

**M**edical advancements related to stem cells, the human genome, and mechanical devices show great promise for saving and prolonging lives in the future. Currently, however, the best science we have for replacing failing organs is the transplantation of organs and tissues. According to the United Network for Organ Sharing, more than 87,000 candidates are on the national waiting list. Although about 68 people receive an organ transplant every day in the United States, an average of 17 people die each day waiting for a transplant—more than 6,000 people each year.

Healthcare leaders are taking big steps to increase donation rates. In 2001, former U.S. Secretary of Health and Human Services Tommy G. Thompson started the Gift of Life Donation Initiative, a multifaceted approach to closing the gap between supply and demand for organs and tissues.

## INCREASING ORGAN DONATION AND PROCUREMENT: THE HOSPITAL LEADER'S ROLE

by Deborah A. Labb

### A COLLABORATIVE IS BORN

The Organ Donation Breakthrough Collaborative is the latest component of Thompson's initiative. Launched in April 2003, the Collaborative's goals are to:

- Increase the conversion rate of eligible donors from the current average of 46 percent to 75 percent in the nation's largest 300 hospitals
- Increase donations by up to 1,900 donors per year
- Increase transplantations by 6,000 per year

"Nearly 60 percent of all eligible organ donors come from the nation's largest 300 hospitals. During the initial phase of the Collaborative, we were charged with identifying best practices by examining high-performing hospitals and organ procurement organizations," says Teresa J. Shafer,

R.N., executive vice president and chief operating officer of the LifeGift Organ Donation Center and co-chair of the Collaborative. LifeGift is the OPO serving Fort Worth as well as 109 counties in north, southeast, and west Texas.

A consulting group visited 6 OPOs and 16 affiliated hospitals, a segment of the top-performing organizations. The consultants collected and analyzed data to formulate seven overarching principles and the best practices used to implement those principles (see "Best Practices for Higher Donation Performance" on page 26). "Our next goal was to disseminate those best practices, which we did through three intensive Learning Sessions over a one-year period," says James Burdick, M.D., director, Division of Transplantation, Health Resources and Service Administration, HHS. From September 2003 to September 2004, about 500 people from

# INCREASING ORGAN DONATION AND PROCUREMENT: THE HOSPITAL LEADER'S ROLE

## BEST PRACTICES FOR HIGHER DONATION PERFORMANCE

The 15 best practices below refer to actions of organ procurement organizations and hospitals that appear to be associated with higher organ donation performance and are capable of being replicated in other OPOs and hospitals. These best practices were identified by the Organ Donation Breakthrough Collaborative, a component of former U.S. Secretary of Health and Human Services Tommy G. Thompson's Gift of Life Donation Initiative.

1. Orient organizational mission and goals toward increasing organ donation.
2. Do not be satisfied with the status quo; innovate and experiment continuously.
3. Strive to recruit and retain highly motivated and skilled staff.
4. Appoint members to OPO board who can help achieve organ donation goals.
5. Specialize roles to maximize performance.
6. Tailor or adapt the organ donation process to complementary strengths of OPO and individual hospitals.
7. Be there: integrate OPO staff into the fabric of high-potential hospitals.
8. Identify and support organ donation champions at various hospital levels; include leaders who are willing to be called upon to overcome barriers to organ donation in real time.
9. All aboard: secure and maintain buy-in at all levels of hospital staff and across departments/functions that affect organ donation.
10. Educate constantly; tailor and accommodate to staff needs, requests, and constraints.
11. Design, implement, and monitor public education and outreach efforts to achieve informed consent and other donation goals.
12. Referral: anticipate, don't hesitate, call early even when in doubt.
13. Draw on respective OPO and hospital strengths to establish an integrated consent process. One size does not fit all, but getting to an informed "yes" is paramount.
14. Use data to drive decision making.
15. Follow up in a timely and systematic manner. Don't let any issues fester.

The above best practices were identified based on site visits, in-depth face-to-face discussions, and other data collection involving selected OPOs and hospitals across the country.

**Source:** *The Organ Donation Breakthrough Collaborative: Best Practices Final Report*, September 2003

95 hospitals and 42 OPOs composed the Collaborative team. "Having hospital CEOs and OPO directors working on the same team was a spectacular achievement," says Burdick.

