

Organ Donation Breakthrough Collaborative Change Package

**NOTE: TOP 3 KEY CHANGES FOR EACH HOSPITAL TIER ARE IN BOLD
CAPS Page 1 of 7**

Key: O = OPO ACTION ITEM; H = HOSPITAL ACTION ITEM; O/H = OPO INITIATED, JOINT ACTION; H/O = HOSPITAL INITIATED, JOINT ACTION

Tier Conversion Rates: Tier 1 = 0-40%; Tier 2 = 41-60%; Tier 3 = 61-100% OPO = Organ Procurement Organization

Change Package – Learning Session 3 HRSA Organ Donation Breakthrough Collaborative/QRC, Inc.4/04

Strategies to Achieve Joint

Accountability for Results

Key Change Concepts For Increased Organ Donation Rates

– Experience Indicates That Those In BOLD Are Critical To Success

Suggested Action Items

Experience Indicates That Those In BOLD Are Critical To Success

1. Unrelenting Focus on Change, Improvement, and Results

OPO and hospitals maintain a rigorous focus on and joint accountability for increasing the number of organ donors by developing and maintaining a seasoned staff and creating a culture of excellence.

1.01 Establish strong culture of accountability for results: Orient operations towards outcomes rather than processes. Seek to improve each hospital's performance over its historical experience, using collaborative Model for Improvement

HOSPITAL TIERS 1, 2 & 3 TOP CHANGE

1.01a Compare performance to other hospitals in region and national benchmarks. H/O

1.01b Create policies & guidelines that focus on measurable goals and standard for increasing opportunities for donation, improving consent rates, and establishing feedback for mutual critique and review. O/H

1.01c Train OPO staff to know and talk the business (consent rates, conversion rates, timely notification rate, referral rate; OPO response rate). O

1.01d Assure that Hospital staff know and talk conversion rates and regularly review and respond to data reports of donation key indicators (conversion rates, consent rates, timely notification rates.) H/O

1.01e Develop annual hospital specific needs assessment and action plans that identify and address barriers to improved donation outcomes.

1.02 Apply 80%/20% principle to focus resources; identify and target hospitals with greatest donor potential.

1.03 Identify Performance Goals; measure, disseminate, and hold staff accountable.

1.03a Use Week-in-Review Meetings and monthly hospital reviews to dissect missed referrals, “no consents” and “consents” as learning opportunities (analyze the failures as well as the successes). O/H

1.03b Establish performance reviews for each staff member with specific individual conversion rate goals; incentivize and/or recognize individuals based on performance. O

1.04 Provide Active Leadership and Management Support during donation

cases, to help staff overcome obstacles, plan re-approaches, address family needs and concerns, and to ensure consistency and quality in their vigorous pursuit of donation.

1.04a Access and involve hospital and OPO leadership for effective staff support and oversight during donation cases in “real time”. O/H

1.05 Use data-driven decision making to determine priorities and effectiveness.

1.06 Define and maintain relationships with key stakeholders, including Medical Examiners, Coroners, Transplant Centers, and Hospital Physician Leadership, and develop a seamless integration with hospital staff.

1.06a Establish an effective stakeholder Board of Directors by recruiting Board Members with problem-solving capabilities representing key customers, and hold periodic Board Retreats to inform, instruct, and engage in strategic planning. O

106 a Establish an effective working relationship between OPO CEO and senior leaders of all high potential donor hospitals

1.07 Create and maintain visual presence of OPO staff in hospitals; become part of the fabric of high potential hospitals in order to establish, maintain, and activate relationships with all individuals that participate/play a role in the donation process.

1.07a Evaluate customer satisfaction through objective (outside) surveys targeted to attending physicians, hospital nurses, and key staff.

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1.08 Integrate Public Relations, Communications Plan & Community Activities with organizational goals/mission.

1.08a Design, implement, and monitor public education and outreach efforts to achieve informed consent and other donation goals. O

1.08b Promote state registries, if applicable. O/H

1.08c Use donor families and transplant recipients to raise awareness and provide opportunities to advance discussions of organ donation. O/H

1.08d Target public outreach efforts to specific ethnic groups. O/H

1.08e Never lose an opportunity to make a positive, lasting, and communicable impression on donor families and others in the community through public service announcements, media events, news articles, etc. H/O

1.09 Involve staff in strategic planning, standard setting, and design of the methods to meet organizational goals.

1.10 Apply human resource expertise to recruitment, hiring, training, and retention. 1.10a Integrate role-playing and case scenarios into development of skills for all staff.

