Navigating DCD Cases:
Fostering Collaborative Partnerships with Palliative Care

TODAY'S PANELISTS

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A Family of Caring

THE Alliance | *Equipping a Modern Profession of Lifesavers in Organ Donation & Transplantation*

Thursday, July 20, 2023, 2:00pm – 3:00pm ET

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The Organ Donation and Transplantation Alliance will be offering **1.0 Category I CEPTC credits** from the American Board for Transplant Certification. Certified clinical transplant and procurement coordinators and certified clinical transplant nurses seeking CEPTC credit must complete the evaluation form within 30 days of the event.

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

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

Deanna Fenton

Senior Manager, Program Development and Operations

THE Alliance

Need Assistance?

Contact Us via Zoom Chat, or
info@organdonationalliance.org
786-866-8730

Meet Our Moderator

Christy Bridwell

Hospital Services Liaison II

NEVADA DONOR NETWORK

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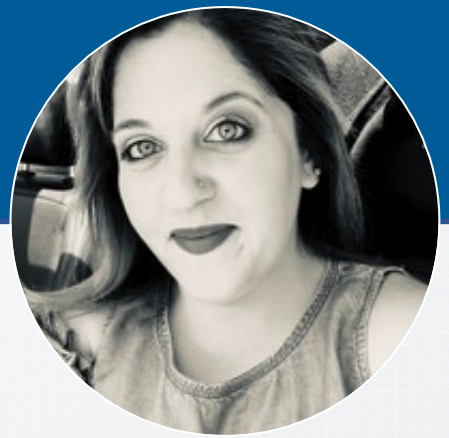

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Presented by:

Wynne Morrison, MD MBE
Critical Care and Palliative Care,
The Children's Hospital of Philadelphia
University of Pennsylvania Perelman School of Medicine

Angela Crescenti, MSN, RN
Transplant Coordinator
Gift of Life Donor Program

Objectives

- Identify ways to leverage the skills of palliative care providers to effectively inform, educate, and support families about donation
- Determine the best approach to family conversations when palliative care or hospice is involved
- Apply lessons learned to improve hospital referral rates and donor outcomes

The CHOP & Gift of Life Experience

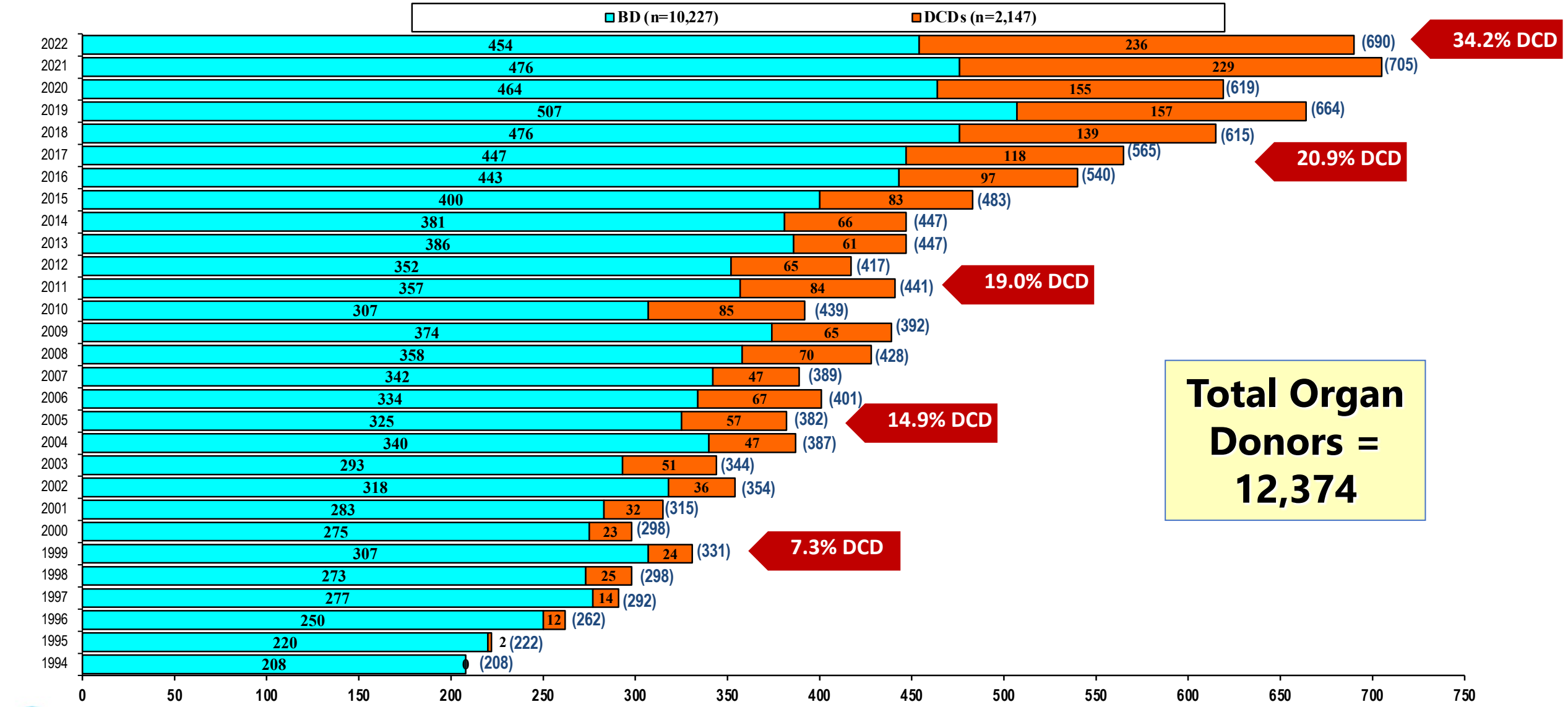
- Largest children's hospital in the region
- Care for more than **500** children who die each year
- **30**-member palliative care team

