

University of Wisconsin Organ Procurement Organization

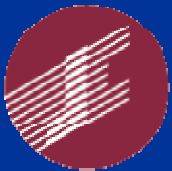
**Joint Commission Initiatives
to Increase Organ Donation
April 27, 2005**

**Charles A. Mowll, FACHE, FHFMA
Joint Commission on Accreditation of Healthcare Organizations**



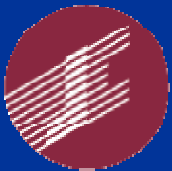
Hospitals Face Many Seemingly Insolvable Challenges...

- Preventing Sentinel Events
- Infection control/iatrogenic injuries
- Staffing shortages
- Payment shortages
- Emergency Department overcrowding
- Hospital-physician relations
- Operating at peak capacity



- **Increasing organ donation**

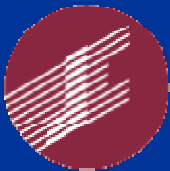
**This challenge
is solvable!**



87,613

6,000

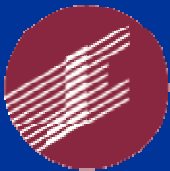
17



Patients on the Waiting List for Life 1995-2004

More than Doubled in 10 Years!

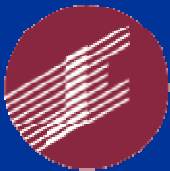
| | <u>Kidney</u> | <u>All</u> |
|------|---------------|------------|
| 1995 | 29,603 | 41,203 |
| 1996 | 32,955 | 46,961 |
| 1997 | 36,480 | 53,167 |
| 1998 | 40,288 | 60,381 |
| 1999 | 44,010 | 67,224 |
| 2000 | 47,758 | 74,078 |
| 2001 | 50,803 | 79,524 |
| 2002 | 53,643 | 80,790 |
| 2003 | 56,665 | 83,731 |
| 2004 | 60,986 | 87,613 |



Transplants Performed 1995-2004

39 Percent Increase in 10 Years

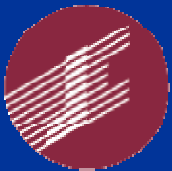
| | |
|------|--------|
| 1995 | 19,389 |
| 1996 | 19,748 |
| 1997 | 20,303 |
| 1998 | 21,513 |
| 1999 | 22,010 |
| 2000 | 23,237 |
| 2001 | 24,215 |
| 2002 | 24,908 |
| 2003 | 25,467 |
| 2004 | 26,984 |



Organ Donation

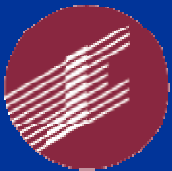
Supply & Demand: Disequilibrium

- **Increased demand for organs is far outstripping the supply of suitable organs**
- **Ratio: 2.5 to 1**
- **We need to reduce demand and increase supply**



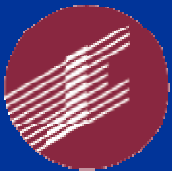
Goals:

- 1. Continuously Exceed
75% Conversion Rate**
- 2. Narrow (significantly) the
organ donation gap**
- 3. Save lives!**



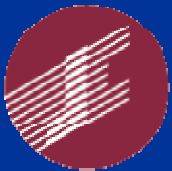
Opportunities to Improve Organ Donation Rates

- ~ 12,000 (11,953 year-end 2/29/04) potential hospital deceased donors a year
- Actual donors 5,964 for year-end 2/29/04 (50% conversion rate)
- Deceased organ donation +4.8% in 2003
- 39 percent of the families of potential organ donors refuse to consent to organ donation (NEJM 8/14/03)
- 16 percent of families were never asked (NEJM 8/14/03)



Opportunities to Improve Organ Donation Rates

- **Average Wait Time = 230 days (heart) to 1263 days (kidney)**
- **Clear disparities (34% on Waiting List racial/ethnic minorities)**
- **90% of eligible donors found in 846 hospitals**
- **Organ donation yield 3.6/8**