O/H

1. Unrelenting Focus on Change, Improvement, and Results (continued)

OPO and hospitals maintain a rigorous focus on and joint accountability for increasing the number of organ donors by developing and maintaining a seasoned staff and creating a culture of excellence.

1.11 Provide to hospital CEO, and all nursing staff/medical staff leadership, an OPO/Hospital Annual report that documents donation performance against local and national benchmarks.

1.11a Assure within OPO Senior Management Team a business model expertise in finance, marketing, account, clinical, and human resource management. O

1.11b Emphasize appropriate interpersonal skills in recruitment; use experiential approach in interview process; have potential hires participate in donor process; seek local hospital ICU nurses for key coordinator positions; seek marketing expertise for hospital development positions; seek social work/counseling skills for family support/consent positions. O

1.11c For hospital development positions: Develop adult learning skills and “salesmanship” (close the sale; getting to a decision); match individual with appropriate role and hospital culture. O

1.11d Cross train key positions. O

1.11e Create opportunities for ongoing formal and informal mentoring; develop and measure competencies. O/H

1.11f Offer flexible work environments and other benefits. O

1.11g Provide opportunities for professional growth and development. O/H

1.11h Establish Support Group for peer staff to address potential burnout issues; provide access to psychologist; provide Employee Assistance Program. O/H

1.12 Provide timely hospital/clinical leadership specific feedback on performance.

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2. Rapid, Early Referral & Linkage

Key OPO and/or hospital donation staff are linked rapidly and early to potential donor families.

2.01 Establish a system-wide commitment to unconditionally identify all

opportunities for donation. Collaboratively control effective consent request steps: anticipate, do not hesitate. Hospital and OPO communicate early – well before brain death is pronounced - in order to jointly develop an approach plan. Establish protocols jointly between hospital and OPO staff to ensure early identification and timely referral of potential donors.

HOSPITAL TIERS 1 & 2 & 3 TOP CHANGE

2.01a Tailor or adapt the organ donation process to complementary strengths of OPO and individual hospitals. O/H

2.01b Work as a team with hospital staff to determine the right person(s) to suggest donation and make the request. Establish family communication plan that incorporate all members of patient care team. O/H

2.01c Teach hospital staff certain clinical triggers for referrals. O/H

2.01d Have a “go to” person that is responsible for organ donation on hospital units with high donor potential. H

2.01e Track consents rates of all requesters and consistently deploy effective staff accordingly.

2.01f Hold an after action review within 24 hours after all successful and/or missed referral or opportunities.

2.02 Establish customized protocols to standardize the approach to families and assure that all have a positive experience regardless of consent status. Systematically make every effort to determine a family’s willingness to donate, and recognize that reapproach may be necessary.

HOSPITAL TIER 1 & 2 TOP CHANGE

2.02a Identify the family support system within each hospital (social work, chaplains, etc.) and link these resources with OPO at first point of contact. H

2.02b Start early to understand family dynamics, identify key decision-maker(s), monitor status, and support family needs. O/H

2.02c Provide appropriate information and instruction on brain death to families, preferably in writing.

2.02d Train staff to ask at the right time and in the right way, and re-approach if needed. O/H

2.02e Factor in spiritual and cultural needs of each family; train OPO and hospital staff to increase cultural awareness. Prepare to adapt to particular family needs or requests to facilitate organ donation. O/H

2.02f Match requesters appropriately to family, ensuring effective requesters are available; special requesters should be hired and utilized by the OPO or hospital specific to the ethnicity of the OPO service area population.

H/O

2.02g If OPO staff is not making the request, establish a designated requester program with training that emphasizes success measured by numbers of families who consent. H/O

2.02h Nurses, social workers, hospital based Pastoral Care staff may be used as certified organ/tissue requesters. H/O

2.02i Closely monitor consent rates, provide feedback to requesters on their rates of success and make changes as indicated by performance. O/H

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2.03 Develop specialized roles keyed to specific skills needed throughout donation process: clinical/technical experience in critical care or trauma settings; family therapy or counseling/social work; business development/marketing.