CHOP

- Serve **126** acute care hospitals in our region
- First Donation after Circulatory Death (DCD) donor in 1995
  - Michael McVey
- **2,147** DCD donors from 1995 – 2022
- **3,823** DCD Organs Transplanted from 1995 – 2022

Gift of Life

Gift of Life Donor Program Results
Organ Donor Experience – BD vs. DCD
1994 – 2022



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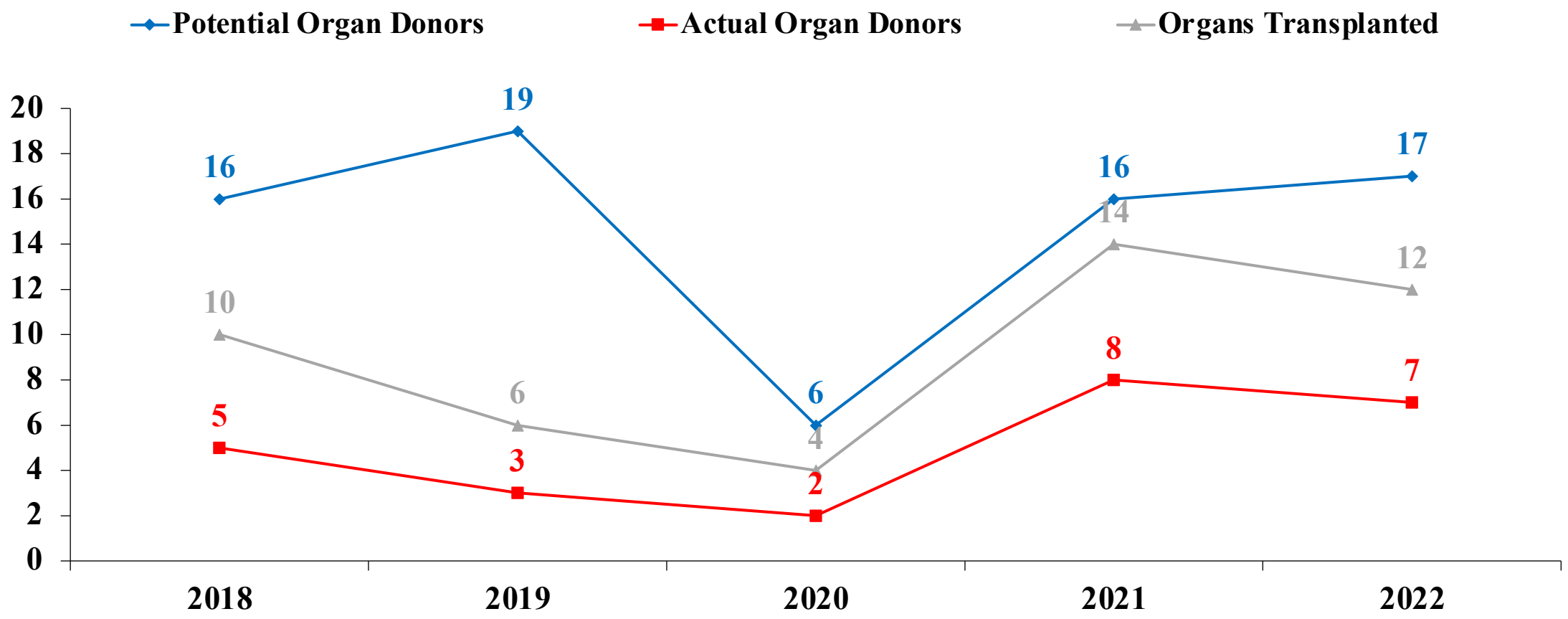
*Based on GLDP data through 12/31/2022

GIFT of LIFE DONOR PROGRAM

Children's Hospital of Philadelphia
DCD Organ Donation Trends
2018 – 2022



CONVERSION RATE				
31%	16%	33%	50%	41%

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GIFT of LIFE DONOR PROGRAM

Hospice vs Palliative Care

- Often community agencies rather than tied to one hospital
- Care in the home or dedicated inpatient units
  - (sometimes consult on inpatients)
- Focus on comfort and time at home
  - Nursing (on call), social work, spiritual support, care assistance
- Anticipated death within 6 months or less

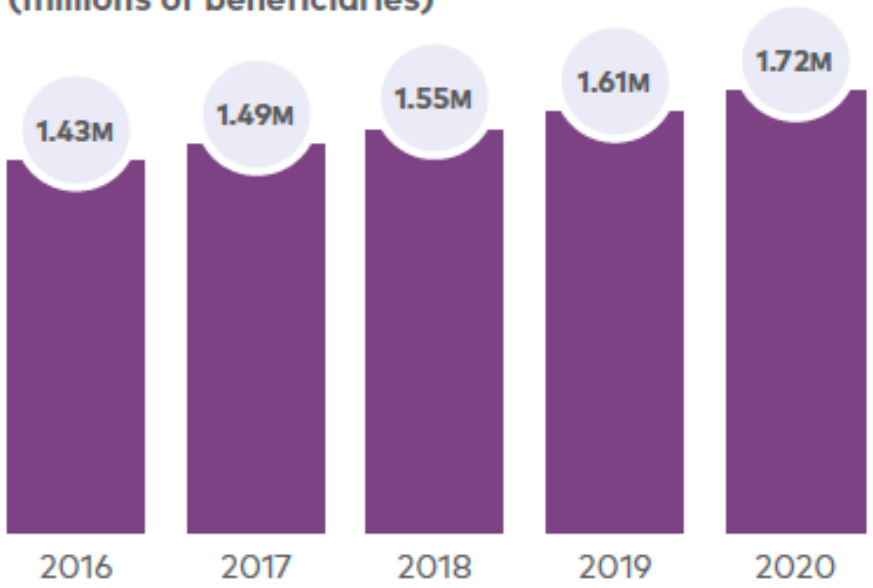
Hospice

- Most often hospital-based teams
- Consult to help determine goals of care, manage symptoms
- May meet patients at any point in an illness trajectory

Palliative Care

Why is Working With Hospice and Palliative Medicine Providers Important?

