

Honoring the Gift Through Donor Care Units: Exploring the Pros & Cons of Different Models

TODAY'S PANELISTS



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Deanna Fenton

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Contact Us via Zoom Chat, or
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Meet Our Moderator



Lindsey Speir MHA, BSN, RN, CPTC

Vice President, Organ Operations



Meet Our Panelists



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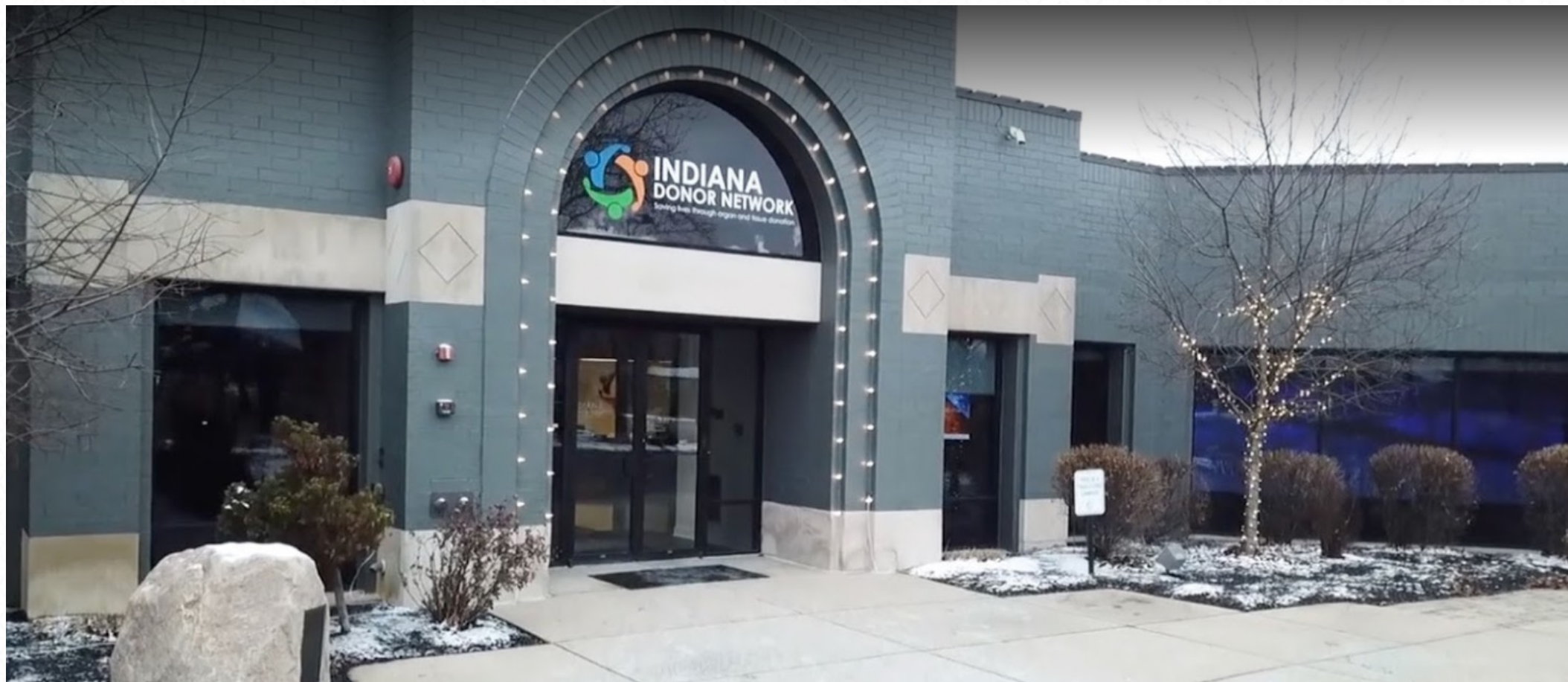


Indiana Donor Network In-House Organ & Tissue Recovery

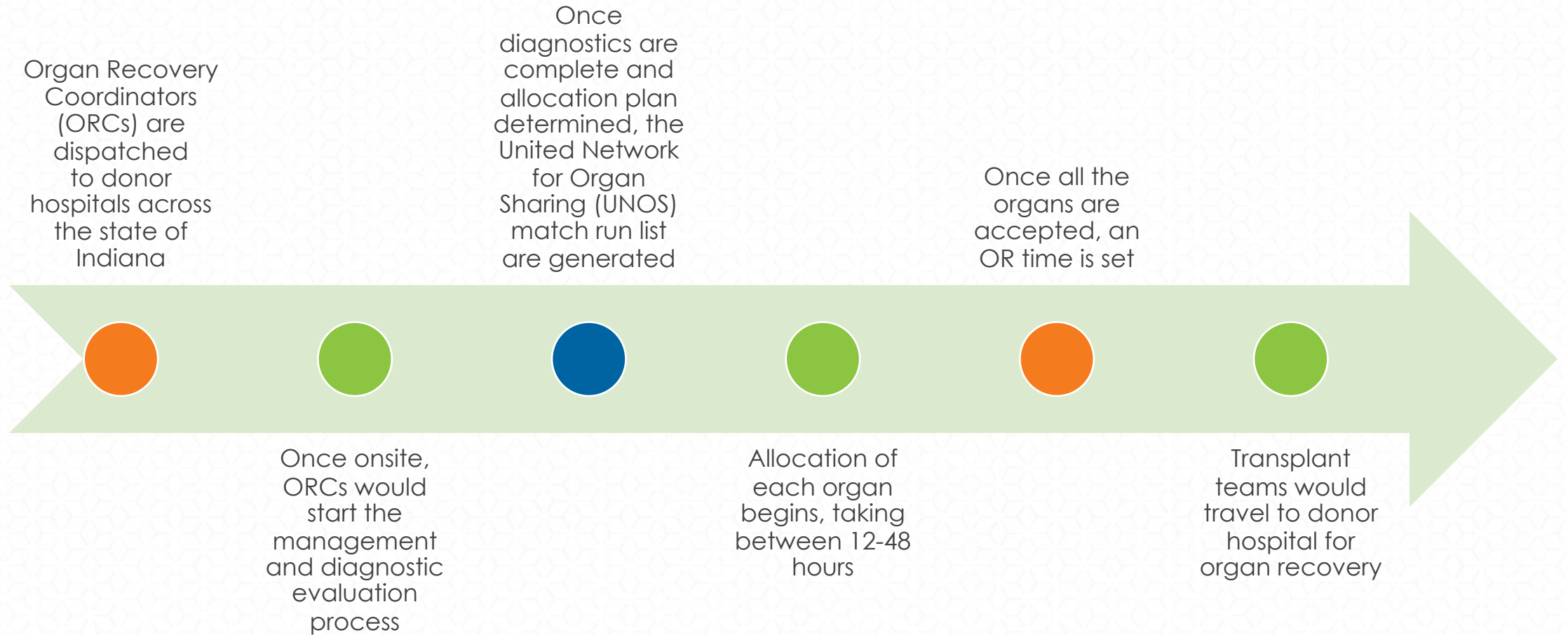
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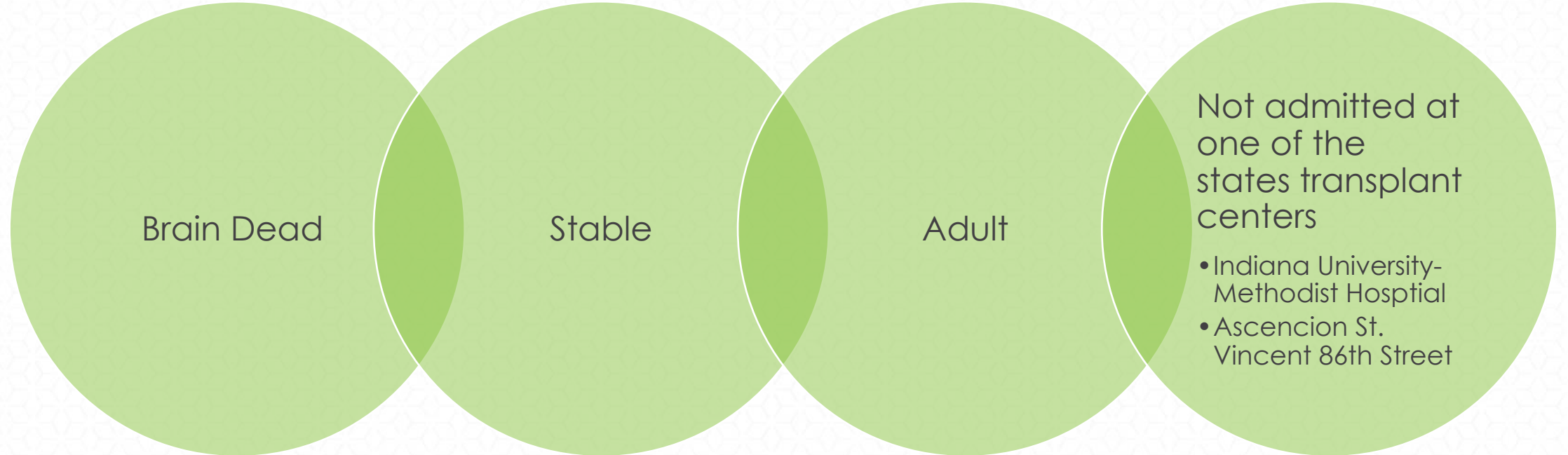
Indiana Donor Network Organ and Tissue Recovery Center