HOSPITAL TIER 1 TOP CHANGE

2.03a Consider use of In-hospital coordinator with HD responsibility to establish early interaction with family and provide consistent day-to-day management of the organ donation system within the facility. O

2.03b Establish a defined family liaison role – use family counselors/specialists as requesters as needed. O/H

2. Rapid, Early Referral &

Linkage (continued)

Key OPO and/or hospital donation staff are linked rapidly and early to potential donor families.

2.04 Pro-actively establish relationships between OPO staff and hospitals to include: key patient care, nursing and medical leadership, family support staff, and administration.

2.04a Clarify respective roles of hospital and OPO personnel in the donation process continuum, and educate both regarding complementary roles.

O/H

2.04b Dispel the many myths surrounding organ donation for both families and staff. O/H

3. Integrated Donation

Process Management

OPO and hospitals establish and manage an integrated donation process that clearly defines roles and responsibilities and provides feedback.

3.01 Establish joint OPO/ Hospital designated leadership responsibility and accountability. OPO provides resources for all donation-related matters; Hospital provides high level support, with OPO input (at a minimum, CMO, VP level)

HOSPITAL TIER 2 TOP CHANGE

3.01a Develop action plan to assure respective roles are known and understood by OPO/Hospital leadership and staff. O/H

3.01b Create expectation that OPO takes responsibility for meeting and maintaining Hospital CMS Regulations requirements by establishing policy defining imminent death, assuring timely referral, providing education and continual feedback. O/H

3.01c Establish Hospital-Specific Organ Donation Committee with representation from all relevant staff including but not limited to physicians, nurses, hospital administrative leadership, and family support services (social workers, chaplains) to review monthly potential donor data and cases, and address CQI. Ensure strong leadership, hospital sponsorship, significant critical care representation and OPO representation. H/O

3.02 Utilize appropriate data and tools to provide immediate feedback to hospitals/clinical leadership on donation process/results/ outcomes with specific follow-up requests and action steps.

3.02a Use Death Record Reviews to establish referral, consent, and donation rates, and automate process in order to monitor performance in real time.

O

3.02b Maintain a formal process for comprehensive immediate follow-up communication between OPO and hospital on every organ donor referral regardless of the outcome (After Action Review); system to include guidelines for in-person follow-up, debriefing and mutual critique of process as well as written correspondence and email communication to facilitate timely feedback where access is difficult. O/H

3.03 Build and maintain collaborative relationships with key hospital staff/physicians at all levels that impact the donation process.

3.03a 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. H/O

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3.04 Partner, consult with, and provide curriculum to clinical leadership (physicians and nurses) to; establish brain death policy, documentation and guidelines for brain death discussion with family. Establish standards for stabilization of potential donors

3.05 Educate appropriate hospital staff/physicians by providing physician and staff in services at regular sessions to create and maintain OPO consultant responsibilities, appropriate awareness, and of understanding policies.

3.05a Provide hospital unit based education, and target core curriculum/education to referring staff: Donor advocacy, Bereavement Care, Certified (designated) Requester, etc. O/H

3.05b Consistently show appreciation to hospital staff for their efforts, and celebrate and communicate successes both internally and externally. O/H

3.06 Use survey tools to evaluate/monitor donation process, identifying trends/strengths/problems,

3. Integrated Donation Process Management (continued)

OPO and hospitals establish and manage an integrated donation process that clearly defines roles and responsibilities and provides feedback.

3.07 In order to maximize better organ recovery, jointly establish expectations, guidelines and protocols between OPO and hospital operating room management, staff and anesthesia department (i.e. provide scrub, circulator, anesthesia/CRNA).

3.07a Create and utilize standardized mechanisms for feedback, collaboratively identify action steps, if needed and monitor progress. O/H

4. Aggressive Pursuit of Every Donation Opportunity

Every possibility for increased donation is maximized and routinely evaluated through death record reviews, quick deployment, reapproaches, donor management and improved organ yield.