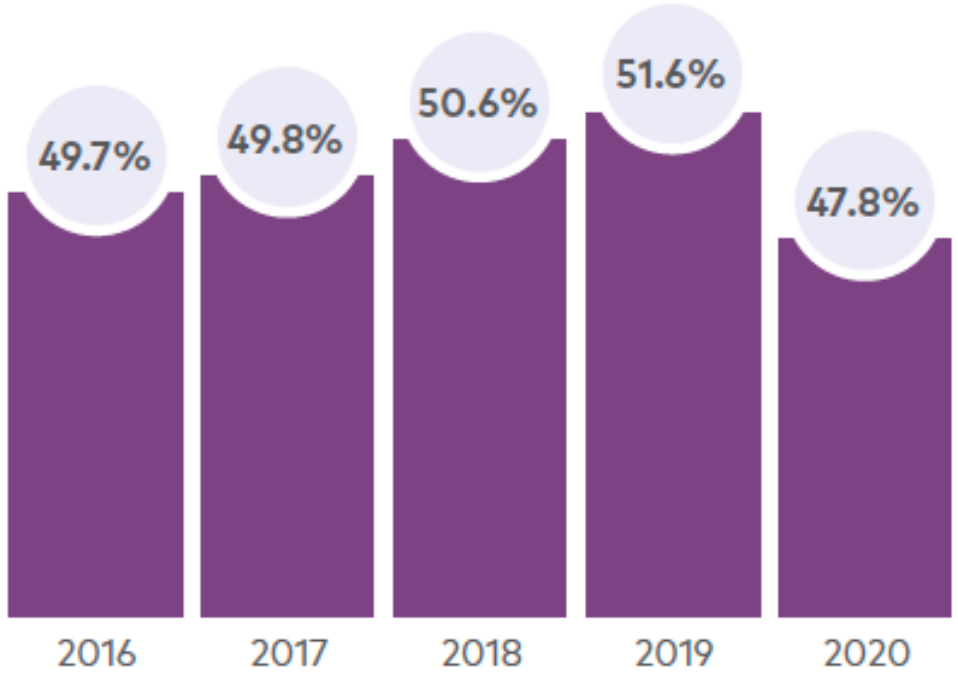
Figure 2: Number of Medicare hospice users (millions of beneficiaries)



**Includes all states, Washington, D.C., U.S. territories, and other*

Source: MedPAC March 2022 Report to Congress, 11-6; MedPAC March 2021 Report to Congress, Table 11-3; MedPAC March 2020 Report to Congress, Table 11-3

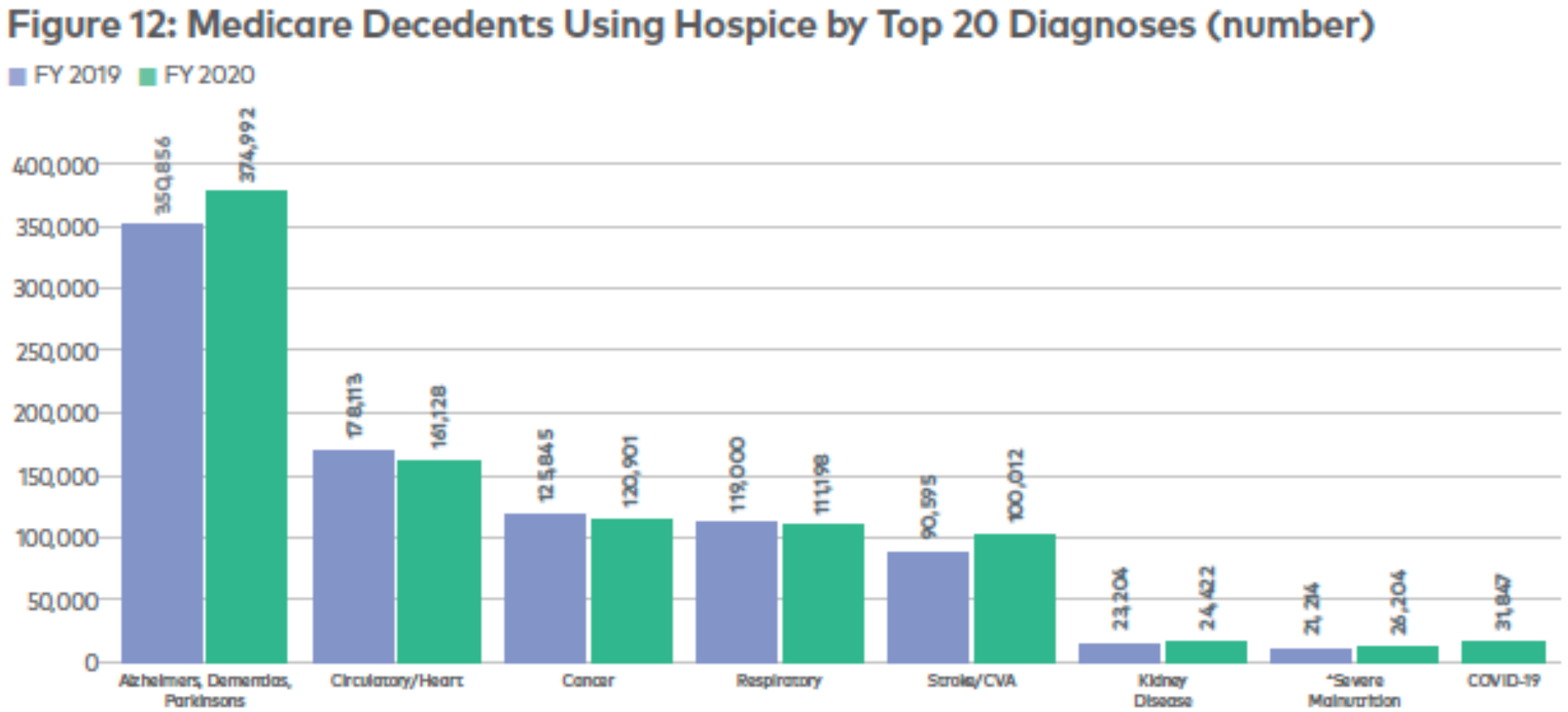
Figure 3: Share of Medicare decedents who used hospice (percentage)