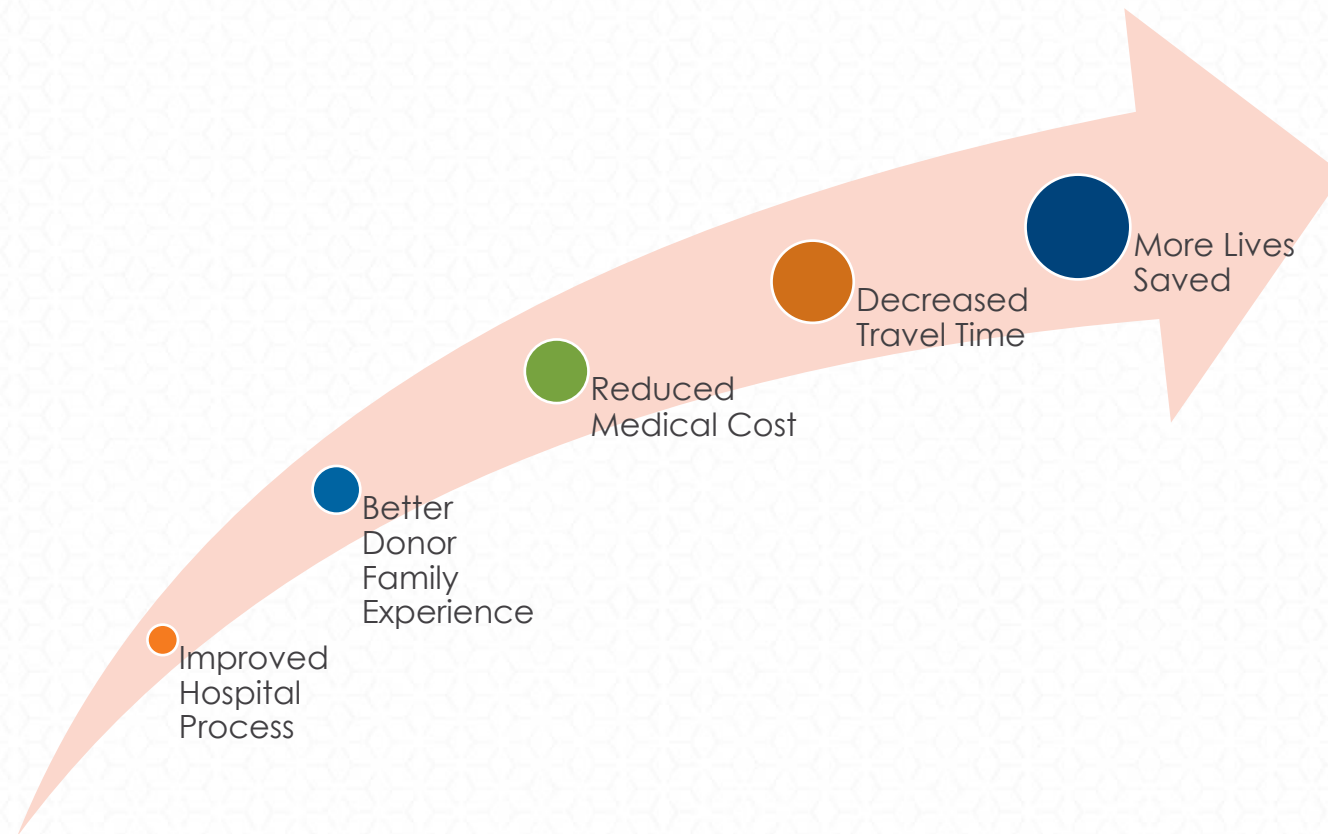
How Recovery in Indiana Used to Happen



Donor Eligibility for Transport to Recovery Center



Benefits of OPO Recovery Centers



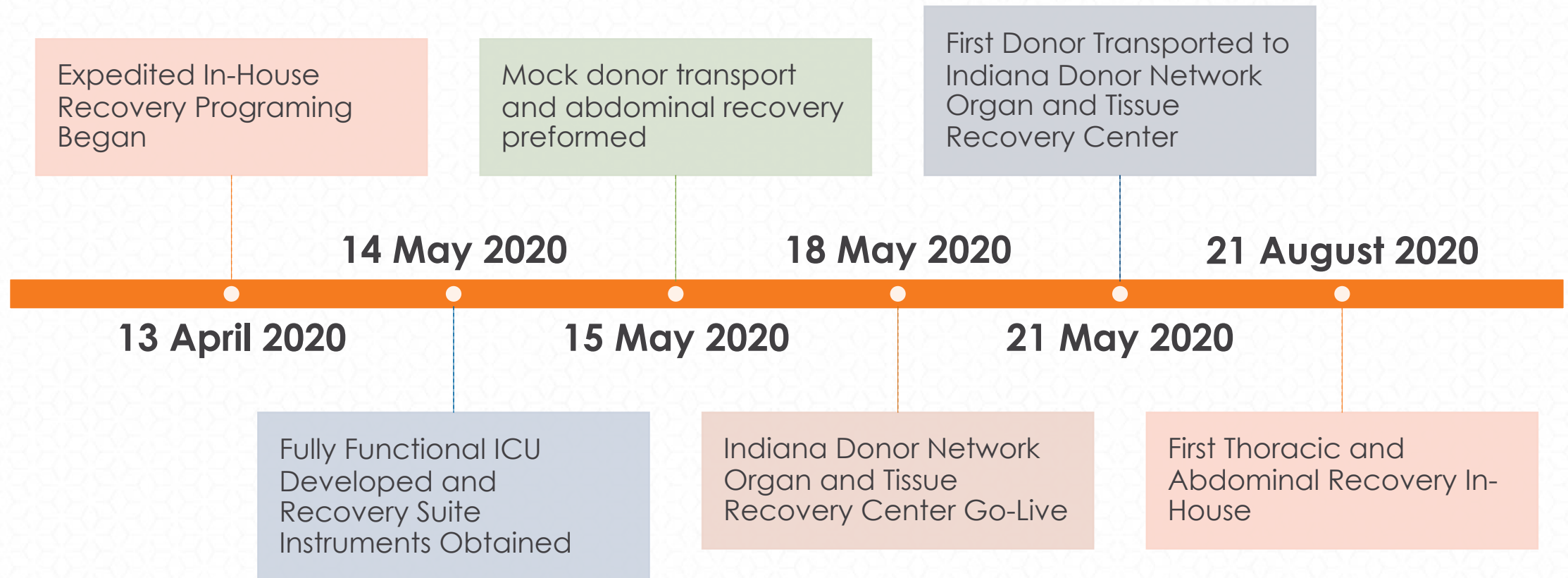
Benefits of OPO Recovery Centers

- **More lives saved:** Because on-site recovery typically happens faster than hospital recovery, the organs have a greater likelihood of viability.
- **Improved process for hospitals:** The recovery center frees up critical hospital resources. Donors spend less time in ICUs where bed availability is limited. Also, staffing can be modified to care for other patients. This is especially important during the COVID-19 pandemic.
- **Faster/less travel time:** Centrally located recovery center for ease of local recovery.

