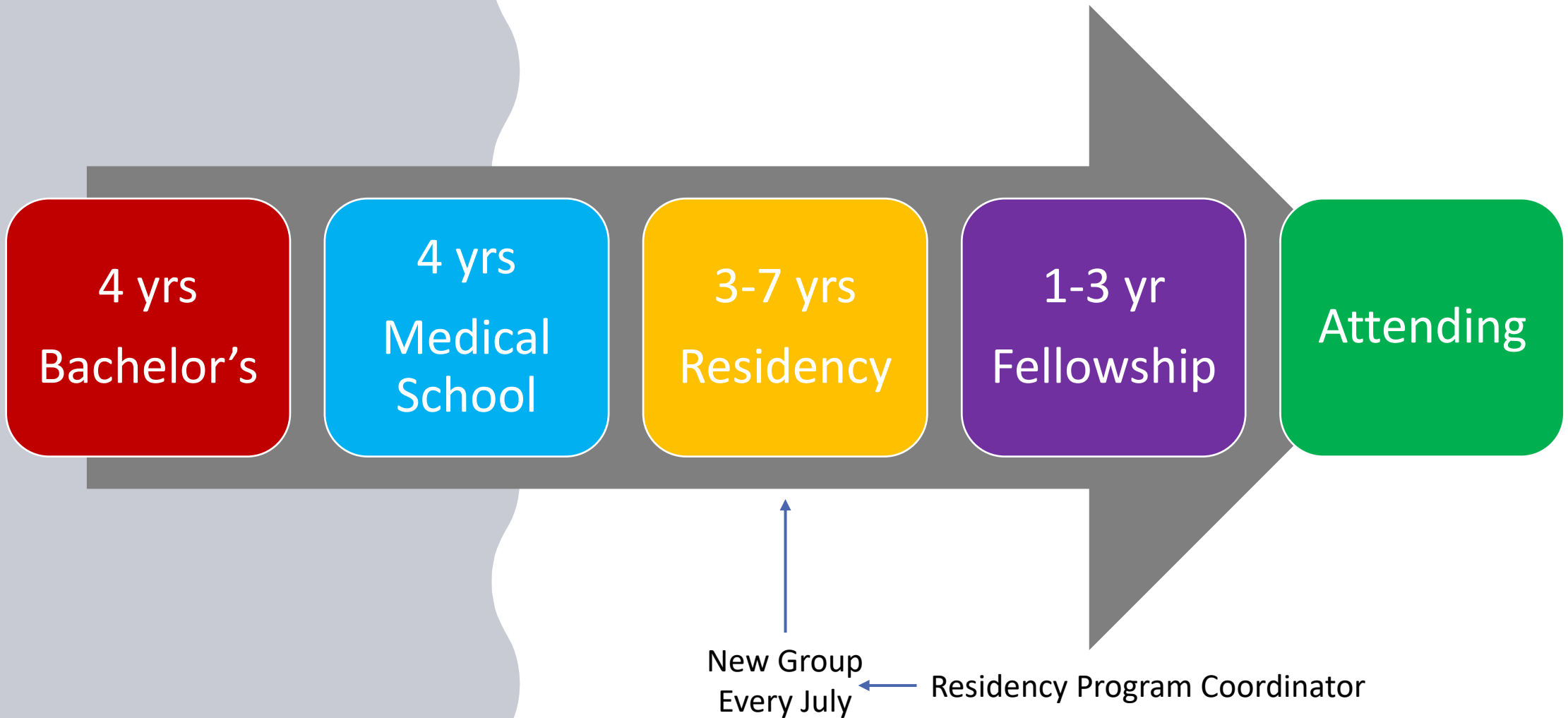
- Physician Education
 - You must know everything!
 - You are responsible for everything!
 - Everything is a reflection back on you!

Communication Tip!



**Keep physician culture
in mind when making
requests or providing
information.**

Physician Training Pathway



Resident Training Example

- Introduction of OPO
- Referral process (triggers for referral and timeline)
- Approach process

DONORCONNECT OVERVIEW



- DonorConnect is an OPO
- Organ Procurement Organization (OPO)
 - Coordinates all organ donation activity
 - Guides donor management within the hospitals
 - Provides Donor Family Support Services
 - Public and professional education regarding donation



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REFERRAL PROCESS

- Call DC within one hour of meeting a clinical trigger
- A nurse driven process
 - Hospital calls the referral line
 - Connected to appropriate team
 - DC Coordinator calls back about the patient
 - Reviews information and checks registry status of the medical team



CLINICAL TRIGGERS

Call within one hour of meeting one or more

- Tissue
 - Time of death
- Organ
 - GCS 5 or less or paralytics
 - Loss of 3 cranial nerves
 - MD/family diagnosis of brain death
 - Family request for organ donation
 - Plans to do brain death testing

Call on all patients Only if the patient is ventilated



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WHY CALL DONORCONNECT?