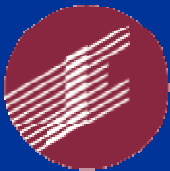


DCD/2004

An Opportunity to Increase Donation

- **Donation after Cardiac Death represented 3.2% (711) of transplants from deceased donors in 2004¹**
- **(SCD) Standard Criteria Donors – 18,223**
- **(ECD) Expanded Criteria transplants - 2,957**
- **DCD transplants – 711**
- **DCD/ECD transplants – 84**
- **Total 24,975¹**

Source: 1) Scientific Registry of Transplant Recipients

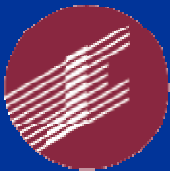


DCD/2004

An Opportunity to Increase Donation

- **Increases in non-traditional donor sources²:**
 - ECD kidney donors +8% 2003
 - DCD donors +43% (189 to 271) in 2003
- **Donation After Cardiac Death, A Reference Guide (UNOS, HRSA)**
- **National Consensus Meeting Philadelphia, April 7-8, 2005**
- **52% of DCDs in 6 OPOs¹**

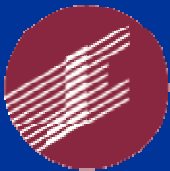
**Sources: 1) Scientific Registry of Transplant Recipients
2) Delmonico et al, AJT, 2005**



Making Organ Donation a Priority Saves Lives

HHS Secretary Mike Leavitt (March 2005):

- **2004 a new national record for organ transplants (26,984)**
- **Donation up 11% in 2004**
- **Largest increase in 10 years**
- **Deceased donor transplants rose by 1,368 to 10,018 (2003 to 2004)**
- **Living donor transplant grew 2.3% to 6,966 (+154 over 2003)**



HRSA

Organ Donation

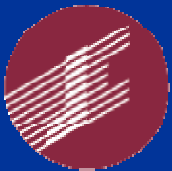
Breakthrough Collaborative

- **Collaborative 1 hospitals (97) – increased conversion rate 48% to 65%**
- **Collaborative 2 hospitals (138) – increased conversion rate 45% to 52%**
- **Collaborative 1 hospitals: 16% increase in organ donors in 2004**
- **All other hospitals: 9% increase in organ donors**



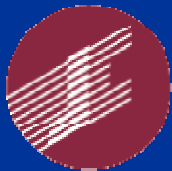
Joint Commission Organ Donation Initiatives:

- 1. Enhancing standards expectations**
- 2. National symposium – March 2004
& Fall 2004 (November 17, 2004)**
- 3. Public Policy Initiative –
Recommendations/Actions**
- 4. Publishing Best Practices [(630) 792-5424]**
- 5. Identify appropriate performance measures
(seek NQF endorsement)**
- 6. Inform the survey process (PFP, tracers, probes)**
- 7. Recognize hospital success (Quality Check TM)**



HEALTH CARE AT THE CROSSROADS:

Strategies for Narrowing the Organ Donation Gap and Protecting Patients



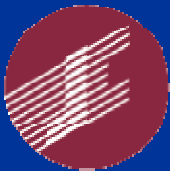
Joint Comm



Joint Commission
on Accreditation of Healthcare Organizations
Setting the Standard for Quality in Health Care

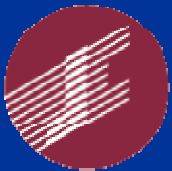
Strategies for Narrowing the Organ Donation Gap -- A Call to Action --

- **Providers**
- **Organ Procurement Organizations**
- **Government agencies (state & federal)**
- **Joint Commission**
- **Researchers**
- **Congress**
- **Academia**
- **Purchasers**
- **Insurance/payers**



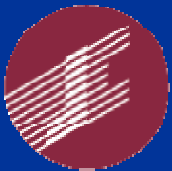
Strategies for Narrowing the Organ Donation Gap -- Equity Issues --

- Ethnic/racial minorities
- Reduce disparities
- Compliance assessment-disabled
- Equalize access
- Living donor registry
- Living donor advocacy
- Adopt safe practices
- Standardize suitability
- Study cause of disparities
- Create immuno-suppressive drug benefits
- Living donor insurance
- Leave policies
- Educate caregivers re: disabilities