Benefits of OPO Recovery Centers

- **Better donor family experience:** Due to limited availability of operating rooms, donor hospitals are often forced to reschedule organ recoveries due to trauma emergencies or delay them because of previously scheduled elective surgeries. This all but eliminates that wait time, meaning a better experience for the families of donor heroes.
- **Reduced costs:** On-site recovery is far less expensive than when done at a hospital. A 2016 study published in the American College of Surgeons indicated a 51% decrease in costs when organ recovery was done through an organ procurement organization with organ recovery capabilities.
 - Effective way to minimize organ recovery costs
 - Healthcare costs passed onto transplant centers
 - Competitive organ acquisition costs

Historical Dates of Indiana Donor Network



April 13

Expedited In-House Recovery Center Planning Begins

- Expedited due to COVID-19 pandemic
- Goal: Move the first donor safely and as soon as possible
- Partnered with OPO colleagues
- Partnered with hospitals and MidWest ambulance
 - Supplies
 - Equipment



Equipment Needed

Ordered 300 new supplies and nearly 100 types of instruments

- **ICU**

- Ventilators
- ICU Beds
- Cardiac Monitors
- Lab Analyzer (Piccolo)
- EKG
- Zoll Defibrillators
- Alaris Pumps
- Bair Hugger
- Bronchoscopy
- ECHO
- Bladder Scanner
- Urine Analyzer
- Warmers for blankets/IV fluids
- Oxygen tanks
- Dopplers
- Stryker Stretcher
- Portable X-Ray
- McGrath Laryngoscopes



- **Recovery Suite**

- Surgical Lights
- Neptune
- Instruments
- Surgical Table
- Slushers
- Electrosurgical Units
- LigaSure
- Additional freezers, refrigerators and ice machine



Donor Recovery Center Staff

Advanced Practice Coordinator

- Head of Bed in the Recovery Suite
- Transportation from Hospital to INDN Recovery Center
- Advanced Donor Management in ICU
- Perform Advanced Diagnostics & Medical Interventions
 - Bronchoscopy
 - ECHO
 - Heart Caths
 - Intubation
 - Chest Tubes
 - Needle Decompression

Organ Recovery Coordinator

- Donor Transportation from Hospital to INDN Recovery Center
- Donor Management in the ICU
- Performs Diagnostic Skills
- Organ Allocation to Transplant and Research Centers
- Recovery Team Transportation Coordination
- Organ Preservation
- Performs all Packaging and Labeling of Organs Post Recovery
- Organ Import Flyouts

Surgical Recovery Specialist

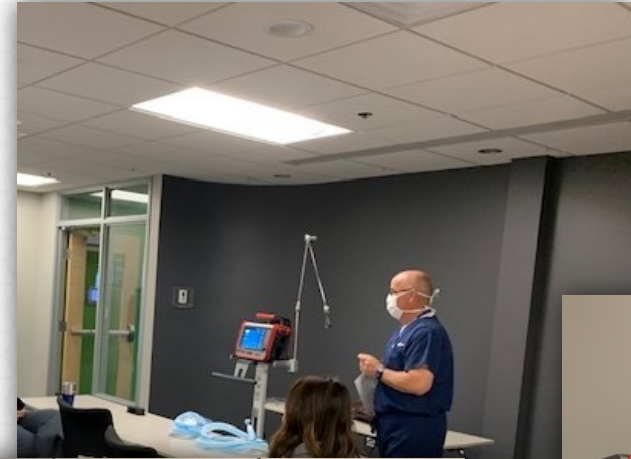
- Surgical OR First Assist
- Cath Lab First Assist
- First Assist on Thoracic Flyouts
- Organ Preservation
- Kidney Pumping and Allocation
- Instrument Sterilization
- Living Kidney Recovery Cases
- Research Organ Recovery
- Coordinator, Organ, and Supply Transportation
- Organ Import Flyouts

Advanced Practice ORC

- Experienced staff
- Certified Procurement Transplant Coordinator (CPTC) required
- Advanced practices
 - Bronchoscopy
 - ECHO
 - Intubation
 - Chest tubes
 - Needle decompression
 - Head of Bed management in recovery suite

Organ Recovery Coordinator Education

- Team
 - ICU RNs
 - Respiratory Therapist
 - Critical Care Paramedics
 - Master's Prepared Human Donation Sciences
- Hands-on donor management
 - Ventilator Training
 - Monitor Training
 - EKG Training
 - Portable X-Ray Training
 - Bronchoscopy



Surgical Recovery Coordinator Education



May 14

32 days after the expedited process began



May 15 Mock Run-through

- Mock transport and trial
 - MidWest Transport
 - ICU Transfer
 - Recovery Suite mock with Dr. Cronin and Dr. Safra (Lutheran Transplant)
 - Process improvement effort
- May 18 – Go Live Date



May 22

- IBJ article released
 - Crucial step to the donation process
 - Difficulties faced
 - The positive impact on donor families
 - Positive hospital partnerships

3A | Inside
Notice that you've been producing more trash hanging out at home? Your haulers sure have,

INDIANAPOLIS | MAY 22, 2020
BUSINESS JOURNAL
CENTRAL INDIANA'S BUSINESS AUTHORITY CELEBRATING 40 YEARS

Dr. David Cronin II and Ahmad Safta of Fort Wayne's Lutheran Health Physicians recovered a liver from a cadaver during a mock run-through on May 15. (IBJ photo/ Mickey Shuey)



Sputtering public firms scoop up small-biz aid
By Susan Orr
sorr@ibj.com

Eight Indiana-based public companies, including four in the Indianapolis area, have disclosed in regulatory filings that they qualified for more than \$61 million in relief loans from a federal program designed to help small businesses. So far, all but two have kept the money, despite government pressure to return it.

What's more: Because of loose rules about who qualifies, some of these recipients had been struggling financially long before the COVID-19 disruptions the loan program was designed to address.

The Paycheck Protection Program, which the U.S. Small Business Administration launched April 3, offers forgivable loans to help keep small businesses afloat during the pandemic.

But some loans also went to publicly held companies, including Fishers-based American Resources Corp., Indianapolis-based Noble Roman's Inc., Indianapolis-based



The SBA's Rob Scott says the government didn't impose a lot of restrictions because speed was crucial.

See **ORGANS** page 20A

See **LOANS** page 26A

Transplanting surgery

Donor organization adds capability to harvest organs at its own facility
By Sam Stall
Special to IBJ

Even under ideal circumstances, few medical endeavors are as complicated, time-consuming, and emotionally and physically exhausting as recovering organs from a transplant donor. And circumstances these days are far from ideal. The pandemic has added hurdles in the form of medical-supply shortages and hospital-visitation restrictions.

However, officials at the Indiana Donor Network, a not-for-profit responsible for overseeing the collection and redistribution of Indiana donor organs, think they found a way to make the process go more smoothly.

This month, IDN rolled out a new service at its Indiana Donor Network Organ and Tissue Recovery Center off of West 38th Street near Lafayette Road. It re-tasked two operating rooms (originally

First Donor Transported May 21



August 21: First Cardio/Thoracic Recovery

- 18 yo Male from Eskenazi (AHHS098)
- Intended recovery
 - Heart
 - Bilateral Lungs
 - Liver
 - Right and Left Kidney
- 4 Recovery Teams scrubbed in during the case
 - Heart Team: 3
 - Lung Team: 3
 - Liver Team: 3
 - Kidney Team: 3
- Liver team declined intra-op and recovering Kidney surgeon took over abdominal
- Heart not recovered due to poor left ventricular function
- Successful Bilateral lung recovery
- Successful cardioversion of heart intra-op

Cardiac Cath In-House

- Go live date: January 7th 2022
- Siemens Artis Zee Floor Mount Cardiac Cath Machine
- Average 6 cardiac cath per month
- Gave the ability to transport donors following authorization or disclosure



Partnering with Ascension Health

- Partnered with Cardiac Services Leadership for assistance in building cath lab and supply needs.
- Agreement with Ascension Physician Group
- On-Call Basis
- 10 Physicians Active Physicians

