

Improving Donation Outcomes: Leveraging Case Reviews to Drive Awareness and Change

TODAY'S PANELISTS



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- Group leaders, please share the follow-up email with all group participants who attended the webinar.

Meet Our Moderators



Deanna Fenton

Senior Manager, Educational Program
Development & Operations



Need Assistance?

Contact Us via Zoom Chat, or
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786-866-8730



Susan Cameron

Director, Clinical & Family Services

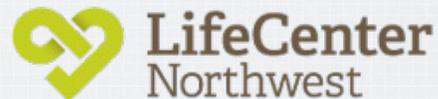


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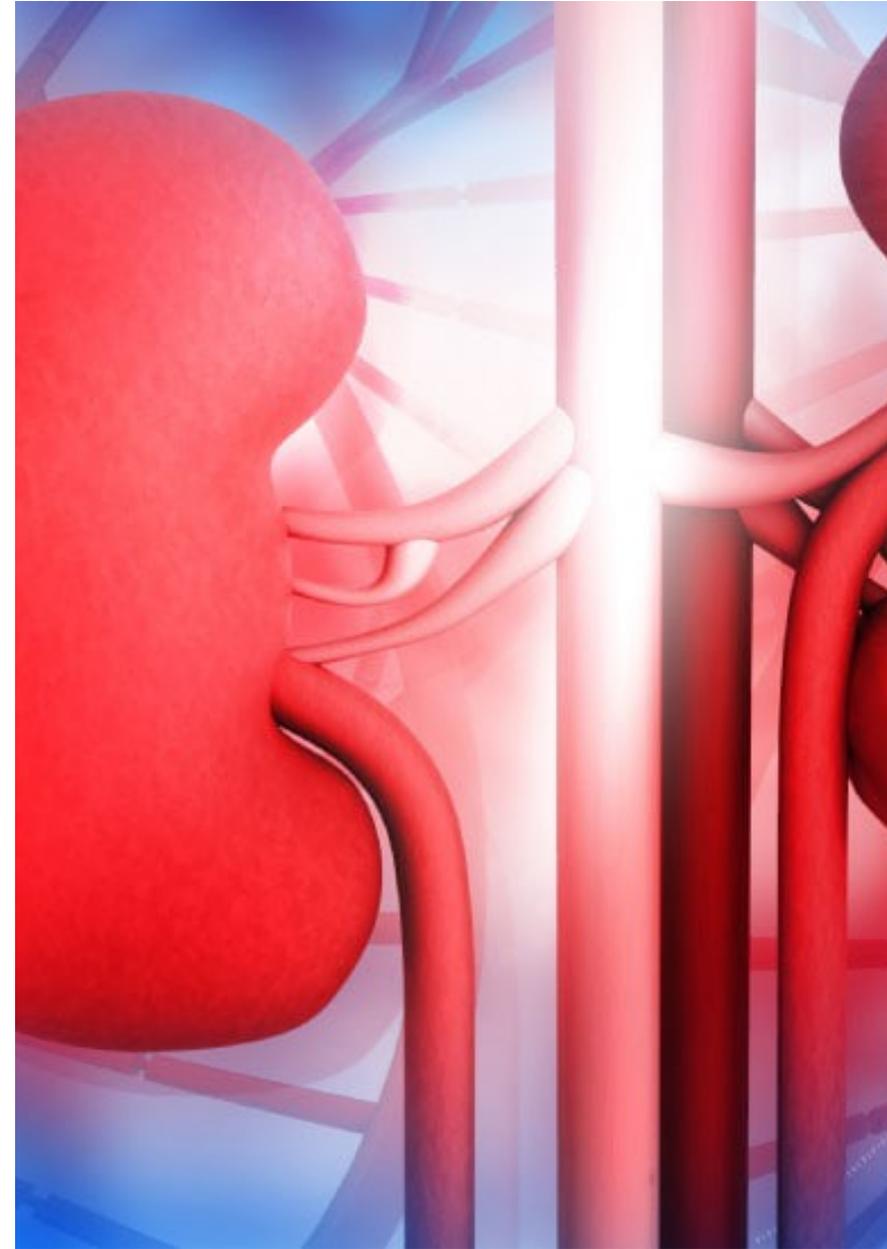


Organ Utilization Case Review

Leah Buck, MSN, RN, CCRN-K, CPTC
Administrator On-Call

Objectives

- Describe past and current clinical review processes
- Describe the clinical case review structure
- Identify impact on OPO performance and culture