Strategies for Narrowing the Organ Donation Gap -- Cultural Issues --

- Educate staff
- Focus resources
- Follow the leaders
- In-house coordinators
- Ethnically like requestors
- Make it a priority
- Optimize Hospital-OPO relationship
- CMS – pay for costs
- Improve conversion rate
- Performance measure set
- Pay-for-performance



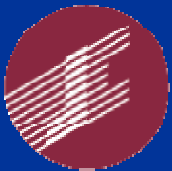
Strategies for Narrowing the Organ Donation Gap -- Alternative Approaches --

- **Enforce UAGA – no family consent needed**
- **Implement DCD protocols**
- **Health promotion/disease prevention programs**
- **Promote living donor exchanges**
- **11 states need to adopt UAGA**
- **State donor registries**
- **R&D projects i.e., public education**
- **New technologies to reduce organ rejection**
- **Improve immuno-suppressive therapy**



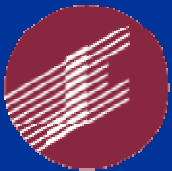
Current Standard LD.3.110

The hospital implements policies and procedures developed with the medical staff's participation for procuring and donating organs and other tissues.



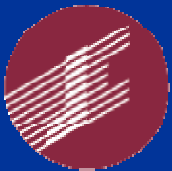
Elements of Performance for LD.3.110

- 1. If the hospital procures human organs, it has an agreement with the appropriate organ procurement organization (OPO) and follows its rules and regulations.**
- 2. The hospital's policies and procedures identify the OPO with which it is affiliated.**



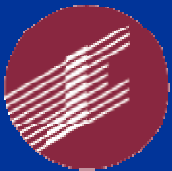
Elements of Performance for LD.3.110

- 3. The hospital has an agreement with at least one tissue bank and at least one eye bank (as long as the process does not interfere with organ procurement) to cooperate in retrieving, processing, preserving, storing, and distributing tissues and eyes.**
- 4. The hospital notifies the OPO in a timely manner of patients who have died or whose death is imminent.**



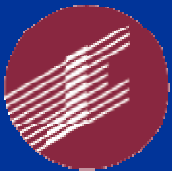
Elements of Performance for LD.3.110

- 5. In Department of Defense hospitals, Veterans Affairs medical centers, and other federally administered health care agencies, this notification is done according to procedures approved by the respective agency.**
- 6. The OPO determines medical suitability for organ donation and, in the absence of alternative arrangements by the hospital, for tissue and eye donation.**



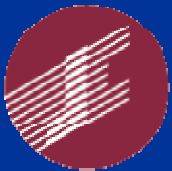
Elements of Performance for LD.3.110

- 7. The hospital has procedures, developed in collaboration with the designated OPO, for notifying the family of each potential donor of the option to donate—or decline to donate—organs, tissues, or eyes.**
- 8. This notification is made by an organ procurement representative or the hospital's designated requester.**



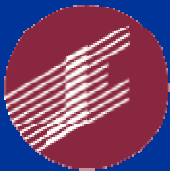
Elements of Performance for LD.3.110

- 9. Written documentation by the hospital's designated requester shows that the patient or family accepts or declines the opportunity for the patient to become an organ or tissue donor.**
- 10. The hospital's staff exercises discretion and sensitivity to the circumstances, beliefs, and desires of the families of potential donors.**



Elements of Performance for LD.3.110

- 11. The hospital maintains records of potential donors whose names have been sent to the OPO and tissue and eye banks.**
- 12. The hospital works with the OPO and tissue and eye banks as follows:**
 - In reviewing death records to improve identification of potential donors**
 - To maintain potential donors while the necessary testing and placement of potential donated organ tissues, and eyes takes place**
 - In educating staff about donation issues**

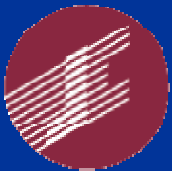


Organ Procurement Effectiveness

Standard PI.1.10, EP 29

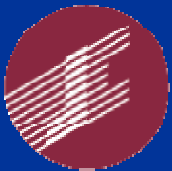
- **PI.1.10 – the organization collects data to monitor its performance**

EP 29 – The organization collects and analyzes conversion rate data to monitor organ procurement effectiveness and, when possible, takes steps to improve the conversion rate.