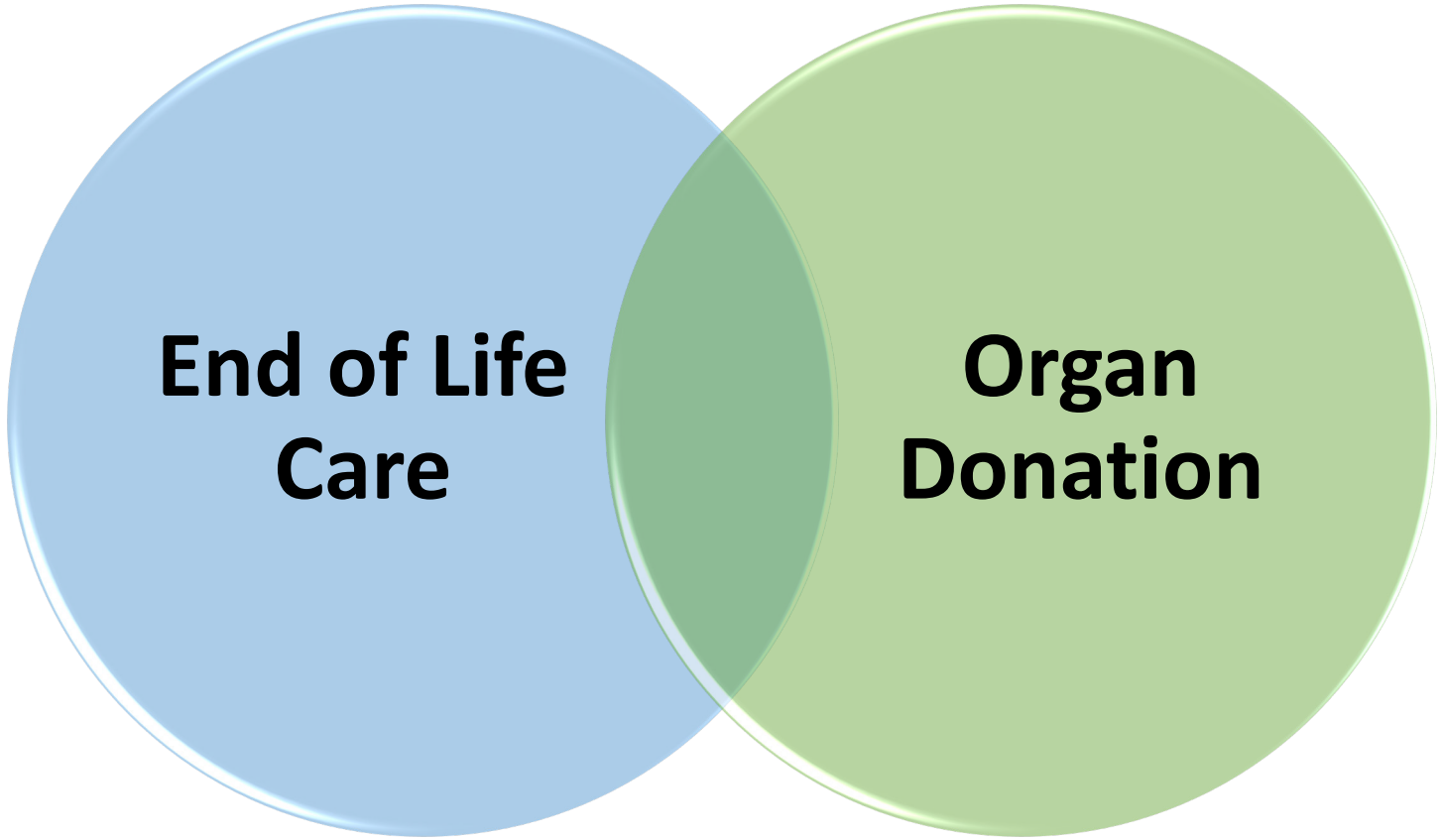
Source: MedPac March 2022 Report to Congress, Table 11-2

- NHPCO Facts & Figures, 2022

Variability in Diagnosis



Compassionate End-of-Life Care and the Opportunity for Organ Donation is the Family's Right……