During the fast-paced, results-oriented Learning Sessions, teams presented results and shared knowledge. "We've had great successes so far, which clearly link to the implementation of guidelines for appropriate requests, clinical triggers, rapid early referrals, and real-time death record reviews," says LifeGift's Shafer. An increase in conversion rates—the number of actual donors divided by the number of potential medically suitable donors—demonstrates the successes realized in 2004:

- In hospitals involved in the Collaborative, conversion rates increased to 64 percent.
- In hospitals nationwide, conversion rates increased to 56 percent.

Spreading the knowledge is the focus of the second wave of Learning Sessions, which started in September 2004. "We're also examining ways to raise the number of donations after cardiac death, rather than solely looking at brain death," says HRSA's Burdick. This "second" Collaborative will culminate with a National Learning Congress this May in Pittsburgh, which will also serve to kick off the third phase of the Collaborative.

Participating hospitals in the first and second Collaboratives have seen dramatic improvements in organ donation performance. In the following sections, the presidents from two of those hospitals, which were already high performers, share their insights.

### "GETTING TO YES"

"We participated in the first Collaborative; our goal is 'Getting to Yes,' that is, achieving a 75 percent conversion rate. To apply the best practices, we used an approach we call VALUE—validate, analyze, list, use, evaluate," says Barclay E. Berdan, CHE, president, Harris Methodist Fort Worth (TX) Hospital, a 610-bed hospital and one of the flagship hospitals of Texas Health Resources. Berdan is also chairman of the board for the LifeGift Organ Donation Center. LifeGift

## INCREASING ORGAN DONATION AND PROCUREMENT: THE HOSPITAL LEADER'S ROLE

pioneered the in-house OPO coordinator program, which has been in place at Harris Methodist for the past 18 months and has been instrumental in the application of best practices.

“Our great team for this effort includes OPO coordinators, chaplains, ER nurses, nurse executives, physicians, and data managers. We analyzed historical data of nonconversion and nonconsent rates and then consulted LifeGift to determine root causes and create an action plan,” says Berdan. Findings showed that consent rates varied according to age

range, with middle-aged sons and daughters of potential donors at well below 50 percent. “We realized we needed to customize our process for different situations and alter our approach for various patient populations. Team members are now introduced to families earlier if death is imminent. The earlier you focus resources and initiate conversation, the more likely you will receive consent,” says Berdan. In addition, more information is now available to patients and their families. A donation video called “Never Forget, Never Forgotten” plays on the in-house

### HOSPITAL AND OPO COLLABORATION

---



The importance of collaboration between our nation's hospitals and its 58 federally designated organ procurement organizations has never been greater. Recognizing the need for an increase in organ donation and procurement, the American College of Healthcare Executives and the Association of Organ Procurement Organizations conducted a survey of hospital CEOs and OPO executive directors in January 2004 to explore organizational protocols and individual opinions relative to the supply of organs and tissues. Although CEOs and OPO director opinions aligned in many areas, their opinions were polarized in some areas. (CEO responses appeared in *Healthcare Executive*, July/August 2004, page 64.) The survey results emphasized the need for a higher level of partnership. Following are ways hospital leaders should work with their organ procurement organization to increase the number of organ donations:

1. Work with the OPO to adopt the use of clinical triggers that enable the timely referral of cases so that every case can be evaluated effectively. This would include patients meeting referral criteria who may progress to brain death, as well as those who may be able to donate after cardiac death.
2. Establish high-level interdisciplinary teams, actively and visibly supported by hospital senior leadership, to work with the OPO to analyze variances and recommend improvements to the referral and clinical management process. To facilitate sustained improvements, integrate these efforts with the organization's quality improvement program.
3. Establish brain-death policies and procedures consistent with national guidelines. This step will ensure an appropriate and effective process along with the clinical resources enabling the declaration of brain death for patients meeting brain-death criteria.
4. Work with the OPO to ensure that appropriate and effective family consent protocols are implemented. The protocols should be compassionate and respectful to the families of dying patients and sensitive to diverse cultures. The protocols should also be sufficiently transparent so that families are informed, in an appropriate manner, of the organizational identity and purpose of those who work with them to obtain consent.
5. Support refinements to the Centers for Medicare and Medicaid Services regulations to strengthen the viability of local OPOs. This includes supporting a regulatory environment that promotes collaboration with other OPOs and hospitals to learn and incorporate practices to increase donation within the context of fair and verifiable performance standards.