Potential Performance Measures

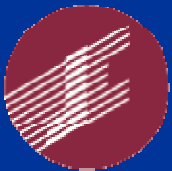
- **Conversion Rate** $\frac{\text{organ donors}}{\text{eligible donors}}$
- **Medical Examiner Denials**
(number/month)
- **Referral Rate** (percent of imminent deaths referred to OPO)
- **Timely Notification** (percent referred within 1 hour of clinical trigger)



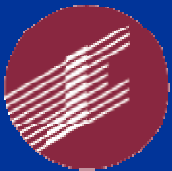
Protecting Living Donors

Challenging set of issues confronting the care giving team when caring for a living donor:

- **Clinical care provided**
- **Psychosocial needs**
- **Patient rights**
- **Financial concerns**
- **Ethical issues**

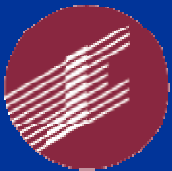


**2004: organs donated by a living
donor hit a record high
6,966**



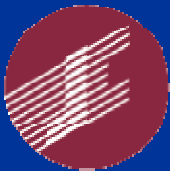
Protecting Living Donors

- 1. Ensuring that the same level of care is provided as other patients receive (staffing levels for transplant units)**
- 2. Assessing psychosocial needs of the patient**
- 3. Respecting patients' rights, cultural & linguistic needs, informed consent**



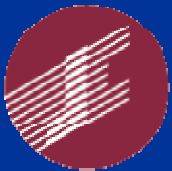
Protecting Living Donors

4. **Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Patient Surgery**
5. **Family support systems**
6. **Blood type matching**
(Jessica Santillan)



Protecting Living Donors

- 7. Preparing for complications (1/3 liver donors suffer a medical complication)**
- 8. Medical leave policies--job at risk?**
- 9. Insurance consequences—pre-existing condition**
- 10. Adhere to clinical guidelines**



Preparing to be a living organ donor

Your willingness to become a living organ donor is admirable. Your gift will provide someone in need with hope for a healthy future. You are one of approximately 6,000 people each year who make the decision to become a living organ donor. As you begin the process of living organ donation, it is important to think about how the upcoming procedure will affect you. Most living donors find the experience of donation to be positive, however, some have said that they were not fully aware of the risks and expectations of their surgery. This brochure provides information that can help you, as a potential living organ donor, prepare for surgery and the best possible recovery.



The Joint Commission of Healthcare Organizations addresses living organ donation in its standards for hospitals. A comprehensive report, *The Crossroads of the Organ Donor: Patients' Perspectives*. This report is on JCAHO's website. It presents strategies for organ donation safety.

This brochure is part of the Speak Up™ safety initiative. It is available in multiple languages. For more information, visit www.jcaho.org.

Preparing to be a living organ donor

A Speak Up™ safety initiative



What you should know about living organ donation

- Organ donation is a stressful experience. Your psychological state will be assessed, including your ability to handle stress and depression.
- You will undergo an extensive physical evaluation to determine your general health and whether or not you are a suitable organ donor. Be sure to tell your doctor if you have any disease or condition.
- You should be provided with specific information that will help you make an informed decision about becoming a living organ donor.
- As a donor, you should receive the same attentive, high-quality care that transplant recipients receive.
- Make sure that you have advocates (for example, family members, friends, social workers) to help ensure safeguards for your care, to provide support, and with whom you can discuss your concerns.