Previous practice

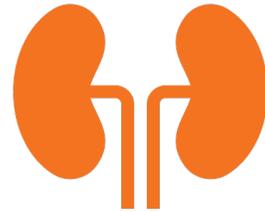
- Potential Activity Review (PAR)
- The PAR included hospital development (HD), clinical, and family services
- Reviewed all referrals with potential
 - Donors – Donation after cardiac death (DCD)/ brain dead by neurological criteria (BD)
 - DCD nonarrest /unexpected arrest
 - Family declines



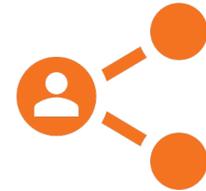
Current Practice



Two case review meetings:
Utilization and Conversion



Utilization: organ donor cases,
focusing on utilization



Conversion: trends in referral
response, family support, and
hospital processes

Value in case reviews

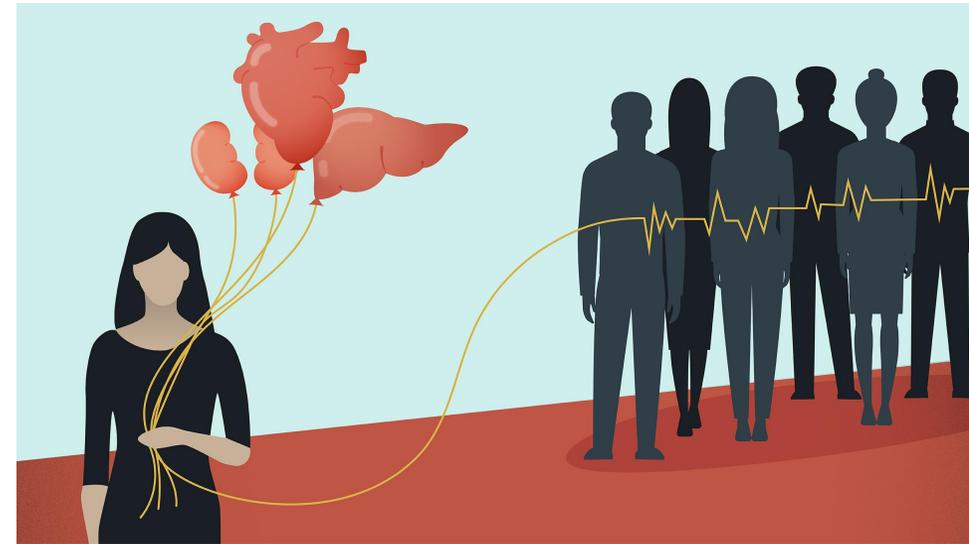
- Identify learning points for suitability, placement, logistics
- Discuss progress on clinical objectives
- Information sharing



Structure

Cases are review from lowest to highest using the observed to expected (O:E) ratio

1. Donors where overall O:E was not met
2. Focus on organs that did not meet expected and why



Organs with SRTR Expected >= 50%, but Not Transplanted

Recovered Organ		Total
Heart	1	1
Kidney	3	3
Liver	3	3
Total	7	7

Select a Case to Review

Filter by Week Starting: 20-Jun-22

PatientType

BD
 DCD

Cases in the last 4 Weeks (by Monday start) - 0:E

UnosId	
	0.37
	0.24
	1.14
	0.91
	0.00
	1.09
	0.98
	1.08
Total	0.76

Single Week Selection

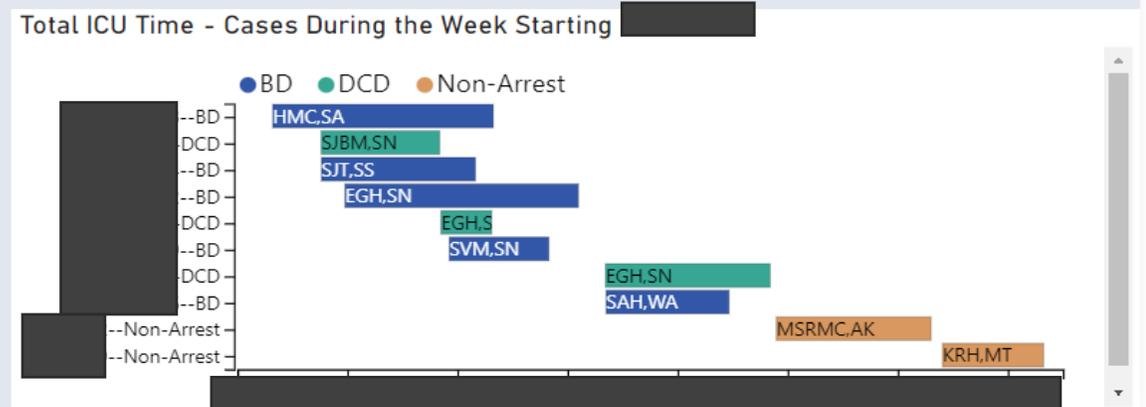
UnosId	
	1.08
	0.98
	1.09
	0.00
	0.91
	1.14
	0.24
	0.37
Total	0.76