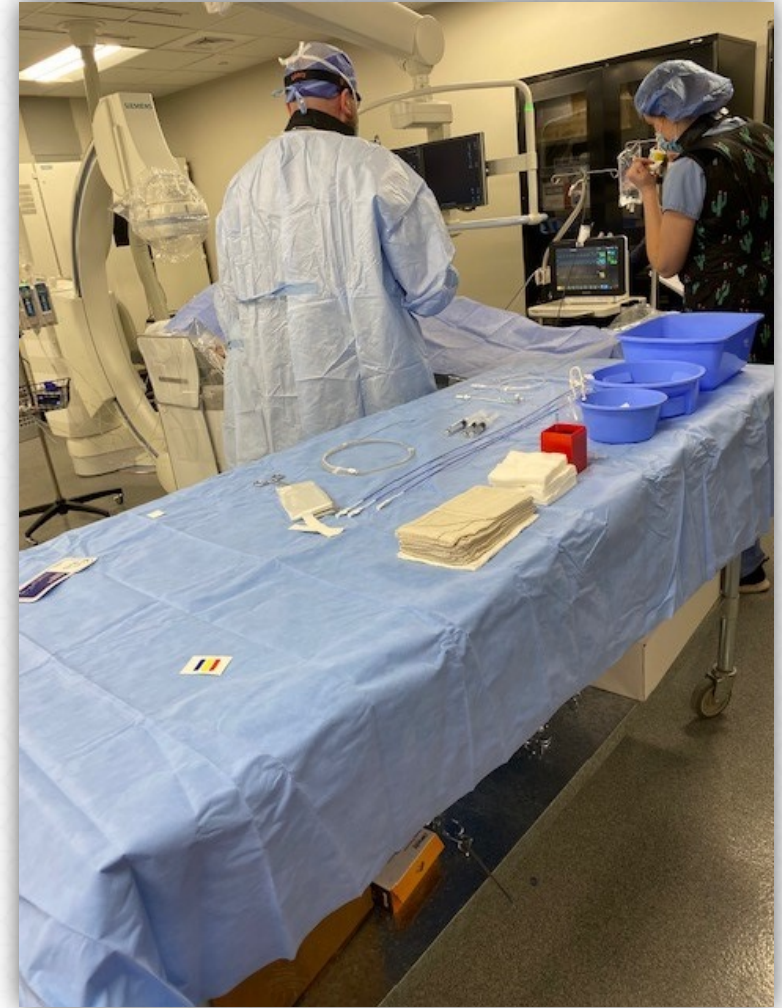


**Ascension
St. Vincent**

Surgical Recovery Specialists/Organ Recovery Coordinators

- Our SRS team assists physicians during the cardiac cath
- Training completed by Siemens
- Surgical Recovery Specialists with previous experience.
- Organ Recovery Coordinators monitor donor and document hemodynamics during the procedure.

First In-House Cardiac Cath



Implementing Music

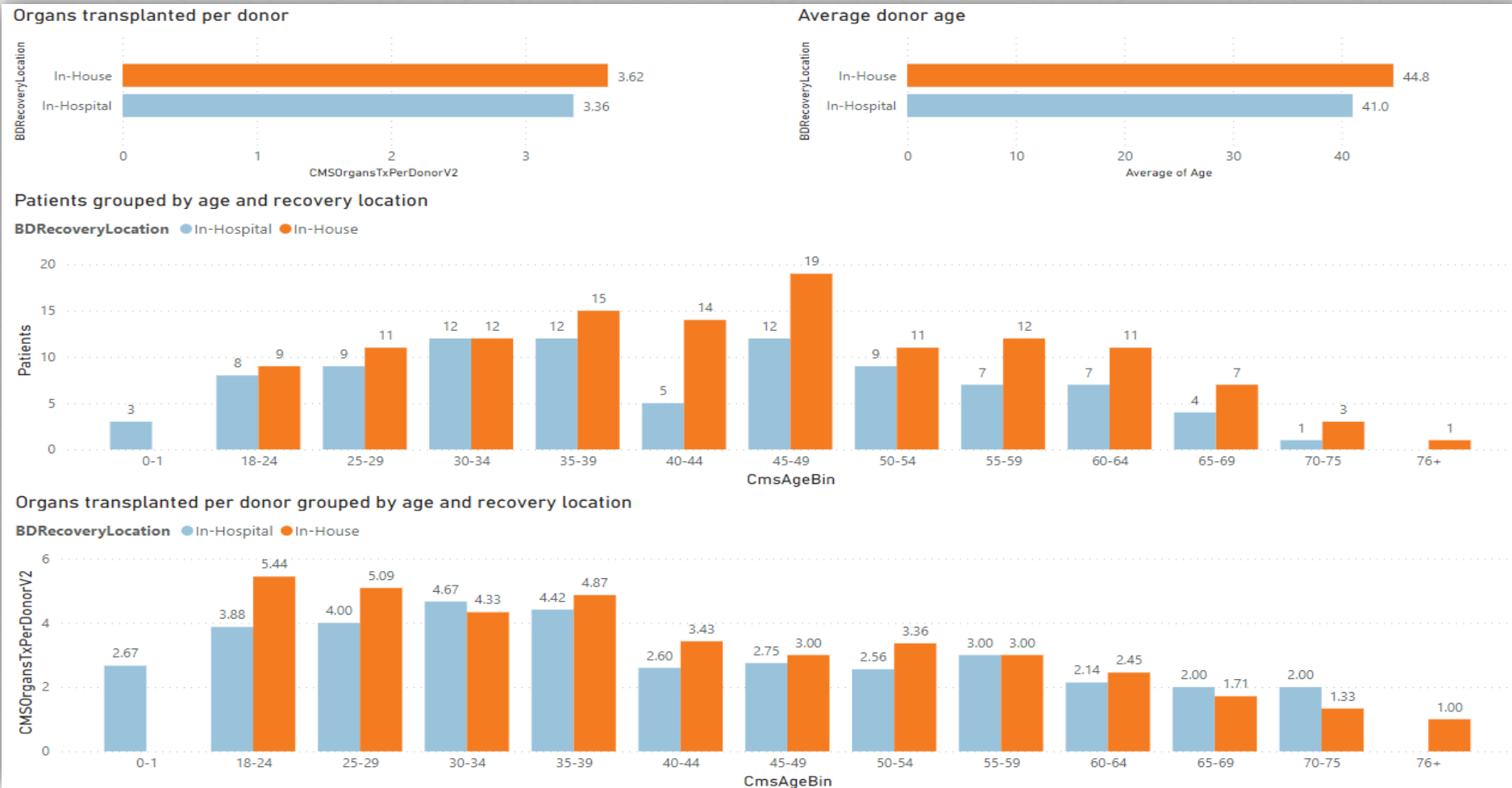
- Music in the OR
 - Way to honor our donor hero during recovery
 - Family Advocates ask family if they would like music played for their loved one during recovery
 - Family picks the music
 - Very impactful hearing the music our donor listens to
 - Positive feedback from the Families and Surgeons



YOY Breakdown

• 2020	Total Organ Donors 164	=	BD In-House 43	+	BD In-Hospital 89	+	DCD 32	DCD 19.5%
• 2021	Total Organ Donors 296	=	BD In-House 109	+	BD In-Hospital 107	+	DCD 80	DCD 27%
• 2022	Total Organ Donors 346	=	BD In-House 125	+	BD In-Hospital 109	+	DCD 112	DCD 32.3%
• 2023	Total Organ Donors 98	=	BD In-House 42	+	BD In-Hospital 13	+	DCD 43	DCD 42.7%

