MISSION - EXPANDING THE FRONTIERS OF DONATION BEST PRACTICES
DONOR HOSPITAL AND OPO

EXPANDING THE FRONTIERS OF DONATION BEST PRACTICES

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OCTOBER 13, 2015
a personal Kiwi–Yankee Slanguage Dictionary

Louis S. Leland Jr
HOW THINGS WERE

• Hospital organ, eye and tissue donation practices lacked oversight
• Inadequate understanding and adoption of donation best practices

THIS TRANSLATED TO

• Lost donation opportunities
• Increasing transplant waitlist
A CALL TO ACTION WAS REQUIRED

HOAG HOSPITAL

ONELEGACY
HUBBLE
Expanding the Frontiers of Knowledge
HOAG - HOW THINGS WERE
HOAG – HOW THINGS WERE
HARDWIRING
THE DONATION PROCESS
## WHY - PATIENTS ON THE UNOS WAIT LIST

<table>
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<th></th>
<th>National</th>
<th>State</th>
<th>Greater LA Area</th>
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<tbody>
<tr>
<td>Heart</td>
<td>4,180</td>
<td>339</td>
<td>184</td>
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<tr>
<td>Heart/Lung</td>
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<td>10</td>
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<td>Lung</td>
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<td>201</td>
<td>90</td>
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<td>Liver</td>
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<td>2,848</td>
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<td>Kidney</td>
<td>101,206</td>
<td>18,659</td>
<td>7,386</td>
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<tr>
<td>Kidney/Pancreas</td>
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<td>242</td>
<td>71</td>
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<tr>
<td>Pancreas</td>
<td>1,045</td>
<td>54</td>
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<tr>
<td>Intestine</td>
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<td><strong>TOTAL</strong></td>
<td><strong>122,440</strong></td>
<td><strong>21,955</strong></td>
<td><strong>8,726</strong></td>
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*Source: OPTN  10/04/15*
HOAG ORGAN, EYE AND TISSUE DONATION COUNCIL
ORGAN, EYE AND TISSUE DONATION COUNCIL

MISSION AND VISION

CURRENT STATE

TASKS AND WORKGROUPS
ORGAN, EYE & TISSUE DONATION COUNCIL

• WHO - WHAT - WHEN - WHERE
  – Defines Ownership of Processes
  – Performance Improvement
    • Maintenance of Metrics
  – Education
  – Community participation
  – Donor Recognition
HARDWIRING THE DONATION PROCESS

- Multiple disciplines involved
- Recurring problems – “fixed” but not maintained
- Problems often occur out of hours
- Variable knowledge
- Changing staff
INTRANET

POLICY AND PROCEDURE
IMPORTANT INFORMATION

Topic: Organ and Tissue Donation Huddle
Target Audience: ALL REGISTERED NURSES

All deaths must be reported within 1 hour to One Legacy (our organ and tissue recovery organization).

Reporting all deaths and timely calls need to be at 100% for CMS requirements as well as saving lives through organ, eye, & tissue donation.

This can be done by either the primary RN or someone assisting such as another RN or CN. You do not have to give the full report with the first call. Just making the call to One Legacy to alert them of the death within the window of one hour will meet the requirement. Report can be called back later by the primary RN.

You DO NOT need to wait for pronouncement to happen prior to calling. The one hour window begins when the patient has expired.

HHNB & HHI Average Quarterly Compliance Data from Q1 2013 – Q2 2015 TD vs. CMS Standard

Date Issued: 9/11/15
Issued by: Nursing Education & Organ & Tissue Donation Council
Post Through Date: Issuer Department: Nursing Education
PHYSICIAN PRACTICE

BRAIN DEATH EXAMINATIONS
- TIMING
- ELECTRONIC NOTE

DONOR MANAGEMENT GOALS

ELECTRONIC ORDERS
DONOR ACCOUNT ONLY
WORKFLOWS

BRAIN DEATH

DONATION AFTER CIRCULATORY DEATH

EDUCATION
HARDWIRING THE DONATION PROCESS

- Visio workflows for each discipline
- Physician
- Nurse
- Respiratory Therapist
- Pharmacist
- Unit secretary
- Computer Support / Information Technology
- The patient chart
ORGAN DONOR - Donation After Declaration of Circulatory Death

**ONE LEGACY**
- Determine Patient is a candidate for organ donation. Obtains family consent for organ donation.
- Family support
- Coordinate with OR

**PHYSICIAN**
- Donation after Declaration of Circulatory Death
  - Consider Palliative Care consult
  - Physician enters orders including DNR order, comfort care orders and 30,000 units of heparin on call to OR in "Outpatient Donor Account" using current "Attending Physician"
  - Physician discontinues orders from Inpatient account
  - Physician completes death note

**NURSING/PHARMACY**
- Call HHNB Bedboard or HHI ED Registration to open Outpatient Organ Donor account using the current "Attending Physician"
  - NURSING sets Temp location: HH Organ Donor or HH Organ Donor on Inpatient account
  - Call Pharmacy with new "Outpatient Donor Account" number
  - Print new labels and arm band from Outpatient Organ Donor account
  - Inpatient arm band removed and replaced with new "Outpatient Organ Donor" account arm band
  - Nursing DOES NOT discharge Inpatient account from Affinity (at this time)
  - Nursing continues to document in Inpatient account & confirms DNR order and comfort care orders entered
  - RN starts Patient Expiration form & places in chart, completes OR checklist
  - In Affinity, Unit Clerical Coordinator enters expiration time. and discharges Inpatient and Outpatient accounts.