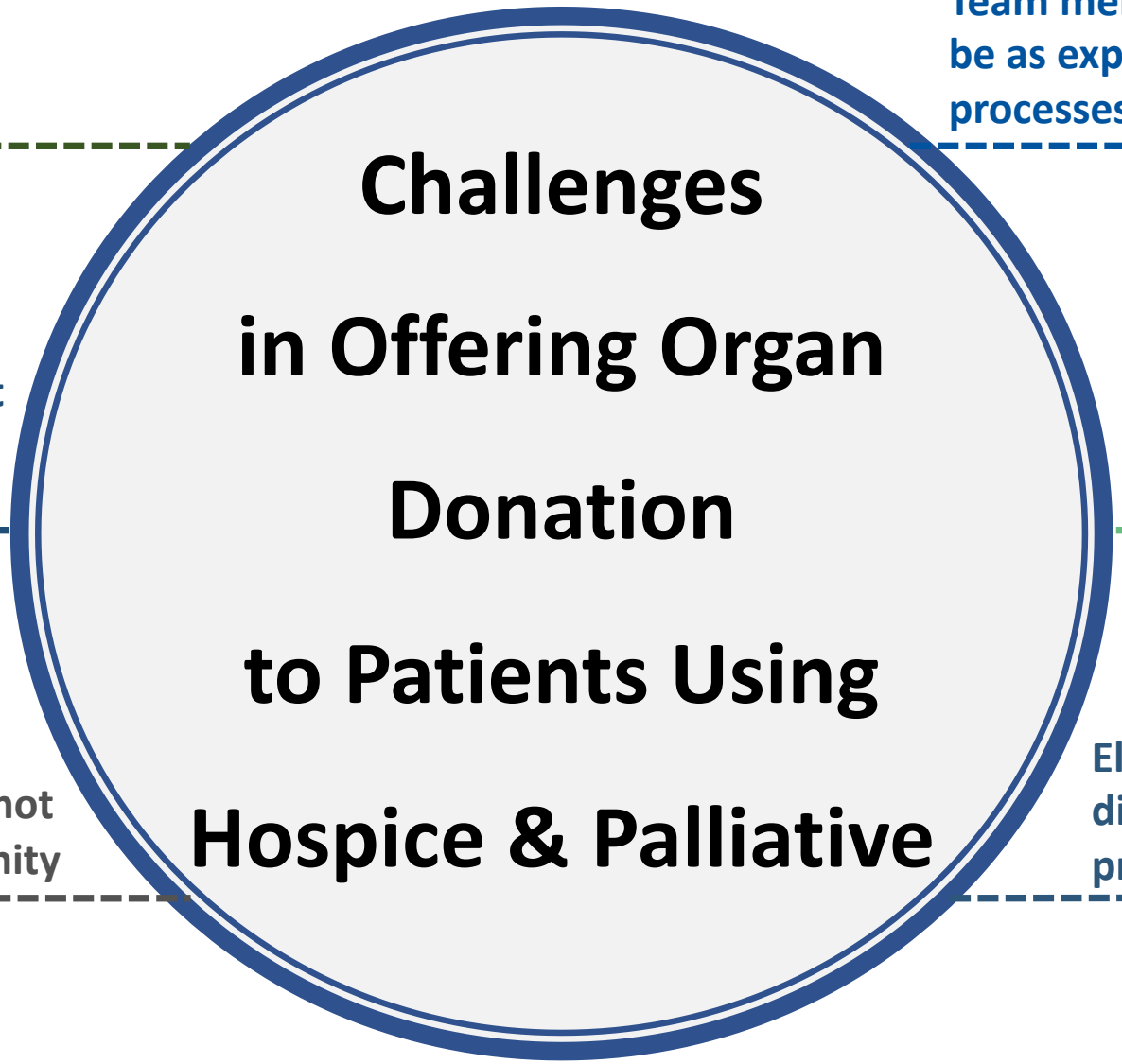


……and the Responsibility of all Members of the Healthcare Team

Why Collaboration is Important

- Palliative and Hospice teams may be the first contact for a patient or family considering withdrawal of technology
- OPO's & HPM professionals share a commitment to goal-concordant care
  - Organ donation may be incredibly meaningful to donor patients/families
  - Fully informing/exploring options shows respect & is patient-centered
  - Even if a patient can't be a donor, it might be important for them to know the option was considered
- Close collaboration allows timely referral/education
  - Early discussions about location of care
- Both OPO's & HPM teams can provide bereavement support
- Collaboration to improve knowledge of individual systems is helpful
  - E.g., who asks about donation, timing of approach, who goes to the OR . . .

Don't forget, tissue donation may be an option even when organ donation is not!



Focus is often on staying home, limiting technology

Team members may not be as experienced with processes as hospital-based teams

Patients/families may support organ donation but may not be aware of logistics required

Time-course/trajectory of illness may not be clear

Hospitals required to notify OPO's of anticipated patient deaths, but same regulations not always in place in the community

Eligibility may be impacted by diagnosis, organ function or prolonged dying process

Case Examples

1

62-year-old with Amyotrophic Lateral Sclerosis, supported with non-invasive ventilation in the home setting. No longer able to perform any self-care, asks his physician about discontinuing technology.

2

35-year-old with 12-month history of glioblastoma. Admitted to ICU with new onset cerebral bleed. Appearing brain dead. Patient and family have been utilizing palliative care services since the diagnosis

3

7-year-old male, with chronic respiratory failure, trach and ventilator dependent, admitted for increasing respiratory distress, admitted inpatient non-ICU, not a candidate for transplant. Palliative care team consulted, family electing to transition to comfort care