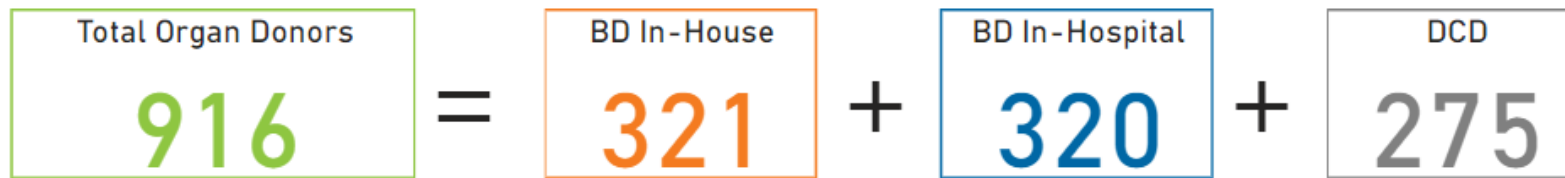
Breakdown Organs Per Donor



More Organs Transplanted In-House

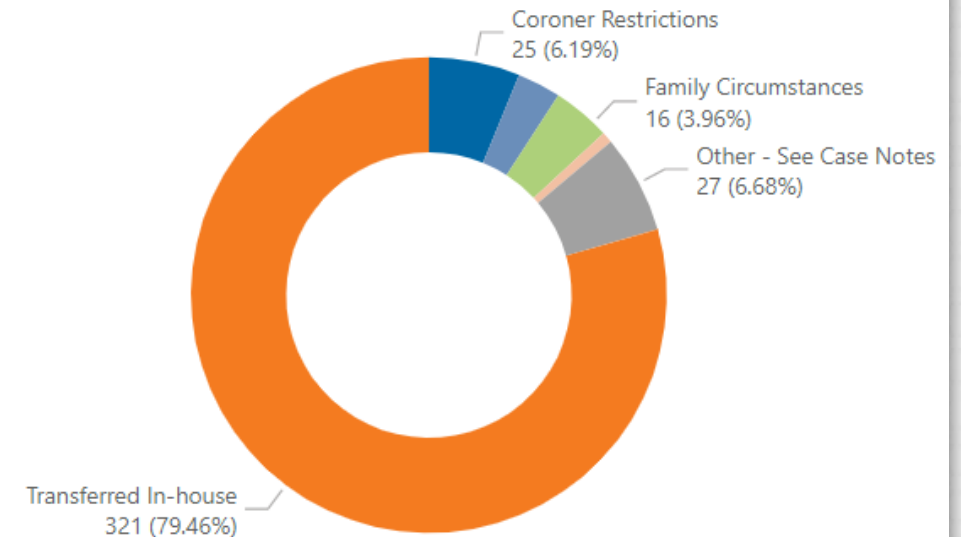
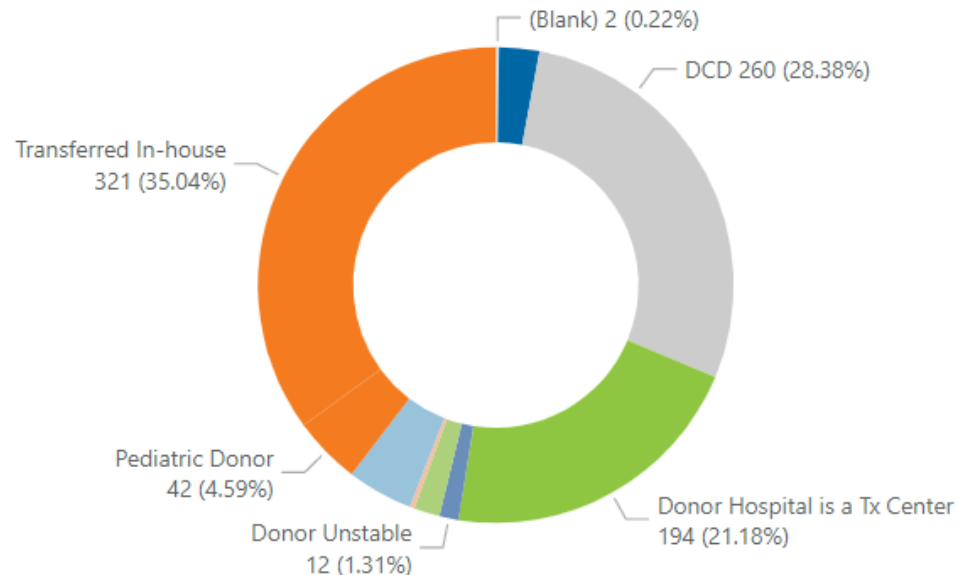
- In-House BD 3.62 OPD
- In-Hospital BD 3.36 OPD
- Reasons why we are more effective In-House
 - More control over donor management
 - Better Lung Recruitment
 - Control over OR timing

