VASCULARIZED COMPOSITE ALLOTRANSPLANTATION (VCA)

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Collaboration

• 2013: Introduced to UCLA VCA program
  1) Preparation effort: face transplant

• Developed a core ‘VCA project’ group

• Began project initiatives
  1) Phase 1: Research
  2) Phase 2: Transplant
VCA Project Goals

Phase 1
RESEARCH: VCA is procured without intent for transplant

- PDSA (Plan-Do-Study-Act) ‘dry-run’
- Donor screening
- Coordination
- Family authorization
- Hospital development
- UCLA
- Surgical approach
- Logistics

Phase 2
TRANSPLANT: VCA is procured with intent for transplant

- Increased education and awareness
- Donation and transplant community
- Hospital staff and champions
- Areas of improvement identified
- Efficiency, accuracy and preparedness for a successful VCA transplant
Phase 1: Donor Screening

- Brain dead organ donor
- Abdominal-only or ANR
- CME release
- Hospital support
- Liver team support
- Family authorization
- UCLA availability
Phase 1: Process Challenges

Commitment
- Consistency in OneLegacy’s screening process – missed opportunities
- UCLA surgeon availability – missed opportunities

Family Approach
- New and unfamiliar area of donation and transplantation, for the family care specialist and the donor family

Hospital Development
- OR/ICU staff, including hospital champions and management teams needed immediate VCA education to become aware and prepared for a VCA procurement
Phase 1: Re-focused

January 2015 Collaborative Meeting

- UCLA and OneLegacy rejoined to review missed opportunities, areas for improvement, and defined new goals for success

- Complete VCA phase 1 within 2015 Q1

- Implement process improvement strategies

- Maintain commitment, dedication and enthusiasm
Phase 1: Success

Phase 1 ‘dry-run’ VCA Face Research Procurement

- 68 y/f organ donor
- AP: Donor’s daughter
- Supporting hospital: Centinela Hospital Medical Center

Collaborative Team

- 2- Abdominal surgeons
- 6- UCLA VCA surgeons
- 2- UCLA VCA coordinators
- 5- OneLegacy coordinators
- 5- OR staff members
Phase 1: Debrief

• **UCLA**: Addressed surgical approach
  1) Repeat Phase 1
  2) Additional cadaver lab

• **OneLegacy**: Continue with internal and DSA-wide VCA education and awareness
  1) Hospital/CME/funeral home in-services
  2) Department training
  3) East coast networking
Planning for Phase 2

- Brain dead organ donor
- VCA authorization
- CME release
- Hospital support
- Liver team support

Initial Criteria

- Facial hair
- Identification markings
- Fitzpatrick skin assessment
- Measurements
- Imaging studies
- Infectious disease testing
- HLA tissue typing

ABO
Facial Structure
Age/Sex
Skin Tone
Extended OR time

- Estimated face dissection time prior to cross clamp: 4-6 hours
- Solid-organ team may scrub-out, but must remain on site in the event of instability and need for immediate cross clamp
- OR resources: 1-anesthesiologist, 2-scrub tech, 2-RN circulators
Intraoperative Blood Loss


OneLegacy - saving lives through organ, eye & tissue donation
Next Steps for OneLegacy

- Repeat Phase 1
- Begin Phase 2
- National VCA wait list
- VCA Education and Awareness

OneLegacy: saving lives through organ, eye & tissue donation
New VCA Success

Zion Harvey, 8 years old

- The first ever pediatric double hand transplant. At age 2 Zion lost all 4 limbs to an infection and suffered multi-organ failure. He received a kidney transplant from his mother. Having already been on immunosuppressants, this made him a great VCA candidate.
New VCA Success

The first multi-organ (KP) + skull-cap transplant. He developed a rare cancer that affected the smooth muscle layer of his scalp, which left him with an open non-healing wound following chemo & radiation.

Jim Boysen
What’s new with Richard Norris...
In Closing

Give thanks. Give life.

OneLegacy
saving lives through organ, eye & tissue donation
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