How an Organ is Managed (Or Not) in **PHASE 1: Procurement Our Current Organ Donation System** Donor Hospitals \leftrightarrow OPOs DHS **OPO** 0P0 If staff is making referral, Patient meets clinical triggers Hospital staff starts a Receives referral notification Referral Evaluation: reviews determines whether to reach referral or hospital EHR from Donor Hospital and medical records & donor out to OPO automates a referral (only a few OPOs have this) DISCRETIONARY OPO may use third party call centers. Clinical triggers and RC Organ Loss #1 definition of "imminent death" If the referral is not may differ between OPOs. made in a timely manner, or at all Qualifies and is referred to May be utilizing dialysis transplant center. May apply to centers if kidney is be on multiple TxC waitlists failing. Waits for viable Ideally goes on-site for more thorough suitability to Donor's next of kin decides follow-up evaluation whether to authorize ? 0P0 OPO staff speaks with family. For DCD cases: family is Manually transfers info from Donor Hospital EHR to If patient is not a firstdiscussing withdrawal of Organ Loss #3 person authorized donor, OPO's EHR system - starts If family does not asks next of kin if they will following potential donor's \times For DBD cases: brain death authorize donation authorize organ donation clinical status Organ Loss #2 protocol is started by (MEDIUM/HIGH If OPO decides to not pursue a potential donor FREQUENCY) hospital. DISCRETIONARY DISCRETIONARY Or family has brought up (HIGH FREQUENCY) Best practice is for OPO to Even if suitable, OPO may donation DISCRETIONARY huddle with hospital staff respond sub-optimally by For DCD cases, if there is before talking to family, but not following-up at hospital first person authorization but this does not always occur or following-up late. the family does not want to cooperate, the OPO may choose to walk away from the case. Signs paperwork **PHASE 2: Match and Recovery** DF $OPOs \leftrightarrow Transplant Centers$ Some OPOs may start testing before family authorization. Some labs are run before organ is recovered, while some are done after organ is surgically removed. System contacts transplant center's primary contact (email, texting, call with voice recording) 0P0 0P0 0P0 Orders tests to get critical Downloads donor info from Initiates a "Match Run" in Notifies up to 3 different OPO's EHR and manually clinical data and ensure DonorNet which gives a transplant centers on the Notified of organs are viable uploads file into DonorNet; rank-order list of candidates match list that an organ is TxC available fix fields that did not upload for the organ available for all possible matching candidates correctly (provisional offer) Organ Loss #4 Donor gets UNOS ID - this might f testing finds that Decides on provisional answer occur earlier with different OPOs (LOW FREQUENCY) TxC ? TxC DISCRETIONARY OPOs have their own definition of viable - medical Enters provisional Reviews info in DonorNet interventions can be done to make an organ more ves in DonorNet transplantable, but not all OPOs do this. Enters refusal code

ACTORS

DC

Donor Candidate

DHS

Donor Hospital Staff

OPO
Organ Procurement

Organization Staff

or Contractors

DF

Donor's Family

TxC
Transplant Center

Staff or Contractors

Recipient Candidate

! Dashed Lines

indicate an exit

from the system

PHASE 2 CONTINUED: Contacts next hospital on the list (OPOs go through **Match and Recovery** If OPO does not place local, usually regional matches. UNOS Organ Center organ while it is still viable $0P0s \longleftrightarrow Transplant Centers$ does national allocation for kidney and pancreas.) (MEDIUM FREQUENCY) 0P0 If YES ? TxC TxC TxC Decides whether to accept offer -Makes organ offer to Waits to get "Primary Offer" Reviews DonorNet and has may accept offer with "pending a conversation with OPO to matched PT and has one hour to respond. biopsy" note understand organ status Organ Discard #6 If YES Recipient decides If OPO fails to recover organs in a whether to accept timely manner or an organ is found to be non-viable after recovery if high risk TxC (LOW FREQUENCY) May ask for more tests to be done 0P0 TxC TxC DISCRETIONARY OPO arranges procurement of organs OPO may perform biopsy and share images with TxC Enters decision into Informs OPO of decline and prepares them for transit DonorNet and informs OPO (usually by phone) 0P0 **OPO** TxC TxC Uses TransNet to label and pack If organ is delayed/unable to Secures OR time and Receives organ reach location in time, may be preps PT for transplant organ to be shipped to transplant hospital via courier or flight "re-routed" or "re-allocated" by OPO or UNOS If organ is not received and accepted by TxC before cold ischemia time limit is reached If YES TxC TxC Organ Discard #7 Decides whether to accept based Performs transplant surgery Reports transplant results on organ condition into TIEDI and de-lists If hackup match is not made. recipient from waitlist accepted, and received before cold TxC may not accept for X patient, but could OPO ischemia time limit is reached fit Y patient — OPO would need to approve and write letter explaining (Local-back-up) OPO does expedited allocation (stops making offers sequentially off the match list) - must write and submit PHASE 3: letter to OPTN explaining reason **Transport** ...Recipient receives transplant Organ is successfully maintained and Transplant $\mathtt{OPOs} \leftrightarrow \mathtt{Transplant}$ Centers $\leftrightarrow \mathtt{Organ}$ Recipient