In-House Recover Center since Inception

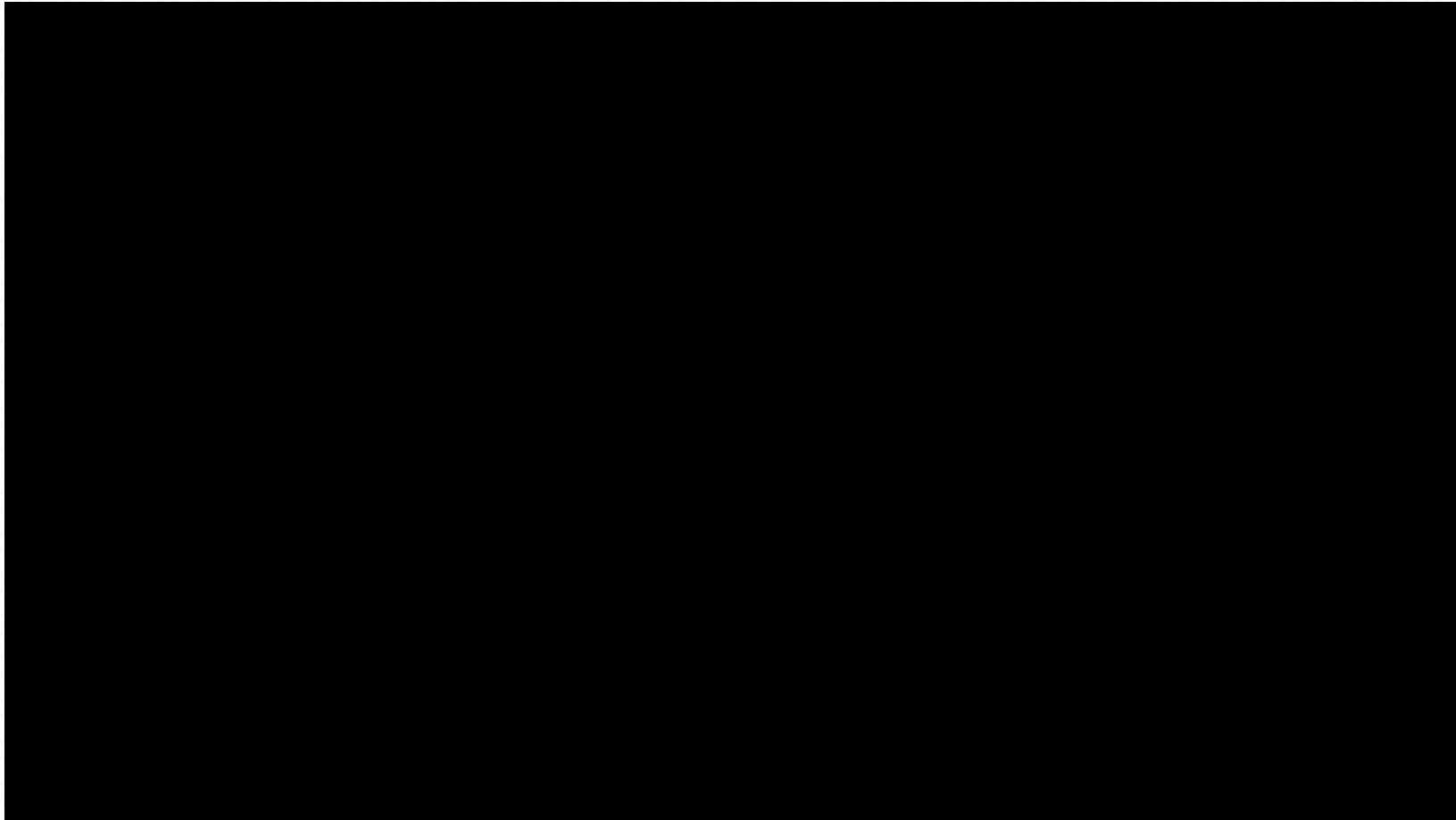


All Organ Donors

Eigible for In-House Transfer



Indiana Donor Network Organ and Tissue Recovery Center



Centralized Donation Facility

LifeShare's Experience

Clint Hostetler, COO



LifeShare of Oklahoma

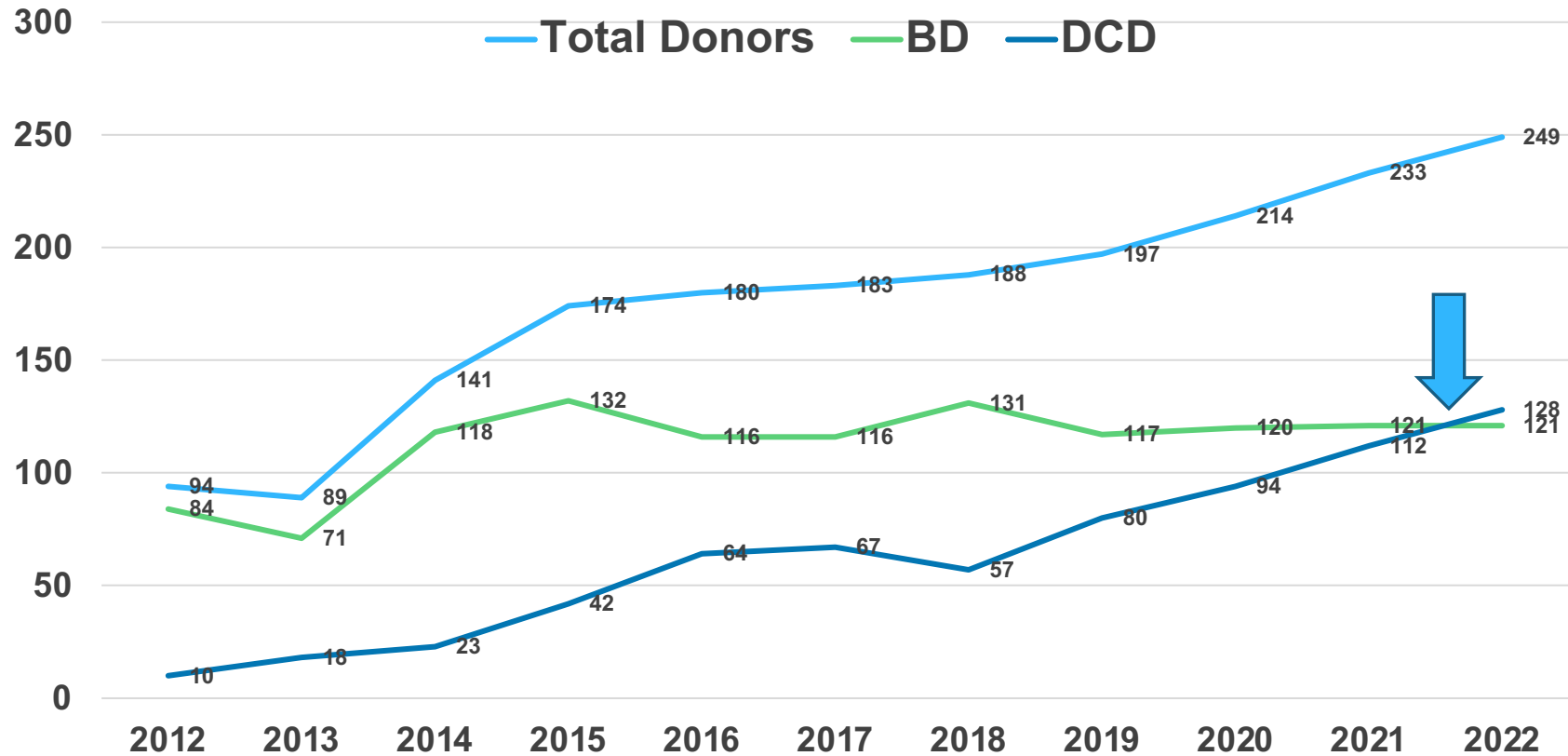
- LifeShare Transplant Donor Services
 - DSA Population – Approx. 4 million
 - Three transplant centers
 - 150+ donor hospitals
 - One level 1 trauma center
 - 32 organ potential hospitals

Our Reality

- Opportunities for growth and efficiency
 - DCD growth
 - Recognized need to transfer BD donors when practical
 - Investments in technology to improve utilization
 - Small to mid-sized OPO
 - Conscious about adding value



Our Experience



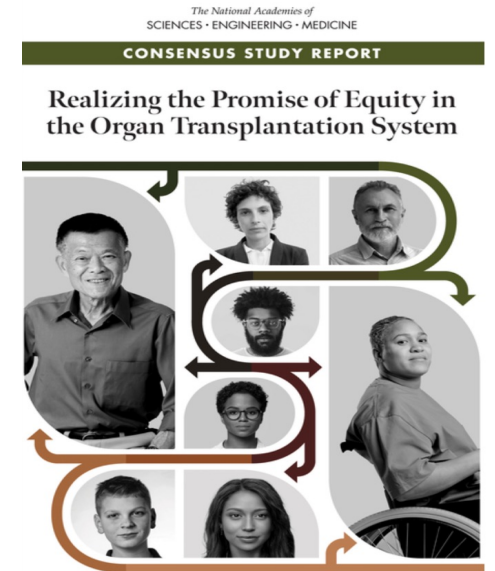
DSA population approximately 3.9 million

Evaluation of our (then) Current State

- Recognized targeted opportunities to transfer BD donors
 - Low donor volume hospitals – lack of familiarity with processes
 - Increasing challenges with OR availability at some large institutions
 - Strategy to mitigate restrictive hospital donation policies
 - Transplant hospitals
- Transfer potential did not support large capital and ongoing investment for free-standing
 - 30-50 donor transfer potential
 - Recognized need for future investments in technology to increase utilization
 - Decided to move toward a hospital-based centralized donation facility
 - Future build out of a clinical innovation center

Needs Analysis

- Three month needs analysis
 - Interdisciplinary workgroup
 - Interviewed others
 - Needs list mirrored the outlined NASEM criteria
- From this work we developed eligibility list
 - Four local hospitals met our criteria
 - Request for proposals were sent



Getting to a Decision

- Received proposals back from two hospitals
 - Satellite hospital of a transplant center
 - Mid-sized community hospital
- Organ leadership and executive leadership meetings
- From RFP to signed agreement: approximately 6 months
- Ultimately chose the partner that had the most supportive culture of donation



SSM Health St. Anthony Hospital

Central Donation Facility | January 2020 – Present

Beginning January 1, 2020, SSM Health St. Anthony Hospital has served as the Central Donation Facility for LifeShare of Oklahoma.

The critical care team of physicians and nurses, surgery teams, and respiratory care staff have been directly involved with the donor management and recovery of over 120 combined inpatient and transfer donors, SSM Health St. Anthony Hospital.



48 Non-Specialty ICU Beds



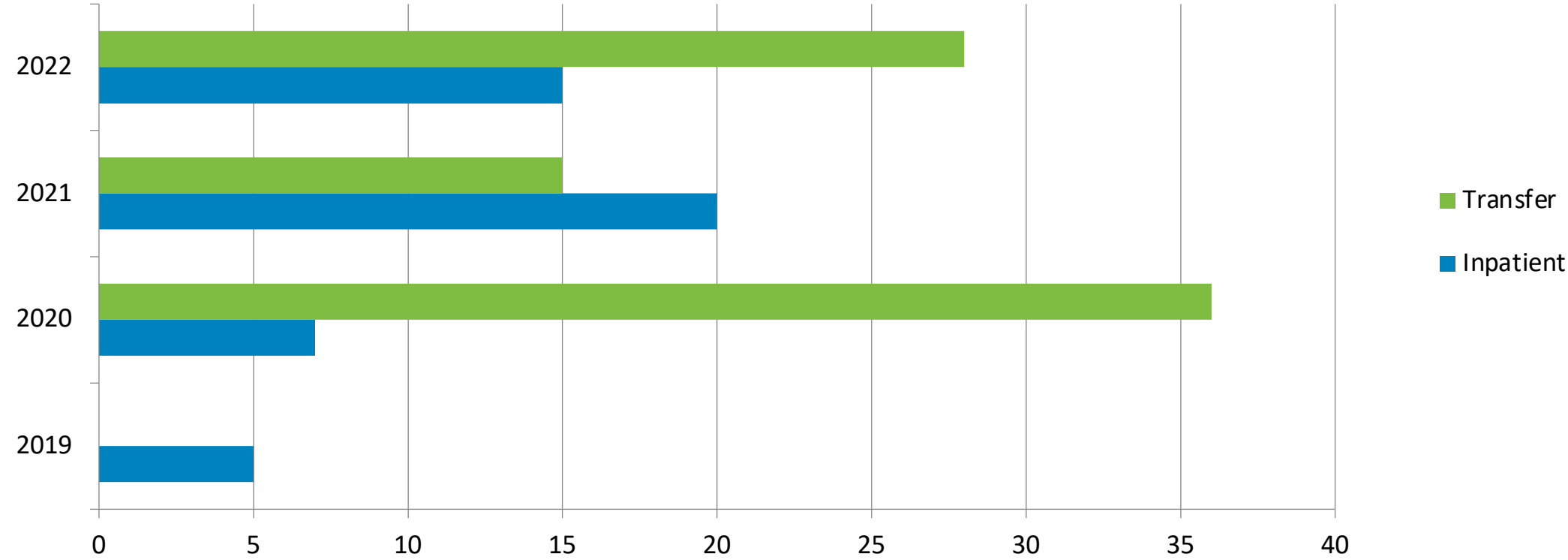
16 Surgery Suites



24/7 On-site Intensivist

Organ Donors by Year

Inpatient and Transfer Organ Donors facilitated by year



Summary

- A hospital-based centralized donation facility can be a viable option
 - Accomplishes the recommendations of the NASEM report
 - Helps to control cost and drives value in the system
 - Our results comparable to other models
 - This model had an unintended positive effect on donation rate at CDF

THANK YOU!

