THE DIFFERENT MODELS OF DONOR CARE UNITS (DCUs)
The Different Models of Donor Care Units (DCUs)

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Soon to be: Cascade Life Alliance

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Donor Alliance
THE ARORA DONOR CARE UNIT

Mark Tudor
President and CEO, ARORA
ARORA DSA

DSA population of approximately 2.5 million

ARORA serves 64 of 75 Arkansas counties

3 transplant hospitals
CURRENT IMPACT
DONOR CARE UNIT TIMELINE

2019
5 DBD Donor transfers
May was the first transfer from another facility to UAMS for recovery

2020
9 DBD Donor transfers

2021
18 DBD and 4 DCD Donor transfers
April was first DCD transfer

2022
8 DBD and 9 DCD Donor transfers

2023-
Next Steps
Continue to improve DBD and DCD outcomes

We Restore Lives
Questions?
Donor Recovery Centers: Who Says You Can Only Have One

AOPO Annual Meeting | June 15, 2022

Deana Clapper, Associate Executive Director
I don’t make things complicated, that’s the way they get all by themselves.

Mel Gibson
Tennessee Donor Services

Population: 6 Million
Hospitals: 150 throughout TN, GA & VA
NO RECOVERY SURGEONS AVAILABLE
Benefits & Opportunities

- Does not require additional services by OPO
- Leverage
- Staffing
- Consistency of Care
- Transferring DCDs
- Building hospital support when transferring out
- Family Support/Honor Walks
LOOK FOR THE WIN-WIN
PACIFIC NW TRANSPLANT BANK—DONOR RECOVERY CENTER

ANDREA VANDOMELEN, HOSPITAL DEVELOPMENT MANAGER
Pacific Northwest Transplant Bank

As of July 1, 2022, is officially:

Cascade Life Alliance

“To Save, Enhance, and Heal Lives Through Organ Donation and Transplantation”
Headquartered in Portland, Oregon
- Staffed satellite office in Boise, ID

48 counties across 3 states
- 36 Oregon
- 8 Idaho
- 4 Washington

DSA Area approx. 114,000 square miles
Population of 5.5 million
84 Hospitals
4 Transplant Centers—located in Portland
DONOR RECOVERY CENTER—OUR WHY

- Safety and efficiency of organ procurement staff and incoming surgical teams
  - 24 hour shifts
  - Many distant hospitals: weather challenges (FOG!)

- Significantly higher organ yield when donors are managed at recovery centers

- Reduce cold ischemic times due to closer proximity to transplant centers and major airport

- Cost savings
  - No capital or other financial burden to the OPO
  - Mutually beneficial (hospital had excess capacity)
  - OPO staff or equip—utilize hospital staff and resources
    - Hospital committed 24/7 staffing, diagnostics and OR time
DONOR RECOVERY CENTER

- Partnered with Legacy Good Samaritan Medical Center in Portland
  - Transplant Center
  - Very short timeline—opened in about a year from project start
  - Brain dead/stable patients only
  - Anticipated 3-4 donors/month

- Frees up ICU capacity at our busier donor
- Less disruption to donor hospital OR schedules
WHAT WE’VE LEARNED.....

Challenges

- Crossing state lines
- Limited visitor policy/family declines
- Limited to single critical care transport agency
- Don’t transfer from any hospital that also is a transplant center

Looking Ahead

- Higher percentage of transfers
- Air medical transport considerations to include all of DSA
- Expanded visitor policy and incorporation of hospital onsite lodging
- Development of an advance practice model for OPCs
RESULTS

- First transfer February 2021
- 2021: transferred 31 patients, 28 donors
  - 99 organs transplanted
  - 3.54 OTPD
  - Saved approximately 450 hours of CIT on transplanted organs for donors from hospitals outside the Portland Metro area.
  - Saved over 5000 miles of travel for staff & surgical teams combined in the first year (11-months) of operation

- 2022 YTD:
  - 14 donors
  - 54 organs transplanted/3.86 OTPD
Donor Care Center
Ann Arbor, Michigan

Bruce Nicely
Vice President, Clinical Operations
Objectives

- Describe the Donor Care Center
- Review rationale for the model
- Review outcomes since completion
- Describe future plans
Gift of Life Michigan overview

- State’s federally designated organ and tissue donor program
- Serves 9.9 million people, 176 hospitals and eight transplant programs
- Incorporated in 1971 by five transplant surgeons
- Maintains the Michigan Organ Donor Registry, in cooperation with the Secretary of State
- 24/7/365 operations, including surgical center and full-service laboratory
About Gift of Life Michigan

Our core purpose:
- We honor life through donation.

