

Washington State Organ Donation Initiative (WODI)

A Statewide Approach to Improving Organ Donation

Organ Donation Rapid Process Improvement Toolkit

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Save More Lives Through Rapid Process Improvement for Organ Donation

Congratulations on taking the first step toward saving more lives through your organ donation program. Process improvement for your hospital's program does not need to be an arduous process. Simply giving minimal time to a rapid process improvement project can put your program on the right path.

Take these four easy steps to rapidly improve process for your organ donation program:

1. Ensure an Early Donor Referral Call Every Time
2. Always Keep the Option for Donation Viable
3. Make Certain Families are Appropriately Supported and Approached Every Time
4. Schedule Regular Quality Reviews to Measure Outcomes and Improvement

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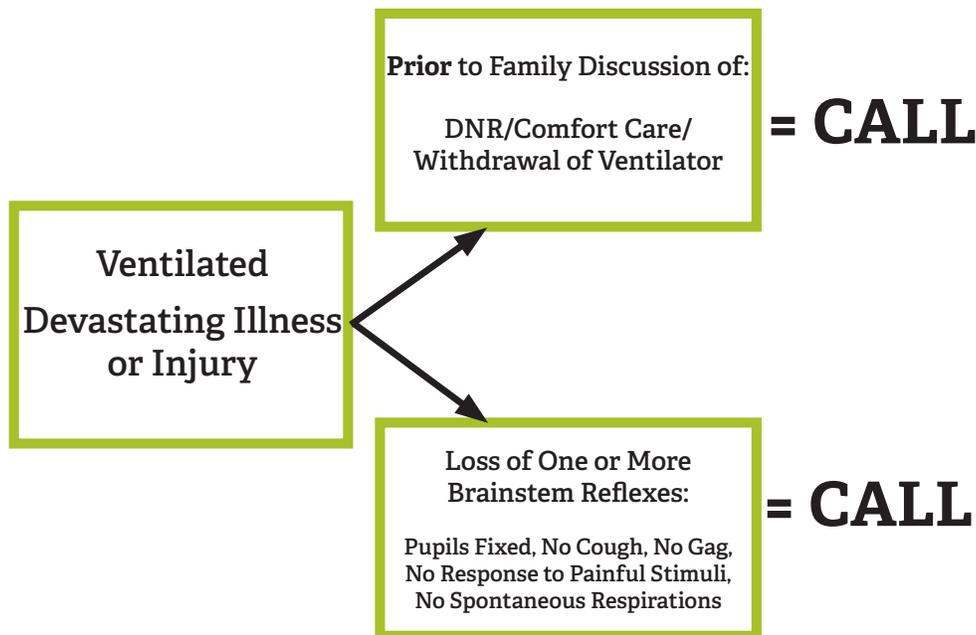
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Clinical Triggers for an Early Referral Call

(888)543-3287

**Consult LifeCenter Northwest As Soon As Possible
To Preserve the Option for Organ Donation**



Do Not Approach Families Regarding Donation Options

**To Preserve the Option for Tissue and Cornea Donation
Report every Cardiac Time of Death within 1 hour
Even If Patient Was Ruled Out For Organ Donation**

(888)266-4466

S.E.E. for care of the cornea donor

Saline flush of the eyes

Eyelids shut

Elevate head

The Donation Coordinator will:

- Determine donation options and identify if the patient has already documented their wishes
- Contact the MD to inform them of the referral, gain information and collaborate on a plan
- Direct any conversation about donation options



Preserving Your Patient's Donation Opportunity

Many things need to occur for one person to save a life through organ donation. Without an invested hospital care team, the donation opportunity could easily be lost.