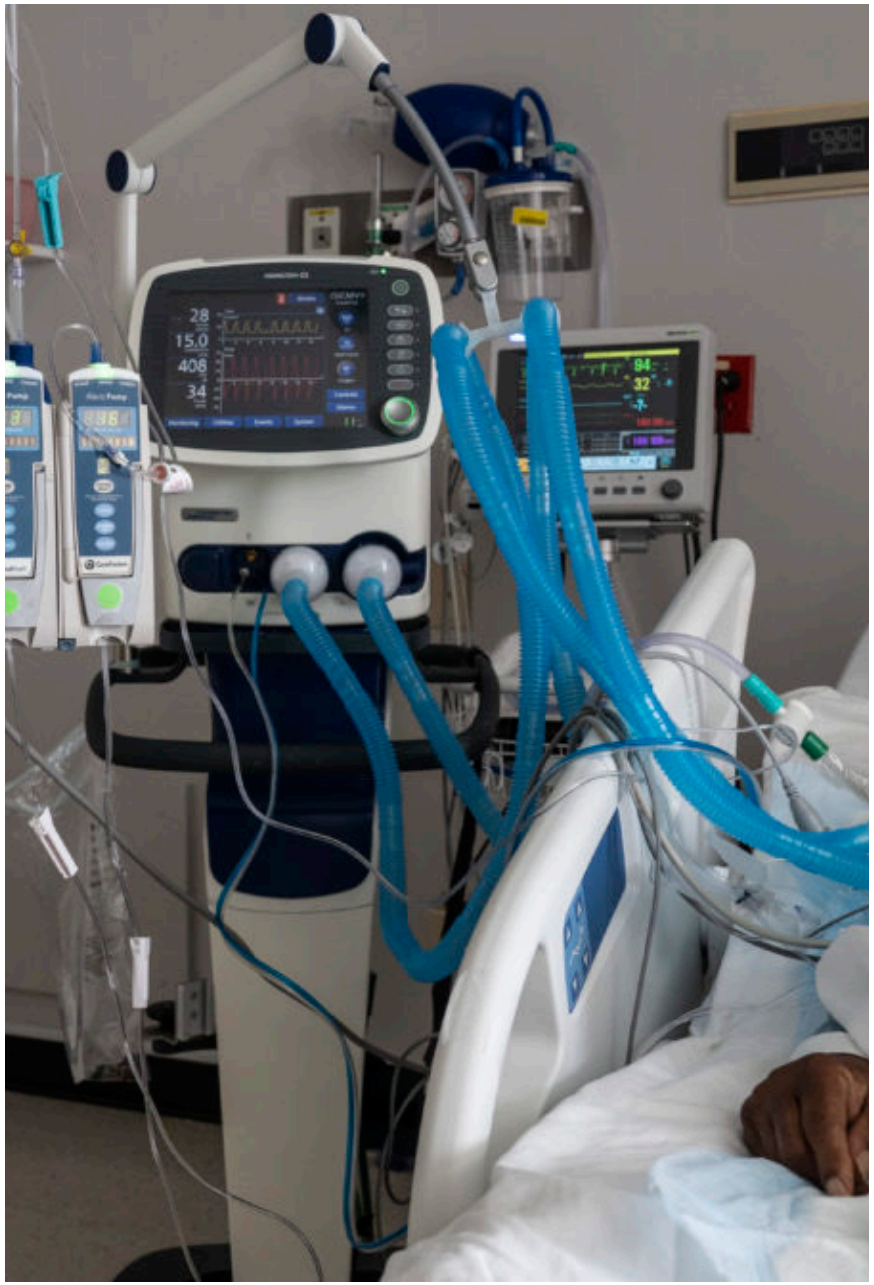
"The Palliative Care teams are the true experts in goals of care conversations and family support"

Collaborating to empower families to make a fully informed, proactive and enduring decision regarding the legacy of donation

"OPO's are charged to be both advocates and stewards for donation"

Expanding DCD: Creating New Opportunities

- Consideration of the potential legacy of donation for those not eligible in the past
- Withdrawal of technology, with or without severe brain injury
- Advancements in organ preservation technologies
- Expanded donor criteria
  - Age
  - Diagnosis



How Do We Get There Together?

- Consideration for broadening scope of referral triggers
- Timely Notification
- Huddles
- MDT Planning for facilitation of DCD Process
- Recognizing the triggers for a family conversation
- Case Reviews
- Ongoing educational programing
- Collaborative learning through programs such as this

The First Step In The Process:
Notify Gift of Life Donor Program

Call Gift of Life on all Vent-Dependent Patients w/a Suspected Non-Recoverable Injury/Illness

To preserve the organ donation option,
call **1-800-KIDNEY-1** using the following criteria:
(regardless of age, medical history, current hospital course, hemodynamic status)

1. At the first indication the patient has suffered a suspected non-recoverable injury/illness (any loss of reflexes, HTP/TTM, VV ECMO)
2. Prior to neuro consult/brain death examination
3. Prior to discussion of DNR status, W/D or limiting life-sustaining therapies
4. Patient has suffered: Cardiac Arrest, Anoxia, Stroke, or Head Trauma

Call Gift of Life – *1-800-KIDNEY-1*
(1-800-543-6391)

Team Huddle

Ensures Optimal Communication with Care Team and Family

Criteria for Team Huddle:

- ✓ After medical suitability has been determined
- ✓ Shift change
- ✓ Family/care team are discussing DNR or withdrawal of support
- ✓ Family brings up donation
- ✓ Brain death has been determined
- ✓ Patient is hemodynamically unstable
- ✓ At the request of the care team or Gift of Life Coordinator

Participants:

- Gift of Life Coordinator
- Bedside Nurse
- Treating Physician
- Resident
- Support Staff (when appropriate)
  - Palliative Care
  - Pastoral Care
  - Social Work
  - Respiratory Care
  - Other

