How an Organ is Managed (Or Not) in **PHASE 1: Procurement** Donor Hospitals \leftrightarrow OPOs **Our Current Organ Donation System** DHS 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 triages (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. manner, or at all Oualifies and is referred to May be utilizing dialysis (HIGH FREQUENCY) transplant center. May apply to centers if kidney is be on multiple TxC waitlists failing. Waits for viable Ideally goes on-site Determine for more thorough suitability to Donor's next of kin decides evaluation follow-up whether to authorize f YES 0P0 0P0 OPO staff speaks with family. Manually transfers info For DCD cases: family is If patient is not a firstdiscussing withdrawal of from Donor Hospital EHR to Organ Loss #3 person authorized donor, OPO's EHR system - starts If family does not following potential donor's asks next of kin if they will For DBD cases: brain death Organ Loss #2 authorize organ donation clinical status (MEDIUM/HIGH protocol is started by If OPO decides to not FREQUENCY) oursue a potential donor DISCRETIONARY DISCRETIONARY Or family has brought up (HIGH FREQUENCY) Best practice is for OPO to Even if suitable, OPO may 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** DISCRETIONARY Some OPOs may start testing before family authorization. $OPOs \leftrightarrow Transplant Centers$ 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 **OPO** Orders tests to get critical Downloads donor info from Initiates a "Match Run" in Notifies up to 3 different clinical data and ensure OPO's EHR and manually 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 available for all possible organ correctly matching candidates (provisional offer) Organ Loss #4 DISCRETIONARY f testing finds that Donor gets UNOS ID - this might organ is not viable Decides on provisional answer occur earlier with different OPOs (LOW FREQUENCY) If YES ? TxC TxC DISCRETIONARY OPOs have their own definition of viable - medical interventions can be done to make an organ more Enters provisional Reviews info in DonorNet transplantable, but not all OPOs do this. ves in DonorNet Enters refusal code

ACTORS

DC

Donor Candidate

DHS

Donor Hospital Staff

0P0

Organ Procurement

Organization Staff

or Contractors

DF

Donor's Family

TxC

Transplant Center

Staff or Contractors

RC

Recipient Candidate

Dashed Lines

I indicate an exit

from the system