Flowsheet Edited By

Flowsheet Edited By	Cases
	1
	1
	1
	1
	1
	1
	2
	1
Total	5

SRTR O:E Outcomes

Organ	Observed	Expected	O:E
Heart	3	2.3	1.3
Intestine		0.1	0.0
Kidney	11	14.1	0.8
Liver	2	4.2	0.5
Lung	1	1.2	0.8
Pancreas		0.6	0.0
Total	17	22.5	0.8



Structure



Donor: BD or DCD

Age, sex, ABO

Hospital

UNOS cause of death

Review Structure



O:E

Donor
management
goals (DMGs)

Warm
Ischemic Time
(WIT)

Kidney Donor
Profile Index
(KDPI)

Review Structure



Relevant medical history,
including significant
infectious disease/serology
results



Organs: transplanted,
allocated, and ruled out



Case timing



Case notes

DMGs

Measure Name	Goal	At OPO Start of Case	Prior to OR
CVP	4 - 12	--	2
EF	>= 50 %	15	64
Glucose	<= 180	141	78
MAP	60 - 110	66	80
Number of Vasopres...	0 - 1	0	0
P:F Ratio	>= 300	278	263
pH	7.3 - 7.5	7.46	7.42

Sodium

Urine Output

Total Goals Met

Kidney: KDPI 44 | Cr (A

Attribute	Le
Vascular Changes	Min
Other Abnormalities	see co
Interstitial Fibrosis	Absent Absent
Glomeruli Sclerosis	5% 7%
Arterial Sclerosis	0-10% 0-10%

Comment
 Initial- 87 glomeruli, 2 sclerosed; No Tubular Atrophy
 Final - Approximately 106 glomeruli, 5 sclerosed; Minimal Arterial Sclerosis and Vascular Changes; No significant Inflammation, Tubular Atrophy, or Interstitial Fibrosis.

O:E

Organ	Observed	Expected	O:E
Heart	1	0.71	1.4
Intestine	0	0.01	0.0
Kidney	2	1.92	1.0
Liver	1	0.94	1.1
Lung	0	0.12	0.0
Pancreas	0	0.04	0.0
Total	4	3.74	1.1

Macro Vesicular Fat

Marker Comments

Other Pathology

Description
normal brown
0
5
See Comment
See Comment

Med-Soc: "Yes" Answe

QuestionText
 History of hypertension?

DMGs

Measure Name	Goal	At OPO Start of Case	Prior to OR
CVP	4 - 12	--	2
EF	>= 50 %	15	64
Glucose	<= 180	141	78
MAP	60 - 110	66	80
Number of Vasopres...	0 - 1	0	0
P:F Ratio	>= 300	278	263
pH	7.3 - 7.5	7.46	7.42
Sodium	<= 155	155	143
Urine Output	>= 0.5 cc/kg		

Total Goals Met

Kidney: KDPI 44 | Cr (A/P/F): 0.85/1.4

Attribute	Left	Right
Vascular Changes	Minimal	Minimal
Other Abnormalities	see comment	see comment
Interstitial Fibrosis	Absent	Absent
Glomeruli Sclerosis	5%	7%
Arterial Sclerosis	0-10%	0-10%

Comment
 small size liver
 conventional arterial anatomy
 multiple gall stones, all removed, Dilated CBD, no stone palpable in CBD

Other Pathology

See Comment

O:E

Organ	Observed	Expected	O:E
Heart	1	0.71	1.4
Intestine	0	0.01	0.0
Kidney	2	1.92	1.0
Liver	1	0.94	1.1
Lung	0	0.12	0.0
Pancreas	0	0.04	0.0
Total	4	3.74	1.1

Med-Soc: "Yes" Answ

QuestionText
 History of hypertension?