- Designated Requestor
 - DonorConnect coordinators are the only ones who should **approach** the family
- Decoupling
 - Separate the life-savers (medical team) from the organ recovery team
 - Protects medical team
 - Prevents Conflict of Interest
- CMS guidelines
 - Keeps the hospital compliant with federal regulations
- Determine Eligibility & Check Registry



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Resident Training Example

- How the physician can help
- Physiological parameters
- End of life family discussion

HOW YOU CAN HELP WITH REFERRAL PROCESS



- Keep clinical triggers in mind
- Notify RN
 - Expected poor prognosis
 - Comfort care is likely
 - Potential of progressing to brain death
- Slow down comfort care process
- **Do NOT mention organ donation to family**
- Help preserve the option of donation

ORGAN DONATION

Stabilize the patient

- Maintain normal physiology:
 - SBP >100 and MAP > 60
 - Urine Output >0.5ml/kg/hr, <400ml/hr x2
 - PCO2 35-45, PaO2 90 - 110 and pH 7.35 to 7.45
 - Body temp between 36 and 37.5
 - Labs within normal limits

END OF LIFE FAMILY DISCUSSION

- **Do NOT mention donation**
- Timing is everything
 - Family needs time, DonorConnect needs time
- Early referrals help with the logistics
 - DC notified team of patient eligibility
 - DonorConnect can be present if needed for family meeting
- *We are going to be having some people come and talk to you about "end of life" options*

Resident Training Example

- Role of OPO
- Introduction to DCD and process
- Introduction to DBD and BDD process
- Tissue donation
- Points to remember

DONORCONNECT ON SITE

- When?
 - When asked
 - Brain death testing is being discussed
 - Family is ready
- Collaborate
- Develop a plan
- Assist



DONATION AFTER CIRCULATORY DEATH

- Organs are surgically recovered following the pronouncement of death based on clinical findings of irreversible cessation of circulation of blood flow
- Can donate up to 5 organs
 - Kidneys, L
- Need at le

DCD PROCESS

- Patient needs an arterial line
- Determine a time of withdrawal
- Huddle to explain the process
- 60 to 90 minutes to pass away
- Arterial line reaches zero pulse pressure
 - 2 minute observation begins
 - Patient is taken to OR
 - Patient is officially pronounced in the OR
- Hospital is primary until TOD

DONATION AFTER BRAIN DEATH

- The irreversible cessation of the brain function including the brain stem
 - Declared legally dead by neurological criteria and clinical testing
- Takes 24 to 72 hours to prepare the patient for donation
- Donat
 - Hear
- Donor death is obta

BRAIN DEATH TESTING

- Pre – requisites
 - No severe acid – base, electrolyte or endocrine disturbances
 - No presence
 - Temperature
 - SBP must be

CONT.

- Apnea Test
 - Pre-oxygenate for at least 10 minutes
 - Reduce PEEP to 5
 - If O2 sats remain >95%, obtain a baseline ABG
 - Disconnect the patient from the vent and deliver 6L of O2 through a nasal cannula
 - MD will
 - ABG is


BRAIN DEATH TESTING CHECKLIST

Brain Death Testing Checklist	
<p>Pre-requisites:</p> <ul style="list-style-type: none"> 1. No severe acid-base, electrolyte or endocrine disturbances 2. No presence 3. Temperature 4. SBP must be 	<p>Brain Death Testing:</p> <ul style="list-style-type: none"> 1. Pre-oxygenate for at least 10 minutes 2. Reduce PEEP to 5 3. If O2 sats remain >95%, obtain a baseline ABG 4. Disconnect the patient from the vent and deliver 6L of O2 through a nasal cannula 5. MD will 6. ABG is

5 Fs

- Feedback
- Fulfillment
- Fit
- Fair
- Fun

Communication Tip!



**Keep 5 Fs in mind,
especially 'solicit
feedback' before
giving it!**

Strategies to (Engage) Partner with Physicians

- One-on-one
 - Ask questions
 - Connect as a human
 - Communicate with physician culture in mind
 - Inject fun
 - Invite them into the process!
 - Imminent follow-up
 - Request and offer thanks and feedback
-
- OPO / Medical Director with physicians:
 - CME & Grandrounds
 - Physician specific outreach – peer to peer
 - Meaningful and/or fun events
 - Team-building activities
 - Invite them to your OPO & ASK THEM
 - Create physician think tanks