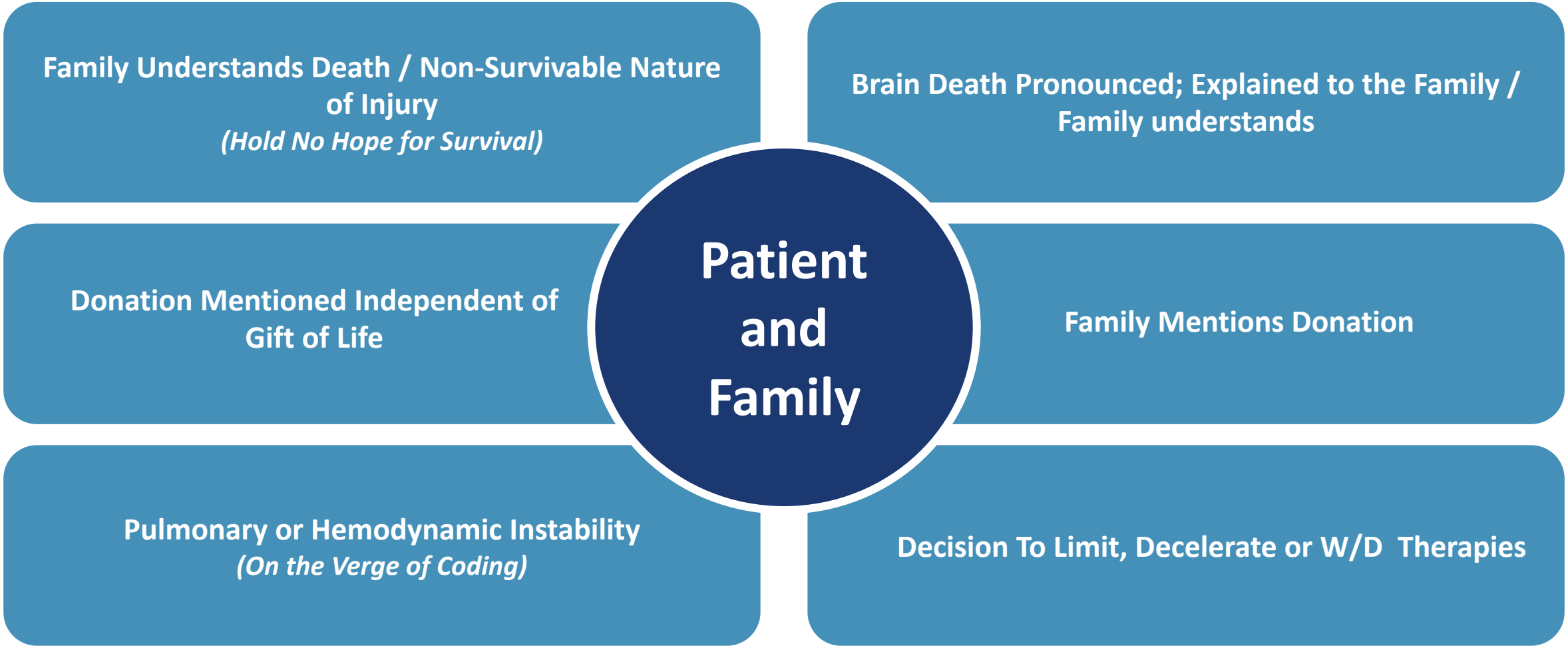
A Gift of Life Coordinator (with a designated member of the care team) will facilitate the team huddle at important junctures of the case.

Points for Discussion

Patient Status, Clinical Plan, Donation Options,

Family Communication/Support, Next Steps

Six Scenarios That Trigger A Donation Discussion



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On Behalf of

Children's Hospital of Philadelphia® & GIFT of LIFE DONOR PROGRAM

Thank you!

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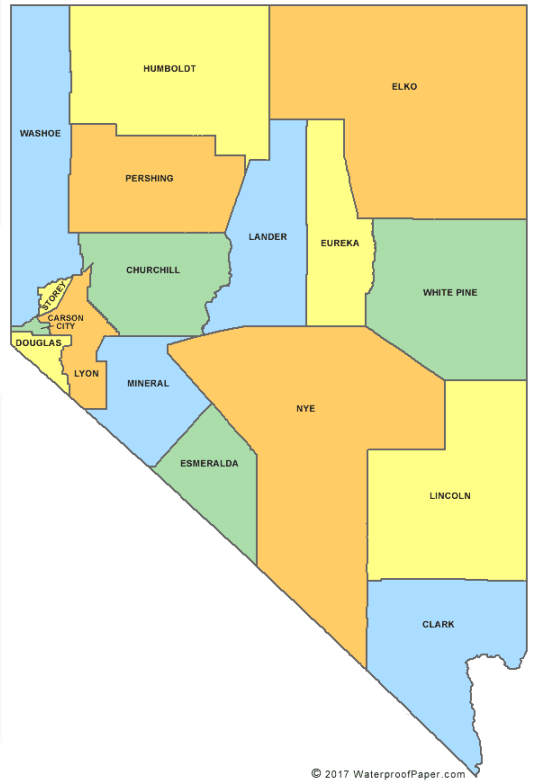
Presented By: Liz Allan & Jenna Dumas

Infinity Hospice Care™
A Family of Caring

NEVADA DONOR NETWORK
#DonateLife

Hospice History: NDN

- Nevada is a large, mostly rural state. We began seeing growth opportunities and opened a satellite office in the northern part of the state.
- Started OOH partnership programs that were extremely successful and made a strategic plan to start working with hospices across the state.
- Started working with our first hospice champions in 2014 and received a whopping 26 referrals that resulted in 8 recovered donors.