Contact Us

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EMAIL: chostetler@lifeshareok.org





Our Legacy

The Adventures of OurLegacy

Creating a Donor Care Unit

Laura Huckestein, RN, BSN, CPTC



A Donate Life Organization

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P: 800-44DONOR | **F:** 407-543-4139 | ourlegacyfl.org

Part 1



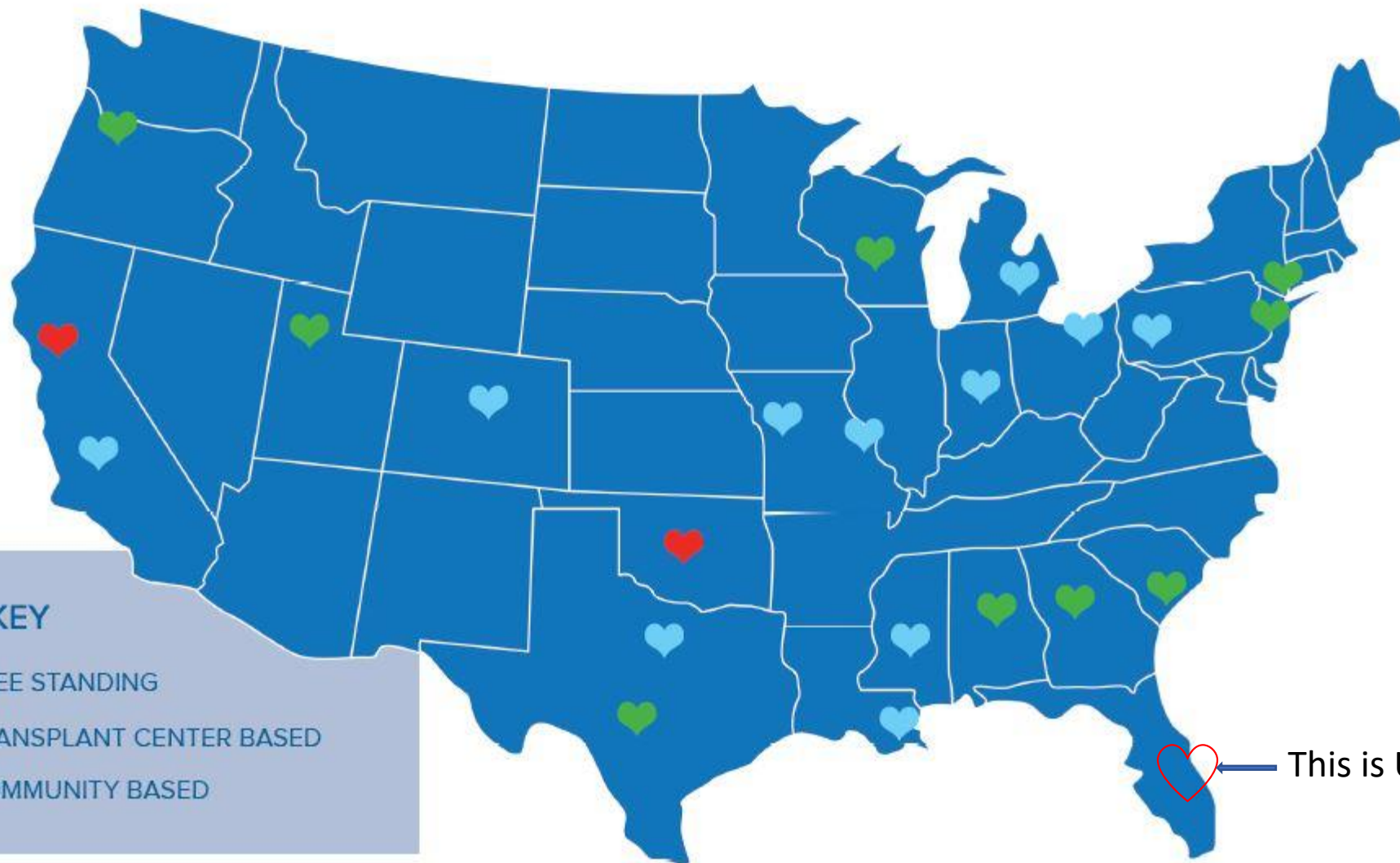


Our Legacy

Together, we're saving lives



UNITED STATES DONOR CARE UNITS



MAP KEY

-  FREE STANDING
-  TRANSPLANT CENTER BASED
-  COMMUNITY BASED



Let's start from the beginning...

Once upon a time there was a hospital-based OPO called OurLegacy. They were different than most of other OPO's because they were not independent – they were under the umbrella of AdventHealth. With benefits and setbacks to this type of structure OurLegacy set out to best serve the heart of their mission together with their hospital leadership and the donation community—*honoring donor heroes and saving lives.*





One day, after attending insightful conferences and reviewing best practice articles OurLegacy Executive Director, Ginny McBride, decided we needed to have a Donor Care Unit (DCU) to care for donor heroes and their families —*and save lives to the fullest*. She worked with her colleagues in other OPO's to determine the necessary equipment to better serve the heart of our mission. And she met with hospital leadership to discuss.





Her hospital leadership were supportive of a plan to save more lives. OurLegacy brought together a diverse team of experts including hospital architects, administrators, facilities staff, and OurLegacy staff to visit a variety of Donor Care Centers...

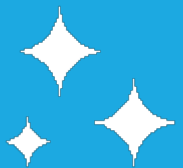
...so off they went.





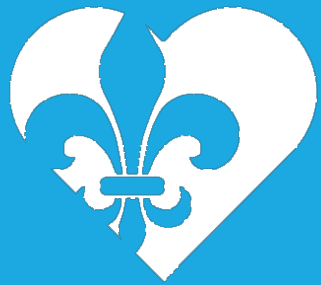
LEGACY *of* HOPE®

Alabama's Organ & Tissue Donation Alliance



Ginny was joined by a team of OurLegacy staff and hospital leadership on a visit to Legacy of Hope in Alabama—an independent OPO with a hospital-based Donor Care Unit. They took pictures of the facility, gathered information and brought back to the Donor Care Unit committee.





LOPA

MAKING LIFE HAPPEN



Laura (*that's me!*), Dr. Bobby, OurLegacy medical director, some other OurLegacy staff and hospital leadership/facilities went to visit LOPA in Louisiana to their independent OPO to learn more on behalf of the committee.

LOPA's facility was a gorgeous facility that had all the bells and whistles.

We began to envision a Happily Ever After for our own DCU.



A Vision for Happily Ever After





When all the visits were completed (*Laura, Dr Bobby and other OL staff also visited STA and LifeLink of GA at Emery*), a committee meeting was held to discuss the Donor Care Unit.

OurLegacy and the Advent Health staff began to look for a temporary DCU—to immediately better serve the heart of our mission while we await AdventHealth’s permanent home for OurLegacy DCU (4-5 years from now).





DONOR CARE UNIT

Together, we will care for families and share life through the creation of the first donor care unit in Florida. A donor care unit will allow OurLegacy to live out the AdventHealth service standards and maximize the Gift of Life to the fullest.