Case Detail

Chest X-Ray: Hover for Interpretation

ChestXRayedOn	Result	MD
6/22/22 05:39:00 PM	Abnormal	[REDACTED]
6/21/22 07:04:00 PM	Abnormal	[REDACTED]
6/20/22 06:27:00 PM	Abnormal	[REDACTED]
6/19/22 12:04:00 PM	Abnormal	[REDACTED]
6/17/22 11:05:00 PM	Normal	[REDACTED]
6/17/22 09:32:00 PM	Normal	[REDACTED]

Bronchoscopy: Hover for Interpretation

Bronchoscopy On	Consulting Physician	SentForCulture
6/19/2022 11:45:00 PM	[REDACTED]	1

Echocardiogram: Hover for Interpretation

EchocardiogramOn	ConsultingPhysician
6/20/2022 7:54:00 PM	[REDACTED]
6/18/2022 4:00:00 PM	[REDACTED]

CT Scan: Hover for Interpretation

CT Performed On	Type
6/20/2022 4:35:00 AM	CT CHEST, ABDOMEN, PELVIS
5/6/2021 5:21:00 PM	CTA CHEST - PE

Organ Outcomes

Organ	Disposition Outcome Detail	DDR Reason Not Transplanted
Intestine	209 DONOR MEDICAL HISTORY	
Pancreas	209 DONOR MEDICAL HISTORY	
Heart	530 Organ Transplanted in the U.S.	
Kidney	530 Organ Transplanted in the U.S.	
Lung	530 Organ Transplanted in the U.S.	
Liver	531 Recovered for Transplant: Discarded	Poor organ function

Angiography: Hover for Interpretation

Performed On	Consulting Physician	Reason Not Performed
6/21/2022 12:00:00 AM	[REDACTED]	

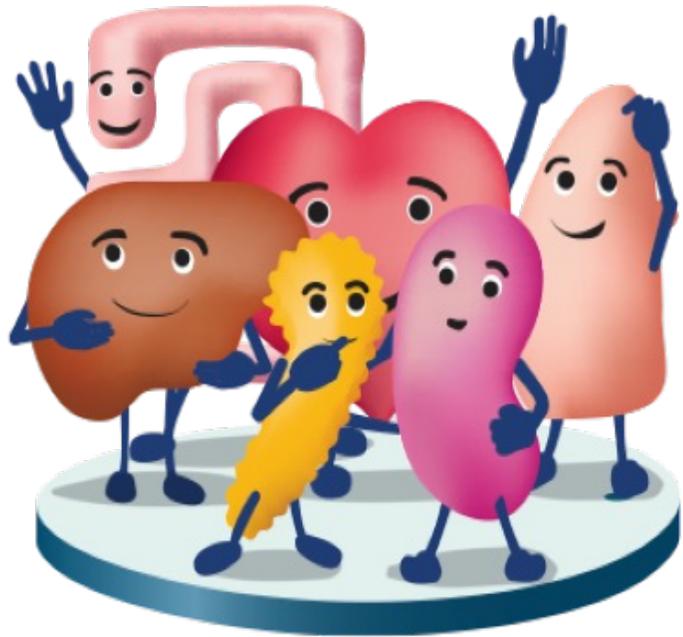
Expedited Placement Case Notes

Type	Note Text
------	-----------

Match Run Refusals (before acceptance, if Tx)

Organ > Refusal Reason	Offers Refused
LI	182
Biopsy results unacceptable	75
"Unacceptable organ specific test results, specify"	60
Actual or projected cold ischemic time too long	29
"Organ size, specify"	6
Candidate temporarily medically unsuitable	4
Donor age	3
Candidate transplanted or pending transplant	2
"Donor medical history, specify"	1
Biopsy not available	1
Organ preservation: Unacceptable method or finding	1
KI	63
"Donor medical history, specify"	55
"Other, specify"	2
Actual or projected cold ischemic time too long	2
Candidate requires multiple organ transplant	2
Positive physical crossmatch	1
Positive virtual crossmatch/unacceptable antigens	1
HL	11
"Organ size, specify"	9
Donor age	2
Total	33

Impact on performance and culture



Drives practice change

Encourages a culture of learning

AOC development



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Thank you!

A "CASE" FOR CASE REVIEWS IN REAL-TIME

Rodney Pilson

Manager of Family Services



**HOW CAN WE
LEVERAGE
CASE REVIEWS
TO HELP US
NOW?**

NOW



THE PURPOSE OF A CASE REVIEW

- Retrospective Lens
- Opportunities for Improvement
- Effectiveness of a Process
- Desired Outcome



A CASE REVIEW IS A TIME FOR INSIGHT

HOW DID THE PROCESS GO FOR YOU?