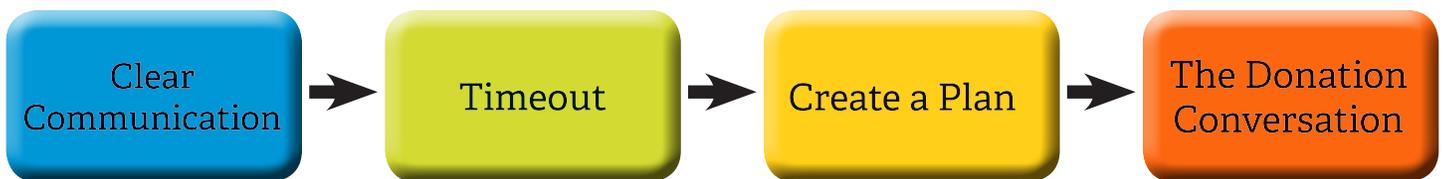
How can you help preserve your patient's donation opportunity?

1. **Keep it simple - Coaching your team to remember what is good for the patient is good for the donor**
2. **Remember and remind the care teams the rules of 100's -**
 - a. **Systolic BP-100**
 - b. **Urine Output-100 mL**
 - c. **PaO₂-100**
3. **Remind your team to never make assumptions on who can be a donor. Many rule outs from the past may no longer preclude donation. Rely on LifeCenter Northwest to determine donor suitability.**



The Donation Conversation

How to Best Serve the Families of a Potential Donor



Clear Communication:

Delivering a grave prognosis to a family is an extremely difficult task for health care professionals (HCP). For professionals devoted to saving lives, it can be overwhelming to deliver heartbreaking news. It is natural to want to provide something potentially positive with the delivery of a grave prognosis, and it might seem right to mention the potential of helping others through donation during this emotional injury.

However, it is important to examine the consequences to the family when donation is mentioned with or before the grave prognosis. Families hold on to ANY evidence of hope during traumatic times. So, a family that is told “there is not much hope” reads “there is still some hope”. The family must understand that all interventions have been tried and have not worked and there is nothing else that can be done.

Timeout:

The family must then have time and space to absorb this tragic news before they receive additional end-of-life information. If donation is mentioned to a family prior to this “close ended” news they will conclude that the HCP has quit trying – that it really is all about recovering the organs, eyes and tissues. The family must have complete confidence that all medical interventions were attempted to extend the patient’s life. Anything less plants seeds of doubt and mistrust.

Create a Plan:

We know when families understand the good that can come from donation, they rarely say no. Donation information must be delivered in a time sensitive manner - we owe that to the grieving family and the thousands of people currently waiting for an organ, eye and tissue transplant. When to mention donation to a family requires facilitation from the donation agency with input from the hospital care team. We need your assistance with deciding when the timing is right. Hospital Staff bring knowledge of the family dynamics, patient’s medical information, and hospital policy. LifeCenter staff bring knowledge, experience, and confidence to handle all aspects of the donation process. Every family deserves a unified approach and support.

The Donation Conversation:

Families have reported that having something good result from their tragedy has assisted in their grieving process. We must work together to assure that every family has the donation conversation at the optimum time and that the plan for the donation conversation is followed.

Donor Referral Line (888) 543-3287



Rapid Process Improvement Checklist

1. Ensure an Early Donor Referral Call Every Time

- Clinical Triggers clearly visible in the ICU and ER
- Ongoing nursing education regarding clinical triggers
- Physician education regarding clinical triggers
- Inclusion of clinical triggers in ICU and ER orientation materials
- Consistent follow up and analysis on each late referral

2. Keep the Option for Donation Viable

- Educate Physicians on the importance of preserving the patient's donation opportunity
- Appoint a physician champion to serve as a resource for other physicians and communication liaison to LifeCenter
- Donation education included in physician orientation
- Host case reviews on clinically challenging potential donor patients
- Ensure physicians are well trained on declaration of brain death

3. Make Certain Families are Appropriately Supported & Approached

- Implement team approach on every potential donor
- Conduct time outs with LCNW prior to donation approach
- Implement a system to ensure a multidisciplinary plan is made prior to each donation conversation
- Targeted education for the hospital care team regarding separation of the grave prognosis and the donation conversation.
- Inclusion of team approach best practices in orientation materials for ICU & ER
- Process improvement review on any family approached where best practices were not followed

4. Regular Quality Review to Measure Improvement

- Monthly review of Compliant Referral Rate
- Monthly review of Conversion Rate
- Review Effective Request Rate - after each request
- Review Organs Transplanted per Donor -after each organ donor