LOVE ME

Create a more efficient donation journey by giving time back to grieving families for final goodbyes

OWN IT

Pioneer the highest standard for compassionate and expert care of organ donors and transplant recipients

KEEP ME SAFE

Maximize the Gift of Life by sustaining more organs for transplant—*more lives saved!*

MAKE IT EASY

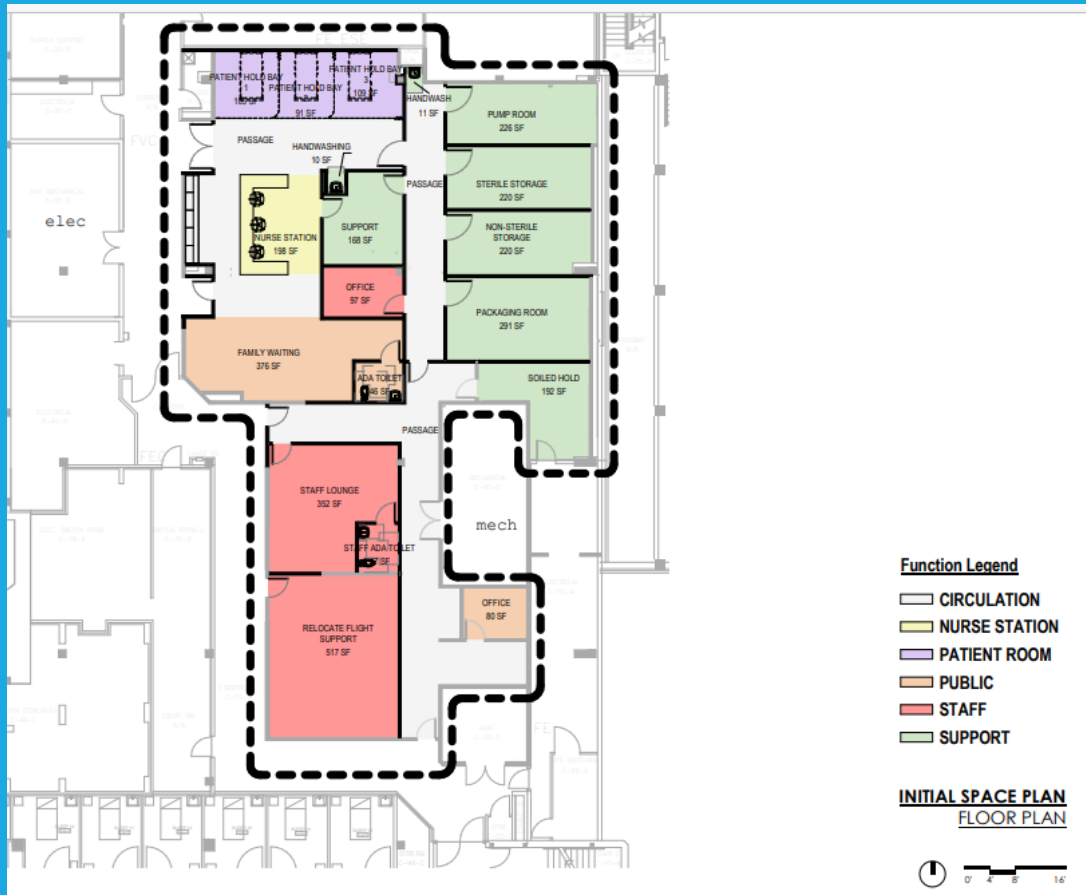
Relieve busy hospitals to care for more patients

UNITED STATES DONOR CARE UNITS



OurLegacy brought in AdventHealth Foundation to present the DCU as an opportunity for the caring community to invest dollars into helping build the future of donation.

Aligning the project to the service standards of the hospital that conveyed how we would like to best serve our mission.



A location in the old Ebola unit in the basement of the hospital was identified and the architects and facility staff along with OL and administration got to work to see what would be needed in order for the Ebola unit to be converted into a Donor Care Unit. Multiple meetings, revisions and cost reports were done and finally there was a finished proposal.



The proposal was presented and unfortunately the project costs were more than what was budgeted for.

The location with the necessary modifications and equipment that was needed to move forward—was no longer an option.



Don't despair said hospital leadership— I have another location and this one is better than the other one and very little cost would need to be invested. It was attached to the hospital and was an old kidney ablation center so had everything including two operating room suites!!! All we had to do was put together a proposal and the staff in the unit would be out by the end of December.



Then things took a turn – The pediatric surgery center decided they needed additional space and this unit was PERFECT for them. OurLegacy was not out of the woods yet but it was going to be a very tough decision. Ginny put together a brilliant proposal illustrating the minimal funds that would be needed to convert the unit as well as the cost savings and the additional revenue that would be generated as a result of a DCU.



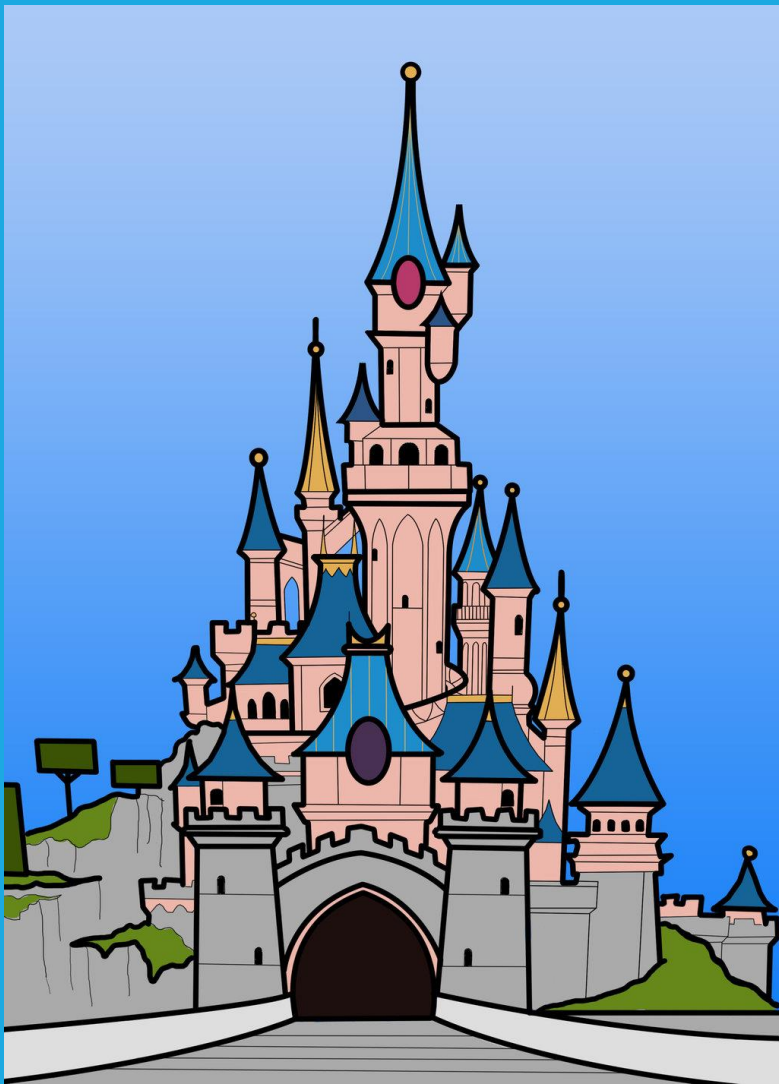


Our administrator said stay positive – we will know by the end of January. Our medical director on the other hand said – we will never get it – Pediatrics are a powerful entity, and they usually get what they want.





So the end of January came and the hospital administration decided. I wish I could say there was a happy ending however the Pediatric Outpatient Surgery center won out and OurLegacy would have to go back to the drawing board...



Of course, the OL team was disappointed however they all remain optimistic that there will be a perfect place for them to have their donor care unit and it will be the best DCU in all the land.

Afterall Orlando is the home of Disney World where dreams do come true!



Happily Ever After Checklist

- Center your decisions around the heart of your mission—Honoring donors and saving lives
- Gather a diverse team of experts including hospital leadership, OPO staff and architectural experts
- Do your research—*qualitative and quantitative!*
- Be open to creative solutions
- Know the best will come because you're putting the lifesaving mission first



TRUST THE PROCESS

Enjoy the Journey

Coming soon...
Part 2

QUESTIONS



**Thank You,
Thank You
Very Much!**



A Special Thanks to Our Panelists



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Associate Data Scientist



Laura Huckestein

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Sherry Quire

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Q & A

QUESTIONS & ANSWERS