**CLERICAL COORDINATOR**
- Critical Care RN completes Patient Expiration Form and sends original to Staffing office and two copies to the Morgue
- Discontinue Outpatient organ donor account in Affinity
- Organ donor arm band removed and replaced with "Inpatient" account arm band
- Print new labels and arm band from "Inpatient account arm band
- Charting completed by Critical Care RN in SIS & if OR RN in SIS
- IN Affinity, Unit Clerical Coordinator enters expiration time and discharges Inpatient and Outpatient accounts
- OR Procurement commences

**HHNB Bedboard HHI ED Registration**
- Creates Outpatient Donor Account in Affinity, The Provider is current Attending Physician
- Keep In-patient account open until expiration time is entered by Critical Care RN.

**HHNB Bedboard HHI ED Registration**
- Notify House Supervisor and or Nursing Office procurement complete
- Accompanies body to the morgue

**Month end issue:**
- Outpatient Donor accounts in AFFINITY are automatically discharged at month end during Affinity midnight maintenance. If there is an active outpatient organ donor account it will be discharged and all open orders in SCM will be discontinued.

**Resolution:**
- In Affinity: The outpatient discharge will need to be cancelled. This will reactivate the outpatient account in SCM and all downstream applications.
- In SCM: All previous active orders will need to be re-entered on the outpatient account.
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HOAG
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PYXIS ACCOUNT REGISTRATION

CORRECT BILLING

MEDICATION CHARGE ON ADMINISTRATION

ELIMINATE MEDICATION WASTAGE

PHARMACY
APNEA TEST
PROCEDURE
UPDATE

RESPIRATORY
THERAPY

EDUCATION
STAFF SUPPORT AROUND THE TIME OF DONATION

CARE FOR THE CAREGIVERS
PASTORAL CARE

FAMILY SUPPORT

STAFF SUPPORT

MULTIFAITH AND MULTICULTURAL RESOURCE BOOK DEVELOPMENT
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ELECTRONIC REVIEW NOTE

DONATION DEVELOPMENT COORDONATOR
REMOTE CHART ACCESS

PROCUREMENT TRANSPLANT COORDINATOR
DEDICATED WORKSPACE
INFORMATION BOOK
CPOE RIGHTS
HOAG
ORGAN, EYE AND
TISSUE DONATION
COUNCIL
EDUCATION

HOSPITAL DEPARTMENTS

PHYSICIAN GRAND ROUNDS

HOSPITAL ADMINISTRATION

NURSING GRAND ROUNDS

LOCAL HOSPITAL PRESENTATIONS

NATIONAL MEETING PARTICIPATION

POSTER PRESENTATIONS
WEBSITE

COMPREHENSIVE HOAG WEB BASED INFORMATION SITE
ROSE PARADE

DONATE LIFE – ANNUAL RUN WALK

COMMUNITY EVENT
EDUCATION BOOTHs
MAYOR AND COUNCILORS

MEDIA

DONOR RECOGNITION CEREMONIES

DONATE LIFE MONTH PROCLAMATION
DONOR RECOGNITION

TREE OF LIFE

BOOK OF LIFE
EVENT PARTICIPATION

HOAG HOSPITAL FOUNDATION

DIRECTED GIFT
HOAG ORGAN, EYE AND TISSUE DONATION COUNCIL
ST JOSEPH – HOAG ALLIANCE HOSPITALS

COMBINED HOSPITAL ORGAN, EYE AND TISSUE DONATION COUNCIL

ONELEGACY

EQUIVALENT EXCELLENT DONATION PRACTICE ACROSS THE ALLIANCE HOSPITALS

LEADERSHIP IN THE COMMUNITY
REPORT FROM THE COMMANDER
There's a rule they don't teach you at the Harvard Business School. It is if anything is worth doing, it's worth doing to excess.

Edwin H Land

HOAG Organ, Eye and Tissue Donation Council
30 ORGAN DONORS
62 ORGANS TRANSPLANTED
106 TISSUE DONORS
227 TISSUE TRANSPLANTS
BEING SMALL DOES NOT MEAN AN ABSENCE OF BIG IDEAS
Welcome to the world of Quiet and Influence.
THANK YOU

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