

# Hypothermic Machine Perfusion (HMP) Programs: Strategies for Establishing a Successful Hospital-Based Renal HMP Program

## TODAY'S PANELISTS



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**Tuesday, March 22, 2022, 2:00pm – 3:00pm ET**



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





**Deanna Fenton**

Senior Manager, Educational Program  
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## Need Assistance?

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

# Meet Our Moderator



**Corey Bryant**

Senior Director,  
Communications and Strategic  
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# Meet Our Panelists



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# Hypothermic Machine Perfusion:

## Strategies for Establishing Successful Hospital-Based Program



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Name: Laura Stillion

Role: Administrator, Hospital Operations



Name: Molly Maxwell

Role: Manager, Clinic Operations



*We have no financial arrangements to disclose*





# Objectives

- Benefits of utilizing hypothermic machine perfusion (HMP) for renal preservation
- Benefits of establishing a transplant center HMP program:
  - Reducing delayed graft function
  - Increasing kidney transplants
- Steps involved to implement HMP program including barriers and lessons learned



# Who are we?

- Licensed Beds – 1,882
- Annual
  - Patient Admissions – 63,000
  - Outpatient Visits – 2.12 million
  - Telehealth Visits – 279,296
  - Emergency Department Visits – 112,035
  - Surgeries – 50,740
  - Solid Organ Transplants – 574 (H=36, Lung=73, Liver=139, K=312, K/P=14)
- Employees (Faculty, Staff and Residents) – 26,750





# Our Journey

## WHEN:

- March 2016, Dr. Washburn joined – Comprehensive Transplant Center (CTC) Executive Director
- Previous center performed own pumping
- Fall 2018, made decision to establish OSUWMC Organ Recovery Team (ORT)
  - First Organ Recovery Specialists (ORS) on-boarded February 2019
    - Launched with Heart & Lung offers, expanded team, added abdominal organs
    - March 2021 incorporated organ perfusion services for Kidney

## WHY:

- Historically CTC pumped large number of kidneys via OPO and felt internalizing would:
- Decrease delayed graft function (DGF) rates
  - Allow for more flexibility with and control of the process/timing
  - Support taking more increased risk kidneys leading to more lives saved



# Our Journey

## HOW:

- Demonstrate clinical and financial benefits to Senior Leaders
- Communication and transition plan with local Organ Procurement Organization (OPO)
- Establish Job Description with Human Resource team for this unique position
- Communicate position/role to Key Stake Holders within Organization
  - Operating Room staff, Transplant Coordinators, Histocompatibility Laboratory, Surgeons, Physicians, Compliance/Regulatory/Epidemiology team, Blood Bank Laboratory, Central Sterile staff, Pharmacy staff, Perfusion staff
- Evaluate/establish relationship(s) with air and ground transportation services (>1)
- Purchase pumps (redundancy) and negotiate ongoing training with purchase





# Our Journey

## HOW:

- Develop roll out schedule that will allow you to scale over defined period of time
- Establish back up plan if experience too many vacancies
- Establish billing workflow for surgical organ recovery and pumping process
- Possibly establish legal agreements if pumping for other entities (children's hospital)
- Develop Standard Operating Procedures (SOP) for each organ group
- Develop Training/Orientation plans for Organ Recovery Specialist position
- Hire good people and seek frequent FEEDBACK from your faculty and staff!



# Current State

- 8 ORS positions
- Cover Cardiothoracic and Abdominal
  - Import calls, HLA activities, OR scheduling, transportation
  - Communication across disciplines (Coordinators, HLA, OPOs) – liaison between surgeons and everyone else
- Cover recoveries and preservation
  - Inventory, vessels, extra vessel finder and distributor
- Organ turndown reports, PSC, Quality, Compliance
- Schedule structure – what their current structure looks like
- Organ Assessment and Repair Center – perfusion suite with 2 ORs, office space, and call room





# Daily Management

- Skill sets preferred in interviews
  - Prior organ recovery (OPO), surgical (scrub tech, tissue tech, etc.), research, and/or lab experience. Building a dynamic and complementary team makes a difference.
- Onboarding
  - Challenging through pandemic, important to have staff on site to train throughout day. Start with 5 day/week training day shift, progress to 3 full call days per week covering 24-hour call with a backup 1:1, then with another call person as backup. We start with abdominal, then train CT.
- Monitoring performance
  - Surgeon/MD feedback, copied on handoff and logistics emails, TD reports
- How do you deal with their unique burn out
  - Open communication and open “door”, obtain their feedback on schedule/volume/process and act on what can be implemented to help (staffing – suspend preservation call/Buckeye?)



# Developing Program

- Process for selecting and ordering machines
- Surgeons/fellows to give input on SOPs, preferences
- Initial training done by perfusion company
- Develop competency signoff and training material for future trainings
- Create form to track training: kidneys placed on pump, cannulations, “hard” to pump kidneys
- Experienced team members train new ORT members with an annual re-training wet lab for all
- Determine process for documenting and recording kidneys pumped, pump report storage in shared area for all necessary users to access
- If applicable to situation, consider Remote Pumping Protocol





# Developing Program

- Business manager vs. clinical manager – important roles for each
  - Team design, call schedules, SOPs, training materials: clinical
  - Contract negotiation, logs, invoice process: business
- Design is CRITICAL and it needs to be incremental
  - Determine goals and set a reasonable timeframe for progress
  - Breakdown different organ groups and needs, start small, and build.
  - Flexibility is key – variable volume at any given time, turnover, always have a “fallback” plan for when unexpected events occur
- Inventory system
  - lots of new, unfamiliar items – have a plan for ordering, monitoring, and re-ordering



# Lessons Learned

- Charting system – purchased or developed
  - Important to have in place early in development of team
  - Documentation to support all log needs: organ offer turndowns, kidney log (pumped and non-pumped), transportation log, handoff
  - Email is not an efficient way to communicate
- Poaching from OPO and how to not damage that relationship
- Challenges of working in COVID environment
- Prior Planning Prevents Painful Performance (5 Ps) & Phone a Friend!





Thanks!



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# Q & A

QUESTIONS & ANSWERS