Transplant/OPO Topics:

Managing the Change Process and Waitlist Management

Transplant Challenge	Transplant Solutions
MANAGING THE CHANGE PROCESS	
Call Team Staffing: *How are Transplant Centers managing the staffing and costs associated with an internal, rather than outsourced, overnight call team?*	• Determine how many staff are needed to take organ offer calls, eliminating the need for an external process, and train staff appropriately on the organ procurement process.
	• Fully utilize electronic medical record (EMR) features to complete tasks (such as a Waitlist Management Application).
	• Provide ongoing education and training for coordinators taking organ offer calls to stay current with the "procurement" side of business.
	• Develop a rotation schedule in advance for planning purposes and consider having a backup person available for questions.
	• Assign organ-specific coordinators to take calls for their organ-specific program rather than for all organs.
	• Review offer volume routinely and establish productivity standards to monitor staffing and adjust accordingly.
Expedited Placement: *Our process is long and cumbersome for organ recovery coordinators to make calls for expedited placement. Is there a more streamlined process?*	• Establish an organ utilization coordinator group to handle the "Better Than Dialysis" (BTD) calls.
	• Develop a list of aggressive centers (e.g., those likely to accept the BTD kidneys) and evaluate their acceptance rates quarterly. Identify a kidney champion to be responsible for these calls.
	• Track center acceptance behaviors. Identify those that are not responding to offers and collaborate with them to discuss how to streamline the calls.
Efficiently using EMR Software: *How do we identify issues with our EMR Software prior to fallout or serious problem? We find it hard to gain buy-in to direct resources to identify upstream challenges.*	• Allow the OPO "View Only" access to the hospital's EMR so they can stay up to date with the status of their donors and potential donors.
	• Work with information technology (IT) staff to identify interdependencies in the main EMR and other applications that could result in errors.
	• Participate in EMR User Groups and develop relationships with other peer users to proactively learn about issues before the occur.
	• Utilize a FMEA (Failure Mode and Effects Analysis) model to identify potential failure modes, their causes, and effects.
	• Track near misses and/or failures to determine where process or software modifications are needed.
WAITLIST MANAGEMENT	
Obtaining Timely Dental Clearance: *How can Pediatric Transplant Centers obtain timely dental clearance?* **recommended strategies may be applicable for adult patients.*	• Explore all potential dental services for pediatric cases. Recommendations include Ronald McDonald House, Team Smile, mobile or emergency clinics*, and coordinating with a local dentist to provide onsite service at the dialysis facilities.
	• Discuss dental concerns and the need to schedule an appointment during early evaluation appointments. Emphasize the significance of dental health and how it can impact the patient's whole health.
	• Refer pediatric patients to a dental clinic; possibly one that addresses emergency cases.

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	• Develop a waiting list for patients needing dental services, determine which ones require procedures, and address based on patient need.
Transitioning Transplant Services from Pediatric to Adult: *What practices are in use when addressing the timing of referrals to an adult transplant facility (versus holding onto them in the pediatric program), when the candidate has a substance use disorder?*	• Review transplant center wait list criteria for adults when struggling with an older pediatric patient with a substance use disorder. Discuss adult transplant listing options with pediatric patients that are not adhering to pediatric policies.

Donor/OPO Topics:

Making the Right Approach, FPA Opposition, and Declaration Consistency

Donor Challenge	Donor Solutions
MAKING THE RIGHT APPROACH	
Missed Referrals: *How can hospitals and OPOs hold physicians accountable for missed referrals in a manner that creates a positive relationship?*	• Discuss first person authorization (FPA) and related issues with physicians and stakeholders in a neutral setting to allow all parties to address their concerns.
	• Recommended reading; "Speed of Trust" by Stephen R. Covey.
	• Request meeting with leadership and Chief Medical Officer to develop solutions.
Expediting After Declaration: *How does an OPO maximize time spent to expedite donation after circulatory death but still move thoughtfully enough that we are not losing potential donations?*	• Include OPO as early as possible in comfort care discussions, as well as a provides an onsite coordinator. Donor hospitals that use Copernicus software have simplified the process. Ensure messaging is consistent with declaring physicians.
	• Be available for an early intervention and develop algorithms to escalate if necessary.
	• Request that the Palliative Care Team meet with the family before the OPO as their participation or support will have a positive outcome for an FPA case.
	• Focus your conversation with the family around the decision their loved one (potential donor) made to be an organ donor.
	• Create a group chat or hold a call to discuss the situation with the care team. Emphasize the choice the potential donor made.
	• Cultivate relationships between hospital services staff, leadership and nurses who make referrals and round with physicians at hospitals.
	• Ask an attorney to host an online seminar regarding the legal implications of the FPA.
Dispelling Donation "Myths": *How can a donor hospital dispel the "myths" associated with organ donation?*	• Dispel myths about organ donation by increasing donation education and recognition activities in the hospital and community.
	• Encourage OPOs to develop a family approach plan with different scenarios and gather input from hospital stakeholders to increase donation opportunities.

Donor Challenge	Donor Solutions
Incorporating Palliative Care: *How do we Incorporate Palliative Care into DCD timely approach situations?*	• Utilize the Family Readiness Assessment Tool (FRAT) to educate the healthcare team as a vehicle to engage the Palliative Care Team. • Establish and foster the relationship between the Hospital Service Team and the Palliative Care Team. • Use the results of the FRAT to share with providers and others during the initial consultation. • Include the FPA in transplant documentation and consider developing a reporting capability to log initial donation consult.
FPA OPPOSITION	
Finding Donor Champions: *How can OPOs identify champions at donor hospitals that can assist with organ donation? When policies are not followed, the OPOs want to prevent having to escalate to the Executive Directors and C-suite.*	• Ensure hospital development staff establish relationships and collaborate with high and low-volume donor hospitals to include formalizing an escalation protocol with stakeholder buy-in. • Include recipients and donor family members during rounds and use other hospital awareness opportunities to share personal experiences. • Ensure that hospital leadership is aware of the OPO development staff and build relationships before problems occur. • Hire effective hospital development staff that can get the "Yes" from donor families. • Develop a formal Interdisciplinary Donor Council (IDC) meeting structure with specific agenda items, including a process for ensuring communications remain professional.
FPA Resistance: *How can the OPO encourage frontline staff to manage situations when they think there might be push back from donor's family during FPA conversations, instead of immediately escalating to the OPO Management?*	• Establish an algorithm for an escalation protocol, get buy-in from hospital leadership and have the hospital Interdisciplinary Donor Council (IDC) host educational webinars. • Practice role-playing on an ongoing basis that will identify when a situation may need to be escalated and discuss real scenarios often to determine where improvements can be made. • Establish "Huddles" to discuss recent approaches.
DECLARATION CONSISTENCY	
Staffing for Declaration: *New technologies are helping maximize the viability of organs, declaration is a challenge, 90 minutes is a big ask, and hospitals are asking to be paid for services. How are OPOs staffing for declaration?*	• Implement an onsite hospital donor care unit (DCU) for critical care transfers. • Consider Surgical Intensive Care Unit (SICU) physicians taking the responsibility for transferring DCD patients. Utilize residents if possible and lessen the time that a physician needs to be with the DCD patient. Determine what your hospital policy states about which staff can declare death. • Coordinate the withdrawal of life support with the operating room (OR) to ensure room availability. • Discuss with hospital leadership a way to promote a culture of donation. Research community resources to aid in promotional efforts. • Determine if any state laws exist to assist in the declaration process (The state of Mississippi provides flexibility as to who can declare). Identify the right people to work with that can streamline the DCD process and request administrative buy-in.

Donor Challenge	Donor Solutions
	• Review staff responsibilities and determine if the right person is the right fit for their job based on their credentials, especially with "Travel" staff.
	• Discuss with leadership the option of utilizing e-ICU to perform the brain death declaration.
	• Discuss staff availability with the Chief Nursing Officer (CNO) and ensure they are aware of and are advocates for donation.
	• Consider a collaboration among hospitals to develop a "group" of physicians who can serve as "declaration professionals" for hospitals, counties, etc.
	• Utilize the Palliative Care Team for the declaration. Coordinate directly with decision-makers to elevate the importance of timely death declaration.