- What went well?
- Challenges?
- Follow up needed?



A KEY REASON FOR CASE REVIEWS

Our Case Reviews look for any internal and/or external opportunities from the case

Internal:

OPO Process:

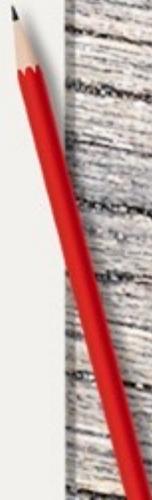
External:

Hospital/M.E./Funeral Home
Involvement





External



Internal



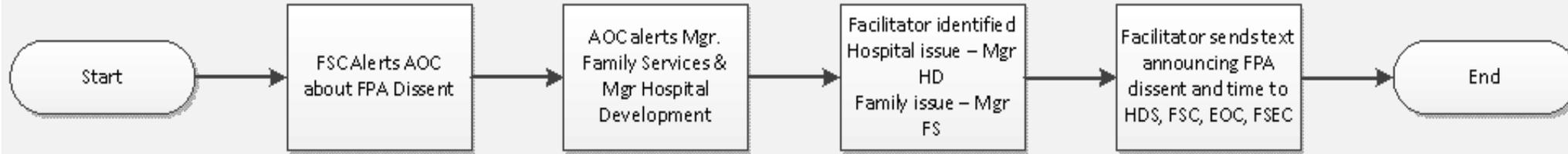
REAL-TIME REVIEWS DURING A CASE PROGRESSION

Two
Examples:

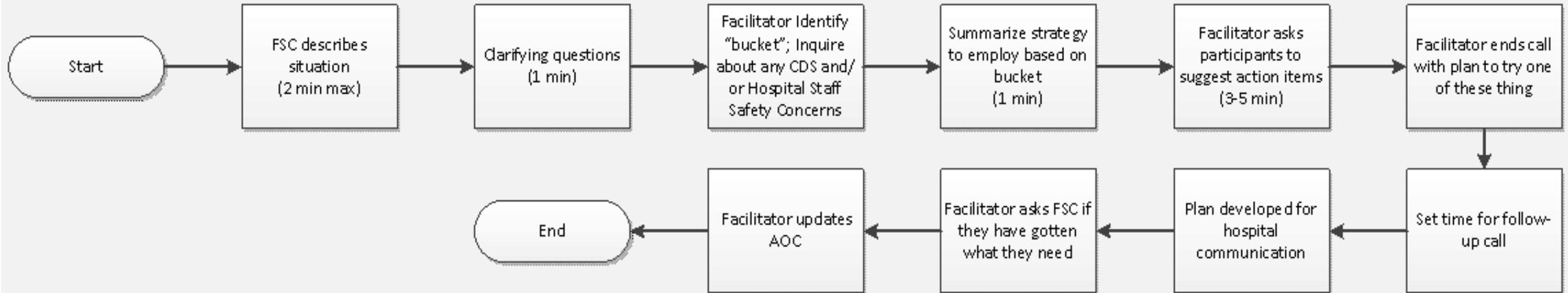
- **Escalation Protocol: FPA Dissent-** Review the case in real-time with Staff & Leadership
- **Organ Allocation-** A real time review of reasons why or why not organs will be offered for transplant