- If you are traveling out of town for the procedure, you will need to make arrangements for transportation home and/or for accommodations while you recuperate until you are able to travel.
- If you live alone or with the organ recipient, you may need to find a caregiver to provide assistance, especially while you are taking pain medicines since they may make you drowsy or sluggish. If you have children, you will need to find someone to take care of them while you recover.
- Depending on your type of procedure, you may need to be off of work for weeks or months. Find out your employer's policy regarding employee leave for organ donation. Plan your budget so you can pay your bills and other living expenses while you recover.
- Some individual insurance companies consider the loss of an organ through donation a "pre-existing condition," which can warrant future insurance denials or significant premium surcharges. Check your health and life insurance for any impact of living organ donation on future claims.
- Some living organ donors have experienced complications from the surgery that required re-hospitalization or other outpatient therapy.
- Be prepared for the possibility that the recipient could reject your organ, experience complications or even could die after transplantation.
- If, for any reason and at any time, you feel that you cannot go through with the procedure and become a living organ donor, let your doctor, social worker, or other caregiver know. They will inform the potential recipient of your decision and provide a blameless explanation.

Questions you should ask your doctor

- Are there other treatment alternatives available to the recipient besides transplantation?
- Is my blood type compatible with the recipient?
- What tests have been done to ensure that I am a healthy donor, and that I don't have an unknown disease or condition that may compromise my safety or that of the recipient?
- Does the hospital have a special unit or department for the care of living organ donors? Does it provide any oversight for living organ donors within the facility?
- Will I be provided with nurses who have experience providing care to living organ donors?
- Has my surgeon performed this procedure before? How many times?
- What are all of the risks of the type of procedure I will have?
- What are the side effects of medications that I will need to take?
- What is the follow-up plan for the procedure?
- What should I expect as I recover? How long should recovery take?
- Will I need to undergo physical or other therapy? Will there be some follow-up to ensure that this therapy is done adequately?
- How will the organ donation affect me in the future? Will I need to take medicines for a long time following the surgery? Will my physical activities be affected? For how long?

- Does the surgeon use JCAHO's Universal Protocol for Preventing Wrong Site, Wrong Procedure and Wrong Person Surgery? This protocol provides safeguards for all surgical patients. Beginning in July 2004, all JCAHO-accredited organizations will be required to follow the Universal Protocol. JCAHO accredited organizations are listed on Quality Check at www.jcaho.org. See the JCAHO patient safety brochure, *Help prevent errors in your care: For surgical patients*, for specific surgical safety tips.*

Lastly, it may be helpful to speak to someone who is already a living organ donor. Some hospitals and organ donation organizations provide mentor programs for potential donors. Also, gather together your own support network of family and friends—you will need their help to recover and thrive following your surgery.

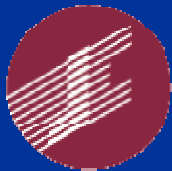
For more information on living organ donation

- "Consensus Statement on the Live Organ Donor," *JAMA*, December 13, 2000—Vol. 284, No. 22; pages 2919-2926.
- Health Resources and Services Administration, Advisory Committee on Organ Transplantation, Gift of Life Donation Initiative, <http://www.organdonor.gov/>
- United Network For Organ Sharing, www.unos.org.
- Association of Organ Procurement Organizations, www.aopo.org.
- University Renal Research and Education Association, www.ustransplant.org.

* *Help prevent errors in your care: For surgical patients*, JCAHO, http://www.jcaho.org/accredited+organizations/patient+safety/universal+protocol/wrong_site_brochure.pdf

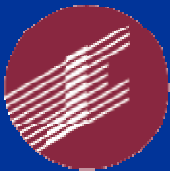
Contributing factors to Best Practices C Success

1. **Champion for the cause!**
2. **Commitment of leadership**
3. **Culture of priority for organ donation**
4. **Collaborative effort (staff & OPO)**
5. **Communicate rapidly (call within 1 hour)**
6. **Clinical trigger for call to OPO**
7. **Conversion rate improvement**
8. **Counsel potential donor families**
9. **Clarify procedures**



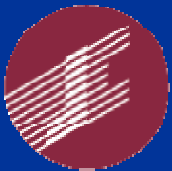
The Scientific Registry of Transplant Recipients (SRTR)

- www.ustransplant.org
- **Table 3A – measures of donation rates by hospital**
- **Actual donors ÷ eligible donors (observed rate)**
- **Expected rate – based on hospitals of similar size, MSA, Case Mix Index, ICU beds, trauma center designation, presence of neurosurgery unit**
- **University Renal Research and Education Association (for HRSA DoT)**



Look for: “The Organ Shortage Continues” (OPTN)

- **Your Hospital’s Conversion Rate**
- **State & National comparisons**
- **Waiting List for Life**
- **HRSA Goal: 75% Conversion Rate**
- **Transplants Performed**





Collaborative Success Stories

Based in Kansas City, Midwest Transplant Network handles organ donations in Kansas and western Missouri. Midwest has been involved with the Collaborative since its inception and has seen astounding results because of the staff's hard work and dedication.

