



## **Organ/Tissue Donor Referrals**

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Organ and tissue transplantation saves or improves thousands of lives every year, but there is only a narrow window of time for healthcare providers to recognize a potential donor and make a subsequent referral to the local Organ Procurement Organization (OPO). The benefit to humanity is so great that Federal CMS regulations have been established which require facilities receiving Medicare/Medicaid funds to develop and comply with organ/tissue donor referral procedures. Innovative use of clinical documentation software combined with a logical policy/procedure and workflow can make the *right* thing to do, the *easy* thing to do for the busy clinician. The bottom line? An increased chance for your facility to successfully recover human organs and tissues for life-saving transplantation plus increased regulatory compliance and supporting documentation!

***Design is the key to success: Better policy. Better workflow. Better documentation. Better outcomes.***

In addition to the federal CMS requirements, many state-based regulatory agencies and state statutes address organ/tissue referrals with other end-of-life issues such as brain death and withholding/withdrawal of life support. Where to begin? Your local OPO coordinator will be more than happy to collaborate with you to develop a policy/procedure and the necessary paper forms that incorporate all of the required elements of performance. Once the process is established, it is time to design clinical charting that supports the policy followed by intensive staff education on the whole process.

- The following example was built in McKesson's *Horizon Expert Documentation*™ (ER 7.6 SP2) for a facility in Florida. All Advanced Directive and end-of-life issues (except post-mortem tissue referral notifications) were grouped together in a dedicated Class.

Category groups of HED charting Results built for the *End of Life Issues* class included:

- Code Status
- Life Support
- Withdrawal of Life Support
- RN Brain Death Screen
- MD Brain Death Affirmation
- Glasgow Coma Scale
- OPO Referral (in detail below)
- OPO Response
- OPO Evaluation
- Organ Recovery

This HED category for referral of a potential organ donor directly supports the Policy statement excerpt below.

**ORGAN REFERRAL:** Notify the OPO within one hour if the patient is mechanically ventilated and meets any one or more of these conditions:

- Glasgow Coma Score is 5 or less.
- Withdrawal of life support is being considered. (The OPO referral must occur *prior* to withdrawal to allow time to evaluate the opportunity of organ donation.)
- Displays two or more signs of impending brain death as evidenced by absence of:
  - pupillary response      -gag or cough reflex
  - corneal reflex            -response to painful stimuli
- Has no spontaneous respiration.
- Family mentions organ donation.

Result	Charting Values
Mech ventilated?	<input type="checkbox"/> Yes <input type="checkbox"/> *No
Respiration	<input type="checkbox"/> no spontaneous <input type="checkbox"/> *spontaneous <input type="checkbox"/> Resp rate/effort
GlasgowComaScore	<input type="checkbox"/> < or = 5 <input type="checkbox"/> * > 5
Life Support	<input type="checkbox"/> Family/SO <input type="checkbox"/> considering <input type="checkbox"/> requesting <input type="checkbox"/> *refusing <input type="checkbox"/> withdrawal of <input type="checkbox"/> Life Support
Near Brain Death	<input type="checkbox"/> Absence of: <input type="checkbox"/> pupil response <input type="checkbox"/> corneal reflex <input type="checkbox"/> gag/cough reflex <input type="checkbox"/> response to pain <input type="checkbox"/> *some reflexes +
Family/SO	<input type="checkbox"/> asking about <input type="checkbox"/> organ donation
Conclusion:	<input type="checkbox"/> mech ventilated <input type="checkbox"/> plus one or more <input type="checkbox"/> criteria met <input type="checkbox"/> TransLife called <input type="checkbox"/> *NO criteria met

**Why the asterisk?**

The results denoting a failure to meet that criterion are marked with an \* as a visual clue for the clinician.

**Associated Respiratory Therapist Charting**

Apnea Test Protocol on the *RT Ventilator* class

Sample charting

RT Ventilator	Apnea Test Prep	Test Conditions	core temp>97degF syst BP>90mmHg no vol depletion *art pO2>200mmHg art pCO2 >35mmHg absent barb coma
		Conditions met?	YES
			MD at bedside proceed w/Test
	ApneaTestProtocol	Start Time	08:05
		Test technique	per RT Policy O2 at 6-8 L/min per TrachealCath see frequent VS see ABG results
		Test End Point	adeq hypercarbia *pCO2>60mmHg
		End Time	08:12 returned to vent
		Conclusion	Test completed Failed toExhibit spontaneous resp breath despite adeqRise in pCO2

The RT is responsible for assisting the physician with Apnea Protocol Testing, one of the determining factors for declaring Brain Death.

***Keep it relevant. Keep it simple.***

A design that incorporates step-by-step documentation leads the clinician through defined processes like these. The likelihood of missing vital steps is decreased while the quality of the supporting documentation is increased. *Quality documentation needs to be neither lengthy nor complicated.*

***Interested in learning more?***

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