Our core values:
- Determined
- Compassionate
- Professional
Organ Care Center

Why?
Donor Care Center Concept

- Early 2010s:
  - No hospital donor case rates in place
  - Escalating hospital bills
  - Donor management too often harried, with pressure to get donors out of ICUs
  - Large geography

- Rehearsal
  - Contracted dedicated surgical/ICU space at a free-standing surgical center
Donor Care Center Concept

- ICU:
  - Three beds, donors managed entirely by GOLM staff;
  - Point-of-Care testing for most standard labs;
  - X-ray and C-arm capability (e.g., splitting livers)
  - Full-time surgeon and reliable back-ups*
Four Operating Suites

- Large
- Self-contained
- Two organ, two tissue
- Sterilization in-house
- On-site ID and HLA lab
- Contract with blood service
Donor Care Center Concept

- **Pros**
  - Controlled, comfortable environment
  - Staff and surgeons love it
  - Return on investment
  - More time to manage donors without pressure
  - Autonomy and growth for coordinators, such as biopsies, head-of-bed management, etc.
Donor Care Center Concept

- **Cons**
  - Overbudget
  - Plans modified, some elements tabled or canceled
  - "Plan B" for some testing and imagery

- **Ahead**
  - Changes to payment rules?
  - Move DCD donors?
  - To CT or not to CT?
  - Expand? Flex space?
Future Discussions

- Case rates now implemented (or soon will be)
  - Transplant centers were the most expensive donor hospital bills!
- ICU expansion?
- Versatile OR space
- Solutions to growing and changing workforce and the space needed.
Thank you!

bnicely@golm.org
Donor Alliance: OPO Managed Recovery Center/Donor Care Unit

Jenn Muriett, MSN, BSN, CPTC
Chief Operating Officer
June 15, 2022
MISSION
Donor Alliance saves lives through organ and tissue donation and transplantation.

VISION
Maximizing all donation opportunities

CORE VALUES
Integrity
Leadership
Excellence
Accountability
People First
11 Free Standing Donor Recovery Centers
7 Transplant Hospital Based
1 Community Based

San Antonio
Ann Arbor
Cleveland
Pittsburg
Denver
Los Angeles
Kansas City
Salt Lake City
St. Louis
New Orleans
Nashville
Jackson
Indianapolis
Atlanta
Nashville
San Francisco
Portland

Free Standing
Transplant Center Based
~ Under Construction: Transplant Center Based
Community Based
* Under Construction
Recovery Center Considerations: Improve Colorado & Wyoming Donation and Transplantation Network

- Increase quality throughout recovery process
- Maximize donation and transplantation
  - Minimize organ transport time
  - Eliminate delays in scheduling OR times
  - Minimize utilization of hospital resources
- Improve satisfaction
  - Donor Families
  - Transplant Centers
Donor Alliance Recovery Center
Donor Alliance Recovery Center Journey

2008
Initial Governing Board Discussion

2009-2010
Strategic discussion, planning and building the Recovery Center (RC)

2011
Begin Tissue Recovery at the RC

2012
Begin Organ Recovery at the RC

2013-2014
Refine process and maximize utilization of the RC

2015-2016
Leverage the RC for community benefit and maximize utilization for organ and tissue recovery

2017-2021
Refine space planning add CT scanner, increase preservation area, increase storage

2022+
Add DCU bed space to support clinical growth
Donor Alliance Results

- 600+ cases transferred to Recovery Center
- Increase yield by .5-.72/brain dead donor/year
- Cost savings* $8100/case transferred
- Decrease utilization of hospital resources
  - Surge plan during pandemic
Transplant Center Satisfaction Recovery Center Metrics 2019 & 2021

Threshold for Excellence

All

2019
2021
Donor Alliance

• **Challenges and Benefits**
  • Increases in:
    • Utilization of support services
    • Critical supplies
    • Staff satisfaction
    • Transplant surgeon satisfaction
  • Decreases in:
    • Staff and team travel
    • Number of staff for cases
    • Utilization of hospital staff, equipment and supplies

• **Future Opportunities**
  • Organ perfusion technologies
  • Normothermic Regional Perfusion (NRP) and DCD
  • Expansion with continued donation growth
Recommendation 11: Require the establishment and use of a donor care unit for each organ procurement organization
Questions
Energizing Break
With Exhibitors