4.01 Constantly look for, evaluate, and address every donor potential. Advocate for donation.

HOSPITAL TIER 3 TOP CHANGE

4.01a Use 100% Death Record Reviews and Report of Death Forms to identify missed opportunities, follow-up appropriately with involved staff, and identify and test indicated changes to prevent recurrence. Have death record reviews (as basis for number of eligibles) performed independent of hospital assignments. O/H

4.01b Establish hospital policies and procedures to assure 1) timely notification of all brain injured patients with a Glasgow Scale (GCS) of 5, and 2) maintenance of physiologic function until the OPO has determined suitability and families are offered the option of donation. H/O

4.01c Respond on-site by OPO Coordinator or designee to every appropriate referral within one hour. O

4.01d Assess and re-evaluate reasons family has declined donation and consider re-approaching if appropriate. O/H

4.02 Develop, define, and maintain a standard of high quality service in handling all hospital and physician communications.

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4. Aggressive Pursuit of Every Donation Opportunity (continued)

Every possibility for increased donation is maximized and routinely evaluated through death record reviews, quick deployment, reapproaches,

**donor management
and improved organ yield.**

4.03 Establish, evaluate and be accountable for a clear donor management process from referral to recovery with OPO oversight from the Procurement Director and/or Medical Director(s).

HOSPITAL TIER 2 TOP CHANGE

4.03a Manage donors at OPO site. O

4.03b Establish OPO-based Recovery Team. O

4.03c Create Organ Recovery and Placement Coordinator/Specialist positions. O

4.03d Have an Organ Surgery Specialist on OPO Staff. O

4.03e Integrate Critical Care Professionals into organ donation process; assure an intensivist is involved in appropriate donor opportunities. O/H

4.04 Use OPO Procurement Director and/or Medical Director(s) to QA Donor Management and organ placement; Apply broad criteria to evaluate every organ donor for potential; Minimize lost recoveries; Aggressively pursue organ placement.

HOSPITAL TIER 3 TOP CHANGE

4.04a Aggressively pursue placement efforts beyond the local transplant center determination of “unsuitability” to improve utilization; pursue placement outside of OPO with all appropriate donor information communicated to TC accepting organ. O

4.04b Establish system for real-time OPO medical and administrative intervention on all cases of donor turn down or determination of organ “unsuitability”. O/H

4.04c Require mandatory review of all turndowns and discards. O/H

4.05 Increase the interaction of OPO Medical Director with hospital physicians by identifying physician champion and establish QI/QA processes with physicians through one-on-one case reviews and education.

HOSPITAL TIER 3 TOP CHANGE

4.06 Have OPO management expectation of no (zero) medical examiner denials 4.06a Immediately address medical examiner/coroner denials with OPO leadership (medical and administrative) at the time of occurrence. Consider advocating legislation (see Sec. 4.11.a, HHS Secretary's Advisory Committee on Organ Transplantation. Recommendation #10 states that legislative strategies be adopted that will encourage medical examiners and coroners not to withhold life-saving organs and tissues from qualified organ procurement organizations). O/H

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4. Aggressive Pursuit of Every Donation

Opportunity (continued)

Every possibility for increased donation is maximized and routinely evaluated through death record reviews, quick deployment, reapproaches, donor management and improved organ yield.

4.07 Coordinate Do Not Resuscitate (DNR) and Comfort Measures Only (CMO) planning process between hospital and OPO staff to avoid conflict with the opportunity for organ donation.

4.07a Establish hospital protocols that include a provision for maintaining hemodynamic support for potential donors, inclusive of cases where family has requested a DNR order without knowledge of donation options. H

4.07b Conduct joint training sessions for hospitals and OPOs on consent, communications, and discussions surrounding end-of-life decision making. Sessions will include skills, practice, and role-playing. O/H

4.07c Educate hospital and OPO staff regarding impact of DNR/CMO status on the potential for organ donation. H/O

4.08 Establish OPO and hospital policies and protocols for donation after cardiac death (DCD) or non-heart beat donation to ensure the referral of all patients with non-recoverable neurological injuries and pursuit of donation options.

4.08a Introduce and implement sample policies and procedures based on the Institute of Medicine recommendations. O/H

4.08b Establish a comprehensive OPO staff-training program to ensure competency and expertise in guiding hospital through clinical process. O

4.08c Integrate DCD routinely into all hospital staff education; develop hospital staff training program to include review of the literature, IOM recommendation, discussion of ethical considerations, case review, and clinical procedures. O/H

4.08d Clarify legal hospital specific consent procedure and forms for DCD. O

4.08e Aggressively pursue each opportunity for DCD in the instances where it is clinically reasonable and the family wishes to donate regardless of policy status. On a regular basis, measure and report on DCD activity within OPO and Hospital. O/H