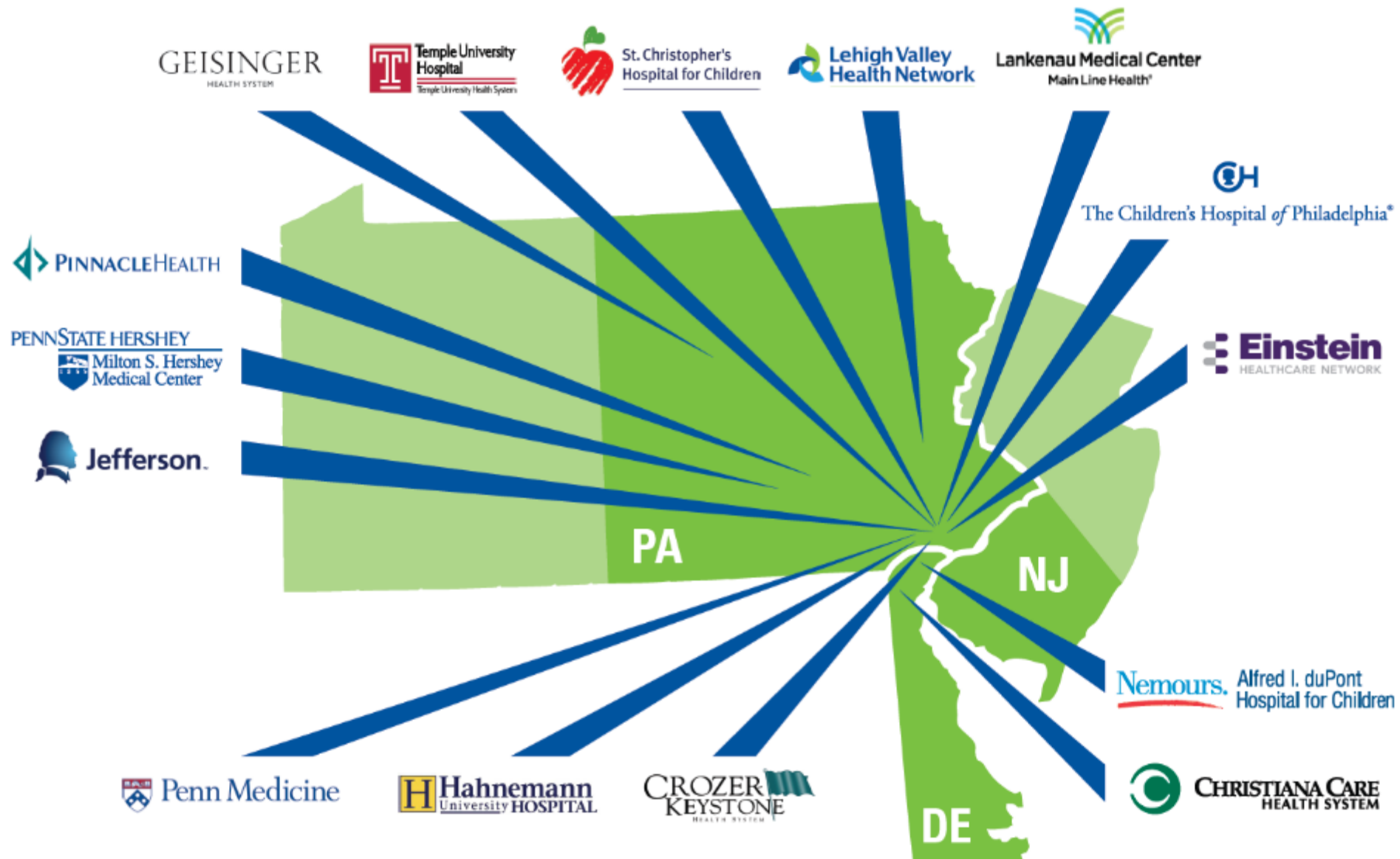