ESCALATION PROTOCOL FOR FIRST PERSON DISSENTS

FPA Dissent Call Initiation



FPA Dissent Call



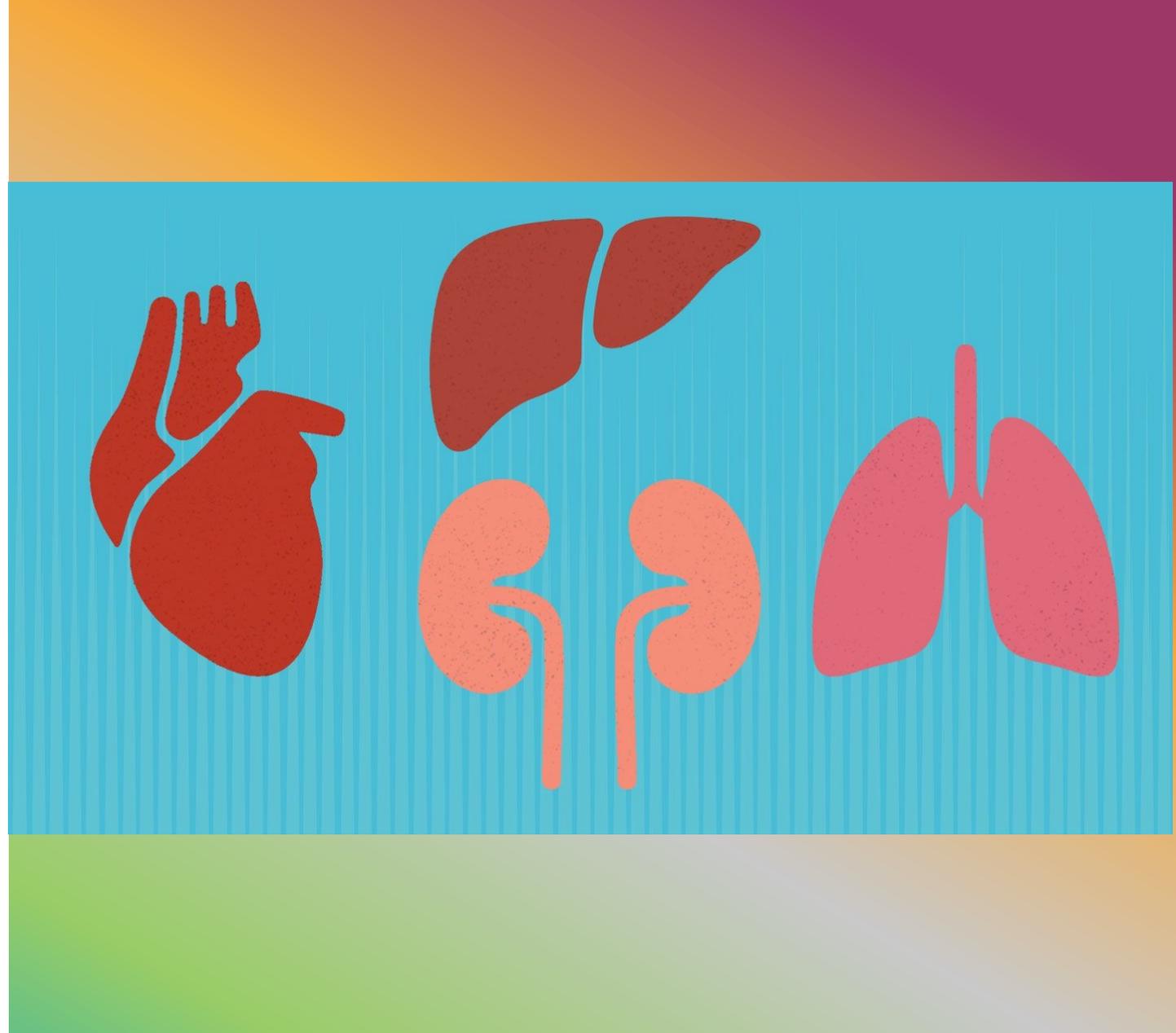
STABILIZED FIRST PERSON RATES

Authorization Rate	2020	2021	Jan-Jul 2022
DSA	71%	68%	70%
non-FPA	42%	48%	53%
FPA	94%	94%	94%
Approaches/month	43	50	50

ORGAN ALLOCATION REVIEW:

To maximize organs being offered for transplant:

- A review is completed on each authorized donor
- Administrator on Call, Organ Donation Coordinator and the Allocation Coordinator evaluate each organ for opportunity



A CASE NOTE:

Allocation huddle held.
Donor Type: DCD Donor

Heart Allocation: Yes
Lung Allocation : Yes
Liver Allocation : Yes
Kidney Allocation: Yes, Aggressive
Kidney Allocation
Pancreas Allocation : Yes
Intestines : No
--If no, why? DCD

VCA Allocation : No
--If no, why? DCD.

Military Share: No
Direct Donation: No
No family time constraints.

Is there research authorization? Yes
Devices to be notified :
- Trans Medics
- Lung Bioengineering

THE BENEFITS OF REAL-TIME REVIEWS



Can have an
Impact on current
and future donors



The outcome of a
case is a shared
discussion and
decision



Decreases
questions later
such as " Why
didn't we allocate
that organ?"



Knowing issues in
Real-time allows
for quicker follow
up



Front-line staff feel
more supported

THANK YOU!

Rodney Pilson

Manager of Family Services

rpilson@honorbridge.org

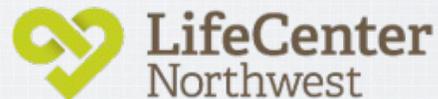


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Q & A

QUESTIONS & ANSWERS