The Organ Shortage Continues

Dean Harrison,

Each month you can now read how other transplant professionals have fostered a culture of excellence in their organization. Just click on Collaborative Success Stories to learn from your peers.

As CEO of **Northwestern Memorial Hospital**, you have the distinct opportunity to make a direct, positive impact on the national organ shortage. Currently, **87618** people urgently await an organ transplant in the United States. By actively promoting organ donation within your organization, you will meet the challenge of the U.S. Department of Health and Human Service's "Gift of Life Donation Initiative" by improving the organ donation rate and affording more people the chance for a prolonged life.

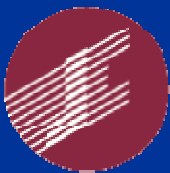
To further advance donation knowledge and transplantation rates, please share the information in this email with all individuals at your hospital responsible for managing the organ donation and transplantation programs.

The following table compares your hospital's donation data to the state and national totals for 12/1/2003 - 11/30/2004 for:

Northwestern Memorial Hospital, Illinois USA

| | Donation Rate | Eligible | Donors |
|---------------|---------------|----------|--------|
| Your Hospital | 40% | 15 | 6 |
| Illinois | 50% | 499 | 248 |
| National | 54% | 11960 | 6420 |

* Secretary's donation rate goal is 75 percent. OPTN data reported as of 3/4/2005. Data subject to change based on future data submission or correction.



Read more about this story.



Related Links

- [U.S. Department of Health and Human Services](#)
- [Health Resource and Services Administration \(HRSA\)](#)

The increasing donation gap has led to a crisis in organ transplantation that continues despite efforts to improve donation rates.

To help address the critical organ shortage, The Health Resources and Services Administration (HRSA) has set a goal

to achieve a 75% donation rate nationwide and is committed to keeping you informed about the latest waiting list and transplant statistics.

If you would like to view transplant rates at other United States hospitals and OPOs, visit www.ustransplant.org.

Waiting List for Life

Number of U.S. Waiting List Candidates as of 11/30/2004

| Organs | National | State: Illinois |
|-----------------|----------|-----------------|
| All | 87305 | 4533 |
| Kidney | 60986 | 3201 |
| Liver | 17291 | 1023 |
| Pancreas | 1687 | 156 |
| Kidney/Pancreas | 2434 | 175 |
| Heart | 3219 | 71 |
| Lung | 3797 | 79 |
| Heart/Lung | 173 | 4 |
| Intestine | 191 | 5 |

* All candidates will be less than the sum due to candidates waiting for multiple organs. Data subject to change based on future data submission or correction. Totals may be less than the sums due to patients included in multiple categories.

- United Network for Organ Sharing (UNOS)
- The Joint Commission on Accreditation of Healthcare Organizations
- The Organ Procurement Transplantation Network (OPTN)
- Transplant Living
- www.organdonor.gov

Transplants Performed

Number of U.S. Transplants Performed from 12/1/2003 - 11/30/2004

| Organs | National | State: Illinois |
|-----------------|----------|-----------------|
| All | 26862 | 1230 |
| Kidney | 15919 | 709 |
| Liver | 6112 | 306 |
| Pancreas | 591 | 20 |
| Kidney/Pancreas | 878 | 89 |
| Heart | 2023 | 66 |
| Lung | 1162 | 35 |
| Heart/Lung | 36 | 1 |
| Intestine | 141 | 4 |

Based on OPTN data as of 3/4/2005. Data subject to change based on future data submission or correction.