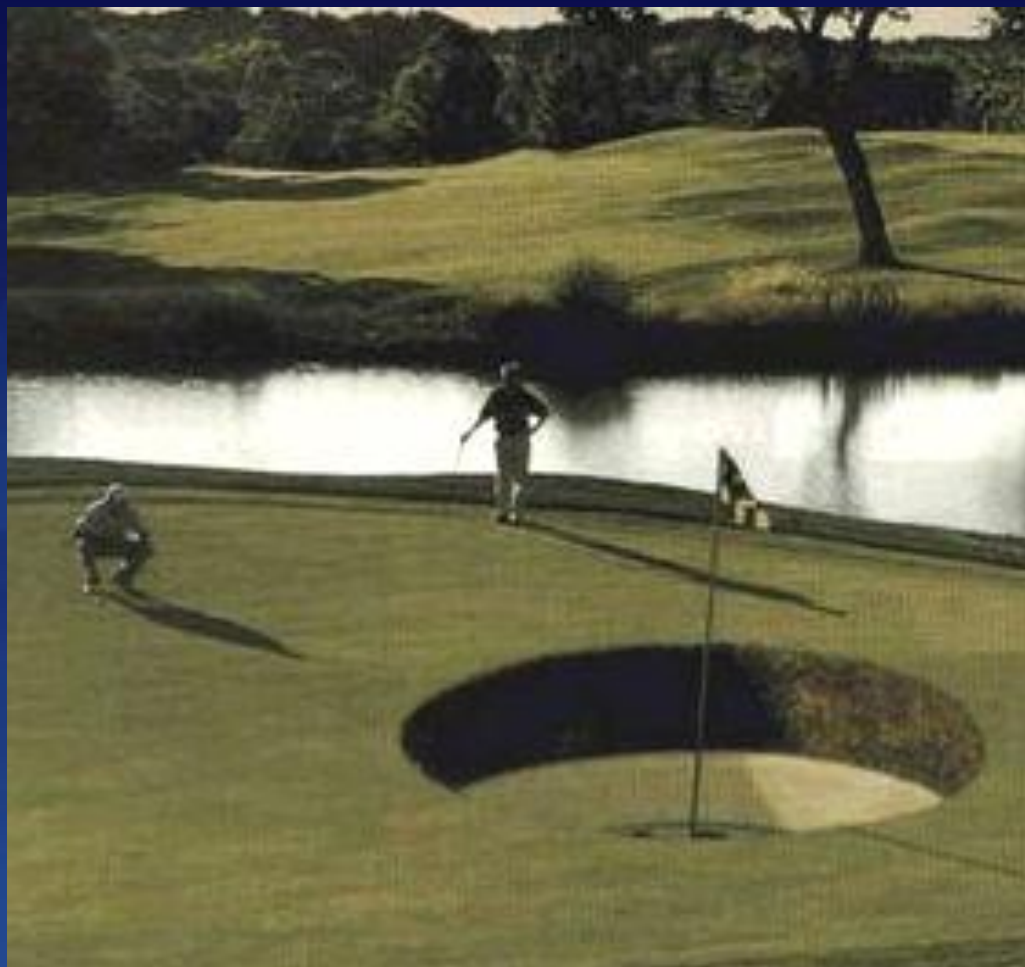