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Infinity Hospice Care
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Hospice History: Infinity Hospice Care

- Infinity Hospice Care is a family owned and operated hospice agency servicing patients for over 17 years with 300+ employees
- Core Values – Dependability/Trusting to Work Well as a Team/A STRONG desire to Make a Difference in the Lives of Others.
- 4 Locations in Reno/Las Vegas/Pahrump/Phoenix
- NHPCO member
- WHV (We Honor Veterans) Level 5 preferred provider at all locations
- Nevada Hospital Association member
- Vital Talk Training for all staff

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Challenge with DCD Referrals

- Hospitals are looking for creative ways to not have deaths reported on their census
- Partnering with hospices to transfer patient to their care in the hospital is one solution. (GIP)
- When families make the decision to withdraw care and potentially be transferred to hospice, they may miss out on the opportunity to proceed with donation
- Hospitals were quick to make the referral to hospice and not so quick to make the referral to the OPO
- Hospice was frustrated that OPO delayed process
- OPO was frustrated that hospice was presented to families before donation
- Both agencies frustrated that miscommunication and often misinformation was being provided

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Solutions

- Infinity Hospice Care and NDN met with hospital administrators separately to voice concerns
- Infinity Hospice Care and NDN met together to voice concerns and try to resolve without the hospital
- Infinity Hospice Care and NDN met together with the hospital administrators to try to resolve
- Ultimately, we decided to collaborate on our own to achieve process change quickly and efficiently

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Solutions

- Beginning in April 2023, Infinity Hospice Care and NDN started a pilot referral notification program, while the hospital case management team began making their notification process change and training.
- Infinity team reaches out to their liaison at NDN at time of hospital referral to determine NDN involvement
- If referral was already made by hospital, answer can be provided within 5 minutes and teams collaboratively make communication plans
- If referral was not made by hospital to OPO, then the liaison will have organ team review patient chart on site and determine donation potential. Try to have this completed within an hour of notification.

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Results from Hospice Partnerships

- In 2021, NDN had 1,632 hospice referrals
  - 45 tissue donors, 151 ocular donors
  - Just over 9% recovered
- In 2022, NDN had 2,743 hospice referrals
  - 6 Authorized DCD attempts
  - 72 tissue donors, 180 ocular donors
  - We stayed at the 9.2% recovered

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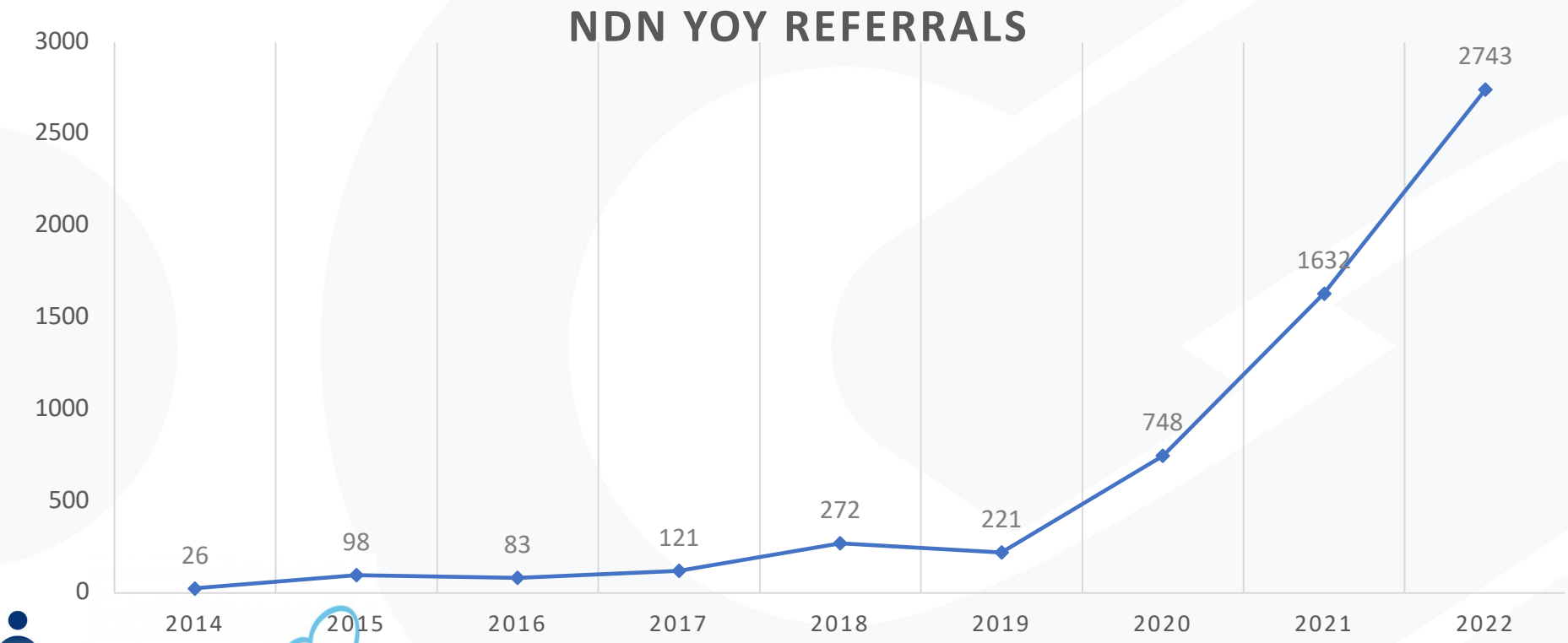
Results



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Results Specific to Infinity Hospice Pilot Program

- 66 Infinity Hospice Care – In Hospital Referrals
- 17 DCD Approaches
- 2 Family declines
- 14 DCD Attempts
  - 11 Survived (8 tissue/ocular donors post CTOD)
  - 1 Allocation Exhausted
  - 2 Donors

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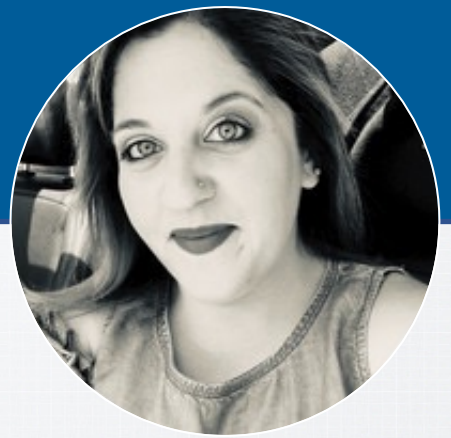

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Q&A
QUESTIONS & ANSWERS