The above recommendations are based on study results, best practices, and recommendations advanced by UNOS, HRSA, the JCAHO, and from within the OPO community.

**Source:** Patrick J. Giordano, CHE, chief executive officer of San Antonio-based Texas Organ Sharing Alliance, a federally designated organ procurement organization that provides service to more than 100 hospitals and 5 transplant centers in 56 south and central Texas counties.

## INCREASING ORGAN DONATION AND PROCUREMENT: THE HOSPITAL LEADER'S ROLE

patient education channels on TV. A brochure containing 20 FAQs also helps in the education process.

Harris Methodist's efforts have paid off. "In the first and second quarters of 2003, we had a 30 percent consent rate from middle-aged individuals. In the third and fourth quarters, we had a 100 percent consent rate." From October 2003 through November 2004, Harris Methodist achieved 21 donors before a nondonor, tying one other organization for the most donors in a row. Berdan advises other hospital leaders, "Your role is to help maintain the organization's focus on change and improvement, celebrate results, and make sure people have the resources they need to succeed."

### "CAPITAL CONVERTERS"

"As part of the second wave of hospitals involved in the Collaborative, we have found this an exciting and rewarding experience," says James F. Caldas, FACHE, president, Washington (DC) Hospital Center, a 907-bed member hospital of MedStar Health. WHC leaders view organ donation performance as an integral part of the hospital's mission to deliver exceptional patient-first healthcare. "We believe that people on the transplant waiting list are as much a part of our community as those on our campus," says Caldas.

The WHC team involved in the Collaborative is led by a trauma surgeon and includes nursing and administrative leaders. "Physician leadership is an indispensable ingredient to success for this effort," says Caldas. After attending one of the Collaborative's Learning Sessions, the WHC team developed and implemented the "Capital Converters" plan in partnership with the Washington Regional Transplant Consortium.

Focusing on three primary areas, the plan included the following goals: First, the WHC team wanted to establish a universal clinical trigger for making a potential-organ-donor referral. Team members tested a clinical trigger in the trauma

unit and then implemented it in surgical and critical care ICUs. Second, they wanted to establish a process for devising a "game plan" for approaching a family for consent. Team members conducted "team huddles" with a WRTC coordinator to develop a process. Third, they wanted to establish a process for facilitating rapid after-action reviews on all potential-donor cases. Team members began with a Monday morning team review of the cases from the previous week. However, they determined that weekly reviews were not enough and are developing a process to disseminate information hours after an approach to a family.

WHC is seeing the fruit of its efforts. "From January through September 2004, we had 9 donors. During the last three months of the year, we had 12 donors," says Caldas. He urges hospital leaders to make sure they are aware of the conversion rates in their organizations. "If you are not aware of the conversion rate, that does not augur well for improvement. You only improve what you measure," says Caldas.

As the rates of hepatitis C, hypertension, diabetes, and other diseases causing organ failure escalate, so too will the need for transplantation. While these numbers are getting higher, the preservation time for organs remains low once they are removed from a donor's body: A heart or lung has 4 to 6 hours to be transplanted, a liver has 24 hours, and a kidney has 48 hours. "Groups are looking at how to increase preservation time," says LifeGift's Shafer.

Meanwhile, Collaborative leaders are looking ahead. "We need to sustain and spread our initial successes," says HRSA's Burdick. "Going forward, we'll have an annual National Learning Congress and continue to share best practices. I encourage hospital leaders to partner with their OPOs and get involved."

*Deborah A. Labb is a Chicago-based freelance writer.*



IN DECEMBER 2004 the U.S. Department of Health and Human Services presented the American College of Healthcare Executives with the Collaborative Leadership Award for "life-saving national leadership and action on the Leadership Coordinating Council of the Organ Donation Breakthrough Collaborative." Thomas C. Dolan, Ph.D., FACHE, CAE, president and chief executive officer of ACHE, has also been recognized for his role in engaging associations in the organ donation effort.