15 Transplant Centers, 42 Programs







Making Transplant Happen!!

- Completion of diagnostic and lab studies
- Electronic organ offer to centers-Identifying Recipients
 - Review, response, acceptance
 - Familiarity with center listings,
 - Best match up -Who would be the best recipient?
 - Primary and back-up offers
 - Local, Regional and National Sharing
 - Conference Calls
- Location of recipient
 - Ability to contact, travel to hospital
- Additional compatibility needs
 - Cross matching, HLA
- Donor Hospital Location
 - Transportation Logistics for recovery teams and individual organs
- OR availability

What are we doing to improve the efficiency of the process??



Improving Renal Distribution Times

OPO coordinator initiates early distribution of peripheral blood to centralized laboratory after family consent

Centralized laboratory performs donor HLA determination using peripheral blood

Specialized OPO renal allocation staff initiate kidney distribution based on TXC rule-out criteria and donor status

Final crossmatches performed by all local transplant centers using pre-recovery peripheral blood

Couriers alerted and present at donor hospital to transport kidneys to accepting center

Centralized Laboratory for Donor Testing



GLDP Donor Typing

DONOR INFORMATION

Last name: * First name: Middle initial:

ABO:

Date of birth: Age: Gender:

Height: 5 ft 6 in 167.64 cm

Weight: 168 lbs 76.0000 kg

BMI : 27.0432 kg/m²

Cause of death: CEREBROVASCULAR/STROKE

Mechanism of injury: INTRACRANIAL HEMORRHAGE/STROKE

Circumstance of death: DEATH FROM NATURAL CAUSES

Donor meets ECD criteria: NO

Donor meets DCD criteria: NO

Cardiac arrest / downtime?: NO

CPR administered?: NO

Ethnicity/race: * Hispanic/Latino: Hispanic/Latino: Not Specified/

Donor Highlights:

Additional HLA: DQA (01, 02), DPB (01, 15)

Current Kidney Donor Profile Index (KDPI): 25%

Graft Survival Rates by KDPI

LABS
Bringing Precision to Life

GLDP ID: GLDP-30128-H UNOS ID: ABKX 400

Accession: 1557339

Collection Date: 11-24-14 Test Date: 11-25-14

HLA Typing for DonorNet
Entry should match DonorNet exactly

CLASS I	A	3	A	30
	B	44	B	53
	BW4	POS	BW6	NEG
	CW	7	CW	15
CLASS II	DR	1	DR	7
	DR51	NEG	DR52	NEG
	DQA	01	DQA	02
	DQB	2	DQB	5
	DPB	01	DPB	15

DR53 POS

2015 Strategic Goal - Risk Adjusted Organ Yield

Achieve an overall observed/expected (O/E) transplant rate greater than or equal to 1.05

January 2015

31 Local Organ Donors Recovered
Thu, 1/1/2015 through Sat, 1/31/2015



All



Liver



Heart



Lung



Kidney

O/E	1.24 (92/74.5)	1.11 (26/23.3)	1.34 (10/7.4)	1.75 (8/4.6)	1.27 (45/35.5)
Utilization	-	87% (26/30)	100% (10/10)	57% (8/14)	83% (45/54)

Kidney Utilization Assessment 11/10/2014 through 11/16/2014

Local Organ Donors	9
Kidney Donors	8
Kidneys Recovered for Transplant	15
Kidneys Not Transplanted	6
Kidneys Transplanted	9
Utilization Rate	60%
Transplanted Locally	7
Transplanted Regionally	2
Local List Exhausted	1
0 Antigen MM	1
Kidney & Extra-Renal	1

Definitions

X-Clamp to Recovery: Time from cross-clamp to removal of the kidney from the body.

Renal Distribution Time: Time from cross-clamp to the completion of allocation (final cross-match is complete and the transplant surgeon accepts the kidney).

X-Clamp to Delivery: Time from cross-clamp to the delivery of the kidney to the transplant center.

Local Center Interest - XM: center interested in kidney pre-recovery with patients cross-matched.

Local Center Interest - Post: center interested post-recovery for at least 1 patient on match-run.

Neither Kidney Recovered for Transplant (1)**Donor Summary (Neither Kidney Recovered for Transplant)**

Date	UNOS ID	Age	Sex	ABO	Type	Hospital	Cause of Death
11/14/2014	ABKM310	31Y	M	O	SCD	PAPD	Anoxia

Reactive Serologies
Hep C;

Critical Lab Values

Creatinine

A=1.8; P=2.1; F=2.0

Avg Urine Output (cc/hr)

125

Clinical Summary/Relevant Medical Social History

KDPI:56%

Attempted allocation through National pool; all centers declined pre-recovery due to Hep C, CDC high risk, and elevated creatinine; HCV Ab and HCV NAT reactive; track marks were noted on the physical assessment; donor was found hanging in prison, was taken to PARI and then transferred to PAPD; CTH showed anoxic injury to the brain with effacement of the prepontine cistern crowding of the foramen magnum from inferior herniation of the cerebellar tonsils; toxicology: positive for opiates.

