Logic Model for OPOs

Inputs

Demand for Organs

Donor Registration/Registries

Payment and Policy
- Healthcare payment models
- HRSA and OPTN policies
- HIPAA and other federal laws
- CMS Cost Report
- ME/Coroner System
- State laws/UAGA
- Hospital, OPO, and transplant center CMS measures/regulations/policies

Social/Cultural Factors
- Trust/lack of trust of the healthcare system
- Media influence/social media
- Religious beliefs, social norms, culture, and ethics
- Education in schools prior to driver's license

Donation and Transplant Science/Research
- New drug/device approvals
- Ethics (NRP, DCD)
- New organ sources
- Recovery techniques
- Preservation devices

Access to Medical Care/Facilities
- Geography/distance
- EMS coverage
- Trauma centers
- Hospital capacity and ORs
- Supplies and resources
- Laboratory
- Who is referred for transplant

Transportation Systems
- Travel time/distance/conditions
- Commercial airlines
- Private aircraft
- Roads and conditions/traffic
- Weather
- Ground transport
- EMS coverage
- Technology/pump travel limitations
- Other means of transport

Population Health and Demographics
- Insurance type and status
- Cause of death factors
- Socioeconomic and cultural determinants
  - Race/ethnicity
  - Primary language
  - Religion
  - Immigration status
  - Education level
- Patient acuity
- Overall health/comorbidities
- Age of donor pool
- Trust of donation process
- Cultural competence of OPO staff

Donation Support Activities

Donor Hospital Engagement
- Hospital agreement/contract
- Personnel/leadership engagement
- Education on role with OPO and clinical triggers
- Data/reports – OPO to hospitals
- Relationship management
- Engage with donor care teams
- After-action reviews

Engagement With Partners
- Transplant center coordination
- Advocacy to legislatures
- Regulatory agencies
- State and local hospital association engagement
- Donor Registry engagement
- Media
- ME and coroners
- DAs and law enforcement
- EMS providers
- Funeral homes
- Hospice, palliative care

Promote Donation/Registration
- Community outreach and education
- Promote registration

Patient and Family Engagement
- Family support during donation period
- Family care post-donation

Donor Record Documentation
- Documentation
- Post-transplant follow-up and documentation
- Donor hospital follow-up

Data Reporting/QA
- OPTN
- Transplant center
- ME/coroner
- Compliance with timeframes

Finance, Contracts, and Billing Services

Vendor and Supply Management

IT Support

Public Relations

Training and Learning

Donation Activities

Pre-Authorization

Receipt and Management of Referrals (Initial)
- Preserve option for donation/prevent de-escalation of care

Electronic and telephonic referrals
- Confirm donor registration status
- Response to referrals (onsite)
- EMR access
- Real-time clinical oversight/evaluation
- Donor evaluation/initial review
- Assess clinical hospital resources for donation or transport options

Authorization
- Determine legal Next of Kin
- Pre-approach conversations
- Donation decision support
- Relationship building with families
- Having the conversations with donor families
- HCT huddles
- Determine registration status
- Honoring FPA-related activities

External Partner Engagement on Donor Case
- Coroner/ME discussions
- District attorney
- Funeral homes

Post-Authorizations

Donor Management and Care
- Transportation/transfer of donor
- Donor Care Unit activities
- Manage clinical care – BD vs. DCD
- Preserve option for donation
- Conduct clinical/diagnostic testing
- DCD process/confirm BD testing
- Honor walk

Allocation
- Running match list(s)
- Coordinating multiple offers and documentation
- Expedited placement decisions/activities
- Resolving late declines and addressing organ non-use

Organ Recovery and Preservation
- Pathology services
- Perfusion services
- Data transfer and intraoperative documentation
- Team coordination and transportation
- Biopsies
- Surgical procedure and time
- Available OR
- Available recovery surgeon credential (ACIN)
- Supplies

Organ Transportation to Transplantation
- Tracking
- Machine recovery
- Delay/cancelations problem solving

Short-Term Outputs

Pre-Authorization
- Registered donors increase
- Real-time information on donor status available*
- All hospitals timely notify OPOs of potential organ donor candidates*
- Referrals receive rapid follow-up
- Increased collaboration between hospital and OPO*
- All hospitals medically manage potential organ donor candidates to maximize donation opportunities (meeting the Donor Management Goals (DMGs))*
- All hospitals appropriately declare brain death*
- Hospitals prioritize activities and training supporting donation*
- Limit the number of variances/process issues associated with the donation process
- Reduced missed ventilated referrals

Authorization
- Authorization is done at the right time by the right people
- ***Authorization rates increase:***
  - ***Among registered potential donors***
  - ***Among non-registered potential donors***
  - ***Among DCD potential donors***
  - ***Among brain dead potential donors***

Post-Authorizations
- Families are supported during the donation process
- Donor and potential donor records are updated in near real time
- Access to ancillary services and testing (cardiology, pulmonology, pathology, etc.) for successful donor management and organ allocation
- Organ acceptance practices by transplant centers (timeliness, staff training)*
- Allocation results in acceptance*
- ***Number of viable organs recovered increases***
- Number of organs transplanted increases*
- Rapid transfer/transport of organs
- ***For DCD donors, all hospitals medically manage potential organ donor candidates to maximize donation opportunities (DMGs)****
- ***For BD donors, OPO medically manages potential organ donor candidates to maximize donation opportunities****
- No recipient safety incidents*
- Number of Pancreas for Islet Cell Research

Longer-Term Outputs

Pre-Authorization
- Automation of referrals
- Public and healthcare provider attitudes increasingly accept organ donation as an option
- More people register as donors
- Hospitals build capability and capacity to appropriately support donation
- OPOs build capability and capacity to respond to referrals

Authorization
- Quality of donor care continues to improve

Post-Authorizations
- Medicine, science, and technology supporting living, BD, and DCD donation continues to become more accessible and affordable
- Barriers to transfer/transport of donated organs are removed
- Performance data is used for continuous process improvement by OPOs
- Transplant center cooperation and collaboration continues to improve
- Collaboration with donor hospitals continues to improve

Data Reporting/QA
- Accurate and timely reporting of OPO performance
- Tracking Transplant Patient Outcomes
- More root cause analysis of missed donation opportunities

Structural Outputs
- More OPO quality improvement initiatives
- Number/availability of donor care units increases
- Barriers are removed for transplant centers to allow transfer of donor patients in their facilities to OPO DCUs*
- No donor-related safety incidents
- Shorter waitlists
- Data and information moves more smoothly between donor hospitals, OPOs, and transplant centers*
- Improved waitlist-organ matching*
- Timeliness of organ placement is improved
- ***Reduced organ waste***
- Greater regulatory alignment across OPOs, transplant centers, and donor hospitals

Overall Outcomes
- Donation is viewed as a trusted aspect of high-quality end-of-life care by the public
- Deaths on the organ transplant waiting list are reduced*
- ***More organs transplanted****
- ***All viable organs available for transplant are offered to transplant centers***
- Organ transplant recipients live full and healthy lives*
- Donor families are engaged, supported, respected, and appreciated

** Shared responsibility with other entities in the transplant ecosystem*

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